

Public sector responses to addressing mental health needs of the COVID-19 crisis

Webinar #2 – 30 April

Key messages

- The COVID-19 pandemic has a significant impact on mental health and wellbeing. Survey results show increased rates of anxiety, sleep disorders, loneliness, depression, exacerbation of pre-existing mental health issues, and rise in alcohol abuse and substance use.
- Countries have rapidly put in place a diversity of response measures. The pandemic has accelerated a transition to telehealth and the online provision of mental health support and care. Off-line, more traditional tools and engagement remain valuable, in particular for reaching vulnerable groups.
- An EU-level response to mental health promotion across policy sectors (health, social, digital, education, employment) is encouraged. Efforts to certify digital mental health tools could be explored.

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The COVID-19 pandemic is having far-reaching social, economic and political repercussions across the globe. Alongside the impacts on people's physical health, it can also have profound effects on mental health and wellbeing. The exacerbation of pre-existing mental health issues, the greater impact on more vulnerable groups, and difficulties in accessing support and services all need to be urgently considered. The need to provide positive mental health promotion and prevention services, as well as targeted support, is more acute than ever. The current crisis, and 'lock-down' situations in Europe and across the world pose new challenges in terms of identifying needs and delivering the required services. On 30 April 2020, EuroHealthNet organised a webinar for its Partnership of public health agencies and health authorities to explore how they are addressing these issues.

The aim was to

- understand the impact of the COVID-19 pandemic on mental health;
- provide examples of initiatives which have been developed to meet mental health needs at population level in relation to COVID-19, with a focus on digital tools;
- engage the EuroHealthNet partnership in an exchange on mental health promotion at national level in response to the COVID-19 crisis, now and looking ahead to the coming months.

The meeting was attended by over 60 members of the EuroHealthNet partnership and affiliated organisations. A slightly shortened version of the webinar is available to view [here](#) (password: *Oi=!Os@=*).

Introduction

Caroline Costongs, Director EuroHealthNet

- Caroline opened the webinar by stressing that we are facing an unprecedented situation, with many impacts on psychosocial wellbeing. People can feel powerless, and lacking control, leading to anxiety, stress, depression. Some people are more vulnerable than others – risk factors include poverty, loneliness, unemployment and pre-existing mental health problems.
- It is important that we understand the impact that the crisis is having on the resilience and wellbeing of populations and sub-groups, how this links to inequalities, how it effects mental health support systems, and how we can develop innovative solutions to respond to the crisis.

Digital Panel: National practices addressing mental health needs of the COVID-19 pandemic

The panel featured mental health experts from five different European countries as well as from Australia, who provided insights on their national situations, as well as examples of initiatives and surveys that have been launched as a response to the impact of COVID-19 on population mental health. The summary below includes each panellist's key points as well as links to resources which they shared.

Australia: Christine Morgan, CEO Australian National Mental Health Commission

- The pandemic is having a significant impact on mental health in three broad categories: (1) the ‘pressure cooker’ environment of homes, which is manifesting itself in increased rates of anxiety and depression, exacerbating pre-existing mental illness, heavy use of alcohol, rising rates of family violence, (2) isolation of people living alone, and (3) economic, housing and employment insecurity.
- Already going into the COVID-19 pandemic the Australian population was significantly traumatised (accumulation of drought, bush fires, and floods) – this is something that needs to be taken into account from a mental health perspective, but it has also meant that the government immediately recognised the importance of action in this area and was willing to unfold a rapid-response mental health strategy.
- Within two months, they had brought forward a mental health package. In 10 days, they set up a piece of work planned for 10 years: telehealth delivery of mental health services, available for any Australian - over 50% of psychology sessions are now provided online.
- Significant progress has been made over a short period, yet many challenges lie ahead (high rates of suicide ideation, high rates of complex anxiety and depression).

Resources:

- Detailed overview of the Australian COVID-19 [mental health package](#).
- #InThisTogether [landing page](#): a national conversation sharing practical tips online to support the mental health and wellbeing of Australians during COVID-19.
- [Media release](#) on the telehealth expansion and mental health package.
- [National Children’s Mental Health and Wellbeing Strategy](#)

France: Enguerrand du Roscoat, Head of the Mental Health Unit, Division Prevention and Health Promotion, Santé Publique France

- The first week after the beginning of confinement, *Santé Publique France* launched a survey to monitor population behaviour and mental health during the pandemic. They have already carried out three “waves” of data collection (23-25 March; 30 March-1 April; 14-16 April). They are currently carrying out the fourth wave, and will follow this situation for the next months.
 - Key indicators: adoption of protective measures and mental health.
 - Objectives: to assess mental health, monitor evolution, identify sectors of population that have more difficulties, monitor health inequalities and identify determinants on which they could act to prevent the evolution of mental health difficulties.
 - Sample size: 2000 people aged 18+ in each wave, who are interviewed online.
- Results:
 - Anxiety disorders: in the first wave, respondents reported a very high level of anxiety disorders (27%, twice the usual prevalence), but the rate has declined in waves 2 and 3 (down to 18%), and has remained stable for the last 2 weeks. This positive trend has however not been witnessed amongst those living in small households and people with financial difficulties.

- Violence (introduced in 2nd wave): remains stable: 10% say they have violent climate sometimes in their household.
- Depression (introduced in 2nd wave): stable in waves 2 and 3 but increasing in wave 4.
- Sleep disorders (introduced in 2nd wave): increasing between 2nd and 4th wave (up to 70%).
- Characteristics identified with higher levels of anxiety are as follows: being a girl, being under 50, being in a financially difficult situation, and having psychiatric antecedents. Factors linked to confinement living conditions (ability to go outside, weather conditions), and factors linked to the exposure to COVID-19 (access to information and levels of knowledge about transmission) also influenced anxiety levels.

Resources:

- More information on the survey, including concerning the methodology, as well as results from the first three waves, are available [here](#) (in French). This is regularly updated.

Slovenia: Matej Vinko, Public Health Specialist, National Institute of Public Health of Slovenia (NIJZ)

- Overall, Slovenia ranks below European averages in terms of mental disorders, except for suicide and alcohol abuse. Substance use is on the rise during the pandemic.
- Early on in the pandemic, all non-urgent healthcare services were more or less stopped – which meant that the network of primary healthcare centres and health promotion centres across Slovenia (61 in total) had the manpower to offer much-needed services to the population. NIJZ has organised that the mental health professionals working within these centres now offer their services over the phone, setting up a network of helplines which is promoted in the local media as well as directly to previous users of the health centre’s services. The first helplines opened up on 16 March: over 1000 calls were reported in one month, with nearly 1/3 of callers from vulnerable sub-populations. This shows that small modifications of processes and structures already in place can make a huge contribution.
- However, although digital and tele-solutions can be very convenient, they do not address the needs of all populations and problems: it is necessary to focus on vulnerable populations who do not necessarily have access.
- Most efforts are currently being directed to reducing clinical burden and preventing another recession. Whilst this is clearly vital and very much needed, one could also argue that supportive health and social services are also very important during a pandemic.

Resources: materials produced by NIJZ as a response to the pandemic (*all in Slovenian, pdfs available*):

- [Mental health first aid](#) (separate guidelines for depression, panic attacks, suicide, alcohol).
- [Information on psychological response to a crisis](#) (acute, post-acute and long-term response) with tips on how to deal with it.
- [Guidelines for sleep hygiene during the pandemic.](#)
- [Guidelines on how to talk with children about COVID-19.](#)
- [General guidelines on how to deal with fear, stress, anxiety because of COVID-19.](#)
- NIJZ also manages e-portals dedicated to [child and adolescent populations](#) and [pregnant women](#).

The Netherlands: Laura Shields-Zeeman, Head of the Department Mental Health and Prevention, Dutch Institute for Mental Health and Addiction (Trimbos Institute)

- The Dutch government has established 5 mental health working groups, coordinated by the Ministry of Health, Wellbeing and Sport, that meet regularly: they aim to keep mental health stakeholders up to date, and to streamline efforts on mental health and COVID-19. The working groups bring together a variety of relevant stakeholders and offer a good opportunity for them to increase collaboration going forward. Municipalities are also active in exploring strategies to mobilise an integrated local health and social care response to the crisis.
- Initially in the Netherlands, the focus was on the short-term effects of the pandemic on mental health, and gradually there has been more attention paid to strategies for mitigating the longer-term effects.
- Elements that have been put in place are as follows: national guidelines on how to manage COVID-19 within mental healthcare settings; a national knowledge centre that will be active for 2 years; a number of mental health services have set up digital resources such as YouTube channels to replace their day-care activities; almost all knowledge and mental health institutions have a ‘COVID portfolio’, for users, the general public and healthcare workers. Many digital interventions already existed and have been recommended on a number of knowledge institute sites – they include mostly self-help interventions, but also online training on resilience, and blended care options (self-help + professional care).
- Most mental health services have moved the bulk of their treatment and care online, often within a very short time – some have been surprised about the fact that some services are easier to deliver online than previously thought.
- Different surveys are also being launched e.g., the Dutch National Institute for Health and the Environment (RIVM) on behaviour change, Trimbos and MIND on mental health and addiction – early results show increases in depression, anxiety, loneliness.
- The media and knowledge institutes have made efforts to avoid the over-medicalisation of mental health problems during this time, and to focus more on individual and household strategies to build resilience e.g., through social networks.

Resources:

- Trimbos resources: [coronavirus dossier](#); national [platform](#) for children with a parent with a mental health or substance use issue.
- [National guidelines](#) on managing COVID-19 in mental health settings (last updated 1 May).
- Example of a mental health service starting its own [Youtube channel](#).
- Example of a [website](#) offering a number of digital interventions (free and paid options).

Wales: Hannah Lindsay, Communications Manager, Public Health Wales

- Hannah presented the “How are you doing?” marketing campaign set up by Public Health Wales. It is informed by weekly national engagement surveys to gauge the effects of COVID-19 on wellbeing.
 - Approach: whole organisation approach, working closely with the Welsh government.

- Aim: to plan and deliver a behavioural-science based, integrated communications campaign addressing the impact of COVID-19 on mental and physical wellbeing of people in Wales.
- Intended outcome: to provide the people of Wales with access to support and advice to maintain and improve (where needed) their social, mental and physical wellbeing during and post the COVID-19 pandemic. The acknowledgement that the three aspects are inextricably linked makes this campaign different compared to the one in England.
- The campaign includes a focus on vulnerable groups – they are working with third sector organisations and government authorities to connect with established audiences.
- The campaign has a number of behavioural goals, or steps which it encourages target audiences to take, as follows: 1) recognise the importance of the impact of COVID-19 on wellbeing and acknowledge action to take; 2) access the PHW website to assess what action to take to and making a plan on how to do this; 3) take action to implement their behaviour change or modification; 4) reflect upon their maintained changed/modified behaviour.
- To achieve this, the wellbeing campaign has developed:
 - A website: to host information and signpost to advice and tools to enable people to assess their wellbeing status.
 - Content: to help people assess their wellbeing status and needs, and plan and trial behaviour changes/modifications.
 - A campaign: to invoke the desired behaviour and drive people to the content (broadly disseminated through TV, radio, social media). The messaging is question based, conversational, friendly, inclusive and non-judgemental, invoking self-reflection: Are you staying connected? (social wellbeing); How are you feeling? (mental wellbeing); Are you keeping physically well? (physical wellbeing).

Resources:

- Campaign resources are available online [here](#).

Finland & EU perspective: Meri Larivaara, Senior Advisor, MIELI Mental Health Finland

Finland:

- COVID-19 arrived later in Finland, leaving them time to prepare. Mental health services have shifted to remote services where possible, and personnel has been shifted from elective services to psychiatric wards and acute services. The change to remote services has created problems with some patients, as they feel that they are not getting the support they need in these difficult times.
- Many NGOs also provide low threshold crisis support, which has shifted online fully online (previously helplines and chat services, now also different kinds of face-to-face meetings and group activities) – these have been strengthened by adding professionals and volunteers and founding new services, such as new hotlines.
- Two weeks ago, the Finnish Prime Minister launched the “Finland Forward” campaign, aiming to strengthen psychological resilience to the crisis in Finland: it is still evolving in quite an ad hoc manner.

EU perspective:

- If we are thinking of an EU-level response to the crisis, it should be based on a psychosocial model of mental health and should consider mental health as a result of enabling factors and barriers in society, and as a resource. The response should acknowledge that there are concrete methods which can be applied to promote individual mental health.
- The EC has experience disseminating best practices between Member States (MS): it would be natural to collect them and disseminate through the best-practice-platform, and through webinars between MS. These could include strategies for strengthening mental health during the COVID-19 crisis, and could also include smaller sector-specific responses, e.g. for instance in schools.
- In the EU, it would be important to work across sectors, and collaborate between education, employment, health, social policies, and digital. Mental health is currently not very visible in the e-health agenda: it would be a good idea for the EC to evaluate, standardise and certify digital mental health tools for use of different countries.
- From the perspective of the Economy of Wellbeing, the theme of the 2019 Finnish Presidency of the EU, it is clear that investing in mental health and psychological crisis resilience will also contribute to the performance of societies and economies during pandemics – this is a message that we could deliver at EU level.

Resources:

- [Finland forward campaign](#).
- [National mental health strategy](#) (in Finnish).
- Information about [MIELI helplines](#).

Q&A

Alison Maassen, Senior Coordinator at EuroHealthNet, grouped audience questions together in three themes:

- A major concern of online service delivery relates to data protection and service user confidentiality – do panellists have actions and safeguards to recommend?
- Are any panellists working on specific approaches related to children?
- What are panellists doing regarding long-term consequences, and what are the key recommendations for future strategic orientations for mental health promotion?

Christine Morgan, CEO Australian National Mental Health Commission

- On data security – the Australian Commission on Safety and Quality in Health Care is looking at standardising and quality in e-health, and at setting up guidelines, and they are also already imposing strict requirements on service providers to ensure they are using safe platforms.
- On children – they are at the top of the list of concerns: the Mental Health Commission is developing a child mental health and wellbeing strategy (by the end of June).

- On long-term consequences – they are looking at how they have to change their system and anticipate up to a 20% increase in new presentations of mental illness. They are starting to build a strategy around this but it is work in progress.

Laura Shields-Zeeman, Head of the Department Mental Health and Prevention, Dutch Institute for Mental Health and Addiction (Trimbos Institute)

- On data/privacy – there are guidelines and tips for mental health services about delivering treatment digitally.
- On children – they have been focusing on children who have a parent with a mental illness or substance use issue. They have a national platform (KOPP/KOV) with a number of resources including: online chat function to speak with experts, videos, short films and videos, and tips disseminated through social media platforms like Instagram and Facebook.

Matej Vinko, Public Health Specialist, National Institute of Public Health of Slovenia

- On children – they have online resources for children, and are also developing a new action plan for a national mental health programme, which will specifically address child mental health.
- On long-term strategy and promotion – right now a lot of things are available online, but we need to make sure that measures reach populations that have the biggest needs.

Enguerrand du Roscoat, Head of the Mental Health Unit, Division Prevention and Health Promotion, Santé Publique France

- On long-term consequences – the mental health impacts of being in intensive care should be carefully monitored.

Meri Larivaara, Senior Advisor, MIELI Mental Health Finland

- On children – the decision to open schools was one of the measures to support children and adolescents. They are also in the process of strengthening psychosocial interventions at primary healthcare centres, but this will take place over long-time (in 2020–2022).

Hannah Lindsay, Communications Manager, Public Health Wales

- On long-term strategy – they are working with local charities as they are concerned that people who are already digitally excluded might be more socially isolated, and they are also going back to printed materials to reduce digital health literacy barriers.

Follow up

This report is being shared widely, as a key follow-up to the webinar. Further webinars – for instance on AI, data and privacy – will be organised in the coming weeks, to continue the exchange within the EuroHealthNet Partnership members.

EuroHealthNet will also feed the outcomes of this webinar to the European Commission, encouraging DG SANTE to consider developing a much-needed EU Mental Health Strategy, as well as DG EMPL to review the EU Framework for Occupational Health and Safety in the context of the changing world of work, and providing input to DG CONNECT regarding digital tools, privacy concerns and efficacy in promoting health and wellbeing in Europe.