

Research–Policy Forum Report

The **IM** pact of the Covid-19 **PA** ndemic on People with **S**evere Mental Illness and on Mental Health Service Provision in **S**outh Asia (**IMPASS**)



CONSENSUS STATEMENT

The physical health of people with severe mental illness is neglected in research, policy and practice. The consensus statement below was prepared to highlight the importance of this field for future research and policy. All the participants of the workshop agreed that:

- People with severe mental illness are disproportionately vulnerable to physical ill health.
- They face multiple challenges in accessing advice for prevention and care of their physical health problems.
- They are at higher risk during pandemics such as COVID-19.
- They are vulnerable to social isolation, economic hardships and food insecurity during pandemics.
- Changes to policy and practice should address:



Improving access to healthcare professionals & medications



Alleviating economic hardships



Reducing social isolation

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01. INTRODUCTION

The Impact of the Covid-19 Pandemic on People with Severe Mental Illness and on Mental Health Service Provision in South Asia (IMPASS). Research-Policy Forum, Pakistan was held on **23rd June, 2022**, organized by the **Institute of Psychiatry (IOP)**, **Rawalpindi Medical University (RMU)** and IMPASS research team.

Prof Dr Asad Tamizuddin Nizami, the head Institute of Psychiatry, RMU hosted the meeting along with **Dr Amina Khan**, IMPACT-IMPASS Programme Manager.

The meeting was attended by 21 participants, including 7 policymakers, 8 researchers and 6 clinicians.



Severe mental illnesses (SMI) are chronic disorders (e.g. schizophrenia, bipolar disorder), which may cause considerable impairment in ability to engage in functional and occupational activities, affecting around **1%** of the population, globally. SMI lowers life expectancy by **~10-20** years.

The IMPASS project aims to investigate and help mitigate the impact of the Covid-19 pandemic and its response (e.g. lockdown and social distancing) on people with SMI and on mental health service provision in **Bangladesh** and **Pakistan**.

Using our existing research collaborations and infrastructure, including a cohort of people with SMI who have agreed to be participants in our research, we have conducted;



Surveys of people with SMI.



Mental health facility surveys.



Semi-structured telephone interviews with patients, families and mental healthcare workers (in each country)



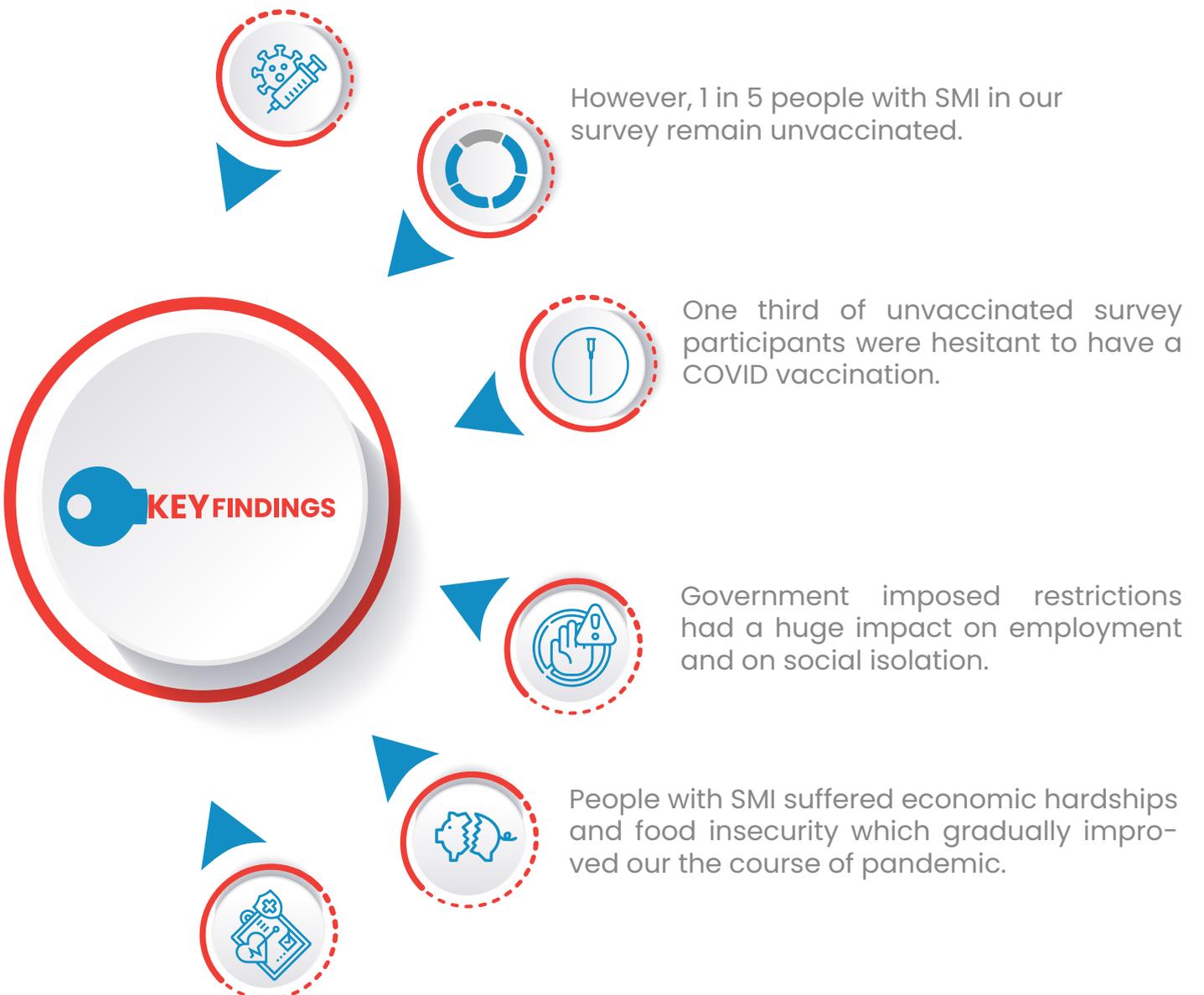
Reviews of the literature on vaccination in people with SMI



Joint stakeholder workshops, to present emerging findings, receive feedback and iteratively co-design survey/interview questions, ensuring they are responsive to the evolving pandemic and policy context.

03. KEY FINDINGS FROM SURVEY

Rapid uptake in vaccination was observed in people with SMI, probably because of the policy (Standard operating procedure) of providing face to face consultation by the healthcare staff within the hospital premises for vaccinated individuals only



However, 1 in 5 people with SMI in our survey remain unvaccinated.

One third of unvaccinated survey participants were hesitant to have a COVID vaccination.

Government imposed restrictions had a huge impact on employment and on social isolation.

People with SMI suffered economic hardships and food insecurity which gradually improved over the course of pandemic.

The proportion of people with SMI reporting difficulty in obtaining medicines and seeing health care professionals is concerningly high.

GROUP DISCUSSION

04.

How the physical health (along with mental health) can needs of people with SMI be better addressed in:

- Policy
- Practice



What changes are needed?

Looking at the issue of physical health along with mental health a key message that came across was about better integration of mental and physical health together within the system in Pakistan. This can be achieved by:

- Currently, in the health information systems the information about mental health conditions is not included. It is important to incorporate these into routine reporting forms and can be a way towards making a national registry of patients with SMI's. These registries can help in targeting interventions and supporting the vulnerable populations in any future natural disasters.
- Training and refresher courses of the physical health professionals including primary health care workers, lady health workers, general physicians and NGOs staff on mental health issues should be a priority. Such programs and trainings exist and are underway but they should be more comprehensive and include psychosis.

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- The WHO training module for healthcare professionals needs to be enhanced to include the physical health of people with mental illness.
- Policy documentation should be much more holistic with- fewer barriers between mental and physical health.
- Incorporating mental health in primary care as well as secondary care. This is partially achieved when clinicians working at primary care level are more aware of mental health issues. Along with them, lady health workers can play a vital role at the primary care level.
- Long-term goal- the general population needs to be sensitized and made aware of mental health issues.
- People with SMI are a very high-risk group for smoking which is the root cause of many physical health problems, therefore, smoking cessation services should be offered as routine in mental health facilities which will be a quick win and can generate evidence of the effectiveness of smoking cessation.



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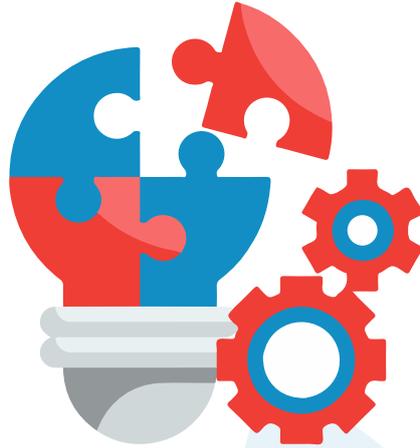


Recommendations for Non-Medical Sectors

- Provide training to the teachers to raise awareness of mental health issues in schools, colleges and universities.
- Training of the police to be aware of the risks of poor mental health conditions and its interventions.

Better health, better interactions at the primary care centers and better awareness at the population and professional level is the key

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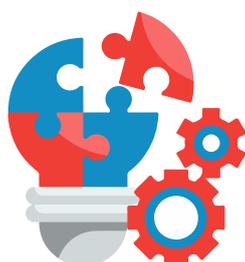


What should be done differently to address challenges in social isolation, economic hardship, food insecurity and access to healthcare for future pandemics?

- The Pakistan government is implementing **Universal Health Care (UHC)** and the **Essential Package of Health Services (EPHS)**. The basic part of UHC intervention on primary health care levels already includes the screening and referrals of people with mental health issues. Moreover, it is mandatory to ensure that these essential services reach the population equitably.
- To ensure mechanisms of feedback from family and service users or people with mental health conditions themselves exist. Thus, there will be an opportunity to influence how mental health services are developed.
- Physical and mental health issues need to be tackled not just within the health system but on a broader map including, for example, education, criminal justice etc.

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- In pandemics, people faced similar challenges worldwide. A global budget or fund should be created to deal with such natural disasters.
- Plans and policies should be developed after viewing how different countries responded to mental health and other aspects of the pandemic.
- Telehealth-Telemedicine should remain in place post pandemic as it played an important role when there was difficulty in accessing health care. It could be built upon, expanded or widened by adding Tele psychiatry hence making follow up of patients easier.
- NGOs along with the government played a vital role in Pakistan in dealing with some immediate issues such as economic hardship and food insecurity.
- Health services need to have an understanding of how lockdowns or social isolation affect the mental and physical health of the general population as well as the vulnerable population with mental health issues.
- It is vital to learn from the pandemic experience what was done correctly and what did not work. Hence, keeping a record of what went well and worked is important for future. This record can be of guidance for future management of natural disasters.



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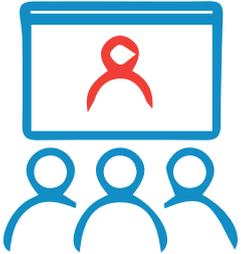


What further information (research) do we need to be able to support these changes to policy and practice?

- There is limited evidence of interventions for mental illnesses at the community level. Hence, there is a need for research to be more specific around interventions and strategies to improve mental health.
- To evaluate strategies to improve the embedding of mental health within family and primary health care services.
- Research on the effectiveness of interventions in schools.

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How can we ensure that the lived experience of people with SMI informs policy and practice?



Learning from the shared stories of SMI people with policymakers and others can play an important role for even those groups whose mental health needs are overlooked like: people with intellectual learning disabilities, pregnant and new mothers, and people in prisons. This feedback from people with SMI, and their experience in terms of influencing the way mental health systems are set up and how they are integrated with physical health care is of utmost importance.

It is crucial to raise mental health awareness among policymakers and is a vital component of the health systems itself. More space/time for mental health discussion at the governmental and provincial levels is recommended.

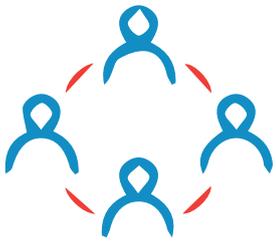


To convince more people to invest in mental health.

There is a need to be mindful of gender inequalities, as SMI is already a vulnerable group and inequalities are there even within the group.

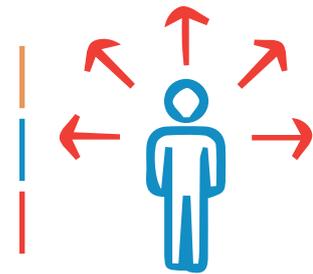


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People visiting mental health facilities are just one proportion of people with mental health problems, a lot more are in the communities which visit primary health care. So, need to create better linkages between communities, primary care, mental health specialists and social services. Bringing the social workers who are working in the communities into the care support of people with severe mental illness will enhance the support for this group. This is also reflected from the findings of the survey that there are a lot of social needs this population has.

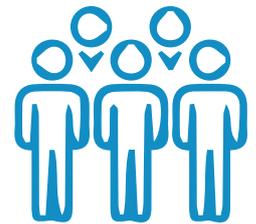
As evidence shows that poor mental health has implications on physical health, hence a strong case for more research in investigating mental illness.



Identifying the inequality in people with SMI and then understanding why this exists and what are the barriers and kinds of approaches that can be used to overcome these barriers.

05.

CLOSING REMARKS



Prof. Kamran Siddiqi

People with SMI are among the most vulnerable populations. The **20 to 30** years mortality gap between people with SMI and the general population is clearly a public health concern and the question arises what are we doing about it?

We learnt from the experience of the COVID-19 pandemic that this is not insurmountable as we were able to vaccinate **77%** of people with SMI which is higher than the general population shown from the survey. Therefore it is evident that if we put our minds to it we can address this gap and inequality. Nevertheless, issues like access to healthcare and access to medication needed to be addressed during Covid-19 pandemic.

Two things which were really very positive:

- Essential Package of health services (EPHS).
- Digital health framework which is going to provide further help to identify inequity and can be addressed through the EPHS.

Implementing the above two in the next few years will make a huge difference. But it will only make a difference for people with SMI, if we are able to remove any barriers to access to health care.

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Researchers can help in reducing these barriers as it is our job to highlight inequalities, to identify barriers and develop approaches to overcome those barriers.

As mentioned earlier that there is a need for research on community-level interventions, it is worth disclosing that we have been successful in securing a grant from the UK government to establish a **Centre of Impact** which is a centre for non-communicable diseases in **Pakistan** and **Afghanistan**. The focus of this centre will be on community-level interventions in the field of mental illness, diabetes, and cardiovascular diseases. To start this centre there is funding secured for the first 5 years. This centre is supported by multiple organisations and Institutes like **Aga Khan University (AKU)**, **Institute of Psychiatry (IOP)**, **Khyber Medical University (KMU)**, **Ministry of Health (MOH)**, **World Health Organization (WHO)**, and other partners including **Baqai Institute of Diabetology and Endocrinology (BIDE)** and **The Initiative (TI)**. This provides us with a great opportunity to embed research together to try and make an impact.



Appendix



Participants

[Click to view: Research Policy Forum Participants](#)

Agenda

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Report by :

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