

## IIMHL & IIDL Leadership Briefing VIII

### COVID-19: The long term impacts on mental health and financial inequality with - solutions

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This Briefing includes a report from The Well Being Trust which describes “deaths of despair” for the US and gives policy solutions that have applicability for all countries

In addition two articles from the Mental Health Foundation in the UK about the long-term effects of COVID-19 on mental health and financial insecurity. The findings of an ongoing research project led by the Mental Health Foundation underscores the information presented..

#### **Projected Deaths of Despair from COVID-19**

Petterson et al, Well Being Trust, 8<sup>th</sup> May 2020

More Americans could lose their lives to deaths of despair, deaths due to drug, alcohol, and suicide, if we do not do something immediately. Deaths of despair have been on the rise for the last decade, and in the context of COVID-19, deaths of despair should be seen as the epidemic within the pandemic.

The goal of this report is to predict what deaths of despair we might see based on three assumptions during COVID-19: economic recovery, relationship between deaths of despair and unemployment, and geography. The predictions are bleak.

<https://edition.cnn.com/2020/05/08/health/coronavirus-deaths-of-despair/index.html>

We can prevent these deaths by taking meaningful and comprehensive action as a nation.

**Policies:** Policies that maintain infection control while addressing the mental health and addiction needs of the people will balance the impact of COVID-19 across all sectors.

**Get people working:** To this end, policy solutions must focus on providing meaningful work to those who are unemployed. Service can be a powerful antidote to isolation and despair, and COVID-19 offers new and unique opportunities to employ a new workforce – whether that be through contact tracing – helping local public health department track the virus – or through community health services where a new corps of community members are employed to provide help to those in the most need.

**Get people connected:** The pandemic has created the greatest forced isolation in our modern history. We are physically distant but must socially connect (Bergman et al, 2020). Policies that support small non-profit organizations, faith communities, and community solutions can provide opportunities to get people connected to their neighbors.

**Get mental health integrated:** As we create teams to test, track and trace COVID-19 infections, we must also test, track, trace, and treat patients suffering from mental health and substance use disorders.

**Give people facts:** Every leader offering a briefing on the topic should provide informative leadership on the topic of mental health by describing its impact, ways people can get help, and what to expect from the pandemic.

**Get people care:** If COVID-19 has highlighted anything about our current delivery system, it's that asking people to come to a clinic or a hospital is not always the best approach. Policies that support creative opportunities for care delivered at home, virtually or in-person will provide comfort and safety.

**Offer a vision for the future:** It is essential to bring mental health and addiction care into the fabric of a redesigned vision of clinical care, as well as across community settings. This requires vision, alignment with a framework, and a method for holding key stakeholders accountable for person-centered outcomes.

<https://healingthenation.wellbeingtrust.org/>

## **The long term mental health impact of Covid-19 must not be ignored**

BMJ Opinion. 5th May 2020

Antonis A. Kousoulis et al

Mental Health Foundation UK

This seems to be the first pandemic during which the public, politicians, professionals and researchers are also interested in mental health. A lot of that interest has focused on immediate and short-term concerns. For example, while emotional responses of stress and fear in the face of a pandemic caused by a novel virus for which little is known are normal and expected, excessive and protracted feelings of stress and powerlessness may have significant impact on individuals' mental health through well-known mechanisms.

The evidence also suggests that there is likely to be a more lasting impact on people with long term conditions, both those with pre-existing mental ill-health diagnoses facing disrupted access to primary mental health, and those with other long-term conditions who are experiencing delays in care and operations, as well as fear of attending hospital appointments.

There will be no vaccine for the mental health impacts of the covid-19 pandemic. We need to resist the ever-increasing, opportunistic, commercial influence for miraculous cures in the form of pills, or unevaluated apps, and pursue systems that prioritise

good health for all and “*Building Back Better*” in collaboration with national governments, local governments, funders, and global organisations.

Historically, claims to “quick fix” solutions in global health have led to unethical excess costs and suffering. It is time to urgently invest, instead, in meeting our fundamental and complex human needs.

<https://blogs.bmj.com/bmj/2020/05/05/the-long-term-mental-health-impact-of-covid-19-must-not-be-ignored/>

## **The COVID-19 pandemic, financial inequality and mental health**

Antonis A. Kousoulis et al  
Mental Health Foundation UK  
May 2020

We all can experience mental health problems, whatever our background or walk of life. But the risk of experiencing mental ill-health is not equally distributed across our society. Those who face the greatest disadvantages in life also face the greatest risk to their mental health.

The distribution of infections and deaths during the COVID-19 pandemic, the lockdown and associated measures, and the longer-term socioeconomic impact are likely to reproduce and intensify the financial inequalities that contribute towards the increased prevalence and unequal distribution of mental ill-health.

This briefing discusses the mental health effects of these financial inequalities in the context of the COVID-19 pandemic. It draws evidence from the “Coronavirus: Mental Health in the Pandemic” research – a UK-wide, long-term study of how the pandemic is affecting people’s mental health.

<https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic/about>

*“I think, to some extent, it depends where people start. Because, you know, many people were in insecure jobs, gig economies, part-time jobs, etc, to begin with. And, you know, this has had a massive impact on them. I think the other different impact is people who thought they were in secure positions, so they were in full-time jobs, you know, and generally had enough money to survive, however that was defined, and suddenly find themselves in a very different position.”*

The COVID-19 pandemic is putting a huge strain on people’s mental wellbeing. Our longitudinal study on the mental health effects of the pandemic shows that the burden of mental distress is borne disproportionately by those with less economic security. In some cases, these are people facing considerable existing challenges, such as those with existing mental health problems surviving in a destructive cycle of poverty and mental distress, or those facing structural inequalities due to belonging to an ethnic minority group.

Unless action is taken to protect vulnerable people's economic security and support them in dealing with the resulting stress, mental health inequalities are likely to be exacerbated as the pandemic and the ensuing economic downturn proceed.

**There will be no vaccine for these population mental health impacts of the COVID-19 pandemic. Instead, we should urgently invest in meeting our fundamental and complex human needs, starting from addressing the key issue of financial inequality in our societies.**

<https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic/covid-19-inequality-briefing>