

Policy Brief:
**COVID-19 and the
Need for Action
on Mental Health**

13 MAY 2020

EXECUTIVE SUMMARY:

COVID-19 and the Need for Action on Mental Health

Although the COVID-19 crisis is, in the first instance, a physical health crisis, it has the seeds of a major mental health crisis as well, if action is not taken. Good mental health is critical to the functioning of society at the best of times. It must be front and centre of every country's response to and recovery from the COVID-19 pandemic. The mental health and wellbeing of whole societies have been severely impacted by this crisis and are a priority to be addressed urgently.

Psychological distress in populations is widespread. Many people are distressed due to the immediate health impacts of the virus and the consequences of physical isolation. Many are afraid of infection, dying, and losing family members. Individuals have been physically distanced from loved ones and peers. Millions of people are facing economic turmoil having lost or being at risk of losing their income and livelihoods. Frequent misinformation and rumours about the virus and deep uncertainty about the future are common sources of distress. A long-term upsurge in the number and severity of mental health problems is likely.

Moreover, specific populations groups are showing high degrees of COVID-19-related psychological distress. Frontline healthcare workers and first responders have been exposed to numerous stressors and ensuring the mental health of healthcare workers is a critical factor in sustaining COVID-19 preparedness, response and recovery. In every community, there are numerous older adults and people with pre-existing health conditions who are terrified and lonely. Emotional difficulties among children and adolescents are exacerbated by family stress, social isolation, with some facing increased abuse, disrupted education and uncertainty about their futures, occurring at critical points in their emotional development. Women are bearing a large brunt of the stress in the home as well as disproportionate impacts more generally. And people caught in fragile humanitarian and conflict settings risk having their mental health needs overlooked entirely.

During the past few months, there have been efforts initiated to support people in distress and to ensure care for people with mental health conditions. Innovative ways of providing mental health services have been implemented, and

initiatives to strengthen psychosocial support have sprung up.

Yet, because of the size of the problem, the vast majority of mental health needs remain unaddressed. The response is hampered by the lack of investment in mental health promotion, prevention and care before the pandemic. This historic underinvestment in mental health needs to be redressed without delay to reduce immense suffering among hundreds of millions of people and mitigate long-term social and economic costs to society.

MINIMIZING CONSEQUENCES

To minimize the mental health consequences of the pandemic, it is important to consider urgently the following three recommended actions:

1. APPLY A WHOLE-OF-SOCIETY APPROACH TO PROMOTE, PROTECT AND CARE FOR MENTAL HEALTH

Mental health actions need to be considered essential components of the national response to COVID-19. A whole-of-society approach for mental health in COVID-19 means:

- including mental health and psychosocial considerations in national response plans across relevant sectors, for example supporting learning and nurturing environments for children and young people who are confined at home;
- responding proactively to reducing pandemic-related adversities that are known to harm mental health, for example domestic violence and acute impoverishment; and
- crafting all communications to be sensitive of their potential impact on people's mental

health, for example by communicating empathy for people's distress and including advice for their emotional well-being.

2. ENSURE WIDESPREAD AVAILABILITY OF EMERGENCY MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Mental health and psychosocial support must be available in any emergency. Achieving this objective during the COVID-19 pandemic means:

- supporting community actions that strengthen social cohesion and reduce loneliness, for example supporting activities that help isolated older adults stay connected;
- investing in mental health interventions that can be delivered remotely, for example quality-assured tele-counselling for frontline health-care workers and people at home with depression and anxiety;
- ensuring uninterrupted in-person care for severe mental health conditions by formally defining such care as essential services to be continued throughout the pandemic; and
- protecting and promoting the human rights of people with severe mental health conditions and psychosocial disabilities, for example, by monitoring whether they have equal access to care for COVID-19.

3. SUPPORT RECOVERY FROM COVID-19 BY BUILDING MENTAL HEALTH SERVICES FOR THE FUTURE

All affected communities will need quality mental health services to support society's recovery from COVID-19, and this requires investment in the following:

- using the current momentum of interest in mental health to catalyze mental health reforms, for example by developing and

funding the implementation of national services re-organization strategies that shift care away from institutions to community services;

- making sure that mental health is part of universal health coverage, for example by including care for mental, neurological and substance use disorders in health care benefit packages and insurance schemes;
- building human resource capacity to deliver mental health and social care, for example

among community workers so that they can provide support; and

- organizing community-based services that protect and promote people's human rights, for example by involving people with lived experience in the design, implementation and monitoring of services.

Rapid implementation of these recommended actions will be essential to ensure people and societies are better protected from the mental health impact of COVID-19.

1. Impact of COVID-19 on Mental Health

THE GLOBAL MENTAL HEALTH CONTEXT

Mental health is a state of mental well-being in which people cope well with the many stresses of life, can realize their own potential, can function productively and fruitfully, and are able to contribute to their communities.¹

Mental health has large intrinsic value as it relates to the core of what makes us human: the

way we interact, connect, learn, work and experience suffering and happiness. Good mental health supports the capability of individuals to display healthy behaviour that keeps themselves and others safe and healthy during the pandemic. Good mental health also facilitates that people perform in key roles within families, communities and societies, whether taking care of children and older adults or contributing to their community's economic recovery. Good mental health is critical to each country's response to, and recovery from, COVID-19.

Before COVID-19 emerged, statistics on mental health conditions (including neurological and substance use disorders, suicide risk and associated psychosocial and intellectual disabilities) were already stark:

- The global economy loses more than US\$ 1 trillion per year due to depression and anxiety.
- Depression affects 264 million people in the world.
- Around half of all mental health conditions start by age 14, and suicide is the second leading cause of death in young people aged 15-29.
- More than 1 in 5 people living in settings affected by conflict have a mental health condition.
- People with severe mental conditions die 10-20 years earlier than the general population.
- Fewer than half of countries report having their mental health policies aligned with human rights conventions.²
- In low- and middle- income countries between 76% and 85% of people with mental health conditions receive no treatment for their condition, despite the evidence that effective interventions can be delivered in any resource context.³
- Globally there is less than 1 mental health professional for every 10,000 people.
- Human rights violations against people with severe mental health conditions are widespread in all countries of the world.

¹ <https://www.who.int/en/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

² Of the 139 countries that have mental health plans and policies in place, fewer than half report having these aligned with human rights conventions. Source: WHO (<https://www.who.int/news-room/facts-in-pictures/detail/mental-health>)

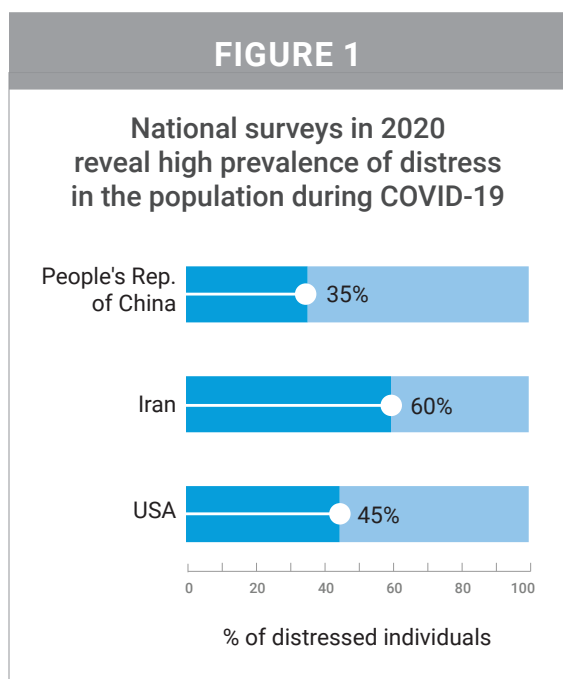
³ <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>

Mental health is one of the most neglected areas of health. Despite the impact of mental health conditions on individuals, families and society, there has been little investment in mental health, particularly in community-based services. Countries spend on average only 2% of their health budgets on mental health; the average spent by other sectors is unknown but expected to be a tiny fraction of that. International development assistance for mental health is estimated to be less than 1% of all development assistance for health.⁴ This is despite the well-documented comorbidity of physical and mental health conditions for diseases such as HIV/AIDS and TB; and now for COVID-19.⁵

IMPACT OF THE COVID-19 PANDEMIC ON MENTAL HEALTH

When crises affect people's lives and communities, high levels of stress are expected. Adversity is a well-established risk factor for short and long-term mental health problems.⁶ Research on past epidemics has highlighted the negative impact of outbreaks of infectious diseases on people's mental health.^{7,8,9}

A key message from the *Lancet Commission on global mental health and sustainable development*¹⁰ is that mental health problems exist along a continuum from mild, time-limited distress to severe mental health conditions. The COVID-19 pandemic influences where people are situated on that continuum. Many people who previously coped well, are now less able to cope because of the multiple stressors generated by the pandemic. Those who previously had few experiences of anxiety and distress, may experience an increase in number and intensity of these and some have developed a mental health condition. And those who previously had a mental health condition, may experience a worsening of their condition and reduced functioning.



The evidence thus far confirms widespread psychological distress in COVID-19 affected populations, as reported in national surveys.^{11,12,13}

⁴ Gilbert et al, 2015

⁵ Kong X et al, 2020

⁶ Dohrenwend, 2000

⁷ Shultz et al, 2015

⁸ Tsang et al, 2014

⁹ Yip et al, 2010

¹⁰ Lancet Commission on global mental health and sustainable development, 2018

¹¹ Qiu et al, 2020

¹² Jahanshahi et al, 2020

¹³ Kaiser Family Foundation, 2020

People's distress is understandable given the impact of the pandemic on people's lives. During the COVID-19 emergency, people are afraid of infection, dying, and losing family members. At the same time, vast numbers of people have lost or are at risk of losing their livelihoods, have been socially isolated and separated from loved ones, and, in some countries, have experienced stay-at-home orders implemented in drastic ways. Women and children have also experienced increased domestic violence and abuse. Widespread misinformation about the virus and prevention measures and deep uncertainty about the future are additional major sources of distress. Repeated media images of severely ill people, dead bodies and coffins add to the fear. The knowledge that people may not have the opportunity to say goodbye to dying loved ones and may not be able to hold funerals for them further contributes to distress.

Not surprisingly, higher-than-usual levels of symptoms of depression and anxiety have been recorded in various countries. A large study in Amhara Regional State, Ethiopia, in April 2020, reported an estimated 33% prevalence rate of symptoms consistent with depressive disorder,¹⁴ a 3-fold increase compared to estimates from Ethiopia before the epidemic.¹⁵

To deal with the stressors, people may resort to different negative ways of coping, including use of alcohol, drugs, tobacco or spending more time on potentially addictive behaviours such as online gaming. Statistics from Canada report that 20% of the population aged 15-49

increased their alcohol consumption during the pandemic.¹⁶

The long-term impact of the crisis on people's mental health and in turn the mental health impact on society should not be overlooked. As a result of the 2008 economic crisis, a rise in "deaths of despair" was recorded among working age Americans.¹⁷ Suicide and substance-use related mortality accounted for most of these deaths, which were linked to loss of hope due to the lack of employment and rising inequality. As the economic burden of COVID-19 rises, a similar toll on people's mental health may be anticipated,¹⁸ with a major impact on individuals, families and the wider society.

"Having my treatment come to such an abrupt end was devastating ... I was far from stable, and the prospect of suddenly having my support withdrawn was frightening." ¹⁹

Effects of COVID-19 on the brain are of concern. Neurological manifestations have been noted in numerous countries in people with COVID-19. Moreover, the social consequences of the pandemic may affect brain health development in young children and adolescents and cognitive decline in the older population. Urgent action is needed to prevent long-term impact on the brains of both the youngest and eldest members of our society.

¹⁴ Ambaw et al, unpublished data, 2020

¹⁵ Bitew, 2014

¹⁶ <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2020029-eng.htm>

¹⁷ Case & Deaton, 2020

¹⁸ Patel, in press

¹⁹ Dimbylow, 2020

Impact on brain health:

- COVID-19 can cause neurological manifestations, including headache, impaired sense of smell and taste, agitation, delirium, stroke and meningo-encephalitis.²⁰
- Underlying neurological conditions increase the risk of hospitalization for COVID-19, especially for older adults.²¹
- Stress, social isolation and violence in the family are likely to affect brain health and development in young children and adolescents.²²
- Social isolation, reduced physical activity and reduced intellectual stimulation increase the risk of cognitive decline and dementia in older adults.²³

IMPACT OF COVID-19 ON MENTAL HEALTH SERVICES

Before the pandemic, in most communities of the world and particularly in many humanitarian and conflict settings, there was already limited access to quality, affordable mental health care. This access has now been further diminished due to COVID-19 as the pandemic has disrupted services around the world. Key factors affecting services are: infection and risk of infection in long-stay facilities, including care homes and psychiatric institutions; barriers to meeting

people face-to-face; mental health staff being infected with the virus; and the closing of mental health facilities to convert them into care facilities for people with COVID-19.²⁴

According to the International Long-Term Care Policy Network approximately half of all COVID-19-related deaths in Australia, Belgium, Canada, France, Ireland, Norway and Singapore occur among residents of long-term care facilities, with mortality rates ranging from 14% to 64%.²⁵ Many of these long-term facilities are homes catering for people with dementia.

Outpatient mental health services around the world have also been severely affected. Demand for face-to-face mental health services has significantly decreased because of fear of infection, particularly among older people.²⁶ Many services have had to switch to remote mental health care.²⁷ There is increased focus on digital self-help and digital mental health services and parenting programmes (including the use of more basic technologies such as the telephone and SMS). Such approaches can be effective and scalable, though their limitation is that illiterate, poor and older populations have much less internet or telecommunications access, and such approaches are not an answer for all mental health needs. Other modalities of care continue to be important.

²⁰ Mao et al, 2020; Helms et al 2020; Sedaghat & Karimi, 2020, Spinato et al, 2020, Toscano et al, 2020, Moriguchi et al, 2020; Klok et al, 2020; Virani et al, 2020

²¹ Garg S et al, 2020

²² <https://unsdg.un.org/resources/policy-brief-impact-covid-19-children>

²³ WHO, 2019

²⁴ Sani et al, 2020

²⁵ <https://ltccovid.org/wp-content/uploads/2020/04/Mortality-associated-with-COVID-17-April-1.pdf>

²⁶ Khoury & Karam, 2020

²⁷ Fagiolini et al, 2020

Mental health services have had to find innovative ways to reorganize and adapt service provision to ensure continuity of care during the pandemic. The city of Madrid, for example, was forced to reconvert over 60% of its mental health beds to care for people with COVID-19, reducing the number of people attending emergency mental health services by 75%. To deal with this, mental health services had to adapt quickly. Where possible, people with severe conditions were moved to private clinics to ensure continuity of care as an action of solidarity. Local policy-makers identified emergency psychiatry an essential service to enable mental health-care workers to continue outpatient services over the phone. Home visits were organized for the most serious cases. It was also necessary to partner with IT experts, to enable mental health staff working from home to access electronic clinical records while maintaining confidentiality.²⁸

Mental health and psychosocial support delivered at the community level have also been critically impacted. For instance, groups, associations and community-based initiatives that used to bring people together regularly before the pandemic (e.g., senior citizens clubs, youth groups, sports clubs, organizations for people with lived experience and their families, mutual-help groups for alcohol and drug dependence, cultural programmes) – offering social support, meaning and a sense of belonging – have not been able to meet for several months.²⁹

Many organizations offering protection and psychosocial support to specific populations at increased risk (see section 2) are unable to cope

with increasing needs, while movement restrictions and fear of contagion impede service delivery. In the same way, school-based mental health services have been seriously affected and many of these services are not able to provide adequate care using remote methods.³⁰ The millions of children who were already out of school and live or work on the streets and routinely faced severe and persistent rights violations, are even more vulnerable to these additional stressors and lack access to services.

Sustaining and strengthening mental health services and programmes must be a priority to address current and future mental health needs and help prevent a rise in mental ill health in the future. The response to the pandemic is an opportunity to improve the scale and cost-effectiveness of various mental health interventions.

Some examples of mental health and psychosocial support during the pandemic include:

- In Lebanon, the Ministry of Public Health has launched an action plan comprehensively addressing mental health aspects of COVID-19.
- Teams from Egypt, Kenya, Nepal, Malaysia and New Zealand, among others, have reported creating increased capacity of emergency telephone lines for mental health to reach people in need. This includes reports of services that have helped usher in innovations that are designed to continue post-pandemic.
- In the Bahamas, recently devastated by Hurricane Dorian, the Government, UN agencies and non-governmental

continues

²⁸ Arrango et al. 2020,

²⁹ Flint et al, 2020

³⁰ Lee, 2020

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organizations are coming together to respond to the mental health and psychosocial consequences of the COVID-19 pandemic.

- A mental health non-governmental organization in Pakistan had to close vocational training centres for economic empowerment, but people with mental health conditions who had been attending the training centres started sewing cloth face-masks for health responders to support their communities.
- In Nigeria, the Nigerian Association of Psychiatrists, the Association of Psychiatric nurses, clinical health workers as well as major mental health NGO's came together to form the Covid19 Partners in Mental Health. They work with both government and civil society to offer training on mental health, teletherapy and research.

COMMUNITY SOCIAL SUPPORT DURING THE PANDEMIC

Much of the adversity caused by the COVID-19 pandemic stems from the impact on social connections because of physical distancing. Yet, this does not mean that there is no resilience. There are many examples of emerging community supports. Indeed, all communities – even those affected by horrendous hardship – contain naturally-occurring psychosocial support and sources of resilience.

People around the world are showing actions of solidarity and offering informal psychosocial

support to one other. For example, there are numerous reports around the world of younger adults reaching out to isolated older adults, helping them address their basic needs and reducing their loneliness. Without prompting, many long-term care facilities have set up ways for residents to speak with family members to ensure support and connection. The celebration of frontline health-care workers every evening at the same time – by clapping and cheering from windows and balconies – across cities in numerous countries shows the solidarity that many feel and seek to express. Numerous individuals, while forced to stay at home, have taken the opportunity to re-connect with distant relatives and friends.

In settings with internet access, people's mental well-being has been supported through the creation of online support groups and social communities to combat loneliness and boredom and reinforce social connectedness, to disseminate positive messages of hope and unity, and to mobilize community volunteers to assist those who need help.

Some of the positive observations on solidarity may not endure if people lose hope or become intolerant towards physical distancing measures, but the experience is that all communities have helpful, embedded resources that need to be supported. Governments can make funds available for helpful community initiatives because it is important, now more than ever, to activate and strengthen local support, especially for marginalized people, and encourage a spirit of community self-help to protect and promote mental well-being.

2. Specific Populations of Concern

Specific populations groups have been affected by COVID-19 in different ways. Some of these are highlighted in this brief:

- **First responders and frontline workers, particularly workers in health and long-term care** play a crucial role in fighting the outbreak and saving lives. However, they are under exceptional stress, being faced with extreme workloads, difficult decisions, risks of becoming infected and spreading infection to families and communities, and witnessing deaths of patients. Stigmatization of these workers is common in too many communities.³¹ There have been reports of suicide attempts and suicide death by health-care workers.³²

Mental health of healthcare workers during COVID-19 pandemic

- In Canada, 47% of health-care workers reported a need for psychological support.³³
- In the People's Republic of China, healthcare workers reported high rates of depression (50%), anxiety (45%), and insomnia (34%).³⁴
- In Pakistan, large numbers of health-care workers have reported moderate (42%) to severe (26%) psychological distress.³⁵

Reports from Chile, Italy, Spain, the Philippines, the United Arab Emirates, the United Kingdom and the United States of America document how dedicated teams provide mental health support for health-care workers. All countries need to ensure that this vital section of society continues to play its critical role in helping to end the outbreak. Guidance on how to do this has been made available for Red Cross and Red Crescent volunteers who play an important part in the response in many countries.³⁶

- **Older adults and people with pre-existing health conditions** are at substantial risk of life-threatening complications from COVID-19. Approximately 8 out of 10 reported deaths in the USA and Germany occurred in people aged 65 years or older³⁷ or 70 years and older,³⁸ respectively. It is understandable that many older adults and people with pre-existing conditions (e.g., heart disease, hypertension) are currently extremely worried about being infected with the virus and not having access to appropriate care. Some of them, including those with cognitive impairments, may have difficulty accessing advice on infection prevention and are at higher risk of isolation. Loneliness is a major risk factor for mortality in older adults.³⁹

³¹ IFRC, UNICEF, & WHO, 2020

³² <https://www.theguardian.com/us-news/2020/apr/28/dr-lorna-breen-new-york-er-coronavirus>

³³ <https://potloc.com/blog/en/potloc-study-canadian-health-workers-insights-front-lines-covid-19-pandemic/>

³⁴ Lai et al, 2020

³⁵ Tamizuddin Nizami, unpublished data, 2020

³⁶ <https://pscentre.org/wp-content/uploads/2020/03/IFRC-Brief-guidance-note-on-caring-for-volunteers-in-COVID-19.pdf>

³⁷ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>

³⁸ https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Situationsberichte/2020-04-25-en.pdf?__blob=publicationFile

³⁹ Rico-Urbe et al, 2018

Moreover, older adults have been reported to be victims of stigma and abuse. A UN policy brief on older persons and COVID-19 has been released that details recommendations on how to address the needs of this population group.⁴⁰

- Many **children's** emotional state and behaviour has been affected during confinement according to reports by Italian and Spanish parents.⁴¹ Moreover, children, including adolescents, are at particular risk of abuse during the pandemic. Children with disabilities, children in crowded settings and those who live and work on the streets are particularly vulnerable. A UN Policy Brief on the impact of COVID-19 on children has been published specifically on this topic with recommendations on how to address children's risks and needs.⁴²

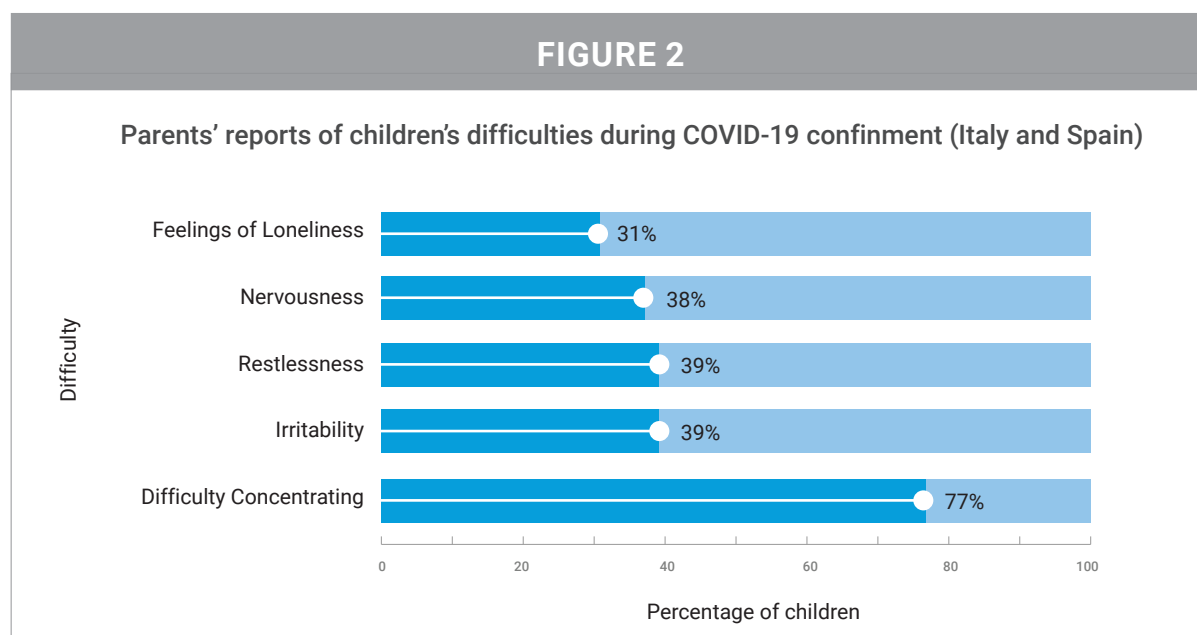


My Hero is You
how kids can fight COVID-19!

Illustration provided by IASC

A committee of UN and non-UN agencies has published the book *My Hero is You*⁴³ to help children aged 6-11 years cope with their worries about COVID-19. Based on interviews with more than 1700 children, parents, caregivers and teachers from around the world, the book's messages have resonated with children from different backgrounds and cultures. The book is being translated into more than 100 languages and is reaching children affected by conflict and forced displacement in Bangladesh, Greece, Iraq, Nigeria, Syria, and Yemen.⁴⁴

FIGURE 2



⁴⁰ <https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2020/04/POLICY-BRIEF-ON-COVID19-AND-OLDER-PERSONS.pdf>

⁴¹ Orgilés et al, 2020

⁴² https://unsdg.un.org/sites/default/files/2020-04/160420_Covid_Children_Policy_Brief.pdf

⁴³ <https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/my-hero-you>

⁴⁴ <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19--22-april-2020>

➤ **Adolescents and young people** are also an at-risk group in the present crisis, as most mental health conditions develop during this period of life. Many young people have seen their futures impacted. For example, schools have been closed, examinations have not been held, and economic prospects have diminished. A study carried out with young people with a history of mental health needs living in the UK reports that 32% of them agreed that the pandemic had made their mental health much worse.⁴⁵ The main sources of distress included concerns about their family's health, school and university closures, loss of routine and loss of social connection. Provision of mental health services must include specific actions tailored for this population.⁴⁶

➤ **Women** are another population with specific concerns. A survey on stress levels in the Indian population during the COVID-19 pandemic indicated that 66% of women reported being stressed as compared to 34% of men. During the current situation of COVID-19, pregnant and new mothers are especially likely to be anxious due to difficulties accessing services and social support and fear about infection. In some family arrangements there is an increased burden due to additional duties of caregiving such as homeschooling and taking care of older relatives. As with childhood abuse, the situation of stress and restrictions on movement increases violence towards women. It has been estimated that globally 31 million additional cases of gender-based violence can be expected to occur if the

restrictions continue for at least 6 months.⁴⁷ A UN Policy Brief has been published looking specifically at the impact of COVID-19 on women and the measures that need to be taken now to address this impact.⁴⁸

➤ **People in humanitarian and conflict settings** whose mental health needs are often overlooked require more attention. Evidence indicates that in conflict settings 1 in 5 people have a mental health condition.⁴⁹ The situation of the pandemic may exacerbate existing mental health conditions, induce new conditions and limit access to the already scarce mental health services available. Moreover, it is often difficult to adhere to measures for infection prevention (such as physical distancing) for people in humanitarian settings, such as refugees or internally displaced people living in crowded camps or settlements. This increases risks for COVID-19 infection and generates high levels of stress⁵⁰. No COVID-19-related mental health data are available yet for people in humanitarian and conflict settings, but data on migrants are worrisome.⁵¹ The Inter-Agency Standing Committee (IASC) has recommended a range of key actions to minimize and address the impact of COVID-19 on mental health and psychosocial well-being.⁵² The IASC Reference Group on Mental Health and Psychosocial Support is supporting mental health and psychosocial support coordination groups in more than 20 humanitarian emergencies to strengthen the local humanitarian response in the face of COVID-19.

⁴⁵ Young Minds, 2020

⁴⁶ <https://www.unicef.org/coronavirus/how-teenagers-can-protect-their-mental-health-during-coronavirus-covid-19>

⁴⁷ UNFPA, 2020 <https://www.unfpa.org/press/new-unfpa-projections-predict-calamitous-impact-womens-health-covid-19-pandemic-continues>

⁴⁸ <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406>

⁴⁹ Charlson et al, 2019

⁵⁰ Subbaraman, 2020

⁵¹ Liem & Hall, unpublished data, 2020

⁵² <https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/briefing-note-about>

3. Recommended actions

The impacts of the pandemic already have and will continue to have profound mental health consequences. Implementation of recommended actions below by national decision-makers will help minimize and address these consequences:

1. APPLY A WHOLE-OF-SOCIETY APPROACH TO PROMOTE, PROTECT AND CARE FOR MENTAL HEALTH

Inclusion of mental health and psychosocial considerations in COVID-19 national response is essential because it improves quality of programming, enhances coping skills of people during the crisis, reduces suffering, and is likely to speed up the recovery and rebuilding of communities. During the pandemic, government decision-makers across sectors (health, security, social services, education, communications) must consider how their actions impact mental health. For example, stay-at-home emergency measures (as well as the lifting of these measures) need to be planned and implemented across sectors in such a manner that they minimize effects on people’s mental wellbeing. Engagement of and accountability to citizens in the shared endeavour of containing the virus fosters acceptance of such measures and is likely to help protect people’s mental health.

Everything needs to be done to **protect people from pandemic-related adversities that are known to harm mental health**. Social and

financial protection measures are necessary to prevent people from the impact of losing livelihoods or economic prospects and deepening inequalities. Alternative learning opportunities need to be offered to children and adolescents out of school. Prevention and redress of domestic violence – whether against women, children, older adults, or persons with disability – should be a key part of national COVID-19 response plans. National frameworks to address discrimination against health-care workers and people who have or have had COVID-19 must be established and implemented in countries where such discrimination exists. It is important to ensure protection and care of people in institutions – whether they are run by the social or health sector.

Further, it is important for governments and other actors to **communicate about COVID-19 in ways that promote mental health and psychosocial well-being**. To reduce the spread of the virus and anxiety in the population, governments and other actors, including media outlets, need to communicate regularly about the pandemic, providing up-to-date evidence-based information in plain language that people understand, accessible and inclusive to all people through channels that they use.⁵³ Such communication should be communicated with empathy and include advice on emotional well-being. Undue anxiety caused by inconsistent, incomprehensible or threatening communication needs to be avoided.

⁵³ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

2. ENSURE WIDESPREAD AVAILABILITY OF EMERGENCY MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Community action that strengthens social cohesion, solidarity and healthy coping, reduces loneliness and promotes psychosocial well-being should be supported. Pre-existing and emerging community and volunteer support mechanisms targeting vulnerable people need to be strengthened. This includes supports for older adults, frontline health-care workers, and people who have lost their livelihoods. Efforts that help isolated people stay connected, reduce loneliness (especially in older adults) and reduce boredom (especially in children and adolescents) should be promoted. Opportunities for the bereaved to mourn safely should be ensured, with respect for their cultural traditions. Community-based organizations and other members of civil society can play a key role in strengthening community psychosocial supports.

Access to remote support needs to be scaled up for any mental health need. When people are forced to stay at home, support may be remote (e.g. through telephone, text or video), depending on the context and the person's needs. Psychological interventions tend to be equally effective whether they are delivered face-to-face or through phone or video. High quality self-help materials (books⁵⁴ or digital programmes) can be effective for many people, especially if their delivery is guided by a trained helper.⁵⁵ This is an opportunity to introduce innovations to mental health care that can help improve the performance of future mental

health services. However, when implementing remote, technology-based interventions, care is required to ensure confidentiality and equity in access.⁵⁶

Mental health and social care for people with severe mental health conditions and psychosocial disabilities must be part of the definition of essential services in all countries. Governments may need to decide not to continue routine care for all health conditions because of risk of infection. The decision to initiate or continue in-person treatment for mild or moderate conditions should be taken on a case-by-case basis. For example, prenatal and maternal mental healthcare is always a priority even when the condition is not severe. However, in-person care for people with severe mental, neurological or substance use disorders (e.g., psychosis, severe depression, delirium, epilepsy, substance dependence) and psychosocial disabilities must be available. In-person care needs to be delivered in a safe manner, with relevant personal protective equipment.⁵⁷

Priority attention needs to be given to protecting and promoting the human rights of people with severe mental health conditions and psychosocial disabilities; their rights are frequently neglected in major emergencies.⁵⁸ People with both COVID-19 and mental health conditions should get equal access to health and social care as other people with COVID-19, without discrimination, including in triage assessments. Public health measures that limit people's movement should apply equally to all people, whether they have a mental health condition or not.⁵⁹

⁵⁴ <https://www.who.int/publications-detail/9789240003927>

⁵⁵ WHO, 2015

⁵⁶ Resnick & Gooding, 2020

⁵⁷ WHO & UNICEF, 2020

⁵⁸ Weissbecker et al, 2020

⁵⁹ https://www.un.org/sites/un2.un.org/files/sg_policy_brief_on_persons_with_disabilities_final.pdf

3. SUPPORT RECOVERY FROM COVID-19 BY BUILDING MENTAL HEALTH SERVICES FOR THE FUTURE

Mental health requires much larger overall investment. An ongoing, longstanding issue is that mental health – across health, social, education and other sectors – has been heavily underfunded. Countries spend on average only 2% of their health budgets on mental health. Given the increased long-term needs caused by the pandemic, this is the time to address inequity and **organize affordable community-based services that are effective and protective of people’s human rights** as part of any national COVID-19 recovery plan.⁶⁰ **Mental health care must be included in health care benefit packages and insurance schemes to ensure essential mental health needs are covered.** Capacity of staff needs to be built across health, social and educational sectors to address mental health, especially in low and middle income countries. Evidence-based programmes that promote psychosocial wellbeing require appropriate budgets. Emergencies can be a catalyst for building back better, sustainable, mental health services.⁶¹ People with lived experience of mental health conditions should be involved in the strengthening of mental health services. Investments now will reduce the mental health impact of COVID-19 and will help ensure that countries are better prepared to help their populations to stay mentally healthy, emergency or not.

The current crisis has once again exposed the inherent and heightened risks of institutional living. Many countries have shown that mental

hospitals can be safely closed once care is available in the community.⁶² As part of a longer-term plan to improve the quality, reach and cost-effectiveness of mental health services, it is recommended to **shift investments away from institutionalization** to affordable, quality mental health care in the community.

Research needs to be part of recovery efforts.

Any programmes to reduce or address mental health problems created by the pandemic need to be monitored and evaluated. Also, it is important to understand the extent of the mental health consequences (including the neurological and substance use impact) of COVID-19 and the social and economic effects of the pandemic, directly consulting with the affected populations. Given the anticipated findings, such research will likely strengthen advocacy efforts for mental health. Rapid knowledge acquisition will require establishment of research priorities,⁶³ research coordination, open-data sharing and funding.

WHAT THE UNITED NATIONS CAN DO

A range of UN agencies – including ILO, IOM, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, WHO and the Office of the Secretary-General’s Envoy on Youth – are scaling up their mental health and psychosocial response to support people to cope with COVID-19.⁶⁴

UN agencies will increase inclusion of mental health and psychosocial support in their work across sectors in countries to improve the overall effectiveness and impact of their COVID-19

⁶⁰ <https://apps.who.int/iris/bitstream/handle/10665/310981/WHO-MSD-19.1-eng.pdf?ua=1>

⁶¹ WHO, 2013

⁶² WHO, 2014

⁶³ Holmes et al, 2020

⁶⁴ https://interagencystandingcommittee.org/system/files/2020-05/Global%20Humanitarian%20Response%20Plan%20%28GHRP%29-COVID19_MayUpdate.pdf

response and recovery activities. The inclusion of mental health in existing UN COVID-19 response mechanisms is critical in the updated WHO Strategic Preparedness and Response Plan,⁶⁵ the updated Global Humanitarian Response Plan⁶⁶ and the UN Framework for the Immediate Socio-economic Response to COVID-19⁶⁷ and the Secretary-General's UN COVID-19 Response and Recovery Fund.⁶⁸

Mental health and psychosocial support have relevance to health, protection and social services, nutrition, labour, education, justice and other domains of government. In numerous

countries, the UN agencies are assisting national governments in establishing national strategies and national multisectoral coordination mechanisms on the pandemic response.

They can make sure that mental health is fully considered across governments' health, social and economic responses and recovery plans. Moreover, UN Resident and Humanitarian Coordinators can ensure that mental health and psychosocial support is included in coordination and planning both now and for the longer term.⁶⁹ Mental health will remain a core concern even as countries emerge from the pandemic and embark on social and economic recovery.

⁶⁵ WHO, in press

⁶⁶ https://interagencystandingcommittee.org/system/files/2020-05/Global%20Humanitarian%20Response%20Plan%20%28GHRP%29-COVID19_MayUpdate.pdf

⁶⁷ <https://unsdg.un.org/resources/un-framework-immediate-socio-economic-response-covid-19>

⁶⁸ https://www.un.org/sites/un2.un.org/files/sg_response_and_recovery_fund_fact_sheet.pdf

⁶⁹ In December 2019, the executive heads of UN humanitarian agencies together with their counterparts in the Red Cross and Red Crescent Movement and civil society, formally committed to treat mental health and psychosocial support as a cross-cutting issue in all humanitarian emergencies with relevance especially to health, protection, education, nutrition and camp coordination and camp management clusters/sectors.