



AIM Healthcare and social benefits for all



Mental health in the eye of the COVID-19 hurricane

The COVID-19 pandemic is having an enormous impact on mental health and well-being worldwide. During the pandemic, people become more at risk of experiencing, directly or indirectly, confusion, frustration, anxiety, and fear¹, sometimes combined with a lack of access to and continuity of care and adequate support for pre-existing ill-mental or physical health conditions. This might lead to the development of harmful coping strategies (such as alcohol or substance abuse, unhealthy dietary patterns and sedentary lifestyles, self-harming behaviour – including suicides, gambling, etc.). Fear and mis- or disinformation also increase the risk of scapegoating and stigmatisation of ethnical or religious groups or of certain professions.

Human contact has been replaced by screens, the increased use of which can negatively impact the mental health and well-being of populations, especially children and teenagers. Work-life balance is under pressure. Frontline workers and teleworking parents are experiencing now how fragile the line between private and professional life can be in these unprecedented times.

Forced home confinement also increases domestic violence against people already in vulnerable situations. Job losses and economic insecurity add up to the list. Now and in the aftermath of the crisis, they (will) have a massive toll on people's mental health, with a more profound manifestation among lower socio-economic groups. It has indeed become clear that not everyone experiences those impacts equally, and that some in our societies and communities are left behind more than others.²

In face of the current turmoil which our populations are facing, we are encouraging national, European and international decision-makers to take the following aspects into account during and in the aftermath of the crisis:

- 1. Integrate mental health concerns into all crisis-response activities.**
- 2. Communicate efficiently while containing panic and fear.**
- 3. Protect the mental health of frontline workers.**
- 4. Recognise the role of informal carers and provide them with adequate support, counselling and training.**
- 5. Assess and manage risks in work organisations.**
- 6. Ensure timely access to and continuity of treatment and care for all who need it during and after the pandemic.**
- 7. Protect the mental health of people in vulnerable situations, including older people.**
- 8. Adopt a whole-of-society approach to mental health.**

¹ [The Mental Health & Psychosocial Support Network](#)

² <https://eurohealthnet.eu/COVID-19>

1. Integrate mental health concerns into all crisis-response activities

Mental health should be an integral part of any public health response to the current and future pandemics in order to avoid largely preventable psychosocial stress to individuals and communities, particularly considering the state of disrupted and weakened health and social care systems. “Understanding and addressing mental health and psychosocial considerations will be key to stopping (COVID-19) transmission and preventing the risk of long-term repercussion on the population’s wellbeing and capacity to cope with adversity”.³ As the risks of experiencing mental ill health are likely to rise, prevention of mental health problems, early intervention and access to adequate support should be an integral part of any containment and post-pandemic recovery plan. Consequences of current circumstances such as forced home-schooling, under- and unemployment, business closings, etc. carry the risk of further deepening social and health inequities between and within Member States. Measures to tackle, or at best reduce the latter are therefore vital too, and so would be their impact on mental health.

2. Communicate efficiently while containing panic and fear

Misinformation or disinformation lead to increasing fears and panic in the population. It is vital for authorities to efficiently communicate on the risks and latest developments related to COVID-19, including deconfinement measures (or exit strategies). The information transmitted should be clear, comprehensible, concise and accurate. For communication to be efficient, it should be tailored to specific target groups, which can have varying levels of health and digital literacy - the latter becomes particularly evident, as vast amounts of health information is delivered digitally nowadays. It should include positive mental health messages that promote psychosocial wellbeing, for example focusing on the many positive community initiatives which are flourishing across our societies. Furthermore, populations should be informed about the trustful sources they should refer to in order to find information related to the pandemic. Self-care strategies should also be promoted in order to empower individuals to limit the impact of these circumstances without diminishing their mental well-being.⁴

3. Protect the mental health of frontline workers.

Frontline workers and medical staff are currently confronted with unprecedented harsh working conditions, which require paying special attention to their mental health and well-being. This needs to be addressed and supported through proper risk management, ensuring sufficient staffing, encouragement, peer communication, and support. Access to psychosocial services should be enhanced and made possible taking into account shifts and working time.

What is more, improving working conditions for frontline staff and workers is necessary, e.g. by limiting the number of hours where possible to reduce not only the risk of infection, but ensuring a

³ E.g. Mental health considerations should be taken into account if confinement measures are to be properly followed by populations or to keep frontline workers healthy and engaged in the fight against COVID-19.

<https://interagencystandingcommittee.org/system/files/2020-03/MHPSS%20COVID19%20Briefing%20Note%202%20March%202020-English.pdf>

⁴ See [WHO site](#) dedicated to COVID-19 & Mental Health

proper work-life balance, thus enabling rest and recuperation. Ensuring availability and use of proper personal protective equipment is important for physical as well as mental wellbeing by giving a stronger sense of security.

Another element which deeply affects frontline workers is stigmatisation. Considered as carriers of the disease, they can often suffer from discrimination on the basis of their profession. Stigma must be addressed, workers protected, and awareness raised on the key role they play in overcoming the outbreak.

4. Recognise the role of informal carers and provide them with adequate support, counselling and training.

Many informal carers⁵ – as the main providers of care to people with chronic conditions or being part of the most-at-risk age group – now find themselves in a particularly vulnerable situation, without adequate support nor protective equipment. If their relatives become ill, informal carers will be putting their own health at risk by continuing to care for them. This situation intensifies the pre-existing risks to informal carers' physical and mental health.

Furthermore, the confinement measures, as well as the de-prioritisation of non-essential treatments, is exacerbating their burden and isolation. While in many cases they serve as the last resort safety net for the person they care for, the risk of becoming ill and therefore unable to ensure the continuity of care is also a significant stress factor for them.

5. Assess and manage risks in work organisations

The road to recovery following the financial downturn caused by the pandemic is likely to lead to higher workloads with fewer resources in many of the businesses that have been hit financially. Proper assessment and management of occupational health and safety risks, especially psychosocial risks, is crucial. This is the case, in particular, for those workers who are already facing a difficult mental health situation. Social partners have a responsibility to jointly address the workplace health and safety challenges in the aftermath of the pandemic with special attention to the psychosocial risks.

6. Ensure timely access to and continuity of treatment and care for all who need it during and after the pandemic

The pandemic disrupts mental health support and services. What is more, the unprecedented situation and the distress it causes can negatively impact mental health, and “lead to long-term negative consequences within communities, families” and individuals.⁶ Access to care and support for people with mental ill health and problems of substance abuse should be ensured. Inter-sectoral referral pathways should be established in order to ensure that children and families with other concerns (such as protection against domestic violence, survival needs, etc.) or more severe distress

⁵ Eurocarers defines a carer as a person who provides – usually – unpaid care to someone with a chronic illness, disability or other long lasting health or care need, outside a professional or formal framework.

⁶ <https://www.mhe-sme.org/wp-content/uploads/2020/04/MHE-Statement-COVID-19.pdf>

may access needed services promptly.⁷ When therapy and counselling sessions are not physically possible, online therapy or via telephone should be made available to continue treatments.

Lessons should be drawn in order to ensure access after the pandemic but also for future crises. Preparedness strategies should for example include the training of frontline workers on essential psychosocial support principles, psychological first aid and how to make referrals when needed. Strengthening primary care, betting on mental health promotion and prevention of mental disorders, and encouraging more integrated and community-based care are some of the measures which would make mental health systems more resilient for the future.

7. Protect the mental health of people in vulnerable situations, including older persons.

The pandemic has a clear negative impact on the mental well-being of people in more vulnerable situations, including older generations. Socially and economically disadvantaged people are, on the one hand, at greater risk of experiencing mental ill health as a consequence of lockdown measures or of their economic impact. On the other, the mental health of risk groups such as older people, children and women, is under greater pressure.

The pandemic has led governments to take strict confinement measures, which often restrict some basic human rights and personal freedom. The fact that older people and people with underlying health conditions are at higher risk should not justify discriminatory and disproportionate treatment. Everyone should have equal rights. Yet, access to care is sometimes limited based on age. In addition, measures taken within institutions and communities as regards care-dependent individuals do not always respect people's autonomy and dignity. Furthermore, the messaging around COVID-19 is often stigmatizing towards older people.⁸

On top of that, there is a clear threat for social distancing to turn into isolation, especially for people who do not have access to technology or are digitally illiterate. A key priority is therefore, in our view, to ensure the mental wellbeing of those at risk. Empowering and encouraging older adults with experience and strengths to volunteer in community efforts – which do not increase the individual risk of getting infected – to fight the pandemic can for example have a positive impact on both individuals and their communities. Their collaboration can be valuable.

Children should not be forgotten. Less affected by the disease itself, they see their access to adequate healthcare and education limited and are also at greater risk of experiencing the negative impacts of isolation and increasing domestic violence. Children should be at the heart of the EU's crisis de-escalation measures and recovery strategy. Support systems for that group (and their parents) are currently vital and should be expanded (e.g. counselling and consulting centres, help lines etc.).⁹ In the same vein, women undergoing that same violence as well as older persons suffering from elder abuse - more isolated and at greater risk with the confinement - should benefit from that support too.

⁷ <https://interagencystandingcommittee.org/system/files/2020-03/MHPSS%20COVID19%20Briefing%20Note%202%20March%202020-English.pdf>

⁸ <https://www.age-platform.eu/policy-work/news/covid-19-older-persons%E2%80%99-rights-must-be-equally-protected-during-pandemic>

⁹ <http://www.alliance4investinginchildren.eu/joint-statement-on-protecting-children-and-their-families-during-and-after-the-covid19-crisis/>

8. Adopt a whole-of-society approach to mental health.

Actions can only be successful if they adopt a 'whole-of-society' approach, involving all sectors and holding mental health, healthcare, social care and welfare programmes, educational settings and local governmental and non-governmental organizations accountable. A pandemic represents an enormous burden for our (mental) healthcare systems and economies, but it also represents an opportunity to reduce existing stigmas concerning mental health and expand offers for people who find themselves in critical situations. Thus, mental health can obtain a proper significance in every national and also European policies. To achieve that significance, mental health should be an integral part of the updated European Commission work programme.

The above-mentioned organisations are willing to provide input and cooperate to any future reflections at European level with regard to mental health in times of pandemic and invite the Commission to start this reflection as soon as possible.