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[32-34], 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 infection[3,19,25,26] with higher risk among people in inpatient and residential care.[12,19,26] A decrease in standard mental health care and the effects of social isolation may exacerbate symptoms or lead to relapse[18,19,26] while stigma might limit care access[3,12]. **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 workers[35]. This could impact patient care and have long-term effects[16,20]. **Black, Indigenous and People of Color (BIPOC)** are at higher risk of contracting COVID-19 and of related negative mental health effects [2,5,20,33]. The social determinants of racialization[2], discrimination and lack of access to affordable[2] or culturally and linguistically appropriate care[33] exacerbate risk. **Migrants**, including refugees, asylum seekers and migrant workers are at high risk of poor mental health [6,17]. They might lack access to culturally appropriate healthcare[6] 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 loneliness[11,20,22,28,37]. Existing mental illness[11],cognitive decline[37], ageism[28], fear of dying alone or complicated bereavement[22] may contribute to mental health impacts. **People experiencing homelessness (PEH)** have 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-19[30]. PEH often live in poor conditions where hand washing and physical distancing are challenging[7,10,30]. 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 home[4,21]. These risks are likely to exacerbate existing mental health issues like anxiety, depression and PTSD[34]. **People with disabilities** experience persistent low access to care and stigma, particularly in Low and Middle Income Countries[20,37], 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 distress[23]. **Other at-risk groups** identified in the literature and warranting further attention include: people living with HIV[24,27], children and youth[29,37] and women and girls[15,36], and incarcerated populations[20].

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.

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