

Knowledge Synthesis: COVID-19 in Mental Health and Substance Use

Synthesis Title

Strategies to support the mental health of diverse patients waiting for procedures delayed by COVID-19: A scoping review

Nominated Principal Applicant (name and affiliation)

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Patient Research Partners: 6 patients waiting for procedures; 4 caregivers

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Target/priority population(s) in synthesis

- Patients and/or caregivers of any socio-demographic characteristics waiting any length of time for: specialist consultation to diagnose a suspected or treat a confirmed condition; or for a medical procedure, referring to tests or therapy performed in hospitals or outpatient clinics by any clinicians, therapists or technicians

What is the issue?

Patients with debilitating or potentially life-threatening conditions are waiting for procedures delayed by the focus of health system resources on COVID-19. Patients will face ongoing waits due to a backlog of procedures and anticipated ongoing outbreaks. Pandemic-imposed waits may cause anxiety or related mental/emotional issues, which can increase over time, prompt physical symptoms, worsen other aspect of mental health, and affect quality of life.

Key messages (max 100 words/current 94):

- *Waiting for procedures caused anxiety and depression among patients and caregivers, which increased over time, and reduced quality of life and trust in the healthcare system*
- *Mental health impact of waiting may be greater among women and new immigrants, and those of younger age, lower socioeconomic status, or with less-positive coping ability or longer wait times*
- *Educational strategies aimed to improve coping, but did not always reduce anxiety or depression*
- *Patients instead recommended peer moral support, and periodic updates of the reason for delay, wait list position, rules for patient selection, and procedure date*

How was the synthesis conducted?

We conducted a scoping review using a rapid review methodology by searching the MEDLINE database of published research [yet to search: EMBASE, CINAHL, SCOPUS, Cochrane Library, and Joanna Briggs Institute Database of Systematic Reviews] from 2010 to June 2020 MEDLINE, EMBASE, CINAHL, SCOPUS, AMED, PsychInfo, Sociological Abstracts, the Cochrane Library, and Joanna Briggs Database from 2010 to July 8, 2020 for English language studies of any research design from any country involving diverse patients or caregivers (disease, type of procedure, age, sex/gender, ethnicity/culture, education) on waiting and mental health, defined as any psychological impact including but not limited to: anxiety, distress, sadness, depression, fear, frustration, etc. We reported findings using summary statistics, tables and text descriptions.

What did the synthesis find? Provide a lay summary of the outcomes (max 300 words/current 299):

We included 51 studies (0.6% of 8386 screened) from 19 countries (25.5% Canada). Most surveyed (56.9%) or interviewed (23.5%) patients waiting for organ transplant (60.8%), surgery (21.6%), or cancer treatment (13.7%). Most included patients only (84.3%); fewer included caregivers (15.7%). Nearly half (47.1%) reported waiting time but measures varied (average 6 to 572 days, range 3 to 12 years). Studies reported the mental health impact of waiting (58.9%), factors related to impact (29.4%), and the effect of strategies to support mental health (11.8% of 51 studies, 0.07% of 8386 screened). Caregivers had similar levels of depression and greater anxiety than patients. Most patients had anxiety or depression, and low quality of life. Younger age, lower education level/income, being a woman or recent migrant, and longer wait worsened anxiety and depression, while older age and being female worsened quality of life. All strategies to support mental health were classes offered in-person and/or by telephone over many weeks or months to teach coping skills (how to manage waiting). Success varied: 2 studies reduced depression (2 did not), 1 study reduced anxiety (2 did not) and 2 studies improved quality of life (2 did not). Strategy duration, group versus individual classes, or class number, length, or in-person versus telephone did not lead to success. Waiting reduced patient trust in the healthcare system, and caused anger and frustration with the lack of information about length of wait and fairness of the selection process. Patients said they did not need coping skills. Instead, to help them wait, patients wanted: (1) Assurance they had not “fallen through the cracks”; (2) Recognition of and empathy for their concerns; (3) Periodic updates with reason for delay, position on the wait list, priority rules for patient selection, and possible procedure date; and (4) Peer mentors or support groups.

What are the implications of this synthesis?

- Few studies in the wait times literature addressed mental health, particularly for procedures other than organ transplant procedures, or among caregivers whose mental health is impacted similarly to patients
- Many patients and caregivers waiting for procedures had anxiety or depression, which affected all aspects of their lives, and increased over time

- Waiting also caused patients to feel angry and frustrated with the healthcare system, and reduced their trust in the healthcare system
- Strategies to teach coping skills through multiple in-person or online classes over many months did not always reduce anxiety or depression, or improve quality of life, and may not be easy to implement
- In contrast, to help them get through long waits, patients desired help from peers (support group, peer mentors) and periodic communication about: reason for delay, their position on the wait list, in what order patients would be selected for procedures, and possible procedure date
- It is possible that, compared with patients in included studies who did not understand the reason for delays, current patients/caregivers may understand the delay is caused by COVID-19, and be less likely to feel frustration with the healthcare system. Alternatively, patients with time-sensitive conditions waiting for procedures delayed by COVID-19 may experience anxiety and depression similar to patients waiting for organ transplant in the majority of included studies due to concern about worsening condition or death while waiting. This warrants further study
- Future research should assess:
 - If the approaches that patients recommended are easy to implement, and reduce anxiety and depression
 - Whether approaches should be tailored for patients/caregivers of different age, gender, or education level/income; who are new migrants; or based on length of wait, factors found to worsen anxiety and depression among those waiting
 - If mental health impact and desired solutions differ by ethnicity/culture, which included studies did not report
 - The mental health impact and related sequelae of having re-allocated health system resources to COVID-19, and the societal and health system costs of those unintended consequences
- These findings can be used by policy-makers, health system leaders, professional societies, charitable organizations, hospitals, or clinicians seeking to implement strategies that support mental health among patients/caregivers whose procedures are delayed
- These findings are relevant to patients/caregivers waiting for procedures delayed by the COVID-19 pandemic or due to other reasons

List up to 10 keywords specific to this synthesis to facilitate website search filters and sorting

- COVID-19, elective procedures, waiting lists, delays, mental health, anxiety, interventions, implementation, scoping review