

WHO Mental Health

The changing landscape of global mental health: **COVID-19 AND ITS IMPACT**

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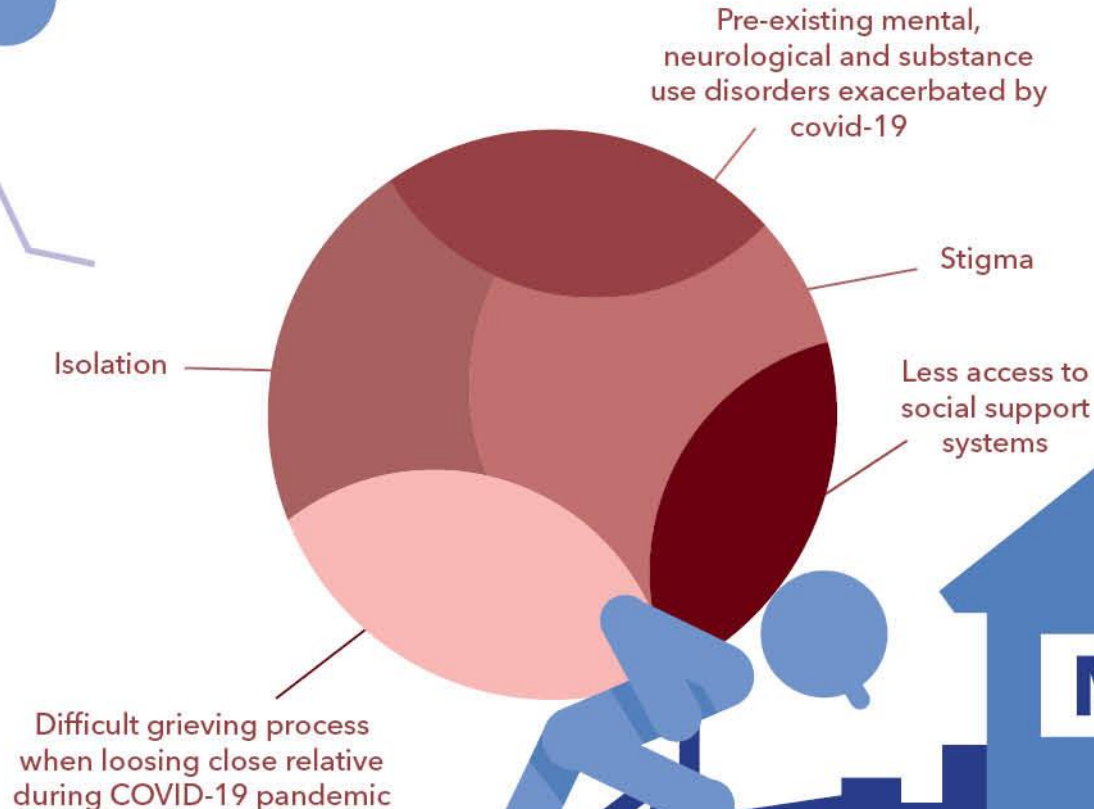
World Health
Organization

Adversity is a risk factor for short-term and long-term mental health problems.



World Health Organization

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



MNS

Many countries have limited community MNS Services

MHPSS is recognized by countries as an integral component of their COVID-19 response

89%



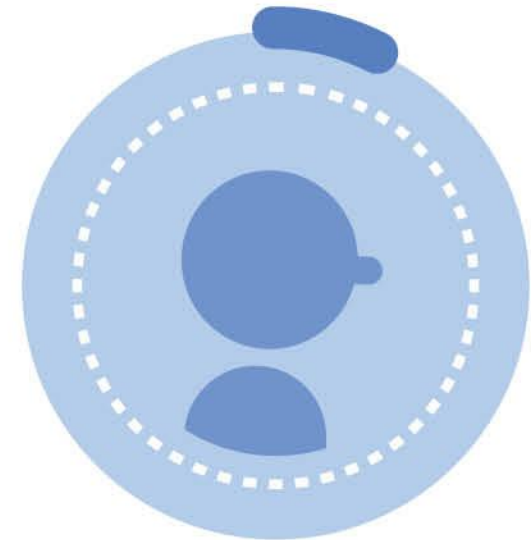
reported MHPSS as
part of their national
COVID-19 response
plans.

2/3rd



of the countries have a multisectoral
MHPSS coordination platform for
COVID-19 response engaging
health, social, education, NGOs and
other stakeholders

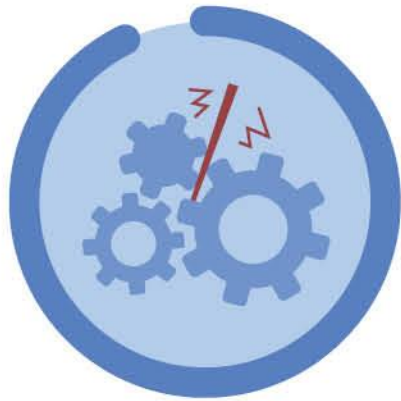
Only
17%



of these countries have
ensured full additional
funding for MHPSS
covering all activities.

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



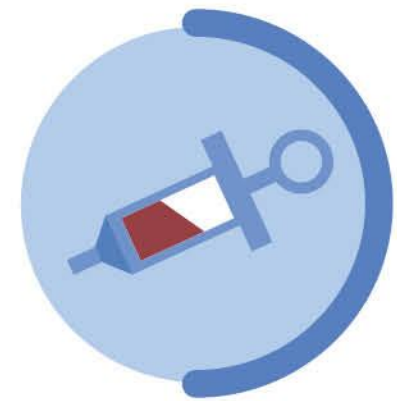
reported at least partial
disruptions to school and
workplace mental health
services

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

Mental Health identified as a priority during COVID-19 response



World Health Organization

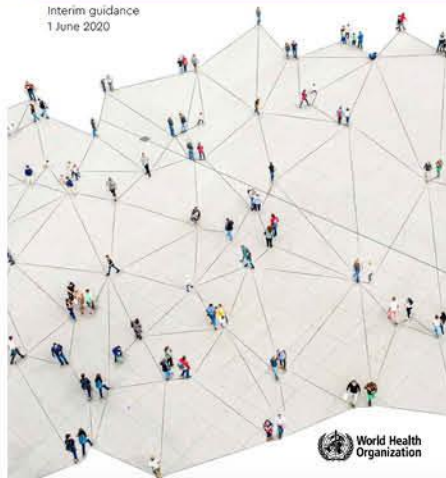
UNSG
UNICEF
UNHCR
IOM



Mental health is a priority

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

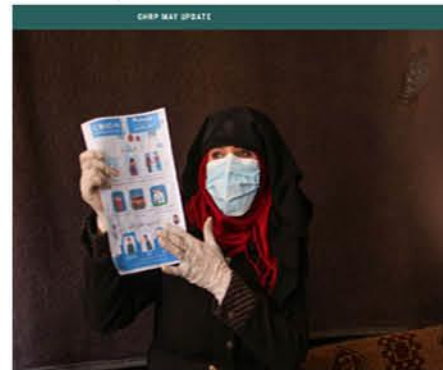
Interim guidance
1 June 2020



GLOBAL HUMANITARIAN
RESPONSE PLAN
COVID-19

UNITED NATIONS COORDINATED APPEAL
JANUARY - DECEMBER 2020

CHRP MAY UPDATE



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



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

13 MAY 2020



Advice to the public on coping with COVID-19 stressors



World Health Organization



Doing What Matters in Times of Stress: An Illustrated Guide



IASC
Inter-Agency Standing Committee



Mental health and psychosocial considerations during the COVID-19 outbreak

18 March 2020

In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease, COVID-19, to be a Public Health Emergency of International Concern. WHO stated that there is a high risk of COVID-19 spreading to other countries around the world. In March 2020, WHO made the assessment that COVID-19 can be characterized as a pandemic.

WHO and public health authorities around the world are actively to contain the COVID-19 outbreak. However, this time of crisis is generating concern throughout the population. The considerations presented in this document have been developed by the WHO Department of Mental Health and Substance Use as a series of messages that can be used in communications to support mental and psychosocial well-being in different target groups during the outbreak.

Messages for the general population

1. COVID-19 has and is likely to affect people from many countries, in many geographical locations. When referring to people with COVID-19, do not attach the disease to any particular ethnicity or nationality. Be empathetic to all those who are affected, in and from any country. People who are affected by COVID-19 have not done anything wrong, and they deserve our support, compassion and kindness.
2. Do not refer to people with the disease as "COVID-19 cases", "suspects", "COVID-19 infected" or "the disease". They are "people who have COVID-19", "people who are being treated for COVID-19", or "people who are recovering from COVID-19", and after recovering "from COVID-19" they will go on with their jobs, families and loved ones. It is important to separate a person from having an identity defined by COVID-19, in order to reduce stigma.
3. Minimize watching, reading or listening to news about COVID-19 that causes you to feel anxious or distressed, seek information only from trusted sources and modify so that you can take practical steps to prepare your plans and protect yourself and loved ones. Seek information updates at specific times during the day, once or twice. The sudden and near-constant streams of news reports about an outbreak can cause anyone to feel overwhelmed. Get the facts, reassurance and recommendations. Gather information at regular intervals from the [WHO website](https://www.who.int/emergencies/diseases/novel-coronavirus-2019) and local health authorities platforms in order to help you distinguish facts from rumors. Facts can help to minimize fears.



Health workers

Feeling under pressure is a likely experience for you and many of your health worker colleagues.

It is quite normal to be feeling this way in the current situation.

#Coronavirus #COVID19



Resources for clinical providers



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104 case studies
40 received from
countries from
all WHO regions



Stories from the field: Providing mental health and psychosocial support during the COVID-19 pandemic

MHIN and the [World Health Organization](#) Department of Mental Health and Substance Use are collaborating to highlight the incredible efforts of individuals and organisations providing mental health and psychosocial support during the COVID-19 pandemic.

The stories below share innovation and best practice through personal narratives from health care workers around the world.

[Mental Health and COVID-19](#)

[Resources by Population Group](#)

[Cross-cutting Resources](#)

[Webinar Series](#)



Staff support during COVID-19: MHPSS initiatives from Miri General Hospital, Malaysia



Dr Raja Lope Adam, psychiatrist and MHPSS Team Leader at Miri General Hospital in Malaysia.

[Access here >](#)

Luchando contra el COVID-19: Mental health support for migrants in Trinidad and Tobago



Dr Margaret Nakhid-Chatoor, Immediate Past President of the Trinidad and Tobago Association of Psychologists.

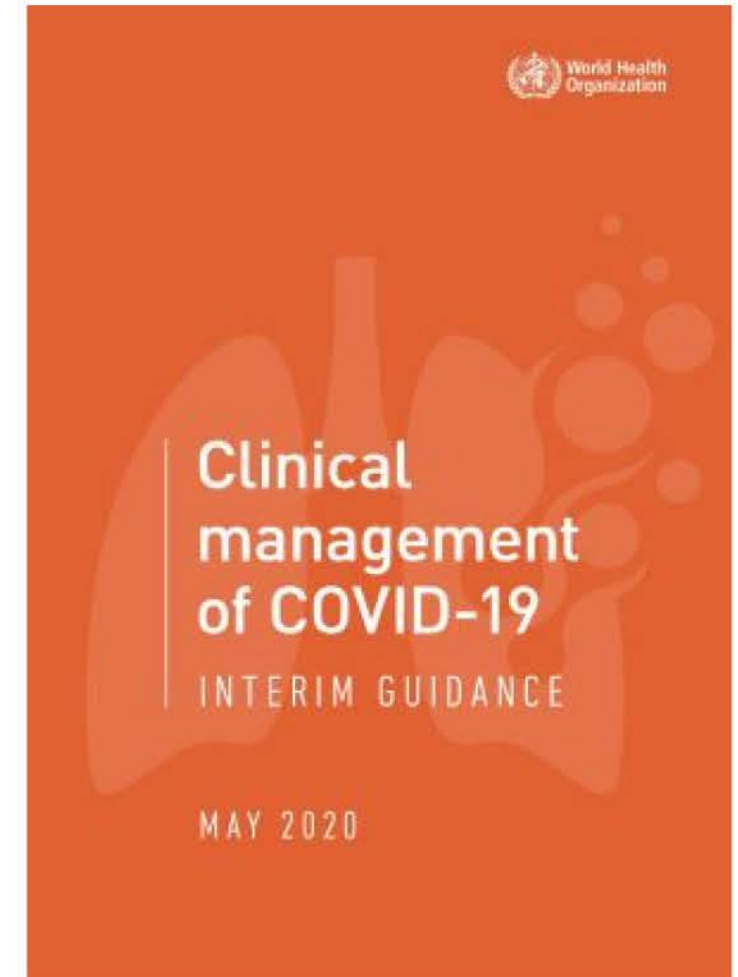
[Access here >](#)

Technology as an ally and barrier: Supporting older adults in Ecuador and Spain during COVID-19



Andrea Alvarado, Clinical Psychologist from Ecuador specialising in working with the elderly.

[Access here >](#)

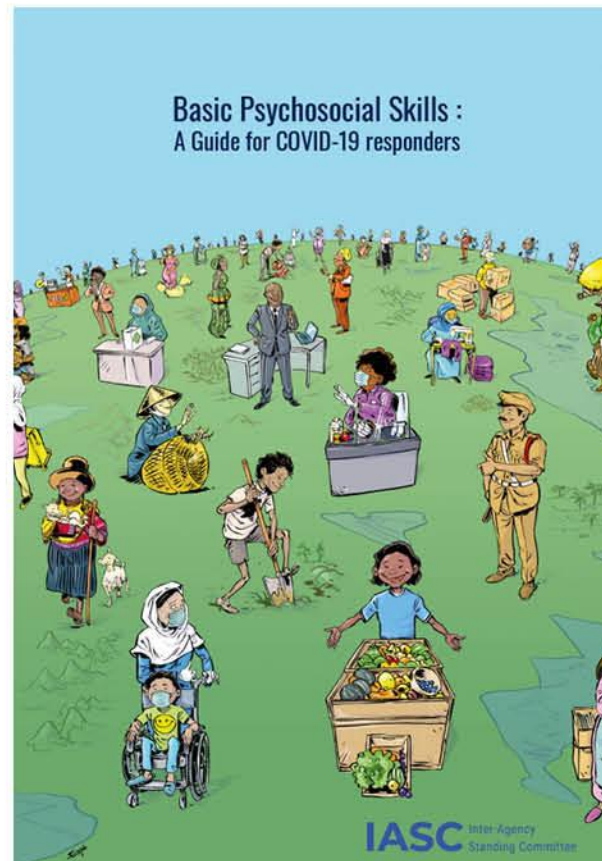
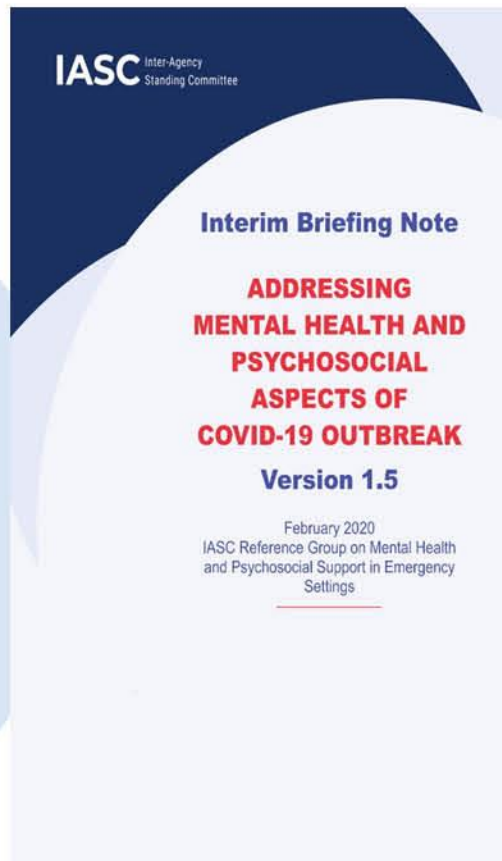


Guidance to agencies and responders



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IASC Interim Guidance



COVID-19 and substance use and addictive behaviours

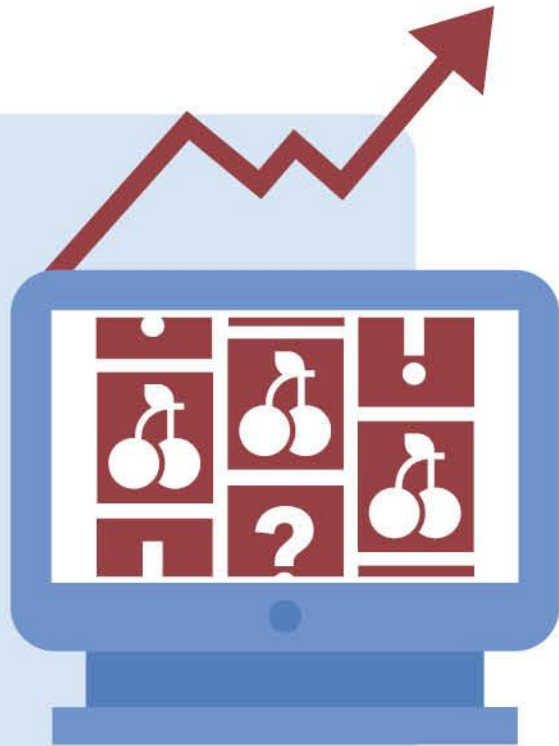


World Health Organization

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)

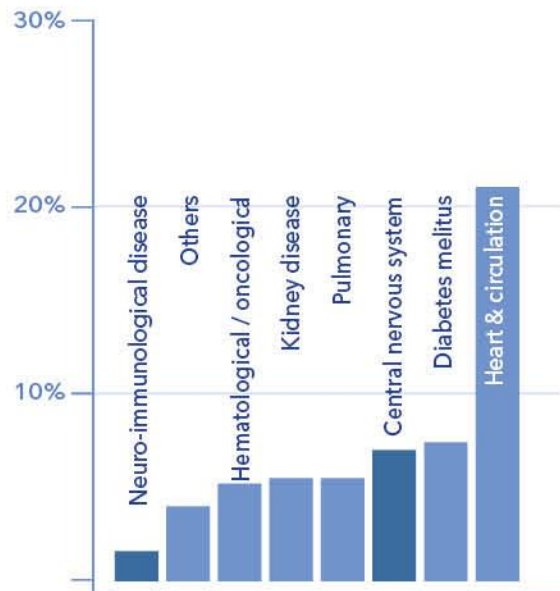
COVID-19 and neurological disorders



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Neurological conditions are the second most common comorbidities in people with COVID-19.

Dementia and other chronic neurological disorders associated with a significantly increased risk of mortality.



Distribution of comorbidities

Acute neurological manifestations in COVID-19

**Strokes
Delirium**

Meningitis
encephalitis

Seizures

Headache

Myalgias myoclonus
paresis atonia

**Guillain-Barré
syndrome**

**Altered sense
of smell or
taste**

Neurological long-term impact of COVID-19

**Chronic
fatigue**

**Altered sense
of smell or
taste**

Headache

**Cognitive
decline**

**Sleep
disturbances**

**Concentration
difficulties**

**WHO has
established the
Neurology and
COVID-19 Global
Forum in June
2020**

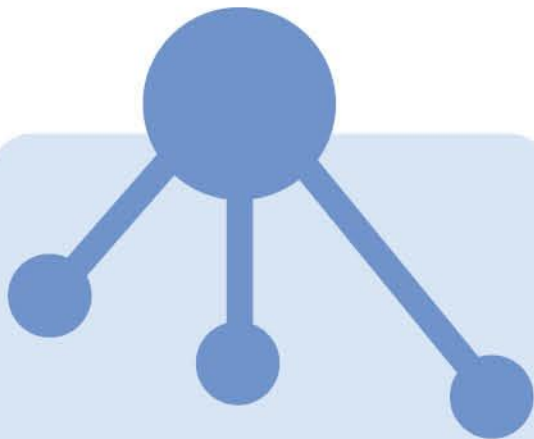
Recommended actions to countries

Three priority actions



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1 Allocate



resources to implement MHPSS
as an integral component
of COVID-19 response and
recovery plans

2 Maintain



essential MNS services in-line
with WHO recommended
adaptations for safe delivery
and considerations towards the
restoration of services

3 Strengthen



monitoring of changes in
service availability, delivery and
utilization at the country level