



Delphi on the impact of acovid-19 on mental health according to mental health professionals, patients and informal caregivers

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Context

Increasing demand for numbers and data on the impact of covid-19 on mental health in Belgium, however, at the time not much Belgian research/data published

=> Information gap

Ask **the**
Experts

Why not ask the experts firsthand ?

- Mental health professionals
- Patients
- Informal caregivers



Delphi method of consensus seeking

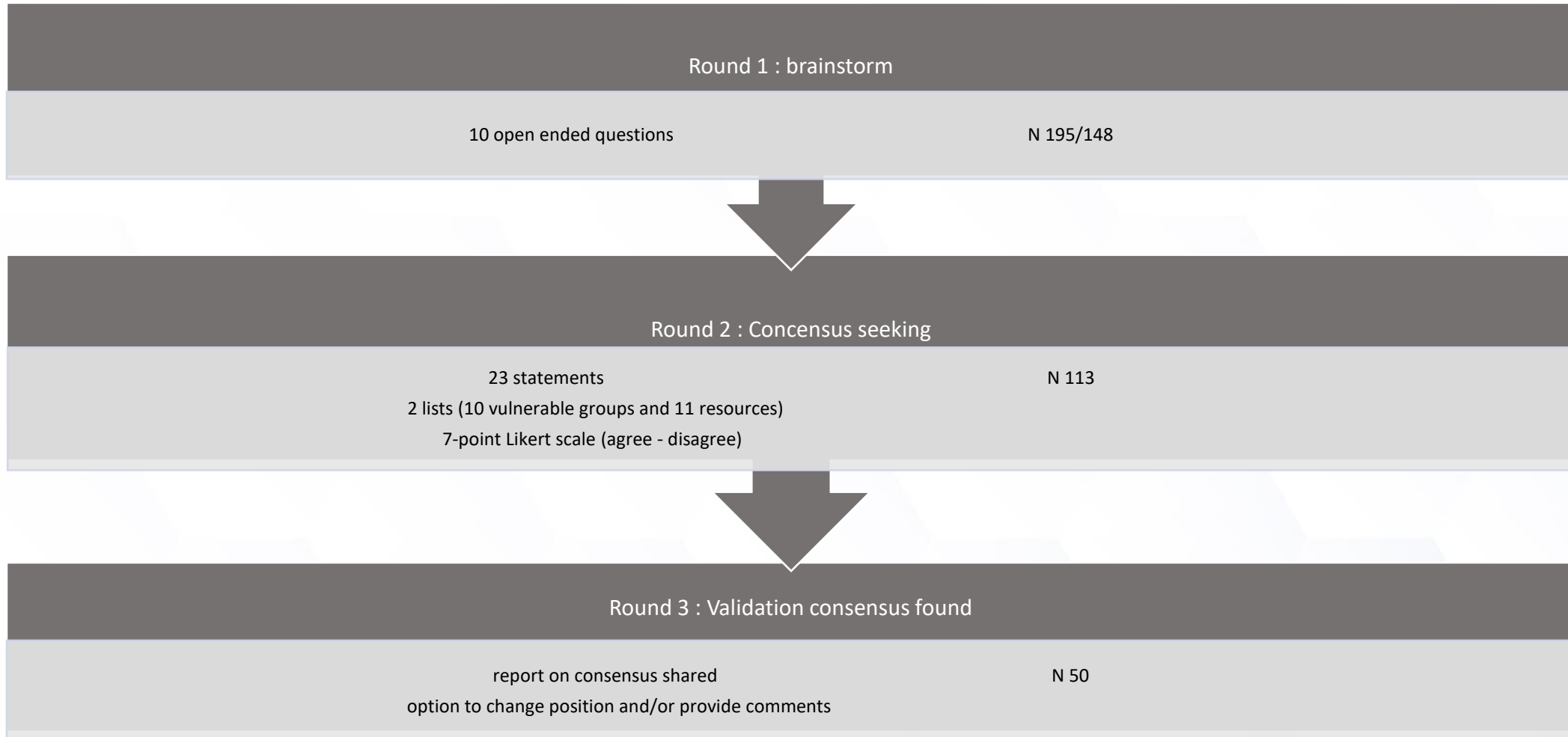
- Phase I: open ended questions – collecting as much information as possible
- Phase II: statements (Likert scale) based on the analysis of phase I data
- Phase III: summary and possible correction of results
- Final report

A more elaborate information can be found in report nr. 9610 from the Superior Health Council

<https://www.health.belgium.be/nl/advies-9610-psychosociale-opvang-tijdens-de-covid-19-pandemie-herziening-2021-0>



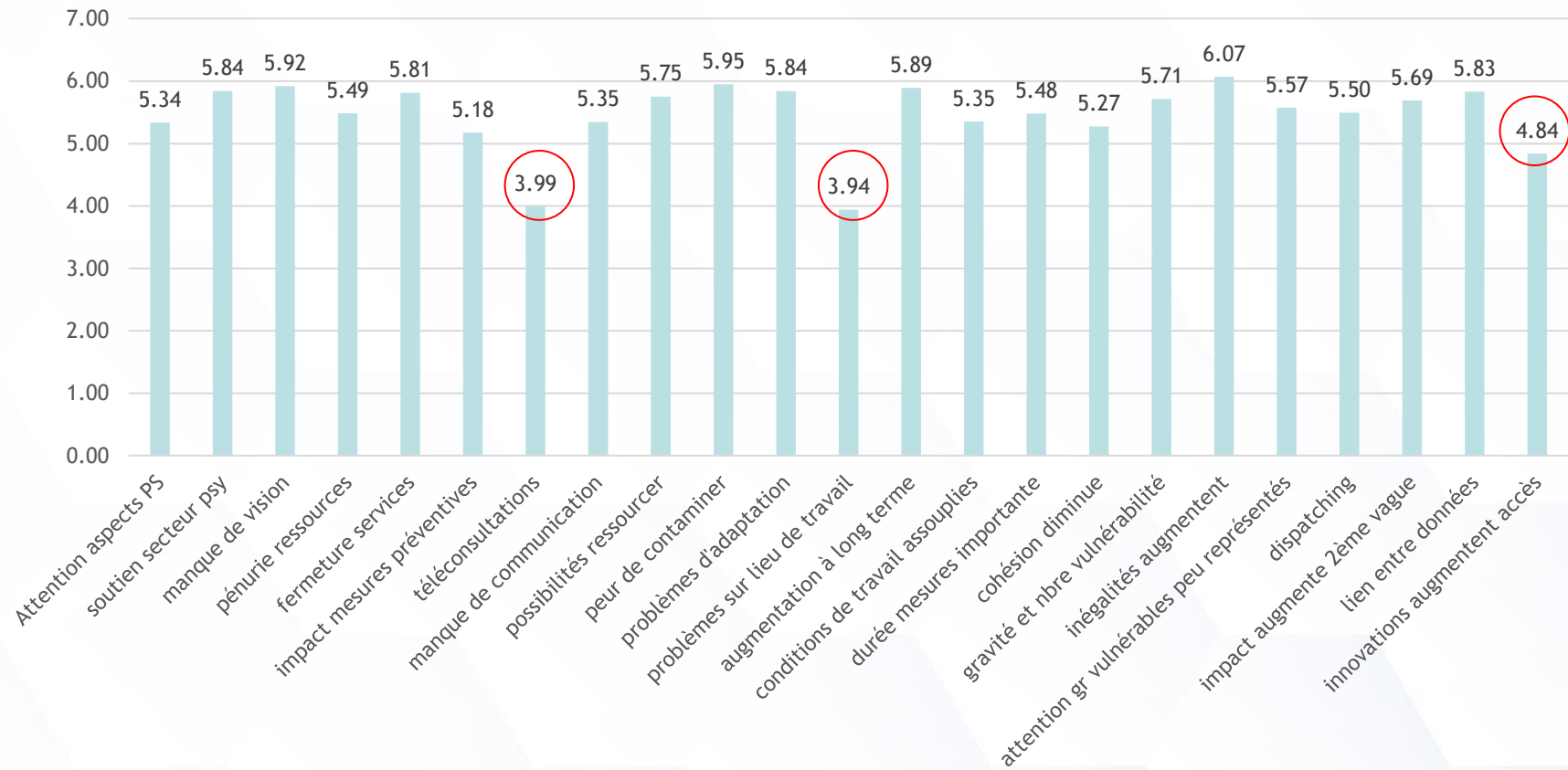
Delphi method of consensus seeking





Delphi statements

Strong validation for the majority of the 23 statements
Averages between 5,18 et 6,07 /7 with 3 exceptions





Delphi statements

Strongest agreement for (>5,90):

- Q18 : The impact of covid-19 has increased social inequalities, which in their turn might also increase mental health problems. (6,07)

=> Long term consequences for society, especially vulnerable groups

- Q10 : The fear of getting contaminated oneself and the fear of contaminating other people (loved ones, patients, ...) creates extra emotional pressure. (5,95)

=> Importance of mental strain

- Q3 : There is a lack of strategic vision on mental health care and the importance of mental health in society. (5,92)

=> Structural problems



Delphi findings: impact on people

General population : chronic strain on resilience + probable rise mental health problems long term

- Q13: There will be a rise in mental health problems in the general population in the long term (5,89).
- Q11: The impact of COVID-19 on the mental health of the general population is currently situated in adaptation problems and emotional strain (5,84).
- ! Q15: The **duration** of the preventive measures is more challenging for mental health than the preventive measures themselves (5,48).

Vulnerable groups : increased vulnerability (number and severity) + lack of attention

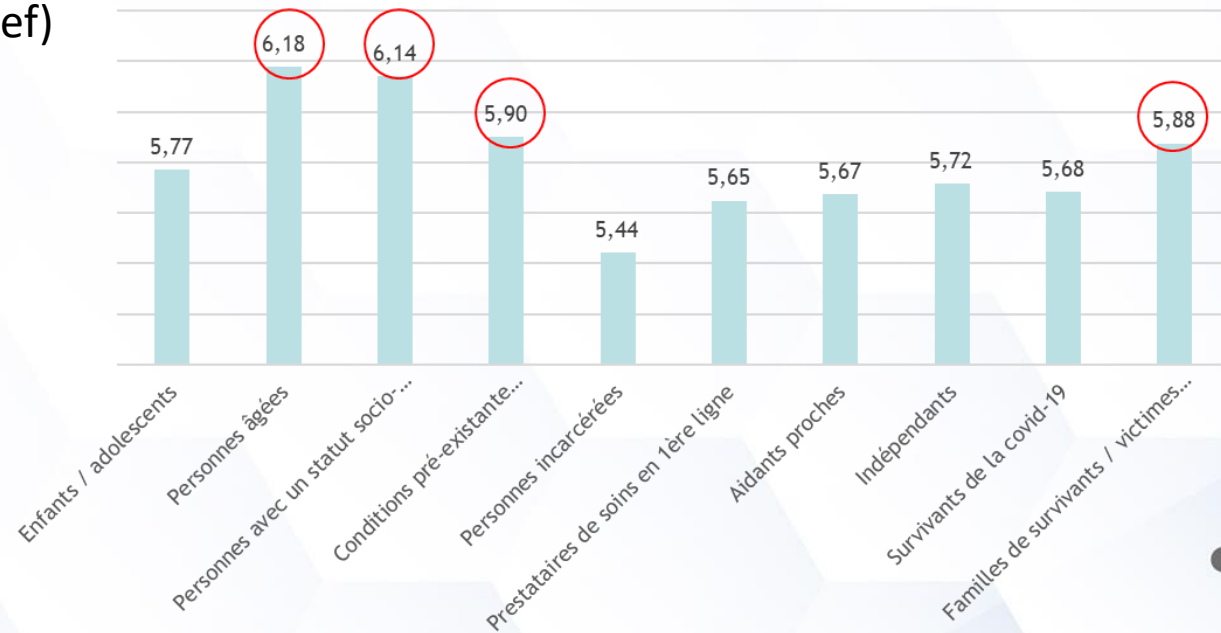
- Q17: The impact of COVID-19 on mental health for those who had pre-existing vulnerabilities has increased the severity and/or number of psychopathologies (5,71).
- Q19: Decision makers pay insufficient attention to the impact of the pandemic on the mental health of vulnerable or less represented groups (e.g. children and young people, people with disabilities, caretakers, ...) (5,57).



Delphi findings: impact on people (2)

Which vulnerable groups:

- Significant agreement (between 5,44 and 6,18/7)
- Especially for:
 - Elderly (hypothesis: situation in Belgian elderly care facilities?)
 - People with a lower socio-economic state (poverty, secluded, ...)
 - People with pre-existing conditions (ex. double diagnosis)
 - Family of covid-19 victims (complicated grief)





Delphi findings : impact on care

Discontinuity of care

- Q5: During the pandemic, several mental health services were forced to close or reduce their availabilities, which has had a negative effect on mental health (5,81).

Lack of resources

- Q4: Mental health care did not receive sufficient governmental support in dealing with shortages in necessary resources (ex. preventive materials, IT needs, ...) (5,49).

Impact on quality of care

- Q6: The required preventive measures during the pandemic (ex. distance, mask, teleworking) have a negative impact on the therapeutic relationship between mental health professional and patient (5,18).



Delphi findings : structural problems

Q2: The mental healthcare system was **already under pressure before covid-19** struck. The structurally insufficient support (ex. financial, legal, organizational,...) to this sector, is an important element in why the sector was not adequately prepared for the challenges brought about by the pandemic (5,82).

Q22: There is a **need for** a better view on and **linkage between the existing data** and analyses on the mental health impact of COVID-19 (5,83).

Q 20: There is **a need for a coupling and dispatching system**, which can quickly capture psychosocial needs, triage and refer were needed; this in order to ensure continuity of care and respond rapidly to (possibly shifting) mental health needs (stepped care) (5,50).

!Q1: Decision makers pay **insufficient attention to the psychosocial aspects of the pandemic**. Not including the psychosocial aspects of covid-19 will have a negative impact on the course and further development of the consequences of the pandemic (5,34).



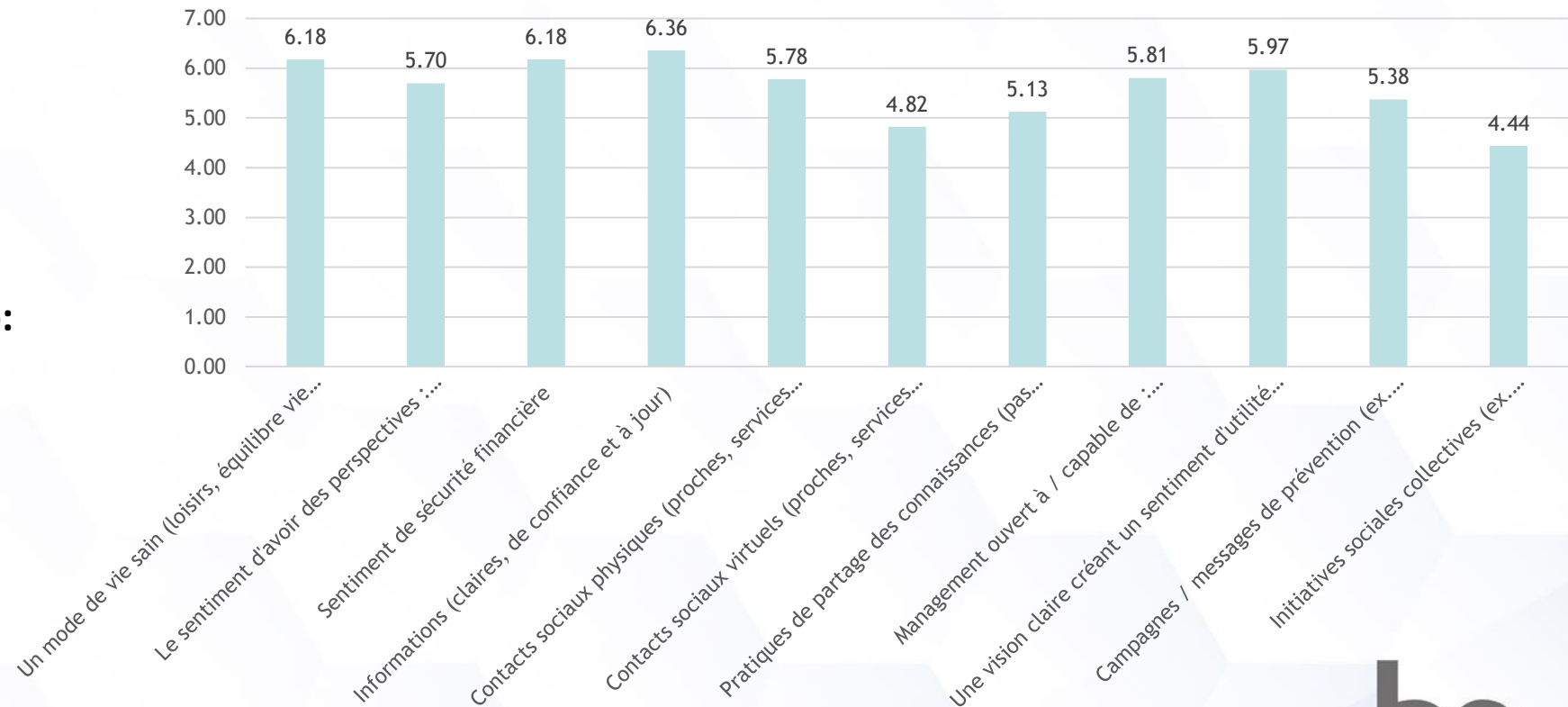
Delphi findings : resources to be developed

Resources important to develop:

Information
Financial security
Healthy lifestyle
Clear vision

Resources less important to develop:

Collective social initiatives
Digital social contact

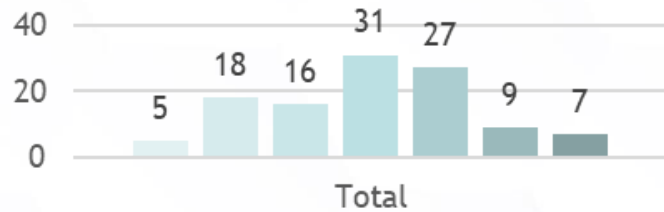




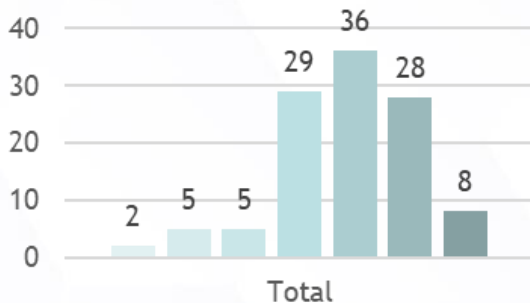
Delphi findings : weakest 3 results

Hybrid forms have opened up access to care
(hypothesis: related to IT, adaptation, etc. problems)

- Q7 : teleconsulting and access to care

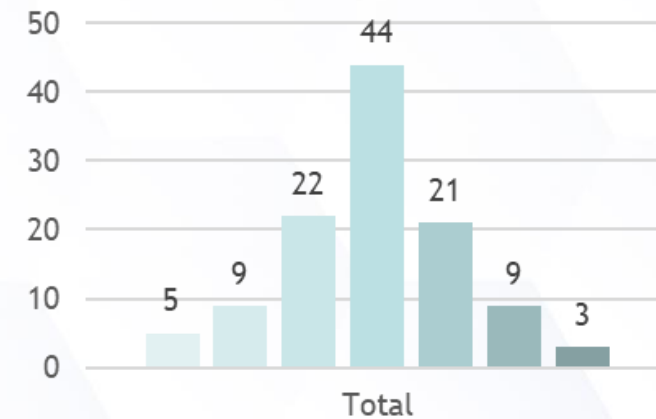


- Q24: impact of innovations 1st wave



Predominantly visible on the work floor for
general population
(hypothesis: general mental strain)

- Q12: work floor





Delphi: conclusions

Importance of mental health

- ! structural pressure on sector (professional and informal caregivers)
- ! lack of attention and supportive measures (organizational, financial, technical, practical)

Special attention to vulnerable groups

- ! pandemic will have consequences on mental health (chronic mental strain on resilience + deterioration of existing mental health issues)
- ! special attention warranted for vulnerable groups (elderly, people with a lower socio-economic state, people with pre-existing conditions, family of covid-19 victims)
- ! continuity of care during a pandemic is crucial + quality of care >< preventive measures



Delphi: conclusions (2)

Need for a clear strategic vision

- ! no need to re-invent the wheel
- ! utilize & optimize existing resources : from prevention – specialized care
- ! proactive stepped care system based on active monitoring and referral where needed
- ! data-based approach : link data streams, coordination, creation of mental health indicator