European Public Health Week

Tuesday 18 May 2021

New challenges in mental health

Description: Loneliness and isolation caused by COVID-19 and its mitigation have aggravated mental health problems in Europe. How can we supportive systems to help those in need?

Sub-themes: Pandemic impact on the population, pandemic impact on special groups such as those with mental disorders such as substance abuse; suicide prevention; impact on health workers; Year of Health and Care Worker; people living in institutions, mental health determinants, mental health support services; mental health of children and families; mental health of people with chronic conditions.

KEY MESSAGES

1. **We must address public mental health challenges during COVID-19 by: distributing timely and relevant information, providing psychological support and protecting of all our human rights**. (Source: WHO Europe)

2. **Economic crises have been showing important impacts on mental health. Let's start working for improving mental health as soon as possible! Be active: from financial support to changing health systems.** (Source: WHO Europe)

3. **The health workforce needs greater attention and support; COVID-19 has increased stress and health risks of health workers, many even died; Care4Carers must become a health policy priority.** (Source: WHO)

4. Look after yourself and be supportive to others. Assisting others in their time of need can benefit the person receiving support as well as the helper. Working together as one community can help to create resilience and solidarity in addressing COVID-19 together. (Source: EUPHW 2020 key messages)

5. Mental health is not only about psychiatric care. Promoting and protecting mental health , such as through socioemotional learning programmes in schools or wellness schemes in the workplace, are also vital components of a comprehensive public health approach.

6. There is no health without mental health. Mental health needs our daily attention just as much as physical health. (Source: EUPHW 2020 key messages)

7. Disaster responses change over time. Community members need phase specific support. Immediately after disasters people often show great altruism and cooperation, and people may experience great satisfaction from helping others. These effects are vaning. (Source: Link)

8. Relatively few people around the world have access to quality mental health services. Even in high-resourced healthcare systems, shortage of mental healthcare workers may prevent access and accessibility; there is an urgent need for increasing training and staffing levels of the mental health and social care workforce. (Source: World Mental Health Day Campaign)

9. Generalist health workers can be trained to diagnose and treat mental health conditions. Improving the skill-mix of the mental health workforce can improve access and delivery of services. (Source: World Mental Health Day Campaign)

10. The rights of people living with mental health conditions can be protected and promoted through mental health legislation, policy, development of affordable, quality community-based mental health services and the involvement of people with lived experience. (Source: World Mental Health Day Campaign)

11. For every US$ 1 invested in scaled-up treatment for depression and anxiety, there is a return of US$ 5. (Source: World Mental Health Day Campaign)

12. We need new investment in, and scale-up of mental health and psychosocial support at primary health care and community levels.

FACTS AND FIGURES

1. Specific groups in the population that have been put at particular risk of adverse mental health outcomes as a result of impeded service access, diminished social connectedness or restricted economic activity include: migrant and refugee populations, health and social care workers, children and adolescents out of school, newly unemployed workers, older adults confined to

their place of residence, as well as people with pre-existing mental health conditions and psychosocial, cognitive or intellectual disabilities. (Source: WHO Europe)

2. COVID-19 has a pervasive impact on mental health, both directly as a result of fear and anxiety around infection but also more indirectly as a result of lockdown/self-isolation requirements and social/economic ripple effects (e.g. job insecurity, income loss and social isolation/loneliness).

3. COVID-19 has disproportionate impacts on the mental health of already vulnerable groups including children, adolescents and young adults, migrants and refugees, and people with pre-existing physical or mental health conditions or disabilities, thereby exacerbating pre-existing inequalities.

4. Adolescents and young adults face considerable impact on their individual, social and educational development and mental health with potentially grave and long-lasting impact. (Source: Health Europa)

5. People with severe mental disorders such as schizophrenia tend to die 10-20 years earlier than the general population. (Source: EUPHA)

6. 125 million people in the WHO European Region have a mental disorder and anyone, anywhere, can be affected. COVID-19 has exacerbated the situation – national surveys from the second quarter of 2020 indicate that at least a third of respondents were distressed. (Source: EUPHA, GBD)

7. In the WHO European Region, suicide is claiming the lives of more than 119,000 people per year. It is the second leading cause of death for young people aged 15-29 years. (Source: EUPHA, GBD)

8. 1 in 5 children and adolescents has a mental health condition. (Source: EUPHA)

9. COVID-19 has increased the strain on people's mental health. Local leaders have committed to implementing change & making mental health a priority (Source: WHO Europe)

10. The mental health of those living at mental health care facilities has been affected by COVID-19: anxiety about becoming infected or loved ones getting ill; stress of front-line health workers; the devastating social and economic impact, including mass unemployment and debt (Source: WHO)

11. Countries were very underprepared to address the mental health impacts of COVID because of the a chronic under-investment over many decades in mental health promotion, prevention and care, and human resources for health. (Source: World Mental Health Day Campaign)

12. Examples of community activities for mental health and psychosocial support during COVID-19 outbreak might include: maintaining social contact with people who might be isolated using phone calls, text messages and the radio; sharing key factual messages within the community, especially with individuals who don't use social media; providing care and support to people who have been separated from their families and caregivers (Source: IASC)

13. According to a survey conducted by GAMIAN-Europe looking at people with pre-existing mental health conditions in 13 different European countries:

    a. most respondents (82%) were able to access mental health care when needed during the pandemic.

    b. the main reasons for not being able to access mental health care when needed were: health care workers not being available, financial issues and fear of contracting the virus.

    c. over half of respondents saw their mental health getting worse during the pandemic. (Source: GAMIAN-Europe)

14. COVID-19 has had significant mental health impacts on health and social care as well as other front-line workers. https://apps.who.int/iris/bitstream/handle/10665/340220/WHO-EURO-2021-2150-41905-57496-eng.pdf

15. A recent review of health care professionals found a 23% prevalence of depression and anxiety, and 39% prevalence of insomnia during COVID-19). (Source: Pappa, S., Ntella, V., Giannakas, T., Giannakoulis, V. G., Papoutsi, E., & Katsaounou, P. (2020). Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. *Brain, behavior, and immunity*, S0889-1591(20)30845-X)

RESOURCES

● Ageing and mental health (WHO): https://www.who.int/mental_health/resources/ageing/en/

● Youth perspectives in focus at high-level meeting on schooling during COVID-19 pandemic: https://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/news/news/2020/12/youth-perspectives-in-focus-at-high-level-meeting-on-schooling-during-covid-19-pandemic

● The impact of the COVID-19 pandemic on mental health in Switzerland: https://sciencetaskforce.ch/wp-content/uploads/2021/01/Mental_Health20Jan21-EN.pdf

● Psychological first aid can be taught to and delivered by anyone and is an effective way to mitigate the psychological impacts of COVID-19 among the wider population but also health

workers – WHO resource on psychological first aid:
https://www.who.int/mental_health/publications/guide_field_workers/en/

- Health workforce policy and management in the context of the COVID-19 pandemic response:
https://apps.who.int/iris/handle/10665/331949?locale-attribute=ar&

- Remote Psychological First Aid during the COVID-19 outbreak: Guidance from the International Federation of Red Cross and Red Crescent Societies: https://app.mhpss.net/?get=354/ifrc-ps-centre-remote-psychological-first-aid-during-a-covid-19-outbreak-interim-guidance.pdf

- E-collection on public mental health (European Journal of Public Health):
https://academic.oup.com/eurpub/pages/mental_health_and_mental_disorder

- What emergency workers, health workers, teachers and employers can do to help prevent suicide (videos): https://www.who.int/health-topics/suicide/campaign-materials-animations

- Do you know someone who may be considering suicide?
https://www.who.int/campaigns/world-health-day/2017/handouts-depression/suicide-04.pdf?ua=1

- Do you feel like life is not worth living? https://www.who.int/campaigns/world-health-day/2017/handouts-depression/life-worth-living-03.pdf?ua=1

- Mental health resources from the WHO Regional Office for Europe:
http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health