

Responding to the Mental Health Impact of COVID-19

Public views on the Government's
response and insights from lived
experience.



This research is the result of a collaboration
between Mental Health Reform and the COVID-19
Psychological Research Consortium (C19PRC)



Mental
Health
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Background

The United Nations (UN) has warned that the COVID-19 pandemic “risks sparking a major global mental health crisis”.¹ More specifically, the World Health Organisation (WHO) has identified that “the isolation, fear, uncertainty, and the economic turmoil [of the current pandemic] could cause psychological distress, and we could expect to see an upsurge in the severity of mental illness, including among children, young people and healthcare workers”.²

Certain groups of individuals who may experience particular mental health challenges brought on by the crisis include the vast numbers of people who have lost, or are at risk of losing their jobs, individuals who have been separated from loved ones or have suffered under drastic lockdown orders, in addition to healthcare workers and first responders who are operating under tremendous stress. Others may include children and young people who are being kept out of school, women who face heightened risk of domestic abuse, the elderly, and people with pre-existing mental health difficulties.

The longer-term socio-economic impact of the crisis is likely to exacerbate the financial inequalities that contribute towards the increased prevalence and disproportionate distribution of mental health difficulties, in addition to intensifying the social and economic inequalities faced by people with pre-existing mental health difficulties, in areas such as poverty, unemployment, housing and education.³ The Institute for Fiscal Studies (IFS) has stated that the economic downturn resulting from the COVID-19 pandemic “will have significant consequences for people’s [mental] health outcomes in the short and longer term.”⁴

It is therefore unsurprising that there have been calls for greater resources to address the mental health impact of the COVID-19 pandemic and for research examining this impact. The [UN’s Policy Brief on Mental Health](#) has included clear recommendations on the need for a significant increase in investment in areas such as psychological supports and emergency mental health care and supporting recovery from COVID-19 by building mental health services for the future. In a position paper published in [the Lancet](#), a multi-disciplinary panel of 24 world-leading experts, including people with lived experiences of a mental health difficulty, proposed a list of priorities for mental health research during (and after) the COVID-19 crisis. These priorities include (but are not limited to) research examining the

¹ RTE News. (2020, May 14). UN warns of global mental health crisis due to Covid-19 pandemic. *RTE News*, Retrieved from <https://www.rte.ie/news/world/2020/0515/1138301-pandemic-mental-health-crisis/>.

² Rourke, A. (2020, May 14). Global report: WHO says Covid-19 'may never go away' and warns of mental health crisis. *The Guardian*, Retrieved from <https://www.theguardian.com/world/2020/may/14/global-report-who-says-covid-19-may-never-go-and-warns-of-mental-health-crisis>.

³ The Mental Health Foundation. (2020). *The COVID-19 Pandemic, Financial Inequality and Mental Health: A briefing from the “Coronavirus: Mental Health in the Pandemic” Study*. MHF. Retrieved from <https://www.mentalhealth.org.uk/sites/default/files/MHF-covid-19-inequality-mental-health-briefing.pdf>.

⁴ The Institute for Fiscal Studies. (2020). *Recessions and health: The long-term health consequences of responses to coronavirus*. IFS. Retrieved from <https://www.ifs.org.uk/uploads/BN281-Recessions-and-health-The-long-term-health-consequences-of-responses-to-COVID-19-FINAL.pdf>.



effect of COVID-19 on risk of anxiety, depression, and other outcomes, such as self-harm and suicide in the general population, as well as research examining the mental health consequences of the COVID-19 lockdown and social isolation for vulnerable groups (including those with pre-existing mental health difficulties), and how these consequences can be mitigated under pandemic conditions.

The COVID-19 Psychological Research Consortium (C19PRC) is a group of mental health researchers from the United Kingdom and Ireland who are conducting projects in both countries to understand the mental health effects of the COVID-19 pandemic. The Irish strand of the C19PRC study is being led by Dr. Philip Hyland from the Department of Psychology at Maynooth University in collaboration with colleagues Dr. Frédérique Vallières from the Centre for Global Health in Trinity College Dublin, and Prof. Jamie Murphy from Ulster University. To date, two waves of the survey have been carried out. The first wave took place between March 31st and April 5th during the first week of the nationwide lockdown, and the second took place approximately six weeks later, between April 30th and May 14th.

Mental Health Reform collaborated with the C19PRC on the second wave of the survey by designing questions specifically aimed at people who use the mental health services in Ireland, as well as questions examining the attitudes of the general population towards the Government's response to the mental health impact of the pandemic. For the purposes of this document, we will focus on the data and findings from wave 2 of the survey.

Who took part?

Participants were recruited online by the Qualtrics survey company using stratified quota sampling to ensure the sample was representative of the national adult population in terms of age, sex and geographical distribution. A sample of 1,032 individuals (average age: 44.9 years; age range: 18-85; 51.9% female, 47.8% male, 0.2% transgender, 0.1% "prefer not to say") completed wave two of the survey. Of these, 72 individuals (7%; average age: 43.4 years; age range: 18-70; 63.9% female, 36.1% male, 0.0% transgender or "prefer not to say") reported that they were currently receiving treatment for a mental health difficulty from a mental health service provider.

Findings

Experiences of people using the mental health services

The findings presented below are based on the responses of the 7.0% (n=72;) of wave two participants who reported that they were currently receiving treatment for a mental health difficulty from a mental health service provider. For more detailed information about the responses of these participants, see tables one in the appendix.



Perceived impact of COVID-19 on mental health and well-being

- Over half of participants (51.3%) reported that the COVID-19 pandemic has had a negative or very negative impact on their mental health and well-being generally.

Views of People using the Mental Health Services during COVID-19

- 37.5% of participants reported that the COVID-19 pandemic has had a negative or very negative impact on the quality of mental health service they receive.
- However, 61.1% of participants indicated that they were satisfied with the care they have received from mental health services in the last month.
- Similarly, 58.4% indicated that they were satisfied with the information they have received from mental health services about the mental health services and supports that are available to them during the pandemic.

Access to Mental Health Services during COVID-19

- When asked whether they had continued to access mental health treatment during the COVID-19 pandemic, 40.3% answered no and 59.7% answered yes.
- Of those who continued to access mental health treatment during the pandemic, 48.8% were accessing treatment over the telephone, 14.0% were accessing treatment by online means (e.g. using Zoom, Skype, etc.), and 37.2% were accessing treatment by some other way.

Seeking Help during COVID-19

- 40.3% of participants reported that during the COVID-19 pandemic they would be less likely to attend a GP for support with their mental health difficulty if needed.
- 45.8% of participants reported that they would be less likely to attend community mental health services for support with their mental health difficulty if needed.
- 59.7% of participants reported that they would be less likely to attend an emergency department for support with their mental health difficulty if needed.
- 51.4% of participants reported that they would be less likely to attend supports provided by charity and voluntary organisations if needed.

The General Population: Views on the Government's response to the mental health impact on the COVID-19 pandemic.

The findings presented below are based on the responses of the nationally representative sample at wave two (n=1,032). All participants were presented with a series of statements and asked to indicate the extent to which they agreed with these statements. Responses were compared by gender using appropriate statistical procedures. Only significant findings are reported here. For more detailed information about the responses of these participants, see table two and three in the appendix.



- 74.9% of participants agreed or strongly agreed that “the COVID-19 pandemic will have long-term implications for the mental health and well-being in our society”.
- Levels of agreement with this statement were significantly higher among females (79.3% agreed or strongly agreed) than males 70.4% agreed or strongly agreed).
- 23.7% of participants agreed or strongly agreed that “the Government has done enough to address the impact of the COVID-19 pandemic on mental health”.
- 67.2% agreed or strongly agreed that “mental health and well-being should be a priority in the Government’s response to the COVID-19 pandemic”.
- 79.7% agreed or strongly agreed that “mental health services require additional resources to deal with the impact of the COVID-19 pandemic on mental health”.
- Levels of agreement with this statement were significantly higher among females (81.5% agreed or strongly agreed) than males (77.9% agreed or strongly agreed).
- 77.2% agreed or strongly agreed that “charity and voluntary organisations require additional resources to deal with the impact of the COVID-19 pandemic on mental health”.
- Again, levels of agreement with this statement were significantly higher among females (81.5% agreed or strongly agreed) than males (77.9% agreed or strongly agreed).
- 75.2% agreed or strongly agreed that “the Government should develop a mental health strategy to address the impact of the COVID-19 pandemic”.

Conclusions

More than half of people who use mental health services, who took part in this survey reported that the COVID-19 pandemic has had a negative impact on their mental health and well-being. Many participants also reported that they were no longer accessing treatment and/or were less likely to seek help from a GP, community mental health services, charity and voluntary organisations or an emergency department during the COVID-19 pandemic, even when needed. Not only do these findings indicate that the current crisis may be exacerbating existing mental health difficulties for many people engaged with mental health services, they also suggest a pent up demand for services and supports amongst a substantial proportion of these individuals, which may place increased strain on mental health services going forward.

Although a considerable proportion of people who use mental health services who took part in this survey (approximately four in every ten) reported that the COVID-19 pandemic has had a negative impact on the quality of mental health service they receive, a majority reported that they were satisfied with the care they have received from mental health services and the information they have received from mental health services about the mental health services and supports that are available to them during the pandemic. These are encouraging findings, if somewhat contradictory. However, despite a perceived decline in the quality of service, participants may have reported satisfaction with their treatment



and care in recognition of the difficulties faced by mental health service providers in the current crisis.

The views of the general population towards the Government's response to the mental health impact of the pandemic were consistent and strongly suggest that there is broad support for greater action from Government and its agencies to manage the mental health impact of the pandemic. A large majority of participants agreed that the current crisis will have long-term implications for the mental health and well-being of people in Irish society. A majority of participants also agreed that the Government should prioritise mental health and well-being in their response to the crisis and develop a mental health specific strategy as part of this response. Similarly, there was also broad support for providing additional resources to mental health services providers. Approximately four in every five participants agreed that both mental health services and charity and voluntary organisations require additional resources to deal with the impact of the current crisis on mental health. However, less than one in four agreed that the Government has done enough to address the impact of the COVID-19 pandemic on mental health, again indicating a perceived need for greater action in this regard.

Some gender differences in the views of the general population towards the Government's response to the mental health impact of the pandemic were evident. More women than men agreed that the current crisis will have long-term implications for the mental health and well-being of people in Irish society. Reflecting this, more women than men agreed that both the mental health services and charity and voluntary organisations require additional resources to deal with the impact on mental health. These differences were statistically significant and may indicate greater levels of concern about and/or a greater recognition of the impact of the pandemic on mental health and wellbeing among women.

A third wave of this survey is planned for the near future and Mental Health Reform will continue to collaborate with the C19PRC to ensure that the views and experiences of people who use the mental health service users are heard in these challenging times.

- If you have any questions about the findings outlined in this document, please email info@mentalhealthreform.ie
- For more information about the C19PRC study, visit <https://www.ulster.ac.uk/coronavirus/research/impact/psychology-study>.
- For more information about the methodology used in this research and on the mental health status of the Irish adult general population at the beginning of the nationwide lockdown (from wave one of the C19PRC study) visit <https://psyarxiv.com/8yqxr/>
- Initial findings as well as regular updates on the C19PRC study are available on the C19PRC twitter account: @C19PRCStudy



References

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Appendix: A detailed breakdown of the findings.

The findings outlined in table one section are based on the responses of the 7.0% (n=72) of wave two participants who reported that they were “currently receiving treatment for a mental health difficulty from a mental health service provider”.

Table 1: Breakdown of findings from mental health service users

In your experience, what impact has the COVID-19 pandemic had on...	Very Negative Impact	Somewhat Impact	Neither positive nor negative Impact	Somewhat positive Impact	Very positive impact	Median	Mode	
... your mental health and well-being generally?	19.4%	31.9%	26.4%	9.7%	12.5%	2.0	2	
... the quality of mental health service you receive?	8.3%	29.2%	47.2%	8.3%	6.9%	3.0	3	
How satisfied are you with...[‡]	Dissatisfied		Neither Dissatisfied nor Satisfied		Satisfied		Median	Mode
...the treatment and care you have received from the mental health services in the last month (during the COVID-19 pandemic)?	9.8%		29.2%		61.1%	8.0	10	
...the information you have received from the mental health services about the mental health services and supports that are available to you during the COVID-19 pandemic?	15.3%		26.3%		58.4%	7.0	10	
During the COVID-19 pandemic, how likely would you be to attend the following for support with your mental health difficulties, if needed....	Less likely	No more or less likely	More likely	Median	Mode			
Your GP	40.3%	40.3%	19.4%	2.0	1			
Community mental health services	45.8%	38.9%	15.3%	2.0	1			
Emergency department	59.7%	33.3%	6.9%	1.0	1			
Services and supports provided by charity and voluntary organisations	51.4%	40.3%	8.3%	1.0	1			

[‡] These items were scored on a 10-point rating scale ranging from 1 (extremely dissatisfied) to 10 (extremely satisfied). Responses were categorised as dissatisfied (scores between 1 and 3), neither dissatisfied nor satisfied (scores between 4 and 6) and satisfied (scores between 7 and 10).



The findings outlined in table two and three are based on the responses of the total sample at wave 2 (when Mental Health Reform's questions were first included in the survey; n=1,032).

Table 2: Breakdown of findings from the general population

Please indicate the extent to which you agree with the following statements:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Median	Mode
"Mental health services require additional resources to deal with the impact of the COVID-19 pandemic on mental health"	2.4%	3.7%	14.1%	36.5%	43.2%	4.0	5
"Charity and Voluntary organisations require additional resources to deal with the impact of the COVID-19 pandemic on mental health"	2.9%	4.2%	15.6%	37.5%	39.8%	4.0	5
"The COVID-19 pandemic will have long-term implications for the mental health and well-being of our society"	1.5%	4.4%	19.3%	37.0%	37.9%	4.0	5
"Mental health and well-being should be a priority in the Government's response to the COVID-19 pandemic"	2.4%	6.6%	23.7%	36.1%	31.1%	4.0	4
"The Government should develop a mental health strategy to address the impact of the COVID-19 pandemic"	2.2%	3.3%	19.2%	39.2%	36.0%	4.0	4
"The Government has done enough to address the impact of the COVID-19 pandemic on mental health"	17.3%	26.8%	32.1%	17.4%	6.3%	3.0	3



Table 3: Breakdown of findings from the general population by gender.

Please indicate the extent to which you agree with the following statements:	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree		Median		Mode	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M
"Mental health services require additional resources to deal with the impact of the COVID-19 pandemic on mental health"*	2.1%	2.8%	2.1%	5.5%	14.4%	13.8%	33.6%	39.8%	47.9%	38.1%	4.0	4.0	5	4
"Charity and Voluntary organisations require additional resources to deal with the impact of the COVID-19 pandemic on mental health"***	2.6%	3.2%	3.4%	4.9%	13.6%	17.8%	36.2%	38.7%	44.2%	35.3%	4.0	4.0	5	4
"The COVID-19 pandemic will have long-term implications for the mental health and well-being of our society,"****	1.3%	1.4%	4.1%	4.7%	15.3%	23.5%	36.9%	37.3%	42.4%	33.1%	4.0	4.0	5	4
"Mental health and well-being should be a priority in the Government's response to the COVID-19 pandemic"	2.6%	2.2%	6.9%	6.1%	21.5%	26.4%	38.8%	33.1%	30.2%	32.3%	4.0	4.0	4	4
"The Government should develop a mental health strategy to address the impact of the COVID-19 pandemic"	2.6%	1.8%	2.8%	3.9%	17.7%	20.7%	40.9%	37.3%	36.0%	36.3%	4.0	4.0	4	4
"The Government has done enough to address the impact of the COVID-19 pandemic on mental health"	19.0%	15.6%	24.6%	29.0%	33.0%	31.0%	18.1%	17.0%	6.3%	6.3%	3.0	3.0	3	3

* Levels of agreement were significantly higher among females than males, U=116066.0, z=-3.58, p<.001.

** Levels of agreement were significantly higher among females than males, U=118290.5, z=-3.12, p<.01.

*** Levels of agreement were significantly higher among females than males, U=117919.0, z=-3.18, p<.01.

