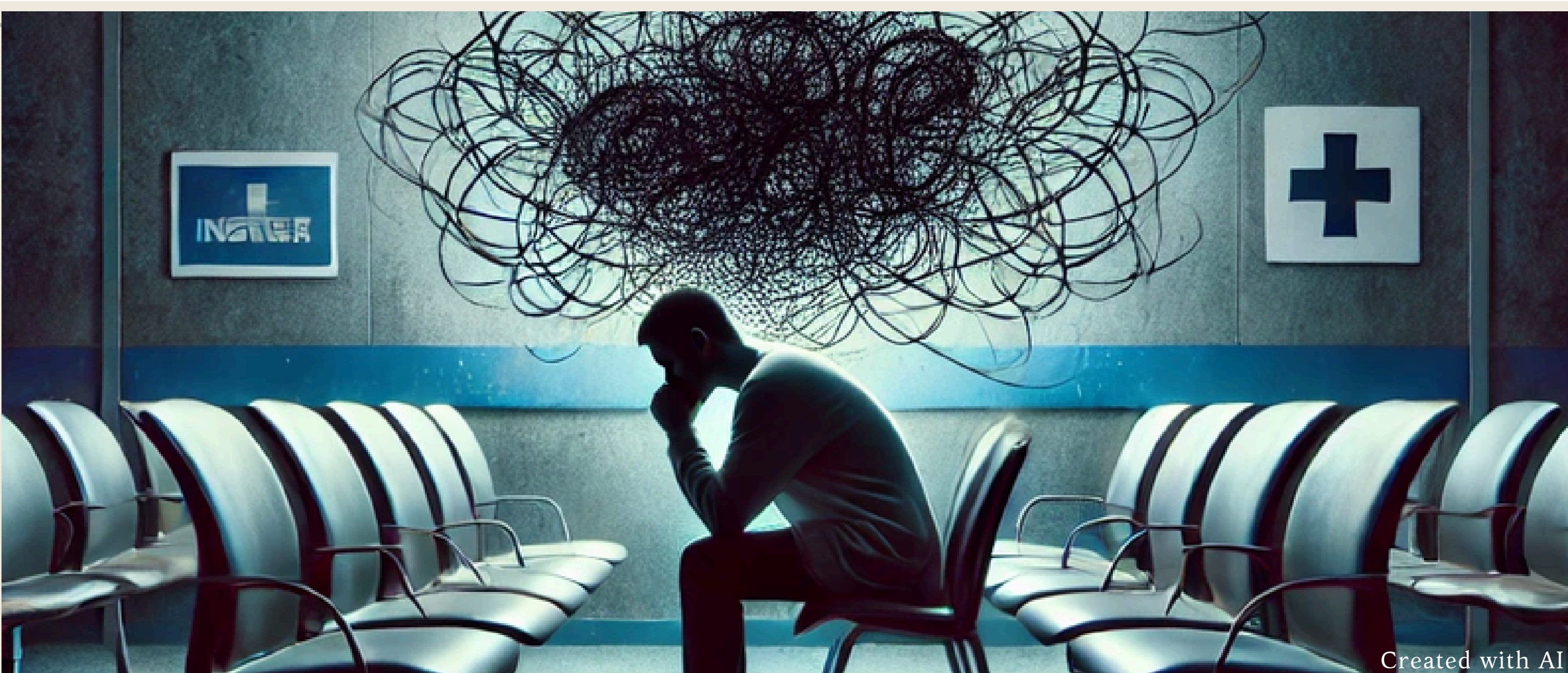


At the end of 2019, COVID-19 emerged in Wuhan, China, rapidly spreading worldwide. Strict lockdowns followed, halting daily life and overwhelming healthcare systems. The NHS suspended non-urgent treatments for months, delaying care and worsening health outcomes.

Gagliardi, A. R., Yip, C. Y. Y., Irish, J., Wright, F. C., Rubin, B., Ross, H., Green, R., Abbey, S., McAndrews, M. P., & Stewart, D. E.

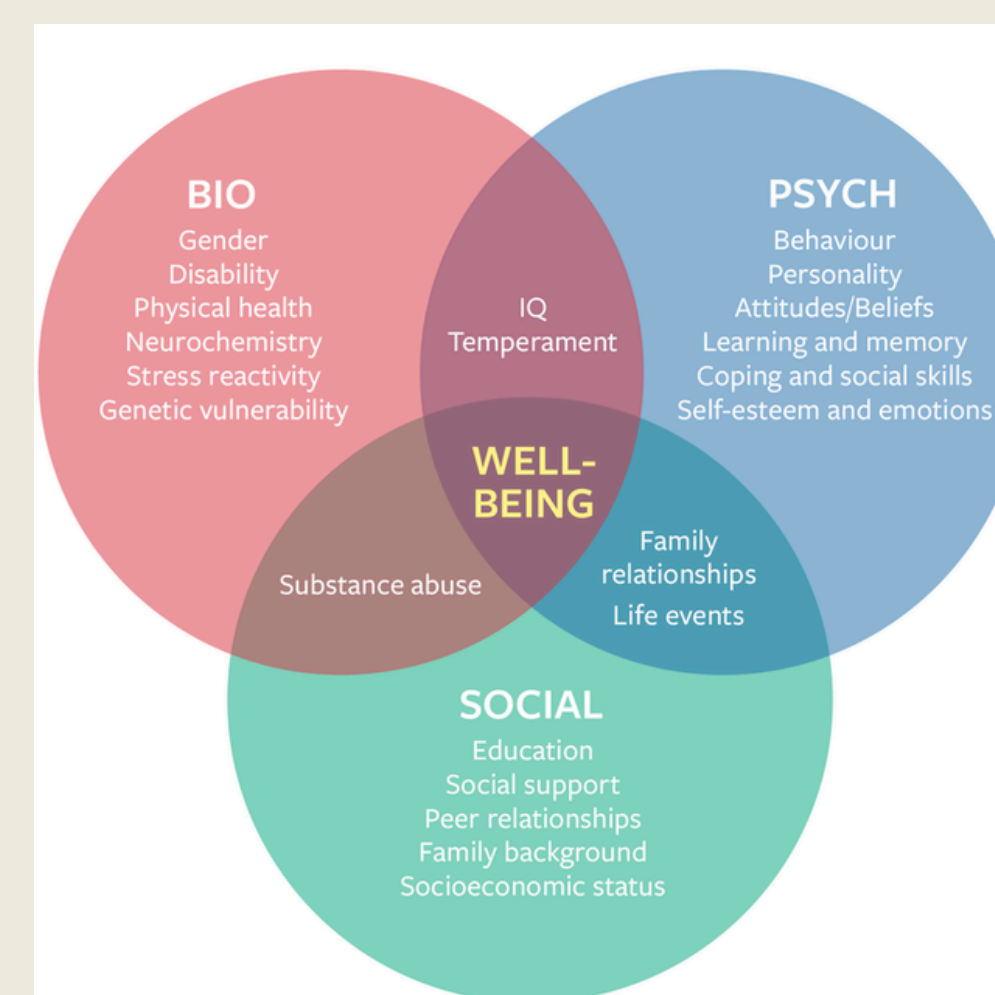


Summary: This scoping review examines the mental health impact of waiting for medical procedures and identifies patient-centred strategies to support the mental health of wait-listed patients and caregivers. The study highlights the importance of acknowledging patient concerns, providing peer support, and maintaining regular communication about wait-list status. These insights are particularly relevant in the context of delays caused by the COVID-19 pandemic.



01. Introduction

Waiting for medical test results is a significant psychological stressor, often leading to anxiety, uncertainty, and emotional distress. Studies suggest that prolonged waiting periods can exacerbate stress, negatively impacting overall well-being (Boivin & Lancaster, 2010). The COVID-19 pandemic intensified these challenges, further straining mental health and patient resilience (Gagliardi et al., 2021). Global prevalence of anxiety and depression increased by 25% during the pandemic's first year (WHO, 2022), highlighting the widespread psychological impact.



Biopsychosocial model (Engel, 1977)

02. Purpose

The purpose of this review was twofold:

- Extent of the problem
- Interventions and approaches already documented

The study aimed to inform mental health policies by identifying effective strategies across telemedicine, in-person therapy, and communication practices while highlighting gaps and areas for further research.

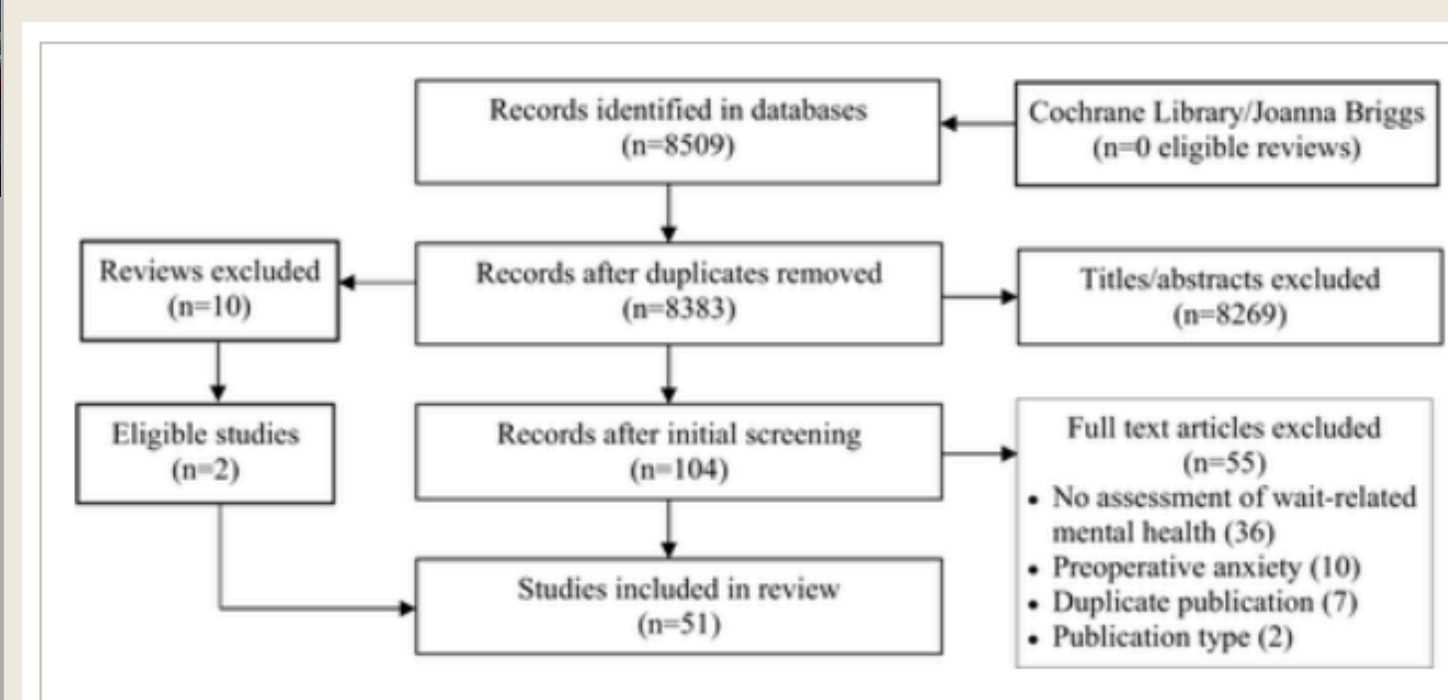
Relevant Theories

- Cognitive-Behavioural Therapy (CBT): Focuses on restructuring negative thoughts to reduce anxiety and depression. Some interventions apply CBT principles (e.g., reframing anxious thoughts about delays). (Hofmann, et al., 2012)
- Mindfulness-Based Stress Reduction (MBSR): Emphasises present-moment awareness to counteract rumination. In waiting contexts, it can help patients handle uncertainty by fostering calm and acceptance. Khoury et al., 2015
- Acceptance and Commitment Therapy (ACT): Encourages accepting discomfort while continuing valued activities. Interventions may reflect ACT components, guiding patients to acknowledge anxiety without letting it impede daily life. Davis et al., 2015

03. Methodology

A scoping review was conducted to examine the psychological burden of waiting for medical procedures and identify patient-centred strategies to support mental health, particularly during the COVID-19 pandemic.

Fig 1.



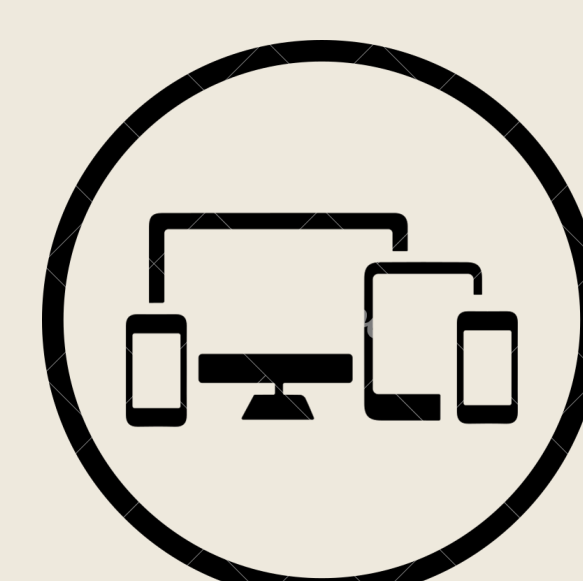
PRISMA diagram. PRISMA flow diagram of studies identified, screened and included

Findings were synthesised to identify common stressors and effective support strategies (e.g., peer support, communication, and educational interventions).

05. Critical Evaluation

Strengths

- Comprehensive Scope
- Relevance
- Patient-Centred Focus
- Applicability to Post-Pandemic Context
- Focus on Caregivers as Well as Patients

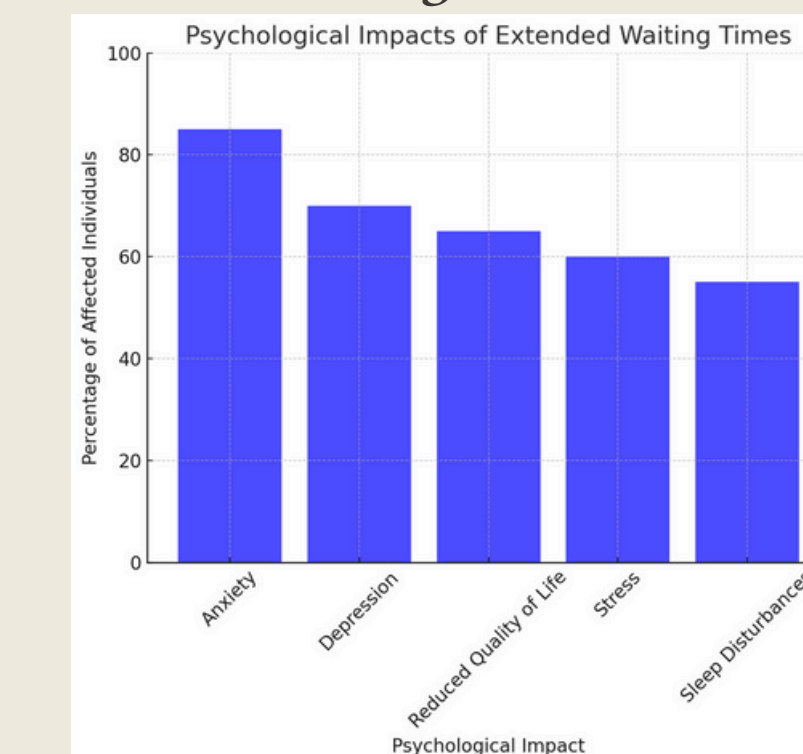


Recommendations

- Larger and more diverse samples to enhance validity.
- Longitudinal research to assess sustained impact.
- Digital and hybrid delivery modes should for broader accessibility and implementation.
- Establish a Tiered Mental Health Support Framework

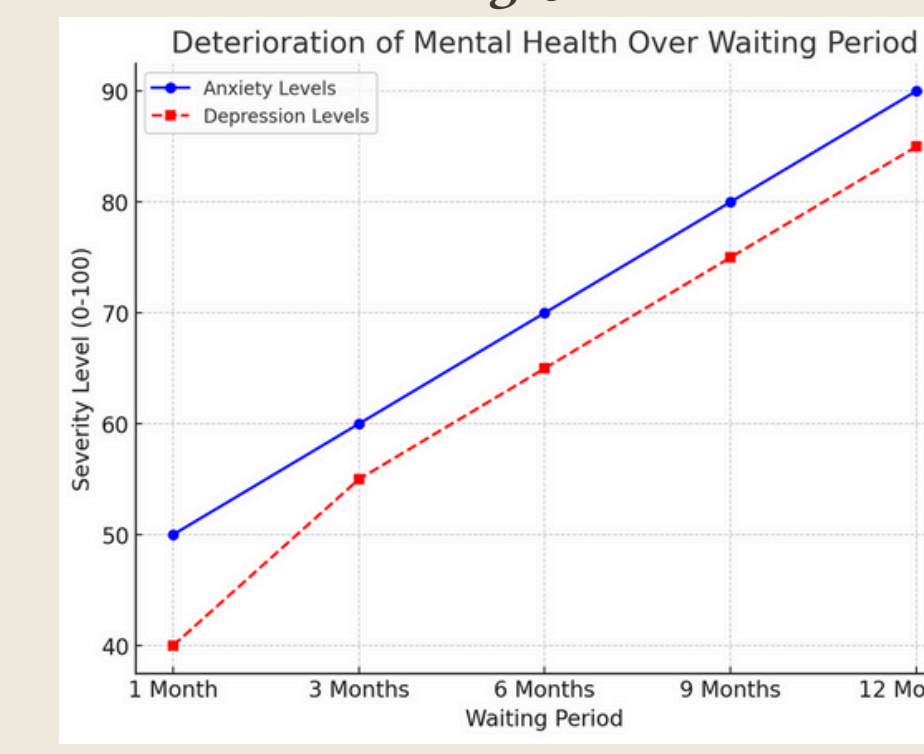
04. Results/Findings

Fig 2.



Psychological impacts of extended waiting times

Fig 3.



Deterioration of mental health over waiting period

Fig 4.

Strategy	Intended Outcome	Implementation Method
Educational Interventions	Develop coping skills	Conduct group or individual sessions, either in-person or via telehealth, focusing on cognitive-behavioural techniques.
Acknowledgment of Patient Concerns	Enhance emotional well-being	Train healthcare professionals to actively listen and validate patient feelings during consultations.
Peer Support Mechanisms	Provide mutual support and shared experiences	Establish support groups or peer mentoring programs, facilitated in-person or through online platforms.
Regular Communication About Wait-List Status	Reduce uncertainty and anxiety	Implement systematic updates via phone, email, or patient portals regarding wait-list position and expected procedure dates.

Design of strategies to support mental health of wait-listed patients and caregivers

Key Demographic Insights

- Women reported greater mental health impact while waiting.
- Younger people experienced higher anxiety and depression.
- New immigrants faced elevated mental health challenges.
- Those with lower Socio economic status were more adversely affected.
- Poor coping linked to increased distress and anxiety.

Fig 5.

Intervention	Impact on Depression	Impact on Anxiety	Additional Notes
Digital Mental Health Interventions (DMHIs)	Symptom reduction	Symptom reduction	Comparable effectiveness across various applications
Psychoeducation and Supportive Interventions	Symptom alleviation	Symptom alleviation	Potential benefits during waiting periods
Telepsychiatry	No significant difference compared to in-person treatment	No significant difference compared to in-person treatment	Effective alternative to face-to-face therapy
Waiting List Interventions for Youth	Supportive during waiting periods	Supportive during waiting periods	Benefits children, young people, and families
Impact of Waiting Times	Mental health deterioration observed	Mental health deterioration observed	Highlights need for timely interventions

Effectiveness of Mental Health Strategies

What Factors Influence Psychological Distress?

- Long wait times → Increased anxiety and stress
- Poor communication → Feelings of frustration and helplessness
- Uncertainty about treatment → Higher distress levels
- Severity of illness → Exacerbated psychological burden
- Lack of support systems → Social isolation and emotional exhaustion



06. Conclusion

The review highlighted the psychological burden of waiting for medical procedures, worsened by COVID-19 delays. Most patients and caregivers waiting for procedures had anxiety and depression, which adversely affected quality of life and eroded trust in the health-care system. While educational interventions had mixed results, patients preferred empathy, peer support, and transparent communication. Structured psychosocial support showed promise in reducing anxiety and improving well-being. Further research is needed to optimise these strategies for diverse patient needs.

References: Bolvin, J., & Lancaster, D. (2010). Medical waiting periods: imminence, emotions and coping. Women's health, 6(1), 59-69. Gagliardi, A. R., Yip, C. Y., Irish, J., Wright, F. C., Rubin, B., Ross, H., ... & Stewart, D. E. (2021). The psychological burden of waiting for procedures and patient-centred strategies that could support the mental health of wait-listed patients and caregivers during the COVID-19 pandemic: A scoping review. Health Expectations, 24(3), 978-990. World Health Organization. (2022). COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide. <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide>. Engel, G. L. (1977). The need for a new medical model: a challenge for biomedicine. Science, 196(4286), 129-136. Hofmann, S. G., Asnaani, A., Vonk, L. J., Sawyer, A. T., & Fang, A. (2012). The efficacy of cognitive behavioral therapy: A review of meta-analyses. Cognitive therapy and research, 36, 427-440. Khoury, B., Sharma, M., Rush, S. E., & Fournier, C. (2015). Mindfulness-based stress reduction for healthy individuals: A meta-analysis. Journal of psychosomatic research, 78(6), 519-528. Davis, M. L., Morina, N., Powers, M. B., Smits, J. A., & Emmelkamp, P. M. (2015). A meta-analysis of the efficacy of acceptance and commitment therapy for clinically relevant mental and physical health problems. Psychotherapy and psychosomatics, 84(1), 30-36.

AI Acknowledgments

I acknowledge the use of ChatGPT (<https://chatgpt.com/>) on 28th February and March 28th 2025 to create an image and check for readability for my poster using the prompt(s):

- Create an image to convey anxiety and waiting for a medical procedure, have a person sat down silhouette with scribbly lines to show anxiety.
- Check the following text for readability, grammar and syntax.

I confirm that I have not presented any AI generated text as my own work. I confirm I have copies of my drafts, notes, and other resources I used before, and after the use of AI tools which I may be asked to provide in evidence.