



RESPOND

RESPOND POLICY BRIEF

FEBRUARY 2021

ADDRESSING WELLBEING, RESILIENCE AND MENTAL HEALTH RELATED TO COVID-19: THE RESPOND PROJECT

1. INTRODUCTION

The unprecedented scale and nature of the COVID-19 pandemic and its effects on mental health have led to a number of challenges for societal mental health and wellbeing. There is an urgent need to better understand these challenges, and what may work to mitigate them.

There is a need to identify at risk groups, develop an understanding of what reduces risk and identify flexible psychological interventions that are affordable to all and can be rapidly deployed to increase resilience, as well as mental health system preparedness and response.

RESPOND is an EU funded research project running from 2020 to 2023, which seeks to identify vulnerable groups at risk of adverse mental health effects due to the pandemic, as well as to identify the factors that influence individuals' resilience in this context.

After this first identification stage, the project will aim to improve the resilience, wellbeing, and mental health of health and care workers and other vulnerable groups by implementing WHO scalable psychological interventions through programmes where a lower intensity intervention is provided, with individuals requiring further support then receiving a more intensive intervention (referred to as stepped care).

A further goal is to understand and disentangle the effects of the COVID-19 pandemic and differing public health strategies on wellbeing, resilience and mental health in vulnerable groups across Europe's different health systems. This will be done through the analysis of a large number of existing studies on the effects of the pandemic, and by examining long-term use of long-term health and mental health services across different European countries, such as Sweden, Italy, and Spain.

We will examine how policies and practice responses taken in Europe and Australia during the pandemic, have impacted on the mental health and wellbeing of the general population and vulnerable groups in order to identify effective strategies to improve health system preparedness to a pandemic.



The RESPOND consortium aims to improve the preparedness of the European mental health care system in the face of future pandemics with the following objectives:

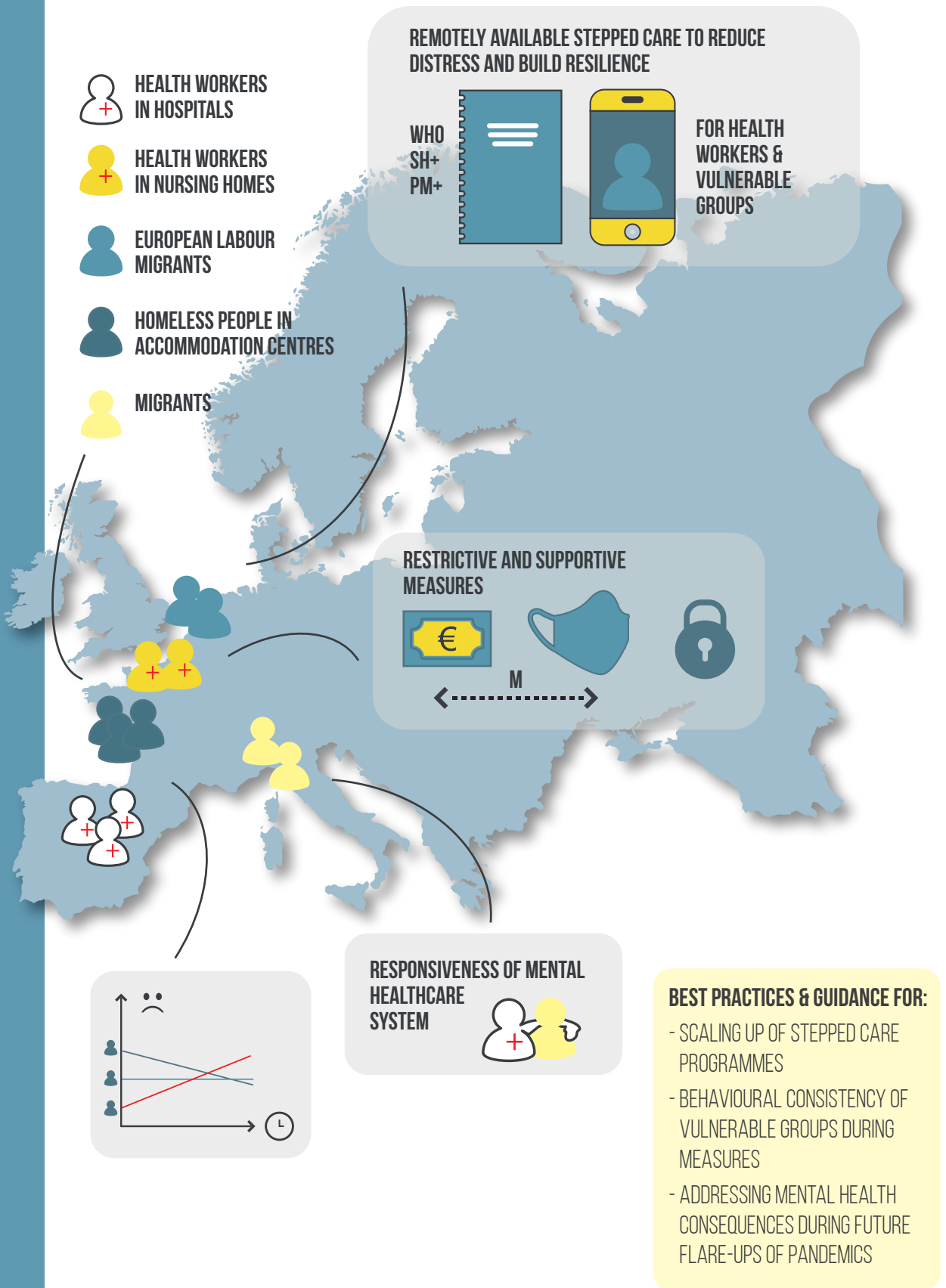
OBJECTIVE 1: IDENTIFYING GROUPS AT RISK OF POOR MENTAL HEALTH AND WELLBEING RELATED TO THE COVID-19 PANDEMIC AND EPIDEMIC CONTROL DECISIONS AND IDENTIFYING FACTORS THAT INFLUENCE RESILIENCE.

OBJECTIVE 2: EXAMINING AND COMPARING INDIVIDUALS' USE OF LONG-TERM HEALTH AND MENTAL HEALTH SERVICES ACROSS DIFFERENT EUROPEAN COUNTRIES, SUCH AS SWEDEN, ITALY, AND SPAIN, WHICH ALL HAVE DIFFERENT APPROACHES TO CONTROLLING THE PANDEMIC.

OBJECTIVE 3: PERFORMING RAPID AND RECURRING HOLISTIC ASSESSMENTS OF COVID-19 RELATED POLICIES AND MEASURES ACROSS EUROPE WITH THE GOAL OF PROTECTING HEALTH WORKERS AND OTHER GROUPS AT HIGH RISK FOR PANDEMIC-RELATED DISTRESS.

OBJECTIVE 4: EXAMINING THE NECESSARY CONDITIONS FOR SUCCESSFUL IMPLEMENTATION AND EXPANSION OF REMOTE-DELIVERED STEPPED CARE USING EXISTING, SCALABLE WHO PROGRAMMES TO BENEFIT HEALTH WORKERS AND OTHER GROUPS AT HIGH RISK FOR PANDEMIC-RELATED DISTRESS.

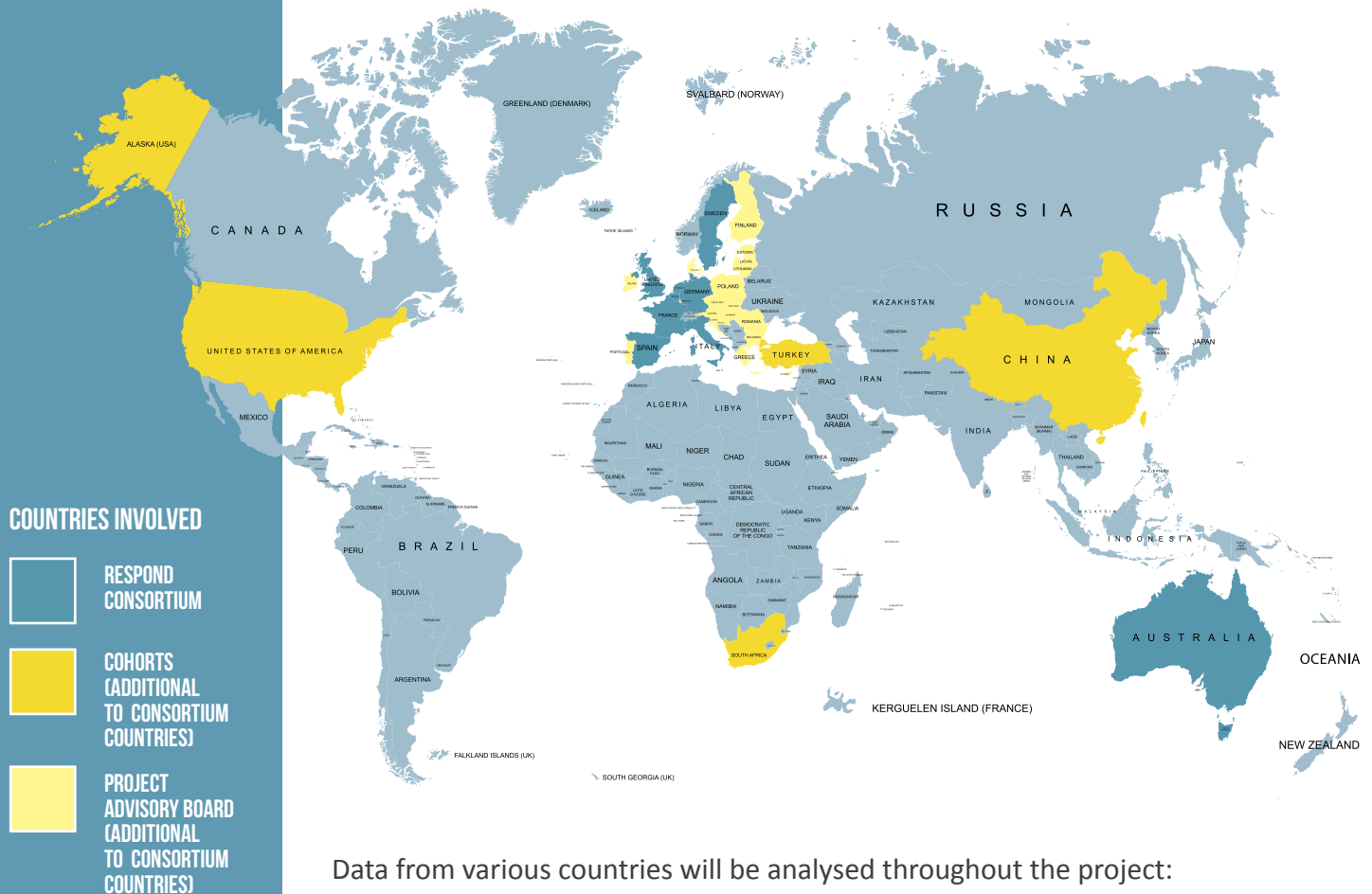
OBJECTIVE 5: PROVIDING REGIONAL AND NATIONAL HEALTH CARE AUTHORITIES WITH TRANSFERABLE EVIDENCE-BASED PRACTICES, METHODOLOGIES, AND GUIDANCE IN ORDER TO EXPAND SUPPORT MEASURES FOR HEALTH WORKERS AND OTHER GROUPS AT HIGH RISK FOR PANDEMIC-RELATED DISTRESS.



PM+ and SH+ are lower intensity psychological interventions developed by the World Health Organization. See pp. 10-11 for a description of these.

2. RESPOND COUNTRIES AND SITES

RESPOND includes 14 partners from the following countries: Netherlands, Belgium, France, Germany, Italy, Spain, Sweden, UK, and Australia.



Data from various countries will be analysed throughout the project:

- A large number of longitudinal datasets from countries worldwide will be analysed, either in combination or separately. We have access to survey data with a pre-COVID assessment (data of > 45,000 people) and without a pre-COVID assessment (data of > 30,000 people).
- Data from health registers in Sweden, Italy (Lombardy), and Spain (Catalonia) will be compared to gain unique insights into the long-term effects of the COVID-19 pandemic.
- Studies on health workers in Spain and Belgium, and vulnerable groups in Italy, France, and the Netherlands will also be used to help detect the factors that influence the effects of the WHO psychosocial interventions.

There are large differences in health systems and outbreak responses between countries. RESPOND will aim to understand how variations in health systems across countries may help account for differences in delivering health system responses to support mental health. The results of RESPOND will mean that innovative solutions shown to be feasible and effective by RESPOND may be implemented in a range of European countries and beyond.

RESPOND will also document and regularly update national and regional policy responses and subsequent reactions across all partner countries.



3. OUR ACTIVITIES

PHASE I: IMMEDIATE DELIVERY (1–3 MONTHS)

DURING THIS EARLY PHASE OF THE PROJECT, RAPID ANALYSES WERE PERFORMED ACROSS DATASETS TO DETERMINE WHICH GROUPS ARE AT THE MOST RISK. IN ADDITION, A SYSTEMATIC SEARCH WAS ALSO CONDUCTED TO IDENTIFY OTHER RELEVANT COHORT STUDIES WORLDWIDE THAT MAY BE INCLUDED IN FURTHER ANALYSES. AS PART OF ONGOING WORK THAT CONTINUES THROUGHOUT THE LIFETIME OF RESPOND, INFORMATION FROM VARIOUS SOURCES IS BEING COLLATED, UPDATED AND ANALYSED COVERING POLICY, SCIENTIFIC RECOMMENDATIONS, COMMUNICATION STRATEGIES, AND VARIOUS MEDIA SOURCES, AS WELL AS INTERVIEWS WITH A RANGE OF STAKEHOLDERS.

PHASE II: MITIGATION AND RESPONSE (3–18 MONTHS)

THIS PHASE IS AIMED TOWARDS PRECISE IDENTIFICATION OF RISK AND RESILIENCE TRAJECTORIES OF VULNERABLE GROUPS, LIMITING THE IMPACT OF THE OUTBREAK, AND RESPONDING TO THEIR NEEDS. GENERIC FIELD TEST VERSIONS OF THE STEPPED-CARE PROGRAMMES AND IMPLEMENTATION MATERIALS FOR LARGE-SCALE IMPLEMENTATION AND DISSEMINATION WILL BE USED.

PHASE III: LONG-TERM MENTAL HEALTH OUTCOMES (18–24 MONTHS)

THIS PHASE IS FOCUSED ON PERFORMING LONG-TERM IMPLEMENTATION ASSESSMENTS. LONGITUDINAL ANALYSES WITH FOLLOW-UP ASSESSMENTS EXTENDING BEYOND 18 MONTHS WILL BE CARRIED OUT. IN ORDER TO INVESTIGATE DIFFERENCES IN SOCIETAL OR CULTURAL FACTORS, DATA ANALYSIS WILL COMPARE COUNTRIES OR GEOGRAPHIES.

PHASE IV: PUBLIC MENTAL HEALTH PREPAREDNESS (24–36 MONTHS)

THE LONG-TERM IMPACTS OF COVID-19 ON THE DEMAND FOR HEALTH SERVICES IN SWEDEN, ITALY, AND SPAIN WILL BE EXAMINED, IN ADDITION TO ASSOCIATIONS BETWEEN MENTAL HEALTH CARE USE AND SOCIO-ECONOMIC CHARACTERISTICS. A HOLISTIC VALIDATED APPROACH FOR ASSESSING AND IMPROVING HEALTH SYSTEM PREPAREDNESS FOR DELIVERY OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT DURING FUTURE PANDEMICS WILL ALSO BE DEVELOPED.



4. COVID-19: VULNERABILITY, PROTECTIVE FACTORS AND AT RISK GROUPS

The COVID-19 pandemic has had a major and potentially long-lasting effect on mental health and wellbeing across populations in Europe and worldwide. Early reports concerning the levels of psychological distress associated with the COVID-19 crisis are highly concerning¹ and have led the UN to release a policy brief on the mental health impacts of COVID-19 warning that a ‘long-term upsurge in the number and severity of mental health problems is likely’².

An important group immediately impacted by the COVID-19 pandemic are health and care workers. They not only have a higher risk of being infected with COVID-19, but also face high workload and stress during the pandemic, and in some cases a lack of protective materials.

Other risk groups identified as being at high risk of COVID-19 related psychological distress include older people, young people, people living under fragile circumstances, socio-economically disadvantaged and minority populations, as well as people with comorbid somatic and psychiatric conditions.

There is a lack of knowledge regarding the role of resilience factors during situations of protracted crisis such as the COVID-19 pandemic. In addition, not much is known about resilience across specific vulnerable groups and which pre-crisis factors predict resilience.

Some recent findings from the RESPOND consortium:

- Healthcare workers have shown high levels of stress but also resiliency. A systematic review and meta-analysis of studies examining the mental health impact of the COVID-19 pandemic across the general population, patient groups and healthcare workers, found that symptoms of anxiety and depression increased in the general population during the early phase of the pandemic. This impact was not replicated in healthcare workers. The study’s authors suggest that healthcare workers may have already learned coping strategies that would be helpful during a pandemic as a result of the chronic work-related stressors they face throughout their careers³.
- A survey conducted in 24 languages during the first phase of the lockdown found that positive appraisal style and perceived social support were positively associated with resilience. These protective factors are generalisable across different populations, contexts and stressors, and can be strengthened through experience and training. The study suggests that protective factors should be enhanced using cognitive behavioural therapy (CBT) and other evidence-based psychological therapies in future efforts to improve public mental health in the context of a pandemic⁴.

¹ E. E. McGinty et al., “Psychological Distress and Loneliness Reported by Us Adults in 2018 and April 2020,” *JAMA* (2020).

² UN, “Policy Brief: Covid-19 and the Need for Action on Mental Health.”

³ A.M. Kunzler et al. “Mental burden and its risk and protective factors during the early phase of the SARS-CoV-2 pandemic: systematic review and meta-analyses.” *Globalization and Health*, manuscript in preparation (2021).

⁴ Veer, I.M., Riepenhausen, A., Zerban, M. et al. “Psycho-social factors associated with mental resilience in the Corona lockdown.” *Translational Psychiatry* 11, 67 (2021). <https://doi.org/10.1038/s41398-020-01150-4>

- Before and during the COVID-19 pandemic, levels of symptoms of depression, anxiety, worry, and loneliness were systematically higher in people with multiple and chronic mental health disorders in the Netherlands. However, changes in symptoms during the pandemic were minimal among those with more chronic or severe pre-existing mental disorders. Instead people without any pre-existing mental health disorder experienced the greatest increase in symptoms from before to during the pandemic⁵.
- Research conducted in France shows that persons who had a history of symptoms of anxiety and depression or who experienced symptoms of COVID-19 are most likely to experience psychological distress during the COVID-19 epidemic. Moreover data from Belgium indicates that changes in working and financial circumstances predict worsening of mental health. Other data from France show that among young people, students are especially vulnerable to psychological distress and suicide risk. Overall, to decrease the mental health impact of the pandemic, interventions should target these groups.

1. SHORT-TERM IMPACTS (FIRST MONTHS UP TO ABOUT ONE YEAR):

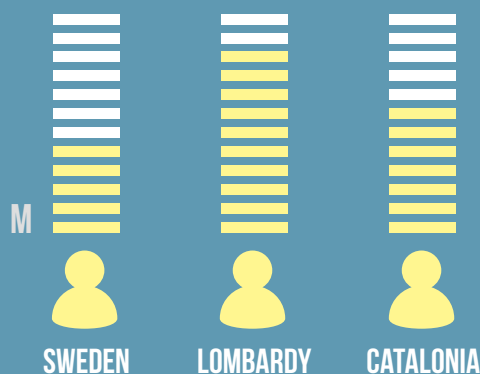
- EFFECTS OF EPIDEMIC CONTROL (LOCKDOWN) MEASURES ON MENTAL HEALTH AND WELLBEING OF EUROPEAN POPULATIONS

- EXAMINE IMPACT OF MENTAL HEALTH AND WELLBEING ON ADHERENCE TO MEASURES



2. LONG-TERM IMPACTS (3 YEARS):

LONGER TERM EFFECTS OF THE PANDEMIC ON MENTAL HEALTH AND WELLBEING OF EUROPEAN POPULATIONS, ON THE USE OF MENTAL CARE AND INCREASED MENTAL HEALTH COSTS IN SOCIETY, AND ON INCREASING SOCIAL AND ECONOMIC INEQUALITIES BETWEEN PEOPLE. THIS WILL BE STUDIED BY EXAMINING THE HEALTH REGISTERS OF THREE AREAS:



K = THOUSAND
M = MILLION



⁵ K. Pann et al., The Mental Health Impact of the COVID-19 Pandemic on People With and Without Depressive, Anxiety, or Obsessive-Compulsive Disorders: A Longitudinal Study of Three Dutch Case-Control Cohorts. *The Lancet Psychiatry*, 8, no. 2 (2021).

5. THE COVID-19 PANDEMIC AND THE MENTAL HEALTH SYSTEM

The COVID-19 pandemic has had many immediate direct and indirect impacts on the capacity to deliver mental health support in Europe. One challenge has been an immediate overburdening of some European health systems; this has included some re-tasking of healthcare workers away from their normal roles, including the provision of mental health services, towards COVID-19 focused activities. Mental health services have also been hampered by public health restrictions which have limited the provision of face-to-face services. Services have been affected by temporary suspensions and restarts, with barriers to in-person support and a need to move towards the rapid adoption of innovative forms of remote service delivery (i.e., contact through teleconferencing or digital self-help). There are also indirect impacts on mental health system capacities during the pandemic, with non-health system measures, such as the closure of schools, reducing the availability of staff to provide mental health services because of additional childcare and home education responsibilities.

There is already a growing body of evidence pointing to an association between the onset of the COVID-19 pandemic and adverse impacts on population mental health. Different groups will be affected in different ways by different public health and other public policy measures introduced to slow the spread of the pandemic. The magnitude of the economic shock triggered by restrictions on non-essential retail, as well as sectors such as hospitality, the arts and sport have left some sections of society particularly vulnerable to economic hardships and uncertainty over their mid to long term employment prospects. Although some social protection measures have been introduced in all countries to help safeguard the incomes of many individuals who have been unable to continue working at various points during the pandemic, financial hardship, debt, rent and other financial obligations remain a potent risk to population mental health. During lockdowns there may be an increased risk of loneliness, which itself has been associated with poor mental health.

Again, there will be variation in risk depending on individual circumstances, for instance young people who face disrupted education and limited job opportunities may be at heightened risk. There are many potential groups at higher risk of poor mental health. Some examples of such groups who are exposed to high levels of stressors and have limited social support networks include established minority populations as well as migrant workers. The latter group may be working in employment sectors where in practice, employment protections are more limited for reasons that include self-employment or short-term contracts. Individuals who are currently in residential care facilities, including some people with severe mental health problems or learning difficulties, prisons and other closed institutions, as well as those living with physical or mental frailty are another example of a potential higher risk group.

RESPOND delivers readily available solutions that are affordable to all, having an immediate impact during the current pandemic and contributing to a higher level of health system preparedness. By analysing available longitudinal datasets, as well as ongoing and recurrent assessment of the consequences of health system and wider public health policy responses to COVID-19 on mental health in our partner countries throughout the lifetime



of RESPOND we will identify the associations between policy responses and mental health impacts. Within the first three months, RESPOND has been able to provide a framework for linking knowledge on established social determinants and risks to mental health with the conditions arising from COVID-19 containment and mitigation measures (see section 5 of this policy brief for some examples of the impact of COVID-19 on particular groups). This will help adapt approaches to meet the needs of different population groups. This will also serve in the initial and ongoing identification of key groups to be supported by public health and wider public policy interventions with a view to protect mental health and wellbeing. Lessons learnt and evidence-based policy recommendations will be made rapidly available during the project's lifetime through Policy Briefs for immediate consideration and use by EU member states.

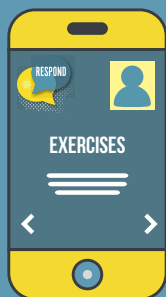
6. ADDRESSING MENTAL HEALTH NEEDS IN THE COVID-19 PANDEMIC

To improve the resilience, wellbeing and mental health of healthcare workers and other vulnerable groups, the RESPOND project will use a remote-delivered, stepped-care approach to implement WHO's Doing What Matters in Times of Stress (DWM) and Problem Management Plus (PM+) psychological interventions. DWM will firstly be delivered in digital format with support from a trained helper. People requiring more support will then receive PM+.

Given the predicted increase in psychological problems as a result of the COVID-19 pandemic, any response needs to be highly scalable and able to address the needs of many people in a way that optimises the use of available resources. The World Health Organization (WHO) has developed several open-access scalable psychological interventions for populations affected by adversity⁶. A core feature is that non-professional helpers, such as peer helpers at the workplace or from the community, can be trained to deliver all of these WHO scalable interventions. They have been designed to be widely applicable to a variety of mental health problems (e.g., depression, anxiety, PTSD) and easily adaptable to different populations, cultures and languages. The WHO scalable psychological interventions selected for the RESPOND project are:

- **Doing What Matters in Times of Stress (DWM):** DWM is a self-help stress management illustrated guide that is one part of Self-Help Plus (SH+), a WHO group stress management course. The DWM guide will be adapted for digital delivery with support from a briefly trained non-specialised helper. It is based on acceptance and commitment therapy (ACT), a modern form of cognitive-behavioural therapy with a strong focus on mindfulness practices. The illustrated guide is accompanied by audio files to support regular practice of exercises which enhance stress reduction and adaptive coping and resilience⁷.

1. ENHANCE STRESS REDUCTION
2. BUILD SOCIAL SUPPORT,
3. BUILD ADAPTIVE COPING AND RESILIENCE



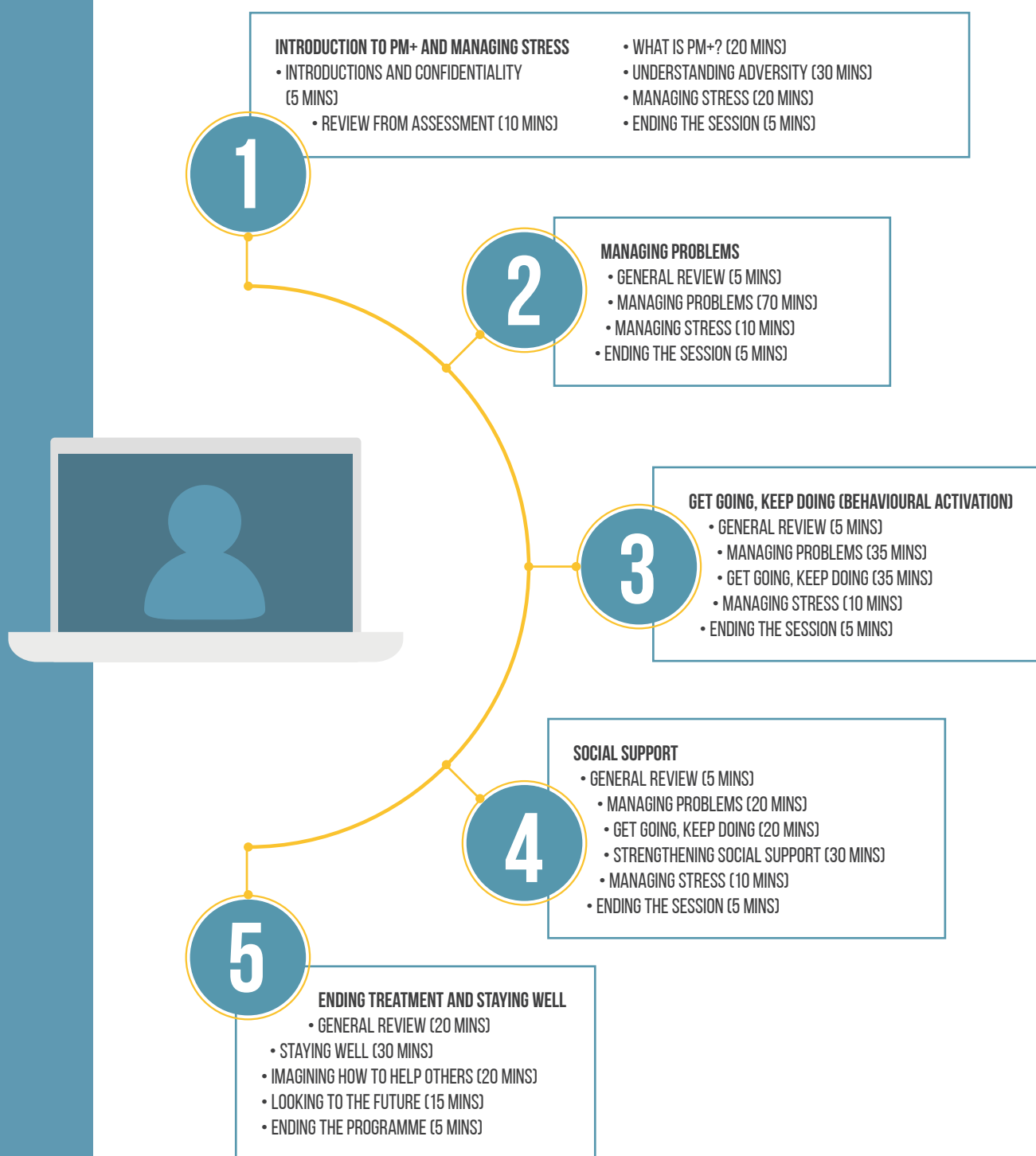
DWM

⁶ WHO, "Scalable Psychological Interventions for People in Communities Affected by Adversity".

⁷ J. E. Epping-Jordan et al., "Self-Help Plus (Sh+): A New Who Stress Management Package," *World Psychiatry* 15, no. 3 (2016); M. Purgato et al., "Effectiveness and Cost-Effectiveness of Self-Help Plus (Sh+) for Preventing Mental Disorders in Refugees and Asylum Seekers in Europe and Turkey: Study Protocols for Two Randomised Controlled Trials," *BMJ Open* 9, no. 5 (2019); W. A. Tol et al., "Guided Self-Help to Reduce Psychological Distress in South Sudanese Female Refugees in Uganda: A Cluster Randomised Trial," *Lancet Glob Health* 8, no. 2 (2020).

- **Problem Management Plus (PM+):** PM+ is a 5-session transdiagnostic intervention that reduces symptoms of common mental disorders and increases functioning⁸. It can be delivered by trained non-specialised workers and is available in individual and group delivery formats. The evidence-based strategies used in PM+ include problem-solving, behavioural activation, strengthening social support and stress management.

PROBLEM MANAGEMENT PLUS (PM+)

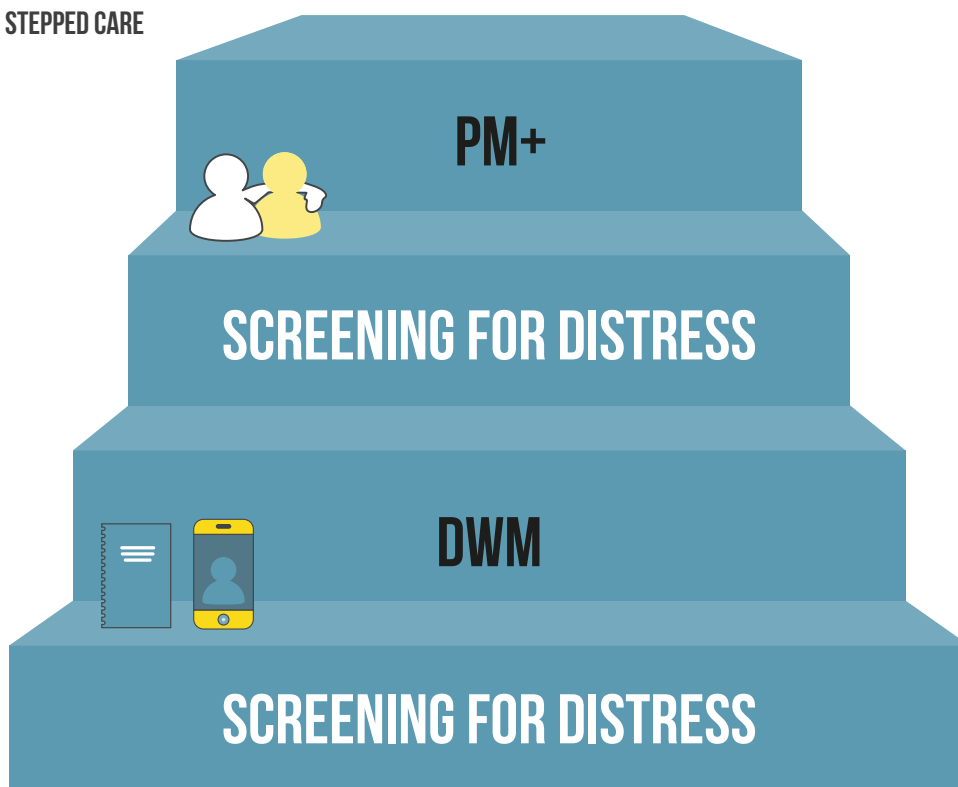


⁸ R. A. Bryant et al., "Effectiveness of a Brief Behavioural Intervention on Psychological Distress among Women with a History of Gender-Based Violence in Urban Kenya: A Randomised Clinical Trial," *PLoS Med* 14, no. 8 (2017); A. Rahman et al., "Problem Management Plus (Pm+): Pilot Trial of a Who Transdiagnostic Psychological Intervention in Conflict-Affected Pakistan," *World Psychiatry* 15, no. 2 (2016).

Currently, these interventions are used in a range of contexts with general populations, health workers affected by COVID-19 and recovered COVID-19 patients. Further adaptation of the interventions for remote delivery (digital and telehealth) to health workers and other vulnerable groups in the context of a pandemic are being developed, and will be completed together with stakeholders in the next few months of the project to ensure optimal acceptance and effectiveness in different contexts.

Stepped care and collaborative care models have been recommended across European guidelines as cost-effective alternatives to conventional care for common mental health symptoms⁹. The RESPOND project offers a timely opportunity to combine SH+ and PM+ into a stepped-care system using both remote and in-person delivery methods:

STEPPED CARE



- Step 1: Individuals will first be provided with access to a digital form of the DWM book and brief motivational support from a trained helper.
- Step 2: After receiving guided self-help support during step 1, people requiring further help will be offered PM+, including in-depth engagement from a trained helper (using tele-health and face-to-face modalities) to strengthen coping strategies which are specifically targeted to the individual problems of the person.

Implementing the WHO scalable interventions within a stepped-care strategy, integrated within the health system may improve mental health, overall functioning, and may help prevent some unwanted secondary outcomes such as economic loss, labour market marginalisation and poor adherence to containment measures.

⁹ D. M. Clark, "Implementing Nice Guidelines for the Psychological Treatment of Depression and Anxiety Disorders: The Iapt Experience," *Int Rev Psychiatry* 23, no. 4 (2011); F. Y. Ho, et al., The Efficacy and Cost-Effectiveness of Stepped Care Prevention and Treatment for Depressive and/or Anxiety Disorders: A Systematic Review and Meta-Analysis. *Sci Rep* 6, 29281 (2016).

7. DISSEMINATION

As part of the RESPOND project, the research results will be disseminated widely in an effort to engage with a variety of stakeholder groups, such as policy and decision makers, healthcare organisations and nursing homes, civil society organisations and NGOs, health workers, health service funders, the scientific community, and the general public, with an emphasis on vulnerable groups. Methods of dissemination will include joint publications in open access academic journals, policy briefs, conference presentations and posters, the RESPOND website, e-newsletters, social media activity, press releases, as well as other media visibility efforts. An open science approach will be taken and data will be made available in data repositories.

8. ABOUT RESPOND

RESPOND stands for *PREparedness of health Systems to reduce mental health and Psychosocial concerns resulting from the COVID-19 paNDemic*. The project brings together a network of specialists in the areas of epidemiology, psychology, psychiatry, sociology, health systems research, political science, economic science, implementation science, policymaking, and dissemination and is coordinated by Prof. Marit Sijbrandij of the Department of Clinical, Neuro- and Developmental Psychology at the Faculty of Behavioural and Movement Sciences, Vrije Universiteit Amsterdam. RESPOND is a European Union Horizon 2020 funded project running from December 2020 to November 2023.

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