

Mental health preparedness and response for the COVID-19 pandemic

Report by the Director-General

1. Mental health is a state of mental well-being in which people cope well with the many stresses of life, can realize their potential, can function productively and fruitfully, and are able to contribute to their communities. Mental health problems occur throughout the life course and along a continuum from mild, time-limited distress to severe mental health conditions with associated psychosocial disabilities.
2. Before the coronavirus disease (COVID-19) pandemic, almost 1 billion people globally had a mental disorder. In addition, around 50 million people have dementia, and around 250 million people have an alcohol or drug use disorder. Around half of all mental disorders start by the age of 14 years. Suicide is the second leading cause of death in young people aged 15–29 years.
3. Mental health is one of the most neglected areas of health. Across Member States, the median mental health expenditure per capita in 2017 was estimated to be US\$ 2.50. According to surveys conducted in seven low- and middle-income countries, more than 75% of people with mental health conditions did not receive mental health care, despite evidence that effective interventions can be delivered in any context. People with severe mental health conditions die 10–20 years earlier than the general population, often due to undiagnosed, concurring physical diseases.
4. Human rights violations against people with mental health conditions are numerous and widespread around the world. Many people with mental health conditions experience isolation and marginalization from society due to stigma and discrimination. Measures to control COVID-19 have caused people with mental health conditions to be further isolated from their usual activities and contacts, leading to increased marginalization and distress. People in social care institutions and psychiatric hospitals have been more isolated than usual and frequently exposed to COVID-19 infection. High mortality rates from COVID-19 have been documented in social care institutions in a range of countries.
5. Social restrictions related to the pandemic are likely to have increased alcohol and other substance use as well as online gaming and gambling in different segments of the population. Alcohol and other substance use can interfere with people's ability and willingness to take precautions against infection. In some jurisdictions, increases in alcohol consumption during the pandemic have been associated with increased domestic violence.
6. Adversity is an established risk factor for short- and long-term mental health and behavioural problems, including depression and substance use disorders. The following adversities, among others, have been common during the COVID-19 pandemic: unemployment and financial instability; missed

education and lost prospects; social isolation; intimate partner and family violence; fear of life-threatening disease in self or loved ones; and sudden loss of loved ones.

7. Around the world, there has been much research on mental health during the pandemic. Relatively high rates of symptoms of anxiety (6–51%), depression (15–48%), post-traumatic stress disorder (7–54%) and non-specific psychological distress (34–38%) have been reported in the general population in China, Denmark, Iran (Islamic Republic of), Italy, Nepal, Spain, Turkey and the United States of America. However, it is too early to know if these studies are exceptions or illustrative of an overall pattern. Many people with pre-existing mental, neurological and substance use disorders are experiencing exacerbated symptoms due to stressors at a time when access to care is disrupted (see paragraph 11). Social isolation, reduced physical activity and reduced intellectual stimulation increase the risk of cognitive decline and dementia in older adults.

8. People with pre-existing diagnoses of mental, neurological and substance use disorders have increased risks of COVID-19 infection and mortality. While indications of a rise in suicides have been reported in Japan and Thailand, early data from other countries have not suggested a rise in suicide. Although suicide is known to be associated with economic recession, it is too early to conclude that suicide has risen globally. Any COVID-19-related changes in rates are likely to vary by population and over time.

9. Neurological manifestations are increasingly recognized as important and prevalent components of COVID-19 illness. Neurological manifestations range from mild to severe and include headache, altered sense of smell, delirium, stroke, Guillain-Barré syndrome and meningitis. Neurological manifestations are associated with more severe COVID-19 illness and increased mortality. It is likely that COVID-19 will be associated with long-term neurological consequences.

10. The Secretariat reports on progress in establishing country-level multisectoral mental health and psychosocial support coordination platforms as an indicator in the COVID-19 Global Humanitarian Response Plan,¹ the United Nations framework for the immediate socioeconomic response to COVID-19² and WHO's Strategic Preparedness and Response Plan.³ During the pandemic, the number of countries with a functioning multisectoral mental health and psychosocial support coordination platform in humanitarian emergencies has doubled.

11. From June to August 2020, the WHO Secretariat assessed the impact of COVID-19 on mental, neurological and substance use services through a rapid survey.⁴ Out of 130 countries, the vast majority (93%) reported disruptions in one or more of their services for mental, neurological and substance use disorders. Many countries were responding to disruptions through teletherapy interventions, crisis helplines and training of health care providers. Of the responding countries, 89% reported that mental

¹ Global Humanitarian Response Plan, COVID-19. Geneva: United Nations Office for the Coordination of Humanitarian Affairs; 2020 (<https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>, accessed 16 November 2020).

² A UN framework for the immediate socio-economic response to COVID-19. New York: United Nations Development Programme; 2020 (<https://unsdg.un.org/resources/un-framework-immediate-socio-economic-response-covid-19>, accessed 16 November 2020).

³ 2019 novel coronavirus (2019-nCoV): strategic preparedness and response plan. Geneva: World Health Organization; 2020 (https://www.who.int/docs/default-source/coronaviruse/jmo-who-ncov-report-4feb-web.pdf?sfvrsn=d82d752a_2&download=true, accessed 17 November 2020).

⁴ The impact of COVID-19 on mental, neurological and substance use services: results of a rapid assessment. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/978924012455>, accessed 16 November 2020).

health and psychosocial support was part of their national COVID-19 response plans. A total of 65% had a multisectoral mental health and psychosocial support coordination platform as part of their COVID-19 response, but only 17% of those countries had ensured full additional funding for mental health and psychosocial support response plans in the government budget, while 47% responded that they had secured partial funding.

12. United Nations General Assembly resolution 74/306 (2020) on a comprehensive and coordinated response to the COVID-19 pandemic encouraged Member States to address mental health in their response to, and recovery from, the pandemic by ensuring the widespread availability of emergency mental health and psychosocial support.

RECOMMENDED ACTIONS

13. On the basis of the recommended actions outlined in the United Nations policy brief on COVID-19 and the need for action on mental health,¹ which was prepared by the WHO Secretariat in close collaboration with other United Nations agencies, a list of updated recommendations for minimizing the mental health consequences of the pandemic is provided below. The recommendations incorporate emergency and disaster risk management strategies for better preventing new risks to mental health and reducing existing risks.

(a) **Apply a whole-of-society approach to promote, protect and care for mental health.** Mental health is an essential component of national preparedness for and response to COVID-19. This means:

- (i) including mental health and psychosocial considerations in emergency risk reduction and management strategies across sectors and emergency phases;
- (ii) responding proactively to reducing pandemic-related adversities (for example, social isolation and unemployment) that are known to harm mental health and brain development; and
- (iii) crafting all COVID-19-related communications in accessible formats to reach at-risk and marginalized people and to be sensitive of their potential impact on mental health;

(b) **Ensure widespread availability of emergency mental health and psychosocial support.** This means:

- (i) supporting community actions that strengthen social cohesion and reduce loneliness;
- (ii) investing in mental health interventions that can be delivered remotely;

¹ Policy brief: COVID-19 and the need for action on mental health. United Nations, 2020; (<https://unsdg.un.org/resources/policy-brief-covid-19-and-need-action-mental-health>, accessed 16 November 2020).

(iii) ensuring uninterrupted care for mental, neurological and substance use disorders as outlined in WHO's guidance on maintaining essential health services¹ by formally defining such care as essential services to be continued throughout the pandemic;

(iv) protecting and promoting the human rights of people with mental health conditions by monitoring whether they have equal access to preventative and health care measures for COVID-19, including in institutions; and

(v) ensuring that efforts to scale up the mental health response to COVID-19 are sustainable and linked to measures to prepare for additional, related hazards (such as community violence) and future emergencies; and

(c) **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. This involves:

(i) using the current momentum of interest in mental health to catalyse mental health reforms, for example by developing and funding the implementation of strategies for the reorganization of national services that shift care away from institutions to a broad range of community-based mental health services and support services;

(ii) ensuring that mental health is part of universal health coverage by including care for mental, neurological and substance use disorders in health care benefit packages and insurance schemes;

(iii) building human resource capacity to deliver mental health and social care; and

(iv) 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.

ACTIVITIES BY THE SECRETARIAT IN 2020

14. Over the last two decades, the Secretariat has actively supported mental health during emergencies by leading and co-leading inter-agency efforts on mental health and psychosocial support in emergency settings, providing support to countries during acute and protracted emergencies, and giving technical advice and guidance on policy and field activities, including on building or rebuilding community-based mental health systems after emergencies.

15. WHO's work on mental health has been guided by the comprehensive mental health action plan 2013–2030,² which outlines actions and implementation options for mental health in humanitarian emergencies. Proposed revisions to the action plan are scheduled for discussion during the current

¹ Maintaining essential health services: operational guidance for the COVID-19 context. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1>, accessed 16 November 2020).

² See document A66/10 Rev.1 (https://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_10Rev1-en.pdf, accessed 16 November 2020).

Executive Board session under the agenda item on noncommunicable diseases and include a proposed new indicator and target on mental health and psychosocial support in emergencies.¹

16. On 30 April 2020, the WHO Director-General recommended that country offices should prioritize the inclusion of mental health and psychosocial support as an integral and cross-cutting component of public health emergency responses. It was recommended that mental health and psychosocial support should be integrated within the work of a range of pillars, including case management, risk communication and community engagement, the continuation of health services, coordination within countries, and operations (for example, support to health workers).

17. In 2020, a wide range of resources were developed by WHO in collaboration with partners, including:²

- (a) messages to be used in communications to support the psychosocial well-being of different target groups (available in 14 languages);
- (b) a briefing note on addressing the mental health and psychosocial aspects of the COVID-19 pandemic (available in 23 languages);
- (c) operational guidance on the continuation and adaptation of essential services that address mental, neurological and substance use disorders;
- (d) guidance on adapting mental health and psychosocial support operations in humanitarian settings during the COVID-19 pandemic;
- (e) clinical guidance on the mental and neurological manifestations of COVID-19;
- (f) guidance on basic psychosocial skills for COVID-19 responders (available in 23 languages);
- (g) a stress management guide for the general public (available in text and audio formats and via the WHO mobile messaging service);³
- (h) a story book for children aged 6–11 years (available in 132 languages and multiple formats) and a range of resources on coping for other at-risk groups (such as young people, older people and their caregivers);
- (i) an online knowledge-exchange and training programme for carers of people with dementia; and
- (j) documentation from case studies in 40 countries on innovation in the delivery of mental health services during the COVID-19 pandemic.

¹ See document EB148/7.

² For further information, see <https://www.who.int/teams/mental-health-and-substance-use/covid-19> (accessed 10 December 2020) and <https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-resources-covid-19> (accessed 10 December 2020).

³ See <https://www.who.int/publications/i/item/9789240003927> (accessed 10 December 220).

18. In 2020, the WHO Secretariat participated in 119 online public education webinars on mental health for COVID-19 responders, policy-makers and other mental health stakeholders.

19. WHO is the co-chair of the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings. The Group supports efforts to mainstream mental health and psychosocial support in the humanitarian system and supports the coordination of mental health and psychosocial support measures in countries, including those prioritized in the COVID-19 Global Humanitarian Response Plan.

20. In collaboration with partners, an inter-agency rapid deployment mechanism has been activated with 12 deployments of experts to countries having taken place to date to support the coordination of mental health and psychosocial support in the context of COVID-19 in humanitarian settings.

21. WHO is reviewing the evidence on the neurological effects of COVID-19 and has established the Global Forum on Neurology and COVID-19 to document and exchange knowledge on the neurological sequelae associated with COVID-19 in order to enhance clinical practices.

PLANNED ACTIVITIES BY THE SECRETARIAT

22. To reduce suffering, promote human rights and improve the mental health of all people affected by the COVID-19 pandemic, the Secretariat will continue to support countries in achieving the following five strategic objectives:

- (a) promoting positive coping and psychosocial well-being in the population through effective communication about COVID-19 and mental health;
- (b) strengthening community-based psychosocial support for people exposed to pandemic-related adversity;
- (c) increasing access to quality, affordable care for mental health conditions within health and social services as part of universal health coverage;
- (d) addressing the needs of health and social care workers and other at-risk populations; and
- (e) ensuring that data on mental health and COVID-19, including data on substance use and neurological manifestations, are collected, analysed and reported to inform action.

ACTION BY THE EXECUTIVE BOARD

23. The Board is invited to take note of the report and provide further guidance.

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