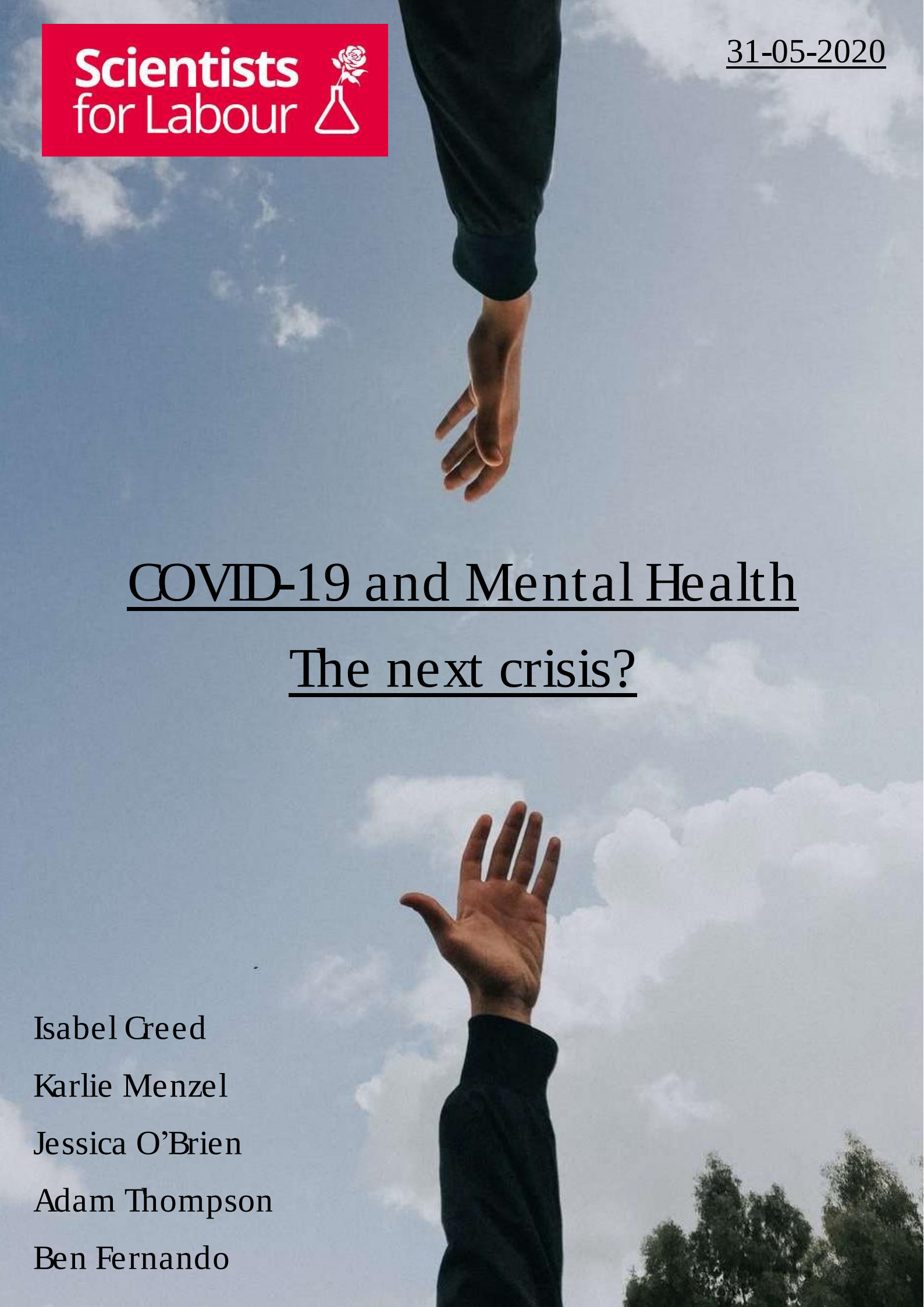
Scientists for Labour

31-05-2020

COVID-19 and Mental Health

The next crisis?



Isabel Creed

Karlie Menzel

Jessica O'Brien

Adam Thompson

Ben Fernando

Authors

Isabel Creed is a PhD student at the University of Oxford and a volunteer with Scientists for Labour. She is also an active fundraiser and campaigner for the eating disorders charity Beat.

Karlie Menzel is an American transplant and a previous research assistant at the Hussman Institute for Autism at the University of Maryland School of Medicine. She is a volunteer for Scientists for Labour and has experience in sexual assault and domestic violence crisis management.

Jessica O'Brien is an MSc student of Clinical Neuroscience at the University of Oxford and a volunteer for Scientists for Labour. She has experience working on clinical trials of antidepressant drugs.

Adam Thompson is the Vice-Chair (Policy) of Scientists for Labour and a research fellow in metrology at the University of Nottingham. Adam's role in Scientists for Labour is to coordinate and oversee policy development.

Ben Fernando is the Chair of Scientists for Labour and a postgraduate researcher at the University of Oxford.

Scientists for Labour

Scientists for Labour is a socialist society affiliated to the Labour Party. Our aims are to both promote good science in politics, and promote Labour values in science. More information about Scientists for Labour, including how to join, can be found at https://www.scientistsforlabour.org.uk. You can follow us on Twitter @scientists4lab.

Throughout the COVID-19 crisis, Scientists for Labour are preparing briefings and summaries of the latest research into coronavirus for Labour Party representatives and their staff. If you would like to receive these briefings or have any other queries, please contact Benjamin Fernando: chair@sfl.org.uk.

Scope

This report summarises some of the latest research on the prevalence and types of the most common mental health disorders in the UK, and the impact that COVID-19 is having. This report has been compiled by volunteers and we cannot claim that it is comprehensive in any regard, or free of error or omission.

Executive summary

This report discusses the effects that the current pandemic is having on the mental health of the population. We consider three separate sub-categories here: the general population at large, those with pre-existing mental health conditions, and healthcare/frontline workers.

In the UK, 1 in 4 people will suffer from a mental health condition at some point in their life, and around 1 in 6 are suffering from a common mental health disorder in any given week. Common disorders include anxiety/depression, bipolar disorder, and eating disorders. Many of these disorders are treatable, using both pharmaceutical and non-pharmaceutical interventions.

We then consider recent literature on the effects of the COVID-19 pandemic on mental health. These suggest that all three of the groups considered are suffering from adverse mental health consequences of the lockdown. Certain groups (e.g. women) are more likely to report adverse mental health consequences as a result of the lockdown. The severity of such impacts is likely to depend both on the duration of the lockdown and social distancing, and the depth of the economic recession.

Whilst the COVID-19 pandemic is predominantly affecting the population's physical health, the mental health implications appear to have been somewhat neglected in the UK and should be urgently addressed. Policymakers should immediately take steps to support those most at-risk, to ensure that a secondary health crisis, albeit a mental health one, does not occur as a result.

Key questions are posted in section 5.

Contents

1. Introduction

Globally, just over 1 in 10 people (10.8% of the population[1]) suffer from a mental health illness. The World Health Organisation (WHO) define a mental health disorder as[2]:

"[comprising] a broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others. Examples are schizophrenia, depression, intellectual disabilities and disorders due to drug abuse. **Most of these disorders can be successfully treated**."

1.1 Prevalence globally

The Global Burden of Disease study conducted in 2017 by the Institute for Health Metrics and Evaluation investigated the fraction of the global population suffering from a variety of different mental health conditions[3]. They found that the following percentages of the world's population suffered from the following conditions:

- 3.4% (2.0% – 6.0%) suffered from depression;
- 3.8% (2.5% – 7.0%) suffered from anxiety disorder;
- 0.1% (0.1% – 1.0%) suffered from bipolar disorder;
- 0.2% (0.1% – 1.0%) suffered from an eating disorder (clinical anorexia and bulimia);
- 0.3% (0.2% – 0.4%) suffered from schizophrenia;
- 13.0% (11.0% – 18.0%) suffered from substance use disorder;
- 1.4% (0.5% – 5.0%) suffered from alcohol misuse disorder; and
- 0.9% (0.4% – 3.5%) suffered from drug misuse disorder,

where the numbers in parentheses reflects the range across different countries.

Mental health disorders remain widely under-reported[4], often due to the stigma still associated with mental health conditions. This means the statistics above naturally suffer from a degree of uncertainty and may be an underestimate of the true extent of the problem. **The data above show that mental health disorders are not just common in the UK and other high-income countries. but are highly prevalent across the world.**

1.2 Prevalence in the UK

In the UK, it is estimated that 1 in 4 people will suffer from a mental health condition at some point in their lifetime[5]. In any given week, around 1 in 6 people suffer from a common mental health disorder (e.g. anxiety or depression)[6].

In the next section, we will briefly introduce the most common types of mental health condition observed in the UK, their prevalence, and common treatments. This section is not meant to be an extensive review of all treatment options and diagnostic criteria for the different mental health illnesses but instead simply provides the reader with some insight into the various conditions before the impact of COVID-19 on mental health is discussed.

2. Mental Health Conditions in the UK

In this section, we will provide a short summary of different common mental health conditions in the UK. **It should be noted that mixed anxiety and depression is the most common mental health disorder, with 7.8% of the population suffering from this condition**[7].

2.1. Depression

Around 3.7% of the population in the UK suffer from depression[8]. The National Institute for Health and Care Excellence (NICE) guidance[9] for depression defines it as:

"a broad and heterogeneous diagnosis. Central to it is depressed mood and/or loss of pleasure in most activities. Severity of the disorder is determined by both the number and severity of symptoms, as well as the degree of functional impairment. … Symptoms should be present for at least 2 weeks and each symptom should be present at sufficient severity for most of every day"

There are many different types of depression, such as premenstrual dysphoric disorder (PMDD, depression before the start of a period in women), seasonal affective disorder (SAD, depression due to the reduction in day light hours in the winter), major depression, and peripartum depression (depression after giving birth).

The NICE recommended treatments for depression include cognitive behavioural therapy (CBT), interpersonal therapy (IPT), anti-depressants or self-help, depending on the severity of the illness. The majority of cases can be treated in the community, with only the most severe cases requiring hospital admission.

2.2. Generalised Anxiety Disorder

In the UK, 5.9% suffer from Generalised Anxiety Disorder (GAD)[10]. The NICE guidance for GAD[11] defines it as:

"Generalised anxiety disorder (GAD) is one of a range of anxiety disorders that includes panic disorder (with and without agoraphobia), post-traumatic stress disorder, obsessive–compulsive disorder, social phobia, specific phobias (for example, of spiders), and acute stress disorder. Anxiety disorders can exist in isolation but more commonly occur with other anxiety and depressive disorders…GAD is a common disorder, of which the central feature is excessive worry about a number of different events associated with heightened tension."

The NICE recommended treatments for anxiety disorders include CBT and drug treatment using selective serotonin reuptake inhibitors (SSRIs).

2.3. Eating Disorders

The eating disorder charity beat estimates that 1.25 million people suffer from an eating disorder in the UK[12]. There are a variety of different eating disorders, including anorexia nervosa, bulimia, binge eating disorder and eating disorder not otherwise specified (EDNOS). Anorexia is the mental health condition with the highest mortality rate. The most common age of onset of an eating disorder is in the late teens or early 20s, although an eating disorder can manifest itself at any age. Eating disorders more commonly occur in women than men.

The WHO[13] gives the follow criteria for patients with anorexia nervosa:

"Body weight is maintained at least 15% below that expected (either lost or never achieved), or Quetelet's body-mass index is 17.5 or less. Prepubertal patients may show failure to make the expected weight gain during the period of growth… The weight loss is self-induced by avoidance of 'fattening foods'. One or more of the following may also be present: self-induced vomiting; self-induced purging; excessive exercise; use of appetite suppressants and/or diuretics''

For patients with bulimia, the following criteria are used[14]:

"There is a persistent preoccupation with eating, and an irresistible craving for food; the patient succumbs to episodes of overeating in which large amounts of food are consumed in short periods of time. The patient attempts to counteract the 'fattening' effects of food by one or more of the following: self-induced vomiting; purgative abuse, alternating periods of starvation; use of drugs such as appetite suppressants, thyroid preparations or diuretics. When bulimia occurs in diabetic patients they may choose to neglect their insulin treatment."

Eating disorders result in a decline in both physical and mental health, and patients can present with medical as well as psychological risks.

The majority of patients with eating disorders can be treated in an outpatient setting, with only the most severe cases requiring hospital admission for several months. The most common treatments for eating disorders are cognitive behavioural therapy – eating disorders (CBT-ED) and Maudsley model of anorexia treatment in adults (MANTRA). There is currently no known effective pharmaceutical treatment for anorexia. Treatment for eating disorders are currently not very effective, with only 46% of patients fully recovering from the illness, 33% improving and 20% of patients remaining chronically ill[15].

2.4. Bipolar disorder

It is estimated that 2% of people in the UK suffer from Bipolar disorder[16]. The NICE guidelines describe Bipolar disorder as:

"a potentially lifelong and disabling condition characterised by episodes of mania (abnormally elevated mood or irritability and related symptoms with severe functional impairment or psychotic symptoms for 7 days or more) or hypomania (abnormally elevated mood or irritability and related symptoms with decreased or increased function for 4 days or more) and episodes of depressed mood. It is often comorbid with other disorders such as anxiety disorders, substance misuse, personality disorders and attention deficit hyperactivity disorder (ADHD)"

Bipolar disorder is usually treated in an outpatient setting, but in certain cases inpatient admission is required to stabilise the patient. Common courses of treatment include CBT and IPT. There are many different drugs commonly used to treat bipolar and the drug prescribed often depends on the severity of the illness.

2.5. Post-traumatic stress disorder (PTSD)

A survey by mind found that 4.4% of people in the UK suffer from post-traumatic stress disorder (PTSD)[17]. The NICE guidelines describe PTSD as:

"a type of anxiety caused by very distressing or frightening experiences. It can develop after a single traumatic event, like a serious accident. It can also be caused by repeated or prolonged experiences like abuse, or living or working in a war zone. PTSD can happen to anyone, at any age. PTSD usually involves reliving the event through vivid memories or nightmares, feeling angry or 'on edge', having negative thoughts and feelings, problems thinking clearly and difficulty sleeping. It's common to have some of these symptoms in the first few weeks after a trauma and most people who have early symptoms do not go on to develop PTSD. But for an important few, PTSD becomes an ongoing problem that makes everyday life very difficult, both for them and for their family, friends or colleagues."

The NICE recommended treatments for PTSD include Cognitive and Prolonged Exposure therapies, whilst drug treatments include SSRIs and anti-psychotic drugs.

2.6. Suicide

In the UK and the Republic of Ireland there were 6,859 suicides in 2018[18]. Men are three times more likely to commit suicide than women. Suicide rates in the UK increased by 10.9% in 2018 compared to 2017, with the largest increase in the under 25s who saw a 23.7% increase in suicide rates.

3. Effects of COVID-19 on mental health

In this section, we will discuss the effect of the current pandemic on mental health. It should be noted that the current literature on the effects of COVID-19 on mental health are far from comprehensive.

On 15 April, there was a call in the Lancet journal for Psychiatry[19] for more interdisciplinary research on the effects of COVID-19 on mental health. Recently, a COVID-19 psychiatry and neurological genetics study (dubbed 'COPING') has also been started into the UK by Kings College London, which is currently in the process of data collection.

Our report will be broken up into three sessions for ease of reading. These are:

- the effect of the COVID-19 pandemic on the general population's mental health;
- the effect of the COVID-19 pandemic on those with pre-existing mental health conditions; and
- the effects of the COVID-19 pandemic on healthcare workers' mental health.

3.1. General Population

Recently, the UK has been in a state of lockdown where social distancing measures have been put into place to prevent the spread of COVID-19. These measures are undoubtedly having a positive impact on reducing the spread of the virus, protecting the NHS and saving lives[20]. They are, however predicted to have had a significant effect on the general population's mental health[21]. Both the lack of social contact, and the stress caused by financial and health concerns, are likely to have a negative impact.

An internet study conducted in Italy 3–4 weeks into the lockdown studied 18,147 participants[22], 37% of whom reported symptoms of PTSD, 17.3% depression, 20.8% anxiety, 21.8% insomnia, and 22.9% high perceived stress. Statistical analysis conducted on the data found that being a woman or a of younger age led to a higher incidence of reported mental health symptoms. Similarly, any recent COVID-19 related stressful event was associated with an increased prevalence of symptoms.

Participants that have had their work discontinued due to COVID-19 had an increase in all negative outcomes except for PTSD. By contrast, working longer hours than normal (likely the case for many in front-line jobs) was associated with an increase in PTSD. Losing a loved one to COVID-19 was associated with PTSD, depression, perceived stress, and insomnia.

From this study, it is clear that this pandemic is having a significant effect on the general population's mental health. This conclusion is backed up by a further study in China[23], which found 53.8% of 1,210 participants reported the psychological impact of the pandemic to be moderate to severe, 16.5% reported moderate to severe depression, 28.8% moderate to severe anxiety, and 8.1% moderate to severe stress. All participants spent between 20 and 24 hours at home per day.

This study found that being female, a student, or having a lower health status led to an increase in stress, anxiety, and depression. By contrast, having specific up to date information and access to precautionary measures (i.e. masks and hand washing) were associated with lower stress, anxiety, and depression levels.

Both studies present a decline in short term mental health amongst the general population. This decline may cause an increase in longer term mental health problems and result in a larger demand

on mental health services, which prior to the outbreak were already overstretched. Recent research prior to the pandemic by MIND found 41% of NHS Mental Health trusts had staffing levels well below the established benchmark[24].

Additionally, the economic effects of the current outbreak are likely to have long term effects on the suicide rates. 800,000 people per year die of suicide globally[25], and this is likely to increase due to the pandemic. A further paper in the Lancet[26] highlights the importance of introducing intervention strategies to mitigate against the severity of any such impact.

Concerns over the effect of the pandemic on perinatal women have recently been raised in the literature[27]. There is a concern that the increased stress and isolation caused by COVID-19 may be having a negative effect on perinatal women's mental health. The WHO states that 'virtually all women can develop a mental disorder during pregnancy and the first months after delivery', with extreme stress, emergency, and conflict increasing the risk of developing the condition[28].

It is well known that maternal and paternal mental health problems are associated with long term negative effects for the child[29]. It is therefore crucial that the mental health of parents is considered during this pandemic.

A final area of the general population that are particularly vulnerable to the negative mental health effects of the lockdown is residents in care homes, and their families [30]. To prevent the spread of the virus, residents are not typically allowed visitors and must remain in a relatively high level of isolation. It is also known that people over 70 are at higher risk of developing depression and loneliness[31]. A recent paper from a nursing home in Italy[32] found that residents suffered particularly from loneliness, and that those with dementia were particularly susceptible. The study also found that residents' relatives often felt a sense of guilt, as if they had kept their relative at home they could have isolated together and protected them.

3.2. Those with pre-existing mental health conditions

In addition to highlighting how the prevalence of mental health conditions is increasing as a result of the pandemic, we also discuss how people with pre-existing mental health conditions are particularly vulnerable to suffering from a deterioration of their mental health as a result of the pandemic[33].

Patients currently under treatment in the NHS have seen a massive change in the structure of services over the last 6 weeks[34]. Most face-to-face treatment has been moved to either phone or video calls, and group therapy sessions have been cancelled. Adult patients in inpatient facilities cannot have visitors and admitting patients has been tried to be minimised to those that cannot remain safely in the community.

The authors of a recent paper in Lancet Psychiatry[35] discussed in detail the current changes to mental health services in Italy. These changes have included moving all outpatient services online, discussing physical health concerns with patients who are at high risk of becoming seriously ill from COVID-19, and assessing patients in A&E for COVID-19 symptoms before admitting them onto a psychiatric ward.

Additionally, clinicians have discussed in detail in the literature the problems with delivering services online. In particular, IPT[36] requires face to face contact with the patient and is more difficult than CBT to deliver remotely. The authors emphasise the importance for clinicians to maintain contact with

their patients throughout the current crisis. Clinicians should also ensure that patients are fully aware that they will be continued to be supported at home.

A recent survey by MIND (May 2020) found that patients with pre-existing mental health conditions are struggling to get help[37]. MIND surveyed 8,200 people, of whom 5,565 had direct experience of a mental health condition and 3,895 were currently using mental health services. MIND found that 24% of people could not access a GP or community mental health services, 22% of people said they found video or phone consultations uncomfortable and 41% of people felt their issues were not important enough to seek help.

Currently, there is little research into how those with pre-existing mental health conditions are coping with lockdown; mainly due to the short times for studies to have been undertaken since lockdown began. Many mental health charities have seen a huge rise in demand for their services. For example, the young persons' mental health charity Jigsaw[38] has seen a 400% rise in demand for their online services. Similarly, Beat has also seen a 50% rise in demand for services and has created an online forum to deal with the additional demand due to COVID-19[39]. Such increases in demand are not unique to these two charities.

3.3. Healthcare workers

It is publicly acknowledged that healthcare workers are at the frontline of the fight against COVID-19[40]. It is also well reported within the press that healthcare workers are putting their own physical health at risk in their work. Recent reports from both Italy and China have shown that healthcare workers have also suffered from a decline in mental health status as a result of this pandemic.

A study conducted in a hospital in Tongji, China of 5,062 healthcare workers found that 29.8% suffered from stress, 13.5% from depression and 24.1% from anxiety. The authors found that being a woman, having a pre-existing mental health condition, or having a family member with a suspected/confirmed case of COVID-19 increased an individual's susceptibility.

Similar results were found in a web-based study of 1,379 healthcare workers in Italy. These authors found that 49.4% suffered from PTSD, 24.7 suffered severe depression, 19.8% suffered anxiety, 8.3% suffered from insomnia, and 21.9% suffered from high perceived stress. These authors, like those of the Chinese study, found that being young and female increased the risk of developing a mental health problem.

A particular area of concern relates to intensive care units, where it is known anecdotally in Italy that healthcare workers have had to look after critically ill members of their own staff, with large negative effects reported on their mental health as a result[41].

Noting the adverse effects of the pandemic on healthcare workers, it is vital that support is provided to them after the pandemic. **Given the sacrifices healthcare workers have made during this crisis, we must ensure, as a society, that those operating on the frontlines in fighting against this pandemic have access to the best possible support throughout and after the pandemic.**

4. Conclusions

In this report, we have has shown that the current pandemic is having a significant effect on the general population's mental health, the mental health of healthcare workers, and is exacerbating pre-existing mental health conditions. Despite the current pandemic being primarily a physical health crisis, there is no doubt that the effects of social isolation and bereavement have a caused a mental health crisis, which is likely to have long lasting effects on the UK population's health. These effects are likely to outlive the threat possessed by the virus. Urgent action is needed both during and after the pandemic to minimise the mental health impact of the lockdown.

5. Key questions

1. What is the government's assessment of the likely increase in the demand for mental health services post-lockdown as a result of the pandemic?
2. What steps is the government taking at the present time to prepare the NHS for such demands in advance?
3. Will the government be making any special accommodations for NHS staff and carers' mental health, given the evidence that it will be disproportionately affected by the COVID-19 crisis?
4. How are the government supporting mental health charities through the crisis, to ensure that they can cope with increased demand?
5. Has the government assessed the risks to public health and wellbeing from associated mental health concerns, for example alcohol and substance abuse?
6. What is the government's estimation of how many people will be affected by mental health concerns as a result of an increase in the levels of domestic violence, and what steps is it taking to support all such individuals?
7. Has the government made any preparations for supporting the mental health of the nation in the event of a second wave of the pandemic?
8. What steps are the government taking to support the mental health of those who are shielding, or who have disabilities?

References

[1] Hannah Ritchie and Max Roser (2020) - "Mental Health". Published online at OurWorldInData.org. Retrieved from: https://ourworldindata.org/mental-health

[2] World Health Organisation https://www.who.int/mental_health/management/en/

[3] Hannah Ritchie and Max Roser (2020) - "Mental Health". Published online at OurWorldInData.org. Retrieved from: https://ourworldindata.org/mental-health

[4] Bharadwaj, Prashant, Mallesh M. Pai, and Agne Suziedelyte. "Mental health stigma." Economics Letters 159 (2017): 57-60.

[5] McManus, S., Meltzer, H., Brugha, T. S., Bebbington, P. E., & Jenkins, R. (2009). Adult psychiatric morbidity in England, 2007: results of a household survey.

[6] McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016). Mental health and wellbeing in England: Adult psychiatric morbidity survey 2014

[7] Mind statistics https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/

[8] Mind statistics https://ourworldindata.org/mental-health

[9] National Institute for Health and Care Excellence. (2018). Depression in Adults: Recognition and Management (NICE Clinical guidelines No. 90). Retrieved from https://www.nice.org.uk/guidance/cg90

[10] Mind statistics https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/

[11] National Institute for Health and Care Excellence. (2018). Generalised anxiety disorder and panic disorder in adults: management

[12] (NICE Clinical guidelines No. 113). Retrieved from https://www.nice.org.uk/guidance/cg9113

[13] Beat Eating disorder statistics https://www.beateatingdisorders.org.uk/media-centre/eating-disorder-statistics

[14] National Collaborating Centre for Mental Health (UK). Eating Disorders: Core Interventions in the Treatment and Management of Anorexia Nervosa, Bulimia Nervosa and Related Eating Disorders. Leicester (UK): British Psychological Society (UK); 2004. (NICE Clinical Guidelines, No. 9.) Appendix 17, Diagnostic criteria for eating disorders. Available from: https://www.ncbi.nlm.nih.gov/books/NBK49317/

[15] National Collaborating Centre for Mental Health (UK). Eating Disorders: Core Interventions in the Treatment and Management of Anorexia Nervosa, Bulimia Nervosa and Related Eating Disorders. Leicester (UK): British Psychological Society (UK); 2004. (NICE Clinical Guidelines, No. 9.) Appendix 17, Diagnostic criteria for eating disorders. Available from: https://www.ncbi.nlm.nih.gov/books/NBK49317/

[16] Beat Eating disorder statistics https://www.beateatingdisorders.org.uk/media-centre/eating-disorder-statistics

[17] Mind statistics https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/

[18] Mind statistics https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/

[19] Samaritans Suicide Report for the UK and ROI, 2018

[20] Holmes, Emily A., et al. "Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science." The Lancet Psychiatry (2020).

[21] Thornton, Jacqui. "Covid-19: A&E visits in England fall by 25% in week after lockdown." (2020).

[22] Torales, Julio, et al. "The outbreak of COVID-19 coronavirus and its impact on global mental health." International Journal of Social Psychiatry (2020): 0020764020915212.

[23] Rossi, Rodolfo, et al. "COVID-19 pandemic and lockdown measures impact on mental health among the general population in Italy. An N= 18147 web-based survey." medRxiv (2020).

[24] Wang, Cuiyan, et al. "Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China." International journal of environmental research and public health 17.5 (2020): 1729.

[25] https://www.who.int/mental_health/prevention/suicide/suicideprevent/en/

[26] Kawohl, Wolfram, and Carlos Nordt. "COVID-19, unemployment, and suicide." The Lancet Psychiatry 7.5 (2020): 389-390.

[27] Klomek, Anat Brunstein. "Suicide prevention during the COVID-19 outbreak." The Lancet Psychiatry 7.5 (2020): 390.
[28] Topalidou, Anastasia, Gill Thomson, and Soo Downe. "COVID-19 and maternal mental health: Are we getting the balance right?." MedRxiv (2020).
[29] Stein, Alan, et al. "Effects of perinatal mental disorders on the fetus and child." The Lancet 384.9956 (2014): 1800-1819.
[30] Bauer, Annette, et al. "Costs of perinatal mental health problems." (2014).
[31] Trabucchi, Marco, and Diego De Leo. "Nursing homes or besieged castles: COVID-19 in northern Italy." The Lancet Psychiatry 7.5 (2020): 387-388.
[32] Hannah Ritchie and Max Roser (2020) - "Mental Health". Published online at OurWorldInData.org. Retrieved from: https://ourworldindata.org/mental-health
[33] Trabucchi, Marco, and Diego De Leo. "Nursing homes or besieged castles: COVID-19 in northern Italy." The Lancet Psychiatry 7.5 (2020): 387-388.
[34] Usher, Kim, Navjot Bhullar, and Debra Jackson. "Life in the pandemic: Social isolation and mental health." Journal of Clinical Nursing (2020).
[35] https://rcni.com/nursing-standard/features/life-lockdown-how-covid-19-pandemic-complicates-existing-mental-health-conditions-160426
[36] D'Agostino, Armando, et al. "Mental health services in Italy during the COVID-19 outbreak." The Lancet Psychiatry 7.5 (2020): 385-387.
[37] Markowitz, John. "Virtual treatment and social distancing." The Lancet Psychiatry 7.5 (2020): 388-389.
[38] Mind public research https://www.mind.org.uk/news-campaigns/news/mental-health-charity-mind-finds-that-nearly-a-quarter-of-people-have-not-been-able-to-access-mental-health-services-in-the-last-two-weeks/
[39] Jigsaw website https://jigsawonline.ie/parents-and-guardians/now-more-than-ever-campaign/
[40] Beat's COVID-19 appeal: https://donate.beateatingdisorders.org.uk/page/56677/donate/1?ea.tracking.id=carousel
[41] https://donate.beateatingdisorders.org.uk/page/56677/donate/1?ea.tracking.id=carousel
[42] World Health Organization. "Coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health." World Health Organization, Interim guidance 19 (2020).
[43] Grasselli, Giacomo, Antonio Pesenti, and Maurizio Cecconi. "Critical care utilization for the COVID-19 outbreak in Lombardy, Italy: early experience and forecast during an emergency response." Jama 323.16 (2020): 1545-1546.