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COVID-19 Pandemic and Mental Health in People with lived experience of Mental Illness: Resilience as a Protective Factor

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Resumo: Introdução O impacto da pandemia COVID-19 na saúde mental de pessoas com experiência de doença mental não é claro. Os confinamentos permitiram aos utilizadores continuar a aceder a Estruturas Comunitárias de Reabilitação Psicossocial através do uso da telessaúde. Contudo, com base no impacto de pandemias anteriores, é possível que a pandemia de COVID-19 possa ter um impacto elevado na saúde mental. No entanto, a literatura sugere que a resiliência pode aumentar os comportamentos de promoção da saúde, diminuindo este impacto. **Objetivos** Compreender se a resiliência tem sido um fator protetor de sofrimento psicológico em pessoas com experiência de doença mental inseridas em Estruturas Comunitárias de Reabilitação Psicossocial em Portugal; **Métodos** 139 pessoas com experiência de doença mental integradas em estruturas comunitárias de reabilitação psicossocial em Portugal responderam a um inquérito online que incluiu dimensões relacionadas com a saúde mental, bem-estar e satisfação com a vida, durante a pandemia e o confinamento; **Resultados** Os resultados apontam para níveis elevados de resiliência e bem-estar mental dos indivíduos. A resiliência mostra uma correlação positiva com o bem-estar mental e a satisfação com a vida e uma correlação negativa com a pontuação da EADS-21. **Conclusões** A resiliência tem sido um fator protetor de sofrimento psicológico durante a pandemia. A terapia ocupacional pode desempenhar um papel fundamental na promoção da resiliência. No entanto, mais investigação neste campo deverá ser feita no futuro.

Palavras-chave: Covid-19; Doença Mental; Resiliência; Bem-estar.

Abstract: Introduction The impact of the COVID-19 pandemic on the mental health of people with lived experience of mental illness is unclear. Lockdowns allow users to attend Community Based Psychosocial Rehabilitation Facilities using telehealth. However, based on the impact of previous pandemics, it is possible that the COVID-19 pandemic could have a high impact on mental health. Nevertheless, the literature suggests that resilience may increase health-promoting behaviors, decreasing this impact.; **Goals** Understand if resilience has been a protective factor of psychological suffering on people with lived experience of mental illness inserted in Community-Based Psychosocial Rehabilitation Structures in Portugal.; **Methods** 139 people with lived experience of mental illness integrated into Community-Based Psychosocial Rehabilitation Structures in Portugal answered an online survey that included dimensions related to mental health, well-being and life satisfaction, during the pandemic and confinement.; **Results** The results point to a high levels of resilience and mental well-being in the individuals. Resilience shows a positive correlation with mental well-being and life satisfaction and a negative correlation with the DASS-21 score; **Conclusions** Resilience has been a protective factor of psychological distress during the pandemic. Occupational therapy can play a key role in promoting resilience. However, more research in this field should be done in the future.

Keywords: Covid-19; Mental Illness; Resilience; Well-being.

1. Introduction

In 2019, the first cases of COVID-19, an infectious disease of the respiratory tract caused by the Sars-Cov-2 virus, were detected in China. This virus has a high rate of transmissibility, so it quickly spread around the world, and the first case of this disease was detected in Portugal on March 2, 2020 [1].

On March 11, 2020, the World Health Organization considered this disease a pandemic, which rapidly impacted everyone's lives [1]. To contain transmission, the governments of several countries adopted various restrictive measures, and in Portugal the main measures included mandatory confinement, teleworking, distance learning, closure of non-essential services, practice of respiratory etiquette, frequent hand disinfection, social distancing of 2 meters and the mandatory use of masks [2,3].

Since the beginning of the pandemic, several studies have been conducted to understand the impact of COVI-19 pandemic on mental health [4-8]. It has been proven that the pandemic has significantly affected the mental health of the general population and especially of health care workers, increasing the prevalence of psychiatric disorders [9-11].

By comparing with previous pandemics, it was possible to infer which factors associated with the COVID-19 pandemic contributed to this impact on mental health. In these factors we can highlight the quarantine or social isolation, resulting from the SARS-CoV-2 viral infection and its rapid spread, which triggered several psychopathological symptoms such as mood swings, anxiety, insomnia, fear, distress, excessive stress, and guilt. However, other predictors of psychological distress during this phase have also been identified, including the length of confinements, fear of infection, frustration and boredom, and inadequate supplies and information [12].

However, the truth is that until the date of this study, not much was known about the impact of the pandemic on the mental health of people with lived experience of mental illness.

Portugal, according to the National Epidemiological Mental Health Study, cited in the report "Sem Mais Tempo a Perder", is the second country in the world with the highest prevalence of psychiatric disorders (22.9%), with anxiety disorders being the most prevalent (16.5%), followed by mood disorders (7.9%) (13).

The model adopted in Portugal for mental health is community-based, stemming from European ideals, which transferred healthcare from large hospitals to smaller community facilities. These institutions are part of the National Network for Integrated Continuous Care (RNCC) in conjunction with the local mental health services (SLSM) and provide a multidisciplinary intervention designed to provide medical, psychological, social, nursing and rehabilitation services. This intervention is provided through different services, such as home support (e.g. supervision and management of medications, support in activities of daily living, shopping, food preparation, and clothing care), socio-professional units, and residential units [14].

Due to the restrictive measures mentioned above, most of the services provided in community-based psychosocial rehabilitation facilities were discontinued or had their operation changed. Only the home support and the residential units continued to operate without major changes during the confinement [14].

Regarding rehabilitation activities, in which occupational therapy interventions are included, services reinvented themselves, intensifying the use of telehealth, defined by the World Health Organization as a "provision of health services, where distance is a critical factor, by all health professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injury, research and evaluation, and for the continuing education of health care providers, all in the interest of advancing the health of individuals and their communities" [15].

According to the literature, people with lived experience of mental illness, during the pandemic are faced with a scenario of lack of medication and difficulty in obtaining new prescriptions. In addition, as is known, this population tends to have reduced support networks [3]. All these factors, added to the fear and stress caused by the pandemic itself, may have contributed to worsening psychiatric symptoms and consequently worsening their psychiatric condition during this phase [3], leading to a lower quality of life and an increased risk of suicide [16].

Since the main predictors of psychological distress in this population during the pandemic have already been identified, it is relevant to identify possible protectors of this distress. According to the literature, resilience

can increase health-promoting behaviors such as adherence to psychiatric treatment and promote good psychological (such as decreased depression) and physical health outcomes [17]. Although the direction of the relationship is not yet certain, there is evidence to support that resilience and well-being are fundamentally related [18].

The American Psychological Society (APA) defines resilience as a "process and outcome of successful adaptation to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adaptation to external and internal demands," influenced by factors such as how individuals view themselves and their interaction with the surrounding world, social resources received, and coping strategies used by individuals [19].

In contrast to the idea of resilience as a process, Connor and Davidson believe that resilience is a personality trait that encompasses a set of characteristics that enable individuals to cope with adversity and adapt to the circumstances they encounter. According to studies conducted in recent decades, resilience is a multidimensional trait that varies with certain sociodemographic variables (age, gender, and culture) and other variables such as context and the different life circumstances experienced [20].

Resilience can be promoted through some techniques, such as promoting well-being, building relationships, finding purpose, maintaining healthy thoughts, and enhancing opportunities to promote problem solving. To this end, building a mindset of personal control, focused on seeking improvements in one's own abilities and behaviors when faced with stressors, and awareness formation that encourages an open attitude, facilitates insight, and provides protection from rumination and unproductive worries should be strategies used in developing resilience [19,21,22].

A study conducted with Filipino nurses, suggests that increasing personal resilience through a theoretically-oriented intervention, may decrease coronaphobia [23]. Thus, the researchers selected resilience as a possible protective factor of psychological distress during the pandemic.

Considering all the above-mentioned information, this study aims to understand whether resilience has been a protective factor of psychological distress during the COVID-19 pandemic, in people with lived experience of mental illness inserted in Community-Based Psychosocial Rehabilitation Structures in Portugal.

2. Methods

This study is an observational, descriptive, and cross-sectional study. It can be considered observational and descriptive since it is limited to observing and describing the effects of the pandemic by analyzing several variables not involving interventions [24,25]. Furthermore, we can state that it is a cross-sectional study since the selection of participants was based on the inclusion and exclusion criteria established by the authors for the study, and the results were analyzed at a single point in time [26].

2.1 Sample

This study targeted people with lived experience of mental illness integrated in Community-Based Psychosocial Rehabilitation Facilities. The participant recruitment process was conducted in collaboration with the National Federation of Rehabilitation Facilities for Mental Illness (FNERDM) and was based on the non-probability convenience sampling method [27]. The FNERDM was responsible for distributing the data collection tool to all Community-Based Psychosocial Rehabilitation Structures at a national level, thus facilitating the researchers' access to the participants without having any contact with them.

Inclusion and exclusion criteria were defined by the researchers to ensure that the study participants would match the target population. To be included in the study, individuals had to be over 18 years of age. In contrast, individuals would be excluded if they were not clinically compensated and had cognitive deficits that made it impossible for them to understand the questions in the questionnaire.

2.2 Instruments

For the data collection, an online questionnaire was created using the Google Forms platform which contained the following sections: (1) Sociodemographic data, (2) Characterization of psychiatric condition, (3) Mental Health and Well-Being during the pandemic and confinement due to the COVID-19 pandemic, and (4) Satisfaction with life and expectations for the post-pandemic future.

To construct this questionnaire, we used the Portuguese versions of the Depression, Anxiety and Stress Scale - 21 items (DASS-21), the Connor & Davidson Resilience Scale (CD-RISC), and the Warwick Edinburgh Mental Well-Being Scale. Sections (1) Sociodemographic data, (2) Characterization of psychiatric condition, and (4) Satisfaction with life and expectations for the post-pandemic future were created by the researchers and reviewed by an expert panel.

The Depression, Anxiety and Stress Scale - 21 items (DASS-21) consist of three subscales with seven items each. There is one subscale for assessing anxiety (items 2, 4, 7, 9, 15, 19, 20), one for depression (items 3,5, 10, 13, 16, 17, 21), and one for stress (items 1, 6, 8, 11, 12, 14, 18). Responses are scored from 0 to 3 (0= Never; 3= Often) on a 4-point Likert-type scale. Thus, this instrument allows three scores, obtained by summing the 7 items of each subscale, with a minimum score of "0" and a maximum score of "21". To obtain the total score, the scores of the 3 subscales are added and the higher scores correspond to more negative affective states [28]. This scale is validated for the Portuguese population and presents internal consistency values of 0.74 for anxiety, 0.85 for depression, and 0.85 for stress [28].

The Portuguese version of the Connor & Davidson Resilience Scale (CD-RISC) is composed of three dimensions - self-efficacy, spirituality, and social support. It evaluates an individual's ability to react to traumatic events and changes and comprises 25 items that are rated using a 5-point Likert-type scale (0= Not true; 4= Always true). The score ranges from 0 to 100 and is calculated from the sum of all items, with the higher the score, the higher the level of resilience of the individual (20,29). This scale is validated for the Portuguese population and presents internal consistency, Cronbach's alpha values for several factors above 0.80 [29].

The Warwick Edinburgh Mental Well-Being Scale consists of 14 items, rated on a 5-point Likert-type scale (1=Never; 5=Always) and assesses mental well-being, including satisfactory interpersonal relationships, life satisfaction, and positive functioning. The total score ranges from 14 to 70 points and is calculated by summing the responses for each item, with higher scores representing high levels of mental well-being [30,31]. The internal consistency was tested in a study conducted with the Portuguese population and was rated as very good with a Cronbach's alpha value of 0.90 [32].

To assess Section (4) Life satisfaction and expectations for the post-pandemic future a Likert-type scale was created. For the question "Satisfaction with life" a 5-point Likert-type scale (1= "Not at all satisfied"; 5= "Very satisfied") was used and for the question "Expectations for the post-pandemic future" a 4-point Likert-type scale (1= "Not at all"; 4= "Very much") was used.

2.3 Procedures

Data collection occurred between March 3 and May 21, 2021, and the questionnaire was self-completed at FNDERM partner institutions.

To ensure the privacy and confidentiality of the data collected, the questionnaires were filled out anonymously and there was no contact with the participants involved in the study. In addition, the data collected were only accessible to the researchers by storing them in an encrypted database. Afterwards, the data were treated in statistical aggregates. A pilot study was conducted to ensure the questionnaire validity for inclusion in the study.

In addition, we also ensured the ethical assumptions, having submitted the study to the Ethics Committee of the Ethics Committee of the School of Health - Polytechnic of Porto, which approved it (Proc. CE0028B).

When data collection was closed, 163 questionnaires were in the database, however 24 questionnaires were excluded as there were missing crucial answers for the results. Thus, data from 139 questionnaires were analyzed.

This questionnaire allowed for a wide data collection, so the authors chose to conduct different studies based on it. Thus, part of the data is analyzed in a previously published article entitled "The Impact of the COVID-19 Pandemic on People with Lived Experience of Mental Illness Integrated into Community-Based Psychosocial Rehabilitation Structures in Portugal" [37]

During the processing of the collected data, the researchers used the IBM Statistical Package for The Social Sciences (SPSS) 27 for Windows.

The variables were analyzed using descriptive statistics, namely, relative, and absolute frequencies, minimum and maximum values, mean, mode, and standard deviation. Pearson's coefficient was also used to calculate the association between the variables. This coefficient ranges from -1 to 1 and reflects the degree of association, and when exists a correlation, the change in one variable is associated with a change in another variable, either in the same direction (positive correlation) or in the opposite direction (negative correlation) [38].

3. Results

In this section the results of the data analysis will be presented. We will present the sociodemographic characterization of the sample and the description of their psychiatric condition. Next, the results related to mental health and well-being during the pandemic and confinement and life satisfaction, as well as future post-pandemic expectations, will be presented.

3.1. Sociodemographic Characterization

The sample- as can be seen in table 1- is mostly composed by male individuals (66.2%), living in the Lisbon area (64%) and single (84.2%). Their average age is around 47 years old and most of them are retired (53.2%). Regarding qualifications, they have high school education (44.6%) or middle school education (23.7%).

		Frequency N (%)
Gender	Male	92 (66,2%)
	Female	47 (33,8%)
District	Leiria	1 (0,7%)
	Lisboa	89 (64%)
	Porto	11 (7,9%)
	Santarém	7 (5%)
	Setúbal	30 (21,6%)
	Viseu	1 (0,7%)
Education level	1st to 4th year	12 (8,6%)
	5th to 6th year	11 (7,9%)
	7th to 9th year	33 (23,7%)
	10th to 12th year	62 (44,6%)
	College	21 (15,1%)
Civil Status	Single	117 (84,2%)
	Married /Living together	5 (3,6%)
	Separated /Divorced	15 (10,8%)
	Widowed	2 (1,4%)
Employment Status	Employed	8 (5,8%)
	Unemployed	52 (37,4%)
	Student	5 (3,6%)
	Retired	74 (53,2%)

	Mean ± Standard Deviation	Minimum	Maximum
Age (in years)	47,46 (± 10,44)	22	72

Table 1. Characterization of the sample in gender, district of residence, education level, civil status, employment status and age.

3.2. Characterization of the Psychiatric Condition

In table 2, which refers to the psychiatric condition of the sample, most participants have a diagnosis of schizophrenia and other psychotic disorders (69.1%), followed by Depressive Disorder with 9.4%.

		Frequency N (%)
Psychiatric diagnosis	Schizophrenia and other psychotic disorders	96 (69,1%)
	Anxiety disorders	6 (4,3%)
	Bipolar disorder	10 (7,2%)
	Depressive Disorder	13 (9,4%)
	Personality disorders	2 (1,4%)
	Other	11 (7,9%)

Table 2. Characterization of the sample regarding the psychiatric condition.~

3.4. Mental Health and Well-Being during the pandemic and confinement due to the COVID-19 pandemic

In our sample, we found total scores of the Anxiety, Depression and Stress-21 Scale (28) ranging from 0 to 54 points. We also analyzed the data by subscales and in the Anxiety subscale the values ranged from 0 to 18 points, the Depression subscale values were between 0 to 16 points, and the Stress subscale values were between 0 to 20 points.

To analyze the results of the subscales, we considered scores from 0 to 7 of normal to mild level. Thus, it was possible to verify that most individuals showed regular to moderate levels of anxiety in the Anxiety subscale (87.77%), as well as in the Depression subscale (80.58%) and the Stress subscale (76.98%).

To analyze the total scores of the scale, we considered scores from 0 to 21 as normal to mild level, from 22 to 42 moderate to severe level, and from 43 to 63 very severe level. Thus, it was possible to verify that most individuals present normal or mild levels of anxiety, depression, and stress (81.29%), followed by moderate to severe levels (17.27%). Only 1.44% of the individuals present very severe levels of anxiety, depression, and stress symptoms (see table 3).

		Frequency N (%)
Total Score	0-21	113 (81,29%)
	22-42	24 (17,27%)
	43-63	2 (1,44%)

Table 3. Depression, Anxiety and Stress Scale - 21 items (DASS-21).

It is possible to observe in Table 4 that the total scores obtained in the Connor & Davidson Resilience Scale (CD- RISC) [29] ranged between 3 and 97.

Thus, and considering scores above 50 as medium to high and scores below 50 as low to medium, it could be seen that most participants had a medium to high level of resilience (66.19%).

		Frequency N (%)
Total Score	<50	47 (33,81)
	≥50	92 (66,19%)

Table 4. Connor & Davidson Resilience Scale (CD-RISC).

Regarding the Warwick Edinburgh Mental Well-Being Scale [32], the total scores obtained in the sample ranged from 15 to 70 points. To analyze this variable, we considered that a score above 42 means medium to high and below 42 means low to medium. Thus, through Table 5 we can see that most of the participants have a medium to high level of mental well-being, with a total of 98 individuals (70.5%).

		Frequency N (%)
Total Score	<42	41 (29,5%)
	≥42	98 (70,5%)

Table 5. Warwick Edinburgh Mental Well-Being Scale.

3.5. Satisfaction with life and Expectations for the post-pandemic future

Satisfaction with life during the pandemic and confinement- Table 6- was considered by the participants as satisfactory by 57 individuals (41%). Then the options "not very satisfied" or "neither satisfied nor dissatisfied" were the most prevalent answers with a total of 28 (20.1%) each.
However, although many individuals were satisfied with their lives during the pandemic, 71.2% of the individuals indicated that they would like their lives to change "a lot" after this phase as described in table 7.

		Frequency N (%)
Satisfaction with life	Not satisfied at all	8 (5,8%)
	Dissatisfied	28 (20,1%)
	Neither satisfied nor dissatisfied	28 (20,1%)
	Satisfied	57 (41%)
	Very satisfied	18 (12,9%)

Table 6. Satisfaction with life.

		Frequency N (%)
Expectations for the post-pandemic future	Nothing	3 (2,2%)
	Almost nothing	7 (5%)
	A little	30 (21,6%)
	A lot	99 (71,2%)

Table 7. Expectations for the post-pandemic future.

3.6. Pearson Correlations Between Some Variables

Through correlational analysis using Pearson's coefficient we found several significant correlations (see table 8). The Resilience scale score correlates with the Mental Well-Being Score, DASS-21 Score, and Satisfaction with life.

Variables	Mental Well-Being Score	DASS-21 Score	Satisfaction with life
Resilience Score	.676	-.285	.342
Mental Well-Being Score		-.332	.399
Dass-21 Score			-.351

**P<.01

Table 8. Pearson Correlations Between Some Variables

4. Discussion

The results obtained from this study contradict the existing literature on this topic. Regarding the mental health of the individuals included in the sample during the pandemic, it was found that most of them had no symptoms or mild symptoms of anxiety, depression, and stress. It was expected, according to previous studies, that high levels would be found in these domains, thus representing high psychological distress [12]. In addition, medium to high levels of resilience and mental well-being were found in the sample.

The continuity of services provided by the Community-Based Psychosocial Rehabilitation Structures, namely home and distance support as well as virtual group activity sessions, including occupational therapy sessions, seem to have had a protective effect for the maintenance of the participants' compensated psychiatric condition without worsening of symptoms.

Additionally, the rehabilitation sessions may have contributed to the high levels of resilience of individuals with experience of mental illness, as according to the literature, studies with different populations show that multidisciplinary treatment teams, especially with the inclusion of Occupational Therapy, can improve people's resilience [33].

Furthermore, it was possible to notice that the levels of resilience and well-being have a positive correlation which translates into an increase in resilience levels when the levels of well-being also increase, and vice versa. Also, the levels of resilience and the results obtained in the DASS-21 show a negative correlation, which is reflected in a decrease in the levels of depression, anxiety, and stress when there is an increase in the levels of resilience, and vice versa.

A positive correlation was also observed between resilience and life satisfaction, meaning that an increased level of resilience translates into increased levels of life satisfaction, and vice versa.

Our results are consistent with the literature as several studies have found inverse associations between resilience levels and psychological distress in people with chronic illness [34,35]. These associations were expected since, despite different definitions and constructs of resilience, both the process idea and the personality trait idea are related to how an individual manages adversity [19,20]. In this way, it becomes an adaptive defense

system against psychological suffering, such as symptoms of depression, anxiety, and stress [36] indicating that resilience is a factor that promotes good mental health outcomes [17] since high levels of resilience were associated with greater mental well-being, health, and life satisfaction in the participants under study.

Therefore, the levels of resilience that individuals showed, may be the justification for the inconsistency between the data from this study and the data from other studies conducted with people with mental illness during the COVID-19 pandemic.

The authors identify some limitations in this study. Since most of the sample is concentrated in the Lisbon area, the geographical representativeness of the sample is low. In addition, since the data was collected during the last wave of the pandemic, it may not represent the reality experienced during this entire phase. Despite these limitations, the authors consider that the integration of people with lived experience of mental illness in the community is of high value to public health.

5. Conclusion

As already mentioned in the discussion, this study has some limitations. However, it constitutes as a relevant study as it allowed us to conclude that there was no worsening of psychiatric symptoms or conditions in relation to mental health in our sample during the pandemic. Another important conclusion drawn from this study is that the individuals who made up the sample were resilient to the new situation and had high levels of mental well-being during the pandemic. This can possible be justified by the continuity of the support provided by the Community-Based Psychosocial Rehabilitation Structures during this phase, which although it occurred a in different format, seems to have corresponded to the needs of people with experiences of mental illness.

Therefore, it can be concluded that resilience may have been a protective factor of psychological distress in our sample and may have attenuated the impact of the COVID-19 pandemic. Additionally, according to the literature, the authors consider that occupational therapy can play a key role in the adaptation to the pandemic, namely through the development of resilience.

Considering the aspects described above, the researchers recommend the continuation of this study with a more representative sample of the Portuguese population. In this way, it would be possible to better understand the impact of the pandemic on people with lived experiences of mental illness in Portugal and how resilience becomes a protective factor of psychological distress. It would also be relevant to have a deeper understanding of the role of Occupational Therapy in the development of resilience.

6. Final Considerations

Institutional Review Board Statement: The study was conducted according to the guidelines of the Declaration of Helsinki and approved by the School of Health Ethics Committee (CE0028B 05 May 2021).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

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Conflicts of Interest: The authors declare no conflict of interest.

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