• People are affected by mental, neurological and substance use (MNS) disorders at a staggering rate
  o More than 1 in 5 people living in settings affected by conflict have a mental health condition
• Chronic underfunding of mental health
  o Countries spend on average only 2% of their health budgets on mental health

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

WHO Director-General
• Adversity is a risk factor for short-term and long-term mental health problems
• Bereavement, isolation, loss of income and fear triggering mental health conditions or exacerbating existing ones
• Pre-existing MNS disorders increase the risk of death, severe illness or long-term complications
• COVID-19 itself is associated with neurological and mental complications
• Increased demand for MNS services, with community-based health and social services already very limited
Methodology

- First attempt to measure the impact of the pandemic on MNS services at a global level
- Survey completed by national mental health focal points
- Web-based questionnaire in multiple languages
- Data collection between 15 June – 15 August 2020
- Data analysed by WHO regions, World Bank income group (July 2020), and COVID-19 transmission stage (15 July 2020)
Mental Health & COVID-19 Rapid Assessment

Methodology

Contents

• Mental Health and Psychosocial Support
  o Inclusion in national COVID-19 response plan
  o Financial resources
  o Coordination platforms

• Essential MNS services
  o Continuity of services
  o Disruption of interventions
  o Causes of disruption
  o Mitigation strategies

• MNS surveillance and research
130 Member States participated in the survey

Global response rate of 67%

Response rate between 50% and 90% across all WHO regions

Limitations

- Limitations of self-reported data
- The information is reported reflecting the country as a whole, not reflecting potential variability within different parts of the country
- Pre-existing mental health information systems in countries are weak
- Some countries could not participate in the exercise

89% of the countries reported MHPSS as part of their national COVID-19 response plans

2/3rd have a multisectoral MHPSS coordination platform for COVID-19 response engaging health, social, education, NGOs and other stakeholders
While multiple stakeholders are engaged in MHPSS response, funding is limited.

Only 17% of 116 countries have ensured full additional funding for MHPSS activities.

- Low-income: 7%
- Low-middle-income: 16%
- Upper-middle-income: 15%
- Upper-income: 26%
Mental, Neurological and Substance use (MNS) services are widely disrupted

Although most of countries (91%) have included all or some MNS services in the list of essential health services for MNS disorders.

93% of countries reported disruptions in one or more of their services¹ for MNS disorders.

Outpatient services in mental and general hospitals as well as community-based services predominantly more affected.

¹ Inpatient and outpatient services at mental hospitals; outpatient services, inpatient psychiatric and neurological units as well as treatment of substance use disorders at general hospitals; services for MNS disorders at primary health care, residential, home and day care services at community level.
Disruptions on MNS services by income group

Outpatient services

Mental hospitals

- Low-income: Fully open
- Low-middle-income: Partially open
- Upper-middle-income: Fully closed
- Upper-income: Fully closed

General hospitals

- Low-income: Fully open
- Low-middle-income: Partially open
- Upper-middle-income: Fully closed
- Upper-income: Fully closed

Services for MNS disorders fully open

Services for MNS disorders partially open

Services for MNS disorders fully closed
Disruption of essential MNS interventions/services reported in many countries

% of countries reporting disruption of MNS interventions/services

- **75-78%**: workplace and school mental health programmes
- **67%**: psychotherapy and counselling services
- **53%**: overdose prevention and management programmes
- **30%**: access to medications for MNS disorders
Services to vulnerable groups were significantly disrupted

Disruptions to emergency interventions, e.g. prolonged seizures; severe substance use withdrawal syndromes, delirium.

Disruption to MNS services for vulnerable groups (% of countries)

- children and adolescents: 72%
- older adults: 70%
- women requiring antenatal or postnatal care: 61%
Disruptions on MNS services by COVID-19 stage of transmission

Outpatient services for MNS disorders at mental hospitals

- Services for MNS disorders fully open
- Services for MNS disorders partially open
- Services for MNS disorders fully closed

Disruption in at least 75% of MNS-related interventions/services

- No cases
- Sporadic
- Clusters
- Community
Countries have responded to the disruption of MNS services in multiple ways.

- **70%** telemedicine/teletherapy
- **68%** helplines for MHPSS
- **60%** training in basic psychosocial skills (e.g. Psychological First Aid and Basic Psychosocial Skills Guide)
- **38%** task sharing/capacity building
Use of technology as a mitigation strategy (Data by WB income group)

- Tele-medicine /tele-therapy deployment to replace in person consultations
- Helplines established for mental health and psychosocial support
Mental Health & COVID-19 Rapid Assessment

Need for better surveillance and more research

1/2 of responding countries are not collecting any data on MNS disorders or manifestations in people with COVID-19

2/3 reported ongoing or planned studies related to the impact of COVID-19 on mental health

1/10 are researching COVID-19 effects on brain health
Three priority actions

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