The impact of COVID-19 on mental health in Denmark

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General view
COVID-19 and Nordic divide

• the Scandinavian countries are known for their similarities in every aspect (culture, politics, economy)
• the response to the COVID-19 crisis is one surprising exception
• Denmark and Norway imposed strict regulations and closed their borders when Sweden has done relatively little.
Numbers and strategies
Norway

Population
5.368 million

Coronavirus Cases:
5,760

Deaths:
74

Recovered:
32

Tested:
15,000 until 27th March

Further on only for certain groups of patients and health professionals who develop respiratory symptoms.
Prevention measures and Response

• All educational, sports activities, cultural and events institutions closed
• A number of businesses were closed
• Borders and traveling restrictions
• All establishments in the hospitality industry were to close

• The Directorate discouraged travelling to work unless strictly necessary
• Encouraged avoiding public transport
• Avoid crowded places, social distance
• People to avoid visiting others in institutions with vulnerable groups (the elderly, psychiatry)
• The public transport schedule run as normal
Sweden

Population
10.12 million

Coronavirus Cases:
7,206

Deaths:
477

Recovered:
205

Testing:

Only for certain groups of patients and health professionals who develop respiratory symptoms.

Cumulative number of coronavirus (COVID-19) cases in Sweden since January 2620 (as of March 20, 2020)
Prevention measures and Response

• Sweden is operating "normally" for the most part
• Schools from kindergarten to primary, and even lower secondary, remain open
• High schools and universities have now started to close down
• Gatherings can continue provided they are limited to 50 people
• Restaurants remain open
• Citizens aged 70 or over are encouraged to stay at home
• Borders are open
Denmark

Population
5.603 million

Coronavirus Cases:
4,681

Deaths:
187

Recovered:
1,387

Tested:
4,000 until 27\textsuperscript{th} March

Further on only for certain groups of patients and health professionals who develop respiratory symptoms.
Prevention measures and Response

- All educational, sports, cultural and events institutions closed
- A number of events and businesses are discontinued
- Borders and traveling restrictions
- All establishments in the hospitality industry are closed
- Avoid travelling unless strictly necessary (work)

- Encouraged avoiding public transport
- Avoid crowded places, social distance no more than 10 persons gathering
- People can no longer visit institutions with vulnerable groups (the elderly, psychiatry)
- The public transport schedule run as normal
Why such a divide on strategies
The case of Sweden

• The government relies on the **personal responsibility** of the population
• It’s **economical**: funding for a health service is putting more lives at risk in the future.
• Its **political**: they could be aiming for a herd immunity tactic
• Its **cultural**. The Swedish are good in keeping distance

• The government is trying to **curb the curve** as much as possible, so as to limit the number of cases reported simultaneously and thus preserve the capacity of the health system to respond to the health crisis.
• High level of independence enjoyed by **Swedish** government agencies (they can take different decisions)
• Sweden believes the **strict actions** of Denmark are not based on scientific evidence.
Denmark on the other hand

- **Denmark** from the other hand by taking **rapid action** managed to **slow** the development of the pandemic.
- Not all measures have **scientific evidence** but It has a psychological impact on feeling safe
- Also in Denmark the main concern is to **curb the curve** and preserve capacity of the bed units

- Danish people have a **special trust** and follow the authorities concerning safety measures
- Denmark unlike Sweden has different **density population** 137 per square kl./25 per square kl.
- Danish people are **less good** at keeping social distances
- **Denmark** believes Sweden could face big numbers by non taking action
Denmark vs. Norway

Both countries have taken strict measures with slight differences due to:

- **Geographical** and demographical differences
- A **time** difference in the spreading of the virus.
- In **Denmark** the initial infection came from abroad
- Maybe **spreading** started before detected
- There has been outbreaks in **elderly homes**.
- Then there is a difference in population **density**.
- In **Norway** people live more far from each other.
- There is **longer distance** to the grocery market
- So already before the lock down there was a kind of **social distance**.

https://politiken.dk/udland/art7742156/Hvorfor-d%C3%B8r-der-n%C3%A6sten-tre-gange-s%C3%A5-mange-danskere-som-nordm%C3%A6nd-af-coronavirus
COVID-19 Restrictions

Legend
State of Emergency:
- Brown: Yes
- Light Pink: No

COUNTRY NAME
Border:
- Air
- Land
- Sea

Schools
Public gatherings
Lockdown

Not applicable
Open/Allowed
Restricted
Closed/banned

The map represents the current situation based on open source and operational data as of 27 Mar 2020. Frontex 2020.
Norway
- Cases: 5,760
- Deaths: 74
- Recovered: 32

Denmark
- Cases: 4,647
- Deaths: 187
- Recovered: 1,378

Sweden
- Cases: 7,206
- Deaths: 477
- Recovered: 205
Tested population
Denmark's government has announced, during this week's press conference, plans to gradual lifting of the coronavirus lockdown.

- **Reopen** kindergartens and schools up until age 10-11, as it take the first steps in a
- Churches, libraries, sports clubs and shopping centers will be **closed** until at least May 10
- border controls in place until at least May 10
- Restaurants, bars, cafés and hairdressers will remain **closed** until "the next phase".
- **Ban** on major events will remain in place until at least August
## Number of confirmed cases by Municipalities

### Fordelingen af tilfælde i Danmark

<table>
<thead>
<tr>
<th>Område</th>
<th>Antal</th>
<th>Per 100k indbyggere</th>
</tr>
</thead>
<tbody>
<tr>
<td>Østjylland</td>
<td>145</td>
<td>16</td>
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<tr>
<td>København by</td>
<td>127</td>
<td>16</td>
</tr>
<tr>
<td>Nordsjælland</td>
<td>73</td>
<td>16</td>
</tr>
<tr>
<td>Københavns omegn</td>
<td>57</td>
<td>10</td>
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<tr>
<td>Vest- og Sydsjælland</td>
<td>42</td>
<td>7</td>
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<td>Fyn</td>
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<td>8</td>
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<tr>
<td>Sydjylland</td>
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<td>5</td>
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<td>6</td>
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<td>4</td>
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<tr>
<td>Bornholm</td>
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Tallene er opgjort 12. marts, 07:30, derfor er seneste totaltal højere.

Kilde: Statens Serum Institut
Number of confirmed cases by Municipalities
Number of deaths in decline

![Bar chart showing the number of deaths in decline over time from March 9 to April 6, 2020. The x-axis represents the date, and the y-axis represents the number of deaths. The chart shows a significant increase in deaths around April 1-2, followed by a decline by April 6.]
Number of patients in respirator

<table>
<thead>
<tr>
<th>Date</th>
<th>Region Nordjylland</th>
<th>Region Møllergård</th>
<th>Region Syddanmark</th>
<th>Region Hovedstaden</th>
<th>Region Sjælland</th>
<th>Hele landet</th>
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<tbody>
<tr>
<td>7. april</td>
<td>6</td>
<td>15</td>
<td>22</td>
<td>46</td>
<td>14</td>
<td>103</td>
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<tr>
<td>6. april</td>
<td>7</td>
<td>20</td>
<td>23</td>
<td>48</td>
<td>12</td>
<td>110</td>
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<td>8</td>
<td>20</td>
<td>23</td>
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<tr>
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<td>54</td>
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<td>19</td>
<td>19</td>
<td>57</td>
<td>16</td>
<td>119</td>
</tr>
</tbody>
</table>
Number of admitted patients with confirmed COVID19
Number of patient admitted at intensive care unit with confirmed COVID19
Mental health care system in Denmark

Specialized services:

- psychiatric hospitals (emergency units, bed units, clinics, outgoing professional teams) (regions)
- private psychiatrists
- private psychologists
- local psychiatry centers (regions)
- local health centers (cooperation between municipalities and regions)

Non-specialised services:

- Primary health care doctors (private and cooperation with regions)
- Social services (municipalities)
- Addiction services (municipalities)
- Family and users associations, organisations, volunteers,
- School psychologists (municipalities)
- Day centres (municipalities)
- Rehabilitation services (municipalities)
- Residential accommodations (municipalities)
Central Denmark Region

- **Population**: 1.3 million
- **Municipalities**: 19
- **Hospitals**: 5
  - 1 university hospital (Aarhus) – 10,000 employees
  - 4 regional hospitals (Midt, Vest, Randers and Horsens) – 12,000 employees
- **Psychiatric services** at the 5 hospitals – 3000 employees
- **Social services** (regional): 8 specialized areas and 30 specialized residential accommodations – 2000 employees
Mental health care (psychiatry and social services) in Central Denmark Region
Mental health care (psychiatry and social services) in Central Denmark Region

<table>
<thead>
<tr>
<th>Psychiatry</th>
<th>Social Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of beds: 534 (2018)</td>
<td>Institutions, accommodations, residential homes:</td>
</tr>
<tr>
<td>Occupancy: 98.1% (2018)</td>
<td>Number of 24/7 rooms: 844</td>
</tr>
<tr>
<td>Visits at outpatient clinics (ambulatorium):</td>
<td>Occupancy: 95%</td>
</tr>
<tr>
<td>292,060 (2018)</td>
<td>Number of day rooms: 614</td>
</tr>
<tr>
<td>Persons in contact: 32,300 (2018)</td>
<td>Occupancy: 106%</td>
</tr>
</tbody>
</table>
Response of mental health services of the Central Denmark region to Covid-19 epidemic

Prevention strategies:

- **Information** and recommendation strategy – the official media, SOME and websites
- Psychiatry and **social services** (critical functions in the society and at individual level)
- Keeping the **same acces** to acute and planned activities
- **Preventing** worsening of psychiatric conditions and avoiding hospitalisations
- **Job banks** for all health care personals, students and pensionists
Response of mental health services of the central Denmark region to Covid-19 epidemic

Service strategies:

Guaranteed activities
- **Hospitals and outpatient clinics**: Same access to psychiatric consultation and same access to acute evaluations or hospitalization.
- **Social services**: Many direct contacts converted to telephone contacts but more intensive follow up. Administrative functions working from home. Some decrease in number of personal working at residential accommodations.

Suspended activities
- **Staff meetings** are limited by time (15min), by number and converted to video meetings.
- **No visits** by relatives or friends (both hospitals and social services).
- **No group** meetings above 10 persons.
Response of mental health services of the Central Denmark region to Covid-19 epidemic

Service strategies

Alternative activities

- **Group therapies** converted to individual and virtual contact by telephone or video.
- **Outpatient clinics** increased use of tele-psychiatry or psychiatric consultations. The same goes for primary care doctors, private psychologists and psychiatrists.
- **Video consultations** increased by 1000% in the outpatient clinics at hospitals
- **Intensive home visits** to avoid admission at hospital (those with comorbidity of physical conditions or other major difficulties). Increased number of telephone contacts.

- **Creating advisory** of telephone lines (region, municipals and volunteers/organisations)
- **Crisis response** prepared in all departments - ex. establishment of pure corona isolation bed units in the psychiatric hospital
- **Also giving up** some emergency ward beds from psychiatry to the acute departments/ER to be prepared for treatment of covid-19 patients.
- **Plan for other health** care personals as ergotherapists, physiotherapists, psychologist to take over functions for nurses or doctors from psychiatry if needed for care of somatic covid-19 patients.
Response of mental health services of the central Denmark region to Covid-19 epidemic

Issues:

- A general lack of personal protective equipment.
- Not enough COVID-19 testing of health care professionals and testing in general
- Discussions and uncertainty regarding the risk of infection without symptoms
- Discussions how to deal with pregnant health care professionals
- Decreased homecare for elderly
- A potential lack of trained psychiatrists and other mental health professionals to deal with emergency situations or if needed more urgently for somatic treatment of Covid-19 patients.
Response of mental health services of the central Denmark region to Covid-19 epidemic

Issues:

• **Drastic decrease** in psychiatric hospitalizations and also a decrease in number of new contacts in the ER or psychiatric emergency units. A decrease in number of contacts at the outpatient clinics - (visits of known patients).
• Fast change in an organisation, where social contact/physical meetings is a main principle.
• **Lack of proper** support for more fragile people
• **Families isolated** with their relatives with mental disorders without benefitting by activities organized by mental health care and social services.
• **A misunderstood** isolation for more severe sick people.
• **Worries** about a possible later explosion of people with need of psychiatric help and admission at hospitals.
Response of mental health services of the central Denmark region to Covid-19 epidemic

Strengths:

- Basic trust in the Danish welfare model, the government and each other
- Basic trust in the “Danish Model” or agreement between employees and employers to make solutions together
- People follow the guidelines in a more altruistic point of view
- Economical help packages
Perspectives

Are we looking at a mental health crisis following the COVID-19 pandemic?

- Protective factors
- Risk factors
- Groups
- What is the strategy?
This Too Shall Pass