Eurofound

European Foundation for the Improvement of Living and Working Conditions

The tripartite EU Agency providing knowledge to assist in the development of better social, employment and work-related policies

Protecting mental and physical health in Europe during COVID and beyond

21 May 2021, European Health Policy Group e-meeting on
'Impacts of COVID-19 in Europe: perspectives from the social sciences'

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Aim of research

- Eurofound project: *The impact of COVID-19 on living conditions of older people, and their care needs**
  - map the impacts of the COVID-19 crisis on aspects of life of older people and their care and support needs, and
  - provide examples of policy measures to improve/mitigate the negative impact on living conditions and address care and support needs of older people in response to the pandemic
  - *Note: All information is from this forthcoming report, unless otherwise mentioned.*
- Today: *Protecting mental and physical health in Europe during COVID and beyond*
  1. Mental and physical health
  2. Care use
  3. Access problems

*Tentative report title: Eurofound (forthcoming) *COVID-19 pandemic's impacts on older people's lives and support*

Resources

Cross-national surveys, fielded 2020-2021:

- Eurofound's Living, working and COVID-19 e-survey:
  - Round 1: April 2020
  - Round 2: July 2020
  - Round 3: February-March 2021
- SHARE COVID-19
  - Summer 2020
- European Quality of Life Surveys (EQLS)
  - 2016

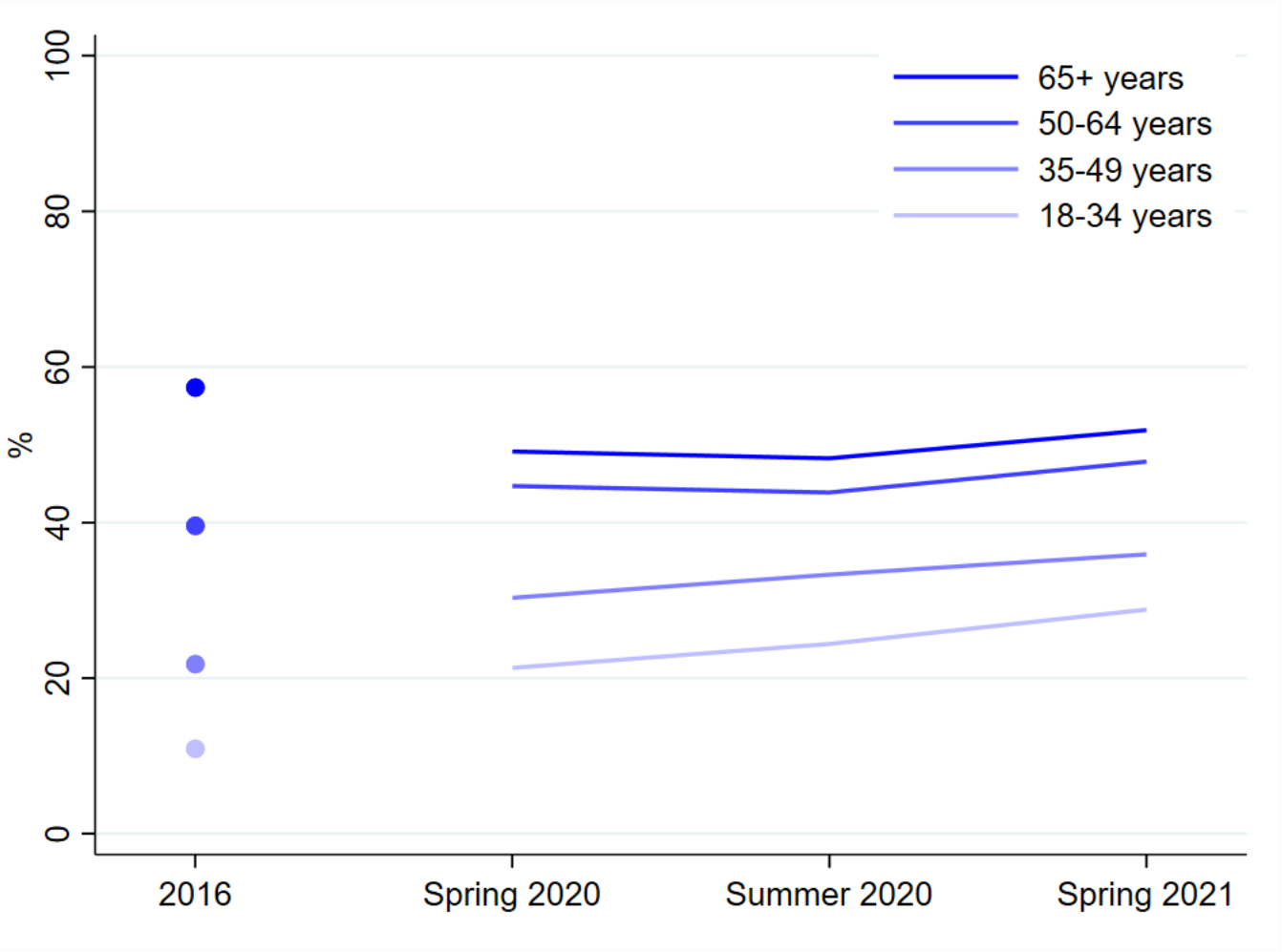
- Network of Eurofound Correspondents (NEC)
  - Collected information (1st half of 2021) from each EU Member State about:
    - National surveys about the pandemic's impact on older people
    - Examples of policy measures to address issues faced by older people

1) Mental and physical health

- The COVID-19 crisis has impacted younger and older people in different ways:
  - the health crisis has hit older people hardest in terms of deaths and hospitalisations.
  - younger cohorts have been hit more economically and experiencing more challenges to cope with the socialising restrictions.
- We focus on **subjective measures of physical and mental health.**

Source: Eurofound (forthcoming) *COVID-19 pandemic's impacts on older people's lives and support*

Bad physical health in the pandemic (and before)



- higher levels of bad physical health among older people
- incidence of bad physical health has increased *! 65+*
- health decline has been more dramatic for younger people

'In general, how is your health?', including fair/bad/very bad health.

dots = data from 2016 EQLS (EU27) lines = data form Covid e-survey (EU27)

Source: Eurofound (forthcoming) *COVID-19 pandemic's impacts on older people's lives and support*

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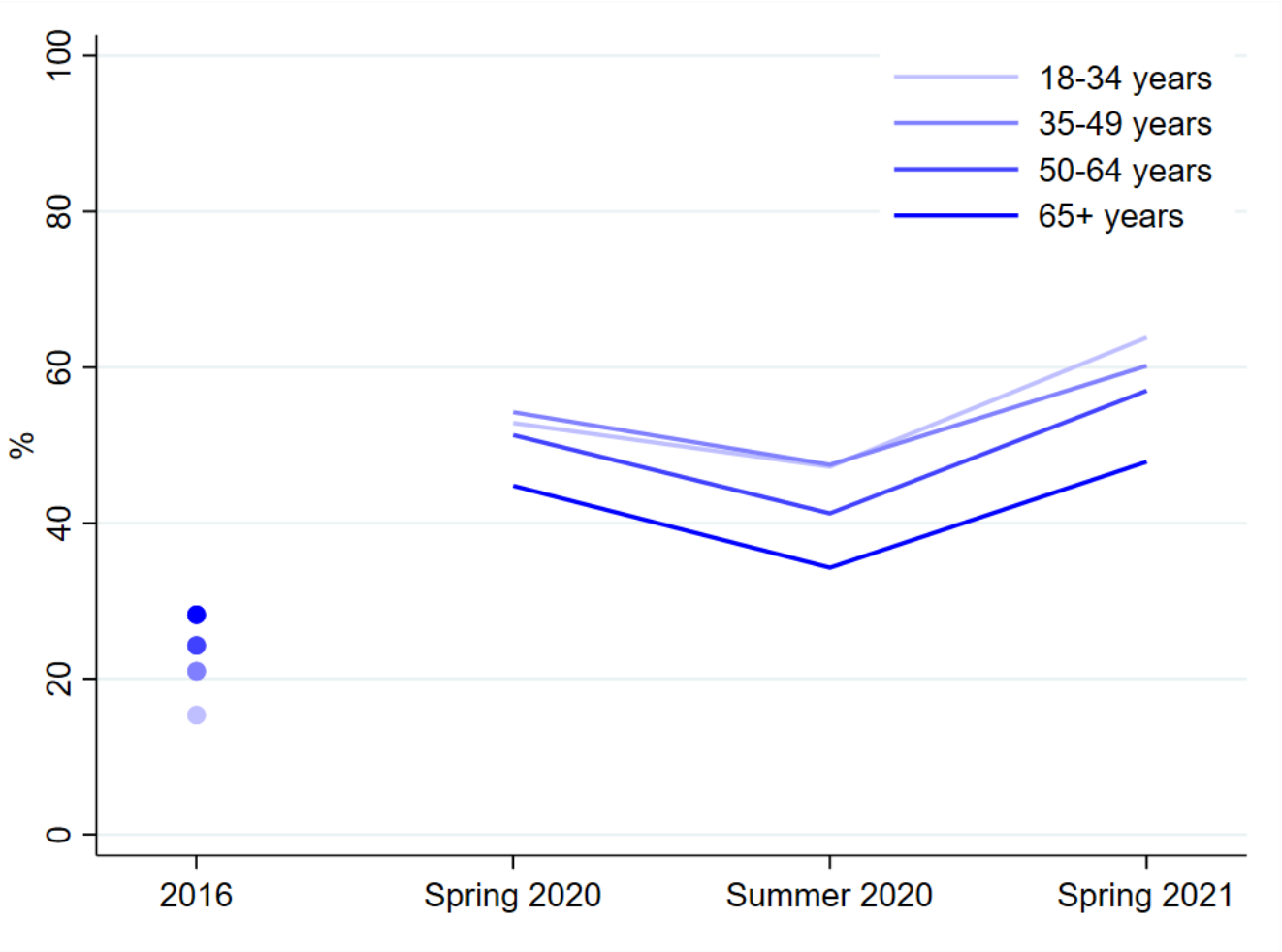
Risk of depression in the pandemic (and before)



- 2016: depression risk higher among older people
- age pattern has *reversed* in the pandemic
- younger people with sharpest increase

at risk of depression: score <=50 on WHO-5 mental well-being index
dots = data from 2016 EQLS (EU27) lines = data form Covid e-survey (EU27)

Source: Eurofound (forthcoming) *COVID-19 pandemic's impacts on older people's lives and support*

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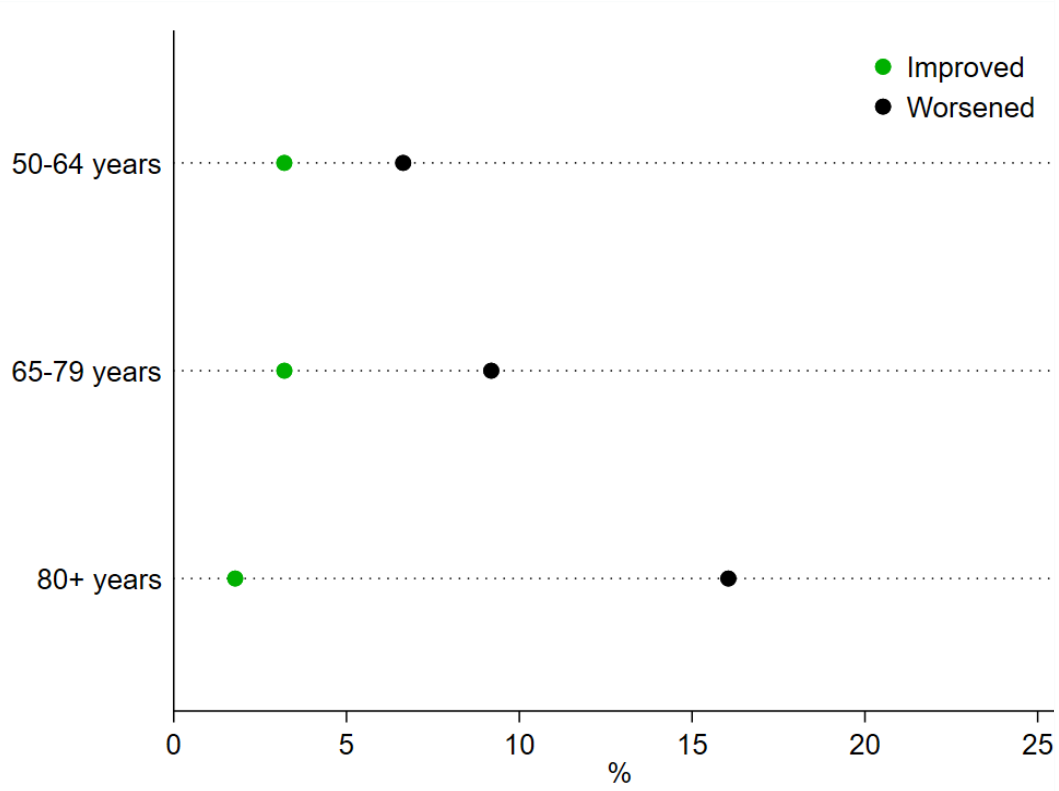
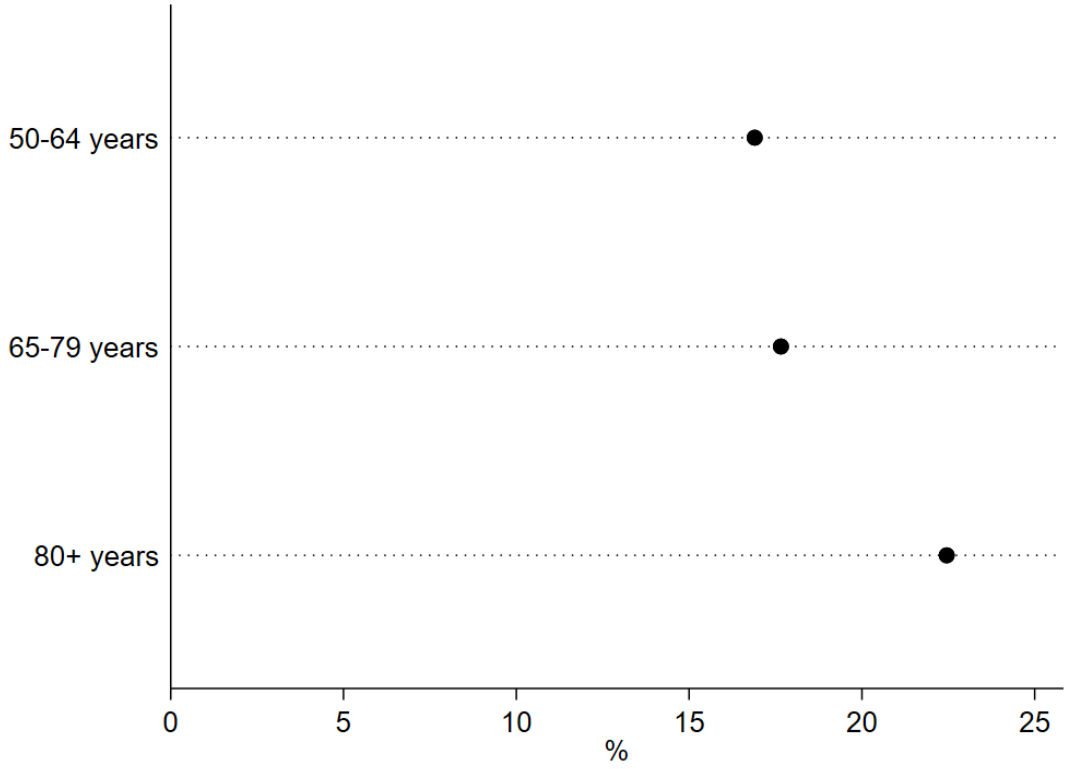
Older people: changes **since before pandemic**

(SHARE COVID-19: summer 2020)

Change in physical health



Feeling sad and depressed more often



Source: Eurofound (forthcoming) *COVID-19 pandemic's impacts on older people's lives and support*

Policies

- Mental wellbeing
  - Phone lines
    - Employing psychologists: existed before, but now included psychological services (ES: telephone accompaniment platform; AT), in response to COVID (PL: 'Good words', BG, LT)
    - Increased capacity: SE: MIND
    - Training/instructing those who answer calls: LT Warm hands, FI municipalities contact 70+
  - Mental health care integrated in care packages (BG patronage care)
  - General support & addressing social inclusion also important

Challenge: more advanced needs of mental care (ICT less suited)

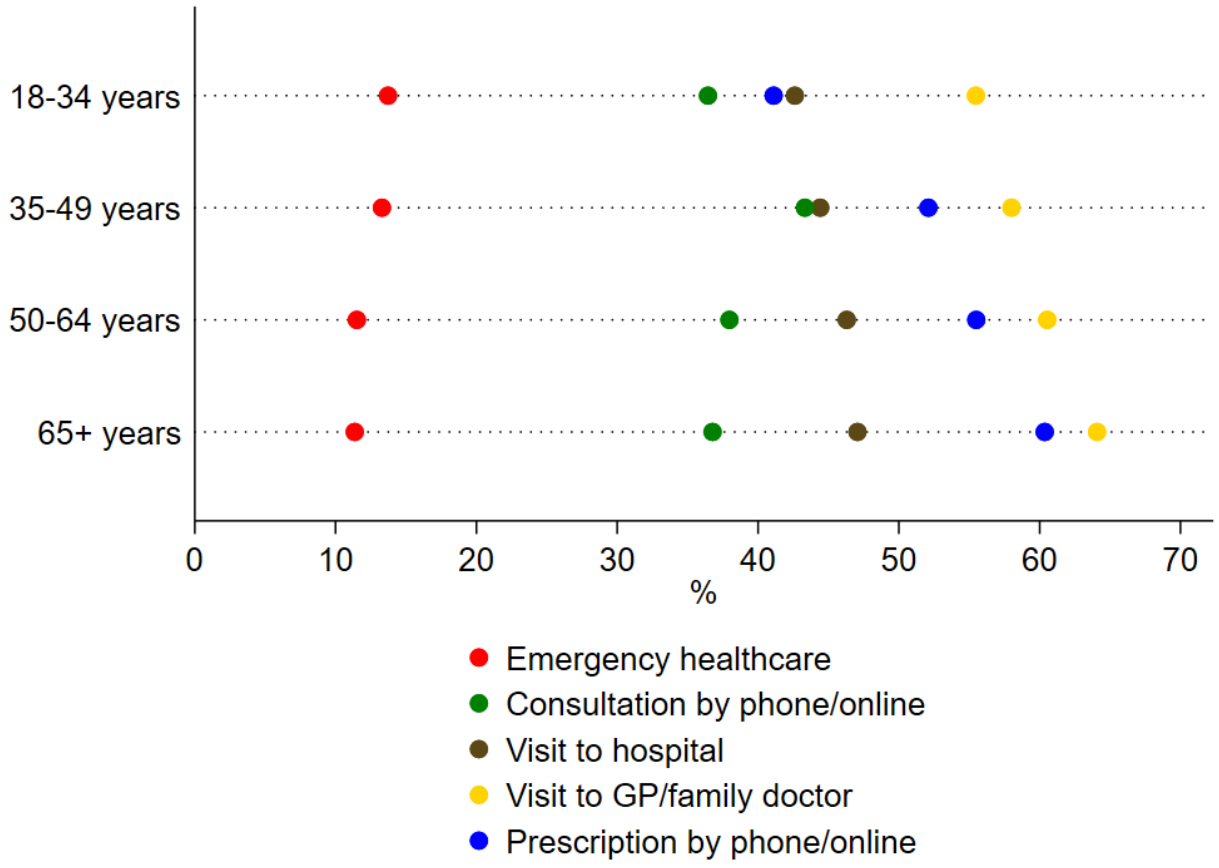
- Healthy living (SHARE: many decreased going out for walking, few increased)
  - Advise through helplines: Linka in CZ as part of broader activity
  - Guides with tips: HR (20,000 hardcopies to nursing homes, GPs); SI
  - Training sessions (video): PL Chamber of Physiotherapists/Ministry Health, SI Magda App
  - Training sessions (distance) or free access to sports: balcony sport FI, Ski-passes LV municipality
  - Living and working environments*: homes (Talinn wellbeing officers), local areas (cycling/walking Paris/Milan, facilitating physical activity in daily routines)

*Eurofound (2019), Challenges and prospects in the EU: Quality of life and public services

Source: Eurofound (forthcoming) *COVID-19 pandemic's impacts on older people's lives and support*

2) Care use

Since the pandemic began, have you received any of the following services from a doctor?



Face-to-face:

- 60% have visited GP/family doctor
- 45% have visited hospital
- 12% have had emergency healthcare

Remote healthcare:

- 53% have obtained prescription by phone/online
- 39% have had consultation by phone/online

Source: Eurofound (forthcoming) *COVID-19 pandemic's impacts on older people's lives and support*

Key mitigator: e-consultations & e-prescriptions

- Options expanded, or more use of existing options, and used by many older people*
  - Admin data confirms: PT: from March to May 2020 reduction in face-to-face consultations (-57%) and home visits (-58%), compared with same period 2019. More teleconsultations (+83%), 65% of all consultations (27%-30% previously). FR: from 1% of billing to 11% in March 2020 (August 2020: 1 in 5 users is 70+)
  - Mainly facilitated: GP by phone & e-prescriptions. New (CY) or more widely used, waiving need for 1st consult to be face-to-face (FR), medicine to be collected by user (HU), user fees (FR).
  - EE: digitalise specialist care. March-July: remote specialist care appointments 25% of all (8% dental care, 3% nursing, 19% prevention). Only 3% of consultations were screen-to-screen (incentive payment introduced) and blood tests etc need to be done at doctor's venue.
- Limitations (discussed elsewhere*, and gaps in availability), but new info:
  - FI: digital psychiatric care - drop in quality (Kestilä et al., 2020).
  - PT: primary health care, reduced guide users to differentiated care (Tribunal de Contas, 2020).
  - LT: 23% of 50+ received digital healthcare. Those who have not used digital technology to receive care: 8% financial barrier, 8% health constraints.
  - MT: anecdotical evidence of increase in emergency care use due to restriction to e-healthcare

Source: Eurofound (forthcoming) *COVID-19 pandemic's impacts on older people's lives and support*

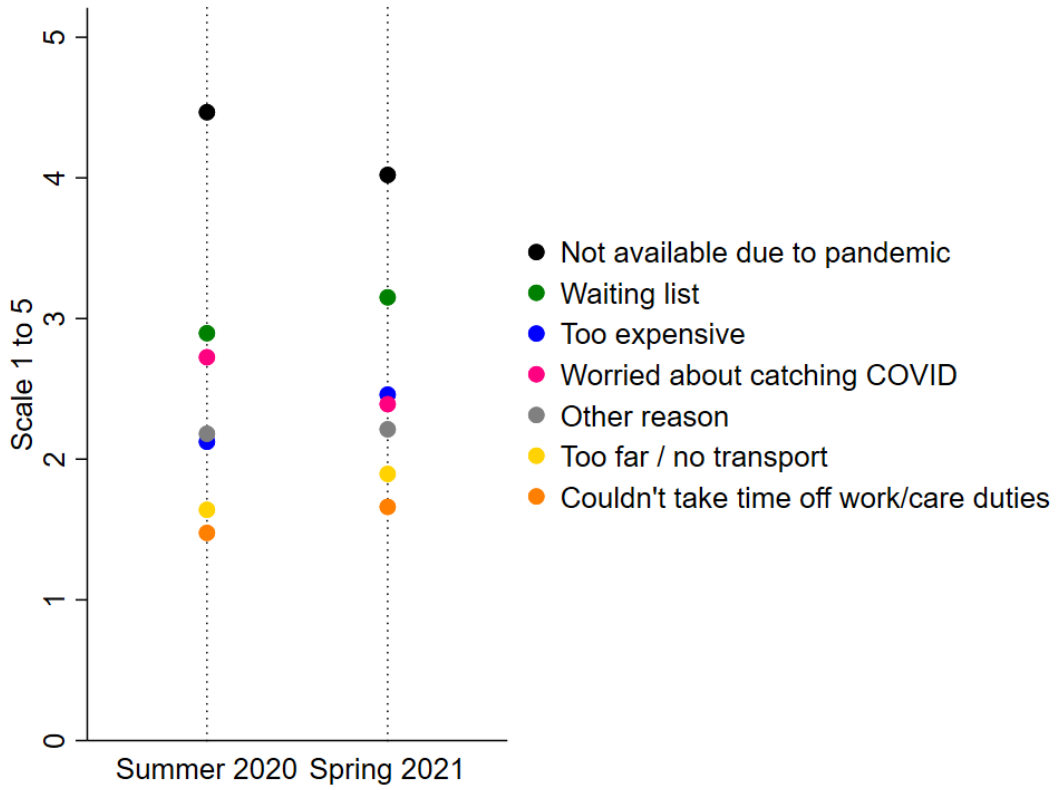
*Eurofound (2020), Access to care services: Early childhood education and care, healthcare and long-term care

3) Access problems

Unmet medical care needs in the pandemic

Spring 2021: *Do you currently have a medical problem for which you cannot receive medical examination or treatment?* **yes: 18%**

Reason for unmet healthcare need



- Covid-related reasons have become less important since summer 2020 (but large), while 'traditional' reasons increased
- Accessibility and affordability issues more pressing among older people

How important were the following reasons for not receiving the medical examination or treatment?

Source: Eurofound (forthcoming) *COVID-19 pandemic's impacts on older people's lives and support*

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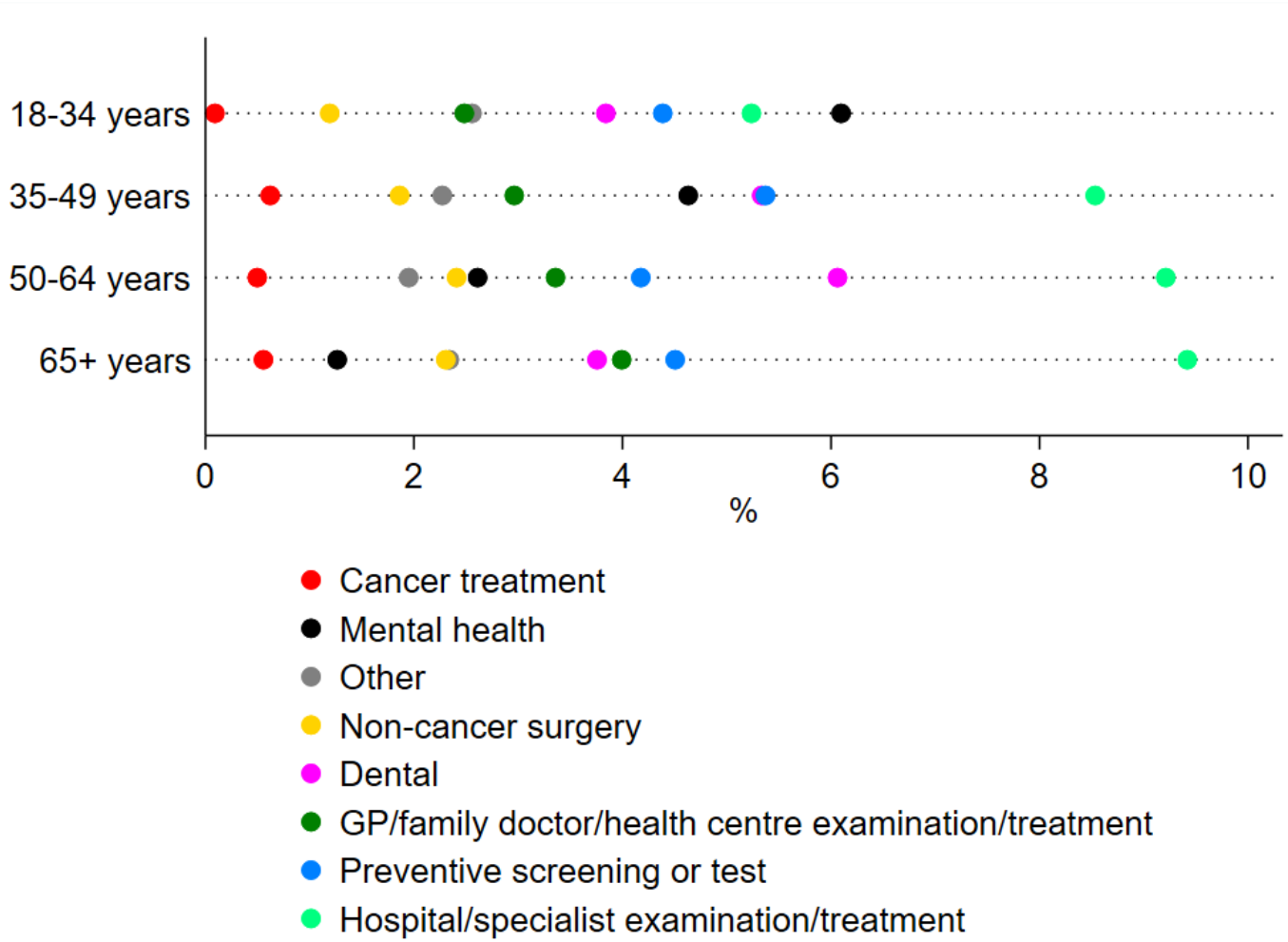
Type of unmet medical care need in the pandemic



Among older people:

- cancer treatment
- non-cancer surgery
- doctor/hospital examination/treatment

Among younger people:

- mental health care

Source: Eurofound (forthcoming) *COVID-19 pandemic's impacts on older people's lives and support*

What is the type of medical examination or treatment that you need but cannot currently receive?

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- **National survey data confirm this, adding with some admin data on reduced use:**
  - LT: 22% fewer primary healthcare users in March–June 2020
  - IT: 28% and 30% fewer hospital admissions and outpatient ambulatory procedures in January–September 2020 (Agenas, 2021).
  - Also emergency care seems to have been affected: IT -26% urgent hospital care, MT fewer people reaching hospital in 3hrs after stroke symptom
- **Health impact**
  - SI: reduced monitoring of gynaecological cancers, 19% fewer high-grade precancerous changes detected in women aged 30-39.
  - Perceptions
    - HU: 30% of people aged 60+ (25% overall): postponing health interventions due to the pandemic had worsened their health
    - HR: 60% of retirees (14% strongly, 45% slightly) worried about the deterioration of health conditions and diseases due to the unavailability of health care during the pandemic (worries about negative impact of quality of life and pensions were shared by more).

- **Broad understanding of access needed: looking beyond unmet needs & narrow interpretation reasons***
  - PL: 12% of 55-64 & 13% of 65+ reported having **difficulty making a doctor's appointment**
  - **Arrears in healthcare or health insurance payments** (7%) increased initially, changing into unmet needs due to unaffordability (but also reachability, waiting lists, taking time of, etc), seem to support that much of reduction of unmet needs has come from income & employment (so vulnerable to crisis)
  - **'Fear of catching virus' vs 'lack of trust in being well protected'** (Greece, Romania, Malta, Cyprus, Sweden, Bulgaria). PL: 67% of 60+ reported problems with access to healthcare, but some did not include their own decision to discontinue a treatment or therapy due to being afraid to catch the virus (69%).

*Eurofound (2020), Access to care services: Early childhood education and care, healthcare and long-term care

Remarks for discussion

- Detrimental impact on mental and physical health, and unmet needs, but also much effort done understand people's needs and to reach those living in isolation, providing an opportunity to learn from for the future
- Workforce measures taken (reduced staff-patient ratio needs, stimulating work after pension age, some funding, volunteers/trainees) but needs larger (absenteeism, protocols, consider leaving): longer term need for improving working conditions*
- Enhancing resilience of access to healthcare to crises, in harmony with the European Pillar of Social Rights, including
  - sustain/improve role ITC in interacting with people in need of care where benefits are clear, changing ad-hoc facilitation in well-thought structures**;
  - reducing dependence on income and employment***.

Source: Eurofound (forthcoming) *COVID-19 pandemic's impacts on older people's lives and support*

*Eurofound (2020), Long-term care workforce: Employment and working conditions
**Eurofound (2020), Access to care services: Early childhood education and care, healthcare and long-term care
***Eurofound (2021), Protecting access to healthcare during COVID-19 and beyond, https://www.eurofound.europa.eu/publications/blog/protecting-access-to-healthcare-during-covid-19-and-beyond

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Thank you!