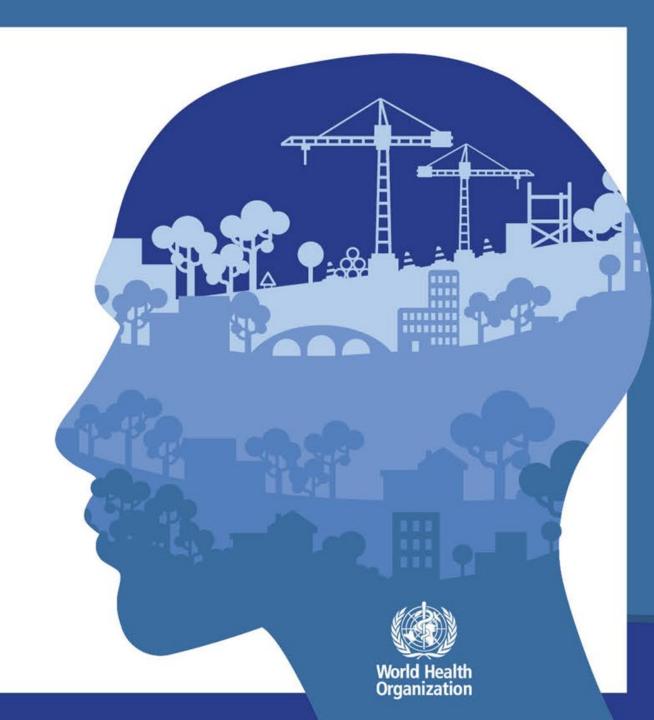
Mental health preparedness and response during the COVID-19 pandemic

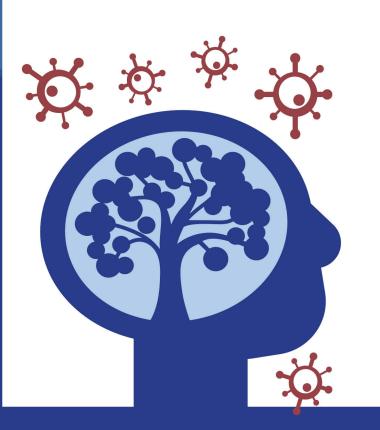
Dévora Kestel Director Mental health and substance use April 2021



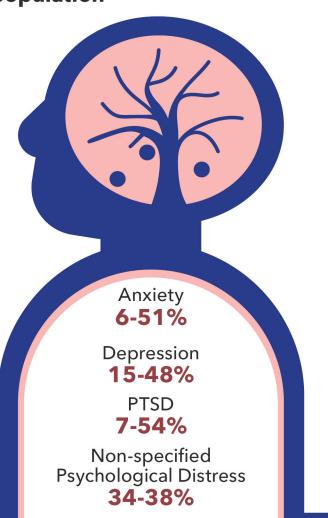
COVID-19 and mental health

People with preexisting severe mental health and neurological conditions are a high-risk group for more severe infection and higher mortality from COVID-19

A priority for vaccination.



Examples of COVID-19 mental health manifestations in general population



Examples of COVID-19 infection mental and neurological manifestations

Depression

Anxiety

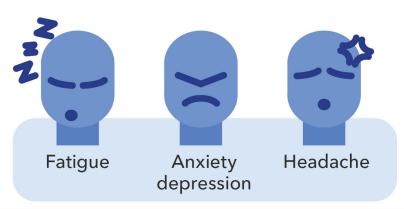
Delirium

Headache

Insomnia

Altered sense of smell and taste

Examples of long term COVID-19 infection mental and neurological manifestations



COVID-19 and substance use and addictive behaviours

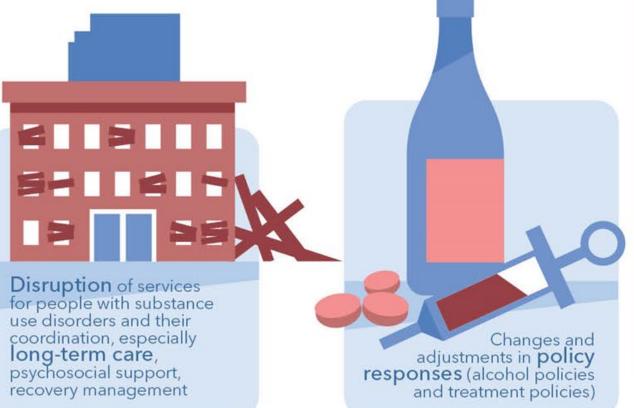


People with substance use disorders are at higher risk of acquiring COVID-19 and having worse outcomes (death, hospitalization, overdose, etc.)

Currently wide range of data from different countries on changes in levels and patterns of psychoactive substance use during COVID-19 pandemic

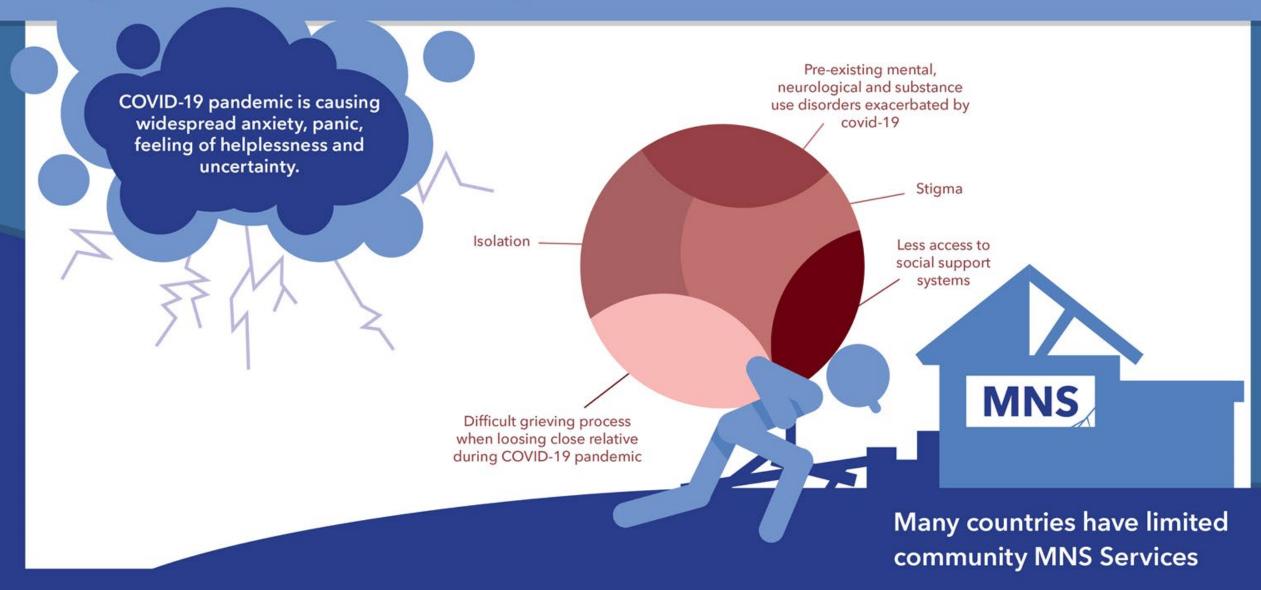
Preliminary data suggests increased levels of online gaming and online gambling during lockdown and confinement.





Adversity is a risk factor for short-term and long-term mental health problems.



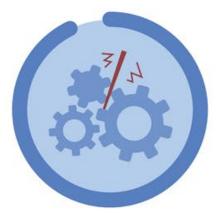


Situation of mental, neurological and substance use services during the COVID-19 Pandemic



2020

93%



of countries reported disruptions in one or more of their services for MNS disorders

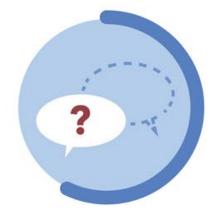
nearly

3/4



reported at least partial disruptions to school and workplace mental health services

60%



of all psychotherapy and counselling services were partially disrupted

more than

50%

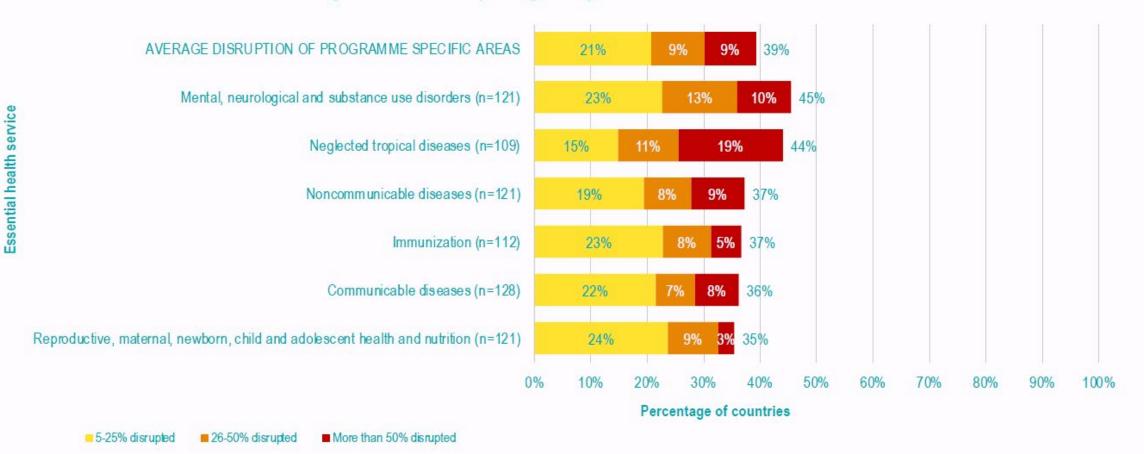


of countries had their overdose prevention and management programmes and critical harm reduction services disrupted

Situation of mental, neurological and substance use services during the COVID-19 Pandemic







Situation of mental, neurological and substance use services during the COVID-19 Pandemic





From prevention and promotion: school mental health programmes and suicide prevention programmes



To diagnostics and treatments neuroimaging and neurophysiology, psychotherapy, counselling and psychosocial interventions, and prescriptions



For life-saving
emergency care:
management of
emergency MNS
manifestations, critical
harm reduction services,
overdose prevention and
management programmes



For the most vulnerable populations: older adults, children, and adolescents with mental health conditions or disabilities

Post-acute/Long/Long-haul Impacts of COVID-19





Resources for the public, clinicians and programme managers





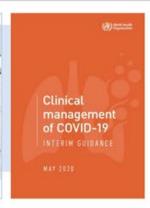






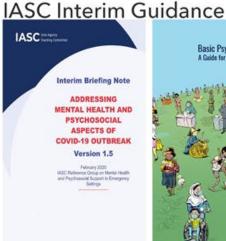
104 case studies received from all WHO regions













MHPSS identified as a priority during COVID-19 response





CALLFOR

Mental health is a priority

Maintaining essential health services: operational guidance for the COVID-19 context



GLOBAL HUMANITARIAN
RESPONSE PLAN
COVID-19

UNITED NATIONS COORDINATED APPEA



"Inclusion of mental health and psychosocial support as integral and cross-cutting component in public health emergency responses."

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

13 MAY 2020

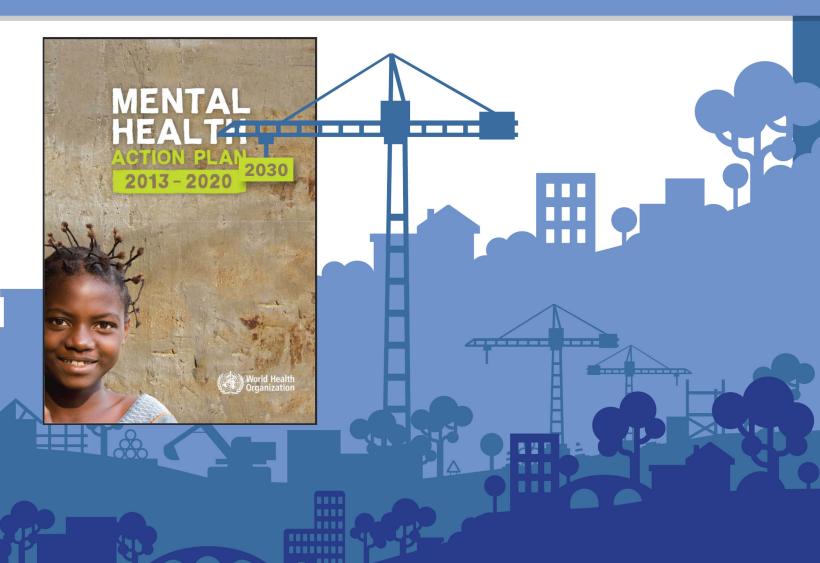








To endorse the updated comprehensive mental health action plan 2013-2030





(2) a.

To develop and strengthen, as appropriate, as part of a broader whole-of-society approach, the timely and quality provision of the whole range of comprehensive and integrated mental health services and psychosocial supports which, as stated in the Political Declaration of the high-level meeting on universal health coverage (2019), are essential components to achieving universal health coverage, including.

promotion of mental health literacy and awareness

elimination of stigmatization

promotion, prevention, early detection



reach people at high risk and those in vulnerable situations

use innovative technologies, remote mental health services, telehealth















to allocate adequate funding for mental health

to increase knowledge of mental health among other health professionals

to study the impact of COVID-19 on mental, neurological and substance use conditions and their consequences



(3) a.

to provide technical support to Member
States to monitor changes and disruptions
in services, and to promote and expand
access to inclusive, integrated, evidencebased primary and community mental health
services and psychosocial supports, which
boosts community resilience and engagement,
especially in the context of public health
emergencies, while sustaining and scaling
up, as appropriate, the provision of existing
mental health services;





(3) b.

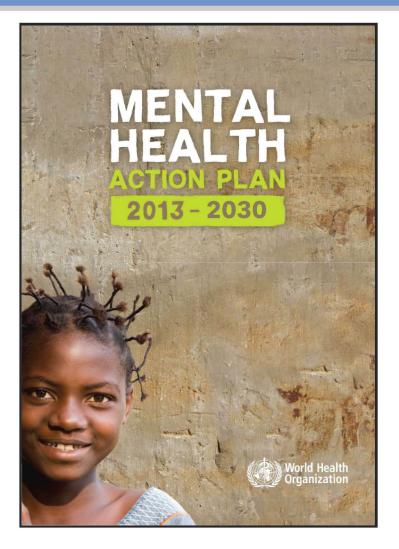
to strengthen WHO's capacity in respect of work on mental health at global, regional and country levels and to systematically integrate mental health into all aspects of the work of the Secretariat on universal health coverage





(3) c.

to report on the implementation of this decision as part of the progress report on the implementation of the comprehensive mental health action plan 2013-2030, in line with the reporting requirements of decision WHA72(11) (2019).



The way forward - Support recovery from COVID-19 by building mental health services for the future:



1.

Using the current momentum of interest in mental health to catalyse mental health reforms.

2.

Ensuring that mental health is part of universal health coverage.

3.

Building human resource capacity to deliver mental health and social care.

4.

Organizing community-based services that protect and promote people's human rights and actively involve people with mental health conditions and psychosocial disabilities in the design, implementation and monitoring of services.

