

## IIMHL & IIDL Leadership Briefing XXXII

### International views from the COVID-19 experience: Mental health care and policy directions for the future

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*“The interconnectedness of the world made society vulnerable to this infection, but it also provides the infrastructure to address previous system failings by disseminating good practices that can result in sustained, efficient, and equitable delivery of mental health-care delivery. Thus, the COVID-19 pandemic could be an opportunity to improve mental health services”<sup>1</sup>.*

#### Introduction

This Leadership Briefing is devoted to two very comprehensive reports of international significance.

The first is a UK-focused document concerning key issues emerging from the literature tackling the social determinants of health. It is a detailed look at what different countries are doing, at risk populations, and opportunities to strengthen new ways of living and working presented by the pandemic. A number of suggested policy directions are given.

The ‘Position Paper’ from The Lancet is written by a group of academics from several countries. It raises some critical issues for the provision of mental health services; and for the people involved – service users, minority groups, staff and the communities they live in. It looks at what we know to date, and it proposes constructive actions that affect all countries.

These reports do not focus on issues for indigenous communities but both note the economic impact that is likely to occur in the aftermath of the pandemic and that it could exacerbate healthcare disparities and will probably disproportionately affect socially disadvantaged patients, including those from ethnic minorities, who have worse access to health care and receive poorer quality care than white populations.

We hope these are helpful for IIMHL & IIDL leaders.

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<sup>1</sup> Moreno et al The Lancet

<https://www.thelancet.com/action/showPdf?pii=S2215-0366%2820%2930307-2>

## UK

### **Mental health Foundation Scotland, Department of Health Northern Ireland, & Queens University Ireland: International Policy Guidance and Responses to COVID-19 Mental Health Recovery**

July 2020

This rapid review was commissioned by the Mental Health and Capacity Unit of the Department of Health of Northern Ireland and funded by the Mental Health Foundation.

The main aim was to identify, analyse and present evidence to inform the response to mental health needs arising and/or being exacerbated by the Covid-19 Pandemic and examine the international evidence beyond the UK and Ireland. This is a dynamic policy environment and it is anticipated that additional relevant reviews and articles will be identified as research, policy and practice develops.

The paper takes a snap-shot of how international governments, agencies and organisations are responding to the challenge of COVID-recovery in July 2020. It summarises the background and context to the crisis, identify some of the pre-COVID mental health inequalities and the psychological impact of COVID. It gives an outline of international COVID-recovery responses and planning, identifies some of the key themes emerging from the literature, identifies at risk populations and highlights some examples of innovation. While there is a specific focus on mental health, it considers physical health and the wider context of the social determinants of health as one of the biggest challenges in transforming care.

Key opportunities also have emerged from the community response that has been generated during this crisis; for example:

- Digital healthcare
- Building stronger communities
- Co-production and lived experience
- School-based interventions
- Physical health issues

The approach of several country level responses (e.g. Australia and New Zealand) and mental health emergency responses from thirteen other countries is outlined. The paper suggests that good quality data has to be the cornerstone of responsive and intelligent healthcare provision. It says that greater attention needs to be paid to the promotion and prevention of good mental health. Public health messaging that is clear, concise, trustworthy and accessible to marginalised groups is also stated as being essential.

Mental health and wellbeing has been pushed to the forefront of everyone's consciousness during this emergency, creating an unprecedented but perhaps time-limited opportunity to help to tackle some of the stigma surrounding mental health and promote early help-seeking.

Alternative routes of care and support have also emerged as a direct response to the crisis including a sharp increase in digital healthcare, self-help and information responses. The paper suggests that careful consideration is required to understand the benefits and limitations of this kind of delivery before expanding.

Although cost-effective and scalable it may not be right for everyone and has the potential to further exclude marginalised groups such as older people, or people experiencing homelessness. The document suggests that at risk populations should be routinely identified – communication and interventions must be developed and tailored for these groups, drawing on lived experience and good quality data.

In summary the document says:

*“However services emerge from this crisis, many decision-makers are seeing this as an opportunity to make change creating the potential to positively transform mental health care.*

*There is consensus that this cannot be achieved without tackling the root causes of health inequalities and their social determinants. Grave economic stressors add considerable threats to increasing social inequality and poverty in Northern Ireland (NI). Data collection, modelling and sharing needs to be enhanced to better inform policy and service development. There are also opportunities to build on the more positive elements that have emerged in crisis.*

*These include the adaptability and flexibility of community-based care, the recognition of the importance of lived experience in the design, development and monitoring of services, improved interagency collaboration, the acceleration of the digitalisation of healthcare and the importance of connecting physical and mental health”.*

<https://www.health-ni.gov.uk/sites/default/files/publications/health/international-policy-covid19.pdf>

### **The Lancet: Position Paper: How mental health care should change as a consequence of the COVID-19 pandemic**

16<sup>th</sup> July 2020

For this Position Paper, an international group of clinicians, mental health experts, and users of mental health services came together to reflect on the challenges for mental health that COVID-19 poses.

COVID-19 has resulted in an increase in known risk factors for mental health problems. Together with unpredictability and uncertainty, lockdown and physical distancing might lead to social isolation, loss of income, loneliness, inactivity, limited access to basic services, increased access to food, alcohol, and online gambling, and decreased family and social support, especially in older and vulnerable people. Racial and ethnic disparities in the incidence of COVID-19 (and associated mortality) have been pronounced.

In this Paper, the potential consequences of COVID-19 for mental health are outlined across these groups:

- General public
- People who have or had COVID-19
- People with pre-existing mental health disorders
- Health-care workers

Mental health service responses to COVID-19 are described:

- Public mental health responses and community outreach
- Mental health care settings
- Mental health needs of special populations

The Paper looks at sustainable adaptations of mental health delivery:

- Ethics-driven and rights-driven considerations
- Service user knowledge and involvement
- Longer term mental health needs
- Remote therapy
- Ways of working

The Paper notes that retaining existing services and promoting new practices that expand access and provide cost-effective delivery of effective mental health services to individuals who already have mental disorders or who have developed them during the pandemic should be a priority. Service provision needs to be individualised: effective practices already in place should be refined and scaled up, and both the usefulness and limitations of peer support and remote health delivery should be recognised.

A focus on accountability based on routine measurement of meaningful and valued outcomes, co-production of service design and evaluation with expansion of health insurance coverage of mental health, and promotion of primary care support and its greater integration with secondary care could further help to sustain mental health care in the aftermath of the pandemic.

The Paper suggests that the economic implications of the COVID-19 pandemic are serious. It is important to be cognisant of the risks of promoting cheap solutions to broadening access to mental health care. Low-quality mental health care based on affordability without assessment of quality or monitoring of needs and efficiency will only contribute to increasing inequalities and worsening mental health globally.

The authors state that now more than ever, there is a need to put in place service provision that targets health needs and reduces disparities, both globally and within individual countries. Despite substantial cross-national differences in social and mental health systems, they believe that such an approach is feasible with some location-specific adaptations. It could even turn the COVID-19 pandemic into an opportunity to improve mental health care for everyone.

<https://www.thelancet.com/action/showPdf?pii=S2215-0366%2820%2930307-2>