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Evidencing and evaluating public health responses to managing COVID-19

The Position Paper outlining mental health research priorities for the COVID-19 pandemic was timely and useful.[1] I write to add that research is urgently needed to evaluate the mental health impact of different public health approaches to COVID-19. The world seems to have generally approached the COVID-19 pandemic from a humanitarian perspective; perhaps because the contagiousness of COVID-19 means that it has been widely perceived as personally salient. To focus on threat and try to immediately save as many people as possible from COVID-19-related deaths is an understandable and effective approach. However, the same worldwide response has not been apparent for other large-scale life-threatening conditions, such as, for example, seasonal influenza, which kills an estimated 250000–500000 people annually,[2] or suicide, where around 800000 people die annually worldwide.[3] The varied approaches taken to mitigate different health conditions potentially allow for comparisons to be made regarding alternative public health responses. There are advantages and disadvantages to each particular approach; different responses to managing COVID-19 and its impact need to be identified and compared using a range of metrics. Many different approaches to managing the spread of COVID-19 and delaying its impact on health services appear to have been taken within and between countries over time, making it possible to identify and compare the positive and negative consequences of different approaches. Evidence in this regard would enable governments and mental health services to provide a more informed, targeted, and coherent strategy, now and in the future.

A key issue to be investigated is whether particular approaches to COVID-19 (eg, physical distancing and isolation) have actually caused more harm in terms of deaths, mental health difficulties, and other physical, psychological, cognitive, social, and economic consequences, than if a different response had been taken. We need empirical evidence. For example, what are the short-term and long-term consequences of mental health services reducing, stopping, or changing what they offer in response to COVID-19? Are services offering psychological support to frontline staff needed or effective? How have rates of domestic and child abuse as well as children's short-term and long-term social, developmental, and educational needs been affected by social distancing measures? What effect has stopping funerals had on rates of grief-related mental health problems? What are the mental health consequences of pausing or shutting down innumerable businesses, and potentially over time, mass unemployment and a worldwide recession? What are the mental health consequences of needed hospital appointments being postponed or cancelled?

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[3] World Health Organization. Suicide. Retrieved from https://www.who.int/news-room/fact-sheets/detail/suicide. Accessed: 9 August 2019.

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