Glasgow Centre for Population Health

Supporting community recovery and resilience in response to the COVID-19 pandemic – a rapid review of evidence

Executive summary

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May 2020

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Infectious disease remains one of the biggest threats to population health and wellbeing. The current Coronavirus worldwide pandemic (COVID-19) is a powerful reminder of how vulnerable we remain to infectious disease.

History tells us that pandemics do not affect all communities or social groups equally. Attention must be paid to the differential impact of COVID-19 on different groups and communities or approaches to prevent the spread of the disease will not only be hindered but will also exacerbate existing health inequalities, potentially creating additional burden for healthcare systems and other services as we move into societal recovery. Consideration of the differential impacts of COVID-19 is also essential in the design and delivery of disease mitigation approaches which can address some of the underlying vulnerabilities that create inequalities in risk and impact.

The narratives that initially surrounded the pandemic were largely driven by infectious disease epidemiologists and economists; and media and political representations thereof. It is crucial and timely to also emphasise the concepts of *'community recovery and resilience'* within the narratives surrounding the COVID-19 pandemic.

This paper presents an initial rapid review of available and related evidence which is designed to be a timely support to the developing understanding of community recovery and resilience in response to the COVID-19 pandemic. This evidence review is structured around three sections:

- Section 1: Identifying communities and population sub-groups with additional vulnerability to COVID-19, including the unintended impacts resulting from disease containment policy.
- Section 2: A focus on the mental health and psychological impacts of COVID-19 (and related coronaviruses) and how these can be mitigated as part of community recovery.
- Section 3: Exploring the broader potential characteristics of community recovery from the current pandemic and how future resilience can be fostered.

Section 1 explores what it means to be vulnerable or at risk to COVID-19. In clinical terms, increased risk to COVID-19 is defined from the perspective of the characteristics of infected individuals which increase mortality risk. Evidence tells us that the key characteristics associated with this increased clinical risk are having existing health conditions and being older.

It is however important to broaden the concept of vulnerability to the disease beyond that of clinical risk. We therefore define vulnerable communities as those that may experience disproportionate direct and indirect adverse impacts of COVID-19. Vulnerable communities include both infected and non-infected individuals.

The evidence reviewed in section 1 identifies those experiencing disproportionate vulnerability to COVID-19 and the 'lockdown' disease containment policy as: disadvantaged communities; people with disabilities; black and minority ethnic groups; people experiencing homelessness; those affected by violence; older people; children and young people; and frontline health and care staff.

The main drivers of vulnerability across these communities and sub-groups of the population include: loss of income and uncertainty regarding future earnings; loss of important practical and social support and connections; reduced access to essential information, goods and services – including through digital exclusion; diminished or interrupted care and support services; compromised ability to adhere to disease containment policy and to maintain social distancing; and fear, loneliness, anxiety, increased stress and other adverse psychological impacts.

Section 2 examines evidence relating to the psychological and mental health impacts of COVID-19. At the time of writing, evidence directly relating to COVID-19 is very limited, and so the mental health impacts of similar coronavirus outbreaks, namely SARS and MERS are also considered. The evidence reviewed suggests there are adverse impacts to mental health associated with Coronavirus diseases, including depression, anxiety, stress, post-traumatic stress and worry about discrimination.

Factors reported as mitigating adverse impacts to mental health of COVID-19, SARS and MERS include access to accurate and timely health information and access to disease containment measures. Factors associated with worsened impacts to mental health include: having the disease, in particular being admitted to hospital; having disease symptoms; loss of a family member to the disease; being of female gender; poor self-rated health; inadequate essential supplies, including food, clothes, accommodation; inadequate access to information and social contacts; and being a frontline healthcare worker, in particular female nursing staff.

Section 3 outlines the key elements of community recovery from COVID-19 identified through this rapid review of evidence. The key elements of community recovery are based on the evidence reviewed in sections 1 and 2 and informed by three areas of previous GCPH research – asset-based approaches and ways of working, participatory budgeting and community resilience. A key overarching message in section 3 is that for community recovery approaches to be effective and transformational, their design and delivery must clearly incorporate the views, insights and wisdom of community members and those identified as having additional vulnerability to COVID-19.

Other important elements of community recovery include working with communities to identify how best to develop an innovative and flexible range of initiatives to rebuild social cohesion and mitigate the impacts of social isolation during lockdown. Specific additional resource must be provided to enable community-based support and services to enhance mental health and wellbeing. This includes targeting engagement efforts and service delivery to the needs and aspirations of vulnerable groups and populations deemed at greater risk, including frontline healthcare workers, COVID-19 survivors and those who are grieving, having lost loved ones to the disease.

Tackling digital exclusion and building robust information sharing networks within communities is also important within community recovery; ensuring equitable access to important government and local information during the pandemic. Altering the delivery of local services and the development of community responses including volunteering to ensure access to essentials such as food and medicine, including among vulnerable groups is also vital to community recovery.

If the key elements of community recovery are successfully embedded and maintained, communities are more likely to be resilient to future crisis and emergencies. If nurtured, relationships forged during times of crisis can be resilient and have longevity. These relationships developed as part of community recovery can also underpin well-connected communities with effective information sharing, high levels of volunteerism, strong social cohesion, and the ability to mobilise effectively during future crisis or emergency.

The COVID-19 pandemic represents an unprecedented health, social and economic crisis that has been met with an equally unprecedented and proportionate response to contain the disease, provide effective healthcare and to protect lives and livelihoods. It demands an equally determined community recovery.

What is clear is that a commitment to effective and transformational community recovery from COVID-19 is a commitment to equality, inclusion and the development of a range of responses and modifications to existing services that is sensitive to the most vulnerable groups identified in section

1, and cognisant of the scale and range of mental health impacts outlined in section 2. This must form the basis of community recovery and future resilience covered in section 3.

We all must learn and adapt at an extraordinary rate. A range of new research priorities and agendas must emerge quickly that support and inform our collective health, social, economic, societal and community recovery from COVID-19. Although it is crucial to focus on the here and now to try to save and protect lives, we must simultaneously start to think about recovery. This report offers some rapidly generated learning on some key elements of community recovery in order to support a more equitable and resilient future.