

Statement on COVID-19 from the European Forum for Primary Care: Reducing the Impacts to Vulnerable Groups

On behalf of its members and partnering institutions the European Forum for Primary Care (EFPC) has prepared this brief statement based upon four focus groups and a two-part survey.

It is our intention that this statement draws attention to the impacts that the current COVID-19 pandemic will have on two vulnerable groups of society; within the field of mental health and elderly populations. Furthermore, we wish to highlight the collateral damage as a result of health systems operating within 'COVID-19 Mode'.

Based upon this statement, the EFPC has also created several messages for health policy which can be used as a rough guidance when implementing and/or creating policy.

Given the far-reaching impacts of the current crisis, it is vital that populations who are most vulnerable to its impacts should not be ignored. The field of mental health for example, has already seen a significant rise in potential cases of suicide, depression and chronic conditions. ***"Everything is coming second to the coronavirus"***. Given the adjustments made by governments and/or organisations to limit non-essential treatments or appointments, the increasing lack of availability of vital treatment regimens and/or care, consultations with health professionals and reduced social contact, has undoubtedly exacerbated the situation: ***"People are coming forward with problems so much, but there are so many delays in the system; they cannot cope. Those with suicidal thoughts are intensifying and having to wait two or even three weeks before their case is brought forward for a decision on whether or not they need support"***.

Those we rely upon most on the frontline of care; doctors, nurses, care workers etc. are being hailed as heroes. Whilst this is not far from the truth, this can place enormous pressure on those working within such sectors, encouraging feelings of immense responsibility. ***"There are huge worries on the frontline. You know on overwhelming risk of getting the virus"***. Protecting those – whether it is through mental support or protective equipment/procedures – who care for the population that is suffering from COVID-19 is vital, and it is imperative that we maintain their health and happiness. ***"There is a huge amount of stress on very young doctors, especially when breaking bad news to relatives"***.

Uncertainty is an overarching theme throughout the entirety of this crisis and has already impacted mental health, not only those with existing mental health problems, but also the general population. Worries about employment, the economy, family and friends, and how the future might look, puts a huge strain on the day-to-day lives of citizens. Social isolation rules have also drastically reduced physical contact between family and friends. It is already widely accepted that the elderly are a significantly high-risk group. Those living alone are forced to isolate and many go without contact with others for extended periods of time. On top of this, being unable to carry out day-to-day tasks such as shopping increases their

vulnerability to mental issues: ***“This loneliness, for all people but especially for elderly people, it is a big problem”.***

Elderly people with existing mental health conditions face a risk of a lack of sufficient care and/or treatment, further spreading of the virus via ineffective advice given to their carers, and an overall sense of abandonment. It is also becoming increasingly common that caregivers are not allowed to visit anymore: ***“They receive care, but the bare minimum. People haven't been receiving their regular home care, they just get some food. So mentally and physically they get very distressed indeed”.***

The shared-living environments in which many reside; nursing homes, assisted living etc. are also at increased risk. The actions taken to reduce this, for example by banning all visits from friends and family can help to alleviate transmission, but at the same time is incredibly de-motivating. Existing data already shows alarming incidence rates of death and diagnosed cases; therefore, a careful balance of support and appropriate safety measures needs to be struck.

The extent to which these impacts will take hold in the near-future is unknown, however, taking into consideration the already existing vulnerabilities provides a solid basis by which to mitigate to such impacts. Below are several considerations based upon the above statement.

Policy Messages:

- Telemedical services implicate the potential to overcome distances and maintain health care services as well as to increase additional worries in this burdensome time.
- It is vital to avoid the exclusion of existing vulnerable groups from health care and social services caused by technology and access as well as of supposed healthy population.
- Collateral damage – especially in terms of mental health and the elderly – caused by physical isolation as well as reduction of contact and access by (technical) barriers to health and social care, have to be considered in policy decision making process.
- Creative processes to overcome barriers and allow greater access to health and social services have to be appreciated and adopted for sustainable implementation.
- Maintenance/Care for the mental health of those who care for others during the COVID-19 pandemic must be an essential, first-priority concern of policy makers in all countries.
- The COVID-19 pandemic provides fantastic momentum to promote social association during physical isolation all over the world and is independent from age, gender, race and social status.
- Strengthen the connection between practice and research.

Methodology

The points highlighted in this statement are a result of the following activities:

- Four online focus groups, consisting of a variety of primary care professionals (GPs, dentists, nurses, policy-makers etc.). During these focus groups the issue of Collateral Damage Caused by Health Systems in COVID-19 Mode was discussed, participants gave their input from experience and the current situation within their countries.

The initial two focus groups followed a more generalised approach. Based on the main points of discussion from these sessions, the two groups that followed focused more specifically on vulnerable populations/areas of health: Mental Health and the Elderly.

- A two-part survey which has been disseminated amongst members and partners of the EFPC. Divided into two distinct sections: Process and Guidance & Experiences and Observations.