

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

THE MENTAL HEALTH IMPACTS OF COVID 19

Global Parliamentary Network
10 February 2021

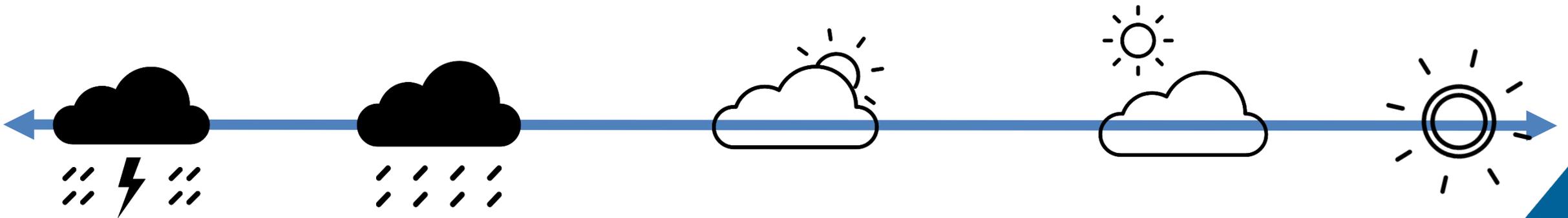




We all have mental health

“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**

4%
GDP

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:

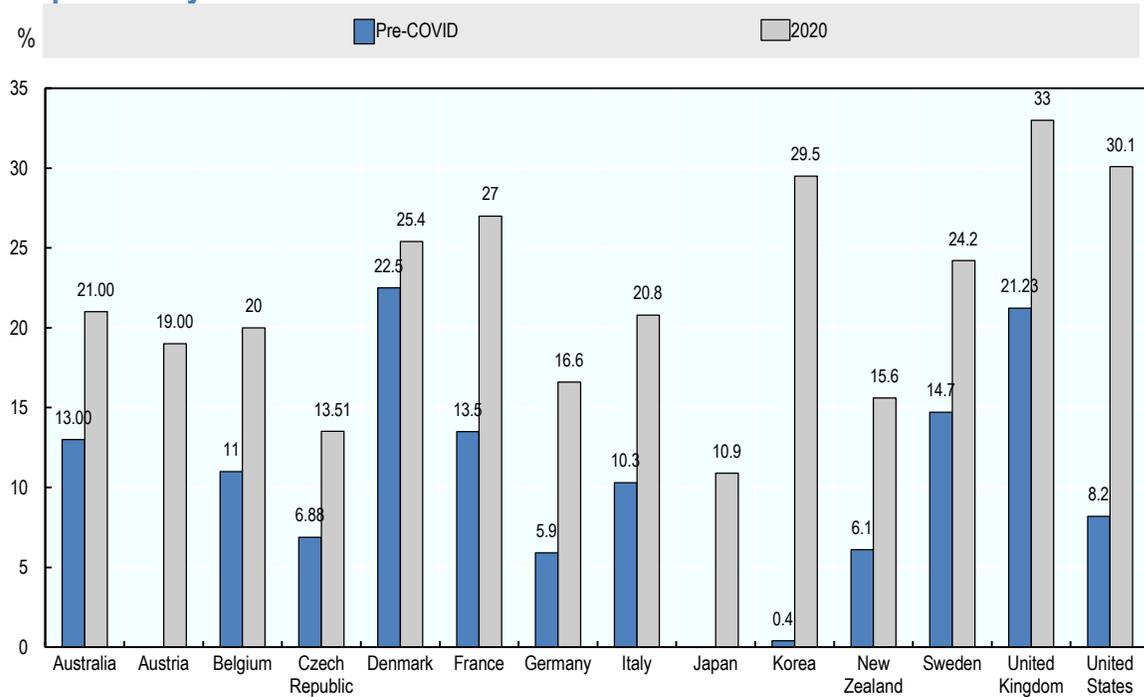
- poorer educational outcomes;
- more school drop-outs;
- difficulties going from school to work or higher education

¹Estimate of economic costs in Europe ²Change in population reporting anxiety in March-April 2020 compared to a previous year, in select countries.
Sources: OECD (2018). *Health at a Glance: Europe*; OECD (2020 forthcoming), *Health at a Glance*.



Mental health deteriorated in all countries in 2020

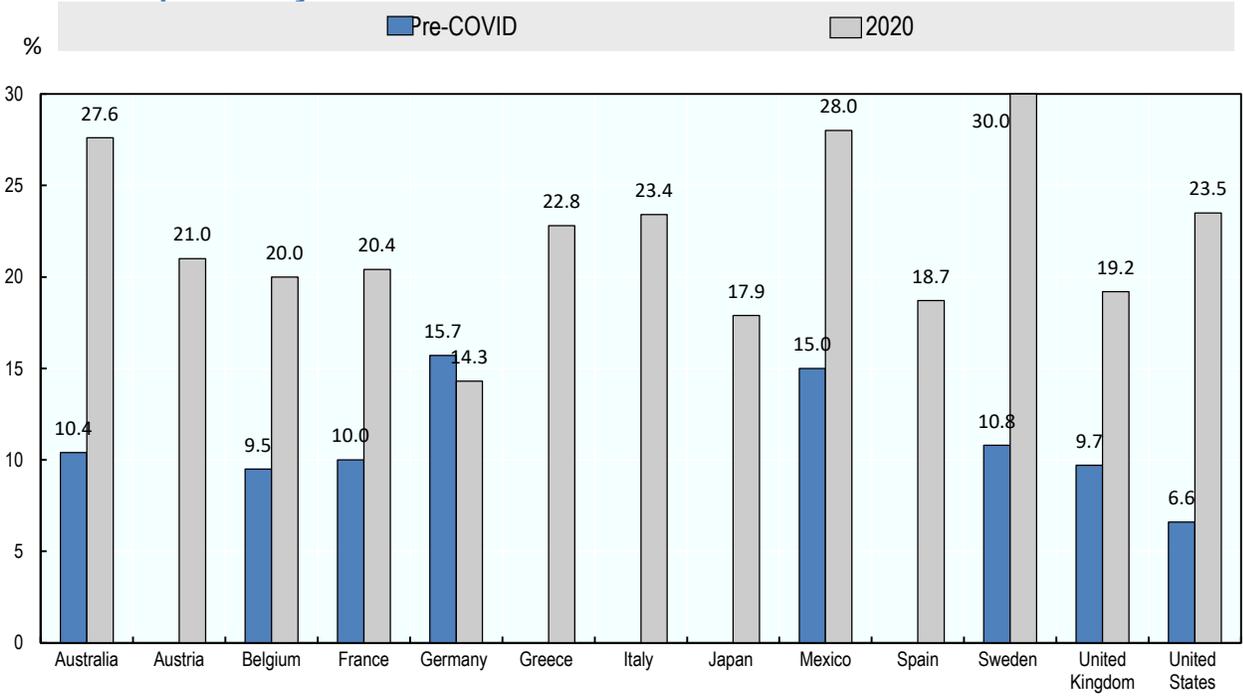
Share of population experiencing anxiety in 2020, compared to previous year



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



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.



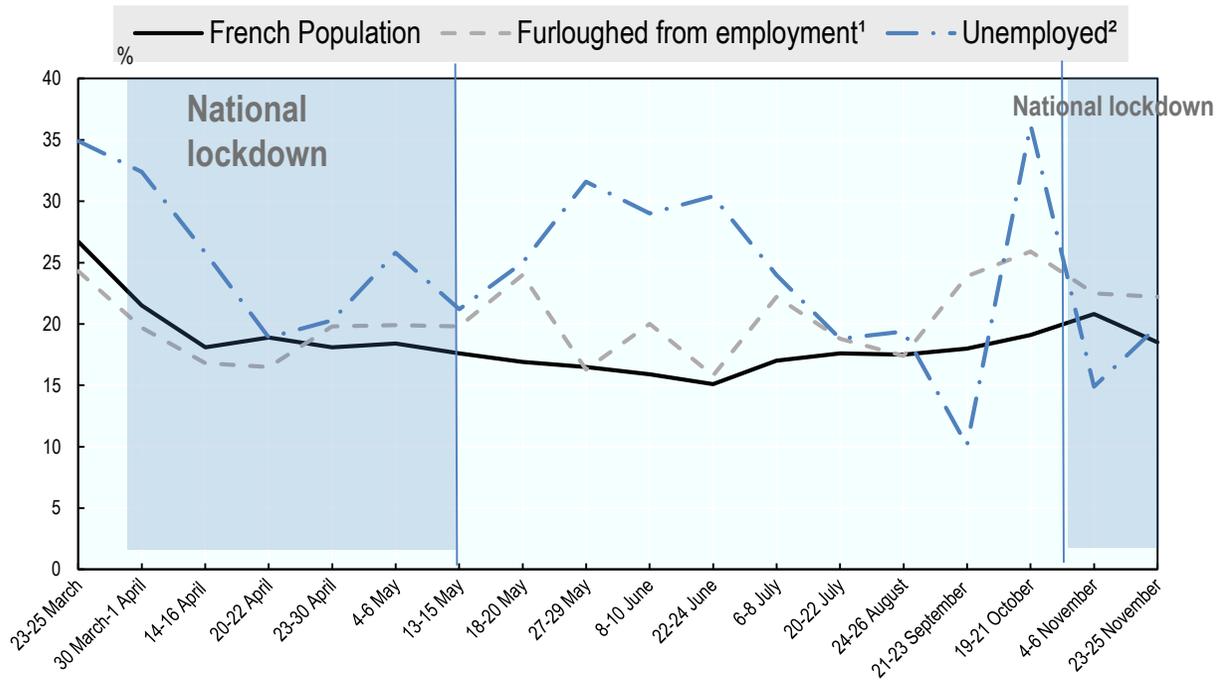
Some population groups' mental health has declined more than others

- Young people
- Unemployed people
- People experiencing financial difficulty
- People with existing mental health conditions
- Women

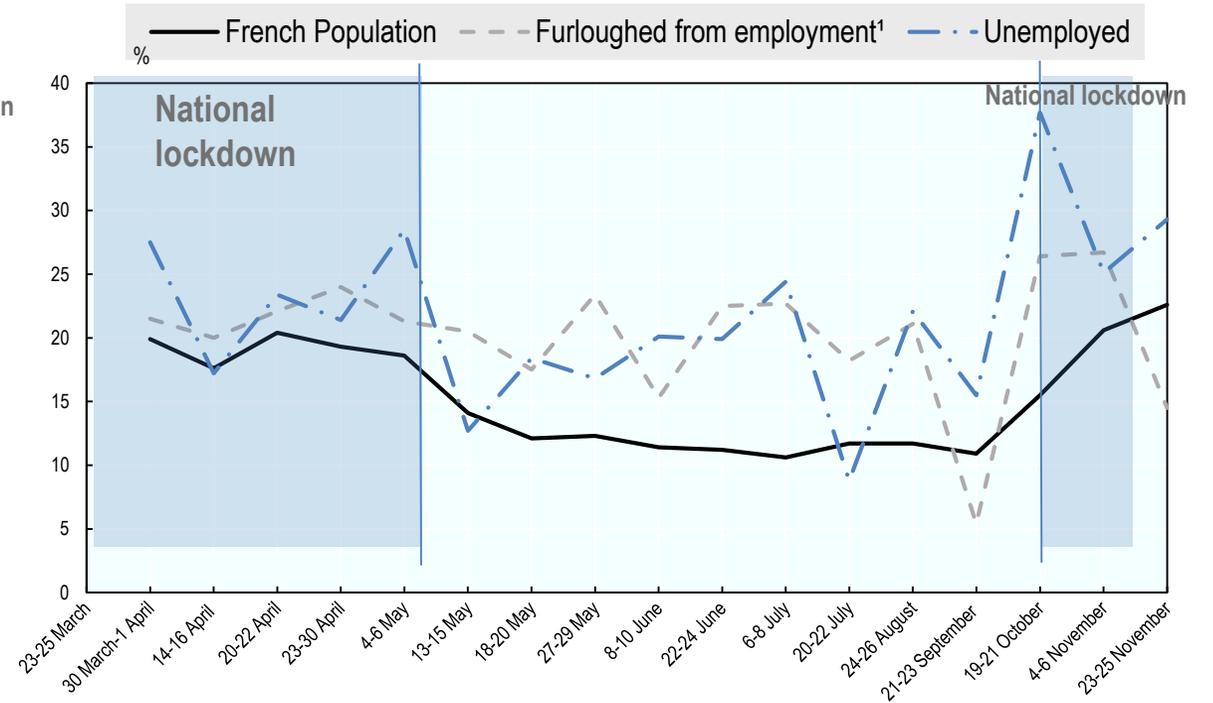


Unemployment and 'furlough' are risk factors for mental ill-health

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



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



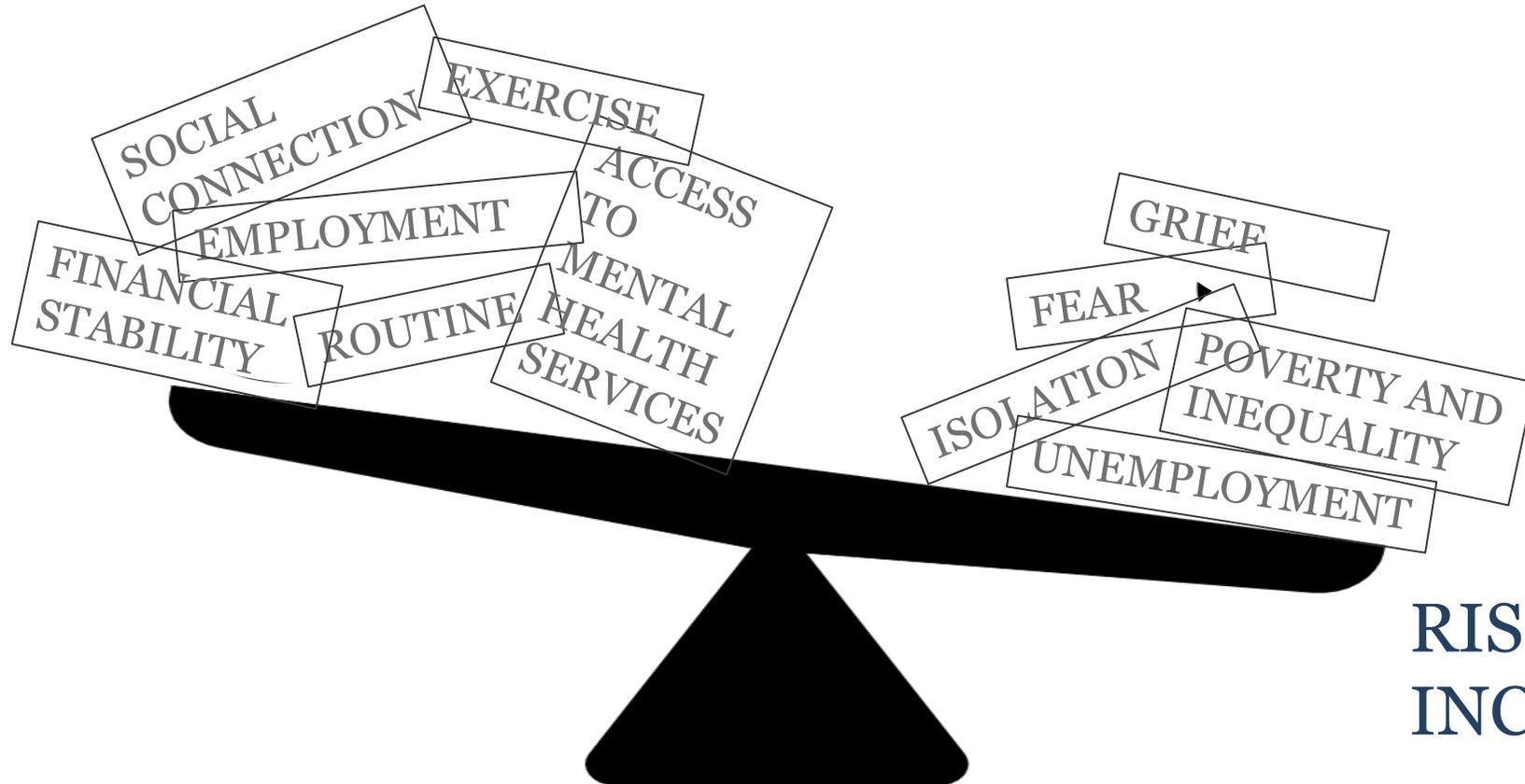
Sources: Santé Publique France, Enquête CoviPrev, Available at: <https://www.santepubliquefrance.fr/etudes-et-enquetes/covid-19-une-enquete-pour-suivre-l-evolution-des-comportements-et-de-la-sante-mentale-pendant-l-epidemie/coviprev-resultats-detaillies-des-vagues-1-a-15-23-mars-23-septembre-2020>

¹Chomage partiel ²Actifs en arrêt de travail



What is driving worsening mental health status?

PROTECTIVE
FACTORS DECREASED

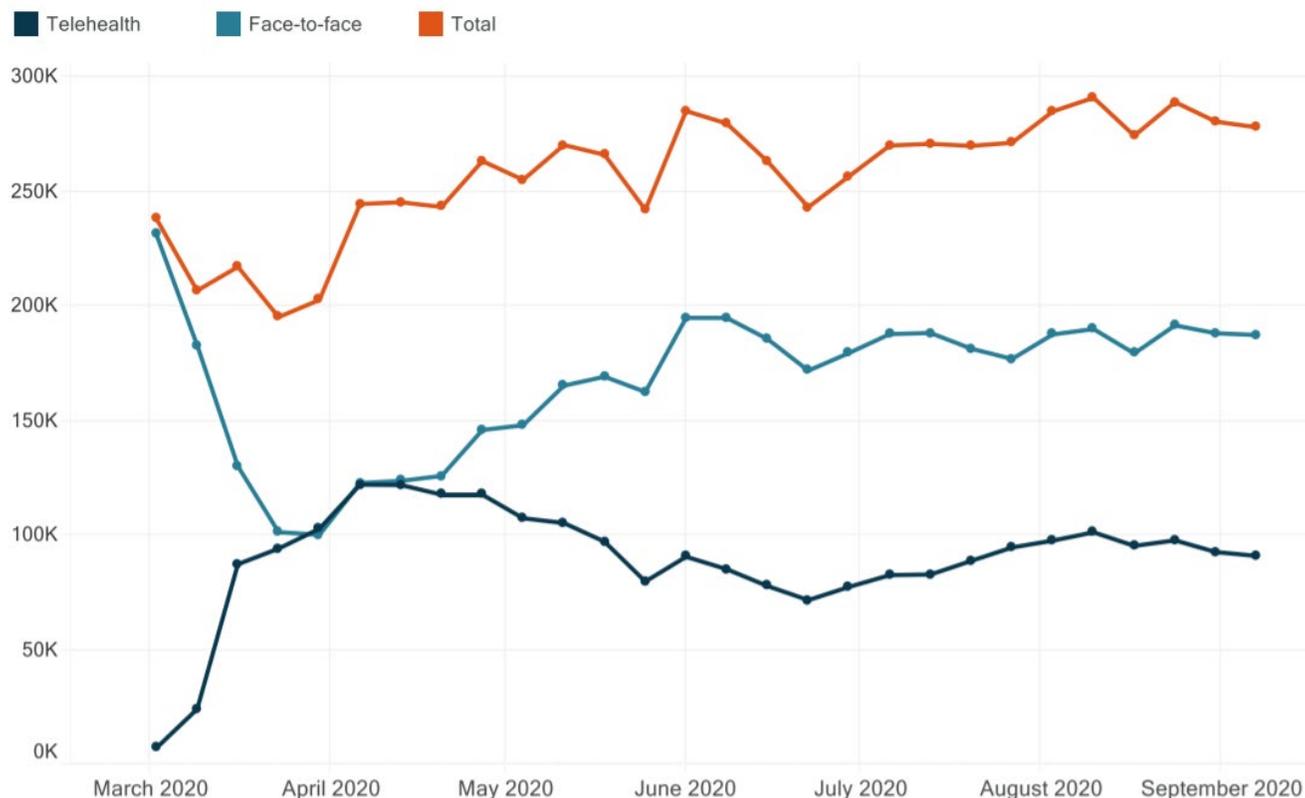


RISK FACTORS
INCREASED



In early 2020 the crisis disrupted access to mental health services...

Mental health services (MBS*) per week by mode of delivery in Australia, March – September 2020



*Medicare Benefits Schedule

Source: Medicare Benefits Schedule data, in 'Mental health impact of COVID-19' accessible at: <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/mental-health-impact-of-covid-19>

- 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

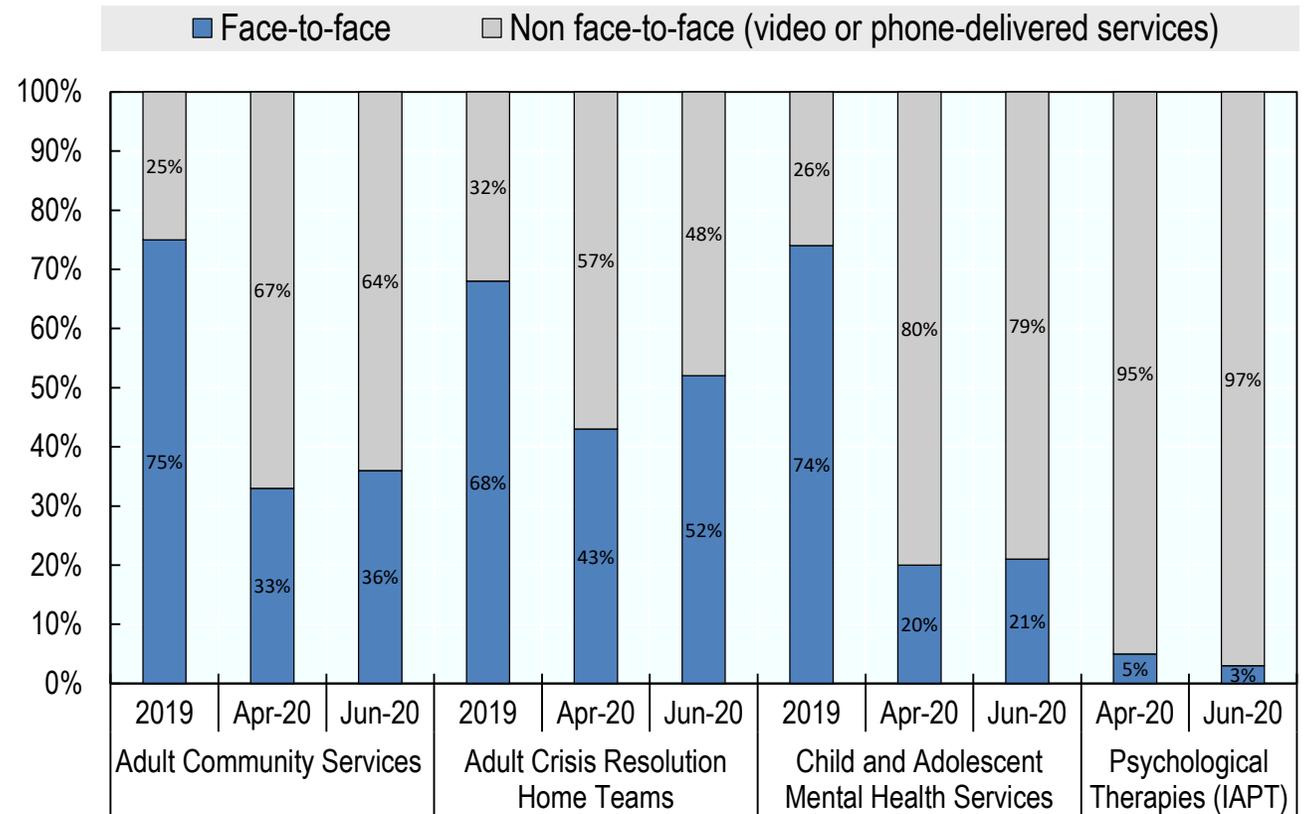
¹WHO (2020), The impact of COVID-19 on mental, neurological and substance use services, available at: <https://www.who.int/publications/i/item/978924012455>



... 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**

Face-to-face and non face-to-face (video or phone-delivered services) in England, 2019 and 2020



Note: Data for service delivery method Psychological Therapies (IAPT) in 2020 is not available.
Source: NHS Benchmarking Network – COVID-19 Monthly Tracker Mental Health, Learning Disability & Autism Services June 2020



As demand is projected to increase, much can be done

Individual level

- Routine
- Exercise
- Mindfulness
- Social connection (phone, Zoom, etc)

Considering the mental health impact of policies

- Keeping schools open
- Allowing exercise
- 'Support bubbles'
- Clear communication on restrictions/policy

Low-threshold support

- Support helplines
- Sharing 'mental health and COVID' tips
- Low-threshold support such as reading materials or apps

Specialist mental health support

- Make it easy to seek help – e.g. from GPs
- Access to pharma'
- Access to services, e.g. talking therapies by phone
- Maintain access to usual care



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**

TACKLING CORONAVIRUS (COVID-19)

CONTRIBUTING TO A GLOBAL EFFORT

www.oecd.org/coronavirus/en/#policy-responses

- 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



Thank you



 @OECD_social @FranColombo2019

 Francesca.COLOMBO@oecd.org