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BACKGROUND

A COVID-19 diagnosis has led to significant deterioration in mental health in previously healthy people and those with pre-existing mental health conditions [1-3]. While the increasing demand for mental health support/treatment inevitably exceeded the capacity of essential mental health services, the pandemic has significantly interrupted usual practice in the UK and worldwide.

Difficulties attending review appointments in person and closure of support services are likely to have impacted all those in, or in need of, active treatment. The unequal impact of the pandemic and countrywide lockdown is likely to further entrench and exacerbate the existing structural inequalities in mental health.

In response to the challenges in mental health services the UK National Health Service has set up a long-term plan to improve mental healthcare services [4]. To support the service recovery and improvement, learning from health service changes throughout the pandemic, and their consequences for people's physical and mental health is vital to inform practical policy solutions for integrated service recovery and effectively plan services that reach those with the greatest need.

AIM

- To identify changes in mental health services for adult patients in response to the pandemic;
- To understand the impact of the changes on their health outcomes in high-income countries.

METHODS

A rapid review [5] with Cochrane CENTRAL, MEDLINE, Embase and PsycInfo from 2019 to the present, using search informed by a range of keywords and subject headings representing COVID-19 and mental health services. The protocol has been published [6].

Inclusion Criteria	Exclusion Criteria
Type of studies: peer-reviewed empirical studies describing the change of mental health services in response to COVID-19.	Studies reporting views of the general public, letters of opinion or commentaries
Types of participants: People aged 18+ experiencing mental health conditions.	Under 18 years; those with no mental health conditions
Type of health services: Interventions, services and models of care delivered in response to COVID-19 to provide support for adults with mental health conditions.	Services for patients with no mental health needs
Type of study setting: member of Organisation for Economic Co-operation and Development (OECD)	Low-income countries

RESULTS

Study selection

A total of 8827 records were identified, which were imported to Rayyan software for deduplication. Abstracts and titles were screened for 6969 records, resulting in 34 studies included for synthesis.

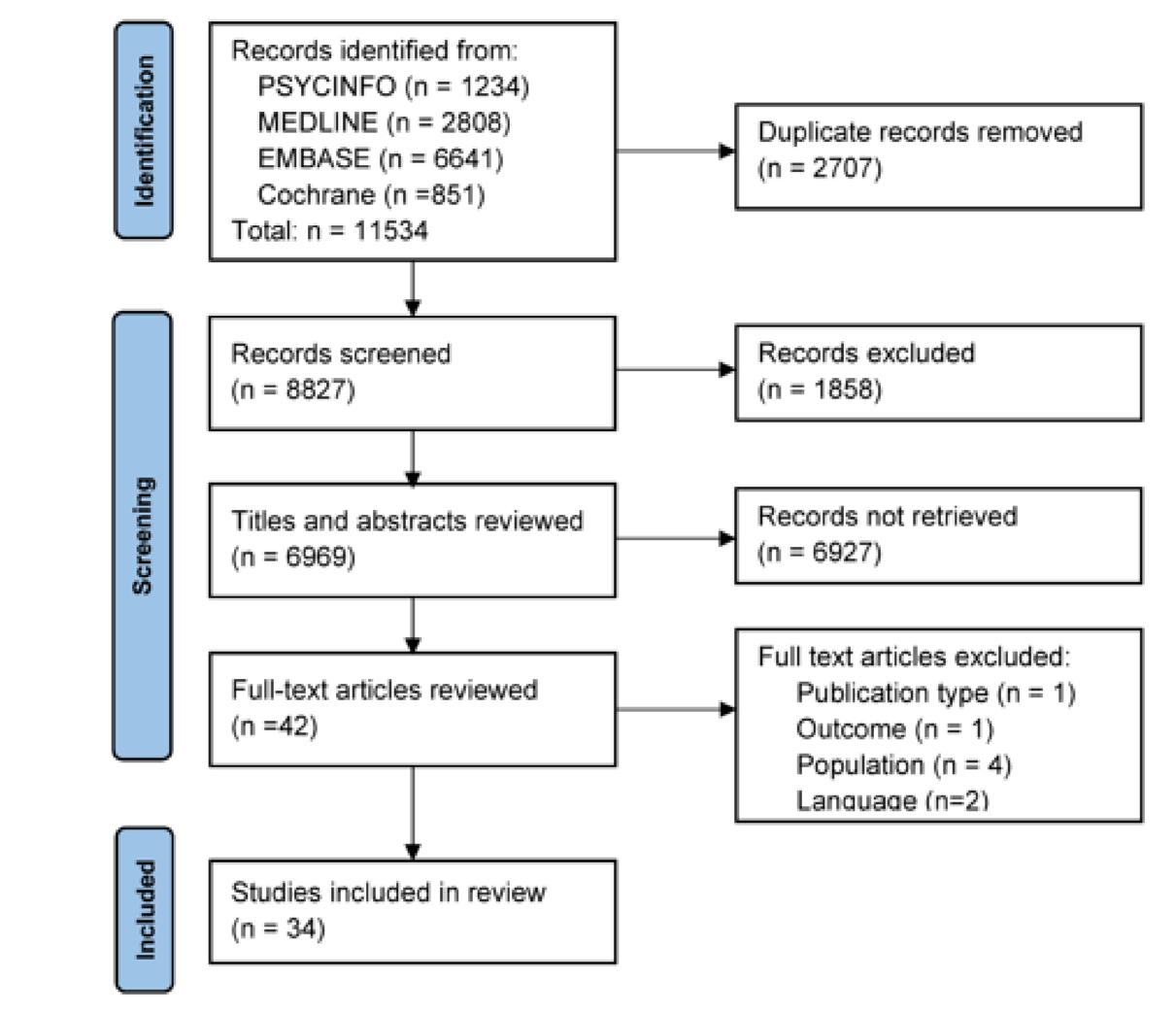


Figure 1: PRISMA flowchart 6

Data synthesis

A total of 80% of the titles and abstracts were double-screened; Full text screening was independently piloted by two reviewers. Two data extraction forms were developed for patients and health care professionals to capture data on title, author, year, design, health condition, service provision prior to COVID, services during COVID, participants' experiences of new models, outcomes. Included studies are currently synthesised narratively [7], the table below shows the overview of the included studies.

Number of studies	Population	Type of studies	Country
25	patients	Qualitative (n=10); Quantitative (n=11); Case study (n=3); RCT (n=1)	US (n=14); UK (n=3); EU (n=5); Japan (n=1); Canada (n=2)
8	Health care professionals	Qualitative (n=5); Quantitative (n=2); Mixed method (n=1)	US (n=6); EU (n=2)
1	Both	Qualitative	UK



PATIENT & PUBLIC INVOLVEMENT

This study has been designed in partnership with those with lived experience, who will continue to support the conduct and dissemination of this study. The organisations involved are as follows:

Health equality for ethnically minoritised communities (Haref) at Newcastle and Gateshead

Ethnic Health Forum at Manchester

Service User and Carer Reference Group of the Cumbria Northumberland and Tyne and Wear (CNTW) NHS Foundation Trust

DISCUSSION

This review is still ongoing and the data synthesis is in progress. The review is part of the larger project which aims to inform mental health services that are sensitive to people's needs, through an analysis of routine healthcare data, stakeholder interviews and a consensus exercise.

The study is funded by the NIHR School for Primary Care Research as part of the Three NIHR Research Schools Mental Health Programme (MHF018 and MH027) and also supported by ARC NENC and Integrated Care System Mental Health Workstream

If you are interested in hearing more information about the project, please contact

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https://qrco.de/bdUFgi

SCAN ME

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Table 2: Studies included for Data Extraction





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