Guiding principles and key recommendations for protecting mental health in citizens during the COVID-19 pandemic

The ongoing pandemic of the COVID-19 virus is the major global health event of 2020. In the absence of a vaccine coupled with a rising in death toll and an unknown optimal response to the virus-outbreak, this pandemic fits the description of an existential risk (Ord, 2020). As the coronavirus pandemic rapidly sweeps across the world, it is inducing a considerable degree of fear, worry and concern in the population at large and potentially among specific groups such as older adults, care providers and people with underlying health conditions (WHO, 2020). In public mental health terms, the main psychological impact to date is elevated rates of stress, anxiety, depression, irritability, insomnia, fear, confusion, anger, frustration, boredom, and stigma (Pfefferbaum & North, 2020). Qui et al. (2020) have explored the psychological distress associated with the strict measures applied in China. They concluded that these measures had triggered many psychological problems such as panic disorder, anxiety and depression. Brook et al., 2020 indicated in their meta-analysis post-traumatic stress symptoms, confusion and anger as the major symptoms. Out of their list of recommendations to reduce the negative impact, raising awareness about the positive effects of the measures and provide the public with a good rationale about why to use it, can have a positive impact an behavioural changes required to uphold the strict measures. Indeed, buffering mechanisms are the result of a positive perception towards the stressors which is promoted by resilience. Overall, new policy measures to tackle the epidemic (especially quarantine that effects many people's daily activities, routines or livelihoods) can have a substantial impact on levels of loneliness, depression, harmful alcohol and drug use, and self-harm or suicidal behaviour (WHO, 2020). A recent contribution to The Lancet Psychiatry framed the future challenges as 1) avoiding an increase in mental disorders as well as a reduction in mental wellbeing across populations; 2) to protect people with a mental disorder from COVID-19 given their increased vulnerability; and 3) to provide appropriate public mental health interventions to health professionals and carers.

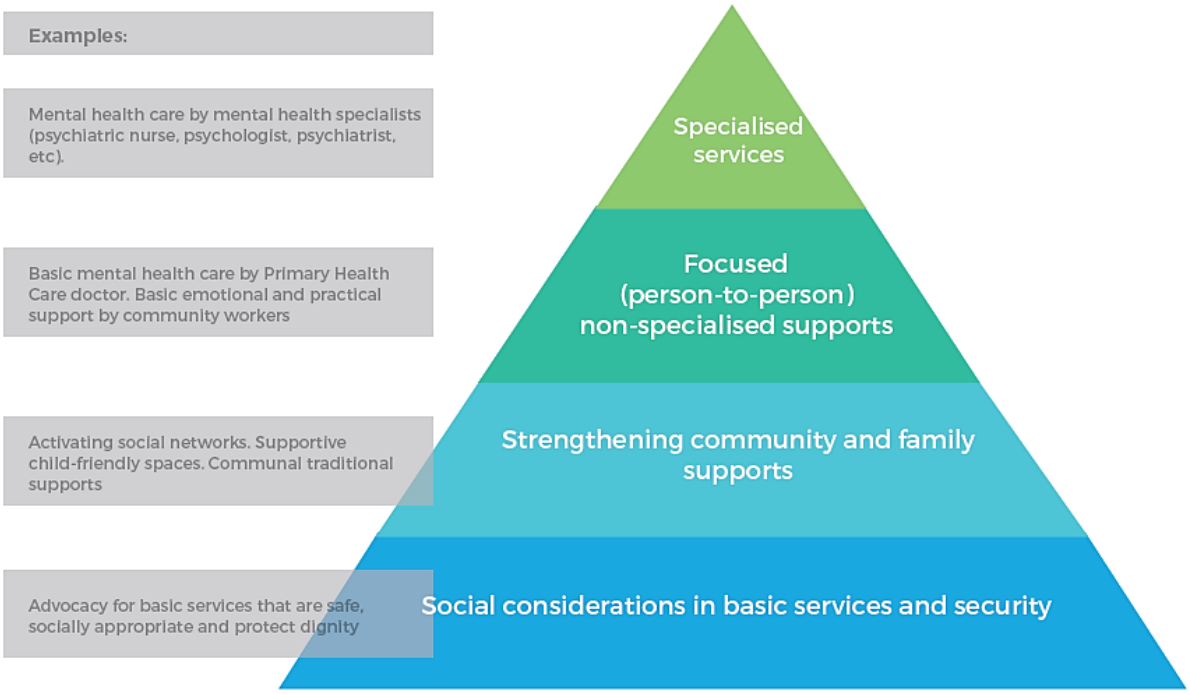
However, not all citizens' psychological health seems to suffer from the COVID-19 pandemic (Katz & Yovel, in review). Therefore, a strengths based perspective and focus on resilience is paramount. Recent research (Vansteenkiste et al., in review) shows that uncertainty, psychological need satisfaction and need frustration independently predict individuals' well-being (life satisfaction, sleep quality) and ill-being (depressive symptoms, anxiety). Furthermore, the strength of communities as well as the subjective sense of belonging to some greater collective should not be underestimated (Yzerbyt & Phalet, 2020). Though COVID-19 is a traumatic event likely to cause widespread psychological stress, group-based processes can play a key role in mitigating the severity of this and ensuring a more resilient response (Jetten et al., 2020).

New scientific data is being processed continuously but the COVID-19 pandemic as well as its socio-economic consequences are highly unpredictable. When facing the unknown, uncertainty takes over our cognitive sphere due to problems of information and decisional overload (Yu & Dayan, 2005). In the case of covid-19, the context is highly changing and subsequently can be identified as an unexpected uncertainty. This conceptual model is based on what we currently know about mental health (care), recent COVID-19 scientific

insights as well as international guidelines. To effectively manage the impact of COVID-19 on mental health we will first discuss the importance of integrating multiple levels of interventions, taking the 'life course' of the COVID-19 epidemic into account, and the need for identifying and targeting vulnerable populations. Finally, we will discuss key guiding principles for protecting the mental health of citizens during the COVID-19 epidemic.

Multiple levels of interventions

The IASC Guidelines for MHPSS in Emergency Settings recommends that multiple levels of interventions be integrated within outbreak response activities. These levels align with a spectrum of mental health and psychosocial needs and are represented in a pyramid of interventions (See Figure) ranging from embedding social and cultural considerations in basic services (such as psychological aid at primary care settings), to providing specialised services for individuals with more severe conditions. Core principles include: do no harm, promote human rights and equality, use participatory approaches, build on existing resources and capacities, adopt multi-layered interventions and work with integrated support systems (IASC, 2020).



Changes in mental health throughout the COVID-19 epidemic

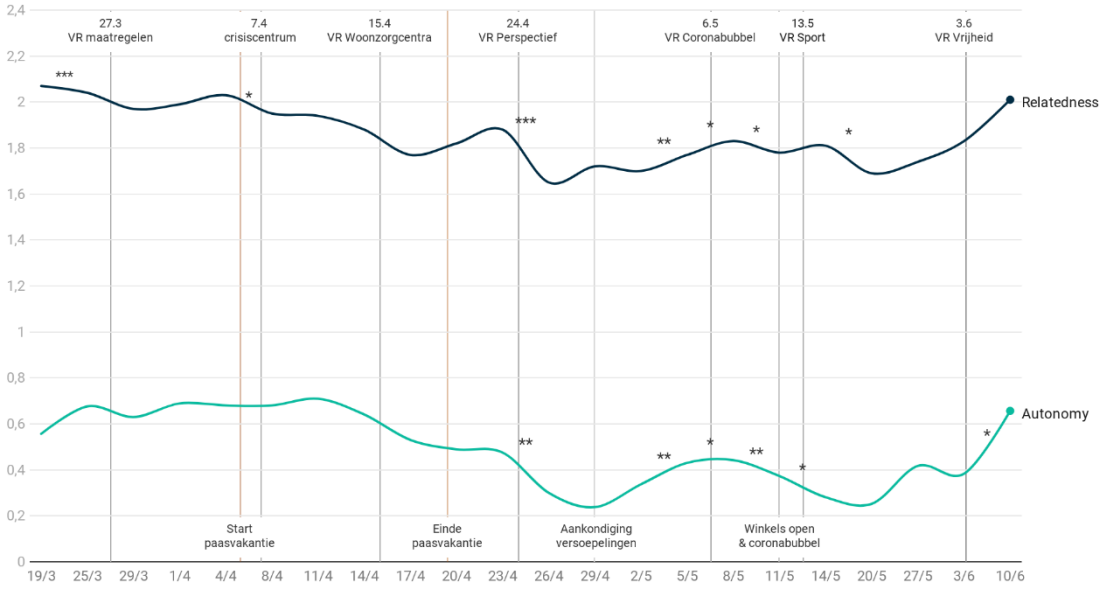
Recent research shows that people often experience a wide range of concerns relating to the coronavirus outbreak, such as the health of their loved ones, collapse of health care systems, and economic consequences. These fears are associated with health anxiety, intolerance of uncertainty, media use, and risks for loved ones. However, the impact of COVID-19 on psychological health also depends on the evolution of the epidemic and its consequences. This is what Ransing et al. (2020) call the Emotional Epidemic Curve (EEC). The EEC distinguishes between a first peak that may cause (amongst others) fear, distress, anxiety, and depression, a dipping point (indicative of community resilience, with a rapid reduction of distress), and a second peak that is unpredictable and complex. The latter would occur due to the death of loved ones, economic damage and marked social disruption with effects such

as post-traumatic stress disorder, grief, depression and relapse of pre-existing mental health conditions.

The knowledge that the epidemic and its consequences for mental health depends on a certain ‘epidemic life course’ urges the need for systematic monitoring efforts of mental health. Current research in Flanders clearly shows that these data have important value in steering potential outcomes of the epidemic regarding health. For example, despite the recent regained autonomy and relatedness in Flemish citizens, worries about health and the COVID-19 situation have also increased (see Figure 1 & 2).

Evolution of Psychological Needs

Coronastudie, Universiteit Gent



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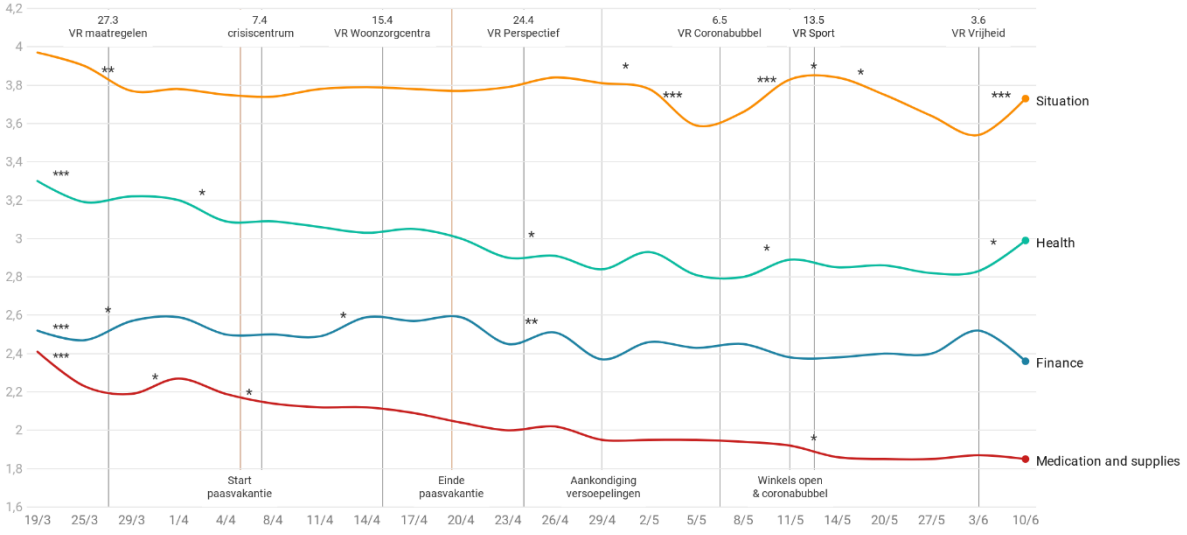
Evolution of worries

Coronastudie, Universiteit Gent



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Identifying vulnerable populations

We do not yet know the acute or long-term consequences of the COVID-19 lockdown and social isolation on mental health. Although worries and uncertainties about a pandemic are common, for some they can cause undue distress and impairment to social and occupational functioning. Across society, a sense of loss can stem from losing direct social contacts (especially for those who already have little social contacts, singles or those who live alone), and also range from loss of loved ones, to loss of employment, educational opportunities, recreation, freedoms, and supports. Existing evidence suggests some measures taken to control the pandemic might have a higher negative impact on those most vulnerable. The latter include (amongst others) 1) children, young people, and families (especially women and one-parent households) that are affected by school closures, 2) older adults and those with multimorbidities, 3) people with existing mental health issues, and those who experience heightened fear or feel threatened and overwhelmed, 4) front-line health-care workers, 5) people with learning difficulties and neurodevelopmental disorders, 6) socially excluded groups including prisoners, the homeless, and refugees, 7) people on low incomes who face job and financial insecurity, reside in cramped housing, and have poor access to the internet and technology, 8) people who are (have been) admitted to intensive care and their families, 9) those who experienced the loss of a loved one due to covid-19 or during lockdown, and finally 10) the low-skilled (including university students, and working students) (Holmes et al., 2020; Superior Health Council, 2020).

Guiding principles

These guiding principles are based on the literature overview found above and in line with the advisory report of the Superior Health Council no. 9589 "*Psychosocial care during the Covid-19 pandemic*" (Superior Health Council, 2020). The Superior Health Council is currently reviewing this advice as we move from the acute phase into the subacute phase[1].

Mental health literacy and community building

People need to be informed about how to prevent and detect mental health problems, help-seeking options and treatments (Jorm, 2012). Increased levels of mental health literacy will lead to effective coping strategies, social support and help-seeking behavior. This includes initiatives that focus on Psychological first aid (PFA) as well as a focus on effective communication and discursive approaches in communication (see e.g. Van Beveren et al., 2020). To effectively alleviate the impact of COVID-19, one needs to focus on 1) promotion of self-care strategies (such as breathing exercises, relaxation exercise,…) with the help of evidence-based online interventions, 2) normalisation messages about fear and anxiety and ways people can support others, and 3) give clear, concise and accurate information about COVID-19. Community strengthening interventions are central in making supportive resources available. Community-based psychological support related to COVID-19 (see e.g. Bäuerle et al., 2020) offers great potential to alleviate stress in citizens.

A focus on resilience and shared decision making

Satisfaction of the basic psychological needs for autonomy, competence, and relatedness both fosters immediate well-being and strengthens inner resources contributing to subsequent resilience, whereas need frustration evokes illbeing and increased vulnerabilities

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for defensiveness and psychopathology (Vansteenkiste, M., Ryan, R. M., & Soenens, 2020; Vansteenkiste & Ryan, 2013). Interventions are being developed to help those people that tend to get stuck in a maladjusted negative spiral. Furthermore, transdiagnostic interventions such as the SLP model (S stands for symptoms, L for life events, P for personal style or coping) have been proven effective to help professionals and their clients to arrive towards problem identification and treatment based on a model of shared decision making (Rijnders & Heene, 2015). Also, trauma-oriented behavioral therapy, EMDR (eye movement desensitization and reprocessing), and protocols for group interventions have been proven effective to treat acute stress disorders (SHC, 2020).

User-based and participatory approaches

Involvement of patients, people with lived experience, and the public is crucial in the development of policy, interventions (e.g. when testing the acceptability of protocols), implementation and research goals (Holmes et al., 2020). Research shows that people with lived experiences identify barriers but also offer solutions related to access of mental health care, assessment and treatment, the experience of stigma, and developing a trustful relationship with health professionals (Axelsson et al., 2020). Rising to the challenge of the impact of COVID-19 mental health will require integration across disciplines and sectors, and should be done together with people with lived experience. This principle is even more important when identifying and targeting vulnerable populations (Holmes et al., 2020).

Effective mental health care services: planning and accessibility

In the early phase of the pandemic, infrastructure should be prepared and further developed (e.g. Mental Health Surveillance System and online support systems), volunteers and healthcare workers should be trained, and materials should be created to disseminate during each phase (for example psychological first aid materials which can act as a psychological personal protective equipment (PPE). In any case, detecting potential issues and dispatching them effectively in order to connect them with the best possible resource seems a priority. Mental models can help professionals to organize psychological support offline that is COVID-19 proof. Furthermore, treatment protocols should be made available, as well as training about best practices on how to organize online psychological support in addition to offline interventions. Current evidence points to guided online self-help interventions as one of the most promising means to increase reach even when confined to specific issues like common mental disorders in highly educated people. Many online interventions have already been developed and evaluated, but lack widespread dissemination and implementation in clinical practice (Vandaele et al., 2020). One must consider to monitor effects so research data on psychosocial interventions during collective crises can be gathered in order to increase our knowledge in the light of future events. Finally, the capacity of mental health care should be strengthened to prepare for an increase in mental health problems.

Identify and target vulnerable populations

The “hardest to reach” are often the ones we need to reach most. The question of how to deliver health equity is not an easy one but therefore not less relevant neither unachievable. The concept of proportionate universalism is aimed at striking an appropriate balance that guarantees principles of equality and fairness, with the need to allow for diversity and difference (i.e. effective targeting for different social groups) (Carey, Crammond, & De

Leeuw, 2015). Since the association between social isolation and health is particularly strong for mental health, with robust associations with depression, anxiety, and substance use (e.g., Ingram et al., 2020), we need to identify those who suffer most from the current epidemic. For some, working in unsafe conditions prevents them from physical-distancing behaviours. Others are in forced detainment where they simply cannot escape others. Not being able to self-isolate during a global pandemic may be especially traumatizing. For those who cannot enact recommended safety behaviours or who are willfully prevented from enacting them, advice to do so is alienating (Jetten et al., 2020). Screen-and-treat programs can be used for efficiently supporting specific vulnerable populations (such as health care providers) as well as community – based programs (Brewin et al., 2008; Taylor, 2019).

Key Recommendations

For the general public

1. Develop campaigns that enable group identification, a shared sense of responsibility and heightened awareness through strong role models.
2. Strengthen mental health literacy through making psychological first aid (PFA) and self-care strategies available to all.
3. Give clear, concise and accurate information that normalizes the situation and increases resilience as well as individual responses to alleviate stigma. Key messages should be perceived as generating safety and stability throughout time.

For policy makers

1. Systematically monitor mental health in the population.
2. Invest in dispatching and monitoring systems.
3. Strengthen mental health care capacity through investments in capacity building and efficient organization of mental health care.
4. Implement screen and treat actions for vulnerable populations and develop effective actions that reach out to those with low levels of (mental) health literacy while avoiding stigma.

For health professionals

1. Develop screen, dispatch and treat actions for vulnerable populations, deploy them as community – based interventions.
2. Provide training for (mental) health professionals of evidence- and user-based (online as well as offline) interventions to tackle mental problems. Always involve people with lived experiences.
3. Monitor effects and uptake of psychosocial mental health actions.
4. Make offline psychological support available in safe conditions through the implementation of COVID-19 proof mental models.

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These guiding principles and key recommendations (published in august 2020) have been drafted by the members of the corona & psychology expert group: Alexis Dewaele (UGent), Maarten Vansteenkiste (UGent,), Omer Van den Bergh (KULeuven), Pauline Chauvier (UPPCF), Koen Lowet (VVKP), Olivier Luminet (UCLouvain), Karen Phalet (KU Leuven), Geert Crombez (UGent), Ann DeSmet (ULB), Philippe de Timary (Cliniques Universitaires Saint-Luc), Anne-Marie Etienne (ULiège), Sarah Galdiolo (UMons), Olivier Klein (ULB), Kris Van den Broeck (University of Antwerp), Stephan Van den Broucke (UCLouvain), Elke Van Hoof (VUB), Vincent Yzerbyt (UCLouvain).

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