The 9th Global Conference of the Alliance for Healthy Cities
November 3-5, 2021, Hong Kong SAR, China
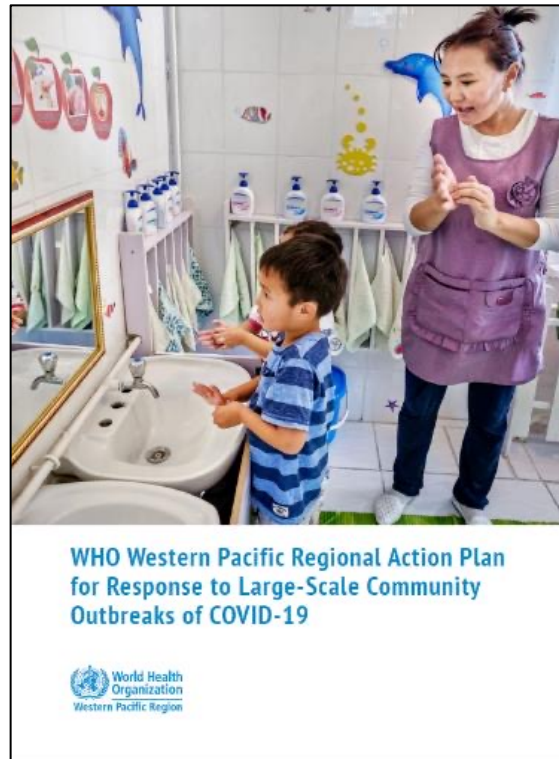
Smarter Healthy Cities Beyond COVID-19 (Webinar)

Mental Health Under and Beyond COVID-19

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Responding to mental health during COVID-19

- ✓ Strategic communication
- ✓ Care pathways
- ✓ Non-Pharmacological Intervention
- ✓ Health-care delivery

Impact of COVID-19 on mental health

Direct and indirect impact of COVID-19 contributing to high levels of stress, increased symptoms of mental disorders

Cross-sectional and longitudinal studies finding high levels of psychological distress, higher than usual prevalence of anxiety and depression symptoms (Qiu et al, 2020; Wang et al, 2020; Lie et al, 2020)

Review findings from Asian countries reported 1 in 3 people experiencing at least mild to moderate symptoms of anxiety, depression or distress (Salari et al 2020)

In Australia, 1 in 4 experiencing mild to moderate symptoms of depression or anxiety (Fisher et al, 2020)

Investigation of the Prevalence of stress, anxiety, depression among the general population during the COVID-19 pandemic by different continents

Psychological disorders	continents	Number of articles	Sample Size	I^2 (%)	Egger's test	Prevalence (95% CI)
anxiety	Asia	13	54,596	99.2	0.136	32.9 (95% CI:28.2–37.9)
	Europe	3	8341	98.8	0.272	23.8 (95% CI:16.2–33.5)
depression	Asia	10	35,688	99.5	0.224	35.3 (95% CI:27.3–44.1)
	Europe	3	8341	99.2	0.104	32.4 (95% CI:21.6–45.5)
stress	Asia	3	2758	96.3	0.229	27.9 (95% CI:19.7–37.8)
	Europe	2	6316	98.5	–	31.9 (95% CI:23.1–42.2)

Salari et al 2020. Prevalence of stress, anxiety, depression among the general population during the COVID-19 pandemic: a systematic review and meta-analysis. Global Health 16:57. doi: 10.1186/s12992-020-00589-w

Impact of COVID-19 on mental health – healthcare workers

Prevalence of mental health problems

29 studies examined mood and sleep disturbance, distress

- Anxiety 9-90%, median 24%

- Depression 5-51%, median 21%

- Insomnia 34-65%, median 37%

- Stress disorder/distress 7–97%, median 37%

Majority report mild-moderate symptoms

- Aligns with data from earlier review papers and from previous viral outbreaks: Meta-analyses of studies during SARS reported a 46% prevalence of anxiety, 37% depression, 41% distress, and 30% insomnia; during MERS, 32% distress

(Rapid systematic review – Muller et al, Sept 2020 - 54 studies, 54 707 participants)
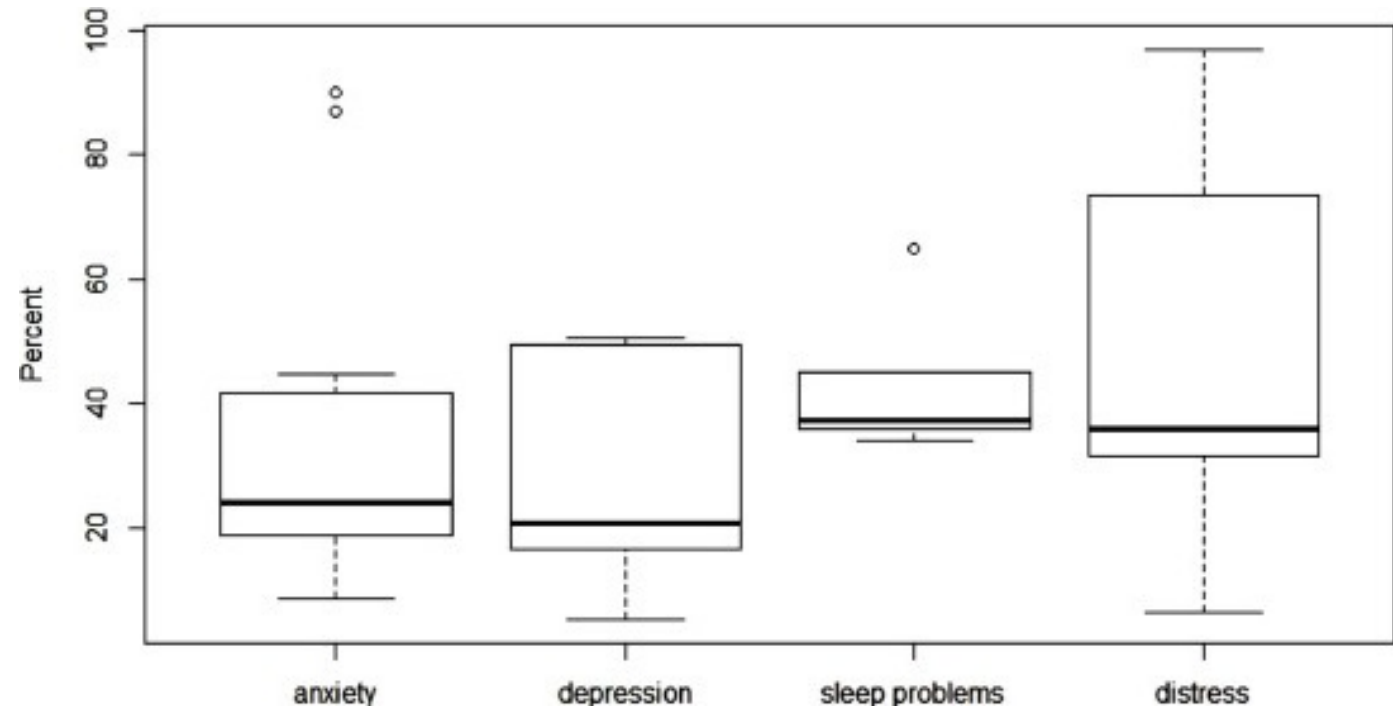
Muller, A.E., et al. 2020. The mental health impact of the covid-19 pandemic on healthcare workers, and interventions to help them: A rapid systematic review. Psychiatric Research, vol293, 113441 https://doi.org/10.1016/j.psychres.2020.113441

Impact of COVID-19 on mental health – young people

Studies from China and Australia finding highest levels of distress and symptomatology, greatest change in mental health status in young people aged 15-24 years

Modifiable risk and protective factors for mental health highly associated with COVID impact

- Positive family functioning, supportive communities, physical activity, strong social connections (Sax Institute 2019)

Disruption to education of particular concern

- By April, 90% of young people unable to physically attend school – impacts greater on most vulnerable children without access to learning support or internet

- Transition from school to further study and/or employment disrupted - risk of early drop-out, unemployment, early marriage
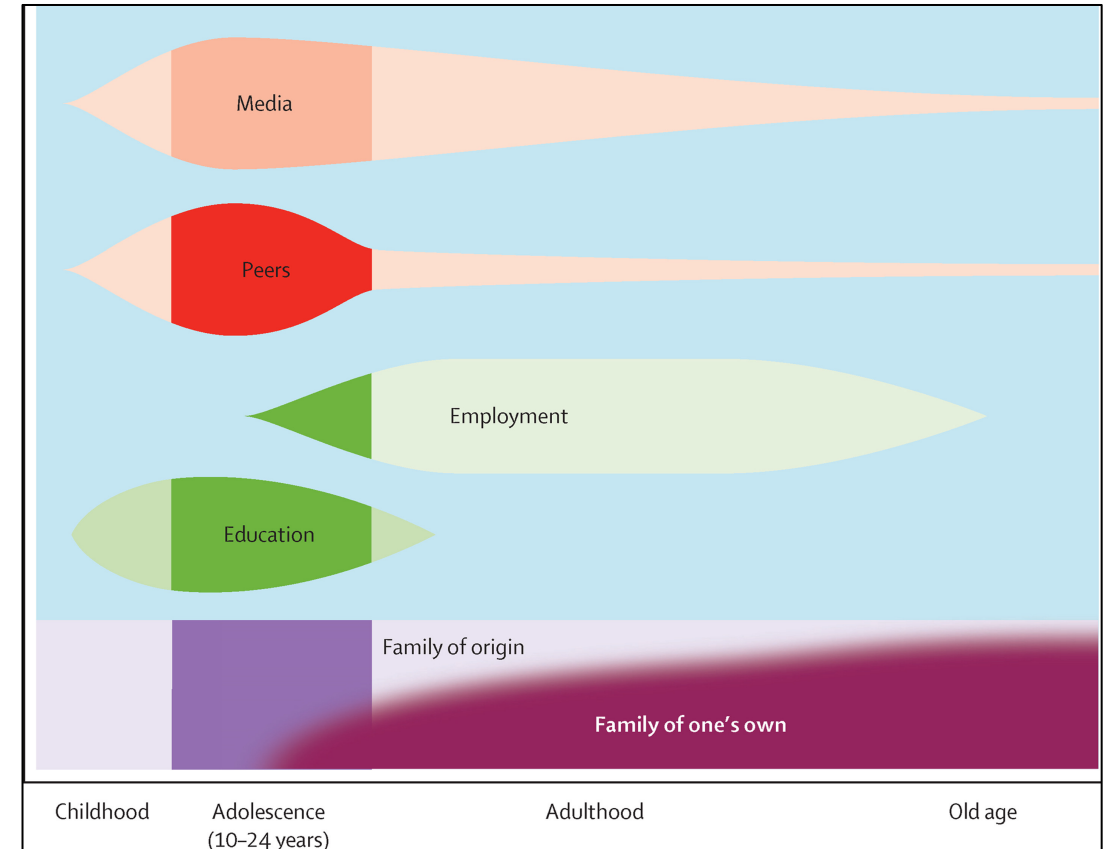
Changing proximal social determinants of health across the life course
(Our future: a *Lancet* commission on adolescent health and wellbeing, 2016)

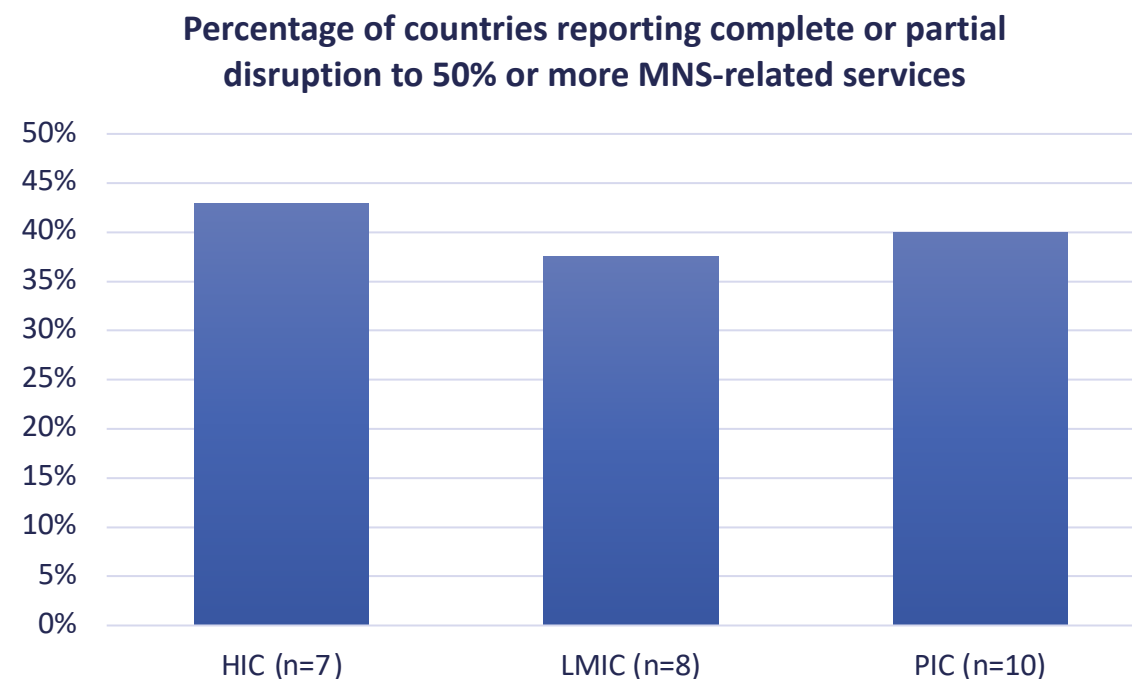# Impact of COVID-19 on mental health service delivery

80% of countries experienced some level of service disruption

Percentage of countries reporting disruption to one or more MNS-related services/interventions

- Complete or partial disruption (disruption to 5% or more of patients)
- No disruption (disruption to less than 5% of patients)

Percentage of countries reporting complete or partial disruption to 50% or more MNS-related services
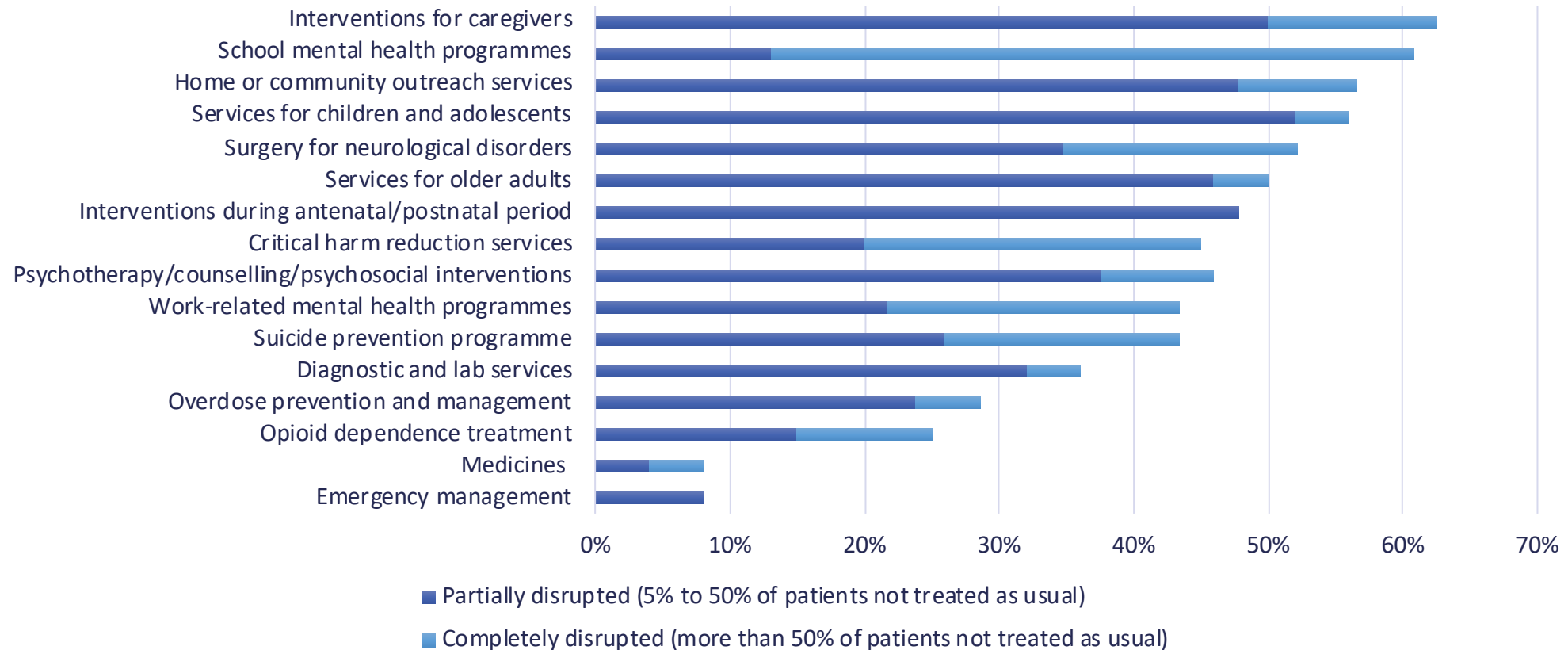
MHPSS response to COVID-19

Overall, tele-medicine most frequently reported strategy to overcome service disruptions

Approaches for overcoming disruptions to mental health services
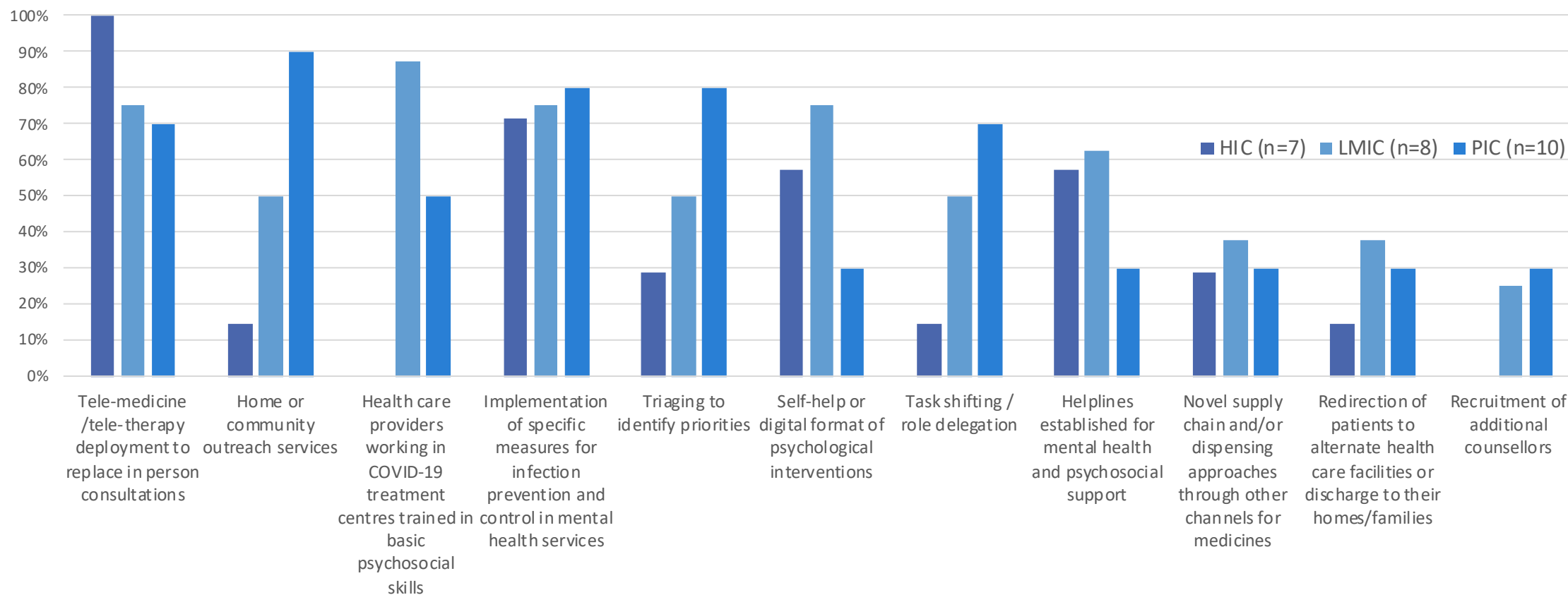
MHPSS response to COVID-19

- Hotlines and chatlines the most common interventions

- 20% of interventions tele-mental health
  - Remote therapy with professional therapists

- 12% of interventions self-help
  - Digital apps
  - Online psychoeducation
  - Referral information

- Almost 90% of interventions targeting general mental health and common mental disorders

TARGET POPULATIONS

At-risk populations

General population

Youth and family

Exposed population
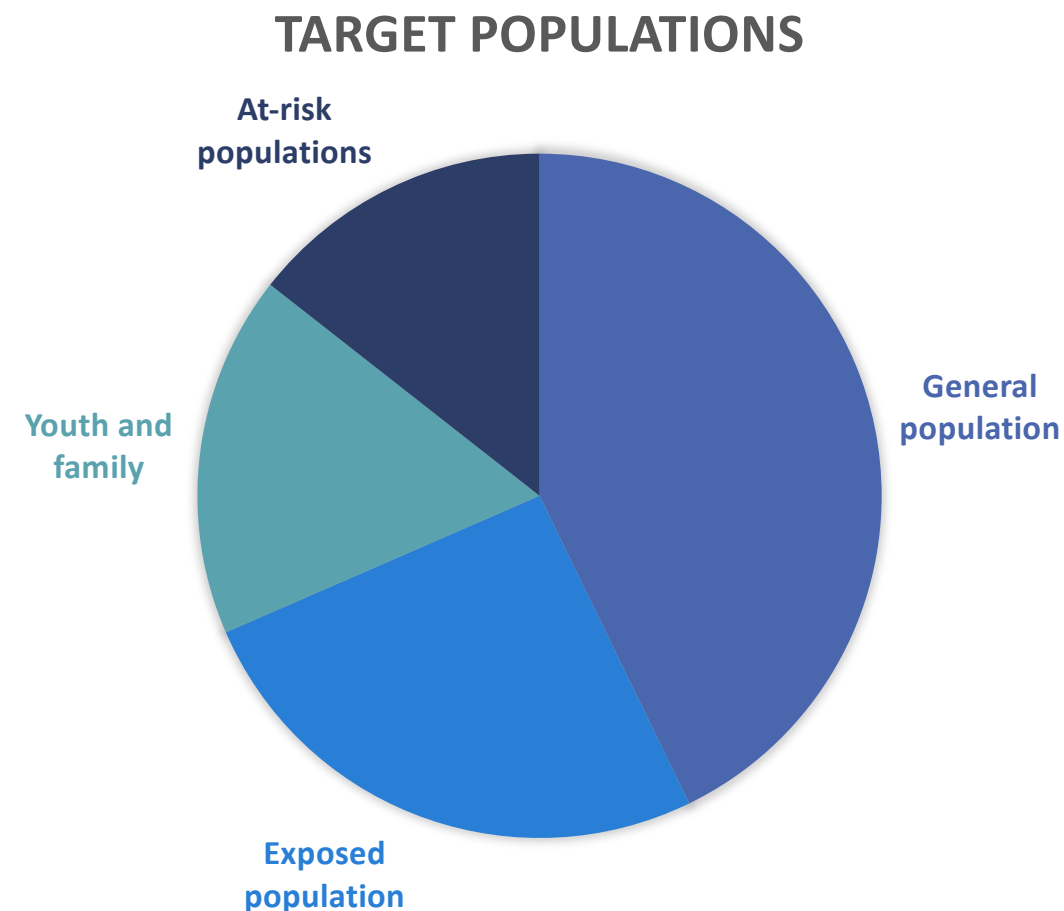
MHPSS response to COVID-19

Delivery organisations

- Government departments responsible for coordination and delivery of a third of interventions

- Universities and university partnerships played key role in delivery of interventions

- 20% of interventions delivered by NGOs / MH Organizations

Counselling hotline set up by Tsinghua University in collaboration with partners

SERVICE PROVIDERS

Other

Not specified

Self-help

Mental health professionals

Trained laypersons
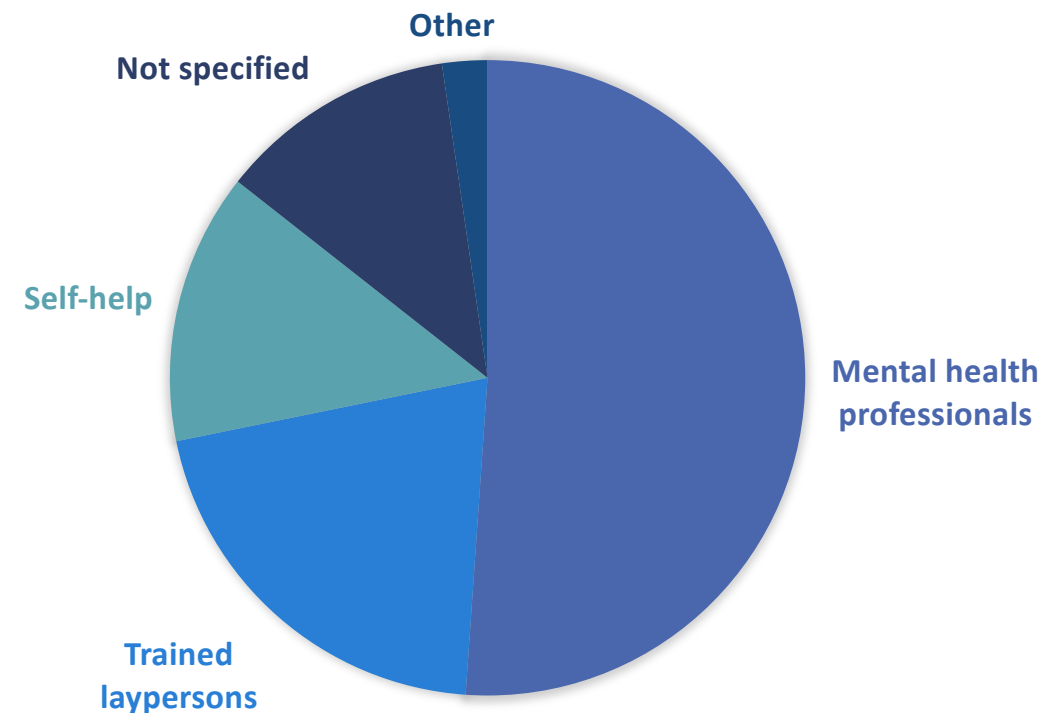
A counselor in Wuhan, China, responds to mental health needs during the pandemic

https://www.youtube.com/watch?v=53a5_xeL4dg&feature=youtu.be

WHO related mandates

END OF IMPLEMENTATION PERIOD IN 2020

Health systems and whole-of-government approach – underpinned by a social movement – as a strategic approach to the management of priority conditions
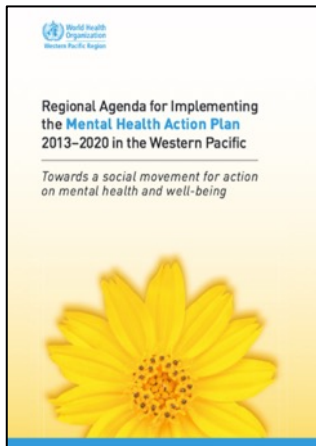
EXTENSION OF IMPLEMENTATION PERIOD TO 2030

With updated targets and actions (Appendix I and II)

Promoting Mental Health Preparedness and Response for Public Health Emergencies

MENTAL HEALTH HIGHLIGHTED ALONGSIDE NONCOMMUNICABLE DISEASES AND AGEING, HEALTH SECURITY, CLIMATE CHANGE AND REACHING THE UNREACHED

Thematic priorities and operational shifts represents a strategic opportunity

THEMATIC PRIORITIES

Health security

NCDs and ageing

Climate change, the environment and health

Reaching the unreached

OPERATIONAL SHIFTS

- Finding new approaches to meet future challenges (innovation)
- Working backwards from the longer-term goal (backcasting)
- Taking a systems approach, with UHC as the foundation
- Building solutions from the ground up (grounds up)
- Driving and measuring country impact
- Promoting health, beyond the health sector
- Strategic communications

World Health
Organization
Western Pacific Region

Overemphasis on mental illness over mental health and wellbeing

- Improving wellbeing and promoting mental health has not been a priority at all levels of governance.
- In most communities, there is a limited understanding of mental health.
- There is low acceptance or demand for services that in general do not consider the needs of individuals and communities beyond a diagnosis and clinical interventions.
- The COVID-19 pandemic has caused prolonged psychosocial stress affecting different populations.

Overemphasis on scaling up services instead of quality improvement

- Services and resources are focused on providing specialized care in institutionalized settings instead of community-based care and settings.
- Mental health professionals focused mainly on diagnosis and curative care.
- Mental health services are of poor quality in many places, and do not provide the necessary social support to maintain mental health and wellbeing.

Narrow focus and scope of mental health

- Socioeconomic and demographic transitions impacting on prevalence of mental disorders.
- Stigma leading to poor help seeking behavior.
- Inadequate leadership and vision for mental health in and outside the health sector.

World Health Organization
Western Pacific Region

Health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity

WORLD HEALTH ORGANIZATION (1946)

What is mental health?

- Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

World Health Organization
Western Pacific Region

Mental Health and the 2030 Agenda for Sustainable Development

Mental health is shaped by a broad range of factors across different domains, addressing the broader environment promotes mental health

PROXIMAL AND DISTAL FACTORS

HEALTH
Mental health literacy, health service access; primary and specialist mental health care, universal health coverage

3 GOOD HEALTH AND WELL-BEING

Target 3.4 on reducing suicide and promoting mental health and well-being;
Target 3.5 on prevention and treatment of substance abuse

DEMOGRAPHIC
Age, ethnicity, sex;
Community diversity, gender equality

5 GENDER EQUALITY

ECONOMIC
Income, debt, assets, employment, food security; recessions, inequality

1 NO POVERTY
2 ZERO HUNGER
8 DECENT WORK AND ECONOMIC GROWTH
9 INDUSTRY, INNOVATION AND INFRASTRUCTURE
10 REDUCED INEQUALITIES

NEIGHBOURHOOD
Safety and security, housing, overcrowding, recreation; infrastructure, built environment

6 CLEAN WATER AND SANITATION
7 AFFORDABLE AND CLEAN ENERGY
11 SUSTAINABLE CITIES AND COMMUNITIES
12 RESPONSIBLE CONSUMPTION AND PRODUCTION

ENVIRONMENT
Trauma, violence; natural disasters, industrial disasters, war and conflict, climate change, forced migration

13 CLIMATE ACTION
16 PEACE, JUSTICE AND STRONG INSTITUTIONS

SOCIO-CULTURAL
Individual social capital, social participation, social support, education; community social capital, social stability, culture

4 QUALITY EDUCATION

SUSTAINABLE DEVELOPMENT GOALS

World Health Organization
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Across the life-course mental health is also influenced by protective and risk factors at each stage

PREVENTION INTERVENTIONS   **MENTALLY HEALTHY**

PROTECTIVE FACTORS

| Healthy parents | Adequate maternal care | Secure caregiving, positive parenting | Life skills training, recreation | Supportive peer group, civic engagement | Meaningful work, healthy relationships | Social security and support |

| **PRECONCEPTION** | **PERI- & POSTNATAL** | **INFANCY** | **SCHOOL AGE** | **ADOLESCENCE & YOUTH** | **EARLY & MID ADULT** | **LATE ADULT & OLD AGE** |

| Unwanted pregnancy | Inadequate care, high risk pregnancy | Poor parenting, low stimulation, dev problems | Family, school, peer problems; behavioural problems | Risk taking, substance misuse | Unemployment, substance abuse | Loneliness, chronic illness, financial insecurity |

RISK FACTORS

MENTAL HEALTH CONTINUUM

TREATMENT AND RECOVERY INTERVENTIONS   **MENTAL ILLNESS**

A region where people enjoy the highest level of mental health, grounded by social solidarity for a transformative environment that promotes mental health and wellbeing

HOW DO WE ACHIEVE THIS VISION?

A systems approach for the future of mental health

Refocusing

towards **mental wellbeing, reaching the unreached**, with **innovations** generated from the **grounds up** matching solutions to needs of communities
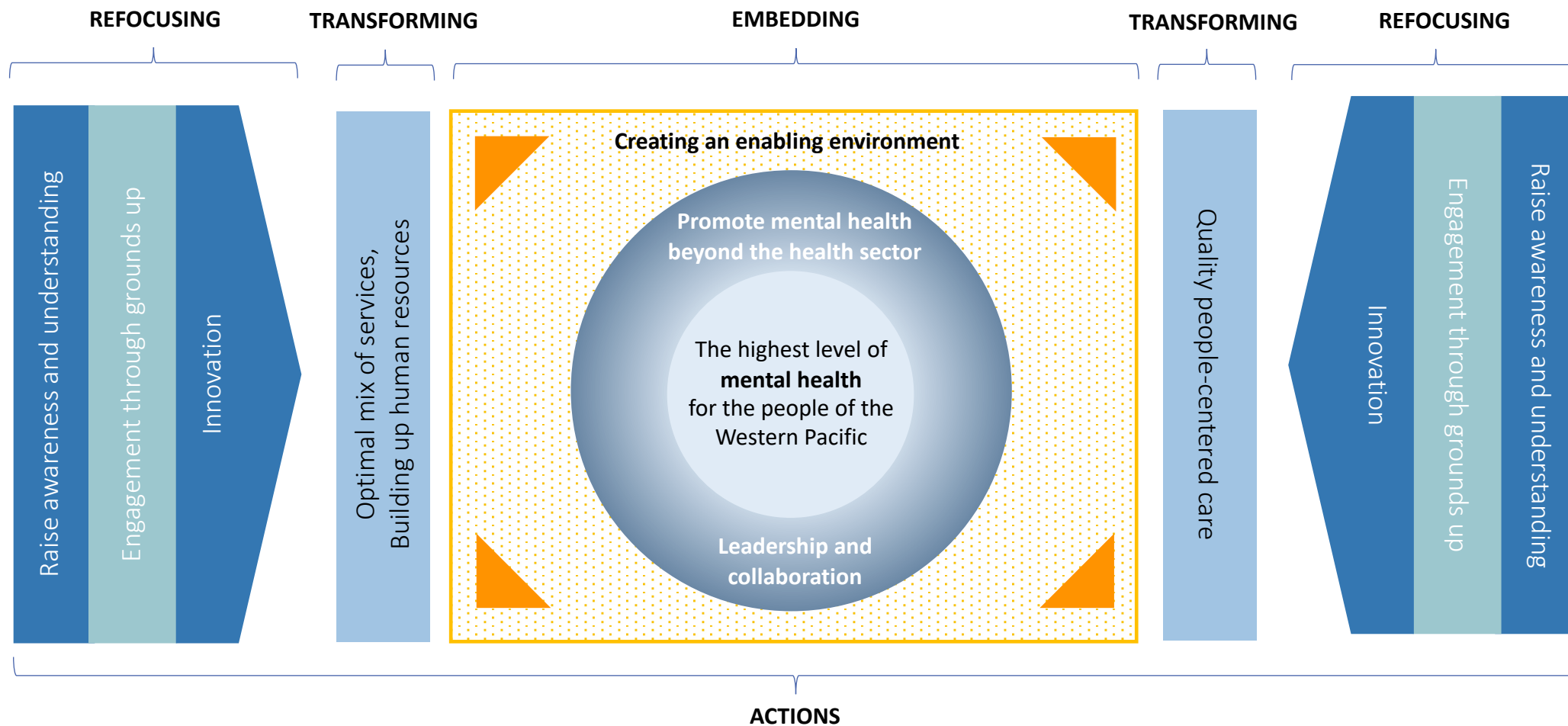
Transforming

mental health care with the **optimal mix of services**, building up **human resources** for mental health, and improving **quality people-centered care**

Embedding

mental health into the **settings of daily life**, where **communities are empowered** with tools and structures that **enhance protective factors** and **reduce risk factors** across the life course and **promote mental health beyond the health sector**

Thank you!