



“COVID-19 AND THE NEED FOR ACTION ON MENTAL HEALTH”

Mental health is a foundational element for sustainable socioeconomic development and a more equitable world. In the last two decades the global burden of disease attributable to mental disorders has risen in all countries. Mental disorders affect hundreds of millions of people worldwide, have high social and economic costs, and lead to poor education and labor market outcomes and to a high dependence on social benefits. Large numbers of people with mental illness are living in mental institutions, prisons, or experiencing homelessness, with no access to psychosocial support, and many are subjected to persistent human rights violations and abuses. The UN General Assembly has recently recognised that mental disorders and other mental health conditions contribute to the global burden of non-communicable diseases, that depression alone affects 300 million people globally and is a leading cause of disability worldwide, and that people living with mental disorders and other mental health conditions face stigma and discrimination, are more susceptible to having their human rights violated and abused, and also have an increased risk of other non-communicable diseases and therefore higher rates of morbidity and mortality.

However, mental health care has long been neglected and under-funded. In most, if not all, countries the quality of mental health services is routinely worse than the quality of those for physical health and unmet needs for care are still high.

Mental health is an essential component in assessing the impact of and planning the response to a public health emergency, such as the COVID-19 pandemic, in mitigating its impact, and in promoting recovery. While the predominant presentation of COVID-19 is respiratory, the involvement of the central nervous system has been recognized as an important component of COVID-19, including in the post-COVID phase. The pandemic is affecting people’s mental health and psychosocial wellbeing through several pathways, such as loss of loved ones, social isolation, fear of contagion and of losing loved ones, uncertainty about the economic consequences and the loss of livelihood, as well as anxiety over the development of the pandemic. Pre-existing fragmentation of mental health systems also made access to mental health services during the COVID-19 pandemic an exacerbated challenge. Moreover, during the COVID-19 crisis, several protective factors (e.g. social connection, employment and educational engagement, access to physical exercise, daily routine and access to health services) decreased dramatically. This has likely led to a substantial worsening of population mental health. Therefore, the long-lasting COVID-19 crisis and the toll it is taking on mental health has made national and global mental health systems, and preparedness and response for mental health aspects of public health emergencies more important than ever.

On these premises, we call all the relevant actors in our countries and beyond, to support and urgently implement the following concrete recommendations to face the current mental health crisis and to improve integrated mental health measures in all the stages of life and social contexts.



1 PROMOTE AND APPLY A GLOBAL, WHOLE-OF-SOCIETY APPROACH TO MENTAL HEALTH

Given the deep and multifaceted links between mental health and the social, economic, and environmental determinants of health, an integrated cross-sectoral response – including health, education, research, welfare, housing and labour market policies – engaging a wide range of stakeholders within and beyond health, is essential in order to truly be effective in addressing the global burden of mental disorders and to promote mental health. Environmental issues should not be neglected, given that factors such as pollution, climate change, and ecosystem degradation negatively impact mental health. Adequate governance structures spanning across sectors should be established to promote structured dialogue and effective collaboration. Such an integrated approach should encompass education systems, too, by including teaching mental health awareness in schools and including mental health as part of school curricula. Domestic efforts may be usefully informed by global efforts, such as the WHO Mental health action plan 2013–2020 (extended to 2030).

Further, implementation of initiatives aimed at protecting mental health and increasing mental health support in the workplace and in schools should be implemented. In addition, emphasis should be given to increasing support and protection for healthcare and other frontline workers, in order to help them to take care of others while also being mindful of their own self-care.

2 PROMOTE THE GRADUAL SHIFT OF MENTAL HEALTH CARE FROM LARGE PSYCHIATRIC INSTITUTIONS TOWARDS ADEQUATELY FUNDED AND STAFFED MENTAL HEALTH SERVICES IN THE COMMUNITY, BASED ON EACH COUNTRY'S NEEDS AND PRIORITIES

Countries whose resources for mental health are mainly in institutions need to reorganize their services so that people can access quality, affordable care near where they live. It is thus key to promote the gradual closure of large psychiatric institutions, with a phased shift from such institutions towards adequately staffed and funded community-based mental health services. While the overall direction is clear, the contours and timing of this reorganization should be modulated according to each country's needs, priorities, and possibilities. Increased levels of government domestic spending on mental health care is important and should be widely advocated, as it will most likely be required in order to improve mental health system performance, especially given that workforce shortage is such a limiting factor in this regard. While there is a pressing need for substantial additional investments in mental health, there is also an immediate opportunity for efficient and effective use of existing resources, for instance through the redistribution of national mental health budgets from large hospitals and psychiatric institutions to district hospitals and community-based local services. Adequate short and long-term education and training of mental health professionals should be carefully planned and implemented on an ongoing basis. Investment should also be channeled at funding research on community mental health and services, particularly to research activities with potential to have a direct impact on the quality of life of people with mental health conditions and their families.



3 PROMOTE AND APPLY AN APPROACH TO MENTAL HEALTH BASED ON HUMAN RIGHTS AND SOCIAL JUSTICE

It is important to adopt a person-centred, human rights-based and social justice approach in the design, implementation and evaluation of policies and programs that address mental health and psychosocial well-being, recognizing that mental well-being is deeply impacted by social determinants of health. The rights of people with mental health conditions need to be protected. Also, planned interventions should reach all people without risk of discrimination, marginalization, or stigma, including refugees, internally displaced persons, migrants, stateless persons, individuals exposed to sexual and gender-based violence, people living with HIV and vulnerable populations such as women, children and youth, elderly people and their caregivers, indigenous groups, people experiencing homelessness, and those in the justice system. A rights-based approach must also consider equitable access to services and support without distinction of any kind as to race, colour, age, sex, language, religion, political or other opinion, national or social origin, property, birth, disability, socioeconomic status, sexual orientation, gender identity or any other status. Particular attention should be paid to the gendered implications of mental health problems and their connection to social dynamics, gender roles and stereotypes.

4 COUNTERING THE STIGMA AND PREJUDICE TOWARDS PEOPLE WITH MENTAL DISORDERS THROUGH TARGETED COMMUNICATION CAMPAIGNS

To reduce stigma, it is necessary to implement interventions based on the core principle of interpersonal contact, which relies on creating opportunities for either direct or virtual contact with people with lived or living experience of mental illness and is the most effective evidence-based method for reducing stigma, exclusion, discrimination, and prejudice. Such interventions can be targeted at specific groups in the community, such as healthcare professionals, police, employers, and teachers, or can be scaled up at population level. Providing training in mental health for these key front-line actors is useful, too.

Monitoring national stigmatising attitudes consistently over time, with validated and internationally shared measures which may also inform national mental health service standards, such as the indicators developed within the OECD performance framework for mental health or another measurement instrument jointly developed by coordinated effort of the G20 countries, would be helpful to consistently measure reductions in mental health stigma over time.

5 PROMOTE AND APPLY AN APPROACH TO MENTAL HEALTH BASED ON THE PARTICIPATION AND INVOLVEMENT OF INDIVIDUALS WITH MENTAL HEALTH CONDITIONS AND THEIR FAMILIES

Empowering mental health service users by working collaboratively with them, their families, and mental health services providers and administrators is instrumental to securing more effective and person-centred mental health systems. Moreover, in accordance with the applicable regulations on data protection, the routine collection of patient-reported data is needed to better understand outcomes and recovery from the perspective of mental health service users. In addition to greater involvement of people with lived and living experience of mental disorder and their families, community involvement is also important for primary, secondary, and tertiary prevention and reduction of stigma and marginalisation.



6 PROMOTE AND APPLY AN APPROACH THAT PUTS MENTAL HEALTH AND PHYSICAL HEALTH ON THE SAME LEVEL AND INCREASES ACCESS TO CARE THROUGH INNOVATIVE, TECHNOLOGICAL, WEB-BASED SOLUTIONS

To help put mental health on an equal footing with physical health, mental health services should be scaled up as an essential component of wider health service coverage and should be fully integrated into the response to other health priorities. The physical health of people with severe mental disorders should be closely monitored in such integrated care, with particular attention paid to vulnerable sociodemographic groups and populations that have been hit the hardest by the pandemic. Providing online assistance and making quality digital mental health resources available in accessible formats, is also recommended to eliminate unnecessary access barriers. Steps should be taken to develop and endorse a set of standards and principles aimed at ensuring that digital mental health solutions are clinically validated, ethical, efficacious, safe, sustainable, trustworthy, and usable. Capacity building activities should be further offered to support the integration of mental health services into COVID-19 response as well as increase access to technology and innovation related to mental health. Also, new working patterns demand new protections for workers' mental health. The impact of telework on workers' mental health should be researched and addressed to understand what new protections may be needed to protect workers' mental health.

7 PROMOTE AND APPLY AN APPROACH TO MENTAL HEALTH ACROSS THE LIFE COURSE

Mental health services and interventions should be planned to meet the varying and often complex needs of children, adolescents, caregivers, and families. To ensure that health service planning and allocation of funding actually meet the needs of children, caregivers, and service providers, mental health budgets should also support specific maternal, child and youth mental health services. Further, mental health issues and services for those who provide services to children and adolescents, such as educators, should be considered. To this end, promoting mental health care at schools and ensuring that school health services address mental health is essential. Large-scale data on the mental health and well-being of children and young people through ongoing surveillance and monitoring are also useful, especially focusing on the gaps in research about the impacts of co-occurring stressful and traumatic events that stem from the COVID-19 pandemic. These data must be properly curated, duly protecting the confidentiality of information.

Children and adolescents should also be actively engaged in the development of mental health services and interventions, as their involvement is critical to provide effective and relevant services, and their voices and experiences are central if services are to be effective in catering for their needs. In addition, government and countries need to put in places strategies to address the mental health needs of older adults and their caregivers. It should be acknowledged that different countries may have different priority populations, and that these dissimilarities should be considered when developing supports and services.