Mental health preparedness and response during the COVID-19 pandemic

Dévora Kestel
Director
Mental health and substance use
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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

- Anxiety: 6-51%
- Depression: 15-48%
- PTSD: 7-54%
- Non-specified Psychological Distress: 34-38%

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

- Fatigue
- Anxiety depression
- Headache
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.

Disruption of services for people with substance use disorders and their coordination, especially long-term care, psychosocial support, recovery management

Changes and adjustments in policy responses (alcohol policies and treatment policies)

(Wang et al., 2020; Volkov, 2020; Sun et al. 2020)
Adversity is a risk factor for short-term and long-term mental health problems.

COVID-19 pandemic is causing widespread anxiety, panic, feeling of helplessness and uncertainty.

- Pre-existing mental, neurological and substance use disorders exacerbated by COVID-19
- Stigma
- Less access to social support systems
- Difficult grieving process when losing close relative during COVID-19 pandemic

Many countries have limited community MNS Services
Situation of mental, neurological and substance use services during the COVID-19 Pandemic

- 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.
## Percentage of countries reporting disruptions across tracer service areas

<table>
<thead>
<tr>
<th>Essential health service</th>
<th>5-25% disrupted</th>
<th>26-50% disrupted</th>
<th>More than 50% disrupted</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVERAGE DISRUPTION OF PROGRAMME SPECIFIC AREAS</td>
<td></td>
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<tr>
<td>Mental, neurological and substance use disorders (n=121)</td>
<td>23%</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>Neglected tropical diseases (n=109)</td>
<td>15%</td>
<td>11%</td>
<td>19%</td>
</tr>
<tr>
<td>Noncommunicable diseases (n=121)</td>
<td>19%</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>Immunization (n=112)</td>
<td>23%</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>Communicable diseases (n=128)</td>
<td>22%</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>Reproductive, maternal, newborn, child and adolescent health and nutrition (n=121)</td>
<td>24%</td>
<td>9%</td>
<td>3%</td>
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</tbody>
</table>

Denominator: excludes "Not applicable" or "Do not know" responses.
| 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 |
Commonly reported MNS manifestations (so far):

- Cognitive impairment/fatigue
- May lead to or be associated with depression, anxiety, substance use and post-traumatic stress.
- Social stigma implications.
- Other neurological sequelae
Resources for the public, clinicians and programme managers

104 case studies received from 40 countries from all WHO regions

IASC Interim Guidance

Looking after our mental health

World Health Organization
MHPSS identified as a priority during COVID-19 response

UNSG
UNICEF
UNHCR
IOM
OCHA
UNFPA
WHO

CALL FOR ACTION

Mental health is a priority

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

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

GLOBAL HUMANITARIAN RESPONSE PLAN COVID-19

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

13 MAY 2020
Promoting mental health preparedness and response for public health emergencies

(1) 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
- Treatment and rehabilitation, respectful of human rights and dignity
- Reach people at high risk and those in vulnerable situations
- Use innovative technologies, remote mental health services, telehealth
Promoting mental health preparedness and response for public health emergencies

(2) b.

- 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, evidence-based 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.