

**Summary matrix: Mental Health Support & Services: Recovery Planning**

[Health service need and demand following pandemic](#Demand)

[Evidence about Support Needs of Health and Social Care Staff](#Support)

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| Priority   1. Must 2. Should 3. Could | Study design or category | Citation | Date | Key findings |
| 1 | Visual Roadmap | [Leading in disaster recovery: a companion through the chaos](https://www.preparecenter.org/sites/default/files/leading_in_disaster_recovery_a_companion_through_the_chaos.pdf)  New Zealand Red Cross  <https://www.preparecenter.org/resources/leading-in-disaster> | 2015 | A practical, visual roadmap of recovery leadership covering topics such as empathy, ethics, decision making, innovation. Include insights from leaders with experience in this area.  Supporting resources:  Supporting the Supporters, Jolie Wills <https://supportingthesupporters.org/>  Recovery Matters, New Zealand Red Cross, a training guide for psychosocial support in recovery <https://www.preparecenter.org/resources/psychosocial-recovery-training-toolkit> |
| 1 | Guidance | [Guidance for planners of the psychosocial response to stress experienced by hospital staff associated with COVID: Early Interventions](https://232fe0d6-f8f4-43eb-bc5d-6aa50ee47dc5.filesusr.com/ugd/6b474f_daca72f1919b4c1eaddb8cfcbb102034.pdf)  Version 3 7th April 2020  COVID Trauma Response Working Group  Guidance available here:  <https://www.traumagroup.org/> | 2020 | [Kings Fund Summary of our rapid guidance on responding to stress experienced by hospital staff associated with COVID](https://232fe0d6-f8f4-43eb-bc5d-6aa50ee47dc5.filesusr.com/ugd/6b474f_a90ac0ff6514479e84789019dfa65ef9.pdf)  See also the list of useful evidence-based resources for clinicians coordinating psychosocial responses to COVID. |
| 1 | Guidance | [Meeting the psychological needs of people recovering from severe coronavirus (Covid-19)](https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Meeting%20the%20psychological%20needs%20of%20people%20recovering%20from%20severe%20coronavirus.pdf)  Other guidance and webinars available from:  <https://www.bps.org.uk/responding-coronavirus> | 2020 | This guidance considers the likely psychological needs of people who have been hospitalised with severe coronavirus (Covid-19), and the most effective ways to support their recovery. |
| Health service need and demand following pandemic | | | | |
| 1  \*NEW | Review  **Risks** | Holmes, E. A. et al. (2020) ‘Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science’, The Lancet Psychiatry. doi: 10.1016/S2215-0366(20)30168-1.  Available | 2020 | In this Position Paper, we explore the psychological, social, and neuroscientific effects of COVID-19 and set out clear **immediate priorities** and longer-term strategies for each of these aspects.  Questions covered include:  What is the effect of COVID-19 on risk of anxiety, depression, and other outcomes, such as self-harm and suicide? p2  How do individuals build optimal structures for a mentally healthy life that works for them in the wake of COVID-19 and social and physical distancing? p3  What are the mental health consequences of the COVID-19 lockdown and social isolation for vulnerable groups, and how can these be mitigated under pandemic conditions? p5  **Future Learning:** Panel 5 p10. The outputs of immediate research could help to inform responses to future infection waves or pandemics.  There is an **urgent need** for the discovery, evaluation, and refinement of mechanistically driven **interventions** to address the psychological, social, and neuroscientific aspects of this pandemic. This includes bespoke psychological interventions to boost wellbeing and minimise mental health risks across society, including in vulnerable groups, |
| 1 | Review | Shah, K. et al. (2020) ‘[Focus on Mental Health During the Coronavirus (COVID-19) Pandemic: Applying Learnings from the Past Outbreaks’](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7182052/?tool=pubmed), Cureus, 12(3), p. e7405. doi: 10.7759/cureus.7405. | 2020 | Our efforts in this review are to evaluate and study similar outbreaks from the past to understand its **adverse impact on mental health**, implement adequate steps to tackle and provide a background to physicians and healthcare workers at the time of such outbreaks to apply psychological first aid. |
| 1 | Review | Brooks, S. K. *et al.* (2020) ‘[The psychological impact of quarantine and how to reduce it: rapid review of the evidence](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)30460-8.pdf)’, *The Lancet*, 395(10227), pp. 912–920. doi: 10.1016/S0140-6736(20)30460-8. | 2020 | **Stressors post quarantine:**  In the reviewed studies, the **financial loss** as a result of quarantine created serious socioeconomic distress and was found to be a risk factor for symptoms of psychological disorders and both anger and anxiety several months after quarantine.  **Stigma** from others was a major theme throughout the literature. Health­care workers themselves are often quarantined and this Review suggests they, like the general public, are negatively affected by stigmatising attitudes from others.  Conclusions: Overall, this Review suggests that the psychological impact of quarantine is wide­ranging, substantial, and can be long lasting. This is not to suggest that quarantine should not be used; the psychological effects of not using quarantine and allowing disease to spread might be worse. |
| 1 | Review | Long-term Clinical Outcomes in Survivors of Coronavirus Outbreaks after hospitalisation or ICU admission: a Systematic Review and Meta-analysis of Follow-up Studies  Hassaan Ahmed, et almedRxiv 2020.04.16.20067975; doi: https://doi.org/10.1101/2020.04.16.20067975  [This article is a preprint and has not been peer-reviewed](https://www.medrxiv.org/content/what-unrefereed-preprint)  Available | 2020 | **Mental Health Outcomes**  6 studies (5 Level 1b and 1 Level studies) reported psychological comorbidities in CoV survivors of which all 6 were included in the meta-analysis. All studies which reported prevalence of these  psychological conditions had follow-up period of longer than 6 months.  The prevalence of different psychological conditions was substantially high with pooled estimates of 38.80% (95% confidence interval 30.93 to 47.31) for **post-traumatic stress disorder** (PTSD), 33.20% (95% confidence interval 19.80 to 50.05) for **depression** and 30.04% (95% confidence interval of 10.44 to 61.26) for **anxiety** [Figure 6 and Figure 7].  The meta-analysis showed that around a third of CoV survivors may have psychological conditions such as PTSD, depression and anxiety beyond 6 months. These estimates are much higher than the prevalence of these conditions reported as part of post-ICU syndrome in medical and surgical  patients48. This indicates that the long-lasting mental health impact is not from serious illness alone, but also from factors such as fear49, stigma37 and quarantine50, all of which also apply to COVID-1951. |
| 1 | Review  **Risks**  **Services** | Rajkumar, R. P. (2020) ‘COVID-19 and mental health: A review of the existing literature’, Asian journal of psychiatry, 52, p. 102066. doi: 10.1016/j.ajp.2020.102066. | 2020 | NB: Limitations only searched PubMed. Review summarises 28 studies found.  Seven publications (correspondence, n = 6; commentary, n = 1) have identified particular populations that may be more **vulnerable to the mental health impact of the COVID-19 pandemic,** and some of these have provided suggestions regarding interventions and service provision. The vulnerable groups identified by these authors include older adults (Yang et al., 2020), the homeless (Tsai and Wilson, 2020), migrant workers (Liem et al., 2020), the mentally ill (Yao et al., 2020a; Zhu et al., 2020), pregnant women (Rashidi Fakari and Simbar, 2020) and Chinese students studying overseas (Zhai and Du, 2020).  Five papers (correspondence, n = 2; commentary, n = 3) have directly addressed the use of specific strategies to deliver mental health care to persons affected by the COVID-19 epidemic (Duan and Zhu, 2020; Liu et al., 2020a; Xiao, 2020; Zhou et al., 2020; Yao et al., 2020b) |
| 1  \*NEW | Report | Survey results: Understanding people's concerns about the mental health impacts of the COVID-19 pandemic, Academy of Medical Sciences  <https://acmedsci.ac.uk/file-download/99436893> | 2020 | In order to understand the most pressing concerns, issues and unmet needs around mental health and COVID-19, from the perspectives of people with **lived experience of mental illness** and the general population,  two online surveys were undertaken:  A stakeholder survey of people with lived experience of mental health problems and their supporters,healthcare professionals, researchers and the general public with an interest in the topic. Carried out between  Wednesday 25th and Friday 27th March 2020.  Results:  In total, 2,198 people took part in the stakeholder survey. They submitted a total of 4,350 concerns about themental health impacts of the COVID-19 pandemic. The majority (70%) of the respondents were people with experience of a mental illness.  Anxiety was a very significant theme within both the stakeholder and general population responses. **Isolation** was another dominant theme in both surveys.  Becoming mentally unwell and accessing mental health services were other concerns.  Family and relationships -Some people described being consumed by fears about family members contracting COVID-19, while others were anxious about the implications for dependent family members should they themselves become unwell. |
| 1 | Article  Treatment  Risks | DePierro, J., Lowe, S. and Katz, C. (2020) ‘Lessons learned from 9/11: Mental health perspectives on the COVID-19 pandemic’, *Psychiatry Research*, 288. doi: 10.1016/j.psychres.2020.113024.  Available | 2020 | The COVID-19 pandemic will likely lead to high rates of PTSD, depression, and substance misuse among survivors, victims’ families, medical workers, and other essential personnel. The mental health response to the 9/11/01 terrorist attacks, culminating in a federally-funded health program, provides a template for how providers may serve affected individuals. Drawing on the 9/11 experience, we highlight **effective prevention measures**, likely short and long-term **treatment** needs, **vulnerable** subgroups, and important points of divergence between 9/11 and the COVID-19 pandemic. Mental health monitoring, early identification of at-risk individuals, and treatment irrespective of financial barriers are essential for minimizing chronic distress. |
| 1 | Article  Services | Li, W. *et al.* (2020) ‘Progression of Mental Health Services during the COVID-19 Outbreak in China’, *International journal of biological sciences*, 16(10), pp. 1732–1738. doi: 10.7150/ijbs.45120.  <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7098037/?tool=pubmed> | 2020 | The novel coronavirus disease (COVID-19) has been rapidly transmitted in China, Macau, Hong Kong, and other Asian and European counterparts. This COVID-19 epidemic has aroused increasing attention nationwide. Patients, health professionals, and the general public are under insurmountable psychological pressure which may lead to various psychological problems, such as anxiety, fear, depression, and insomnia. Psychological crisis intervention plays a pivotal role in the overall deployment of the disease control. The National Health Commission of China has summoned a call for emergency psychological crisis intervention and thus, various mental health associations and organizations have established expert teams to compile guidelines and public health educational articles/videos for mental health professionals and the general public alongside with online mental health services. In addition, mental health professionals and expert groups are stationed in designated isolation hospitals to provide on-site services. Experts have reached a consensus on the admission of patients with severe mental illness during the COVID-19 outbreak in mental health institutions. Nevertheless, the rapid transmission of the COVID-19 has emerged to mount a serious challenge to the mental health service in **China**. |
| 1 | Book Chapter  (available online) | Cates D.S., Gomes P.G., Krasilovsky A.M. (2018) Behavioral Health Support for Patients, Families, and Healthcare Workers. In: Hewlett A., K. Murthy A. (eds) Bioemergency Planning. Springer, Cham  <https://link.springer.com/chapter/10.1007%2F978-3-319-77032-1_16> | 2018 | Abstract:  During the 2014–2016 Ebola outbreak in West Africa, over 850 healthcare workers contracted Ebola, and over 500 died. These tragic numbers underscore the need for strict adherence to infection control precautions when caring for patients with Ebola and other diseases that are both highly infectious and potentially fatal. In addition to the use of personal protection equipment (PPE), such measures include source isolation of infected patients. In the process of confining infectious pathogens, however, it is essential that health systems do not overlook the psychological needs of patients nor that of the medical staff who care for them. This chapter is divided into two sections. The first explores the experiences of patients cared for in source isolation, highlighting the possible iatrogenic psychological consequences of treatment in a biocontainment unit. Strategies for mitigating the potentially harmful psychological effects of isolation are reviewed, including considerations for children. The second section considers the experiences of healthcare workers. The discussion outlines the psychological impact of treating patients with infectious diseases, risk factors for emotional distress, and strategies to promote psychological well-being and resilience. |
| 1 | Article | Troyer, E.A., Kohn, J.N., Hong, S., Are we facing a crashing wave of neuropsychiatric  sequelae of COVID-19? Neuropsychiatric symptoms and potential immunologic mechanisms, Brain, Behavior, and Immunity (2020), doi: <https://doi.org/10.1016/j.bbi.2020.04.027>  Pre-print- proof available. | 2020 | Abstract:  The coronavirus disease 19 (COVID-19) pandemic is a significant psychological stressor in addition to its tremendous impact on every facet of individuals’ lives and organizations in virtually all social and economic sectors worldwide. Fear of illness and uncertainty about the future precipitate **anxiety- and stress-related disorders**, **and several groups have rightfully called for the creation and dissemination of robust mental health screening and treatment programs for the general public and front-line healthcare workers**. However, in addition to pandemic-associated psychological distress, the direct effects of the virus itself (several acute respiratory syndrome  coronavirus; SARS-CoV-2), and the subsequent host immunologic response, on the human central nervous system (CNS) and related outcomes are unknown. We discuss currently available evidence of COVID-19 related **neuropsychiatric sequelae** while drawing parallels to past viral pandemic-related outcomes. Past pandemics have demonstrated that diverse types of neuropsychiatric symptoms, such as encephalopathy, mood changes, psychosis, neuromuscular dysfunction, or demyelinating processes, may accompany acute viral infection, or may follow infection by weeks, months, or longer in recovered patients. The potential mechanisms are also discussed, including viral and immunological underpinnings. Therefore, prospective  neuropsychiatric monitoring of individuals exposed to SARS-CoV-2 at various points in the life course, as well as their neuroimmune status, are needed to fully understand the long-term impact of COVID-19, and to establish a framework for integrating psychoneuroimmunology into epidemiologic studies of pandemics. |
| 1 | Article | STAM, H. J., STUCKI, G. and BICKENBACH, J. (2020) ‘Covid-19 and Post Intensive Care Syndrome: A Call for Action’, *Journal of Rehabilitation Medicine (Stiftelsen Rehabiliteringsinformation)*, 52(4), pp. 1–4. doi: 10.2340/16501977-2677  Available (EDS) | 2020 | Post Intensive Care Syndrome and other severe conditions will require not only adequate screening but early rehabilitation and other interventions. Action must be taken now to prepare for this inevitable aftershock to the healthcare system. |
| 1 | Article | A Second Pandemic: Mental Health Spillover From the Novel Coronavirus (COVID-19).  J Am Psychiatr Nurses Assoc. 2020 Apr 27:1078390320919803. doi: 10.1177/1078390320919803. [Epub ahead of print] | 2020 | A comprehensive public health response to the pandemic must include (a) attention to the psychological aspects of hospitalization for patients, families, and staff affected by COVID-19; (b) planning for emergency and acute psychiatric patient care if hospitals become overwhelmed with COVID-19 patients; and (c) innovations for providing mental health care in communities while social distancing is required and health system resources are strained. Nurses and nurse leaders must anticipate these mental health challenges, assist with **preparedness** in health systems and communities, and advocate for a coordinated response to promote mental wellness and resilience. |
| 1 | Article | Wu, Chaomin et al, Mental Health Status of Survivors Following COVID-19 in Wuhan, China: A Descriptive Study (3/19/2020).  Pre-print Available at SSRN: <https://ssrn.com/abstract=3559616> or [http://dx.doi.org/10.2139/ssrn.3559616](https://dx.doi.org/10.2139/ssrn.3559616) | 2020 | Abstract:  Background: Inpatients with coronavirus disease 2019 (COVID-19) have been well depicted in clinical characteristics. However, few studies reported post-discharge conditions, especially mental health status, for survivors following COVID-19. In this study, we aimed to first report **mental health status in COVID-19 survivors and explore relevant influence factors**.  Methods: In this descriptive case series, we enrolled a population of 370 COVID-19 survivors in Wuhan Jinyintan Hospital, China. Survivors were discharged during Jan 4 and Feb 12, 2020. Telephone follow-up was conducted. Readmission status and post-discharge symptoms and signs were inquired. Mental health conditions of anxiety and depression were assessed using The Generalized Anxiety Disorder Screener (GAD-7) and Patient Health Questionnaire-9 (PHQ-9), respectively.  Results: The median post-discharge follow-up period was 22 days (interquartile range 20~30 days). Of the 370 COVID-19 survivors, no survivors were readmitted due to recurrence of SARS-CoV-2-positive pneumonia. Sixty (16.2%) survivors had post-discharge cough and 45 (12.2%) had breathlessness after activity. One hundred and seventy-three (46.8%) survivors worried about recurrence and 174 (47.0%) worried about infection to others such as their family. Two hundred and ninety-three (79.2%) survivors took a home quarantine lifestyle. Fifty (13.5%) survivors occurred anxiety and 40 (10.8%) survivors occurred depression. Survivors were most bothered by sleeping disorders (29.5%). Four survivors (1.1%) once had thoughts of suicide in several days. Three hundred and fifty-six (96.2%) survivors were willing to return to hospital for health examination. Anxiety was significantly associated with post-discharge respiratory symptoms, worry about recurrence and worry about infection to others (P<0.05). Depression was significantly associated with gender of female, post-discharge respiratory symptoms, worry about recurrence, worry about infection to others and home quarantine lifestyle (P<0.05).  Interpretation: **About 10 percent of COVID-19 survivors would develop anxiety or depression**, **because of post-discharge residual respiratory symptoms, worry about recurrence and infection to others**. We clinicians and psychiatrists must pay attention to mental health care for these survivors. We need to explain to COVID-19 survivors that they should not be overly worried about residual respiratory symptoms and a rare event of recurrence. In addition, depression caused by home quarantine lifestyle should also be noted and relieved. |
| 1 | Article  **Inequalities** | [The Inverse Response Law: Theory and Relevance to the Aftermath of Disasters](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5981955/) Int J Environ Res Public Health. 2018 May; 15(5): 916 | 2018 | Explains the theory that following a disaster, those who are in greatest need of healthcare services, are often the ones who lose out |
| 1 | Article  **Prevention** | [Suicide risk and prevention during the COVID-19 pandemic](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30171-1/fulltext)**,** The Lancet Psychiatry, 21 April 2020 | 2020 | The mental health effects of the coronavirus disease 2019 (COVID-19) pandemic might be profound and there are suggestions that suicide rates will rise, although this is not inevitable. Suicide is likely to become a more pressing concern as the pandemic spreads and has longer-term effects on the general population, the economy, and vulnerable groups. Preventing suicide therefore needs urgent consideration. The response must capitalise on, but extend beyond, general mental health policies and practices. |
| 1 | Article  **Risks**  **Conditions** | [COVID 19 and its mental health consequences](https://www.tandfonline.com/doi/full/10.1080/09638237.2020.1757052) J Ment Health 2020 Apr 27:1-2. doi: 10.1080/09638237.2020.1757052. [Epub ahead of print] | 2020 | NB: India  The WHO has also expressed its concern over the pandemic’s mental health and psycho-social consequences (World Health Organization, [2020d](https://www.tandfonline.com/doi/full/10.1080/09638237.2020.1757052)). It speculates that new measures such as self-isolation and quarantine have affected usual activities, routines, and livelihoods of people that may lead to an increase in loneliness, anxiety, depression, insomnia, harmful alcohol, and drug use, and self-harm or suicidal behavior (World Health Organization, [2020c](https://www.tandfonline.com/doi/full/10.1080/09638237.2020.1757052)).  …  Chances of developing neurotic disorders such as **generalized anxiety disorder and obsessive-compulsive disorders (OCD**) in large population groups. Overemphasis on consistent handwashing (for twenty seconds) may affect a significant population group globally considering people are not aware of when and how many times to wash. |
| 1 | Article  **Risks** | [Mitigating the wider health effects of covid-19 pandemic response.](https://www.bmj.com/content/369/bmj.m1557.long)  Douglas M. BMJ 2020;369:m1557. | 2020 | Lists those most effected including:   * Older people—highest direct risk of severe covid-19, more likely to live alone, less likely to use online communications, at risk of social isolation * People with mental health problems—may be at greater risk from social isolation * People with reduced communication abilities (eg, learning disabilities, limited literacy or English language ability)—may not receive key governmental communications * Workers on precarious contracts or self-employed—high risk of adverse effects from loss of work and no income * People on low income—effects will be particularly severe as they already have poorer health and are more likely to be in insecure work without financial reserves   Long term, **social isolation** is associated with an increase in mortality of almost a third.[**15**](https://www.bmj.com/content/369/bmj.m1557.long#ref-15) Prolonged periods of social distancing could have similar effects. People who are socioeconomically disadvantaged or in poor physical or mental health are at higher risk.[**16**](https://www.bmj.com/content/369/bmj.m1557.long#ref-16) **Online and telephone support needs to be provided for vulnerable groups,** especially those living alone. |
| 1 | Article | Wang, H. *et al.* (2020) ‘Dementia care during COVID-19’, *Lancet*, 395(10231), pp. 1190–1191. doi: 10.1016/S0140-6736(20)30755-8. | 2020 | Older adults are vulnerable at the onset of natural disasters and crisis, and this has been especially true during the coronavirus disease 2019 (COVID-19) pandemic.[1] With the aggressive spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the death toll has risen worldwide. People living with **dementia** have limited access to accurate information and facts about the COVID-19 pandemic. We believe that learning lessons from China would empower the world to tackle the COVID-19 pandemic, with little risk of compromising the quality of life of people living with dementia and their carers. |
| 1 | Briefing Paper | [Recessions and health: The long-term health consequences of responses to coronavirus](https://www.ifs.org.uk/publications/14799), Institute for Fiscal Studies , 9th April 2020 | 2020 | The current lockdown and social distancing measures brought about by the coronavirus crisis, coupled with the direct effects of the virus on workers and firms, are having a huge impact on economies in the UK and around the world. Existing literature on the health impacts of business-cycle fluctuations and recessions shows that the resulting economic downturn will have significant consequences on people’s health outcomes in the short and longer term. A debate has started on whether the adverse health effects of a recession may be greater than the increased morbidity and mortality within the pandemic itself. This briefing note discusses some of the mechanisms through which shocks to macroeconomic conditions may affect health. |
| 1 | Review | Van Hal G (2015) ‘The true cost of the economic crisis on psychological well-being: a review’, *Psychology Research and Behavior Management*, 2015(default), pp. 17–25. Available at: <http://search.ebscohost.com/login.aspx?direct=true&db=edsdoj&AN=edsdoj.1872366e81a9434ab077907e0694e4ae&site=eds-live>  (Accessed: 1 May 2020). | 2015 | The main reactions of most policy makers to the economic crisis are (severe) austerity measures. These measures seem to have, however, a detrimental effect on the mental health of the population: Just when people have the highest need for mental help, cost-cutting measures in the health care sector lead to a (substantial) drop in the supply of services for the prevention, early detection, and cure of mental health problems. Policy makers should support moderating mechanisms such as financial and psychological coping and acculturation and the role of primary health care workers in the early detection of suicidal thoughts, suicide attempts, and suicide in times of economic recession. Several examples show that the countries best off regarding the mental health of their populations during the economic crisis are those countries with the strongest social safety net. Therefore, instead of cutting back on health care and social welfare measures, policy makers should in the future invest even more in social protection measures during economic crises. |
| 1 | Review | Lindström, M. and Giordano, G. N. (2016) ‘The 2008 financial crisis: Changes in social capital and its association with psychological wellbeing in the United Kingdom – A panel study’, *Social Science & Medicine*, 153, pp. 71–80. doi: 10.1016/j.socscimed.2016.02.008.  <https://www.sciencedirect.com/science/article/pii/S0277953616300636?via%3Dihub>   |  | | --- | |  | | 2016 | Abstract:  The global financial crisis of 2008 was described by the IMF as the worst recession since the Great Depression. This historic event provided the backdrop to this United Kingdom (UK) longitudinal study of changes in associations between social capital and psychological wellbeing. Past longitudinal studies have reported that the presence of social capital may buffer against adverse mental health outcomes. This study adds to existing literature by employing data from the British Household Panel Survey and tracking the same individuals (N = 11,743) pre- and immediately post-crisis (years 2007–09). With longitudinal, multilevel logistic regression modelling, we aimed to compare the buffering effects of individual-level social capital (generalised trust and social participation) against worse psychological wellbeing (GHQ-12) during and immediately after the 2008 financial crisis.  From our empirical evidence, **decision makers should be made aware of how events such as the crisis (and the measures taken to counter its effects) could negatively impact on a Nation's trust levels.** Furthermore, past research implies that the positive effects of trust on psychological wellbeing evident in this study may only be short-term; therefore, decision makers should also prioritise policies that restore trust levels to improve the psychological wellbeing of the population. |
| 1 | Article | **The limits to our capacity: reflections on resiliency, community engagement, and recovery in 21st-century crises.**  Burkle Jr, Frederick M  *Disaster Medicine & Public Health Preparedness*; Sep 2011; vol. 5.  Available at [Disaster Medicine and Public Health Preparedness](https://www.cambridge.org/core/services/aop-cambridge-core/content/view/54B52B512588952243CB429B8EC6E1CE/S193578930000392Xa.pdf/div-class-title-the-limits-to-our-capacity-reflections-on-resiliency-community-engagement-and-recovery-in-21st-century-crises-div.pdf) | 2011 | By using the background of what we know and do not know about modern-day disaster experiences, communities must answer questions such as the following:  • How can we respond to disasters and other human crises with dignity and act in accordance with the lived experience of others? •In community participation and governance, who is listening?  • What prevention, preparedness, and response modalities will benefit communities in mitigating the limits to resiliency and fostering sustainability? |
| 1 | Briefing Report  **Children** | Children in lockdown: what coronavirus means for UK children, UNICEF  <https://www.unicef.org.uk/coronavirus-children-in-lockdown/> | 2020 | This briefing paper lays out the complex issues facing children and their rights, and the multi-layered way in which the coronavirus presents a growing crisis for the worst affected families. The report looks at the impact on children in relation to: children's rights; maternity services and infant nutrition; loss of education; child nutrition; children's health and access to health services; **children's mental health**; protection from violence, abuse and neglect. |
| 1 | Article  **Children** | Kar, N. (2009) ‘Psychological impact of disasters on children: review of assessment and interventions’, *World journal of pediatrics : WJP*, 5(1), pp. 5–11. doi: 10.1007/s12519-009-0001-x. | 2009 | Most of the post-disaster mental health interventions can be provided in the community by the local disaster workers. Supportive counselling, cognitive behavior therapy, brief trauma/grief-focused psychotherapy, and play therapy are the commonly utilized methods of psychological intervention, which can be given in groups. Information about the efficacy of medications is still emerging, while many are being used and found useful. |
| 1 | Article  **Treatment** | Farooq Naeem, Muhammad Irfan and Afzal Javed (2020) ‘Coping with Covid-19: Urgent Need for Building Resilience through Cognitive Behaviour Therapy’, *Khyber Medical University Journal*, 12(1). doi: 10.35845/kmuj.2020.20194.  Available  <https://doaj.org/article/25e7c3b243f44add893598d6c12c1a7d> | 2020 | While several Multimedia based or face-to-face programmes have assessed the usefulness of CBT for resilience in a variety of populations, it has not been used to build resilience in persons facing challenging situations to help ease their distress and to prevent the development of psychopathology.  CBT is an ideal intervention for victims of humanitarian crises such as earthquakes, floods, wars related trauma, and pandemics as it is evidence-based, structured, low cost, and can be delivered in a variety of formats, including online platforms. There is an urgent need to develop and test CBT based programs that focus on building resilience that can be used on a public health level to help persons facing challenges at national or global levels. We, therefore, believe that developing and testing CBT based interventions to build resilience among those facing challenging situations is a need of time. |
| 1 | Article  **Treatment** | Zhou, X. *et al.* (2020) ‘The Role of Telehealth in Reducing the Mental Health Burden from COVID-19’, *Telemedicine & e-Health*, 26(4), pp. 377–379. doi: 10.1089/tmj.2020.0068. | 2020 | The psychological impact of the coronavirus disease 2019 (COVID-19) pandemic must be recognized alongside the physical symptoms for all those affected. **Telehealth**, or more specifically **telemental health services**, are practically feasible and appropriate for the support of patients, family members, and health service providers during this pandemic. The provision of mental health support (especially through telehealth) will likely help patients maintain psychological well-being and cope with acute and postacute health requirements more favorably. |
| 2 | Editorial | Chaturvedi, S. K. (2020) ‘Covid-19, Coronavirus and Mental Health Rehabilitation at Times of Crisis’, *Journal of Psychosocial Rehabilitation & Mental Health*, 7(1), p. 1  <https://link.springer.com/content/pdf/10.1007/s40737-020-00162-z.pdf> | 2020 |  |
| Evidence about Support Needs of Health and Social Care Staff | | | | |
| 1 | Evidence Review | COVID trauma response: pandemics require trauma-informed mental health support  <https://www.nationalelfservice.net/mental-health/ptsd/covid-trauma-response/>  **Primary Link**  [COVID trauma response working group rapid guidance for planners of the psychosocial response to stress experienced by hospital staff associated with COVID: Early Interventions](https://232fe0d6-f8f4-43eb-bc5d-6aa50ee47dc5.filesusr.com/ugd/6b474f_daca72f1919b4c1eaddb8cfcbb102034.pdf) (2020). COVID Trauma Response Working Group. | 2020 | Key Points:  The guidance focuses on the needs of healthcare staff. There are unique challenges for healthcare staff working in the current crisis. Providing open and honest communication, supporting teams to look out for vulnerable colleagues, and offering training on potential effects of trauma and trauma management skills, could help staff to manage the trauma they are faced with and reduce the risk of them developing a mental health disorder. Other recommendations include:   * A phase-based response; in the early stages of the crisis, ensuring physical safety and adequate food, rest and psychological support. Formal psychosocial support may be needed by some as the crisis develops. * Evaluation of the effects of the crisis and effectiveness of interventions in different groups.   The authors also provide links to externally-produced information including guidance for the general population, volunteers, and children and adolescents. |
| 1 | Review  **Ineqaulities** | Spoorthy, M. S. (2020) ‘Mental health problems faced by healthcare workers due to the COVID-19 pandemic–A review’, *Asian Journal of Psychiatry*, 51. doi: 10.1016/j.ajp.2020.102119. | 2020 | Highlights  .•Out of 23 articles selected by initial screening 6 original articles were included in the final review.  •Review of all the 6 articles showed that several socio-demographic variables like gender, profession, age, place of work, department of work and certain psychological variables like poor social support, self-efficacy were found to be associated with increased reporting of stress, anxiety, depressive symptoms, insomnia in HCW  .•There is increasing evidence which suggests that COVID-19 can be an independent risk factor for stress in HCW. |
| 1 | Systematic Review | Brooks, S. K. *et al.* (2018) ‘Training and post-disaster interventions for the psychological impacts on disaster-exposed employees: a systematic review’, *Journal of mental health (Abingdon, England)*, pp. 1–25. doi: 10.1080/09638237.2018.1437610. | 2018 | Ten studies on post-disaster interventions revealed mixed findings on the effectiveness of psychological debriefing and limited evidence for cognitive behavioural therapy, psychoeducation and meditation. |
| 1 | Article | Greenberg, N. *et al.* (2020) ‘Managing mental health challenges faced by healthcare workers during covid-19 pandemic’, *BMJ: British Medical Journal (Online content)*, p. 1. Available at: <https://www.bmj.com/content/368/bmj.m1211.long> | 2020 | **After Care**  Once the crisis is over, supervisors should ensure that time is made to reflect on and learn from the extraordinarily difficult experiences to create a meaningful rather than traumatic narrative. The National Institute for Health and Care Excellence recommends “active monitoring” of staff to ensure that the minority who become unwell are identified and assisted to access evidence based care.[11](https://www.bmj.com/content/368/bmj.m1211.long#ref-11) Clinicians who provide care for moral injuries and associated mental illness should also be aware of the potential to avoid speaking about guilt and shame and focus on other stressors during therapy. This therapeutic avoidance can lead to poorer outcomes.[12](https://www.bmj.com/content/368/bmj.m1211.long#ref-12) |
| 1 | Article | Lai, Jianbo; et al (2020). Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019. JAMA network open; Mar 2020; vol. 3 (no. 3); p. e203976  Available  doi:10.1001/jamanetworkopen.2020.3976 | 2020 | Key Findings:  In this cross-sectional study of 1257 health care workers in 34 hospitals equipped with fever clinics or wards for patients with COVID-19 in multiple regions of China, a considerable proportion of health care workers reported experiencing symptoms of depression, anxiety, insomnia, and distress, especially women, nurses, those in Wuhan, and front-line health care workers directly engaged in diagnosing, treating, or providing nursing care to patients with suspected or confirmed COVID-19.  These findings suggest that, among Chinese health care workers exposed to COVID-19, women, nurses, those in Wuhan, and front-line health care workers have a high risk of developing unfavorable mental health outcomes and may need psychological support or interventions. |
| 1 | Review | Brooks, S. K., Rubin, G. J., & Greenberg, N. (2019). Traumatic stress within disaster-exposed occupations: overview of the literature and suggestions for the management of traumatic stress in the workplace. British medical bulletin.  Available (EDS) | 2019 | Areas of Agreement: There are many social and occupational factors, which affect post-disaster mental health. In particular, effective social support-both during and post-disaster-appears to enhance psychological resilience.  Areas of Controversy: There is conflicting evidence regarding the best way to support trauma-exposed employees. Many organisations carry out post-incident debriefing despite evidence that this is unhelpful.  Personnel who experience persistent psychological difficulties should be helped to access professional support. |
| 1 | Article | Brooks, S., Rubin, G. J., & Greenberg, N. (2019). Managing traumatic stress in the workplace. Occupational Medicine, 69, 2–4  Available (EDS) | 2019 | Good practice guidelines for routinely trauma-exposed organizations advocate ongoing monitoring of staff well-being and the use of informal peer support programmes such as Trauma Risk Management (TRiM) and Psychological First Aid (PFA) as first line interventions.  Consistent evidence shows that effective social support, adequate training for how to respond to emergency situations at work and effective coping strategies (such as confrontive coping rather than denial or avoidance) are the three main 'resilience factors' which protect employees from adverse mental health consequences following a disaster. |
| 2 | Case Study | Moldofsky, H. and Patcai, J. (2011) ‘Chronic widespread musculoskeletal pain, fatigue, depression and disordered sleep in chronic post-SARS syndrome; a case-controlled study’, *BMC neurology*, 11, p. 37. doi: 10.1186/1471-2377-11-37.  Available | 2011 | **Conclusions:** The clinical and sleep features of chronic post-SARS form a syndrome of chronic fatigue, pain, weakness, depression and sleep disturbance, which overlaps with the clinical and sleep features of FMS and chronic fatigue syndrome. |

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**Search Strategy**

**Sources:** lis-medical (Health Library and Knowledge Services online community), EBSCO Discovery (CINHAL, MEDLINE, Psychology & Behavioural Sciences Collection, Academic Search Index) Pubmed, PsycINFO

**Search terms:** COVID-19, coronavirus, disaster recovery, disaster planning, Post-disaster, post-outbreak, post-peak, post-pandemic, mental health services, health service needs and demand, adaptive capacity, capacity planning, future demand, psychological, stress, resilience, post-traumatic stress, workforce, job-related trauma, healthcare staff.

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