

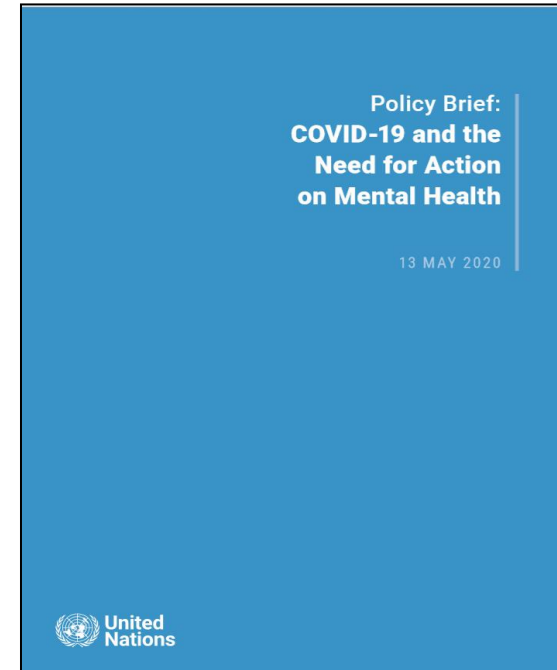
The Impact of COVID-19 on Mental, Neurological and Substance Use Services: Results of a Rapid Assessment



World Health
Organization

Importance of mental health in emergencies

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



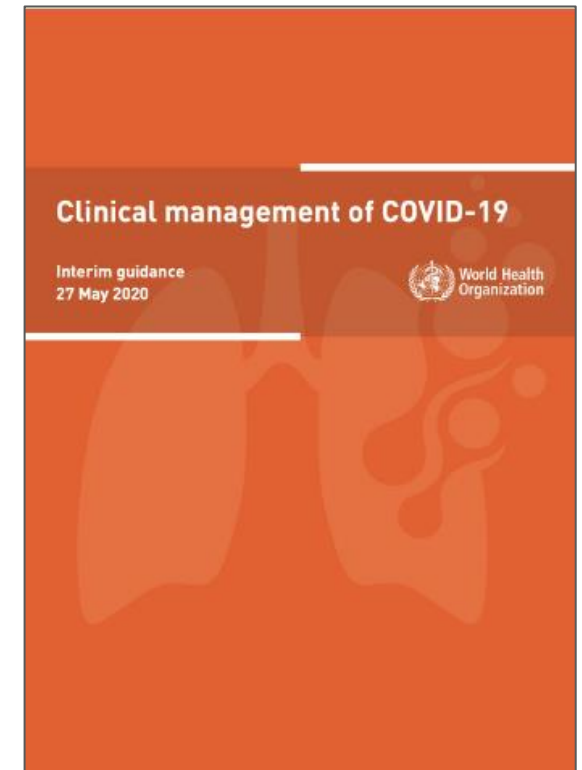
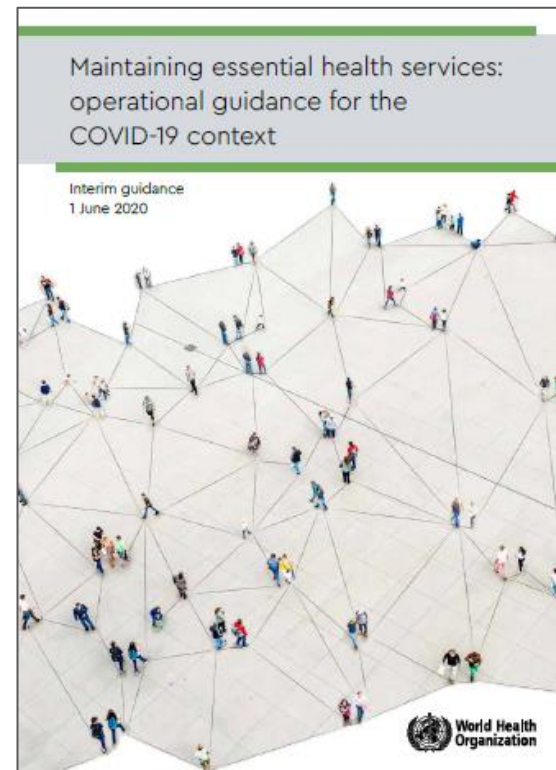
Inclusion of mental health and psychosocial support as integral and cross-cutting component in public health emergency responses.

WHO Director- General



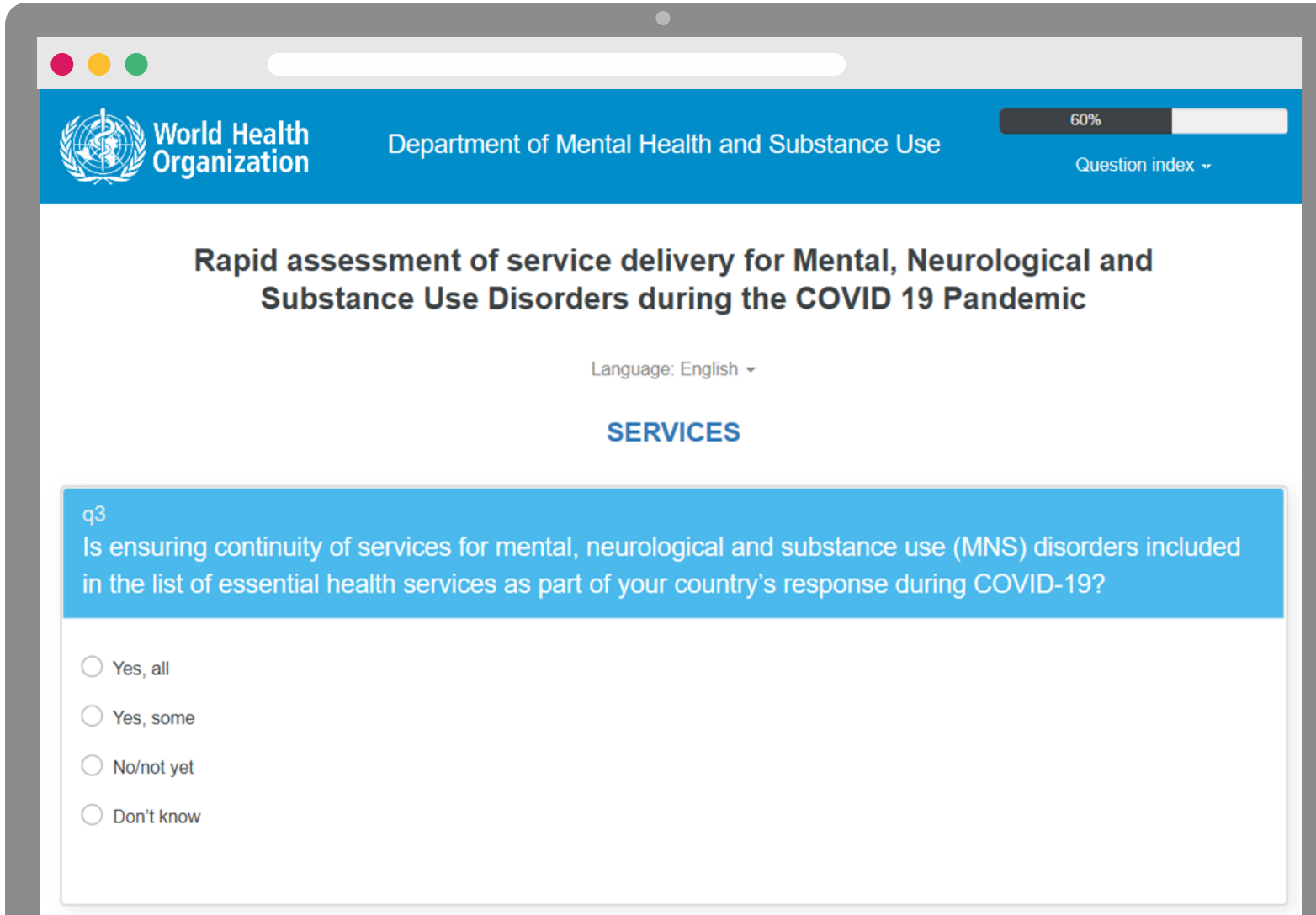
Direct and indirect consequences of COVID-19 on mental health conditions

- 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



- **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)





The screenshot shows a web browser window with the WHO logo and 'Department of Mental Health and Substance Use' in the header. A progress bar indicates 60% completion. The main title is 'Rapid assessment of service delivery for Mental, Neurological and Substance Use Disorders during the COVID 19 Pandemic'. Below this, it says 'Language: English' and 'SERVICES'. The current question, 'q3', asks: 'Is ensuring continuity of services for mental, neurological and substance use (MNS) disorders included in the list of essential health services as part of your country's response during COVID-19?'. The response options are: 'Yes, all', 'Yes, some', 'No/not yet', and 'Don't know'.

World Health Organization
Department of Mental Health and Substance Use
60%
Question index ▾

Rapid assessment of service delivery for Mental, Neurological and Substance Use Disorders during the COVID 19 Pandemic

Language: English ▾

SERVICES

q3
Is ensuring continuity of services for mental, neurological and substance use (MNS) disorders included in the list of essential health services as part of your country's response during COVID-19?

☐ Yes, all
☐ Yes, some
☐ No/not yet
☐ Don't know

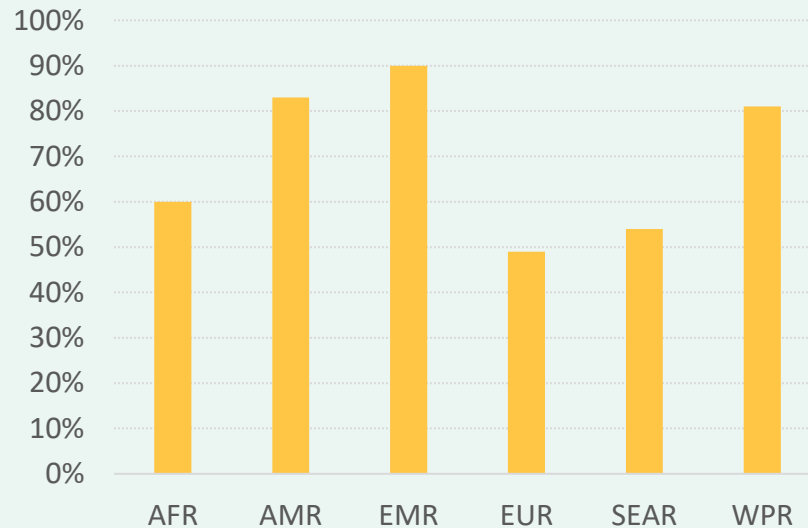
Contents

- Mental Health and Psychosocial Support
 - Inclusion in national COVID-19 response plan
 - Financial resources
 - Coordination platforms
- Essential MNS services
 - Continuity of services
 - Disruption of interventions
 - Causes of disruption
 - 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*

Mental Health and Psychosocial Support (MHPSS): integral component of COVID-19 response

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.

7%



Low-income

16%



Low-middle-income

15%



Upper-middle-income

26%



Upper-income

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

93%



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

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.



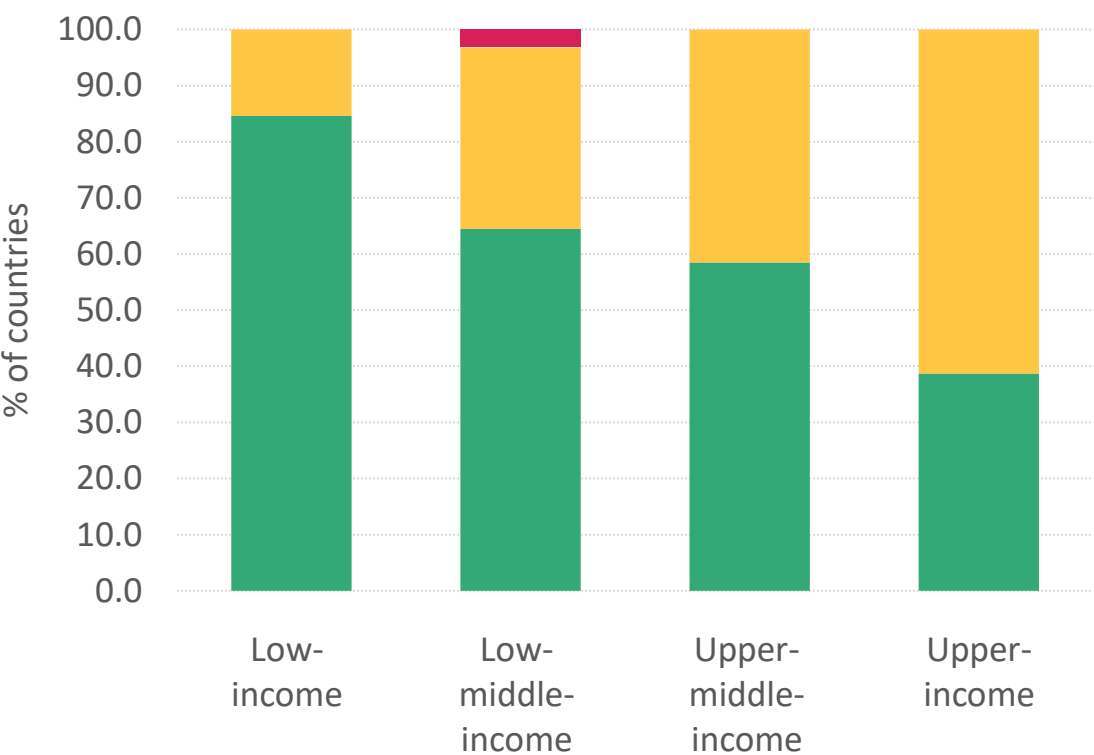
Outpatient services in mental and
general hospitals as well as
community-based services
predominantly more affected



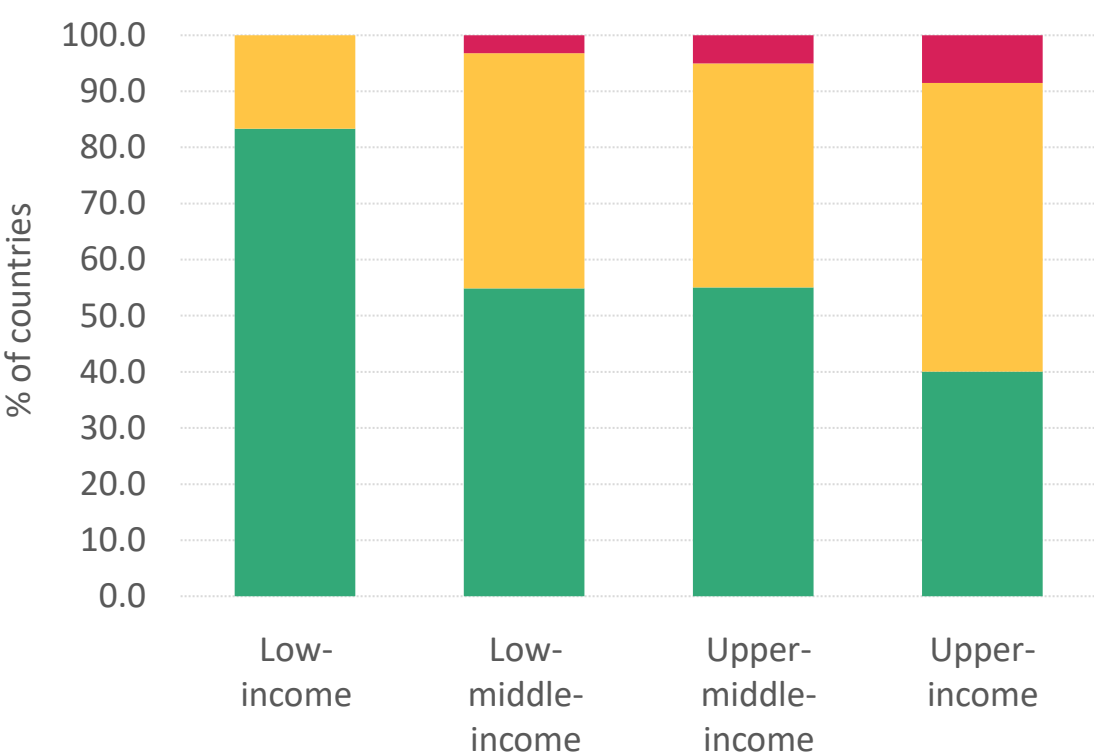
Disruptions on MNS services by income group

Outpatient services

Mental hospitals



General hospitals



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

35%



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

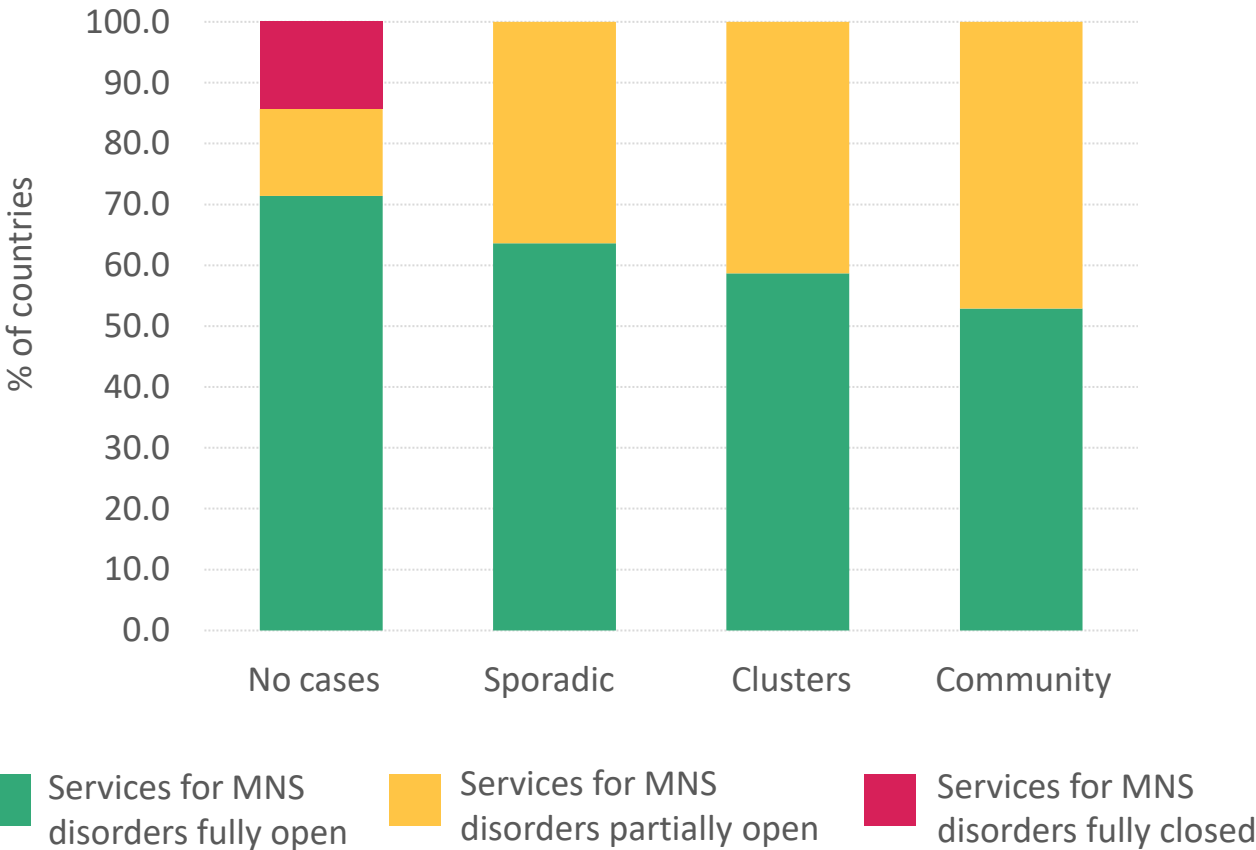


61%

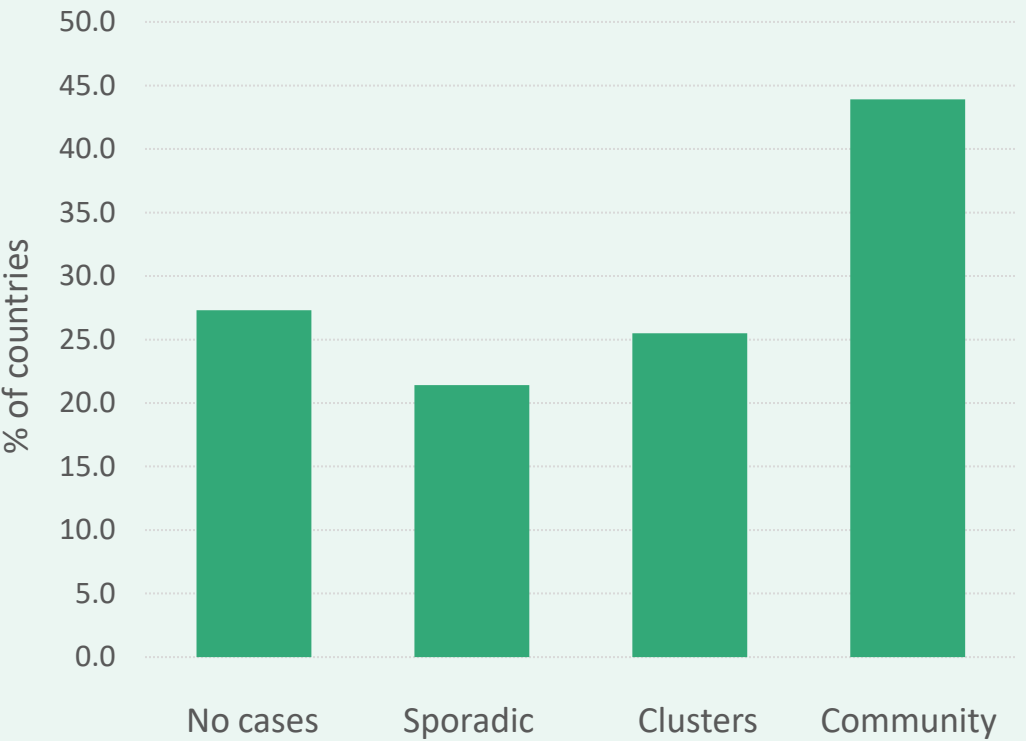


Disruptions on MNS services by COVID-19 stage of transmission

Outpatient services for MNS disorders at mental hospitals



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



Countries have responded to the disruption of MNS services in multiple ways

70%



telemedicine/teletherapy

68%



helplines for MHPSS

60%



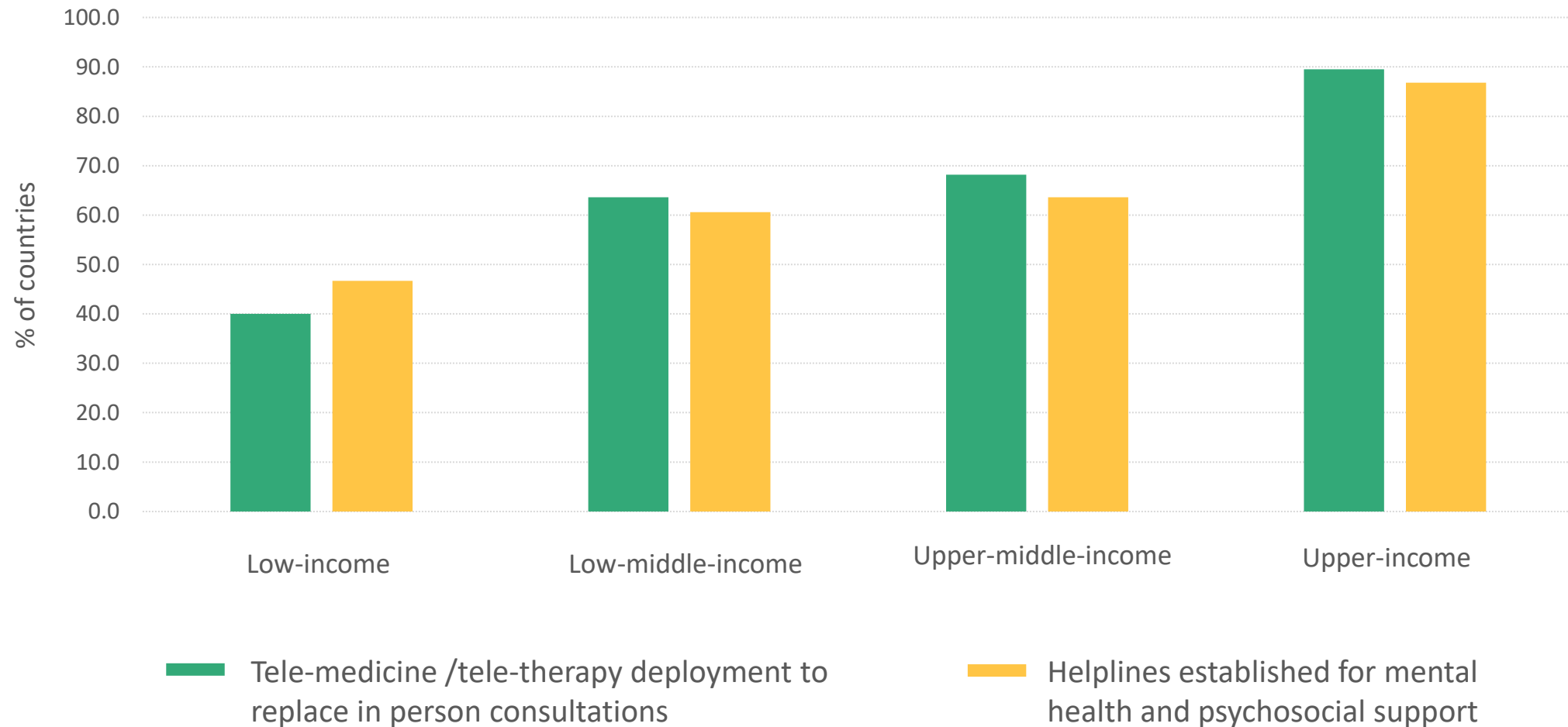
training in basic psychosocial skills (e.g. Psychological First Aid and Basic Psychosocial Skills Guide)

38%



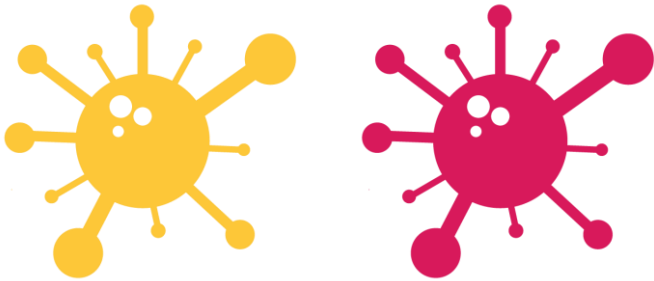
task sharing/capacity building

Use of technology as a mitigation strategy (Data by WB income group)



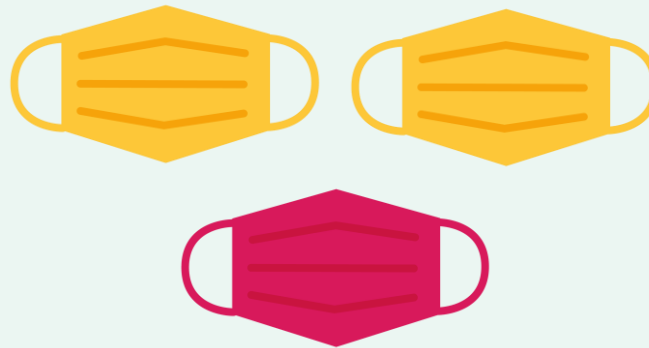
Need for better surveillance and more research

1/2



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

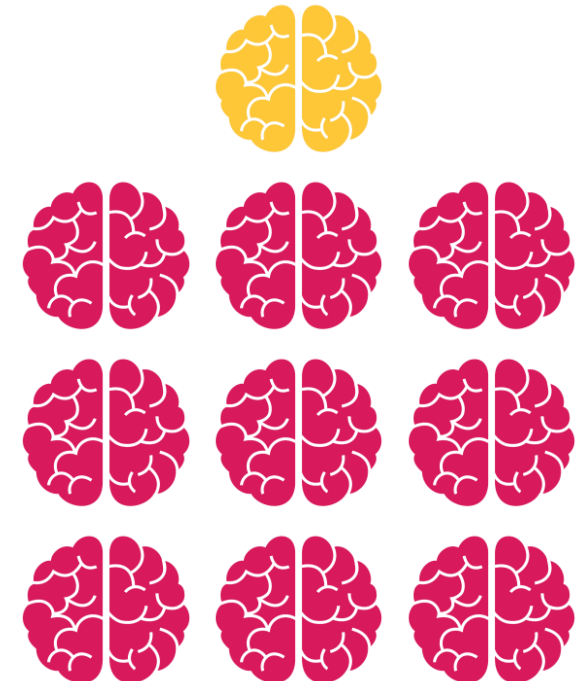
2/3



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