

The role of mental health in the covid exit strategy

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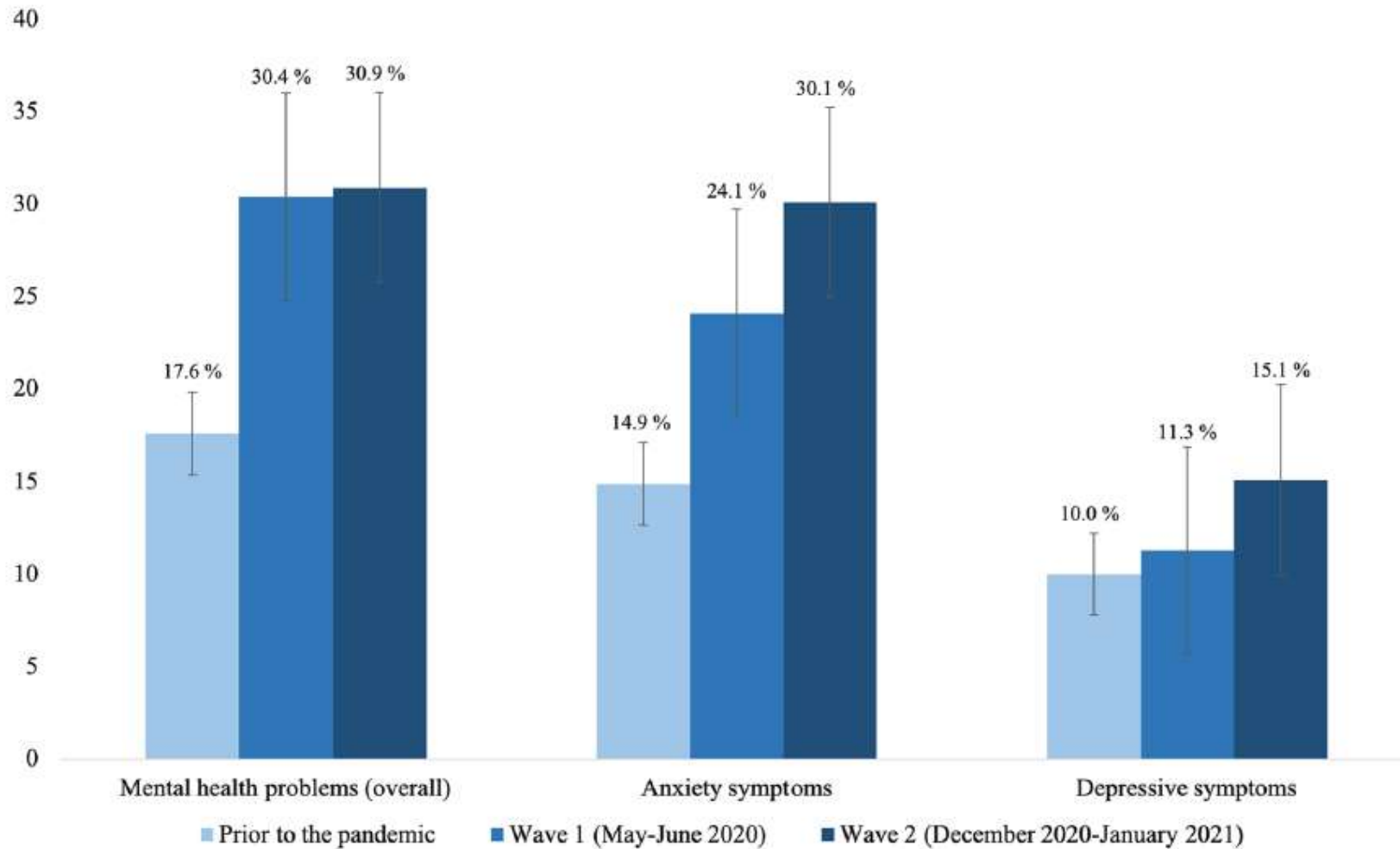
Key Points

- A. Uneven impacts of pandemic across populations
- B. Pandemic different from past economic shocks.
- C. Time lag in impacts: potential increased demand for services
- D. Additional fiscal support is very important
- E. Importance of safeguarding positive changes for mental health
- F. Financial pressures on governments but a time for increased investment to protect mental health - not just mental health care - cross sectoral strategies with resources committed.



**When planning exit
strategy need to
recognise pandemic
has had variable
impacts on populations**

Child & adolescent mental health: Germany



Ravens-Sieberer et al European Child and Adolescent Psychiatry 2021

Figure 2.12. National estimates of prevalence of depression or symptoms of depression amongst adults pre-COVID-19, 2020 and 2021

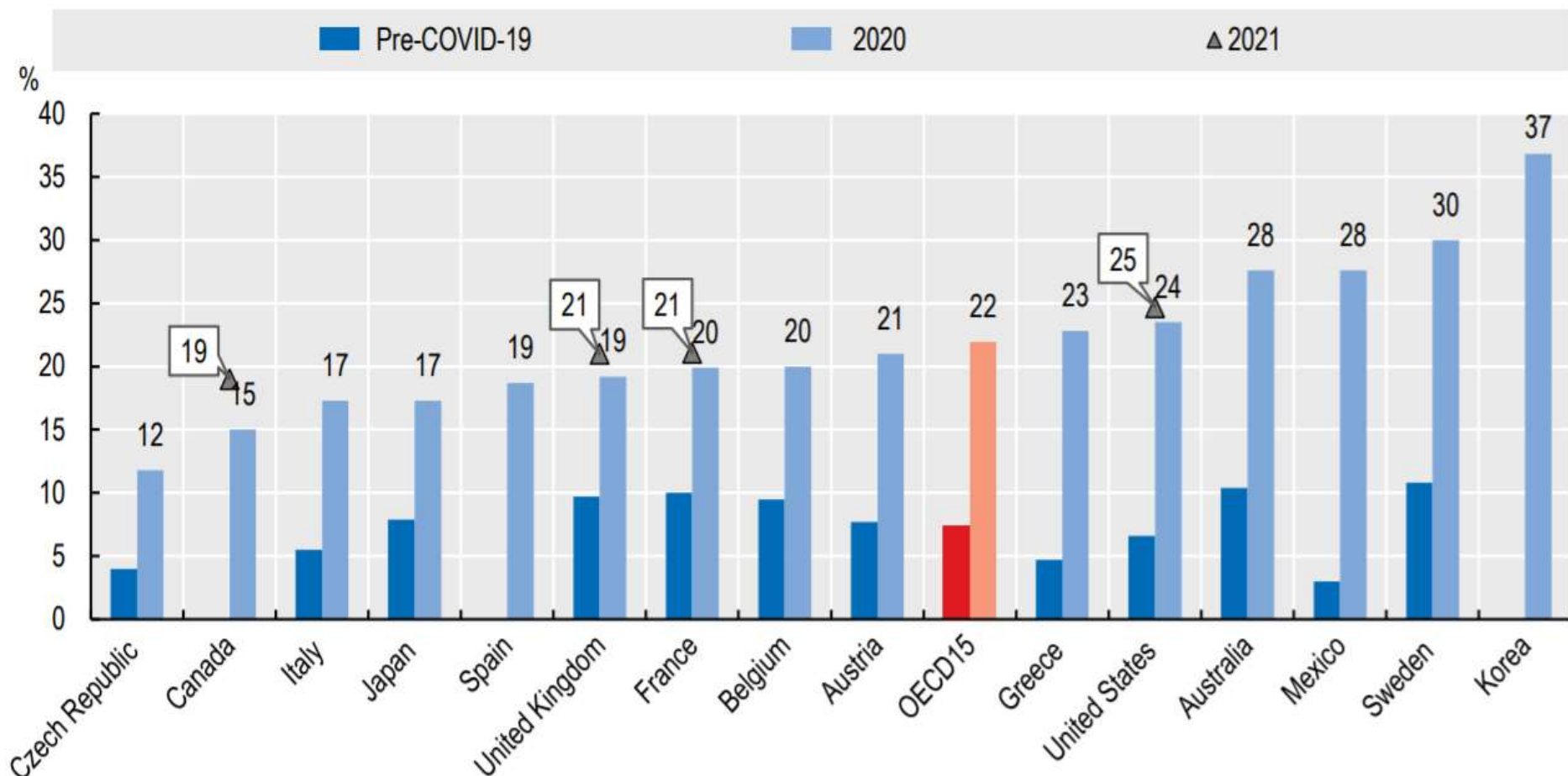


Figure 24a Happiness by age groups

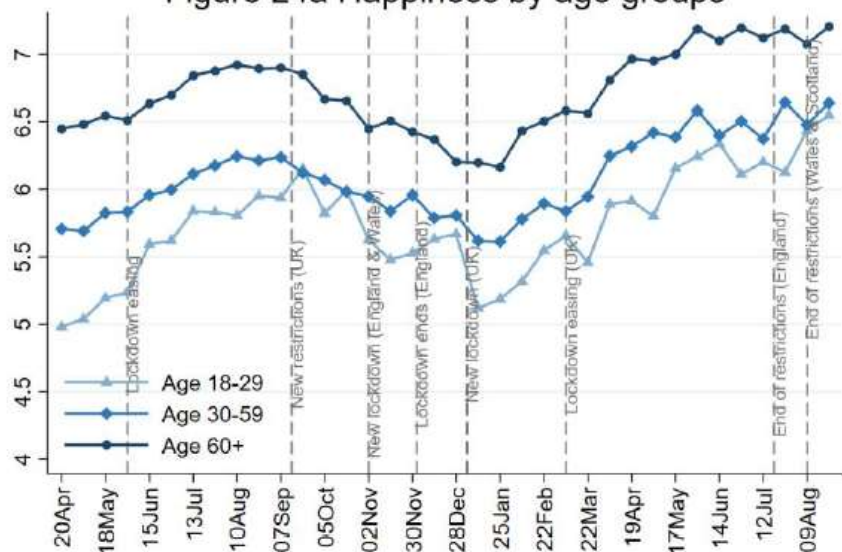


Figure 24b Happiness by living arrangement

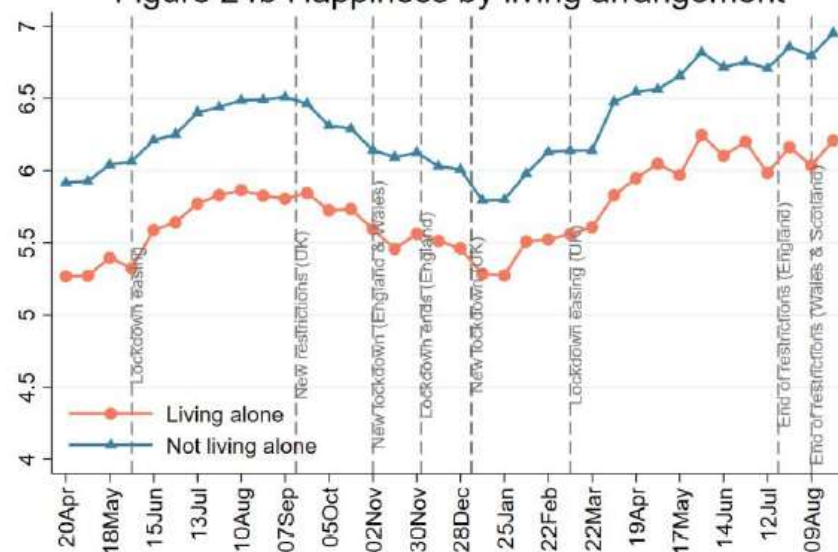


Figure 24c Happiness by household income

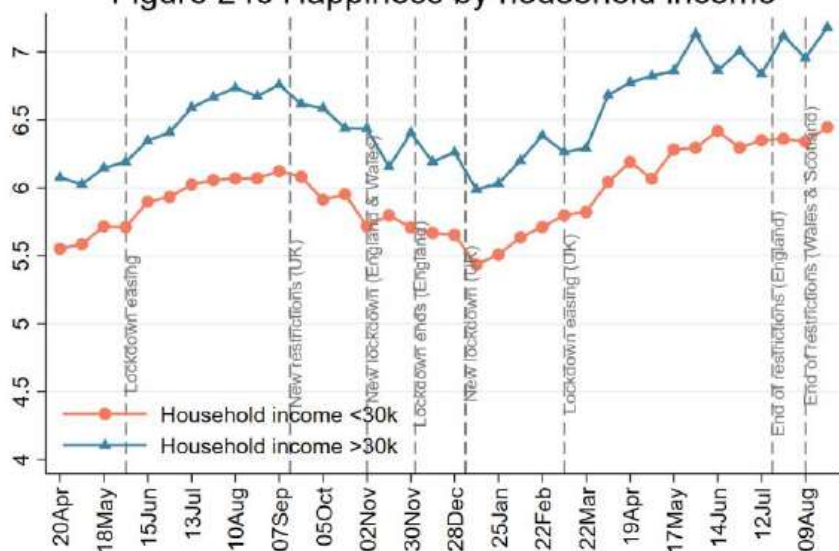
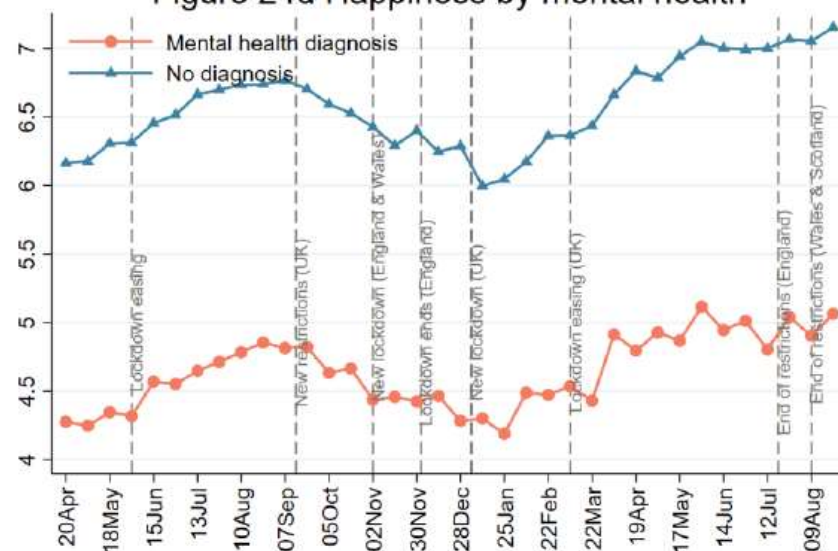


Figure 24d Happiness by mental health



No short term impact on suicide

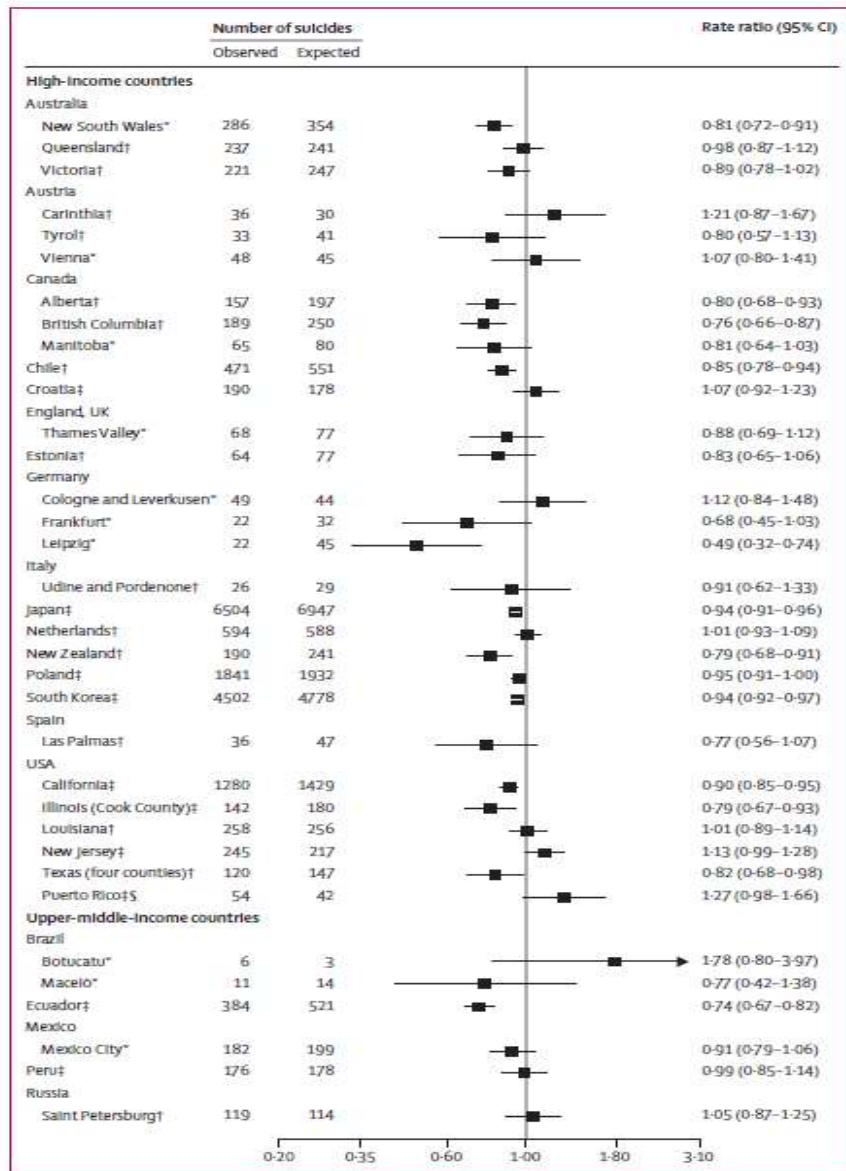


Figure 2: Observed and expected numbers of suicides in the COVID-19 period based on trends in pre-COVID-19 period by country or area in the primary analysis

- Pirkis et al Lancet Psychiatry 2021
- Data from 21(16 high income, 5 middle income) countries on observed & expected suicides April – July 2020
- Suicide rates have remained same or declined in all areas

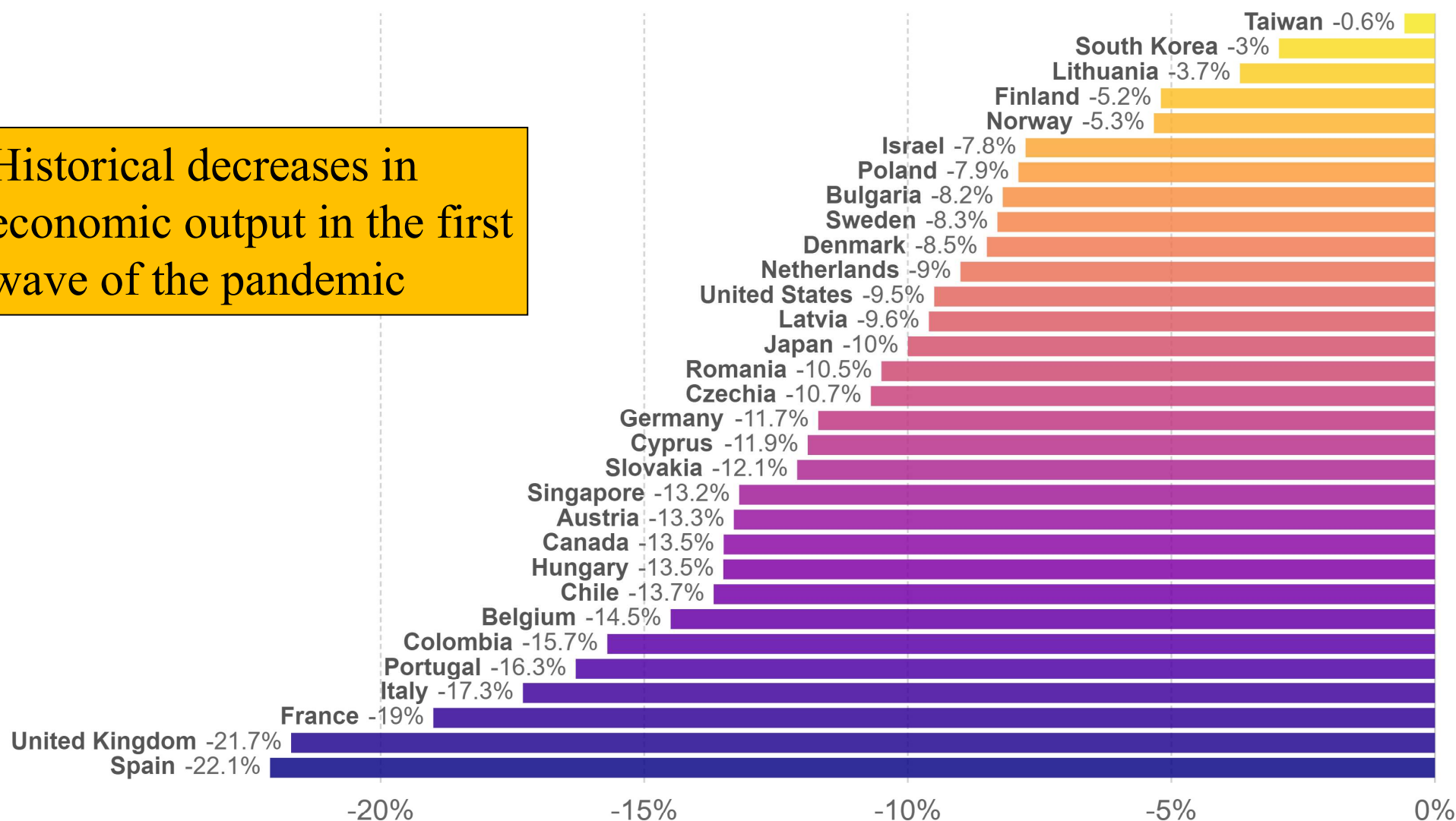


**Pandemic different
from past economic
shocks**

Economic decline in the second quarter of 2020

The percentage decline of GDP relative to the same quarter in 2019. It is adjusted for inflation.

Historical decreases in
economic output in the first
wave of the pandemic



Source: Eurostat, OECD and individual national statistics agencies

Note: Data for China is not shown given the earlier timing of its economic downturn. The country saw positive growth of 3.2% in Q2 preceded by a fall of 6.8% in Q1

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Economic impact of pandemic now



eurostat 

Monthly unemployment rate

(as % of active population aged 15 to 74 years)

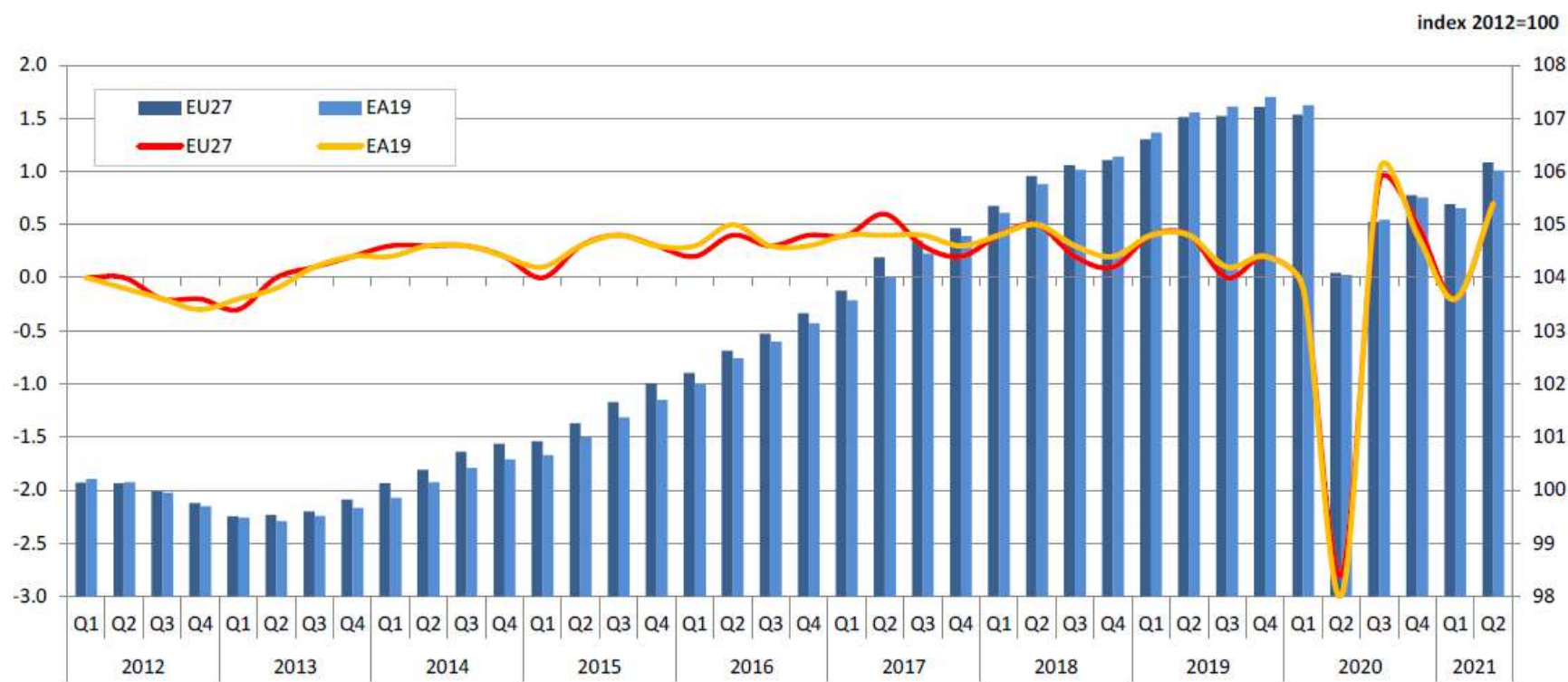


European Union



Seasonally adjusted

Chart 2: Employment level and employment growth – EU and euro area, 2012-2021



Source: Eurostat, National Accounts, seasonally and calendar adjusted data [namq_10_pe]

Note: Cumulative growth (bars, right-hand scale), % change on the previous quarter (lines, left-hand scale)

[Click here to download chart.](#)

In comparison to the first quarter of 2021, employment increased in all Member States but Estonia (-1.1%) and Spain (-0.9%). The strongest growth was recorded in Latvia (+5.7%), Greece (+2.8%), Denmark and Portugal (both +1.9%) (Chart 3).

Predicted impacts revised downward

Unemployment rate, age 16+, outturn and projections: UK

Resolution
Foundation



Source: RF analysis of ONS, Labour Force Survey; OBR, Economic and Fiscal Outlook, various; Bank of England, August 2021 Monetary Policy Report.

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**But there may be impacts for
some population segments**

Causal and contextual relationship between long-term unemployment and suicide

TABLE 3—Suicide and Events of Undetermined Intent in 1993–1996, 1997–2002, and 1993–2002, by Unemployment Experience in 1992–1996, Among Men in Sweden, Born Between 1931–1965 Who Were Gainfully Employed in 1990 and Alive in 1992

Variable	Mortality Follow-Up, 1993–1996			Mortality Follow-Up, 1997–2002			Mortality Follow-Up, 1993–2002		
	Unemployed ^a Male HR (95% CI)	% Reduction in the HR	Total No. of Deaths	Unemployed ^a Male HR (95% CI)	% Reduction in the HR	Total No. of Deaths	Unemployed ^a Male HR (95% CI)	% Reduction in the HR	Total No. of Deaths
Suicide									
Employed (Ref)	1.00	...		1.00	...		1.00	...	
Age-adjusted	1.29 (1.16, 1.44)	...		1.75 (1.61, 1.91)	...		1.55 (1.45, 1.66)	...	
Age- and previous health-adjusted ^b	1.10 (0.98, 1.22)	66		1.55 (1.42, 1.69)	27		1.35 (1.26, 1.44)	36	
Age- and SFE-adjusted ^c	1.07 (0.96, 1.20)	76		1.51 (1.38, 1.65)	32		1.31 (1.23, 1.41)	44	
Fully adjusted	1.00 (0.90, 1.12)	100	1732	1.43 (1.31, 1.56)	43	2419	1.24 (1.16, 1.33)	56	4151
Fully adjusted ^d	1.05 (0.92, 1.20)	...	1274	1.48 (1.33, 1.63)	...	1912	1.30 (1.20, 1.40)	...	3186
Events of undetermined intent									
Employed (Ref)	1.00	...		1.00	...		1.00	...	
Age-adjusted	1.98 (1.66, 2.37)	...		3.29 (2.77, 3.91)	...		2.55 (2.35, 2.88)	...	
Age- and previous health-adjusted ^b	1.41 (1.17, 1.69)	58		2.45 (2.05, 2.93)	37		1.85 (1.63, 2.11)	45	
Age- and SFE-adjusted ^c	1.29 (1.07, 1.55)	70		2.41 (2.01, 2.89)	38		1.78 (1.54, 2.00)	50	
Fully adjusted	1.13 (0.94, 1.37)	87	542	2.09 (1.75, 2.52)	52	529	1.54 (1.35, 1.75)	65	1071
Fully adjusted ^d	1.08 (0.82, 1.42)	...	275	2.31 (1.82, 2.93)	...	310	1.63 (1.37, 1.95)	...	585


Note. CI = confidence interval; HR = hazard ratio; SFE = social, family, and employer characteristics.

^aUnemployed = at least 30 d of unemployment in any 1 year, 1992–1996.

^bAdjusted for the natural logarithm (no. of total hospitalizations), any previous suicide or self-injury attempt, any previous mental health diagnosis excluding an alcohol-related diagnosis, and any previous alcohol-related diagnosis, 1982–1991.

^cSocial, family, and employer characteristics = natural logarithm (no. of children), marital status, natural logarithm (yearly household income), education level, employer county location, and immigrant status.

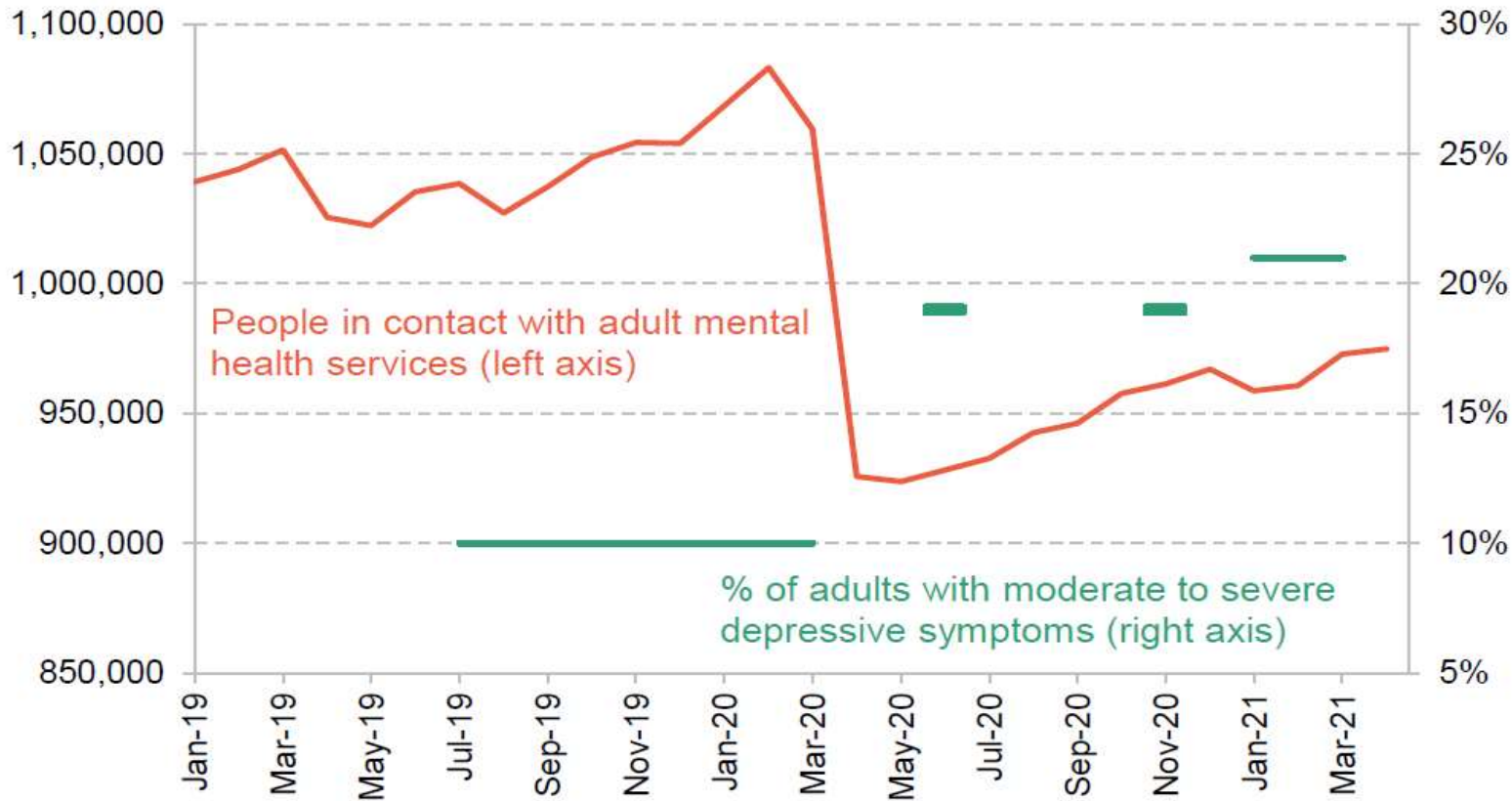
^dExcludes those with a previous history of self-injury or a suicide attempt, any previous mental health diagnosis excluding an alcohol-related diagnosis, and any previous alcohol-related diagnosis, 1982–1991.



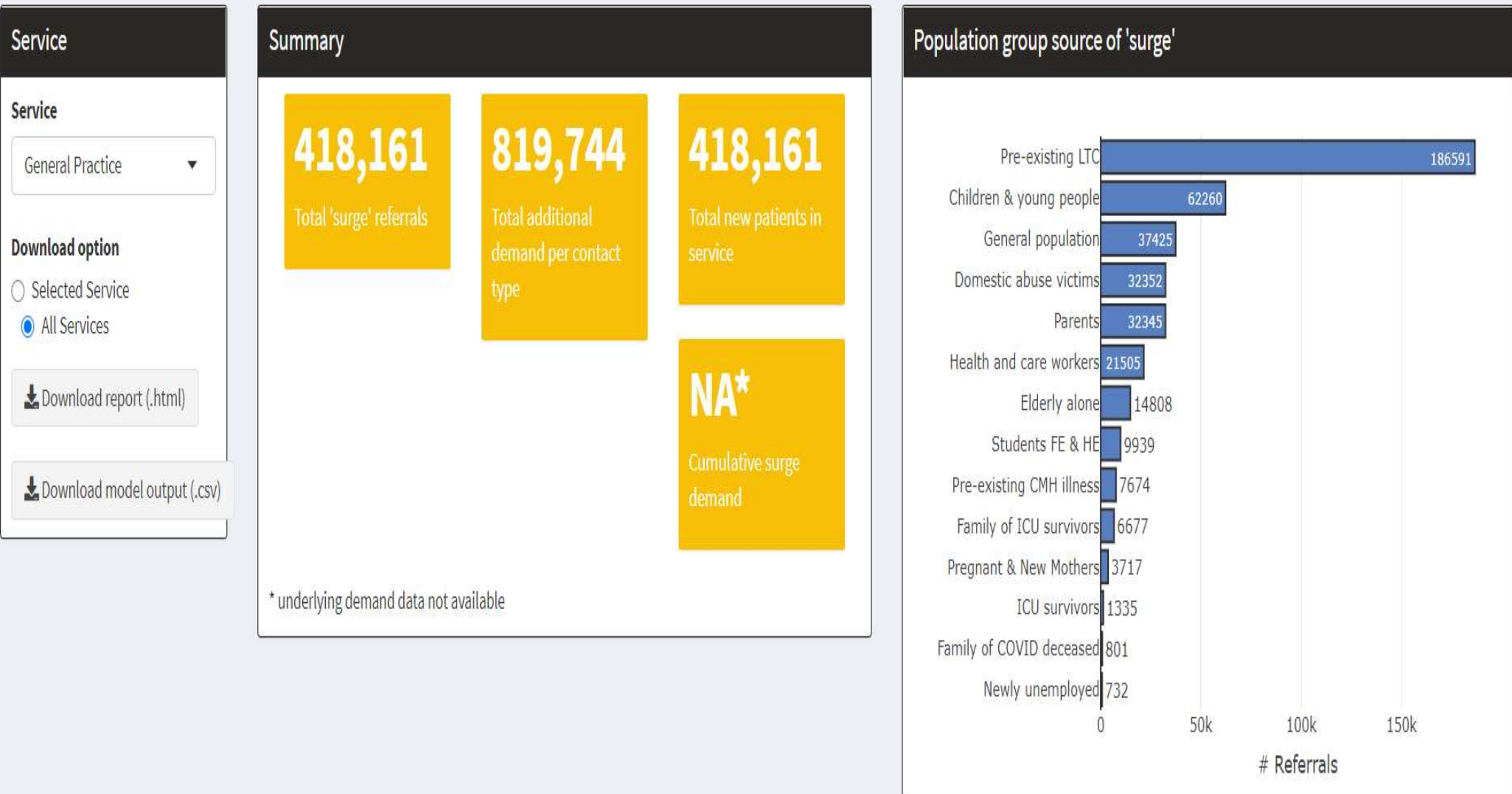
**Predicting the future is
not easy but potential
surge in demand**

Change in access & need for mental health services

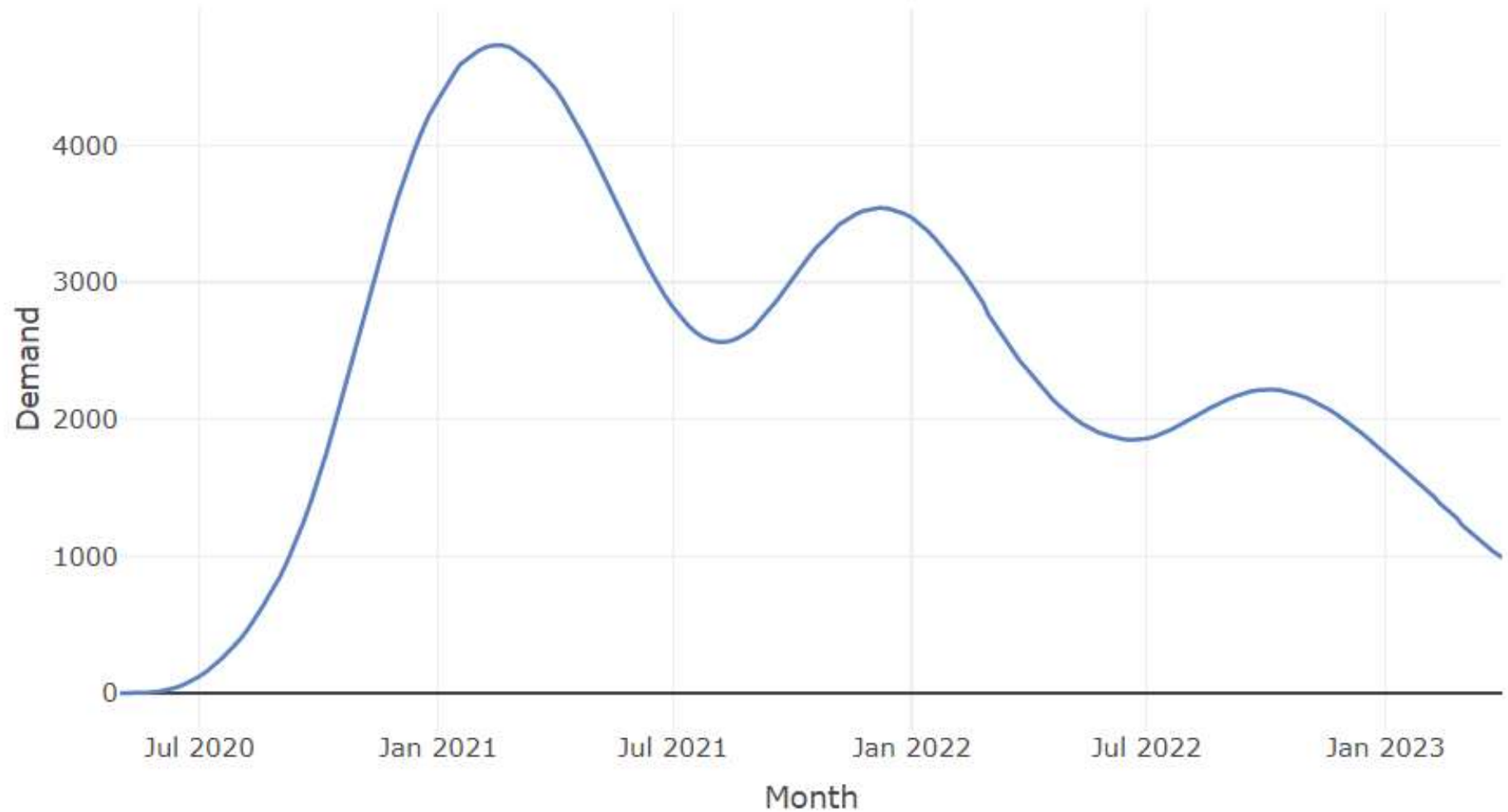
Figure 6.23. Change in access to and need for mental health services



Source: NHS Digital's Mental Health Services Monthly Statistics (2021), ONS's Coronavirus and Depression in Adults in Great Britain (2021).



Modelled service contacts (demand)



Many different risks to mental health during exit

- Support needed for the 'left-behind' after pandemic recovery
- Long term consequences of pandemic policy; e.g. time out of school/education, working restrictions, multiple lockdowns
- Accumulated adverse psychosocial stress experiences for some, e.g. health and social care workers
- Anxiety and fear about pandemic exit
- Long-term mental and physical health impacts of COVID
- Vaccine uptake and mental health



Supporting mental health: an economic imperative

Exit strategy actions to protect mental health

- Continue to **invest in mental health and wellbeing promotion**
- Importance of **ongoing targeted financial support**
- Continued **mitigation measures for future waves of pandemic;**
- Address **accumulated adverse psychosocial stress experiences**
- Address **anxiety and fear about pandemic exit**
- Recognise **long-term mental health impacts of COVID**
- Plan for surge in demand for services

The Economic Case for the Prevention of Mental Illness

Annual Review of Public Health

Vol. 40:373-389 (Volume publication date April 2019)

First published as a Review in Advance on January 2, 2019

<https://doi.org/10.1146/annurev-publhealth-040617-013629>

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Sections

ABSTRACT

KEYWORDS

INTRODUCTION

USING ECONOMIC
ARGUMENTS TO
SUPPORT THE CASE FOR
A GREATER FOCUS ON
PREVENTION

AREAS WITH A STRONG

Abstract

Poor mental health has profound economic consequences. Given the burden of poor mental health, the economic case for preventing mental illness and promoting better mental health may be very strong, but too often prevention attracts little attention and few resources. This article describes the potential role that can be played by economic evidence alongside experimental trials and observational studies, or through modeling, to substantiate the need for increased investment in prevention. It illustrates areas of action across the life course where there is already a good economic case. It also suggests some further areas of substantive public health concern, with promising effectiveness evidence, that may benefit from economic analysis. Financial and economic barriers to implementation are then presented, and strategies to address the barriers and increase investment in the prevention of mental illness are suggested.

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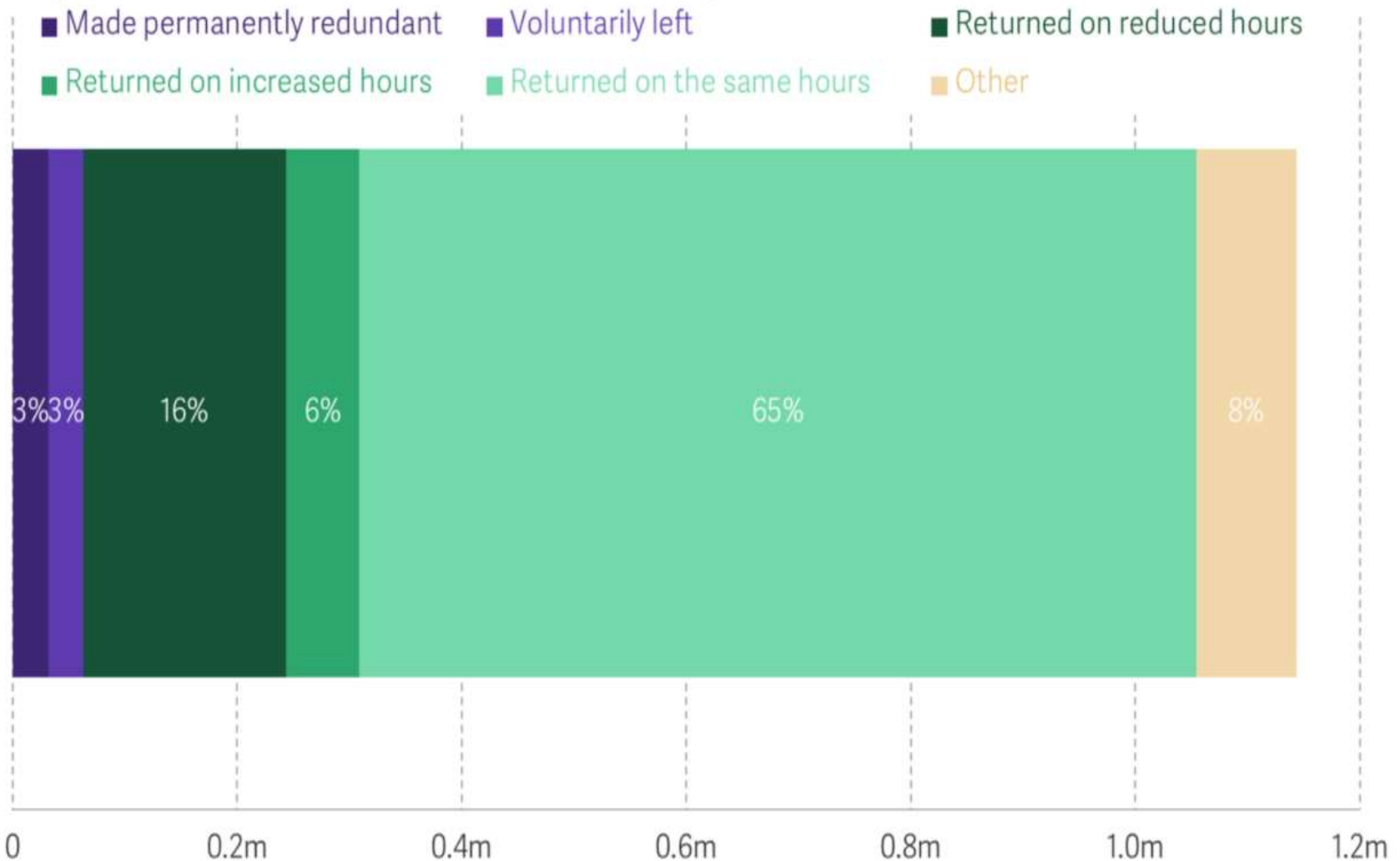
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Cost effective actions across life course and across sectors: e.g. early years interventions, social and emotional learning in school, resilience programmes, anti-bullying, support to obtain employment, healthy workplaces, access to green spaces, sport and physical activity, measures to tackle social isolation, avoidance of unmanageable debt

Lessons learnt

- **Social protection measures** appear to have been successful in avoiding much of the immediate potential economic impacts of the pandemic

Labour market outcomes in October for employees who were furloughed (either fully or partially) at the end of September 2021 from the point of view of businesses

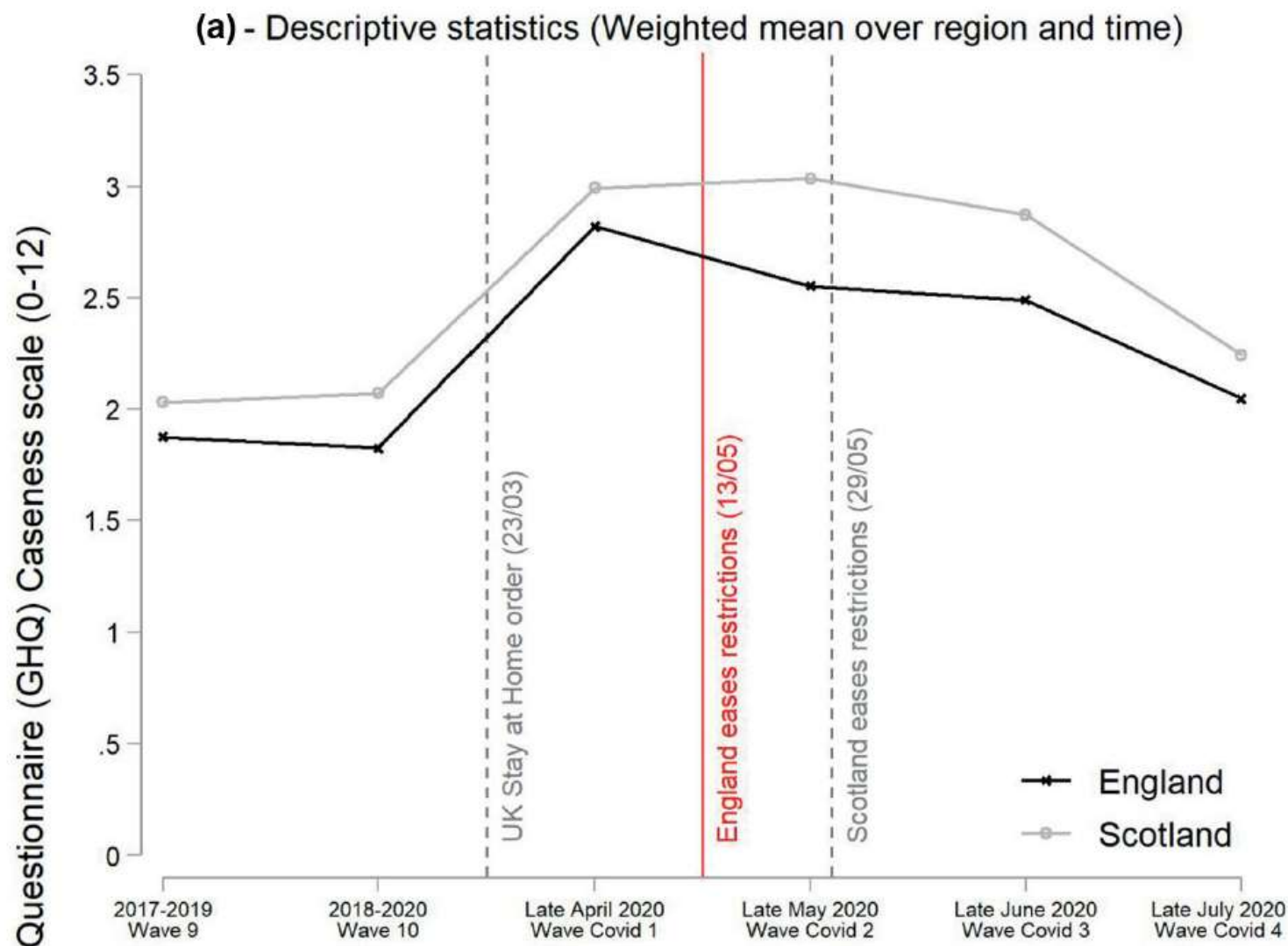


Notes: The figures use actual numbers of those furloughed at the end of September 2021 and estimate their outcomes using firm-based survey evidence from the

Lessons learnt

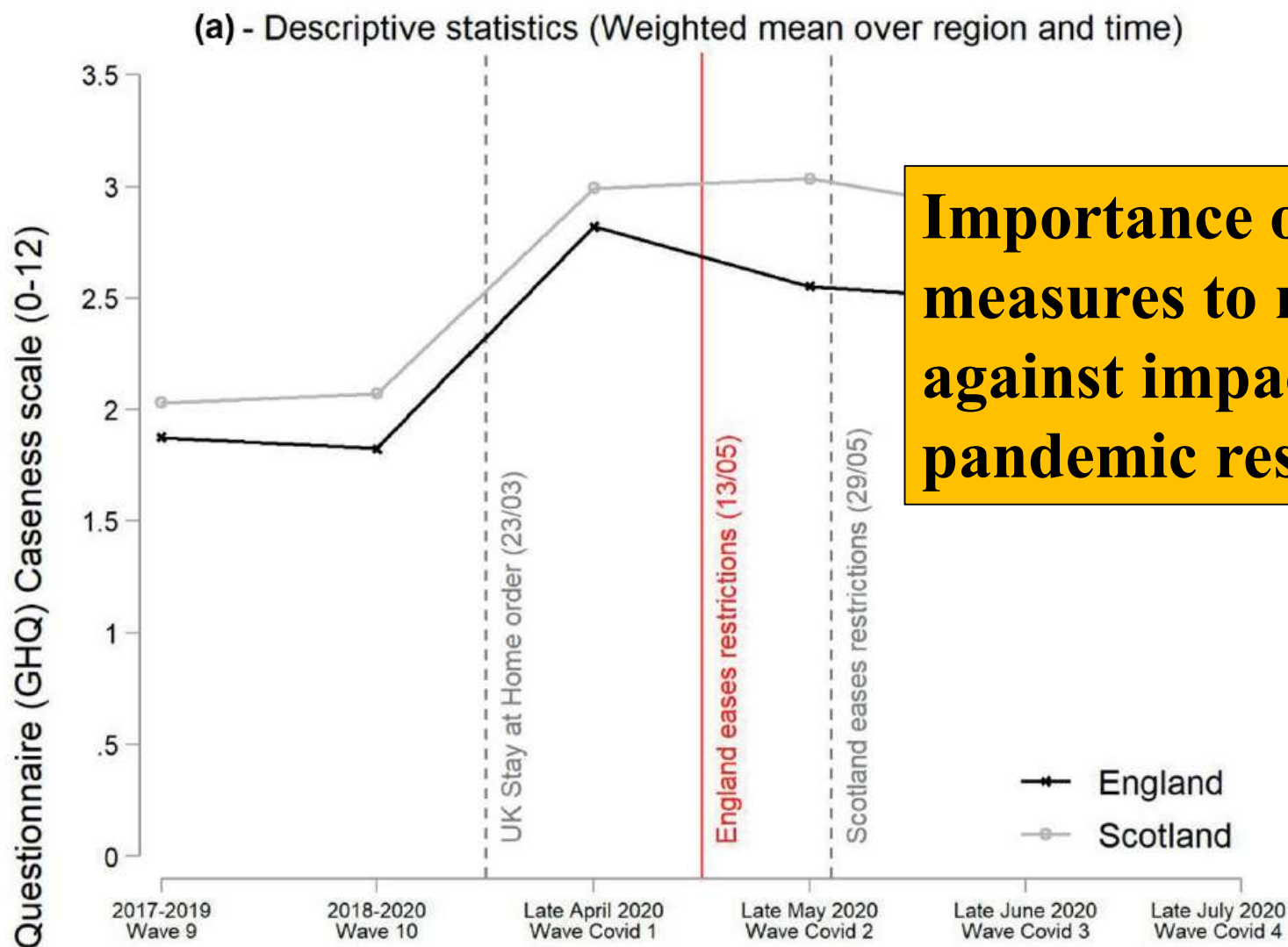
- Social protection measures appear to have been successful in avoiding much of the immediate potential economic impacts of the pandemic
- **Important not to cut support too quickly;** ensure targeted support remains for sectors still impacted; or more vulnerable to future pandemic waves: e.g. hospitality, travel

Lockdown easing & mental health



Serrano-Alacorn et 2021 Health Economics

Lockdown easing & mental health



Importance of measures to mitigate against impact of pandemic response

Vaccination is good for mental health

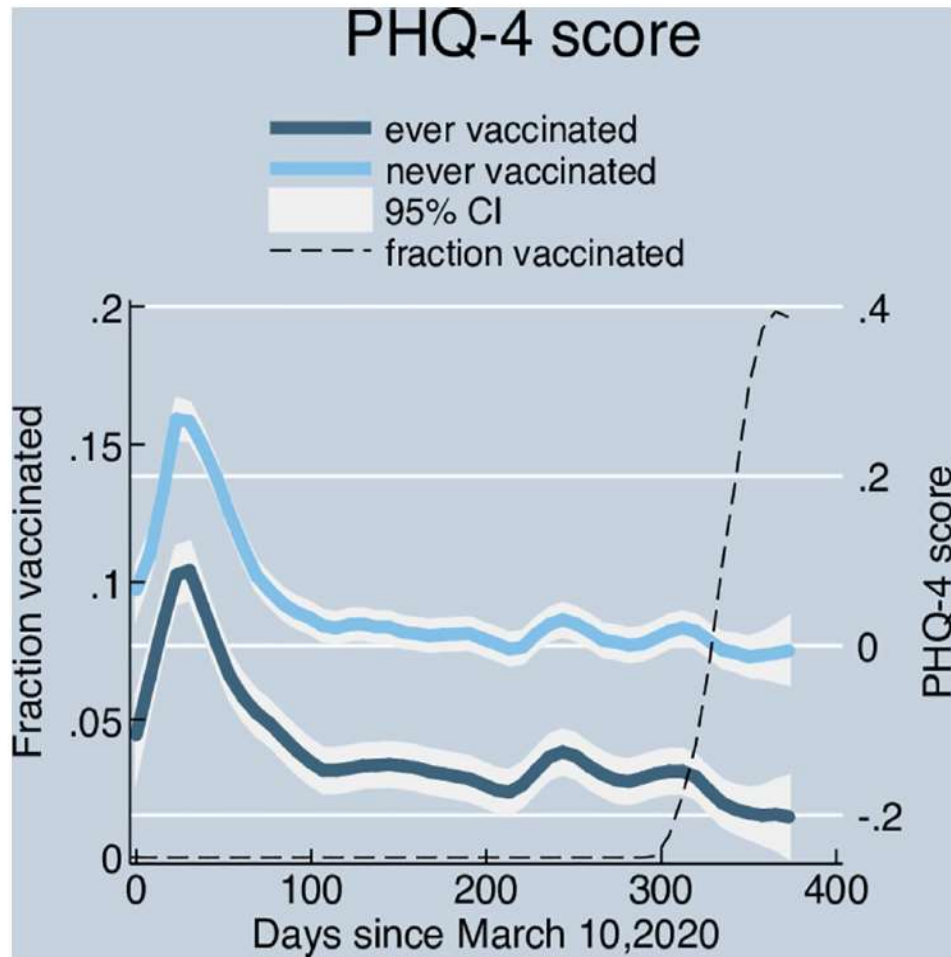


Fig 1. Trajectory of mental distress over time by vaccination group. Note. PHQ-4 scores are mean of 0 and a standard deviation of 1. *Ever vaccinated* respondents are those who reported having received a vaccine by March 14, 2021. *Never vaccinated* respondents are those who did not report receiving a vaccine by March 14, 2021.

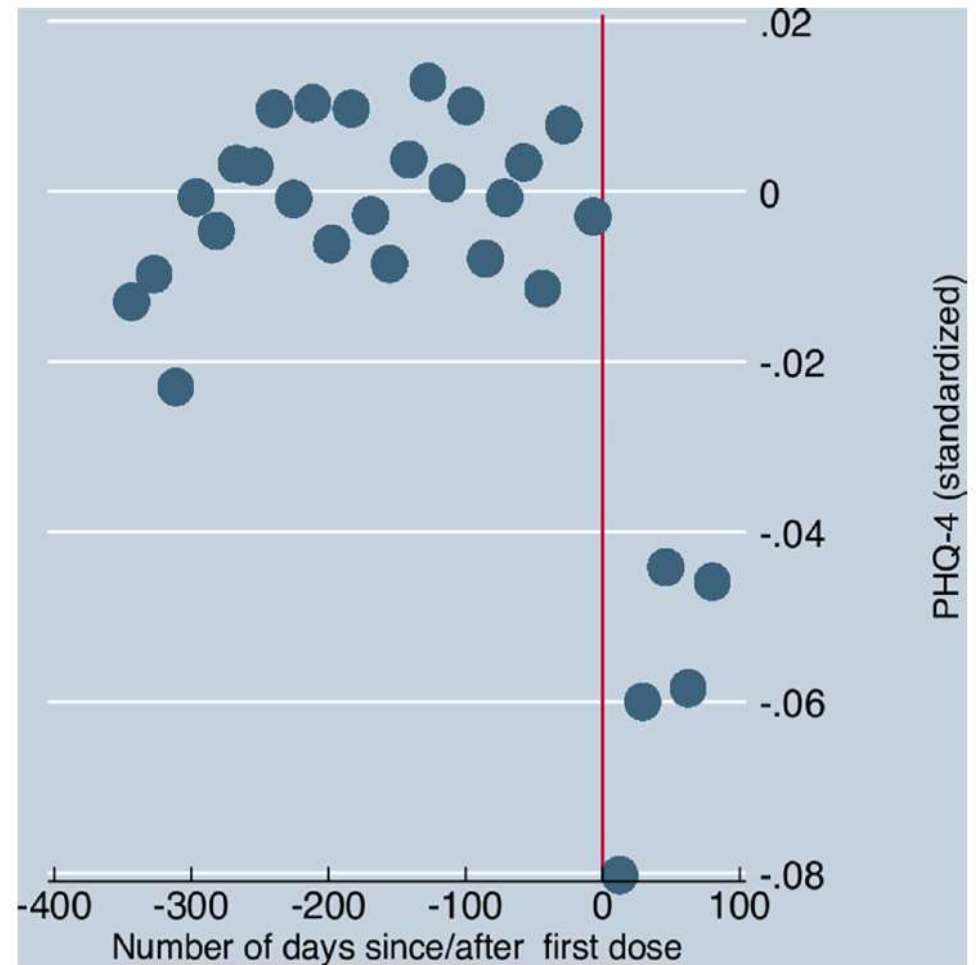


Fig 2. Mental distress before and after receiving the first dose. Note. PHQ-4 scores are standardized.

Perez-Arce et al PLoS One 2021

Early intervention for PTSD

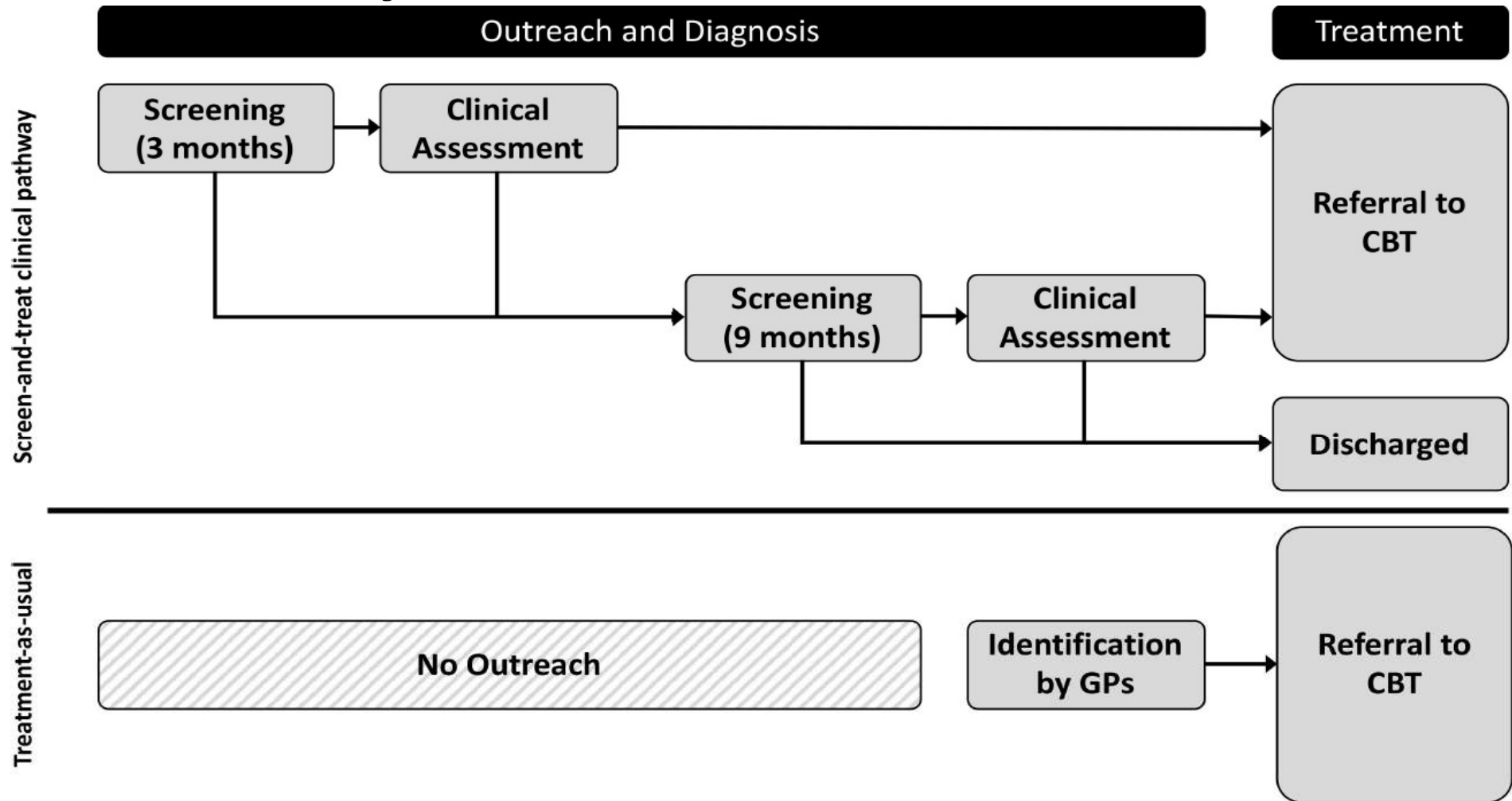


Figure 1 Screen-and-treat clinical pathway compared with treatment-as-usual. CBT, cognitive-behavioural therapy; GPs, general practitioner.

Hogan, Knapp, McDaid et al 2021 BMJ Open

Early intervention for PTSD

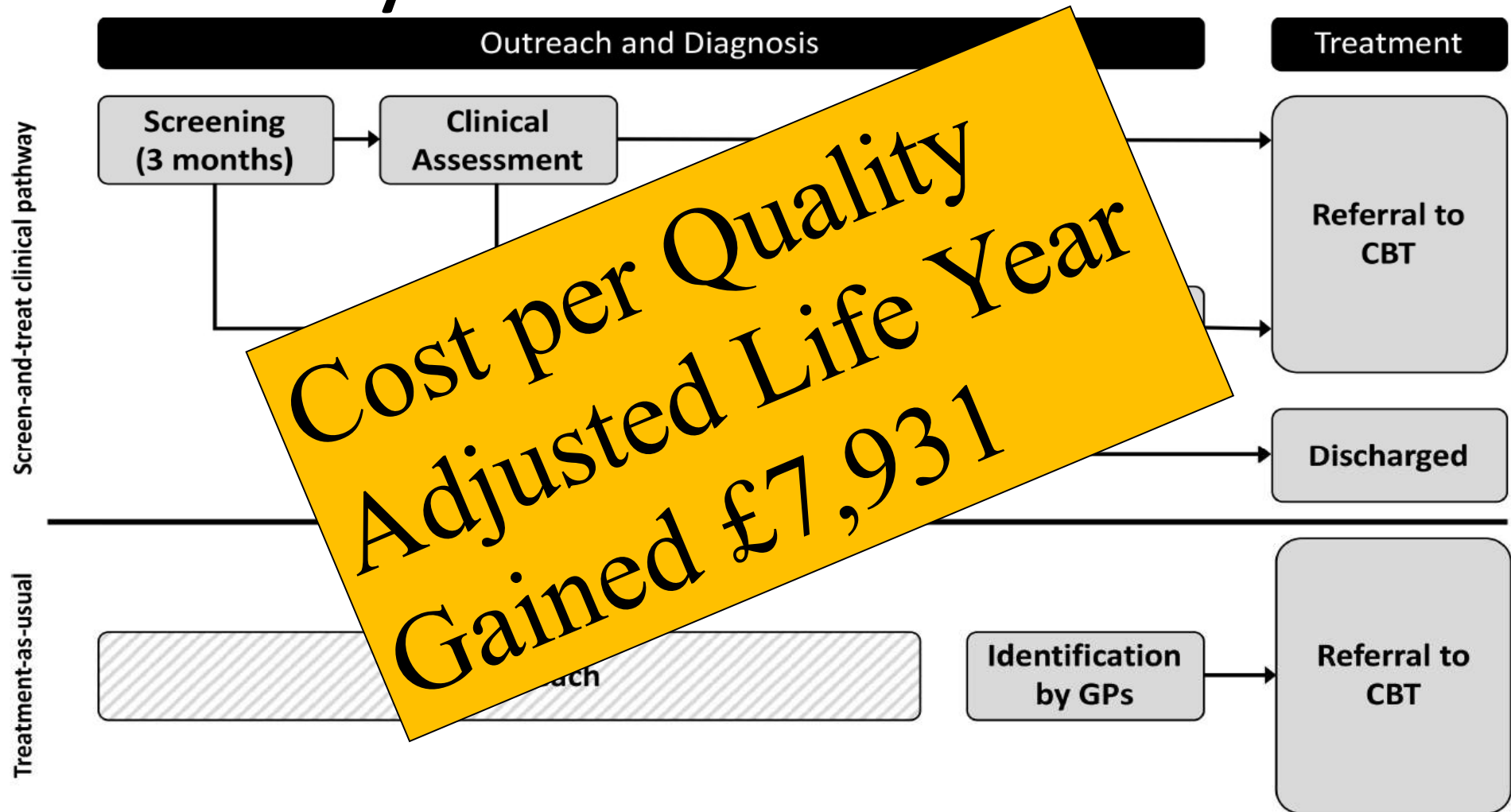


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Hogan, Knapp, McDaid et al 2021 BMJ Open

[PROJECT](#) ▾[NEWS](#) ▾[SCALABLE PSYCHOLOGICAL PROGRAMMES](#)[PARTICIPANTS](#)[RESOURCES](#)

RESPOND PROJECT

Preparedness of health systems to reduce mental health and psychosocial concerns resulting from the COVID-19 pandemic

RESPOND IS AN EU FUNDED RESEARCH PROJECT RUNNING FROM 2020 TO 2023. THE PROJECT AIMS TO IDENTIFY WHICH GROUPS ARE MOST AT RISK FOR ADVERSE MENTAL HEALTH EFFECTS DUE TO THE COVID-19 PANDEMIC, AS WELL AS TO UNDERSTAND WHAT DETERMINES THAT RISK.

LATEST NEWS

Latest Publications from RESPOND

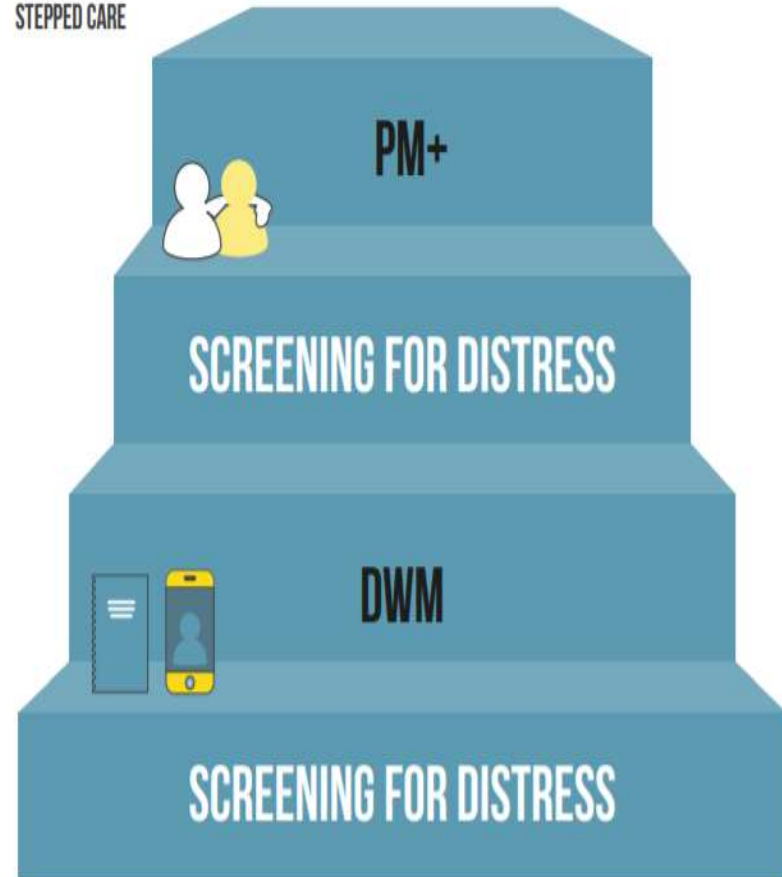
Collaborators

Presentation by Prof. Merit Sijtsma

<https://respond-project.eu/>

Assessing the cost effectiveness of remotely delivered stepped care, including brief psychological therapy for population groups distressed by COVID: health and social care workers, refugees, homeless people, migrant workers

STEPPED CARE



- Step 1: Individuals will first be provided with access to a digital form of the DWM book and brief motivational support from a trained helper.
- Step 2: After receiving guided self-help support during step 1, people requiring further help will be offered PM+, including in-depth engagement from a trained helper (using tele-health and face-to-face modalities) to strengthen coping strategies which are specifically targeted to the individual problems of the person.



RESPOND

RESPOND

**RAPID APPRAISAL
REPORT ON HEALTH
SYSTEM
RESPONSIVENESS AND
MENTAL HEALTH
IMPACT ASSESSMENT,
VERSION 1**



RESPOND

**MENTAL HEALTH SERVICES
IN THE COVID-19 PANDEMIC:
ADAPTING SERVICES AND
MEETING DEMAND FOR
INDIVIDUALS IN NEED**


RESPOND POLICY BRIEF
MAY 2021



RESPOND

RESPOND


**D2.1 RAPID REPORT ON
VULNERABLE GROUPS
FOR COVID-19
RELATED
PSYCHOLOGICAL
DISTRESS**



Safeguarding gains made to mental wellbeing

Positive disruptive impacts on wellbeing

- **Increased opportunities for home / flexible working**
- **Increased inclusion of some people with caring responsibilities, disabilities etc.**
- **Reduced commuting travel also good for environment**
- **Increased access to online services and supports for mental health**
- **Volunteering**



**Not repeating the
mistakes of the past
(cutting budgets when
demand anticipated to
increase)**

MENTAL HEALTH SERVICES ARE POTENTIALLY VULNERABLE TO FUNDING CUTS

- **No substantive evidence of changes in funding structures for mental health during early stages of pandemic; but anecdotally examples of reimbursement of expanded remotely delivered psychological services**
- **As pressure to control spending post-pandemic increases, mental health budgets may be very vulnerable to funding cuts**
- **Real terms cuts in mental health budgets in Europe in several countries after 2008-2009 crisis**

Cross sectoral national strategies

Mental Health – Scotland's Transition and Recovery



Scottish Government
Riaghaltas na h-Alba
gov.scot



HM Government

COVID-19 mental health and wellbeing recovery action plan

Our plan to prevent, mitigate and respond to the mental
health impacts of the pandemic during 2021 to 2022

Published 27 March 2021

Key Points

- A. Uneven impacts of pandemic across populations
- B. Pandemic different from past economic shocks.
- C. Time lag in impacts: potential increased demand for services
- D. Additional fiscal support is very important
- E. Importance of safeguarding positive changes for mental health
- F. Financial pressures on governments but a time for increased investment to protect mental health - not just mental health care - cross sectoral strategies with resources committed.