THE MENTAL HEALTH IMPACTS OF COVID 19

Global Parliamentary Network
10 February 2021
We all have mental health

“Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community”

World Health Organization
Mental ill health is very common

- 1 in 2 people will experience mental ill-health in their lifetime
- 1 in 5 people are living with mental ill-health at any given time;
- Prevalence of mental ill-health has not been increasing over the last ~two decades.
Poor mental health has a major economic toll

Costs driven by increased sickness absence, increased disability, and lost productivity at work.

The direct and indirect costs of mental ill-health amount to more than 4% of GDP¹

Most mental health conditions start early in life and contribute to:
- poorer educational outcomes;
- more school drop-outs;
- difficulties going from school to work or higher education.

¹Estimate of economic costs in Europe ²Change in population reporting anxiety in March-April 2020 compared to a previous year, in select countries.
Mental health deteriorated in all countries in 2020

Share of population experiencing anxiety in 2020, compared to previous year

[Graph showing anxiety levels in different countries]

Note: The survey instruments used to measure anxiety differ between countries, and therefore may not be directly comparable. Differences in the openness of populations to discussing their mental state also hampers cross-country comparability. Where possible, surveys using the GAD-7 instrument have been selected. Pre-COVID data is from 2013 (Sweden), 2016 (Denmark, Korea), 2017 (Czech Republic, France), 2018 (Australia, Belgium), 2019 (United Kingdom). 2013 data for Sweden uses a cut-off of ‘8’ for the GAD-7, while most other studies use a cut off of ≥10.

Source: national sources.

Share of population experiencing depression in 2020, compared to previous year

[Graph showing depression levels in different countries]

Note: The survey instruments used to measure depression differ between countries, and therefore may not be directly comparable. Where possible, surveys using the PHQ-9 instrument have been selected. Pre-COVID data is from 2017 (Australia and France), 2018 (Belgium), 2019 (Mexico, United Kingdom, United States) 2020 data for Sweden uses a cut-off of ‘11’ for the PHQ-9, while most other studies use a cut off of ≥10.

Source: national sources.
Some population groups’ mental health has declined more than others

- Young people
- Unemployed people
- People experiencing financial difficulty
- People with existing mental health conditions
- Women
Unemployment and ‘furlough’ are risk factors for mental ill-health

France – prevalence of anxiety (score > 10 on HAD scale)

French Population – Furloughed from employment¹ – Unemployed²

France – prevalence of depression (score > 10 on HAD scale)

French Population – Furloughed from employment¹ – Unemployed²


¹Chomage partiel ²Actifs en arrêt de travail
What is driving worsening mental health status?

PROTECTIVE FACTORS DECREASED

- Social Connection
- Employment
- Financial Stability
- Exercise
- Routine
- Access to Mental Health Services

RISK FACTORS INCREASED

- Grief
- Fear
- Isolation
- Poverty and Inequality
- Unemployment
In early 2020 the crisis disrupted access to mental health services…

- In early 2020 60% of countries worldwide reported disruptions to mental health services.¹
- Rate of in-person services fell significantly in early 2020.
- At the start of the crisis referrals fell – likely because of fewer GP visits and schools being closed.

¹WHO (2020), The impact of COVID-19 on mental, neurological and substance use services, available at: https://www.who.int/publications/i/item/978924012455
… though many countries have been quick to adapt…

- Many services rapidly moved to online formats
- Some in-person services were maintained as essential activities
- Countries quickly developed new resources, e.g. phone or online support, and some added new services or increased access

Note: Data for service delivery method Psychological Therapies (IAPT) in 2020 is not available.
As demand is projected to increase, much can be done

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<tr>
<th>Individual level</th>
<th>Considering the mental health impact of policies</th>
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<tr>
<td>• Routine</td>
<td>• Keeping schools open</td>
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<td>• Exercise</td>
<td>• ‘Support bubbles’</td>
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<td>• Mindfulness</td>
<td>• Allowing exercise</td>
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<td>• Clear communication on restrictions/policy</td>
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<th>Low-threshold support</th>
<th>Specialist mental health support</th>
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<td>• Support helplines</td>
<td>• Access to services, e.g.</td>
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<td>• Sharing ‘mental</td>
<td>talking therapies by phone</td>
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<td>health and COVID’</td>
<td>• Maintain access to</td>
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- Low-threshold support such as reading materials or apps
- Make it easy to seek help – e.g. from GPs
- Access to pharma’
A strong economic recovery will depend on sufficient mental health support

- Mental ill-health has significant **social and economic consequences**
- **Mental health has worsened significantly** during the crisis, especially for certain population groups
- Mental health services were **over-stretched before the crisis** – many face an **explosion in need**
- **Increased investment in mental health services is a critical economic and social priority**
Thank you

TACKLING CORONAVIRUS (COVID-19) CONTRIBUING TO A GLOBAL EFFORT


• Strengthening the frontline. The role of primary health care in the COVID-19 pandemic
• Workforce and safety in long-term care during the COVID-19 pandemic
• Treatments and a vaccine for COVID-19: The need for coordinating policies on R&D, manufacturing and access
• Testing for COVID-19: How to best use the various tests?; and Testing for COVID-19: A way to lift confinement restrictions
• Flattening the COVID-19 peak: Containment and mitigation policies
• Beyond Containment: Health systems responses to COVID-19 in the OECD
• Supporting livelihoods during the COVID-19 crisis
• Supporting people and companies to deal with the COVID-19 virus
• Migrant doctors and nurses in COVID-19 crisis
• Public employment services on the frontline for jobseekers, workers and employers
• Children and COVID-19
• Women at the core of the fight against COVID-19 crisis

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