

COVID-19: Promoting Mental Health and Well-Being Through Community Resilience and Social Cohesion

May 29, 2020

Note

This document was written in response to a request by a Direction régionale de santé publique (DRSPu) in the context of the COVID-19 health emergency. Since this document was written in a short time frame and is based on knowledge derived from previous work at the Institut national de santé publique du Québec (INSPQ) (including certain excerpts reproduced in full), as well as on a brief, non-exhaustive review and analysis of the scientific literature, they may need to be revised as scientific knowledge on the current pandemic evolves. Therefore, the INSPQ has implemented a COVID-19 information monitoring initiative so that rapid changes can be made to this response, if necessary.

Summary

In addition to affecting health, the COVID-19 pandemic is causing major disruptions that are likely to affect the mental health, well-being and safety of individuals, families and communities. Therefore, the aim of this document is to help regional public health authorities implement action plans fostering good mental health as well as community resilience and social cohesion within the context of the COVID-19 pandemic. A brief, non-exhaustive review and analysis of the scientific and grey literature has made it possible to identify a logic model specifying what factors should be considered in regard to the pandemic, measures that should be put in place and tools that should be used to monitor the population's mental health and well-being.

Several studies argue that protecting mental health, particularly in the context of a public health crisis, requires examining not only the support that must be offered to individuals, but also what actions can be taken to create environments that have a positive impact on the mental health and well-being of everyone, while taking social inequalities into account. To achieve these goals, we have selected the model adapted to the COVID-19 pandemic proposed by the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support. It is a coordinated response model with four levels of intervention: (1) specialized psychiatry services; (2) front-line mental health services, including universal self-care measures tailored to the context of the pandemic; (3) integration of mental and psychosocial needs in basic services; and (4) strengthening of community support by taking actions that foster community resilience and social cohesion. Since recent work by the Institut national d'excellence en santé et services sociaux (INESSS) and the INSPQ has focused on specialized and front-line services, this document will deal solely with the two other levels.

The following courses of action have been identified for those levels of the model:

- ▶ **Promote accurate and positive information:** Report daily on the latest developments and upcoming actions; inform people about the psychosocial consequences of a pandemic as well as available services, while reminding them that it is normal to have negative emotions; provide positive local examples of resilient individuals; reduce misinformation and disinformation about COVID-19.
- ▶ **Encourage participation as well as citizen and community engagement:** Encourage citizens to participate in the process of lifting lockdowns; involve communities with an accumulation of vulnerability factors in the search for non-stigmatizing solutions tailored to their situation; share and promote initiatives by citizens and community groups.
- ▶ **Support social connections in cooperation with community resources:** Work with local resources to set up an effective mutual aid network; support mutual aid projects among people while complying to physical distancing guidelines; provide local access to green spaces.
- ▶ **Address the psychosocial needs of community members:** Raise awareness among people involved in providing care and assistance in the context of COVID-19 about the essential principles of psychosocial care, such as psychological first aid; support bereaved individuals during their grieving process.

Lastly, a list of tools to support monitoring activities within the context of a public health crisis like the current pandemic is proposed.

Introduction

The COVID-19 pandemic is raising safety concerns, fear of contracting the disease and confusion due, in particular, to the disinformation and misinformation generated by massive exposure to the media. In addition, it is causing numerous disruptions that are likely to have impacts not only on the mental health, well-being and safety of individuals (e.g. stigmatization, financial or job losses, social isolation, changes in social relationships and daily routines, loss of bearings, changes in substance use, cancellation of activities or projects), but also on the mental health, well-being and safety of communities (e.g. economic slowdown, school closures, disruptions in the availability of goods and services) (Choi et al., 2020; Holmes et al., 2020; Pfefferbaum and North, 2020). The effects may vary depending on the characteristics of the individuals concerned and those of their settings of daily life, and they may persist in some cases after the crisis (Douglas et al., 2020).

Studies conducted after the 2003 SRAS epidemic in Ontario, which involved quarantine episodes, observed an increase in symptoms associated with post-traumatic stress disorder and depression among respondents who had been required to quarantine (Hawryluck et al., 2004; Sprang and Silman, 2013). Other studies conducted in that context showed that respondents with more limited resources (income, education, social support, etc.) were usually in poorer mental health and knew less about the situation and the actions that needed to be taken (Des Jarlais et al., 2006). For the most part, symptoms of distress and anxiety tend to gradually disappear in the general population once quarantine measures have been lifted, but long-term data are still lacking (Généreux and Maltais, 2019; Nobles et al. 2020). The mental health of people providing essential services and those working in the health and social services network is also affected. In fact, such individuals are often doubly impacted by these events, in their capacity as citizens and workers (Adam-Poupart et al., 2019; Chen, 2020).

More recently, systematic reviews have focused on the consequences of quarantining and isolation in the context of epidemics like COVID-19 (Brooks et al., 2020; Hossain et al., 2020). Various negative psychological reactions have been reported through some of the studies identified in these reviews (e.g. low self-esteem, fear, guilt, insomnia, hypervigilance). Participants in these researches who had been asked to self-isolate reported depression and anxiety scores that were higher than those of participants who had not been asked to self-isolate. Similarly, in a number of the studies identified, up to 55% of participants had reported feeling angry and irritable, and up to 73% being in a low mood or experiencing negative emotions as a result of being isolated. Increases in stress levels were also mentioned in regard to participants placed in quarantine or required to self-isolate. A few studies showed that such feelings persisted for up to three months after quarantine measures had been lifted.

Lastly, several of the symptoms noted among care and services providers were still present three years after a quarantine episode. These symptoms consisted of: acute stress disorder, burn-out, detachment, anxiety, depression, irritability, insomnia, poor concentration, decreased job performance, alcohol use, avoidance behaviour and symptoms related to post-traumatic stress. These findings with respect to mental health during health crises are aligned with those of several recent studies on the impact of the current epidemic on the mental health of the general public and care providers (INESSS, 2020a; Lai et al., 2020; Li et al., 2020; Nguyen et al., 2020; Shigemura et al., 2020).

In addition to affecting individuals in the ways described above, measures taken to control the spread of infection have various repercussions at the community level that can affect people's well-being. First of all, there is the risk that social health inequalities will be exacerbated. During public health crises, the most underprivileged neighbourhoods are usually the ones most affected by lockdown measures, workplace shutdowns and citizens' ability to apply individual protection measures and understand all of the messages being sent to them (Holmes et al., 2020). Secondly, social tensions may be observed, including the denunciation of situations that are undermining government guidelines and directives, as in the case of COVID-19, or experiences of discrimination, which have economic and social implications (Ibrahim, 2018). Crime and safety issues may also arise from the economic consequences of a pandemic and the measures taken to control it (Buonanno et al., 2014; Mohler et al., 2020; Tsouvelas et al., 2018). On the other hand, manifestations of citizen solidarity and compassion may also be observed, as in the current pandemic. This is helping to protect people in vulnerable situations from COVID-19 or to support those whose socioeconomic situation has become more precarious because of the pandemic (Chew et al., 2020).

All of these observations confirm the importance of acting on factors that help to maintain good mental health and that support the well-being of individuals, families and communities. Such actions are key components of all public health interventions during health crises.

Objectives

The general objective of this document is to support regional public health authorities in implementing action plans to promote mental health, community resilience and social cohesion in the context of the COVID-19 pandemic.

The specific objectives are to:

- ▶ reaffirm the general framework of interventions to promote population mental health and well-being, community resilience and social cohesion
- ▶ propose an appropriate logic model that identifies the key factors to be considered during the current pandemic in order to create environments that promote mental health, community well-being and the improvement of living conditions associated with the social determinants of health

- ▶ propose measures to be put in place or strengthened as part of regional action plans targeting mental health promotion, community resilience and social cohesion
- ▶ propose tools to monitor the situation in mental health and well-being at the level of communities or regions

By addressing these objectives, the goal is to make relevant public health information related to the COVID-19 pandemic rapidly available to regional public health authorities.

Methodology

To achieve these objectives, documentary research was carried out based on the following:

- ▶ A brief review of the literature available in bibliographic databases on mental health, well-being, community resilience and social cohesion in the context of public health crises, including COVID-19 (the databases consulted and key words used are available on request).
- ▶ A review of the scientific and grey literature based on information monitoring of COVID-19 and mental health, isolation and other psychosocial issues conducted by the INSPQ since March 24, 2020 (the databases consulted and key words used are available on request).
- ▶ An additional review of the grey literature: identification of documents in Google and certain websites (e.g. World Health Organization, government or institutional websites).
- ▶ Existing documents published by the INSPQ in the area of mental health and well-being, resilience and social cohesion (including certain excerpts reproduced in full).

The present document provides a rapid response based on a brief, non-exhaustive review and analysis of the literature between April 28 and May 5, 2020. All documents derived from the scientific or grey literature in French or in English that documented one or more of these objectives were selected. Preference was given to systematic reviews. However, in view of the literature available, preliminary studies along with expert opinions and policy papers were also included.

This document does not discuss best practices in psychosocial services intended for the general public or individuals requiring psychiatric care, nor does it discuss interventions known to reduce psychosocial risks for people who work in the health and social services network or in essential services. These practices have been discussed in recent publications in the context of the COVID-19 pandemic.

Public health perspective in mental health

Population mental health

There has been a considerable increase in knowledge about the promotion of mental health and the prevention of mental disorders over the past decade, particularly following the publication of several key international works (Organisation mondiale de la santé, 2013; Patel al., 2018). These works show that the effectiveness of actions depends largely on the collective ability to develop a global, systemic and integrated vision of promotion and prevention in mental health. This observation highlights the relevance of transitioning from an approach based solely on services for people with mental disorders to an approach that promotes the mental health of the population as a whole (Mantoura, 2014).

Mental health results from the connection between (1) peoples’ abilities and skills; (2) daily life settings (e.g. schools, neighbourhoods, workplaces) that offer support, protection and participation opportunities; and (3) the broader social context in which people live and that is favourable to them. Protecting mental health during a pandemic requires examining not only what support should be offered to individuals, but also which approaches foster community resilience and social cohesion in order to increase the mental health and well-being of communities and individuals while helping to reduce social inequalities in health (Nobles et al., 2020; Patel et al., 2018).

Definition of concepts in the context of this document

<p>Mental health and well-being</p> <p>Mental health is defined as a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community (Organisation mondiale de la santé, 2013). Mental health is thus described in positive terms rather than according to the presence or absence of a mental disorder (Organisation mondiale de la santé, 2018).</p> <p>Well-being refers to emotions (e.g. feeling good about life, affect), psychological functioning (e.g. the ability to express your own ideas, manage the responsibilities of your daily life, have positive, trusting relationships and a sense of purpose) and social functioning (e.g. feeling that you belong to a group and can contribute to it, that society enables you to realize your potential and that the way society works makes sense to you) (Gilmour, 2014).</p> <p>Since the concept of mental health is often associated with that of mental disorder, the composite term mental health and well-being is often used to designate the joint objective of reducing or preventing mental health disorders and promoting the mental health of everyone (IASC MHPPS Reference Group, 2020)</p>
<p>Community resilience</p> <p>Community resilience is the capacity of the members of a community to adapt to an environment characterized by change, uncertainty, unpredictability and surprise, by engaging community resources. The members of resilient communities intentionally develop individual and collective capacities to respond to change, support their community and develop new approaches to ensure its future and prosperity. In the face of adversity, communities that are able to limit risk factors and increase resilience factors seem to develop a greater capacity to overcome disruptions (Magis, 2010).</p>
<p>Social cohesion</p> <p>Social cohesion is the ability of a modern society “to secure the long-term well-being of all its members, including equitable access to available resources, respect for human dignity with due regard for diversity, personal and collective autonomy and responsible participation. This definition presupposes social commitment to reduce disparities to a minimum and avoid polarisation” (Conseil de l’Europe, 2005). In other words, “more than the sharing of identical values, social cohesion thus focuses on the ‘sharing of the political objective of achieving equity’ – where equity must also be understood as the ‘equity of capabilities’ necessary to develop as an individual in the context of existing social relationships.” When effective, it prevents social conflict and ensures democratic stability (Conseil de l’Europe, 2005).</p>

Prevention efforts must not be confined solely to early detection, information campaigns and universal preventive interventions targeting the knowledge and skills of individuals. In addition to introducing support measures and services for individuals, consideration should be given to conditions that are favourable to mental health and well-being, namely, inclusive, caring and safe settings of daily life and media environments; presence of social support; and opportunities to participate in social and economic life without discrimination and violence. Therefore, it is important to examine the different opportunities available in the diverse social contexts in which people live and how they act on social inequalities in mental health. Such opportunities have an impact on people’s ability to succeed, live a healthy life and become essential members of a community (World Health Organization and Calouste Gulbenkian Foundation, 2014). Furthermore, unless conditions favourable to mental health and well-being are put in place, it is not very likely that support measures and services will adequately address all the needs of people who are experiencing difficulties, particularly in populations with an accumulation of vulnerability factors.

Social health inequalities in the context of the COVID-19 pandemic: more vulnerable populations

The current public health crisis has revealed social inequalities in health and shown with certainty that individuals and communities are not equal in the face of the COVID-19 pandemic. Many studies on this issue have shed light on the vulnerability factors of populations in the context of the pandemic, and these factors are the same as those that are known to have a negative impact on mental health.

For example, a U.S. study using zipcode databases showed that neighbourhoods with a large proportion of citizens aged 65 years old, more Afro-Americans, a large number of people per household, and greater population density were associated with a greater likelihood of infection (Guha et al., 2020). In addition, a comparative study conducted in New York and Chicago observed similar results. The hot spots in both cities had low rates of college graduates, higher proportions of people of colour and a large number of people per household (Maroko et al., 2020). Two other studies conducted in England on risk factors for infection obtained findings like those of the two aforementioned U.S. studies (Ho et al., 2020; Patel et al., 2020). Another study in the United States made a distinction between risk factors for infection and those for mortality. People living in counties with more diverse demographics, a larger population, higher education and income levels, and lower disability rates were at higher risk of contracting COVID-19 without necessarily dying from it. However, counties with fewer inhabitants, along with higher disability and poverty levels, had a higher death rate (Abedi et al., 2020).

Although the scope of the repercussions of COVID-19 on vulnerable populations will not be known for months and even years from now, the first studies aimed at measuring social health inequalities during this public health crisis suggest that public health messages and government actions must be adapted more than ever before to the situation of all individuals. Socially vulnerable groups find themselves in environments that limit their ability to practice risk-reducing behaviours such as physical distancing, given the nature of their work or housing. They also have a higher prevalence of chronic medical conditions and less access to medical care and quality information (Abedi et al., 2020; Onwuzirke et al., 2020). Moreover, the living conditions of these groups are often risk factors that can have negative impacts on mental health and well-being. The COVID-19 pandemic may not only be a call for recognizing social health inequalities, but might also initiate a process for repairing these ruptures that generate vulnerability and injustice within certain segments of the population, in addition to affecting their mental health and well-being (Ahmad et al., 2020).

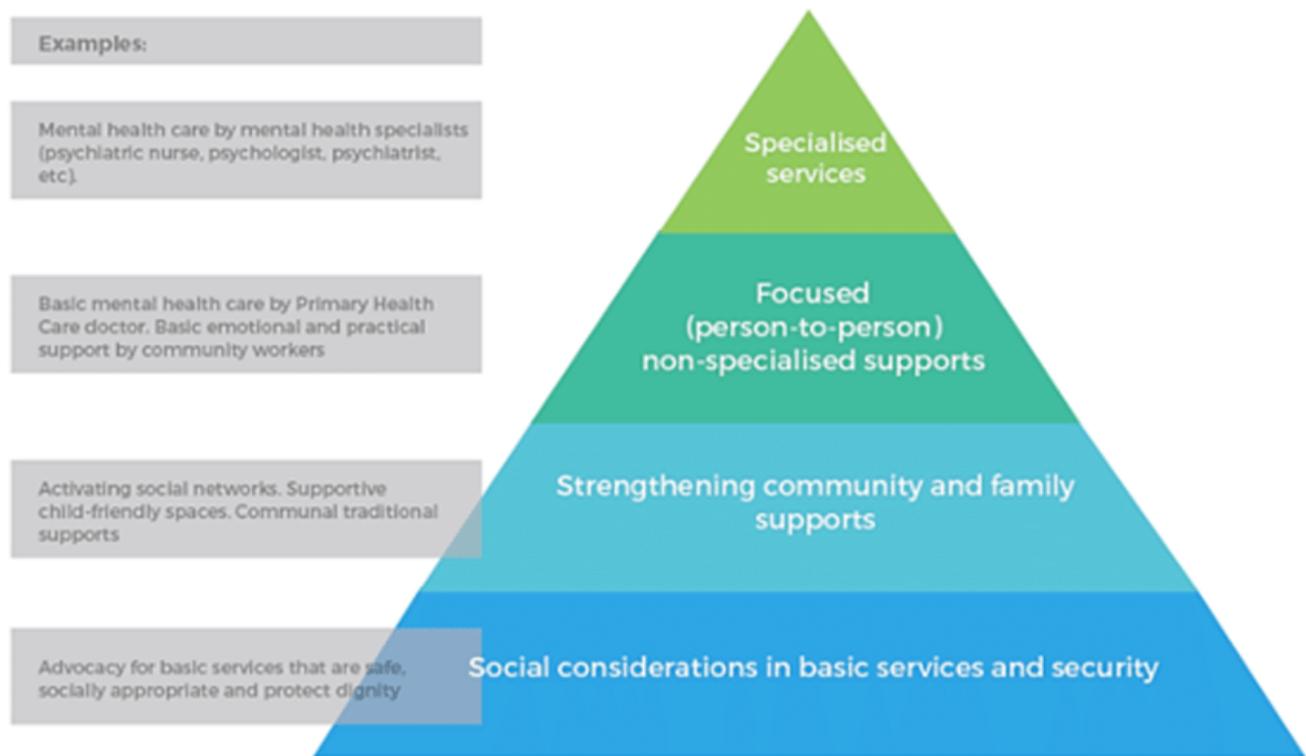
Logic model in the context of the COVID-19 pandemic, based on community resilience and social cohesion

The studies identified to date within the context of COVID-19 deal mainly with the service offering that should be put in place to support individuals in distress (Agyapong, 2020; Banskota et al., 2020; Bauerle et al., 2020). The number of studies reporting data on the effectiveness of community- and population-based approaches during the pandemic is still low and often limited to the positions of recognized risk management organizations or research experts (Bao et al., 2020). However, several studies have highlighted the importance of stepped care, an interesting avenue that sometimes includes community-based approaches.

Similarly, the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support has developed a model that takes into account psychosocial and mental health considerations adapted to the context of the COVID-19 pandemic. It is a coordinated model with four levels of intervention ranging from strengthening community support to integrating mental health and psychosocial needs in basic services and providing specific mental health services and specialized psychiatric services. The model is presented in the following table (IASC MHPSS Reference Group, 2020).

The importance of implementing specialized psychiatric services and specific mental health services is well documented and has been the focus of recent studies in the context of COVID-19 (INESSS, 2020b). In addition, recent publications have already proposed clinical or self-care solutions tailored to the pandemic in Québec (INESSS, 2020c, 2020d; Groupe SAT-COVID-19, 2020). Therefore, this document will focus solely on the first two intervention levels of the model, that is, the need to incorporate concern for mental health and psychosocial needs in basic services, while taking social inequalities into account, and the need to strengthen community actions so that communities can develop their resilience and foster social cohesion.

Table 1. Intervention pyramid for mental health and psychosocial support proposed by the Inter-Agency Standing Committee



Source: IASC MHPSS Reference Group (2020).

The items in this table echo several studies conducted in the context of previous public health crises that show how important it is to incorporate mental health and psychosocial support into all forms of humanitarian response, while always taking social inequalities into account (Conférence mondiale des Nations Unies sur la réduction des risques de catastrophe, 2015, O’Sullivan et al., 2014; Pinderhughes et al., 2015; Preventive Institute, 2017). In addition, many studies recommend community-based actions that promote collective resilience and social cohesion in order to prevent such crises from getting worse in certain communities and that ensure life gradually returns to normal for the population as a whole (Arup and The Rockefeller Foundation, 2015; Conférence mondiale des Nations Unies sur la réduction des risques de catastrophe, 2015; Institute of Medicine, 2015; Magis, 2010; O’Sullivan et al., 2014).

Incorporating concern for mental health, psychosocial needs and social inequalities in basic care and services

During public health crises or catastrophes of any kind, it is important to adopt a broad-based preventive approach that places more emphasis on the human dimension so that, in the interests of non-maleficence, the obvious negative consequences that can result from distancing or isolation measures, such as anxiety or an increase in psychosocial problems, are taken into account (Déry et al., 2020). This can be achieved by incorporating a concern for mental health and psychosocial needs in all actions targeting people affected by COVID-19. In fact, this approach should be adopted by every sector of society that offers direct services to the population (Galea et al., 2020; Généreux et al., 2020; IASC MHPSS Reference Group, 2020; Nobles et al., 2020; Park and Park, 2020). In more concrete terms, this involves:

1. Ensuring that people who conduct epidemiological investigations and those who treat people suffering from COVID-19 are trained to take the mental health needs of such people into account.
2. Having mechanisms in place to address the social needs of individuals and communities (e.g. Food security, protection of children and victimized people, support for the bereaved, measures to combat loneliness).
3. Avoiding/reducing stigmatization linked to COVID-19, particularly in the case of people infected by the virus and those who work in the health sector or essential services.
4. Supporting the mental health of people who work in the health sector or essential services.
5. Taking into account, for the general public, the impact of the fear of getting COVID-19 and the anxiety related to going to certain places (e.g. care and services settings, grocery stores).

Promoting community resilience

Since public well-being during a pandemic is based on, in particular, the ability of local communities to mobilize their resources in order to cope with the consequences of the pandemic, consideration should be given to mechanisms and actions that promote such resilience. In that regard, many studies and policy papers maintain that several conditions must be assembled to foster the development of resilience within communities (Arup and The Rockefeller Foundation, 2015; Bouchard-Bastien et al., 2016; Conférence mondiale des Nations Unies sur la réduction des risques de catastrophes, 2015; Institute of Medicine, 2015; Magis, 2010; O'Sullivan et al., 2014, Pinderhughes et al., 2015; Ratner et al., 2020; Scrivens and Smith, 2013). They suggest, for example, that steps be taken to build on:

1. The development of community resources and their engagement in achieving common objectives in order to increase their community's ability to meet its needs during a crisis.
2. Participation and engagement of community members in order to ensure collective well-being and rapidly pinpoint ways to achieve the members' objectives or meet their needs in stressful and difficult situations.
3. Joint action based on collective deliberation, planning, innovation and learning in order to achieve community objectives.
4. Processes and actions based on equity and inclusion by paying attention to the needs of the most vulnerable populations and encouraging them to participate in the various steps in the process.
5. Promotion of the results and successes of communities in response to a crisis.
6. Flexibility, in the sense that actions to be taken can be changed and adapted in response to circumstances as they unfold.
7. Strong local leadership that facilitates the integration and coordination of actions, as well as consistency in decision making.
8. Strong, well-organized social networks that foster the pooling of expertise, innovations and local knowledge.

Promoting social cohesion and building on trust in institutions

Trust in institutions is key to developing and maintaining social cohesion. When such trust is high among the population, researchers have observed cooperative and altruistic behaviour on the part of individuals, including taking part in volunteer work, respecting differences between groups and complying with government messages, like those that encourage people to follow advice and guidelines from health authorities. Several studies conducted during the current public health crisis have also shown that infection and mortality rates are higher in countries and regions where institutional trust is lower (Goldstein and Wiedemann, 2020; Oksanen et al., 2020; Varshney and Socher, 2020). Therefore, trust seems to act as a protective factor during health crises. From that perspective, it is important to focus on:

1. measures aimed at fostering and maintaining public trust in institutions so that a maximum number of people comply with public health measures
2. relevant, clear, transparent and timely communication about the epidemic, which may also reduce stigmatization, uncertainty and fear among the public (Park and Park, 2020)
3. altruistic actions because, “even though they do not have an obvious and immediate benefit for the person who takes them: the well-being of everyone is inextricably linked to that of others” (Déisy et al., 2020) [translation]
4. community engagement in managing the health crisis, particularly during the lifting of lockdown measures (Bouchard-Bastien et al., 2016; Lau et al., 2020)

Actions to be taken to create environments that promote mental health and well-being

The following actions could be considered for creating environments that promote mental health and well-being, community resilience and social cohesion:

Provide accurate and positive information

- ▶ Promote access to quality, credible and transparent information by explicitly broadcasting recent developments and upcoming actions so as to foster trust in institutions and minimize psychological impacts (World Health Organization et al., 2020). The authors of a Chinese study argue that a higher level of satisfaction with health information received is associated with a lower psychological impact. In addition, up-to-date and accurate information on the number of recovered individuals, the number of new cases and their geographical location, the state of research on vaccines, the effectiveness of medicines, and routes of transmission is associated with lower levels of stress, anxiety and depression (Wang et al., 2020).
- ▶ Inform the general public about the psychosocial consequences of a pandemic and what services are available, while reminding people that it is normal to feel sad, dismayed, worried, afraid or angry in times of crisis. This information can be transmitted through information services, fact sheets, or websites. Messages must be simple and easy for everyone to understand, regardless of their level of literacy. They must also be accessible, taking into account the characteristics of the target audience (e.g. language, sensory or intellectual handicaps) (IASC MHPSS Reference Group, 2020; Mesa Vieira, 2020).
- ▶ Draw attention to positive local examples of people who are resilient in the face of COVID-19 and recognize in a positive way the role played by local people, such as caregivers, during the pandemic. Such practices help to maintain a positive atmosphere and a climate of trust (World Health Organization, 2020a).

- ▶ Reduce misinformation and disinformation about COVID-19 issues by promoting serious and credible information platforms—including news media and social media—where people can consult government and scientific messages. Misinformation and disinformation are being actively spread during the current health crisis through information and social media (Limaye et al., 2020; World Health Organization, 2020b). This issue is raising an urgent public health challenge that must be taken into account when implementing safety measures. In fact, the confusion generated by disinformation and conspiracy theories is hindering public trust in institutions, interfering with the adoption of appropriate health behaviours and having negative psychological impacts (Garrett, 2020; Letki, 2006; Limaye et al., 2020; Plohl and Musil, 2020; Sallam et al., 2020).

Encourage participation as well as citizen and community engagement

- ▶ Encourage citizens to participate in the lifting of lockdown measures, as this can help to reduce the fears associated with this process and maximize its acceptability. It is important to include, first and foremost, groups that have been most affected by the crisis: for example, people aged 70 and over living in residences and whose comings and goings have been monitored, young people whose school year has been disrupted or people with a known chronic physical or mental condition (Wang et al., 2020). During public health crises, it is recognized that the engagement of communities, including survivors, concerned citizens, community leaders and resource people, can contribute to the overall success of public health efforts (Bouchard-Bastien et al., 2016; Lau et al., 2020). As noted previously by the INSPQ, actions of this type during public health crises foster the exploration of collective issues and help to identify the needs of the community as to develop solutions that are acceptable to the majority (Bouchard-Bastien et al., 2016).
- ▶ Identify communities and populations with an accumulation of social and economic vulnerability factors, consult these groups and involve them in the search for solutions aligned with their situation (World Health Organization, 2020a). Since the risk of stigmatization (e.g. ageism, racism) has been exacerbated during the COVID-19 pandemic, it is important to take the principle of non-maleficence into account so as to ensure that the measures to be put in place benefit the population as a whole and do not have a negative impact on a particular community (Déisy et al., 2020).
- ▶ Share and promote initiatives by citizens and community groups, be they in the form of artistic endeavours (online writing, dance or drawing workshops), technological and social innovations (geopositioning tools, telemedicine or local respirator and mask innovations) or improvements in community togetherness and well-being (online cooking, yoga or meditation workshops). The visibility of citizen and community initiatives is good for the resilience and social cohesion of communities and helps to improve the mental health and well-being of individuals (Fancourt and Saoirse, 2019; Holmes et al., 2020).

Support social connections in collaboration with community resources

- ▶ Work with local resources to establish an effective mutual aid network. It is also important to publicize the services offered by these resources through websites, brochures, and advertising and to set up new resources for meeting needs expressed at the local level, if necessary. People in charge of community action, who are well acquainted with community resources, are essential allies in promoting community resilience strategies within the context of pandemics (Chew, 2020; World Health Organization, 2020a).
- ▶ Support mutual aid actions and projects (e.g. the exchange of services between neighbours and residents) while complying with physical distancing guidelines (Aldrich, 2012). Promoting, maintaining and supporting quality social connections contributes to well-being and positive mental health. In the context of physical distancing, priority should be given to the use of technological tools. However, some studies emphasize the fact that we cannot rely solely on such tools because certain vulnerable populations do not have access to them (Institute of Medicine, 2015; Mesa Vieira, 2020).

- ▶ Provide local access to green spaces such as parks and community gardens. Contact with nature and physical activity have a positive impact on mental health and well-being (Samuelsson et al., 2020; Zhang et al., 2020). In addition, a survey conducted in Portugal showed, among other things, that having access to a garden was associated with fewer symptoms of depression and stress (Moreira et al., 2020).

Address community members' psychosocial needs

- ▶ Include principles such as hope, safety, caring and solidarity in all actions for people concerned by the pandemic. To that end, people involved in providing care and assistance within the context of COVID-19 (e.g. staff in the health care network, non-medical employees, volunteers, people in charge of screening, school staff, community members) should be made aware of the essential principles of psychosocial care such as psychological first aid (Croix rouge canadienne, 2019; Psychosocial Centre – IFRC, 2020; World Health Organization, 2020a). Such training better equips people to take care of each other. It also helps to increase concern about mental health and psychosocial needs that must not be neglected during crises (Galea et al., 2020; IASC MHPSS Reference Group, 2020).
- ▶ Support bereaved people in the grieving process. Crises like the current pandemic involve the loss of human life. It is crucial to consider this in all actions taken with individuals to address needs that have been expressed. Failure to do so may have repercussions on the physical and mental health of people who are grieving (Zhai and Du, 2020). Moreover, bereaved individuals may be affected by the fact that they cannot conduct the funeral rituals they had planned in order to begin the grieving process. It is important to work with specialists in this area (e.g. religious representatives, funeral service providers, griever) in order to identify alternative practices that meet people's needs while complying with COVID-19 public health guidelines (IASC MHPSS Reference Group, 2020).

Tools for monitoring the situation

A shared vision of mental health and well-being and the actions stemming from it must be based on population data from a range of sources covering not only mental disorders but all aspects of mental health. It must also ensure that all regions are represented, data are confidential and care is taken to avoid creating harmful effects. To achieve these goals, it is necessary to consider not only the mental disorder monitoring data usually taken into account, but to document the following aspects (Direction de la santé publique du CIUSSS Estrie CHUS, 2016;):

- ▶ The emotional, psychological and social well-being of the population concerned.
- ▶ Factors that promote or undermine mental health, as well as mental disorders (e.g. Experiencing violence and negligence, families' living conditions).
- ▶ The prevalence of certain behaviours and the conditions associated with them (e.g. Use of psychoactive substances, presence of parental support).
- ▶ The complete care and service offering (from promotion to recovery).
- ▶ The state of working relationships between mental and physical health clinical staff, public health employees and community resource personnel within the territory concerned.

Access to this type of data helps to ensure that services are planned using a population-based approach that goes beyond the delivery of clinical services. It also allows for a better understanding of the impact of specific sets of government programs or policies on a population's mental health and well-being (Cook et al., 2011; St-Pierre, 2016).

Here are a few tools for supporting monitoring activities in the context of a public health crisis like the current COVID-19 pandemic:

- ▶ The Post-Disaster Mental Health Impacts Surveillance Toolkit proposes an array of tools for documenting mental disorders and certain aspects of well-being and positive mental health. In addition, for certain effects, it presents other indicators of interest in post-disaster surveillance, particularly medication, alcohol and drug use: <https://www.inspq.qc.ca/en/post-disaster-mental-health-impacts-surveillance-toolkit>.
- ▶ The Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings produced by the Inter-Agency Standing Committee provides guidance in needs assessment, research, design, implementation, and monitoring and evaluation of mental health and psychosocial support (MHPSS) programs in emergency settings: <https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-common>.
- ▶ The INSPQ recently produced a document on the most appropriate indicators for detecting, as quickly as possible, within a community or a region, an increase in cases of child maltreatment or domestic violence, growing tensions between ethnic, religious or socioeconomic groups stemming from the perception that social distancing measures are not being complied with, or a decrease in social cohesion and the feeling of safety in a community. <https://www.inspq.qc.ca/publications/2985-suivis-violence-securite-criminalite-tensions-sociales-covid19> (in French only).

Conclusion

The aim of this document is to support regional public health authorities in implementing action plans to promote mental health and well-being as well as the resilience and social cohesion of communities in the context of COVID-19. The pandemic is having not only health impacts but also other repercussions, be they economic in nature or the consequence of quarantining and isolation, which are causing major disruptions in public health, well-being, safety, and fairness among individuals and communities.

Furthermore, because it has been shown that this public health crisis is exacerbating social inequalities and that individuals and communities are not equal when it comes to the consequences of the pandemic, public health messages and the actions of the various levels of government and community groups must be adapted to the realities of everyone. It is from this perspective that this document proposes a logic model based on the delivery of health care services attuned to mental health and well-being, community resilience and social cohesion.

As shown by the literature on the subject, it is important to maintain positive mental health within the context of a pandemic through actions targeting not only support for individuals, but also the resilience and social cohesion of communities so as to increase the well-being of everyone while reducing the risk of exacerbating social health inequalities. To that end, a list of actions that should be taken within communities to create environments that promote mental health, well-being and equity has been prepared.

The true consequences of the pandemic on communities that have an accumulation of vulnerability factors and on the general public will definitely be documented over the coming months and years. However, the findings of preliminary studies on the repercussions of the pandemic on mental health and social inequalities have made it possible to identify a number of courses of action. Preliminary research and studies have highlighted the importance of continuing to monitor the development of the epidemic's psychosocial impacts on individuals, families and communities over the short, medium and long term. To that end, a list of tools with various indicators has been proposed to keep track of developments in social health issues.

Additional resources

Promising initiatives for mobilizing local communities in the context of recovery:

- ▶ [*Cadre de réflexion sur les enjeux éthiques liés à la pandémie de COVID-19*](#) (in French only)
- ▶ [*La cohésion sociale comme condition essentielle à la sécurité : définition, composantes et indicateurs*](#) (in French only)
- ▶ [*Cadre de référence pour favoriser le dialogue et la résilience dans le cadre de controverses sanitaires environnementales*](#) (in French only)
- ▶ [*Changements sociaux et risques perçus à la suite de la tragédie ferroviaire de Lac-Mégantic*](#) (in French only)
- ▶ [*Des initiatives prometteuses pour mobiliser la communauté locale en contexte de rétablissement*](#) (in French only)
- ▶ [Psychological First Aid Pocket Guide](#)
- ▶ [Toolkit for Identifying People at Risk of Psychosocial Vulnerability](#)
- ▶ [Opening Community Gardens Safely](#)

References

- Abedi, V., Olulana, O., Avula, V., Chaudhary, D., Khan, A., Shahjouei, S., Li, J., & Zand, R. (2021). Racial, Economic, and Health Inequality and COVID-19 Infection in the United States. *Journal of Racial and Ethnic Health Disparities*, 8(3), 732-742. <https://doi.org/10.1007/s40615-020-00833-4>
- Adam-Poupart, A., Pouliot, L., Deger, L. and Sassine, M.-P. (2019). Impacts psychosociaux négatifs des vagues de chaleur, des inondations, des feux de forêt et des tempêtes chez les travailleurs du Québec. Montréal: Institut national de santé publique du Québec. Retrieved from <https://www.inspq.qc.ca/publications/2643>
- Agyapong, V. (2020). Coronavirus Disease 2019 Pandemic: Health System and Community Response to a Text Message (Text4Hope) Program Supporting Mental Health in Alberta. *Disaster Medicine and Public Health Preparedness*, 1-2. <https://doi.org/10.1017/dmp.2020.114>
- Ahmad, A., Chung, R., Eckenwiler, L., Ganguli, A. M., Hunt, M., Richards, R., ... Wild, V. (2020). What does it mean to be made vulnerable in the era of COVID-19? *The Lancet*, S014067362030979X. [https://doi.org/10.1016/S0140-6736\(20\)30979-X](https://doi.org/10.1016/S0140-6736(20)30979-X)
- Aldrich, D. (2012). *Building Resilience: Social Capital in Post-Disaster Recovery*. Chicago: The University of Chicago Press. doi:[10.7208/chicago/9780226012896.001.0001](https://doi.org/10.7208/chicago/9780226012896.001.0001)
- Arup and The Rockefeller Foundation. (2015). *City Resilience Framework*. London: Arup International Development. Retrieved from <https://www.rockefellerfoundation.org/report/city-resilience-framework/>
- Banskota, S., Healy, M. and Goldberg, E. M. (2020). 15 Smartphone Apps for Older Adults to Use While in Isolation during the COVID-19 Pandemic. *The western journal of emergency medicine*, (101476450). <https://doi.org/10.5811/westjem.2020.4.47372>
- Bao, Y., Sun, Y., Meng, S., Shi, J. and Lu, L. (2020). 2019-nCoV epidemic: address mental health care to empower society. *The Lancet*, 395(10224), e37-e38. [https://doi.org/10.1016/S0140-6736\(20\)30309-3](https://doi.org/10.1016/S0140-6736(20)30309-3)
- Bauerle, A., Skoda, E.-M., Dorrie, N., Bottcher, J. and Teufel, M. (2020). Psychological support in times of COVID-19: the Essen community-based CoPE concept. *Journal of public health (Oxford, England)*, (101188638). <https://doi.org/10.1093/pubmed/fdaa053>
- Bouchard-Bastien, E., Plante, S., Brisson, G., Institut national de santé publique du Québec and Direction de la santé environnementale et de la toxicologie. (2016). *Cadre de référence pour favoriser le dialogue et la résilience dans le cadre de controverses sanitaires environnementales*. Montréal: Institut national de santé publique du Québec.
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N. and Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, 395(10227), 912-920. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)
- Buonanno, P., Drago, F. and Galbiati, R. (2014). Response of crime to unemployment: An international comparison. *Journal of Contemporary Criminal Justice*, 30(1), 29-40. <https://doi.org/10.1177%2F1043986213509023>
- Chen, Q., Liang, M., Li, Y., Guo, J., Fei, D., Wang, L., ... Zhang, Z. (2020). Mental health care for medical staff in China during the COVID-19 outbreak. *The Lancet Psychiatry*, 7(4), E15. [https://doi.org/10.1016/S2215-0366\(20\)30078-X](https://doi.org/10.1016/S2215-0366(20)30078-X)

- Chew, Q., Wei, K., Vasoo, S., Chua, H. and Sim, K. (2020). Narrative synthesis of psychological and coping responses towards emerging infectious disease outbreaks in the general population: practical considerations for the COVID-19 pandemic. *Singapore Medical Journal*.
<https://doi.org/10.11622/smedj.2020046>
- Choi, K. R., Heilemann, M. V., Fauer, A. and Mead, M. (April 27, 2020). A Second Pandemic: Mental Health Spillover from the Novel Coronavirus (COVID-19): letter. <https://doi.org/10.1177%2F1078390320919803>
- Conférence mondiale des Nations Unies sur la réduction des risques de catastrophe. (2015). *Cadre d'action de Sendai pour la réduction des risques de catastrophes 2015-2030*. Genève: Bureau des Nations unies pour la réduction des risques de catastrophe. Retrieved from
https://www.preventionweb.net/files/43291_frenchsendaiframeworkfordisasterris.pdf
- Conseil de l'Europe. (2005). *Élaboration concertée des indicateurs de la cohésion sociale : guide méthodologique*. Strasbourg: Éditions du Conseil de l'Europe.
- Cook, A., Friedli, L., Coggins, T., Edmonds, N., Michaelson, J., O'Hara, K., ... Scott-Samuel, A. (2011). *Mental well-being impact assessment: a toolkit for well-being (3rd ed)*. London: National MWIA Collaborative. Retrieved from <https://q.health.org.uk/document/mental-wellbeing-impact-assessment-a-toolkit-for-wellbeing/>
- Croix rouge canadienne. (2019). Premiers secours psychologiques. Guide pratique. La société canadienne de la Croix-Rouge. Retrieved from https://www.redcross.ca/crc/documentsfr/What-We-Do/First-Aid-and-CPR/PFA-Mini-Guide_FR_digital_.pdf
- Des Jarlais, D. C., Galea, S., Tracy, M., Tross, S. and Vlahov, D. (2006). Stigmatization of Newly Emerging Infectious Diseases: AIDS and SARS. *American Journal of Public Health*, 96(3), 561-567.
<https://doi.org/10.2105/AJPH.2004.054742>
- Désy, M., St-Pierre, J., Leclerc, B., Couture-Ménard, M.-È., Cliche, D. and Maclure, J. (2020). *Cadre de réflexion sur les enjeux éthiques liés à la pandémie de COVID-19*. Montréal: Comité d'éthique de santé publique and Commission de l'éthique en science et en technologie. Retrieved from
<https://www.inspq.qc.ca/publications/2958>
- Direction de santé publique de l'Estrie. (2015). *Prioriser la santé mentale et le bien-être en Estrie : 7 défis à relever*. Sherbrooke: CIUSSS-CHUS de l'Estrie. Retrieved from
https://www.santeestrie.qc.ca/clients/SanteEstrie/Publications/Sante-publique/Portrait-population/Faits-saillants-2016/Rapport_Sante_mentale2015.pdf
- Douglas, M., Katikireddi, S. V., Taulbut, M., McKee, M. and McCartney, G. (2020). Mitigating the wider health effects of covid-19 pandemic response. *BMJ*, 369. <https://doi.org/10.1136/bmj.m1557>
- Fancourt, D. and Saoirse, F. (2019). *What is the Evidence on the Role of the Arts in Improving Health and Well-Being*. Copenhagen: WHO.
- Galea, S., Merchant, R. M. and Lurie, N. (2020). The Mental Health Consequences of COVID-19 and Physical Distancing: The Need for Prevention and Early Intervention. *JAMA Internal Medicine*. doi:10.1001/jamainternmed.2020.1562
- Garrett, L. (2020). COVID-19: the medium is the message. *The Lancet*, 395(10228), 942-943.
[https://doi.org/10.1016/S0140-6736\(20\)30600-0](https://doi.org/10.1016/S0140-6736(20)30600-0)
- Généreux, M. and Maltais, D. (2019). La reconstruction sociale de la communauté de Lac-Mégantic suivant la tragédie : bilan des six premières années. *Vision Santé publique. Bulletin d'information de la direction de santé publique de l'Estrie*, 52 (juillet), 1-8. Retrieved from
https://www.santeestrie.qc.ca/clients/SanteEstrie/Publications/Sante-publique/Bulletin-vision/2019/52_Vision_sante_publique_Lac-Megantic_6ans_FR.pdf

- Généreux, M., Roy, M., O'Sullivan, T. and Maltais, D. (2020). A Salutogenic Approach to Disaster Recovery: The Case of the Lac-Mégantic Rail Disaster. *International Journal of Environmental Research and Public Health*, 17 (5), 1463. <https://doi.org/10.3390/ijerph17051463>
- Gilmour, H. (2014). Santé mentale positive et maladie mentale. *Rapport sur la santé*, 25 (9), 3-10. Retrieved from <https://www150.statcan.gc.ca/n1/fr/pub/82-003-x/2014009/article/14086-fra.pdf?st=HwF3XySs>
- Goldstein, D. and Wiedemann, J. (2020). Who Do You Trust? The Consequences of Partisanship and Trust in Government for Public Responsiveness to COVID-19. *SSRN Electronic Journal*. <https://dx.doi.org/10.2139/ssrn.3580547>
- Groupe SAT-COVID-19. (2020). *Recommandations concernant la réduction des risques psychosociaux du travail en contexte de pandémie-Covid-19*. Montréal: Direction des risques biologiques et de la santé au travail de l'Institut national de santé publique du Québec (INSPQ). Retrieved from <https://www.inspq.qc.ca/sites/default/files/covid/2988-reduction-risques-psychosociaux-travail-covid19.pdf>
- Guha, A., Bonsu, J., Dey, A. and Addison, D. (2020). *Community and Socioeconomic Factors Associated with COVID-19 in the United States: Zip code level cross sectional analysis* (preprint). Public and Global Health. <https://doi.org/10.1101/2020.04.19.20071944>
- Hawryluck, L., Gold, W. L., Robinson, S., Pogorski, S., Galea, S. and Styra, R. (2004). SARS Control and Psychological Effects of Quarantine, Toronto, Canada. *Emerging Infectious Diseases*, 10(7), 1206-1212. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3323345/pdf/03-0703.pdf>
- Ho, F. K., Celis-Morales, C. A., Gray, S. R., Katikireddi, S. V., Niedzwiedz, C. L., Hastie, C., ... Welsh, P. I. (2020). *Modifiable and non-modifiable risk factors for COVID-19: results from UK Biobank* (preprint). *Epidemiology*. <https://doi.org/10.1101/2020.04.28.20083295>
- Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., ... Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *The Lancet Psychiatry*, S2215036620301681. [https://doi.org/10.1016/S2215-0366\(20\)30168-1](https://doi.org/10.1016/S2215-0366(20)30168-1)
- Hossain, M. M., Sultana, A. and Purohit, N. (2020). *Mental health outcomes of quarantine and isolation for infection prevention: A systematic umbrella review of the global evidence* (preprint). PsyArXiv. <https://doi.org/10.31234/osf.io/dz5v2>
- IASC MHPSS Reference Group. (2020). *Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak*. Genève: Inter-Agency Standing Committee. Retrieved from <https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/interim-briefing>
- Ibrahim, D. (2018). *La victimisation avec violence, la discrimination et les perceptions concernant la sécurité : perspective des immigrants, Canada, 2014*. Ottawa: Statistique Canada.
- Institute of Medicine. (2015). *Healthy, Resilient, and Sustainable Communities after Disasters: Strategies, Opportunities, and Planning for Recovery*. Washington, D.C.: National Academies Press. <https://doi.org/10.17226/18996>
- Institut national d'excellence en santé et en services sociaux (INESSS). (2020a). *COVID-19 et les effets du contexte de la pandémie sur la santé mentale et mesures à mettre en place pour contrer ces effets. Réponse rapide*. Québec: INESSS. Retrieved from https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19_Sante_mentale-population.pdf

- Institut national d'excellence en santé et en services sociaux (INESSS). (2020b). *Approches et interventions de soutien pour les personnes qui nécessitent des soins psychiatriques et qui ont ou sont à risque d'avoir la Covid-19. Réponse rapide*. Québec: INESSS. Retrieved from https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19_Soutien_soins_psychiatriques.pdf
- Institut national d'excellence en santé et en services sociaux (INESSS). (2020c). *COVID-19 et les services sociaux et de santé mentale à maintenir, à remettre en place ou à déployer auprès de la population générale lors de la phase de rétablissement de la pandémie. Réponse rapide*. Québec: INESSS. Retrieved from [Erreur ! Référence de lien hypertexte non valide. https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19_retablissement.pdf](https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19_retablissement.pdf)
- Institut national d'excellence en santé et en services sociaux (INESSS). (2020d). *COVID-19 et la détresse psychologique et la santé mentale du personnel du réseau de la santé et des services sociaux dans le contexte de l'actuelle pandémie. Réponse rapide*. Québec: INESSS. Retrieved from https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19_SM_personnel_reseau.pdf
- Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., ... Hu, S. (2020). Factors Associated with Mental Health Outcomes among Health Care Workers Exposed to Coronavirus Disease 2019. *JAMA Network Open*, 3(3), e203976. doi:[10.1001/jamanetworkopen.2020.3976](https://doi.org/10.1001/jamanetworkopen.2020.3976)
- Lau, L. S., Samari, G., Moresky, R. T., Casey, S. E., Kachur, S. P., Roberts, L. F. and Zard, M. (2020). COVID-19 in humanitarian settings and lessons learned from past epidemics. *Nature Medicine*. <https://doi.org/10.1038/s41591-020-0851-2>
- Letki, N. (2006). Investigating the Roots of Civic Morality: Trust, Social Capital, and Institutional Performance. *Political Behavior*, 28(4), 305-325. <https://doi.org/10.1007/s11109-006-9013-6>
- Li, S., Wang, Y., Xue, J., Zhao, N. and Zhu, T. (2020). The Impact of COVID-19 Epidemic Declaration on Psychological Consequences: A Study on Active Weibo Users. *International Journal of Environmental Research and Public Health*, 17(6), 2032. <https://doi.org/10.3390/ijerph17062032>
- Limaye, R. J., Sauer, M., Ali, J., Bernstein, J., Wahl, B., Barnhill, A. and Labrique, A. (2020). Building trust while influencing online COVID-19 content in the social media world. *The Lancet Digital Health*, 0(0). [https://doi.org/10.1016/S2589-7500\(20\)30084-4](https://doi.org/10.1016/S2589-7500(20)30084-4)
- Magis, K. (2010). Community Resilience: An Indicator of Social Sustainability. *Society & Natural Resources*, 23(5), 401-416. <https://doi.org/10.1080/08941920903305674>
- Mantoura, P. (2014). *Defining a population mental health framework for public health*. Montreal: National Collaborating Centre for Healthy Public Policy. <https://ccnpps-ncchpp.ca/defining-a-population-mental-health-framework-for-public-health/>
- Maroko, A. R., Nash, D. and Pavilonis, B. (2020). *Covid-19 and Inequity: A comparative spatial analysis of New York City and Chicago hot spots* (preprint). Public and Global Health. <https://doi.org/10.1101/2020.04.21.20074468>
- Mesa Vieira, C., Franco, O. H., Gómez Restrepo, C. and Abel, T. (2020). COVID-19: The forgotten priorities of the pandemic. *Maturitas*, 136, 38-41. <https://doi.org/10.1016/j.maturitas.2020.04.004>
- Mohler, G., Bertozzi, A., Carter, J., Short, M., Sledge, D., Tita, G., ... Brantingham, P. (2020). Impact of social distancing during COVID-19 pandemic on crime in Los Angeles and Indianapolis. *Journal of Criminal Justice*, 68, 101692. <https://doi.org/10.1016/j.jcrimjus.2020.101692>
- Moreira, P. S., Ferreira, S., Couto, B., Machado-Sousa, M., Fernandez, M., Raposo-Lima, C., ... Morgado, P. (2020). *Protective elements of mental health status during the COVID-19 outbreak in the Portuguese population* (preprint). Psychiatry and Clinical Psychology. <https://doi.org/10.1101/2020.04.28.20080671>

- Nguyen, H. C., Nguyen, M. H., Do, B. N., Tran, C. Q., Nguyen, T. T. P., Pham, K. M., ... Duong, T. V. (2020). People with Suspected COVID-19 Symptoms Were More Likely Depressed and Had Lower Health-Related Quality of Life: The Potential Benefit of Health Literacy. *Journal of Clinical Medicine*, 9(4), 965. <https://doi.org/10.3390/jcm9040965>
- Nobles, J., Martin, F., Dawson, S., Moran, P. and Savovic, J. (2020). *The potential impact of COVID-19 on mental health outcomes and the implications for service solutions*. United Kingdom: Centre for Academic Mental Health of the University of Bristol, Faculty of Health and Applied Sciences of the University of West of England, NIHR-Applied Research Collaboration West. Retrieved from <https://arc-w.nihr.ac.uk/research-and-implementation/covid-19-response/potential-impact-of-covid-19-on-mental-health-outcomes-and-the-implications-for-service-solutions/>
- Oksanen, A., Kaakinen, M., Latikka, R., Savolainen, I., Savela, N. and Koivula, A. (2020). Regulation and Trust: 3-Month Follow-up Study on COVID-19 Mortality in 25 European Countries. *JMIR Public Health and Surveillance*, 6 (2), e19218. <https://doi.org/10.2196/19218>
- Onwuzurike, C., Meadows, A. R. and Nour, N. M. (2020). Examining Inequities Associated With Changes in Obstetric and Gynecologic Care Delivery During the Coronavirus Disease 2019 (COVID-19) Pandemic: *Obstetrics & Gynecology*, 1. doi:[10.1097/AOG.0000000000003933](https://doi.org/10.1097/AOG.0000000000003933)
- Organisation mondiale de la santé. (2013). *Plan d'action pour la santé mentale 2013-2020*. Genève: Organisation mondiale de la santé. Retrieved from <https://apps.who.int/iris/handle/10665/89969>
- Organisation mondiale de la santé. (2018). *La santé mentale : renforcer notre action. Aide-mémoire*. Genève: Centre des médias de l'OMS. Retrieved from <https://www.who.int/fr/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- O'Sullivan, T. L., Kuziemyk, C. E., Corneil, W., Lemyre, L. and Franco, Z. (2014). The EnRiCH Community Resilience Framework for High-Risk Populations. *PLoS Currents*. doi:[10.1371/currents.dis.11381147bd5e89e38e78434a732f17db](https://doi.org/10.1371/currents.dis.11381147bd5e89e38e78434a732f17db)
- Park, S.-C. and Park, Y. C. (2020). Mental Health Care Measures in Response to the 2019 Novel Coronavirus Outbreak in Korea. *Psychiatry Investigation*, 17(2), 85-86. <https://doi.org/10.30773/pi.2020.0058>
- Patel, A. P., Paranjpe, M. D., Kathiresan, N. P., Rivas, M. A. and Khera, A. V. (2020). *Race, Socioeconomic Deprivation, and Hospitalization for COVID-19 in English participants of a National Biobank* (preprint). *Epidemiology*. <https://doi.org/10.1101/2020.04.27.20082107>
- Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., ... Unützer, Jü. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet*, 392(10157), 1553-1598. [https://doi.org/10.1016/s0140-6736\(18\)31612-x](https://doi.org/10.1016/s0140-6736(18)31612-x)
- Pfefferbaum, B. and North, C. S. (2020). Mental Health and the Covid-19 Pandemic. *New England Journal of Medicine*, 0 (0), null. <https://doi.org/10.1056/nejmp2008017>
- Pinderhughes, H., Davis, R. and Williams, M. (2015). *Adverse Community Experiences and resilience. A framework for addressing and preventing community trauma*. Oakland, California: Prevention Institute. Retrieved from <https://www.preventioninstitute.org/publications/adverse-community-experiences-and-resilience-framework-addressing-and-preventing>
- Plohl, N. and Musil, B. (2020). *Modeling compliance with COVID-19 prevention guidelines: The critical role of trust in science* (preprint). PsyArXiv. <https://doi.org/10.31234/osf.io/6a2cx>
- Preventive Institute. (2017). *Back to our roots: catalyzing community action for mental health and wellbeing*. California: Prevention Institute. Retrieved from <https://www.preventioninstitute.org/www.preventioninstitute.org/publications/back-to-our-roots>

- Psychosocial Centre—IFRC. (2020). Premiers secours psychologiques (PSP) à distance lors de la pandémie de COVID-19. International Federation of Red Cross and Red Crescent Societies. Retrieved from https://pscentre.org/wp-content/uploads/2020/04/PSP-%C3%A0-distance-durant-COVID-19-Version-FR_160420.pdf
- Ratner, L., Martin-Blais, R., Warrell, C. and Narla, N. P. (2020). Reflections on Resilience during the Novel Coronavirus Disease (COVID-19) Pandemic: Six Lessons from Working in Resource-Denied Settings. *The American journal of tropical medicine and hygiene*, (3zq, 0370507). <https://doi.org/10.4269/ajtmh.20-0274>
- Sallam, M., Dababseh, D., Yaseen, A., Al-Haidar, A., Ababneh, N. A., Bakri, F. G. and Mahafzah, A. (2020). *Conspiracy beliefs are associated with lower knowledge and higher anxiety levels regarding COVID-19 among students at the University of Jordan* (preprint). *Infectious Diseases (except HIV/AIDS)*. <https://doi.org/10.1101/2020.04.21.20064147>
- Samuelsson, K., Barthel, S., Colding, J., Macassa, G. and Giusti, M. (2020). *Urban nature as a source of resilience during social distancing amidst the coronavirus pandemic* (preprint). *Open Science Framework*. <https://doi.org/10.31219/osf.io/3wx5a>
- Scrivens, K. and Smith, C. (2013). *Four Interpretations of Social Capital: An Agenda for Measurement*. Paris: OECD Publishing. Retrieved from <https://doi.org/10.1787/5jzbcx010wmt-en>
- Shigemura, J., Ursano, R. J., Morganstein, J. C., Kurosawa, M. and Benedek, D. M. (2020). Public responses to the novel 2019 coronavirus (2019-nCoV) in Japan: Mental health consequences and target populations. *Psychiatry and Clinical Neurosciences*, pcn.12988. <https://dx.doi.org/10.1111%2Fpcn.12988>
- Sprang, G. and Silman, M. (2013). Posttraumatic Stress Disorder in Parents and Youth After Health-Related Disasters. *Disaster Medicine and Public Health Preparedness*, 7(1), 105-110. <https://doi.org/10.1017/dmp.2013.22>
- St-Pierre, L. (2016). *La santé mentale dans le champ de l'évaluation d'impact sur la santé*. Montréal: Centre de collaboration nationale sur les politiques publiques de la santé. Retrieved from https://www.ccnpps.ca/100/Publications.ccnpps?id_article=1558
- Tsouvelas, G., Konstantakopoulos, G., Vakirtzis, A., Giotakos, O., Papanis, T. and Kontaxakis, V. (2018). Criminality in Greece during the years of financial crisis: 2008-2014. *Psychiatriki*, 29(1), 19-24. <https://dx.doi.org/10.22365/jpsych.2018.291.19>
- Varshney, L. R. and Socher, R. (2020). *COVID-19 Growth Rate Decreases with Social Capital* (preprint). *Public and Global Health*. <https://doi.org/10.1101/2020.04.23.20077321>
- Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C. S. and Ho, R. C. (2020). Immediate Psychological Responses and Associated Factors during the Initial Stage of the 2019 Coronavirus Disease (COVID-19) Epidemic among the General Population in China. *International Journal of Environmental Research and Public Health*, 17(5), 1729. <https://doi.org/10.3390/ijerph17051729>
- World Health Organization. (2020a). *Mental health and psychosocial considerations during the COVID-19 outbreak*. Geneva: World Health Organization. Retrieved from <https://www.who.int/publications-detail/WHO-2019-nCoV-MentalHealth-2020.1>
- World Health Organization. (2020b). Novel Coronavirus (2019-nCoV) Situation Report—13. *World Health Organization*. Retrieved on April 28, 2020 from <https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200202-sitrep-13-ncov-v3.pdf>

- World Health Organization et Calouste Gulbenkian Foundation. (2014). *Social determinants of mental health*. Geneva: Organisation mondiale de la santé. Retrieved from <https://www.who.int/publications/i/item/9789241506809>
- World Health Organization, UNICEF and International Federation of Red Cross and Red Crescent Societies. (2020). *Risk Communication and Community Engagement (RCCE) Action Plan Guidance COVID-19 Preparedness and Response*. Geneva: World Health Organization. Retrieved from [https://www.who.int/publications-detail/risk-communication-and-community-engagement-\(rcce\)-action-plan-guidance](https://www.who.int/publications-detail/risk-communication-and-community-engagement-(rcce)-action-plan-guidance)
- Zhai, Y. and Du, X. (2020). Loss and grief amidst COVID-19: A path to adaptation and resilience. *Brain, Behavior, and Immunity*, S0889159120306322. <https://doi.org/10.1016/j.bbi.2020.04.053>
- Zhang, S. X., Wang, Y., Rauch, A. and Wei, F. (2020). Unprecedented disruption of lives and work: Health, distress and life satisfaction of working adults in China one month into the COVID-19 outbreak. *Psychiatry research*, 288(qc4, 7911385), 112958. <https://doi.org/10.1016/j.psychres.2020.112958>

COVID-19: Promoting Mental Health and Well-Being Through Community Resilience and Social Cohesion

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