NPA Covid-19 Response (CoRe) **The Impact of Covid-19 on the mental health and well-being in Northern Periphery and Arctic countries.**

Background: The impact of Covd-19 on the mental health of the general population was anticipated to be catastrophic by many commentators. First, anxiety, depression, alcohol misuse and suicidality might increase in the general population and these may be amplified for already vulnerable groups who rely on other people and organisations for care and support. Risk factors such as ill health, bereavement, domestic abuse and violence and maladaptive coping such as increased alcohol consumption, substance misuse and gambling are likely to contribute to increased disorders. As part of the NPA Covid Response we aimed (1) to assess the impact of C19 on the mental health and wellbeing of participating NPA counties; (2) to explore the implementation of national and regional responses in order to mitigate damage to population mental health; (c) to consider and recommend potential examples of good practice.

What did we do: We undertook a rapid review of the available information on the impact of Covid-19 on mental health and wellbeing in each of the partner countries and held interviews with a wide range of stakeholders such as policy makers, public health and mental health professionals. They provided advice and supported the collection of information in their respective countries.

What did we find:

1. There is no strong evidence for a 'tsunami' of mental health problems in the general population of any of the countries that we examined. First, the best available information points to a deterioration in wellbeing but scant indication of an increase in diagnosable psychiatric conditions. The best longitudinal studies indicate that the impact has been most experienced by people who were already vulnerable to mental health problems and those people who have lost their jobs as a result of the economic collapse.
2. A predicted increase in suicide has also failed to materialise in the early months of the pandemic. This may change as the early protection given through social solidarity begins to wane and the longer-term social and economic effects of covid-19 sink in.
3. The current evidence for a more negative impact on mental health appears to be on urban populations where the social structures and economies are dramatically different to those of rural communities in sparsely populated areas where isolation, self-reliance and 'social distancing' are the norm. Moreover, municipal bodies and public health agencies in remote and rural communities can be seen as exemplars, leading the way in the use of e-health, providing personal and social services through a range of digital platforms.

Recommendations

- The rise of digital services in response to service users is a particular area of interest and more work is needed to understand how to encourage their adoption and establish what works well / less well in terms of form and approach.
- The power of community and the use of trusted community support to provide comfort as well as deliver services, should also be a particular area of work. While leadership in the statutory and the voluntary & community sector organisations are often fully supportive of digital healthcare, implementation has not been realised at the service provision and community levels
- In many areas, clinical and voluntary staff are not routinely trained in using telehealth and lack confidence and competence in using it. Maintaining people with mental and neurodegenerative conditions in their own homes for as long as possible is crucial but compels a systemic approach that optimises readily available technology, connecting them to family, community and professional and specialist services (statutory and voluntary).

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