



# Mental health in the midst of COVID-19

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EHMA and COVID-19

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# Overview

# OVERVIEW



- **Mental Health Europe** - Who we are
- Impact on **mental health**
- Impact on **mental health services in Europe**
- **Specific** considerations
- Key opportunities and challenges for **mental health and services in the aftermath of COVID-19**
- **Conclusions with recommendations**

# Who we are

# WHO WE ARE



We are a **European non-governmental network organisation** committed to:

- the **promotion** of positive mental health,
- the **prevention** of mental distress,
- the **improvement of care**, advocacy for social inclusion and the protection of the rights of (ex)users of mental health services, persons with psychosocial disabilities, their families and carers.

« We advocate for **positive mental health and wellbeing** and for the **rights of people living with mental ill health** and we raise awareness to **end mental health stigma** ».



**30**

years of advocacy



**73**

member organisations



**30**

different countries



**5**

Strategic priorities

# ADVOCACY & POLICY

- We work closely with the **European Institutions and international bodies**
- Together with our members, **we formulate recommendations for policy makers** to develop mental health friendly policies
- MHE places **users of mental services** at the centre of its work
- We are careful in preserving our **independence** from industrial interests



# OUR PRIORITIES

- Promoting a **psychosocial model of mental health** as opposed to a bio-medical model
- Involving **users of mental services** in decision making processes
- Focusing on **recovery based community mental health** services

Specific focus 2020-2021:

- **Vulnerable groups** (e.g. youth, migrants)
- **Transparency**
- **Social Policy**
- **UN CRPD**
- **Good practice exchange**
- **Peer workers network**



Understanding Mental Health



Social Europe



Human Rights



Mental Health & Work



Recovery Community-based  
Services



Projects & Campaigns



# Impact on mental health

# IMPACT ON MENTAL HEALTH 1/2



- **Every sixth adult in the EU** alone was affected by mental ill-health before the COVID-19 outbreak – that's more than 84 million people.
- The economic impact of **poor mental health cost the EU 4% of GDP** in lost productivity and social costs.

*Mental health problems exist along the continuum from mild, time-limited distress to severe mental health problems* (Lancet Commission on global mental health and sustainable development, 2018)

- **The COVID-19 pandemic has influenced where people are situated on that continuum.**

# IMPACT ON MENTAL HEALTH 2/2

<b>Belgium</b>	<b>Mental health problems sharply increased</b> (e.g. depression) from 10% in 2018 to a current rate of 16%. Most affected – young people between 16 and 24 years old (Sciensano 2020)
<b>UK</b>	<b>More than 25 million people in the UK experienced high levels of anxiety in late March</b> when the lockdown was announced. The survey found that increased levels of anxiety mainly stemmed from concerns for personal wellbeing, job security and the impact of Covid-19 on their finances (Office of National Statistics)
<b>France</b>	<b>18% of teleworkers experienced mental health problems</b> such as severe anxiety, depression and other. It was primarily women who reported that their mental health had been impacted negatively.
<b>Italy</b>	<b>Increased prevalence of anxiety, depression and insomnia.</b> 37% of the respondents had post-traumatic stress symptoms, 17% depressive symptoms, 20% severe anxiety, 7% insomnia and 21% stress.

# Impact on mental health services

# IMPACT ON MENTAL HEALTH SERVICES 1/3

- **Outpatient and inpatient mental health services** have also been severely affected
- Demand for **face-to-face mental health services** has significantly **decreased**, but the needs remained
- Increased focus on **digital self-help and digital mental health services**
- **Limitations of digital solutions:** digital literacy, limited access to internet, not suited for all mental health needs.

# IMPACT ON MENTAL HEALTH SERVICES 2/3

<b>Institutions</b>	
<b>France</b>	social care institutions have been locked in response to the coronavirus pandemic. A lack of supervision exposed people living there to ill-treatment (Validity NGO, 2020)
<b>Spain</b>	psychiatric units have locked people in their rooms depriving them of phone and internet access. Such inhumane measures put people with mental health problems at a higher risk of psychological distress and physical danger while stripping them of their rights and dignity.
<b>Mental health services</b>	
<b>Spain</b>	The city of Madrid, for example, was forced to reconvert over 60% of its mental health beds to care for people with COVID-19, reducing the number of people attending emergency mental health services by 75%.
<b>Belgium</b>	almost all face-to-face therapies have been cancelled due to staff shortage or for hygiene reasons

# IMPACT ON MENTAL HEALTH SERVICES 3/3

## Mental health services

### The Netherlands

60% of mental health service users reported partial or entire suspension of their treatment  
80% of the respondents couldn't access daily care.

- Mental health and psychosocial support delivered at the **community level have also been critically impacted, but appeared to be able to quickly adapt.**

# Specific considerations



# SPECIFIC CONSIDERATIONS

- **Staff mental health** – impact on healthcare and social workers
- People with pre-existing mental ill-health
- **Impact on people in vulnerable situations**

# **Key opportunities and challenges for mental health and services in the aftermath of COVID-19**

# KEY OPPORTUNITIES AND CHALLENGES

- Health systems alone are not enough and cannot be expected to be enough
- The impact of **socio-economic factors**
- Access to mental health support and services – **how COVID-19 can reshape our approach**

# Conclusions

*It is now crystal clear that mental health needs must be treated as a core element of our response to and recovery from the Covid-19 pandemic*

Dr Tedros Adhanom Ghebreyesus, director-general of the WHO

# CONCLUSIONS

- **Cross sectoral collaboration** and investments in **social protection**
  - psychosocial model of mental health in policies and national responses to COVID-19
- Promote and support **community-based services**
  - momentum for this necessary shift
- Mental health **literacy and stigma**
  - experiencing distress is a normal reaction in these exceptional circumstances
- Explore **digital** solutions
  - mental health support that can be delivered remotely
- **Involve** people with lived experience
  - in the design, implementation and monitoring of services

# QUESTIONS





**Thank you for your attention!**

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