

Published in final edited form as:

Br J Psychiatry. 2022 May ; 220(5): 254–256. doi:10.1192/bjp.2022.8.

The impact of COVID-19 on mental health research: Is this the breaking point?

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Declarations of Interest

KB is the Editor in Chief of the British Journal of Psychiatry. SC is funded by the Wellcome Trust, he has received honoraria from Elsevier and previously consulted for promentis. BD Receives funding from the NIHR HTA programme. TF Receives funding from UKRI to track the impact of covid-19 on the mental health of children and young people and consults for Place2Be. NH is the chair of board of trustees of Manchester Global Foundation (MGF) a Charitable Incorporated Organisation (CIO) registered in England and Wales. He has received honorarium and travel grants from various pharmaceutical industries. He is an NIHR Senior Investigator. IJ receives funding from Health and Care Research Wales to study the impact of COVID-19 on people with lived experience of mental illness. AL-H is a Handling Editor of BJPsych and was the immediate past chair of the Academic Faculty of the RCPsych; she has received research support and honoraria from Lundbeck, GSK and Alcarelle, paid consultancy to Silence and unpaid consultancy to AstraZeneca, Opiant, Britannia Pharmaceuticals outside the submitted work. RS has received support and honoraria from LivaNova, UCB, Eisai, Veriton Pharma, Bial, Averelle and GW pharmaceuticals outside the submitted work. LS Is funded by a Junior Fellowship from the Alzheimer's Society. JS has been PI or SI on studies sponsored by Takeda, Janssen and Lundbeck Plc. He has attended an Investigators' meeting run by Allergan Plc. AY is deputy Editor of BJPsych Open, has received payment for lectures or advisory work from: Astrazeneca, Eli Lilly, Lundbeck, Sunovion, Servier, Livanova, Janssen, Allegan, Bionomics, Sumitomo Dainippon Pharma, COMPASS. Is a consultant to Johnson & Johnson and Livanova. Received honoraria for attending advisory boards and presenting talks at meetings organised by LivaNova. Principal Investigator in the Restore-Life VNS registry study funded by LivaNova. Principal Investigator on ESKETINTRD3004. Is the principal Investigator on "The Effects of Psilocybin on Cognitive Function in Healthy Participants." Is principal Investigator on "The Safety and Efficacy of Psilocybin in Participants with Treatment-Resistant Depression (P-TRD)." UK Chief Investigator for Novartis MDD study MJ821A12201. Grant funding (past and present): NIMH (USA); CIHR (Canada); NARSAD (USA); Stanley Medical Research Institute (USA); MRC (UK); Wellcome Trust (UK); Royal College of Physicians (Edin); BMA (UK); UBC-VGH Foundation (Canada); WEDC (Canada); CCS Depression Research Fund (Canada); MSFHR (Canada); NIHR (UK). Janssen (UK). No shareholdings in pharmaceutical companies. WL is deputy editor of the British Journal of Psychiatry. AB, RD, SF, HK, CM, JR, AS and OS have no competing interests to declare.

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The COVID-19 pandemic has exposed organisational and societal vulnerabilities to new infectious diseases and highlighted the socio-economic consequences of lockdown, underpinned by inequalities in access to power and resources. The NHS, social care, public transport, schools, universities, and businesses have been tested up to, and beyond, breaking point, resulting in job losses, service failure, and poverty. The impact on vulnerable groups, such as those in ethnic minorities, the elderly in care homes and people with learning disabilities, was stark in terms of excess mortality. We as a society are still reeling from the shock, and it is unlikely that we will fully understand the impacts of the pandemic for many years. In this article, we highlight the significant impact that the Pandemic has

had on mental health research and discuss the consequences of this on clinical practice, professional education and the training of future psychiatrists. Research is a core element of health service design globally and must be viewed as central to providing safe, effective and adaptable mental health care, which is increasingly important during times of great international change. Thus, we aim to make the case that mental health research serves a purpose beyond the purely scientific endeavour of intellectual discovery and at present is underfunded when considering the wider burden of mental ill health.

As we emerge from the acute phase of the Pandemic, we can start to appraise other critically vulnerable social and institutional structures and practices. We need an improved way of delivering healthcare. Arguably the last 18 months have seen a greater focus on the mental health of individuals and populations than at any time in our history. The public discourse has been dominated by predictions of dire mental health consequences from politicians, journalists, and commentators. The cause of any increase in mental health problems is variously ascribed; sometimes to the pandemic itself, sometimes to the unintended consequences of the lockdown, and sometimes to both. What is clear, is that the predicted rise of mental ill health has not yet fully emerged (1), although the most vulnerable members of our society have been disproportionately affected, particularly those living in poverty, with pre-existing mental or physical health needs and those at both ends of the age spectrum. Furthermore, the full mental health impact of Long Covid remains unclear and is likely to be significant.

Whilst the impact of the pandemic on population mental health remains uncertain, the influence on psychiatric practice, training and research is clearer. The detrimental effects of COVID on the delivery of mental health care have been profound, but have been well documented elsewhere. Mental health research, which was already in a precarious position, has been further challenged. Significant gaps remained in our understanding of mental illness prior to the Pandemic, during which research progress has slowed. The start of the pandemic saw the redeployment of psychiatry trainees and consultants to COVID related roles, leading to significant disruption, to both mental health services and to individuals' work and personal lives. As a result, services were often sustained with minimum staffing levels, exacerbated by requirements for short and long-term self-isolation. To date, clinical activities have not returned to pre-pandemic levels. Trainee progression has also been affected. For trainees in research, many have been left trying to resolve the challenges of insufficient time and funding. Others returned to full-time clinical care during the pandemic, and are now facing major barriers (including filling rota gaps due to failures of planning rather than the pandemic) when attempting to return to research. This has in large part been due to organisational inertia within the healthcare research structure during much of the Pandemic to date.

Academic psychiatry was already in difficulty and these disruptions to training and research are likely to exacerbate chronic problems with careers in psychiatric research. Major Universities have been seeking high performing professors and their associated grant income with little support for a broader range of early career psychiatrists to obtain research training. The lack of lecturer and senior lecturer posts, and the closure of psychiatry departments in some universities is continuing, which has seen a paucity of early career

academics emerging. Time limited fellowships have gone some way to ameliorating this, however, should not be seen as a replacement for substantive research posts. Thus, our ability to meet current and future research priorities is further weakened. Only through research, linked with quality improvement and implementation science working synergistically, can we hope to build a safer, more effective and humane care system, one that is robust to crises and not the immediate target for redeployment or resource cuts at such times.

The economic impact of the pandemic meant research to improve integrated and high quality care was again undermined. In addition, despite some NHS trusts supporting trainees and consultants to include research as a core part of their job plans, such good practice is sadly far from universal. The problem of lack of protected research time pre-existed COVID, while during the pandemic and its aftermath, more psychiatrists are unable to pursue research, despite the pressing need for data to support service evaluation and quality improvement as well as intervention trials. Many sessions for research that were removed at the height of the pandemic have yet to be restored. Frequently, short-term contracts for university staff were not extended despite the continuing, if not increased demands for their work, especially in teaching and supervision. This was seen under the guise of managing short-term finances and as a necessary response to the crisis.

Mental health research has long been underfunded, but since the start of the pandemic, calls have been cancelled and funds have been withdrawn (2). Many ongoing grants have not been extended despite COVID-19 related delays, and a £120M cut in funding by UK Research and Innovation has been implemented. The Medical Research Council commented on “mental health” only twice in their review of medical research funding during the Pandemic (3). Research commissioners have diverted funds to COVID, funding a small number of large grants at relatively few institutions for short periods of time, in the hope that research can be completed in less time than is necessary. The rapid vaccination development has produced a model of academic advancement that is not easily transferable to the need for better interventions in mental health care, nor for developing a future cohort of researchers working in mental health and related interdisciplinary areas of scholarship.

Furthermore, the focus on COVID-19 has led to a large volume of papers published, many of which are poor quality, with several high-profile retractions (4). Mental health funding for COVID-19 research has been limited given the vast scope of the problem, and the need to rigorously pursue synergistic efforts across disciplines to adequately capture and mitigate mental health impacts. In parallel, the World Health Organisation has noted profound disruption to clinical mental health services during the pandemic across the globe: which will itself impede clinically focused research opportunities (5).

The ongoing pressures of COVID-19 along with the low priority of mental health research in the UK are likely to further impact the long-term viability of UK academic psychiatry. We have reached a point where reversal of these long-term trends will be difficult and full attention to reinvigorating mental health research must be given to prevent its further deterioration. Reduced time and funding for research will further worsen career progression

and the pre-existing failure to recruit sufficiently diverse researchers will continue to highlight structural problems within much of the current mental health research output.

It is essential that mental health should be allocated an equitable system of research funding, training and practice that reflects a reasonable work-life balance and does not promote inequalities. Potential for discrimination and racism in universities is well recognised and requires positive systems-wide actions. More provision should be made to allow clinical psychiatrists to also be involved with research - this could be through protected research time, which may help to address recruitment difficulties to many consultant psychiatry posts. Our experience with NHS Trusts who do include research as part of advertised job proposals is that such Trusts are likely to attract more job candidates, as well as more likely to retain staff in the long-term. Similarly, there is evidence that research active trusts have better clinical outcomes. It is clear that there are systemic changes that need to be made to ensure the future of high-quality research as we move beyond the acute phase of the Pandemic.

The Academic Faculty of the RCPsych call upon our fellow researchers, practitioners and policy makers to address parity in resources and to recognise the centrality of mental health care and thus mental health research to the global post pandemic recovery.

Opportunities arising due to increasing global connectivity could be harnessed to develop and implement mental health research more meaningfully, particularly as a large burden of mental health matters sit in low- and middle-income countries. The pandemic could be a lever for positive change to bring research communities across continents and disciplines together. With these changes, we might be able to bring academic psychiatry successes back in line with other world-class research from the UK. Integrating clinical work and academic practice will require a change to existing structures, where the NHS and universities operate to divergent priorities, interests and business models. Without a progressive, integrated approach, in response to evident weaknesses unearthed by COVID- 19, we might be mourning academic psychiatry as the speciality that no-one knew they needed until it was gone.

Funding Statement

This research received no specific grant or assistance from any funding agency, institution, commercial or not-for-profit organisation.

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