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EQUAL2HEALTH
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Project: Reducing access inequalities in primary healthcare for socially significant diseases at CB Area's deprived communities - Equal2Health

D.3.1.1.a RESEARCH PROTOCOL

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Deliverable Identity

PROJECT INFORMATION

Acronym	Equal2Health
Project title	Reducing access inequalities in primary healthcare for socially significant diseases at CB Area's deprived communities

DELIVERABLE INFORMATION

Deliverable title	D.3.1.1.a Research Protocol that follows the PROSPERO database structure
Version	V 1.0

CONTRACT INFORMATION

Contract title	Provision of services concerning conducting a Rapid Literature Review and a study concerning Mental Health and the COVID-19 pandemic within the framework of the Deliverable 3.1.1 of the project Equal2Health Reducing access inequalities in primary healthcare for socially significant diseases at CB Area's deprived communities that is co-funded within the Programme INTERREGV-A «Greece-Bulgaria 2014-2020»
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1. Introduction

The coronavirus pandemic (SARS-CoV2) is becoming one of the most significant threats in public health since the Spanish Flu pandemic of 1918/9.[1] According to the last available data of the World Health Organization (WHO) the pandemic already has caused than 40 million cases and more than 1.1 million deaths around the world.[2] Its epicenter in mid-October has been located in the USA, Latin America, and India while a second epidemic wave of rapid increase has been underway in Europe with most cases in France and the United Kingdom.[2]

Many researchers and international organization have pointed out the significant potential impacts of the pandemic and the consequent restrictive measures (social distancing and isolation) to reduce the rate of infections, in the mental health of the populations.[3,4] Increase in the impacts of depressive and anxiety disorders, increase in alcohol and other psychoactive substances, increase in morbidity due to suicide, increased rates in discomfort, loneliness and cases of domestic violence have been identified as expected impacts in the mental health and wellness of population under conditions of a global threat to public health.[5] The impacts, moreover were expected to be more severe in population groups, that have already been facing chronic mental health problems before the pandemic,[6] and therefore were and remain the most vulnerable groups under epidemic or other crises.[7,8]

Beyond the effects in the mental health of the population, the impacts of the Covid-19 pandemic in the access and use of mental health services were expected to be important,[9] since these services that even before the pandemic have been dealing with chronic severe issues, due to the low prioritizations and funding in a national and international level.[10]

The first empirical evidence seems to support the above-mentioned estimates and forecasts. A very recent study of the World Health Organization in 130 countries, has shown both the significant increase in the need for mental health services and significant issues in their provision during the pandemic, with 60% of the countries reporting the discontinuation or important issues in services provided during the Covid-19 pandemic.[11] The emerging crisis in mental health services is likely to affect disproportionally those patients with chronic mental heal illness. Indicatively, according to a recent study from the Royal College of Psychiatrists, there was a decrease up to 45% in visits of chronic mental health patients in England during the lockdown,[12] while in Italy the disruption in the mental health services during the pandemic (e.g. discontinuations of psychiatric outpatients clinics, conversion of psychiatric hospital beds to Covid-19 beds, suspension of house visits etc.) is estimated that has significant impacts in the health of those with chronic mental illness.[13]

The current report, has as a scope to study the impacts of the SARS-CoV2 pandemic in the services of mental health (including the impacts in the health of the personnel of these services) and the users of mental health services.

2. Method

2.1 Type of study

This is a rapid literature review study. In particular, it is one way to synthesize knowledge widely used in the process of developing health policies when time restrictions make timely access to information that can inform decision making necessary.[14]

Rapid literature reviews are a modified, streamlined version of systematic literature reviews. It offers the advantages of a conventional systematic review, i.e. The detailed search, evaluation and synthesis of the research data through a systematic way, providing transparency and replicability, while at the same time though omits or simplifies some of the steps of the procession order to ensure that it will comply with the limited timeframe.[15]

2.2 Research questions

The research questions that the study aspires to answers are the following:

Which are the impacts of the pandemic crisis of CoVid-19:
a. on mental health services

b. on the professionals in mental heath

c. on the users of mental health services

2.3 Searches

The review will search for relevant articles in English in the online PubMed database.

2.4 Population under study

The population under study is patients with mental illness and professionals in mental health services, both specialized and within general hospitals.

2.5 Exposition

The SARS-CoV2 pandemic is considered the exposition factor.

2.6 Selection or rejection criteria

The study will take into consideration original studies (based on qualitative and quantitative data), publishes in respected scientific journals, in English, that concern the CoVid-19 pandemic in developed countries and in particular, the pandemic's impact in mental health services, the professionals of mental health and the users of mental health services. The study will not take into consideration editorials, commentaries, as well as letters to editors or authors.

3. Data extraction

The data extraction will be conducted by two researchers, that firstly will review all the titles and abstracts of the articles of the relevant query, and secondly will evaluate the overall articles after utilizing the selection and rejection criteria. In cases of disagreement between the researchers, the final decision will be taken after deliberation and unanimously.

The data extraction process will be conducted with the utilization of specific themes, that reflect eh research questions of this study.

Impacts on mental health services	Visits in emergency department
	Visits in outpatient clinics
	Patients' access to mental health services
	Hospitalizations (voluntary and unvoluntary)
Impact on mental health professionals	Anxiety
	Depression
	Sleep disorders
Impacts on chronic mental health patients	
	Access to medication
	Recurrence

4. Quality assurance

Taking into consideration the timeframe of the current study, the quality of the study will be ensured by selecting articles published in peer reviewed articles in scientific journals.

5. Synthesis

Narrative and thematic analysis with synthesis of the data.

Bibliography

1. Κονδύλης Η, Μπένος Α. Σύγχρονες απειλές δημόσιας υγείας, η διεθνής διακυβέρνησή τους και οι εθνικές πολιτικές αντιμετώπισής τους: η περίπτωση της πανδημίας του Κορωναϊού (Covid-19). ΚΕΠΥ Policy brief 2020.1. Θεσσαλονίκη: ΚΕΠΥ - Κέντρο Έρευνας και Εκπαίδευσης στη Δημόσια Υγεία, την Πολιτική Υγεία και την Πρωτοβάθμια Φροντίδα Υγείας; 2020.
2. World Health Organization. Covid-19 weekly epidemiological update, 18 October 2020. Geneva: World Health Organization; 2020.
3. World Health Organization. Mental health and psychosocial considerations during the Covid-19 outbreak. Geneva: World Health Organization; 2020.
4. Inter-Agency Standing Committee. Guidance: operational considerations for multisectoral mental health and psychosocial support programmes during the Covid-19 pandemic. Geneva: Inter-Agency Standing Committee (IASC) secretariat; 2020.
5. Kumar A, Nayar KR. COVID 19 and its mental health consequences. J Ment Heal. 2020;1–2.
6. Holingue C, Kalb LG, Riehm KE, Bennett D, Kapteyn A, Veldhuis CB, et al. Mental Distress in the United States at the Beginning of the COVID-19 Pandemic. Am J Public Health. 2020;110:1628–34.
7. Kondilis E, Giannakopoulos S, Gavana M, Ierodiakonou I, Waitzkin H, Benos A. Economic crisis, restrictive policies, and the population's health and health care: the Greek case. Am J Public Health. 2013;103:973–9.
8. Κονδύλης Η, Παντουλάρης Ι, Μακρίδου Ε, Rotulo A, Σερέτης Σ, Μπένος Α. Κριτική αποτίμηση της ετοιμότητας και των πολιτικών αντιμετώπισης της πανδημίας του νέου κορωναϊού (SARS-CoV2): διεθνής και ελληνική εμπειρία. ΚΕΠΥ Report 2020.2. Θεσσαλονίκη: Κέντρο Έρευνας και Εκπαίδευσης στη Δημόσια Υγεία, την Πολιτική Υγείας και την Πρωτοβάθμια Φροντίδα Υγείας; 2020.
9. Auerbach J, Miller BF. COVID-19 Exposes the Cracks in Our Already Fragile Mental Health System. Am J Public Health. 2020;110:969–70.
10. Saxena S, Thornicroft G, Knapp M, Whiteford H. Resources for mental health: scarcity, inequity, and inefficiency. Lancet. 2007;370:878–89.
11. World Health Organisation. The impact of Covid-19 on mental, neurological and substance use services: results of a rapid assessment. Geneva: World Health Organization; 2020.
12. Torjesen I. Covid-19: Mental health services must be boosted to deal with "tsunami" of cases after lockdown. BMJ. 2020;m1994.
13. de Girolamo G, Cerveri G, Clerici M, Monzani E, Spinogatti F, Starace F, et al. Mental Health in the Coronavirus Disease 2019 Emergency—The Italian Response. JAMA Psychiatry. 2020;
14. Langlois E V, Straus SE, Antony J, King VJ, Tricco AC. Using rapid reviews to strengthen health policy and systems and progress towards universal health coverage. BMJ Glob Heal. 2019;4:e001178.
15. Tricco A, Langlois E, Straus S, editors. Rapid reviews to strengthen health policy and systems: a practical guide. Swithzerland: World Health Organization; 2017.