

# Impact of COVID-19 on mental health, inequalities & vulnerable groups

Pan-European Response to the ImpactS of CCOVID-19 and future  
Pandemics and Epidemics PERISCOPE

HORIZON 2020 PROJECT

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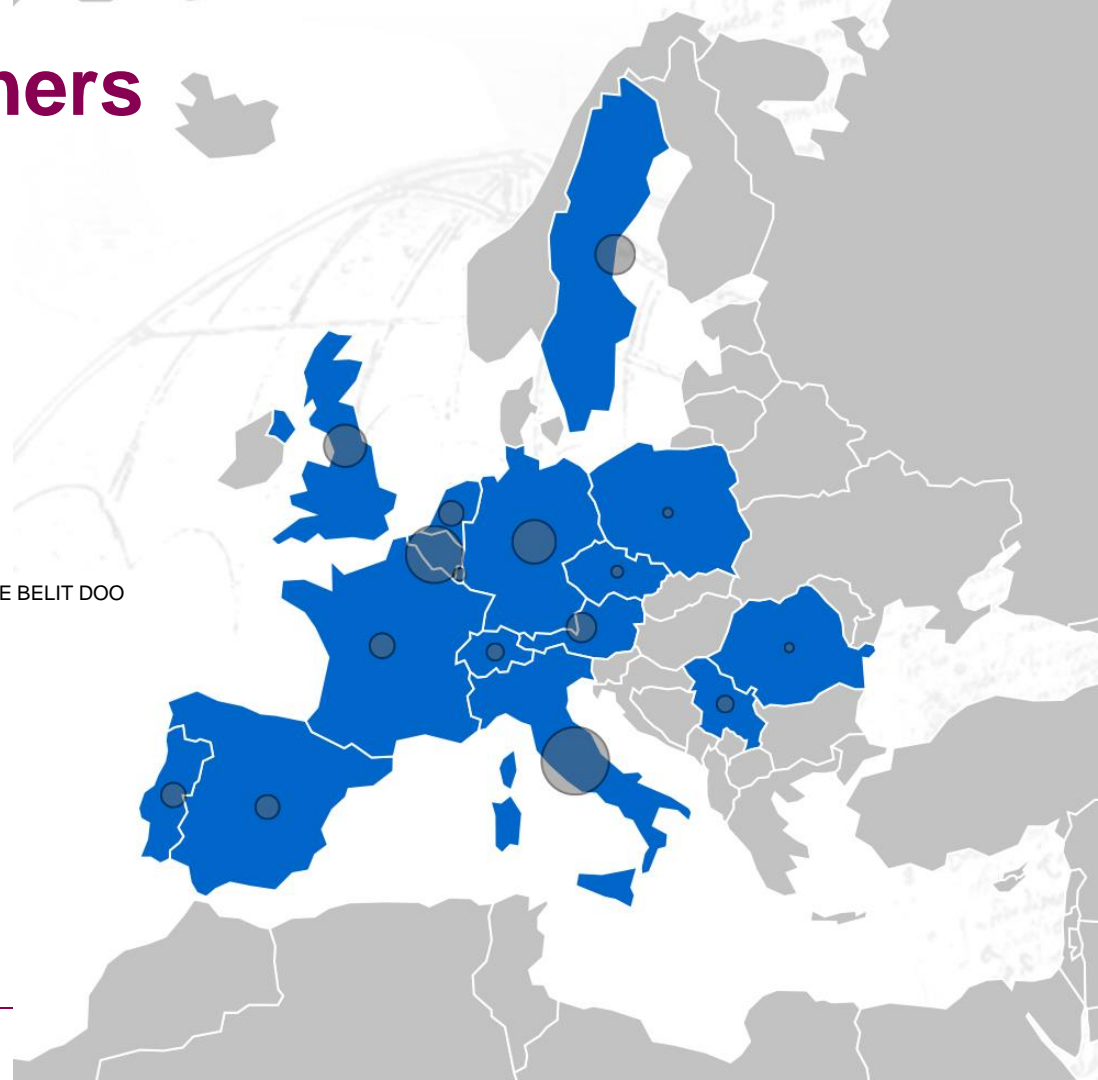
# PERISCOPE – Multidisciplinary research

## Start: Nov 2020, - 36 months, 10 M €

- Consortium of 32 European institutions – PI University of Pavia
- Investigates impact of COVID-19 on:
  - Behavior
  - Health
  - Economy
- AIM: Develop solutions and provide holistic policy guidance to increase European **actorness**, for future pandemics

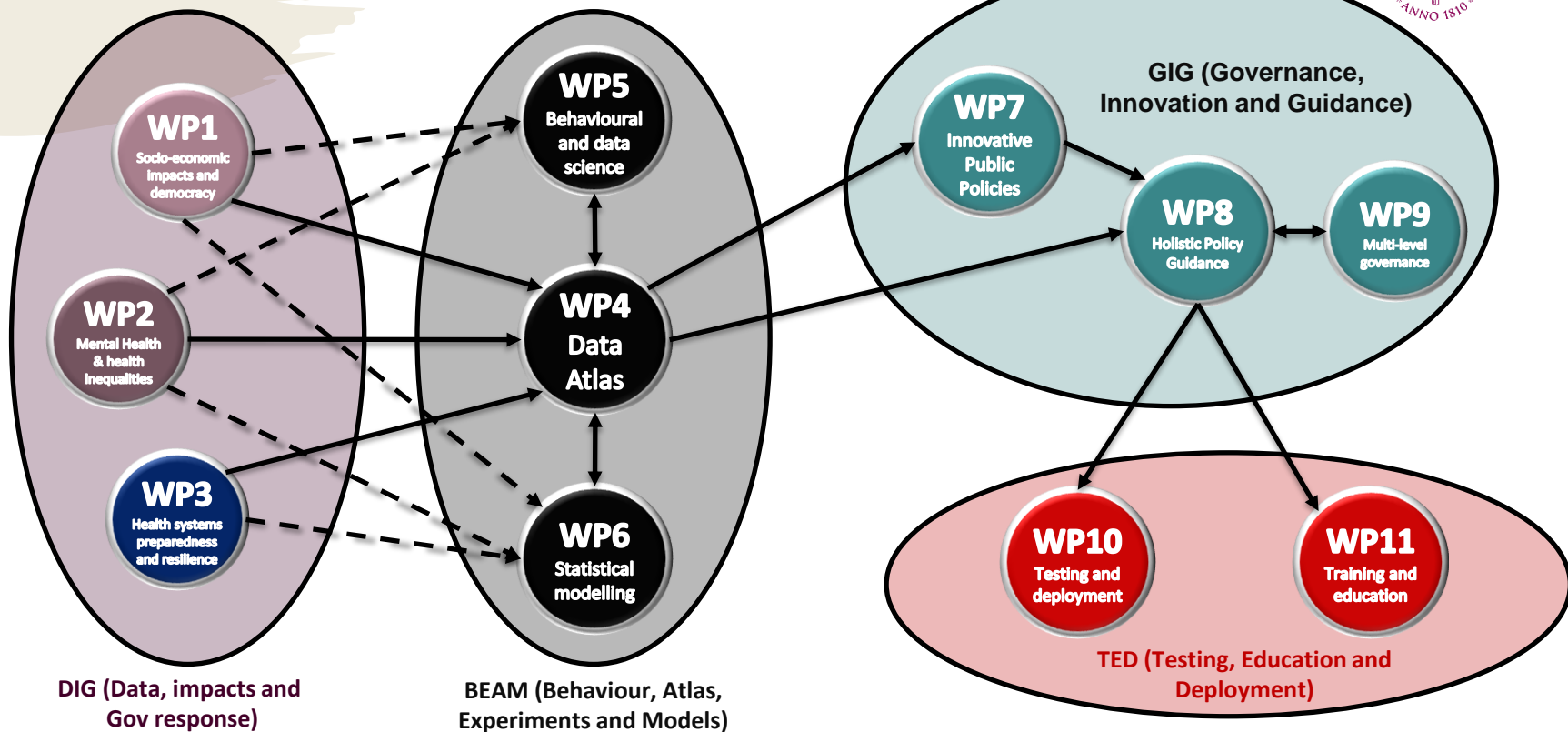
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## Descriptive part

## Prescriptive part



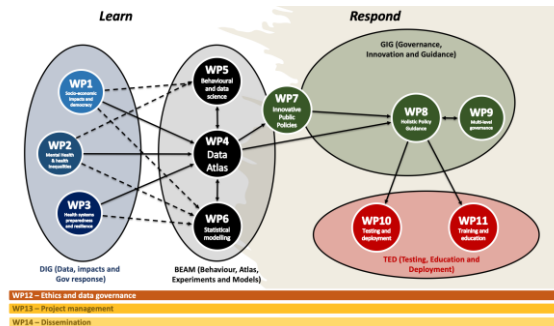
WP12 – Ethics and data governance

WP13 – Project management

WP14 – Dissemination

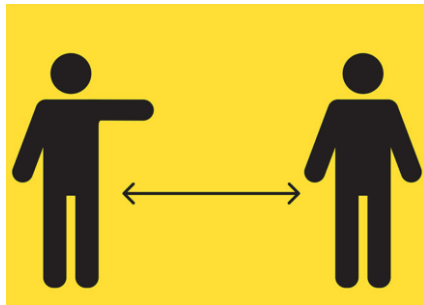
# PERISCOPE - Early goals

- Gather data on broad impacts of COVID-19 in order to develop comprehensive, user-friendly, openly accessible **COVID Atlas**
- Reference tool for researchers and policymakers
- Dynamic source of information to disseminate to the general public
  - Use AI to analyze **data on health, economy & lockdown measures** (e.g. **CoronaNET**) with high temporal resolution



# PERISCOPE goals

- **Identify successful practices & approaches**
- **Scale up** at pan-European level for better containment of the pandemic and its related socio-economic impacts



# PERISCOPE goals

- Develop **holistic policy guidance** for policymakers at all levels of government, in order to enhance Europe's preparedness for future similar events and proposed reforms in the multi-level governance of health



# Systematic literature review

What can be learnt from the current as well as previous pandemics, epidemics, and economic crises?

## ■ Inclusion criteria:

- Population: General population and/or any specific populations.
- Exposure: COVID-19 or pandemics and epidemics similar to COVID-19 (MERS, SARS, the swine flu, or economic crises).
- Comparator: Pre-pandemic/epidemic or pre-economic crisis measures or measures from unaffected geographical areas.
- Outcome: Mental health outcomes
- Types of study: **Longitudinal cohort & repeated cross-sectional studies allowed for direct comparison between exposed & unexposed populations.**



## Results: literature review

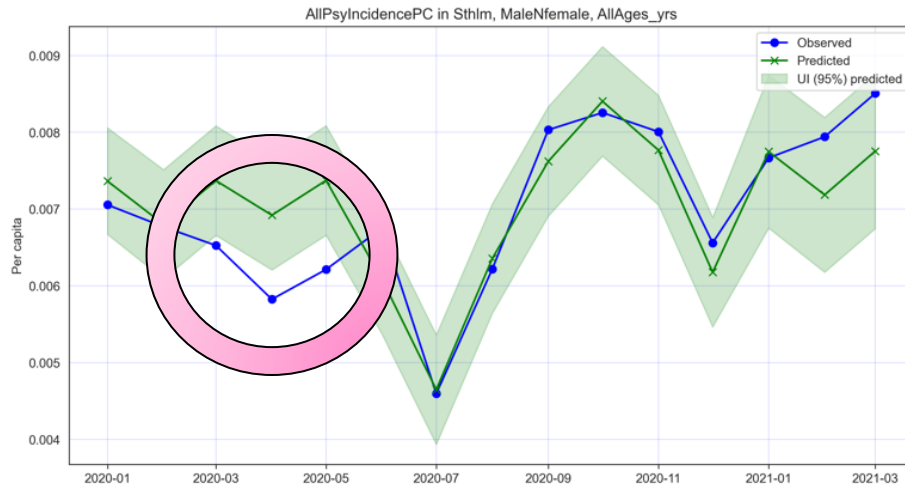
- Systematic review: 174 studies assessing mental health impacts
  - COVID-19 pandemic (87 studies),
  - 2008 economic crisis (84 studies)
  - SARS epidemic (3 studies).
- Increased rates of affective disorders -> **due to ↑ risk factors:**
  - Unpredictability & uncertainty, loss of income, inactivity, limited access to basic services, increased access to food, alcohol, and online gambling, and decreased family and social support.

# Literature review results cont.

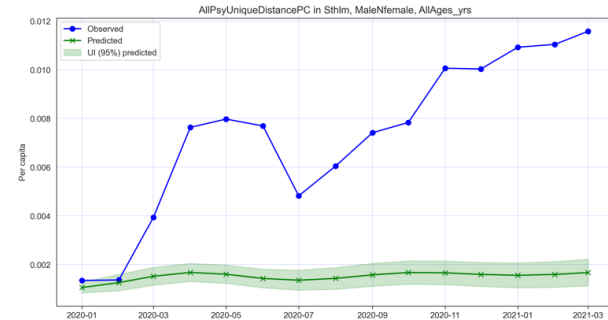
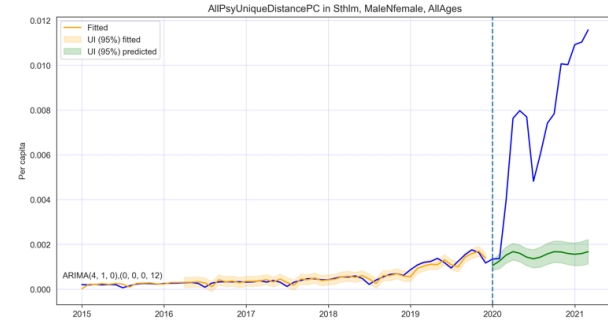
- Mental health care utilization - no increase, as after economic crisis 2008
  - Why not?
    - Regulations on travel & quarantine having -> mental health care visits becoming more difficult & impractical ?
    - **Economic crises** (e.g. 2008) different effect on mental health due to
      - unemployment, indebtedness, precarious working conditions, inequalities, lack of social connectedness & housing instability
- Suicide rates COVID-19: **decreased or remained unaltered** (short follow up) in contradiction to studies on the economic crisis in 2008
- However: Risk-factors for suicides aggravated -> **Long term increase?**

# Stockholm, mental health care utilization, primary care

Spring 2020, initial dip March - May



Telemedicine:  
4-6 times increase vs pre-pandemic



## Worklife & mental health: Pre- & post Covid-19 related restrictions

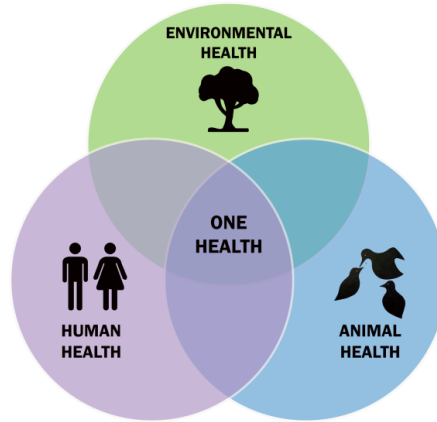
- **Dramatic increase in distancework spring 2020**
  - Approx 40% working from home (5-7% pre-pandemic, Statistics Sweden, 2021)
  
- Population-based longitudinal study working conditions, habits & mental health in working adults pre- & post Covid-19 related restrictions:
  - Approx. 5000 gainfully working adults in same occupation 2018-2020
    - **General increase in job insecurity & depressive symptom**
  
- **Among occupational groups able to distancework**
  - Several positive changes observed:
    - Increased work-family balance, getting enough rest & sleep,
    - less cognitive problems, less stress
    - **But also this group: increase in depressive symptoms**

# Inequalities & vulnerable groups: Apart Together survey & Ageism

- Refugees & migrants suffer more from consequences of the COVID-19 pandemic & preventive measures
  - Living in the street: less likely to seek medical care in case of (suspected) COVID-19-symptoms due to e.g. fear of deportation
  - Ageism – high mortality rates, isolation

# How to improve preparedness & sustainability ?

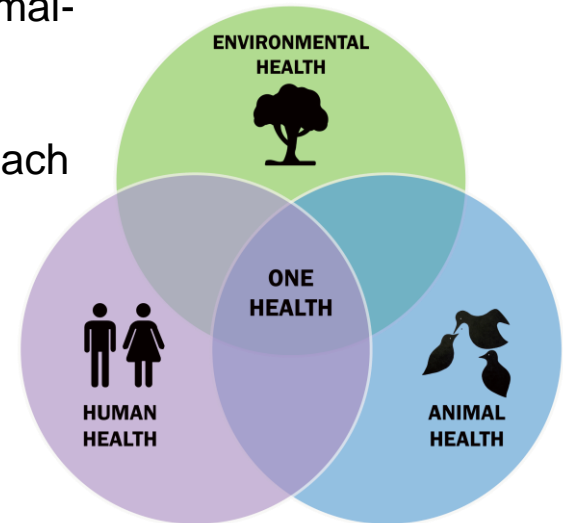
”One Health”



**Key issue in Multilevel Governance Analysis in the PERISCOPE project**

# What is One Health?

- Acknowledges the **interconnection** between human-animal-environmental health
- A collaborative, multisectoral, and transdisciplinary approach on multiple levels
- Started as "One Medicine" → One Health
- Large focus on zoonotic diseases: 3 out of every 4 new emerging infectious disease from animals
- **Anthropocentric drivers** of emerging infectious diseases (e.g. Habitat destruction, demand for animal protein)



## One Health as a relevant framework for several other matters

- Antibiotic resistance
- Infrastructure, e.g access to green spaces
- Climate change, environmental degradation, exposure to toxic substances
- Biological and cultural diversity (combating sixth mass extinction)
- Occupational health, mental health, healthy aging
- Non-infectious (lifestyle-related) diseases
- Equality/equity and human intragroup relations



# WHO One Health

We can **only prevent future pandemics** with an **integrated One Health approach to public health, animal health & the environment we share...**

One Health must be about **more than zoonoses.**

We cannot protect human health without considering the impact of human activities that disrupt ecosystems, encroach on habitats, and further drive climate change

# Current status of One Health

- **Narrow view with an unbalanced focus** between One health issues in animal, human and environmental health:  
→ **Anthropocentric bias**
- **Lack of clarity, direction and accountability**
- **Low level of One Health-understanding** amongst the public, professionals in medicine, veterinary & environmental science

Chiesa F, et al., (2021) **A Survey on One Health Perception and Experiences in Europe and Neighboring Areas**. Front. Public Health 9:609949.

Destoumieux-Garzón D, et al.,(2018) **The One Health Concept: 10 Years Old and a Long Road Ahead**. Front. Vet. Sci. 5:14.

Lerner H and Berg C (2017) **A Comparison of Three Holistic Approaches to Health: One Health, EcoHealth, and Planetary Health**. Front. Vet. Sci. 4:163.

# Research questions and tasks

- Mapping One Health literacy amongst key policy makers & actors
- Do we need to develop/go beyond existing framework, by including human-non-human relations – **widening the circle of care?**
- **Address our inner deep leverage points?**
- Increased transparency & accountability: key issues from Multilevel Governance Analysis
- **Possibility to create upstream change / systemic transformation?**



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