Harnessing digital mental health to improve equity in mental health care in the context of COVID-19: Needs, best-practices and opportunities in the Asia Pacific region

A 1-Month Knowledge Synthesis summarizing initial findings of an on-going Rapid Review | June 22, 2020

**Objectives:**
1. Identify priority at-risk groups and their mental health needs in the context of COVID-19 in the Asia Pacific Region
2. Identify recommendations for improving access to digital mental health support among these groups

**Search Method:** PubMed and Google Scholar were searched from June 4th – 12th, 2020. Snowballing was used to identify sources from reference lists of studies included. Search terms included Mental Health AND At-Risk Groups / Vulnerable Populations AND COVID-19 AND Asia-Pacific.

**Selection Criteria:** Papers related to mental health or psychosocial risk factors and COVID-19 among at-risk groups; that referred to one or more APEC countries or had a global, thus generalizable, scope; English language papers, and papers with full text available were included.

**Results:** 36 full text papers were reviewed. Due to the short time frame since the COVID-19 outbreak, majority of these were editorials (3) 2,4, letters to the editor (13) 5-17 and commentaries or brief reports (14) 10,18-31. In addition, 3 reviews 12,34, 1 original research article 35 and 2 pieces of grey literature 36,37 were included. A number of at-risk groups were identified, with specific risk-factors, challenges and considerations raised:

**People with existing mental health conditions** may have comorbidities, lower socioeconomic status (SES), precarious housing, increasing risk of infection3,15,25,26 with higher risk among people in inpatient and residential care12,19,26. A decrease in standard mental health care and the effects of social isolation may exacerbate symptoms or lead to relapse18,19,26 while stigma might limit care access3,12. Healthcare workers are experiencing increase in workload, limited resources including personal protective equipment, and high risk of exposure 14,16,20,35. Reports from China show elevated rates of depression, anxiety, insomnia, stress and fear among healthcare workers35. This could impact patient care and have long-term effects16,20. Black, Indigenous and People of Color (BIPOC) at higher risk of contracting COVID-19 and of related negative mental health effects 2,5,20,33. The social determinants of racialization4, discrimination and lack of access to affordable or culturally and linguistically appropriate care40 exacerbate risk. Migrants, including refugees, asylum seekers and migrant workers are at high risk of poor mental health 5,17. They might lack access to culturally appropriate healthcare6 or face worsening discrimination due to perceptions about the spread of COVID-19. International students are also at risk of discrimination, racism and increased stress 31. Older adults may live in social isolation and the effects of social distancing can further exacerbate the mental health effects of loneliness11,20,22,28,37. Existing mental illness11, cognitive decline37, ageism28, fear of dying alone or complicated bereavement22 may contribute to mental health impacts. People experiencing homelessness (PEH) high rates of mental health and substance use disorders and comorbidities 8,10,20,30 which may be worsened by fears of exposure to COVID-1930. PEH often live in poor conditions where hand washing and physical distancing are challenging7,10,30. Interruptions to support services may have negative impacts on mental health and substance use among PEH. For victims of domestic violence (DV) the conditions of lockdown may compound risk factors for DV including isolation, economic strain, lack of access to support services and safe spaces and increase in alcohol consumption at home4,21. These risks are likely to exacerbate existing mental health issues like anxiety, depression and PTSD34. People with disabilities experience persistent low access to care and stigma, particularly in Low and Middle Income Countries20,37, along with increased prevalence of mental and physical comorbidities. Gaps in regular care may place a strain on people with disabilities and their families, and interruptions in routines may cause heightened distress21. Other at-risk groups identified in the literature and warranting further attention include: people living with HIV24,27, children and youth39,37 and women and girls45,36, and incarcerated populations20.

**Challenges** affecting mental health, psychosocial support and access to care which apply across at-risk groups:

1. Disruption of standard health and mental health care and support services;
2. Poor mental health effects of social isolation and change in usual routine;
3. Lack of access to health information and care that is linguistically and culturally appropriate and accessible;
4. Lack of access to tele-communication and digital technologies (e.g. Smartphone or video capabilities) or infrastructure (Internet access) and low digital literacy as barrier to accessing e-mental health care.
5. Persistent impact of social determinants of health on mental and physical health and access to care.

**Recommendations** which emerged from the literature to address the gaps:

1. Include representatives from at-risk groups in planning for targeted mental health response to COVID-19;
2. Ensure that information and services, including e-health services, are accessible by offering them in diverse languages, via diverse platforms (e.g. apps, landline telephone) and with accessible options (e.g. not just written language, large print, etc.);
3. Prioritize evaluation of e-health interventions designed for at-risk groups in the context of COVID-19 to promote evidence-based practice;
4. Over the long term, commit to research and interventions that address the effects of the social, cultural and structural determinants of health on mental health and mental health care access.
References


References


