



Wales COVID-19
Evidence Centre
Canolfan Dystiolaeth
COVID-19 Cymru

Wales COVID-19 Evidence Centre

**Knowledge exchange,
engagement and impact**



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Health and Care Research Wales
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#WalesCovidEvidence

Background

Established to support the use of research and evidence in both managing the COVID-19 pandemic, and establishing recovery and regeneration in Wales

Priority: For research to be quickly and rigorously undertaken and making evidence available and actionable to our stakeholders

Operation: Core team working closely with the Welsh Government's Technical Advisory Cell/Group (TAC/TAG), Public partnership group (8), and 6 Collaborating Partners:



Work delivered through 5 main processes:

- **Research prioritisation:** to identify and select research questions that are of highest priority for health and social care policy and practice in Wales
- **Stakeholder engagement:** throughout, to ensure that we deliver evidence that is directly relevant to policy and practice
- **Evidence review process:** conduct and deliver robust and timely research evidence syntheses
- **Primary research (conduct/commission):** Rapid, robust research arising from policy need. Addresses pandemic recovery challenges.
- **Knowledge mobilisation and impact:** ensure our outputs are targeted, accessible and useful

Knowledge Mobilisation: areas of activity

- Processes are **iterative and tailored** to meet the requirements of **our stakeholders**
- **Connecting and building collaborations:** Reaching out to stakeholders. Understanding their ways of working and evidence needs.
- **Building trust:** trusted methodology, rigorous and impartial evidence
- **Co-creation: Working together with our stakeholders through entire process.** (Prioritising research questions, understanding the policy and practice implications, knowledge mobilisation)
- **Delivering:** Ensuring **outputs are timely, easily accessible and useful**
- **Link with other groups working in the area** – share knowledge and avoid duplication

Knowledge Mobilisation: areas of activity

- **Knowledge mobilisation plan** for each report and study, developed in collaboration with stakeholders
- **Evidence briefing sessions** with WG and other stakeholders
- Further activities to **promote uptake, share knowledge and methodologies:** public Symposia, presentations
- Reports published on **Website, preprint servers,** and in **peer reviewed journals,** cited in **policy briefings**
- **Dedicated Website and Newsletter**
- **Comms strategy** led by Health and Care Research Wales
- **Identifying and sharing evidence gaps:** researchers and needs to funders

Our Evidence Reports: rapid, trusted and accessible

Stakeholder involvement

'Rapid review on the impact of the COVID-19 pandemic on the mental health of health and social care workers within the UK'
Report number – RR00002 (July 2021)

TOPLINE SUMMARY

Background / Aim of Rapid Review

Health and social care workers may be at risk of developing negative mental health outcomes due to their roles in providing care to patients with COVID-19 (Shaughal et al. 2020). Our aim was to summarise the evidence from primary studies reporting on the mental health of health and social care workers (HSCWs) in UK settings during the COVID-19 pandemic.

Rapid Review Methods

A literature search was conducted in May 2021 supplemented with studies from published systematic reviews. Studies were included if they reported a prevalence of at least one mental health disorder during the COVID-19 pandemic from 2020 onwards. Study quality of the included studies was assessed using the Joanna Briggs Institute checklist for cross-sectional studies.

Key Findings

Extent of the evidence base

- The evidence is limited to 20 cross-sectional studies, half were UK-wide, but none was specifically from Wales.
- The studies provide a snapshot of mental health outcomes at the time of the surveys but are susceptible to selection and recall bias and do not show causative effects.

Recency of the evidence base

- Most studies were during or following the first wave of COVID-19. One study was repeated in the second wave.

Evidence of impact

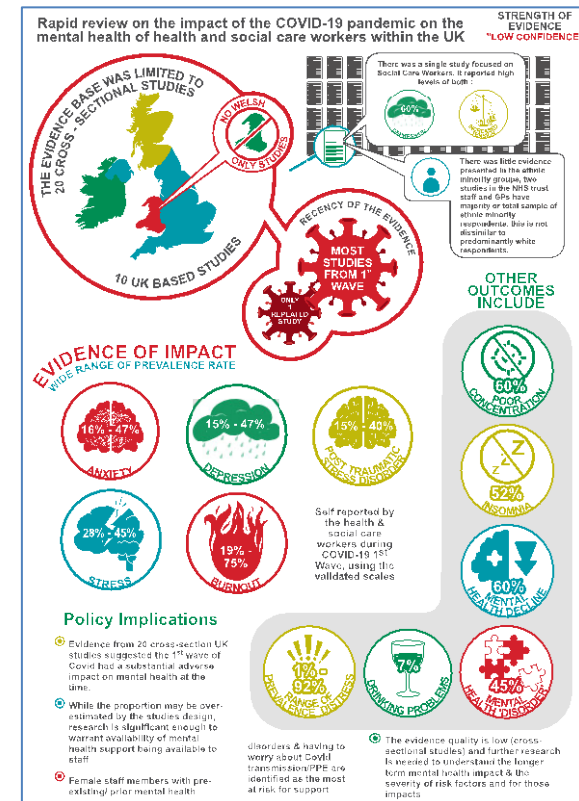
- A wide range of prevalence rates of anxiety (16-47%), depression (15-47%), PTSD (15-40%), stress (28-45%), and burnout (19-75%) was self-reported, generally using validated scales, for health and social care workers in the UK, predominantly in the first wave.
- Other outcomes include poor concentration (60%), insomnia (52%), mental health decline (47%) and 'disorder' (45%), problem drinking (7%) and a wide range of prevalence of distress (1-92%).

Topline Summary:

- 2 pages
- Background
- Methods
- Key Findings
- Evidence base
- Best quality evidence
- Policy & Practice implications
- Strength of Evidence

Lay Summary

Infographics:



WG Evidence briefing events



- For WG, stakeholders involved in policy and practice and public partnership group members
- Fortnightly
- Present report findings
- Questions to a panel
- Discuss implications for policy and practice, and knowledge mobilisation

WCEC Key Activities, Outputs and Impact | Mar 21 – Sep 22

- 52 stakeholder groups consulted
- >150 Questions proposed and assessed
- 57 questions included on work programme
- 46 reports published
- 11 primary research studies in progress
- 27 lay summaries
- 8 Infographics
- 21 Evidence briefings
- Cited/Informed 21 policy documents including TAC summary of advice
- 3 Evidence Symposia.



Wales COVID-19 Evidence Centre (WCEC)

The Centre is funded by the Welsh Government through Health and Care Research Wales.

The views expressed in this presentation are not necessarily those of Health and Care Research Wales

WCEC Website & report library:

<https://ymchwiliiechydagofalcymru.org/amdanom-ni-cymuned-ymchwil/canolfan-dystiolaeth-covid-19-cymru>

<https://healthandcareresearchwales.org/about-research-community/wales-covid-19-evidence-centre>



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