



MIND/COVID:

Mental health Impact and Needs associated with COVID-19: a comprehensive evaluation in Spain

Funding: ISCIII - Ministerio de Ciencia e Innovación EXP: FEDER COV20/00711.

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NO CONFLICTS OF INTEREST TO DECLARE

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JORNADA DE
INVESTIGACIÓN

ATENCIÓN PRIMARIA
COMUNIDAD DE MADRID

14-15-16 de abril 2021

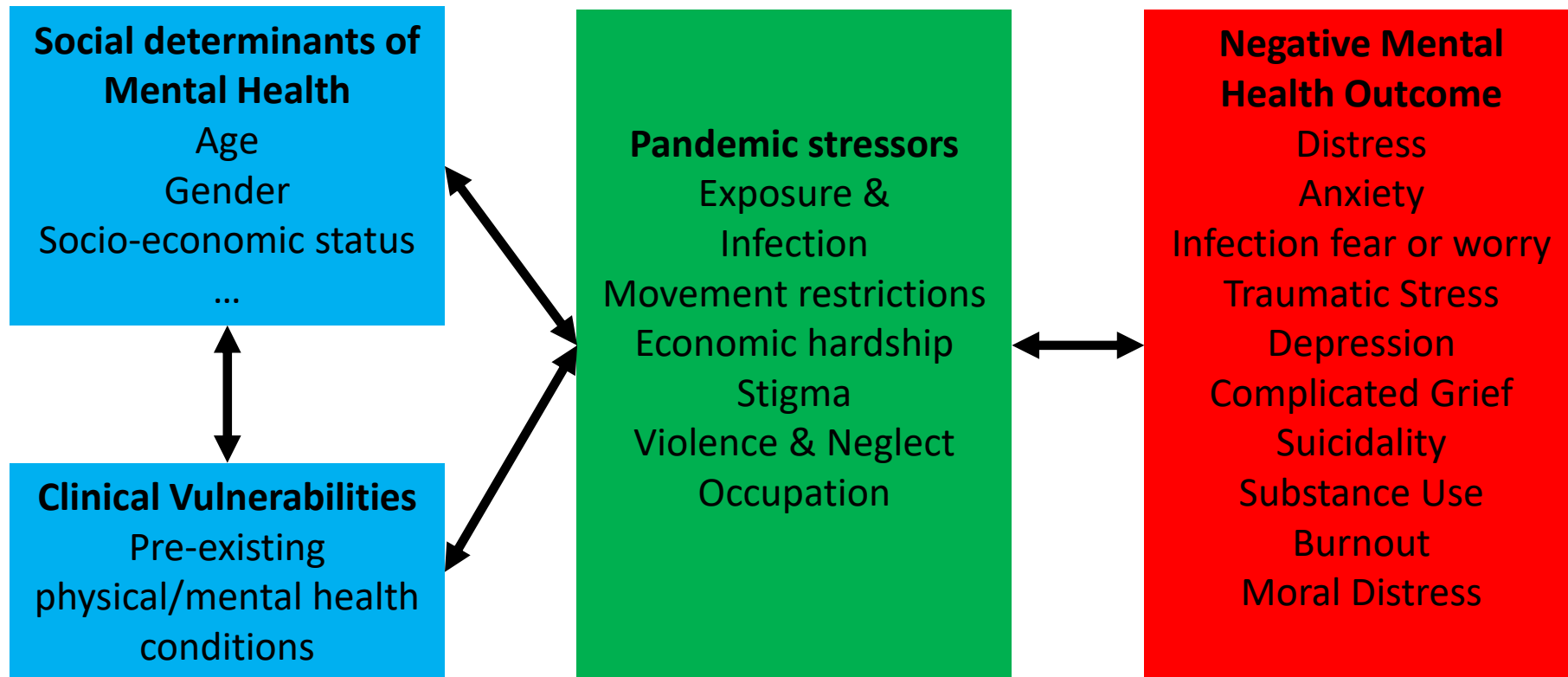




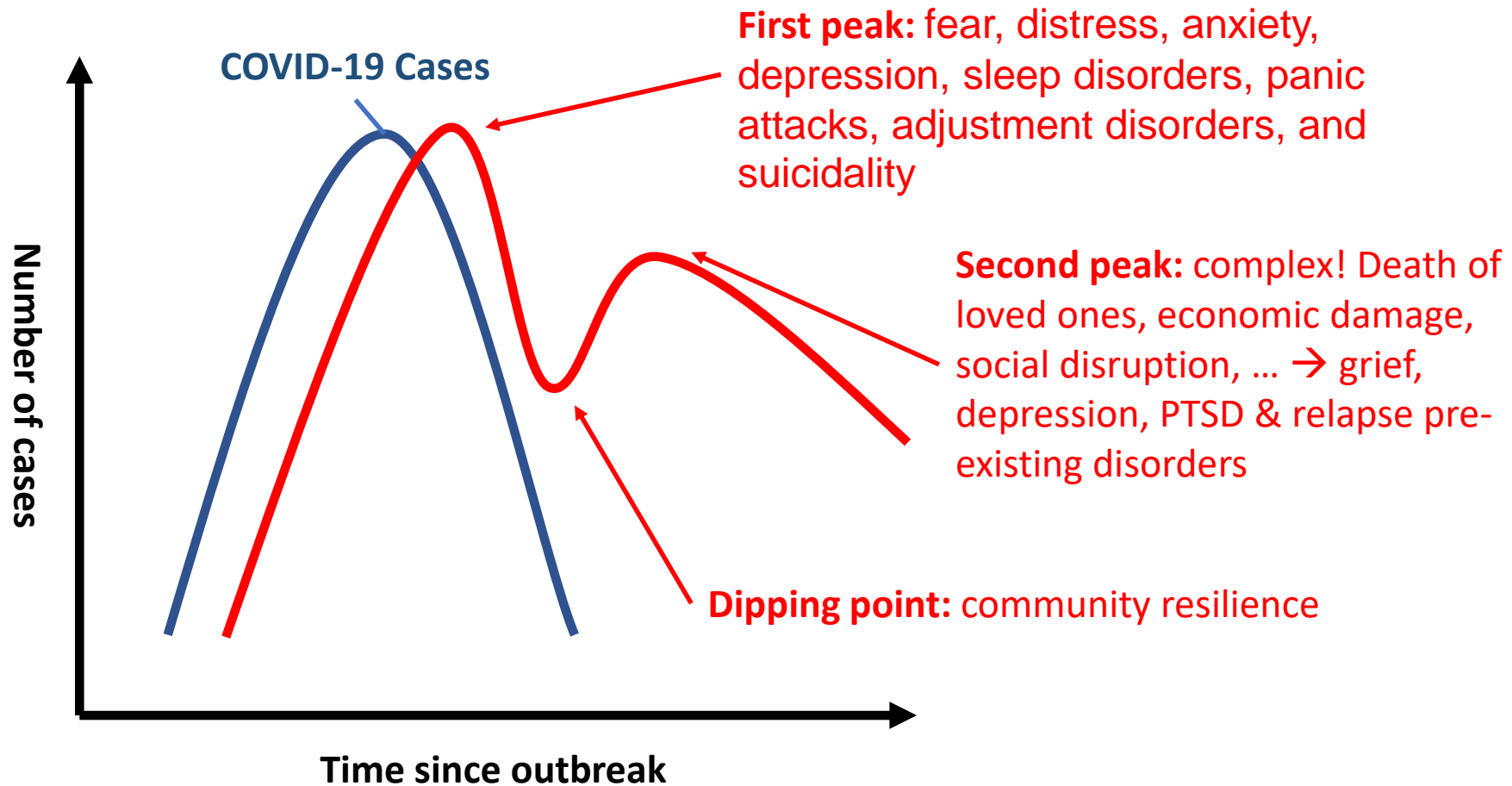
The MIND COVID project

To provide generalizable and actionable
**epidemiological knowledge on
the adverse mental health impact
of the COVID-19 pandemic in Spain**

Mental health impact of COVID-19 pandemic



Mental health impact of COVID-19 pandemic



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- Estimate **onset** and **persistence** of mental disorders
- Investigate individual- and population-level **risk factors**
- Identify unmet **mental health needs**

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Healthcare workers



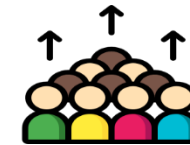
N~ 10,000

COVID-19 Patients & Contacts



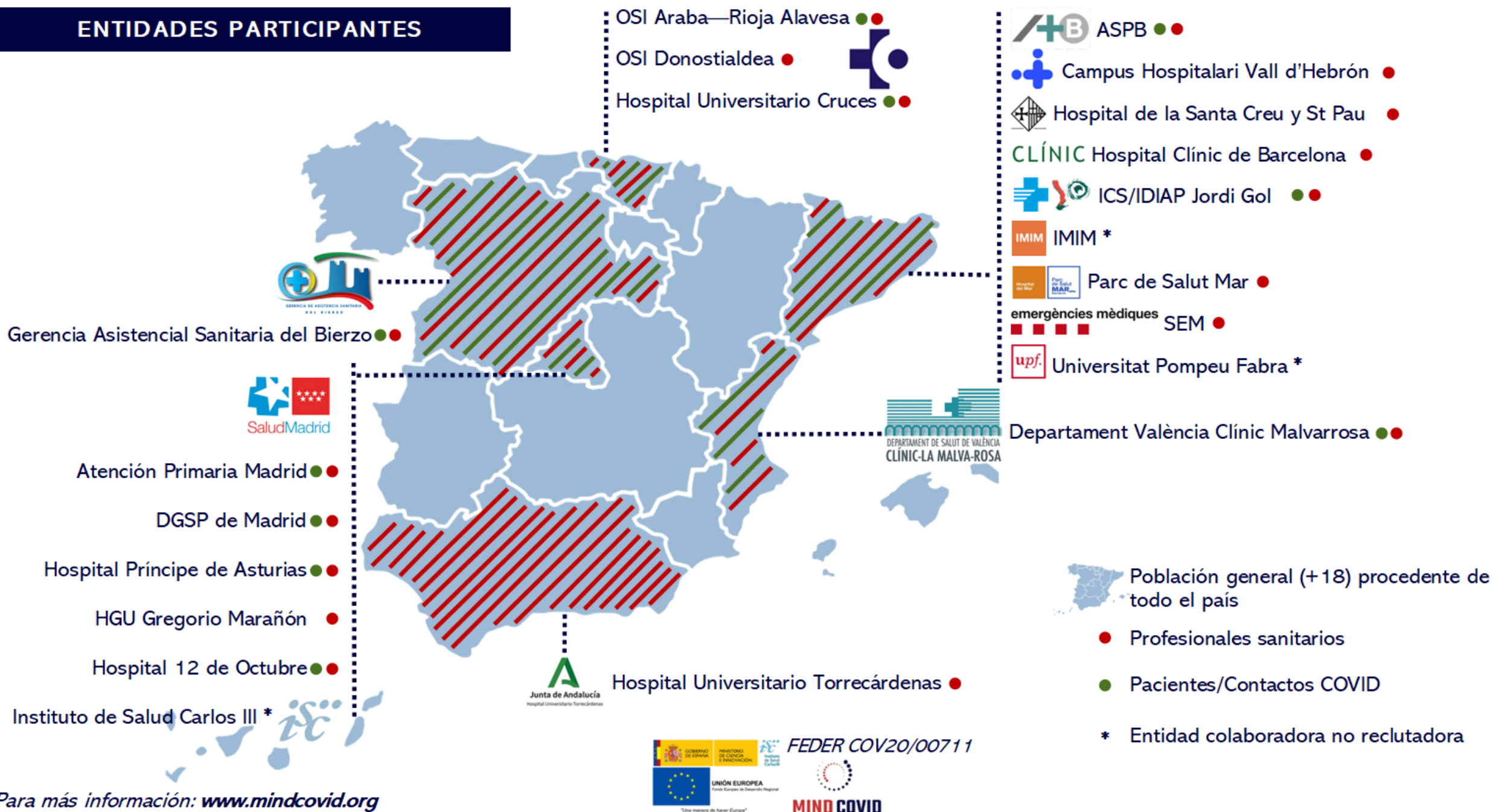
N~ 2,500

Adult General Population



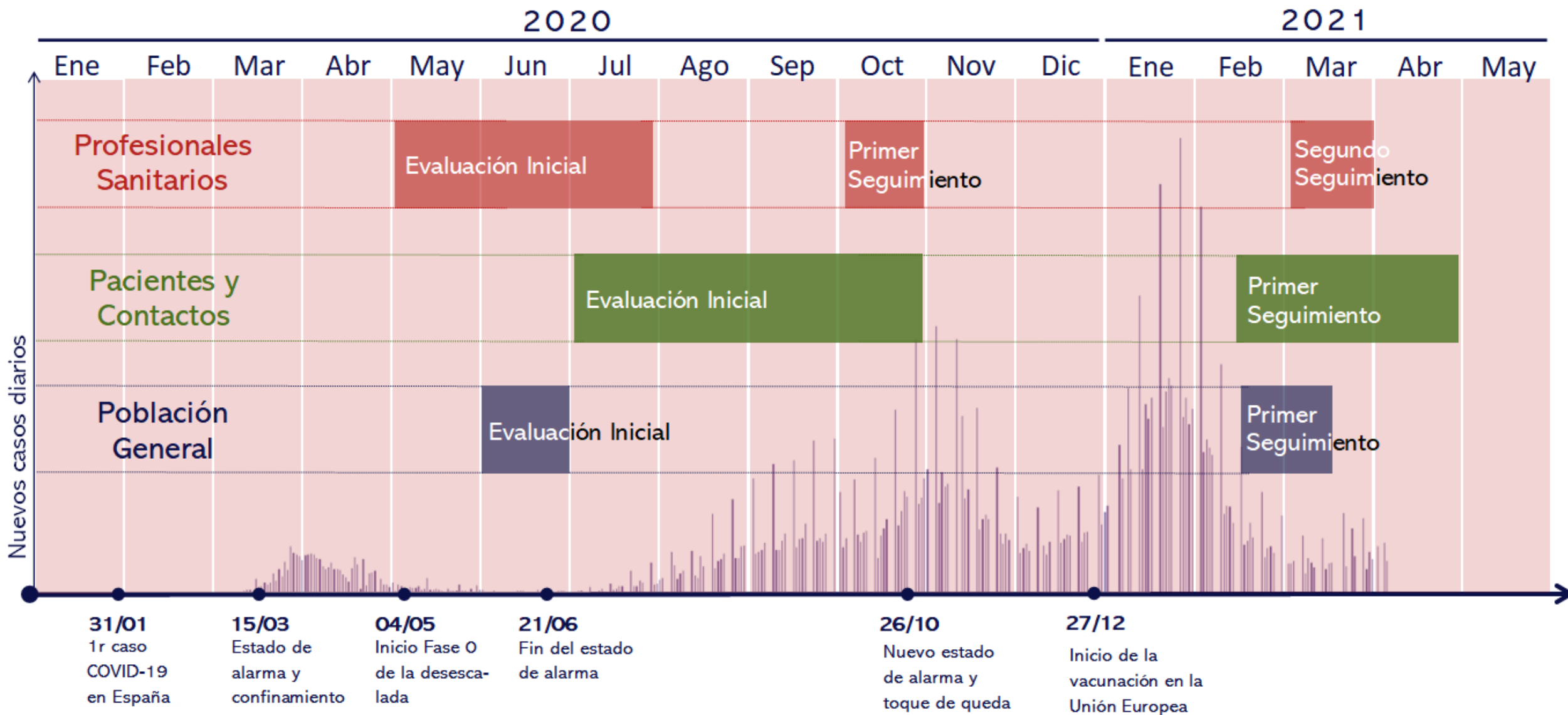
N= 3,500

ENTIDADES PARTICIPANTES



Para más información: www.mindcovid.org

Cronología y Fases del estudio



The MIND COVID Questionnaire - Overview

A. SOCIODEMOGRAPHIC INFORMATION	E. COVID & WORK
<ul style="list-style-type: none"> • Age, gender • country of birth/nationality • marital status • educational level 	<ul style="list-style-type: none"> • Common Section: social class, income, essential worker, teleworking, ... • Healthcare worker: hospital preparedness, lack protective material, ...
B. COVID-19 INFECTION STATUS	F. ISOLATION/QUARANTINE
<ul style="list-style-type: none"> • Personal infection + hospitalized/ICU • Isolation or quarantine • Infection close ones + severity • Perceived COVID-19 risk scale 	<ul style="list-style-type: none"> • Living situation: # (bath)rooms, terrace/garden • #people in household, children in care, ... • Patients/gen pop: specific experiences
C. MENTAL DISORDER SCREENS	G. PSYCHOLOGICAL FUNCTIONING
<ul style="list-style-type: none"> • CIDI 3.0 screen pre-pandemic lifetime Dx • Depression (PHQ-8) • Anxiety (GAD-7) • Post-Traumatic Stress (PCL-5) • Panic Attacks (CIDI screen) • Substance Use (CAGE-AID) • Suicidal Thoughts and Behaviors (CSRRS) 	H. QUALITY OF LIFE
	<ul style="list-style-type: none"> • EQ-5D-5L • Social Support - Oslo • Disability - Sheehan
D. TREATMENT USE	

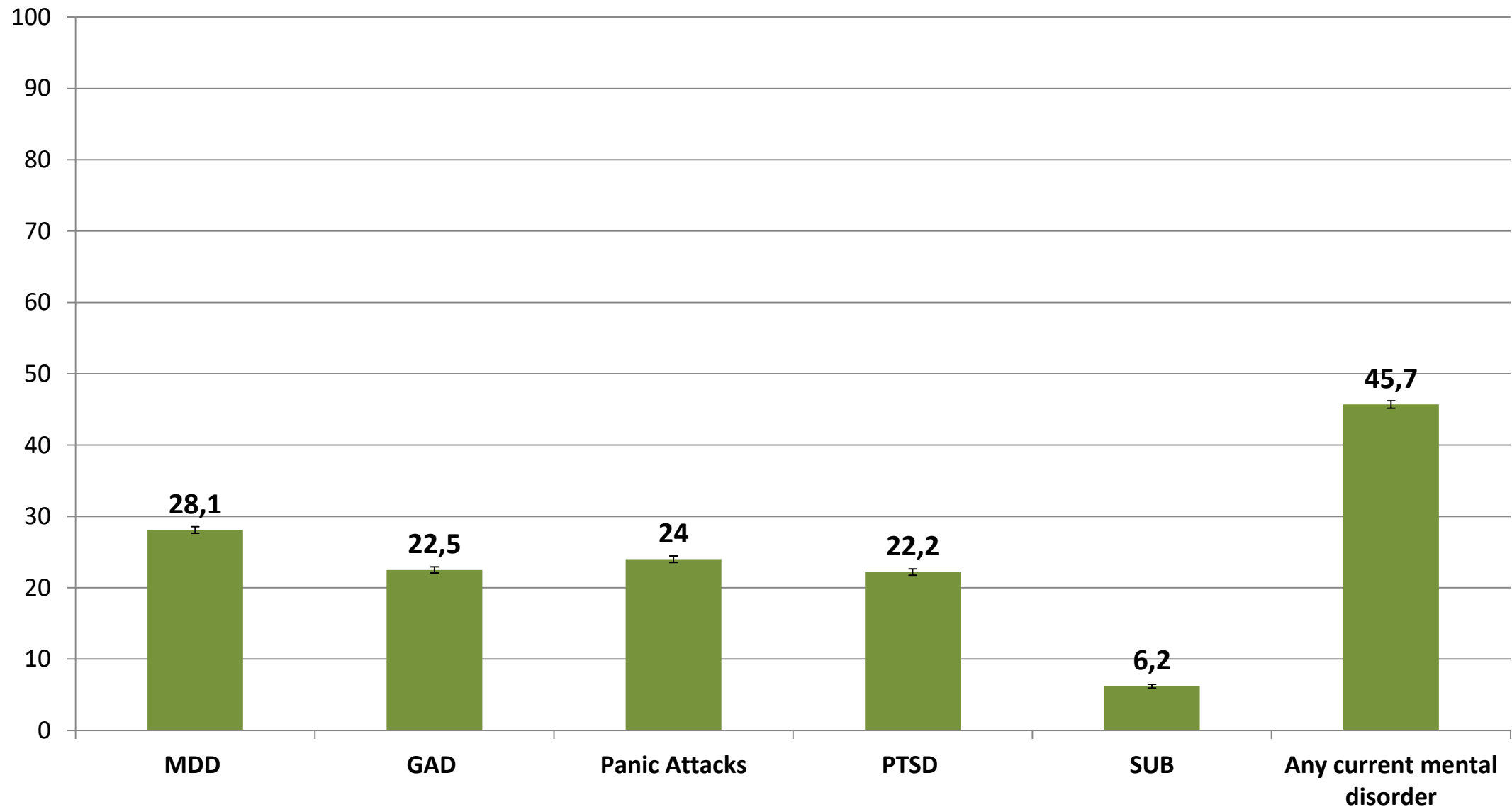
Healthcare Workers. *Sample* (n = 9,138)

- **77.3%** female
- **44.2%** (auxiliary) nurses / **26.4%** physicians
- **41.6%** pre-existing mental health condition
- **41.4%** children in care

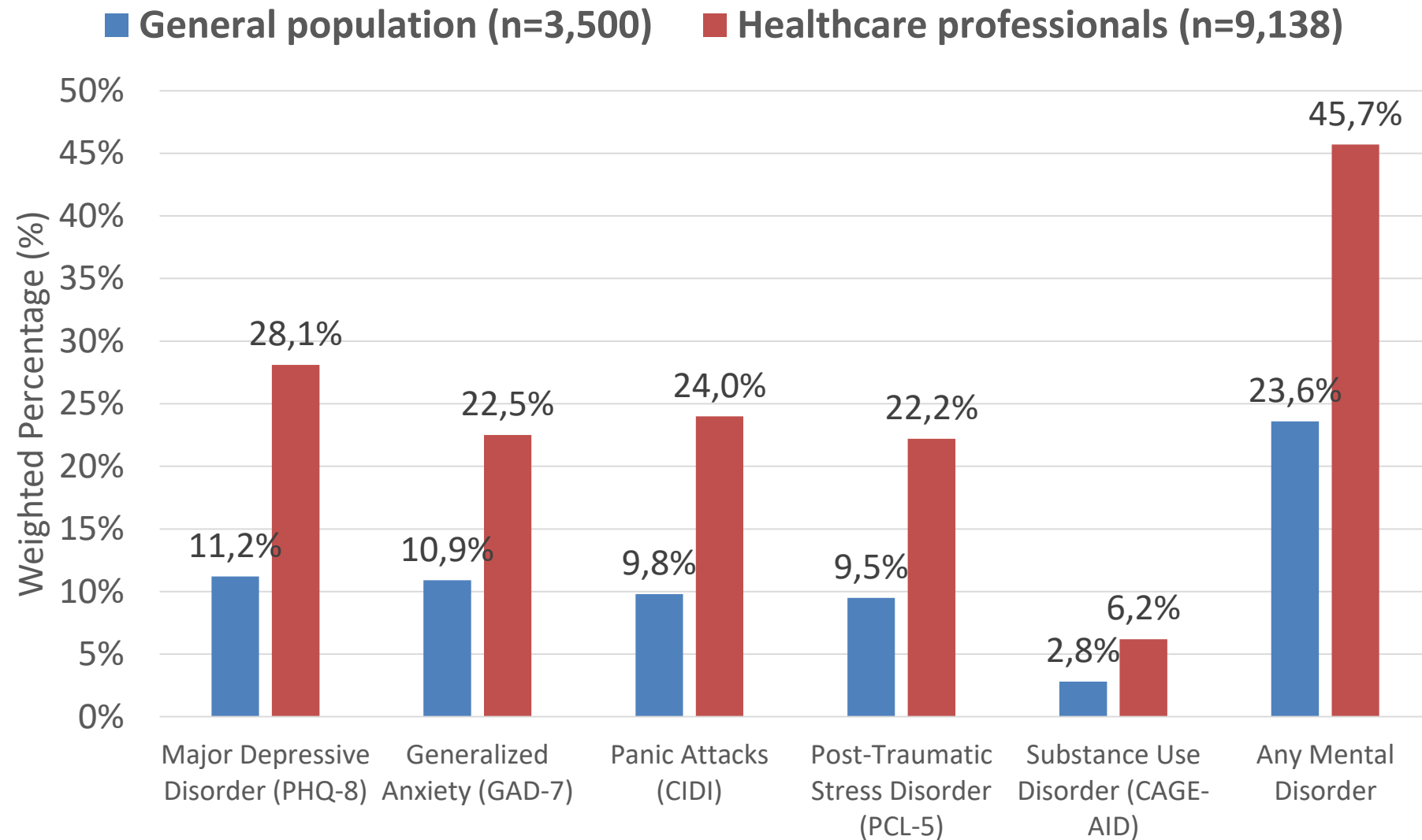
- **16.2%** positive test or medical diagnosis COVID-19
- **1.2%** hospitalized for COVID-19
- **13.8%** partner, children or parents infected
- **25.5%** isolated or quarantined (contact with COVID-19 patient)

Healthcare Workers (n = 9,138)

Probable *Current Mental Disorders*

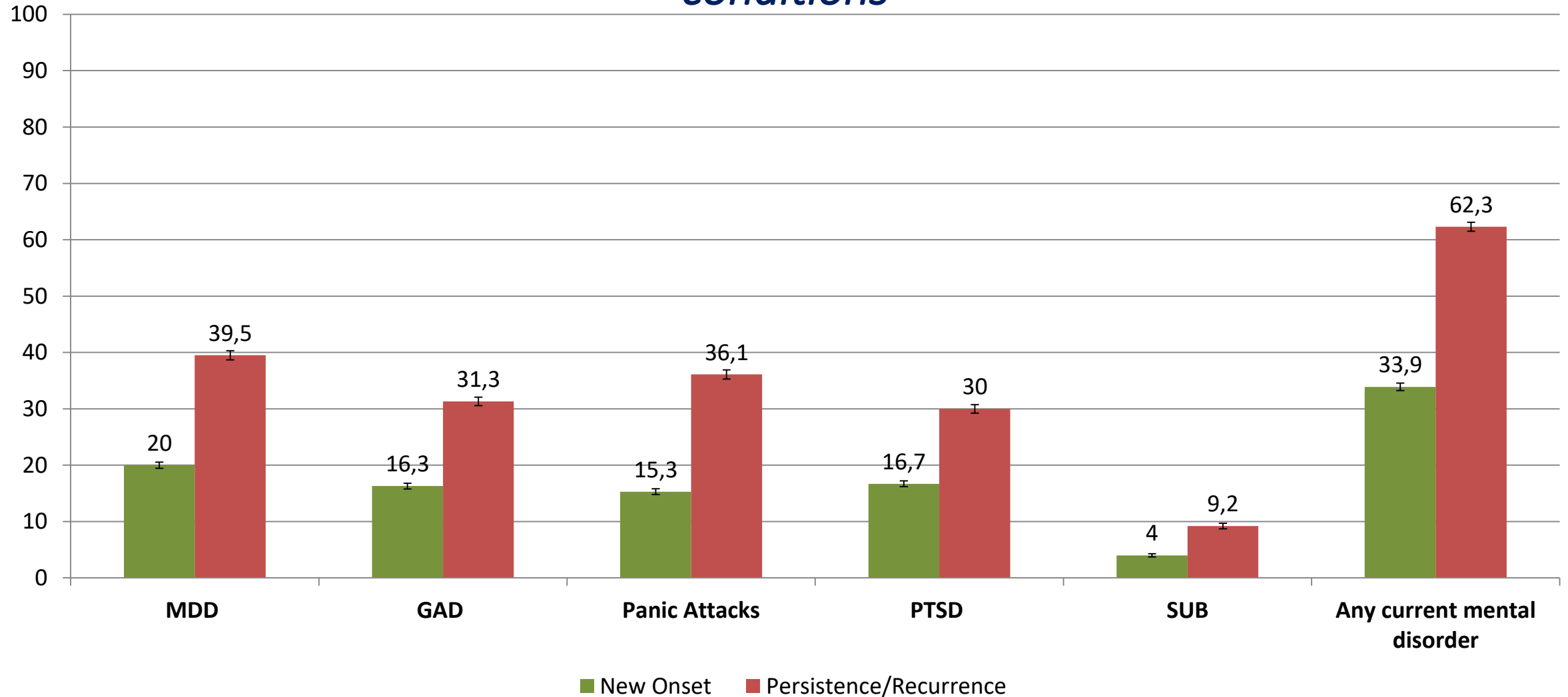


Prevalence Mental Disorders – 1st wave



Healthcare Workers (n = 9,138)

Probable Current Mental Disorders by prior L.T. mental conditions



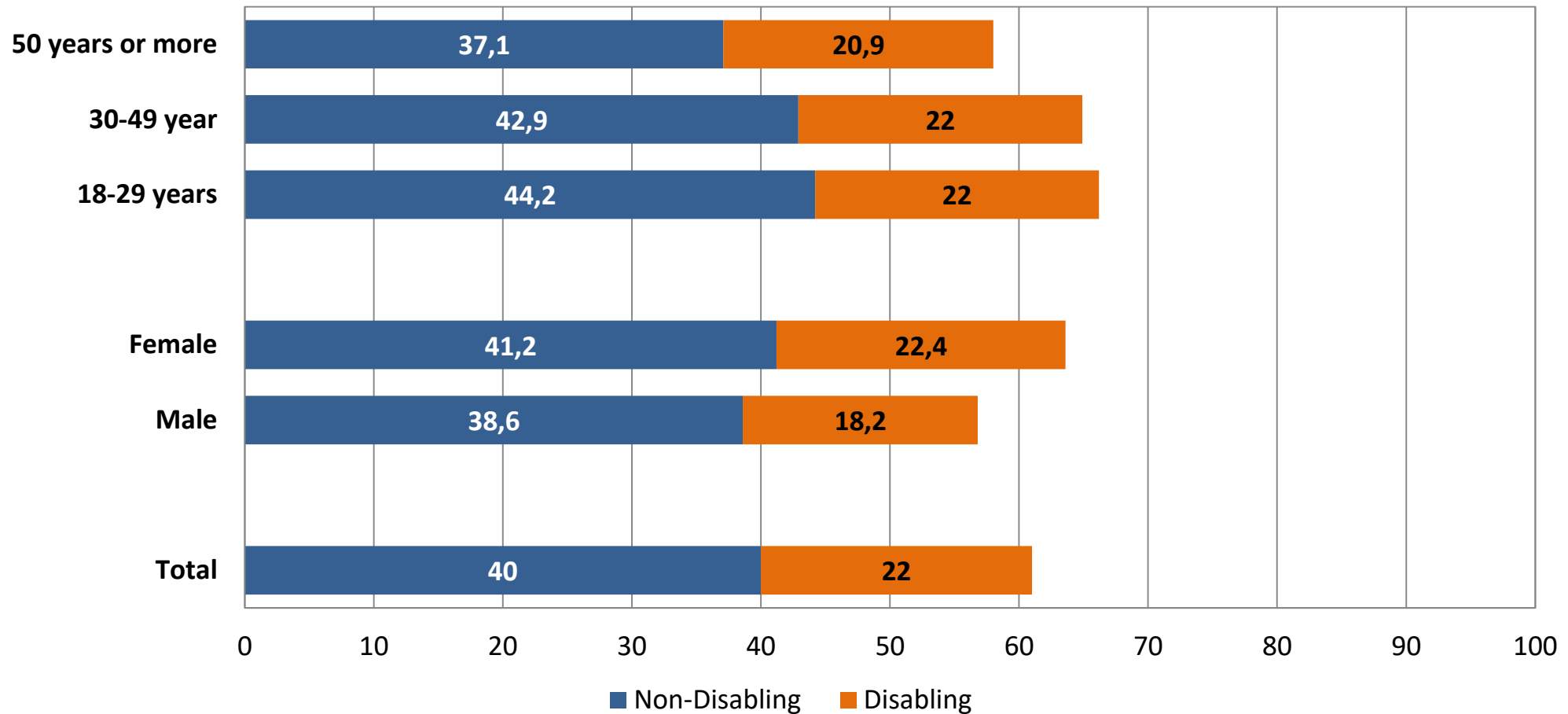
Healthcare Need indicator

- **Any *Disabling* Current Mental Disorder:**
 - *Severe interference* (7-10) in any area of the SDS:
- **Sheehan Disability Scale** - interference (VAS = 0-10) with:
 - Home management; Work; Personal relationships; Social life

Healthcare Workers (n = 9,138)

Probable Current Mental Disorders (Persistence/Relapse)

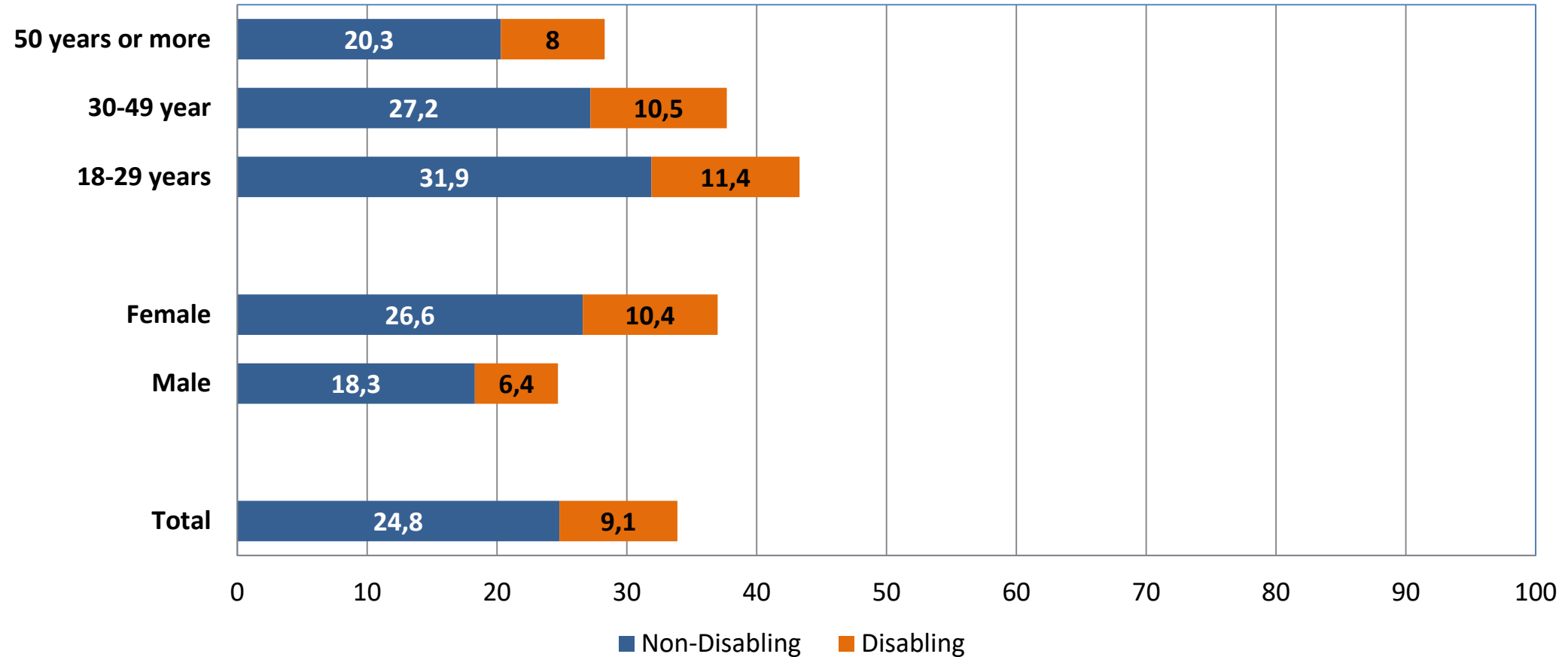
With prior lifetime mental conditions



Healthcare Workers (n = 9,138)

Probable Current Mental Disorders (New Onset)

No prior lifetime mental conditions



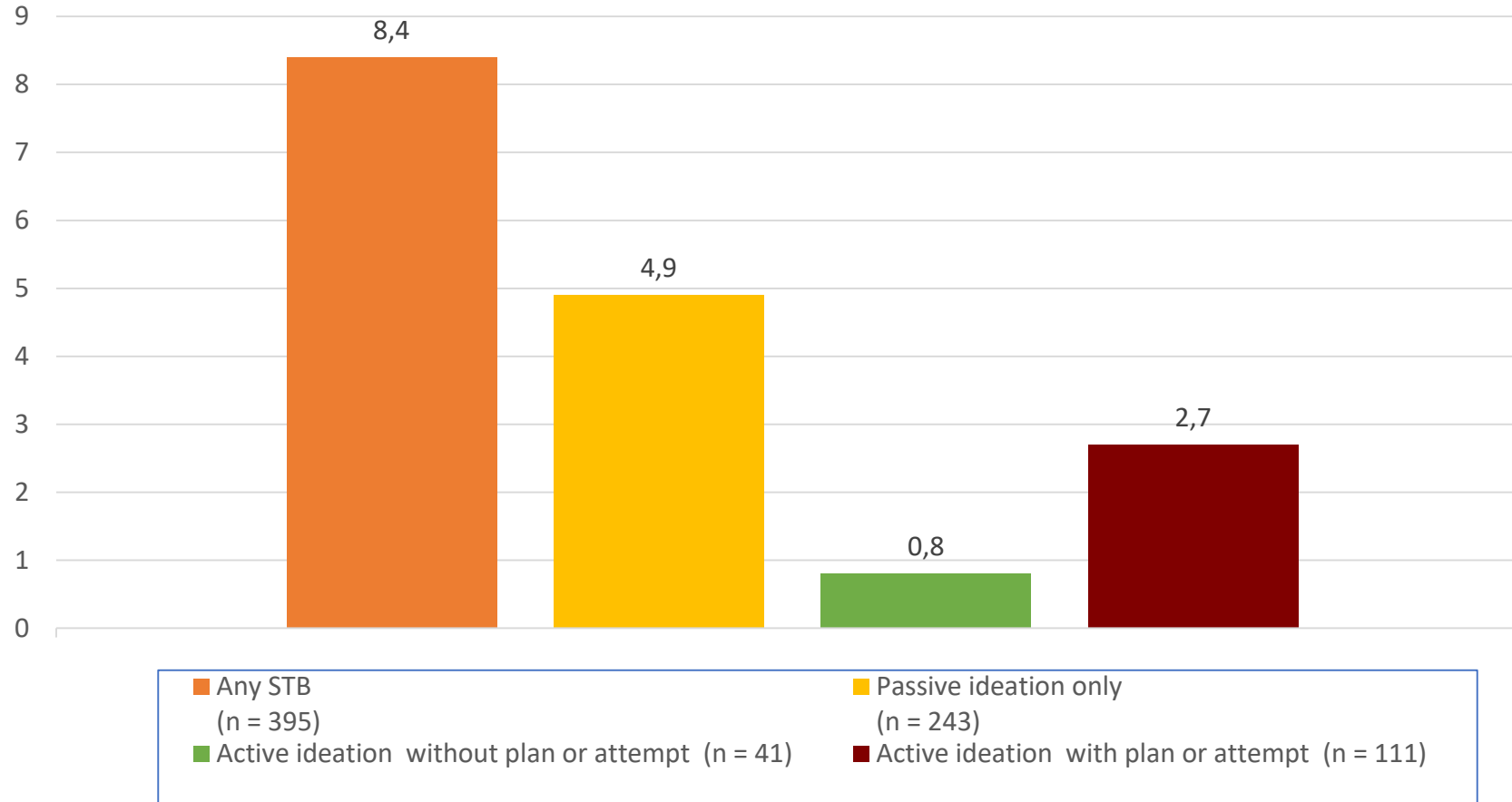
Risk factors for mental disorders - healthcare workers (1)

	Prevalence	Any mental disorder (total = 45.7%)
Characteristic	% weighted	% weighted
Females	77.3%	48.5%
Age 18-29 years	10.8%	54.7%
Born outside Spain	4.6%	53.3%
Single, divorced/separated, widowed	47.0%	48.9%
Children in care > 12 years	15.5%	42.0%
Profession - Physicians	26.4%	35.9%
Profession - Nurse	30.6%	50.4%
Profession - Auxiliary Nurse	13.6%	59.5%
Work place - hospital (vs. primary care/others)	54.1%	47.1%
Frontline worker	43.6%	54.9%

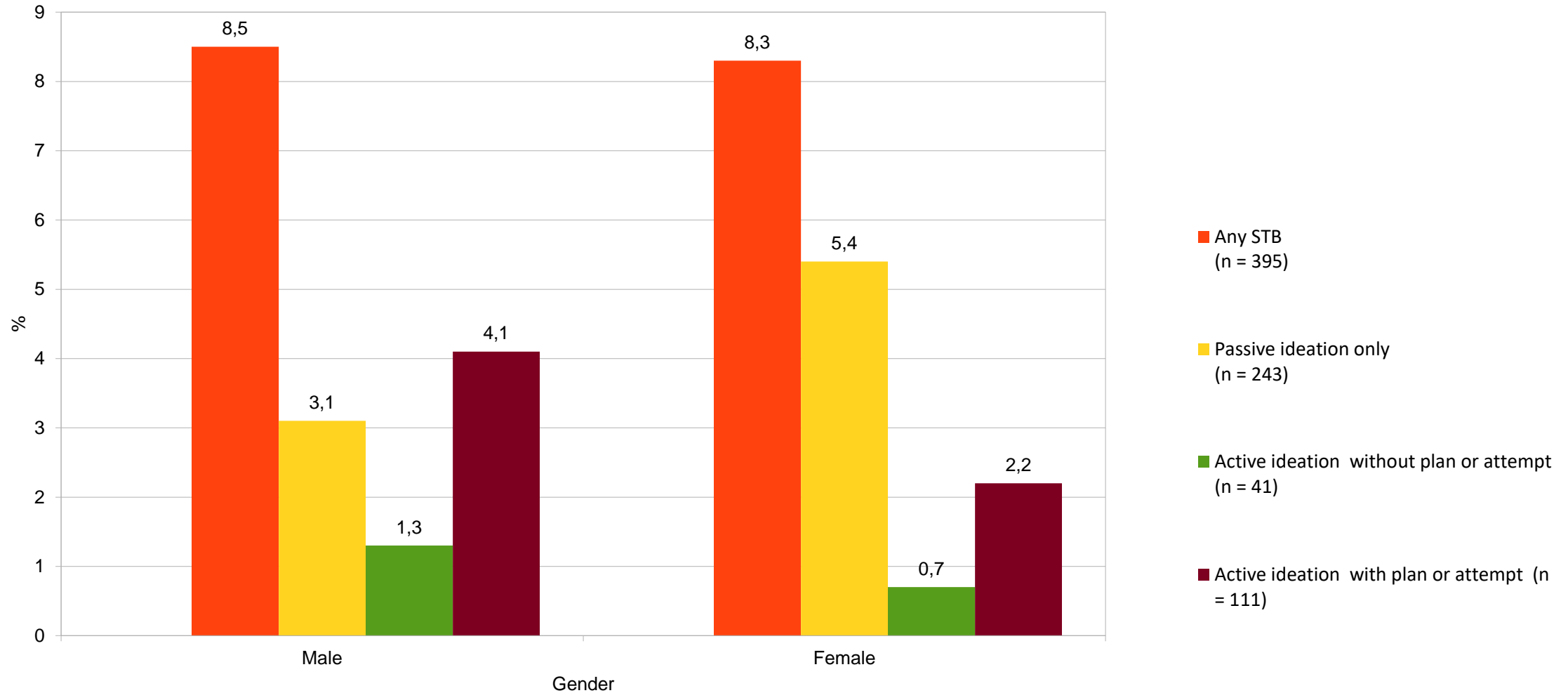
Risk factors for mental disorders - healthcare workers (2)

	Risk factor prevalence	Any mental disorder (total = 45.7%)
Risk factor	% weighted	% weighted
Having been hospitalized for COVID-19	1.2%	55.6%
Positive test or medical diagnosis COVID-19	16.2%	49.2%
Having been in isolation or quarantine for COVID-19	25.5%	51.8%
Close family members infected with COVID-19	13.8%	51.4%
Pre-pandemic lifetime mood disorder	11.2%	70.4%
Pre-pandemic lifetime anxiety disorder	35.9%	63.6%
Pre-pandemic lifetime substance use disorder	1.4%	90.1%
Two or more pre-pandemic lifetime mental disorders	8.6%	78.0%

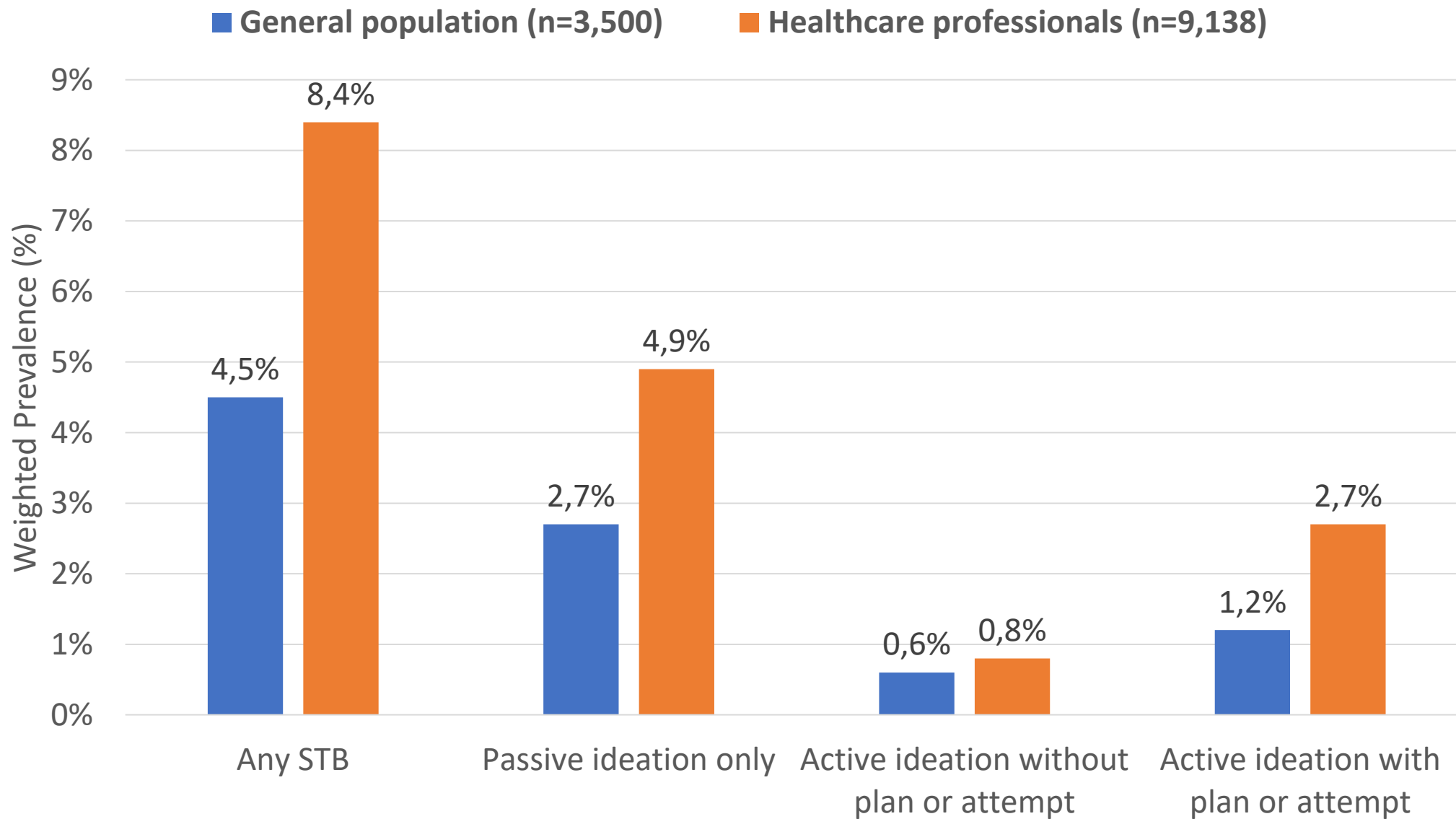
Suicidal ideation - healthcare workers (1)



Suicidal ideation - healthcare workers (2)



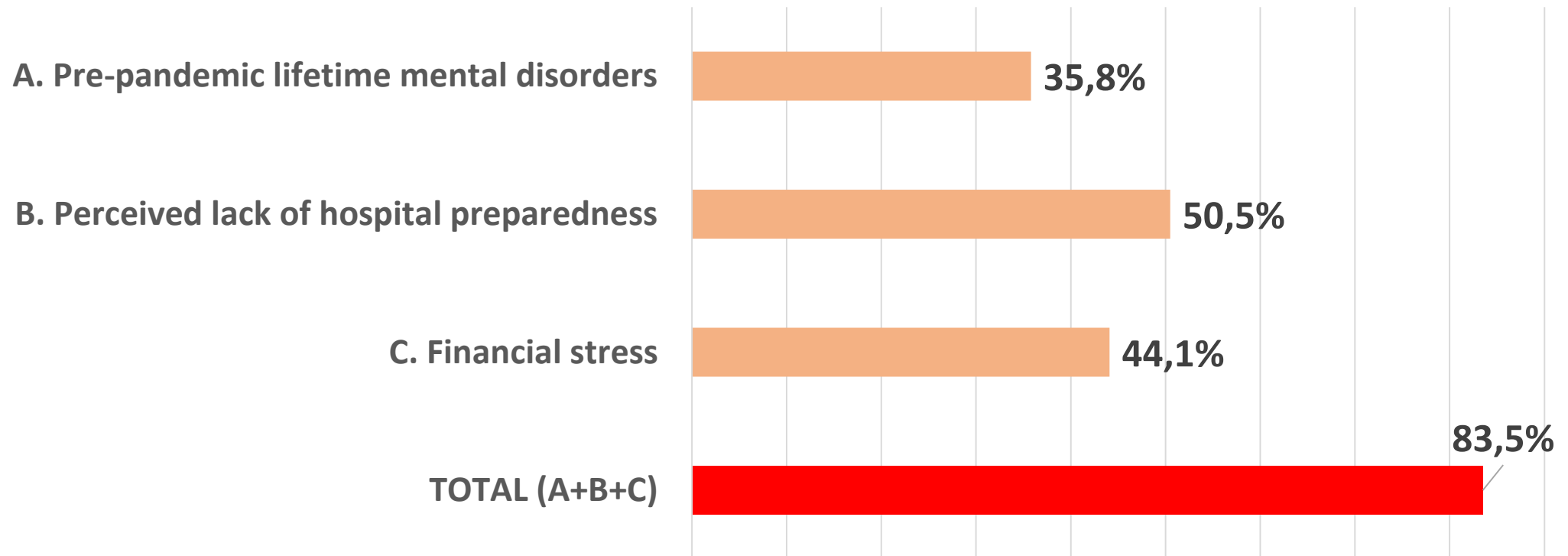
Prevalence suicidality – 1st wave



Suicidal ideation - healthcare workers (3)

	Prevalence	Suicidal ideation (total = 8.4%)
Characteristic	% weighted	% weighted
Females	77.3%	NS
Age 18-29 years	15.3%	12.7%
Single, divorced/separated, widowed	52.1%	10.7%
Children in care	38.7%	5.8%
Profession - Physicians	20.8%	7.2%
Profession - Nurse	30.6%	8.3%
Profession - Auxiliary Nurse	18.8%	10.9%
Frontline worker	47.4%	9.8-10.4%
Changed to specific COVID-19 related work location	31.9%	10.7%
Having been hospitalized for COVID-19	1.3%	12.6%
Positive test or medical diagnosis COVID-19	16.6%	10.0%

Population-Attributable Risk Proportions (PARP) for Suicidal Ideation - Healthcare Workers



Strengths & Limitations

Strengths

- Many participating institutions
- Sampling framework
- Beyond screening-based disorders: *need for mental health care*

Limitations

- Self-report screener measures
- Limited participation
- Inference of causality

Conclusions

- **Substantial increase of adverse mental health and suicidality** in Spain vs. the pre-pandemic period, especially healthcare workers
- **Healthcare workers** risk factors: (female/young) auxiliary nurses, those hospitalized for COVID-19 & those with pre-existing mental conditions, perceived organization lack of preparedness, job/financial insecurity
- **General population** risk factors: pre-existing mental conditions, adverse events, and interpersonal stress
- Urgent **need to increase access to adequate mental healthcare**, even in times of healthcare system overload



Gracias!! Thank you!!

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