

# BRIEFING

Technical Advisory Group on the Mental Health Impacts of COVID-19 in the WHO European Region

## MENTAL HEALTH IMPACTS OF COVID-19 ACROSS THE EUROPEAN REGION AND ASSOCIATED OPPORTUNITIES FOR ACTION



**World Health  
Organization**

European Region

### KEY MESSAGES

- Prior to the COVID-19 pandemic, almost a fifth of non-fatal disease burden in the WHO European Region was attributable to mental health and substance use conditions, resulting in economic costs equivalent to at least 4% of European Union (EU) gross domestic product.
- Following the spread of COVID-19 across the Region, several mental health impacts have been observed, including:
  - increased population levels of mental distress, mental health conditions and drug use;
  - increased risk of developing a mental health condition following COVID-19 infection;
  - amplification of risk factors for poor mental health and well-being;
  - particular groups disproportionately experiencing mental health impacts associated with COVID-19, including from quarantine and lockdown; and
  - significant disruption to Public Mental Health services.
- Evidence-based Public Mental Health interventions exist to prevent and treat mental health and substance use conditions and their associated impacts, and to promote mental well-being and resilience. However, even prior to COVID-19, only a minority of people with such conditions were receiving treatment or care, and coverage of interventions to prevent these conditions from arising or to promote mental well-being and resilience was negligible.
- Lack of implementation of effective Public Mental Health interventions according to population need prior to COVID-19 meant that systems were unable to respond appropriately to the mental health impacts of COVID-19. The Public Mental Health implementation gap has widened further as a result of COVID-19.
- Several actions can support improved implementation of Public Mental Health interventions to mitigate the mental health impacts of COVID-19, reduce mental distress or disorder, and promote mental well-being and resilience. Such actions result in broad impacts across sectors and associated economic savings even in the short term, and support the achievement of wide-ranging policy objectives, including the Sustainable Development Goal target of universal health coverage by 2030.
- WHO Europe is supporting various initiatives to improve implementation of public mental health interventions.

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#### INTRODUCTION

The COVID-19 pandemic has had broad impacts on people's mental health, whether as a result of worry about becoming infected, the stress brought about by infection prevention and control measures such as lockdown, self-isolation and quarantine, or the effect on mental health associated with lost employment, income, education or social participation.

#### PUBLIC MENTAL HEALTH CONTEXT BEFORE COVID-19

Prior to COVID-19, at least 19% of non-fatal disease burden in the WHO European Region was attributable to mental health and substance-use conditions (MHSUCs), although even this underestimates the true burden by at least a third. Reasons include:



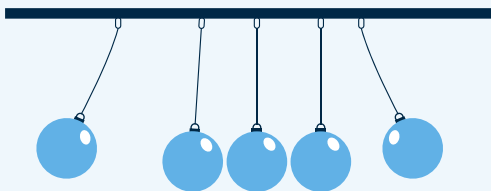
##### HIGH PREVALENCE:

more than 150 million people, equivalent to 16% of the population of the WHO European Region, have a MHSUC.



##### EARLY ONSET:

most lifetime MHSUCs arise before adulthood and often recur through the life-course.



##### BROAD IMPACTS:

these include physical ill health, premature mortality and suicide, as well as reduced educational, employment and social outcomes – the associated annual economic costs are over €600 billion across 27 EU countries, equivalent to 4.1% of gross domestic product.



##### LOW COVERAGE:

only a minority of people with MHSUCs received treatment and care, and coverage of interventions to prevent MHSUCs from arising or to promote mental well-being and resilience was negligible.




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#### MENTAL HEALTH IMPACTS OF COVID-19



##### Increased rates of mental distress and mental health conditions

-  → Although the mental health impacts of COVID-19 have varied substantially across Member States of the WHO European Region, reviews reveal increased rates of mental health conditions at general population level. However, longitudinal studies indicate that prevalence of mental distress and mental health conditions increased following COVID-19 outbreaks and the introduction of public health containment measures, but then reduced during reopening phases.
-  → Overall smoking rates reduced and slightly more people reduced than increased their alcohol consumption. However, there was a trend to increased drug consumption.
-  → There has been no evidence of increased suicide during the pandemic, although some studies suggest increased suicidal ideation, suicide attempts and self-harm.


##### Particular groups at higher risk of mental health impacts

-  → Particular groups who have experienced greater COVID-19-associated mental health impacts include children and adolescents, younger adults, healthcare workers, carers and women. Other vulnerable groups include people with pre-existing mental and physical health conditions or disability, certain ethnic groups, migrants and refugees, and LGBTQ+.



##### Impact of COVID-19 infection on mental and physical health

-  → COVID-19 infection increases the risk of developing MHCs. A significant proportion of people with COVID-19 infection experience subsequent prolonged symptoms of mental ill-health.
-  → People with MHCs are almost double the risk of COVID-19 infection and associated mortality.





##### Impact of quarantine and isolation

-  → Evidence suggests that quarantine and lockdown resulted in relatively small mental health impacts that reduced as the quarantine period continued. However, being a woman, being younger, having a pre-existing mental health condition, having lower educational attainment and lower income, and living alone or with children increased the risk of anxiety and depression.

##### Impact of risk and protective factors for mental health

-  → Risk factors for MHSUCs impacted by COVID-19 include socioeconomic issues (inequality, poverty, debt, financial difficulty and recession), job insecurity, work-related stress, unemployment, reduced working hours, food insecurity, child adversity, parental mental health problems, violence, lack of schooling and social interaction, physical illness, reduced access to health care, physical inactivity and other health-risk behaviours, insomnia and increased screen time.
-  → Protective factors for mental well-being and resilience impacted by COVID-19 include social interaction, employment and physical activity.

##### Impact on Public Mental Health services

-  → Programmes for MHSUCs were the most disrupted.
-  → COVID-19 resulted in significant disruption to Public Mental Health services in many countries of the WHO European Region and included closure of services, reduced staffing and fewer patients accessing care.
-  → Prevention and promotion services were most severely affected.
-  → Additional government funding for mental health and psychosocial support of COVID-19 response plans were fully allocated in only a minority of countries across the European Region.

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#### PUBLIC MENTAL HEALTH IMPLEMENTATION GAP BEFORE AND AFTER COVID-19

Prior to COVID-19



Failure to implement effective Public Mental Health interventions according to population need

Since COVID-19



The systems were unprepared to respond to the mental health impacts of COVID-19



Evidence-based Public Mental Health interventions exist to prevent and treat MHSUCs and their associated impacts, and promote mental well-being and resilience. Many such interventions also result in significant economic returns across sectors, even in the short term.

However, prior to COVID-19, only a minority of people with MHSUCs received any treatment, with lower coverage in low- and middle-income countries. There was even lower coverage of interventions to prevent associated impacts of MHSUCs and negligible coverage of interventions to prevent MHSUCs from arising or to promote mental well-being and resilience, even in most high-income countries. This implementation gap represents a breach of the right to health. It results in population-scale preventable suffering and has broad impacts and associated economic costs. Reasons for this implementation failure include insufficient knowledge about Public Mental Health, insufficient information about coverage of different Public Mental Health interventions, insufficient policy focus on implementation and insufficient resources.

The failure to implement effective Public Mental Health interventions according to population need prior to COVID-19 meant that systems were unable to respond to the mental health impacts of COVID-19. Furthermore, this implementation gap has widened further in the WHO European Region since COVID-19 due to increased mental health impacts on the population and significant disruption to Public Mental Health services.

#### ADDRESSING THE PUBLIC MENTAL HEALTH IMPLEMENTATION GAP DURING COVID-19

The nature and scale of mental health impacts of COVID-19, as well as increased interest from governments and populations in mental health, offer an important opportunity to address the longstanding Public Mental Health implementation gap in several ways:

- making the case for Public Mental Health through assessing the size, impact and cost of the current and future gap in provision of Public Mental Health interventions at national and regional levels, taking COVID-19 into account; estimating the impact of, and associated savings through, improved coverage; promoting collaborative Public Mental Health advocacy and leadership; and adopting a rights-based approach to Public Mental Health intervention and service access;

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- promoting Public Mental Health practice that uses the information above to: inform policy across different sectors; support transparent agreement about acceptable coverage of different Public Mental Health interventions; determine the resources required for agreed implementation levels; operationalize implementation; and evaluate coverage and outcomes of interventions, including for higher-risk groups;
- providing Public Mental Health training for professionals and implementing interventions to improve population awareness and literacy about Public Mental Health; and
- adopting particular ways to improve Public Mental Health intervention coverage including settings-based approaches (such as schools and workplaces), integrated approaches (especially at primary care level), digital technology, maximizing existing resources (like self-help, task-sharing, and moving expenditure from large hospitals to more local hospitals and community services), and focusing on high-return interventions (such as addressing socioeconomic inequalities, child adversity, parenting interventions and treatment of parental mental health conditions).

Scaled-up implementation of Public Mental Health interventions according to population need:

- mitigates the mental health impacts of COVID-19;
- supports the sustainable reduction of impacts of MHSUCs and poor mental well-being;
- results in broad impacts across sectors and associated economic savings even in the short term, thereby promoting economic recovery; and
- supports the achievement of wide-ranging policy objectives, including the Sustainable Development Goal target of universal health coverage by 2030.

Public Mental Health is therefore an integral component of COVID-19 response and recovery at national and regional levels.

### WHO/EUROPE ACTIONS TO ADDRESS THE PUBLIC MENTAL HEALTH IMPLEMENTATION GAP

#### WHO Mental Health Atlas (WHO, 2021)

Targets can be reached in 2030 only if there is a collective global commitment over the next 10 years across Member States to make massive investments and expanded efforts at the country level relating to mental health policies, laws, programmes and services.

#### WHO European Framework for Action on Mental Health 2021-2025 (WHO, 2021)

This is the basis for intensified efforts across the European Region to promote mental well-being and provide better services for the prevention, treatment and rehabilitation of MHCs. The Framework for Action urges Member States to:

- reiterate their political commitment to and leadership in placing mental health at the heart of efforts to achieve universal health coverage;
- provide adequate funding for mental health;
- efficiently use resources for mental health including through integration with noncommunicable and other priority disease prevention and control programmes;
- promote governance structures, policy frameworks and regulations in support of mental health that build partnerships and shared accountability within and across sectors;
- promote mental health and address determinants of poor mental health;
- prioritise mental health of children, adolescents and young adults in view of COVID-19 impacts;
- support research including on scaling up; and
- promote mental health literacy among general public to counter discrimination/stigma.

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#### WHO Pan-European Mental Health Coalition (WHO, 2021)

Implementation of the WHO European Framework for Action on Mental Health 2021-2025 is supported through a pan-European Mental Health Coalition, a flagship initiative of the European Programme of Work, 2020-2025 - “United Action for Better Health in Europe”.

#### WHO Technical Advisory Group on Mental Health and COVID-19 (WHO, 2021)

The Technical Advisory Group made the following recommendations to countries:

1. Promote and enable access to culturally adapted, evidence-based interventions for mental health and psychosocial support through digital and other means, including interventions to increase resilience and help people cope with stress and loneliness.
2. Promote, support and embed psychological support initiatives in the workplace, and provide occupational and/or financial support to those prevented from or not working, or in the process of returning to work.
3. Address the social determinants of mental health, including poverty, unemployment and socioeconomic inequalities, through targeted actions to provide financial support to households in or at risk of impoverishment as a result of income loss or unemployment, including sickness absence payments for those temporarily unable to work.
4. Monitor changes in mental health at population level through valid, standardized and comparable measures and instruments.
5. Promote, communicate and increase access to socioemotional learning, educational support for learning loss, and mental health and psychosocial support in schools and universities, and provide more community support for adolescents and young adults.
6. Promote and enable access to mental health and psychosocial support for individuals directly affected by COVID-19 disease.
7. Develop, communicate and put in place emergency preparedness guidance for people with disabilities and

in long-term care, and ensure continued access to, and facilitated provision of, quality care and support.

8. Strengthen and develop mental health and psychosocial support services as an integral component of preparedness and response to, and recovery from, COVID-19 and other public health emergencies.
9. Ensure mental health services are legally, operationally and financially safeguarded, and oversee scaled-up provision of person centred, community-based services that include innovative modalities of care.
10. Ensure safe, fair and supportive working conditions for frontline health and care workers, including the provision of appropriate protective equipment, revised pay and conditions, and access to mental health and psychosocial training and support.
11. Provide mental health workers and frontline responders with capacity-building opportunities and training in preparedness and response to infectious disease and other public health emergencies, basic psychosocial skills and other tools to mitigate the psychological impacts of COVID-19, both for their clients and themselves.

There is also a need for targeted COVID-19 vaccination for those with MHCs, given:

- ➔ Higher risk of COVID-19 infection and associated mortality in people with MHCs;
- ➔ Lack of prioritisation of COVID-19 vaccination for those with MHC across Europe; and
- ➔ Evidence for decreased mental distress following vaccination.



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#### RESOURCES

The impact of COVID-19 on mental, neurological and substance use services. Geneva: World Health Organization; 2020. <https://www.who.int/publications/i/item/978924012455>

Mental health atlas 2020. Geneva: World Health Organization; 2021. <https://www.who.int/publications/i/item/9789240036703>

Comprehensive Mental Health Action Plan 2013-2030. World Health Organization; 2021. <https://www.who.int/publications/i/item/9789240031029>

Action required to address the impacts of the COVID-19 pandemic on mental health and service delivery systems in the WHO European Region: recommendations from the European Technical Advisory Group on the mental health impacts of COVID-19. Copenhagen: WHO Regional Office for Europe; 2021. <https://www.who.int/europe/publications/i/item/WHO-EURO-2021-2845-42603-59267>.

Mental health and COVID-19: Early evidence of the pandemic's impact: Scientific brief. Geneva: World Health Organization; 2022. [https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci\\_Brief-Mental\\_health-2022.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1)

European Framework for Action on Mental Health 2021-2025. Copenhagen: WHO Regional Office for Europe; 2021. <https://www.who.int/europe/publications/i/item/9789289057813>.

The Pan-European Mental Health Coalition [website]. Copenhagen: WHO Regional Office for Europe; 2021. <https://www.who.int/europe/initiatives/the-pan-european-mental-health-coalition>.

Third round of the global pulse survey on continuity of essential health services during the COVID-19 pandemic: November–December 2021: interim report. Geneva: World Health Organization; 2022 (WHO/2019-nCoV/EHS\_continuity/survey/2022.1). [https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS\\_continuity-survey-2022.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2022.1)



This briefing was prepared by Dr Jonathan Campion (Director for Public Mental Health, South London and Maudsley NHS Foundation Trust, United Kingdom), who was asked by the WHO Regional Office for Europe to prepare an evidence review on the mental health impacts of COVID-19. This work has been regularly updated and informed the work of the Technical Advisory Group on the Mental Health Impacts of COVID-19 in the WHO European Region. The advice and comments of Dr Dan Chisholm, Dr Ledia Lazeri and Ms Melita Murko (Mental Health Unit, Division of Country Health Policies and Systems, WHO Regional Office for Europe) are gratefully acknowledged as is the support of Jason Maurer (WHO Regional Office for Europe).

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