

EXECUTIVE SUMMARY:

COVID-19 and the Need for Action on Mental Health

For 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.

Showing high degrees of COVID-19-related psychological distress. Frontline healthcare workers face 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 mental health conditions. Family stress, social isolation, with some facing increased abuse, disrupted education and uncertainty about their futures, occurring at critical points in their emotional development.

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:

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
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ing learning and nurturing environments for
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at home;
- responding proactively to reducing pandemic-related adversities that are known to harm
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and acute impoverishment; and
- crafting all communications to be sensitive of their potential impact on people's mental

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thy for people's distress and including advice
for their emotional well-being.

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
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activities that help isolated older adults stay connected;
- investing in mental health interventions
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quality-assured tele-counselling for frontline health-care workers and people at home with
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- ensuring uninterrupted in-person care for severe mental health conditions by formally
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continued throughout the pandemic; and
- protecting and promoting the human rights of people with severe mental health conditions
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monitoring whether they have equal access to care for COVID-19.

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
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1. Impact of COVID-19 on Mental Health

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.
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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
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2. Specific Populations of Concern

Healthcare workers are 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** are at high risk of infection and saving lives. However, they are under significant stress and risk 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

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

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

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.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Situationsberichte/2020-04-25-en.pdf?__blob=publicationFile](#)

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 behavior 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 with recommendations on how to address children's risks and needs.⁴²

> **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 lives disrupted, 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 actions tailored for this population.⁴⁶

> **Women** are also reporting increased mental health 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.⁴⁷

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.

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response and recovery activities. The inclusion of 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

⁶⁵ WHO, in press

⁶⁶ [https://www.un.org/ehrc/files/COVID19_MayUpdate.pdf](#)

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

⁶⁸ [https://www.un.org/ehrc/files/COVID19_MayUpdate.pdf](#)

⁶⁹ 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.