



Psychological and Mental Health Needs Arising from COVID-19

The Psychological Society of Ireland

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There is likely to be a wide range of impacts following the COVID-19 pandemic, beyond those directly related to the illness itself. This document, which was compiled by the Psychological Society of Ireland (PSI) Science and Public Policy Committee, identifies some of the impacts that can be expected following COVID-19 but is not an exhaustive list of the issues. However, what is not possible is to be clear on the causes of these impacts. In Ireland, there has been a direct impact of the illness on individuals and groups, including loss of life and grief associated with this, but there have also been the social and economic effects associated with the public health measures implemented to mitigate, suppress, or eliminate the spread of COVID-19.

1. Psychological impacts of COVID-19 at the individual level

Conclusions regarding the potential or actual psychological impact of COVID-19 are informed by research on past epidemics and the emerging research exploring the early experience of COVID-19 itself. The early studies available highlight widespread distress among the general population in several countries, with specific reports of depression, anxiety, and PTSD symptoms. Other difficulties reported include reductions in life satisfaction and satisfaction with personal relationships as well as increases in loneliness, nervousness, and feeling downhearted or depressed as compared to previous years. One interesting challenge is understanding the drivers of these experiences, with research suggesting that factors associated with these difficulties include those relating to the virus itself such as infection fears and the impact of bereavement, as well as those related to the measures taken to limit the spread of the virus. These include quarantine duration, frustration and boredom, inadequate supplies, inadequate information, financial loss, and stigma, as well as the breakdown of social support structures. In addition to the public impact, negative impacts have also been reported by medical staff, including anxiety, depression, insomnia, and distress. Interestingly, the impact appears to be more pronounced in nurses, women, and those working in virus epicentres.

2. Loneliness and isolation

Isolation refers to the objective size of one's social network and the frequency of contact with the same. Loneliness meanwhile is subjective and occurs where a gap is perceived between the social relations one has and what is desired, in relation to quantity or quality. Isolation and loneliness, while related, do not always co-occur and it is possible to be lonely while not objectively isolated and similarly to not experience loneliness while isolated. Traditionally research on loneliness has focused on older adults; however, recent evidence indicates that young adults also experience loneliness and possibly at an even higher rate. Loneliness has been shown to be associated with poorer physical and mental health outcomes emphasising the importance of efforts to understand, prevent, and address this issue. However, currently evidence on effective interventions for

loneliness remains lacking across the life course. Internationally, initial evidence on loneliness during COVID-19 indicates that young adults are currently experiencing the highest levels of loneliness. Indeed, evidence from Ireland indicated that in April 2020, loneliness had actually decreased in those aged 70 and over, while increasing in all other age groups and especially so in those aged 18-34 where prevalence more than doubled compared to two years ago. In Great Britain meanwhile, past seven days loneliness was 51% in April-May in those aged 16-24, compared to 30% overall. While it does appear that young adults, who may also have experienced some of the greatest shifts in day-to-day life, are experiencing high rates of loneliness at this time it is also important to note that overall, this period may not have had the huge population impact on loneliness feared. For instance, population chronic loneliness (report lonely often/always) in Great Britain at 5% in April-May was, it emerged, the same as before lockdown.

3. Work and organisation impacts of COVID-19

Since the onset of the pandemic, employers and employees have been forced into new ways of working or, indeed, not working. Many businesses had to close their doors and lay-off staff, others had to send everyone home to work, whilst those who were considered “the frontline” had to reinvent how they did their business in order to protect staff and the general public alike, whilst delivering vital services. The way the vast majority of people work has, in the short term, been radically altered. The academic research, coupled with evidence-based practice, points to the vital role that authentic leadership, reflective change management and structured communications play in the successful navigation of transitions of this nature. For those returning to work, employers will need to be mindful of the challenges a new working environment can have on relationships and the performance of individuals and teams. Principles of justice, equality, and fairness are integral to discussions, planning, and decision-making on practices resulting from regulatory or public health requirements. For example, work practices like remote working may present great opportunities for some, i.e. no commute, a more focused environment, whilst for others, they can lead to professional isolation, disconnection, and disengagement. Measures for remote workers, including technological capability and capacity to scale IT infrastructure, are important to stay connected both to the company and to workers onsite and to ensure their well-being, welfare and personal security needs are not overlooked.

Employers and employees require agility and compassion to work toward a common purpose to sustain business, protect livelihoods, and keep people safe and financially secure. Response to this changed environment offers a real opportunity to review existing workplace systems and structures and implement those that are fit for purpose, and future-proofed. Organisations can learn from best practice and existing evidence-based interventions as a starting point, to designing and implementing a return to work policy, which may look at: a) the normalisation of flexible work arrangements; b) protective protocols with supporting health and safety guidelines; c) robust occupational health interventions; d) processes to identify unintentional consequences and mental health awareness campaigns, and; e) supports to account for variance in individual perception and response mechanisms to uncertainty.

4. Third level education and COVID-19

The closure of education settings in response to COVID-19 sparked a series of adjustments to the practice of education internationally. Ranging from the migration of all teaching and learning to remote learning and assessment to the digitalised end-of-year ceremonies, COVID-19 has changed the academic year in numerous ways. It is impossible to fully project the possible influences COVID-19 will have on the opening of primary, post-primary, and third level institutions. Preparations are underway to reopen schools and third level institutions, with issues such as return to work protocols, enhanced cleaning regimes, well-being of school communities and implications for assessment. Within third level institutes, there is a large number of variables to consider, such as accommodation arrangement, geographic location and transport services, or course material and institute resources. Individuals entering third level in the academic year 2020/21 will likely see some changes from traditional face-to-face learning to a more and hybridised blended learning approach. Blended learning has been shown to be more effective than traditional face-to-face or fully online instruction. However, research has also identified a number of pedagogical, technological and psychological challenges for students, with psychological factors including motivation, procrastination, and increased isolation.

5. Economic recession, financial threat, and unemployment

The COVID-19 pandemic will precipitate a global economic recession, including a recession in Ireland. International research has demonstrated that recessions are especially damaging to mental health. To date, over a hundred large-scale studies have shown that countries that undergo economic recessions endure substantially increased rates of mental disorders, substance abuse, and suicidal behaviour. Jobless people, and those in precarious employment, are always the worst affected. The global recession of 2008 saw suicide rates in Europe increase directly in line with the uptick in European unemployment. Geographic analyses show that those regions worst affected by unemployment witnessed the biggest increases in people taking their own lives. Socioeconomic contraction creates a ripple effect on mental health; in particular, cashflow-poverty, indebtedness, unemployment, financial worry, and pension insecurity have all been shown to be strong statistical risk factors for mental disorder.

6. Catastrophes, emergencies, and upheavals

Around the world, COVID-19 has upended communities and completely disrupted the daily activities of entire populations, introducing threat-to-life and associated requirements for vigilance and the protection of self and others. Extensive research has revealed how such community-wide emergencies precipitate a range of psychosocial impacts. While disasters can sometimes provide opportunities for communities to build resilience or to promote social cohesion, such positive outcomes are vastly outweighed by negative impacts. Taken together, the available research suggests that living through a catastrophe (an event causing multiple deaths, affecting hundreds of people, and leading to a state emergency response) significantly increases risk of anxiety, stress, post-traumatic stress, depression, and substance use. Multiple studies suggest around a three-fold increase in general mental health difficulties. People who are socially marginalised or who face secondary stressors are at greater risk. Communities are more likely to be impaired if

they are composed of youth rather than older or middle-aged adults. As it is a naturally occurring crisis (as opposed to a human-made disaster, such as a terrorist attack, which involves mass violence), the effects of COVID-19 are likely to remain present over a long period of time.

Concluding paragraph

This brief brings together immediate evidence on COVID-19 as well as some of the lessons which can be learned from related relevant literature around previous catastrophes, disasters and emergencies providing an evidence-base across sectors disciplines and countries.

The Psychological Society of Ireland (PSI) Science and Public Policy Committee consists of the following PSI members:

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- Prof. Brian Hughes – National University of Ireland Galway;
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