

## Flash Report

### COVID-19 and mental health: taking forward the lessons learned

On 21 September 2022, the Webinar “COVID-19 and mental health: taking forward the lessons learned” took place on the EU Health Policy Platform, in the framework of the “COVID-19 and Mental Health Support” Stakeholders Network. This network space was set up by DG SANTE in May 2020, in order to support the efforts on the ground of social and health stakeholders, encourage them to discuss and share information on COVID-19-related mental health issues, and to develop a set of guidance documents that can help address the mental health aspects of the COVID-19 pandemic. The webinar was open to all stakeholders and brought together approximately 80 participants.

**Donata Meroni** - Head of Unit C1, Health promotion, disease prevention, financial instruments, DG SANTE - welcomed the participants and provided the audience with an overview of the different activities carried out by the European Commission to promote and protect mental health, including:

- rewarding inspiring community-based initiatives alleviating the mental health impact of COVID-19, via the [2021 EU Health Award](#);
- funding projects to implement practices to reduce mental health impact of COVID-19, via the 2021 EU4Health programme;
- collaborating with EU OSHA, in relation to mental health at work (see the European Commission’s [Strategic Framework on Health and Safety at Work 2021-2027](#));
- actions to mitigate the mental health impact of the war in Ukraine, including an agreement with the Red Cross and call for proposals on implementing best practices to improve mental health and psychological wellbeing in migrant and refugee populations;
- collaborating with OECD for upcoming Health at a Glance Report (to be issued in November/December), which will include, among others, insights on the impact of the COVID-19 pandemic on children, students, healthcare workforce.

**Claudia Marinetti** – Director, Mental Health Europe- presented the structure of the webinar. She explained that the starting point is an overview of lessons learned on the mental health impacts of COVID-19 and key recommendations on how to act upon the lessons. In particular, the webinar focuses on 3 specific lessons:

- 1) Ensuring a living and working environment that is positive for mental health
- 2) Tailored actions addressing the needs of vulnerable groups
- 3) Meeting diverse and increased needs: ensuring sufficient capacity and quality within mental health services

The session - “Taking forward the lessons learned: examples from practice and policy”- showcases inspiring approaches put in place to address the lessons learned. The final session - “Looking ahead”- aims to trigger a discussion on how to ensure that the learnings from COVID-19 can be useful to face future crisis/emergencies.

**Ledia Lazeri** - Regional Adviser for Mental Health, WHO Regional Office for Europe organization- set the context and presented the main findings and [Recommendations from the Technical Advisory Group \(TAG\) on the Mental Health Impacts of COVID-19 in the WHO European Region](#) (summarized [here](#) and in this recent [briefing](#)). Increased rates of mental

health conditions were observed at general population level. Particular groups disproportionately experienced mental health impacts associated with COVID-19. New vulnerabilities emerged, such as: healthcare workers, children, adolescent, women and informal carers. COVID entailed significant disruption of mental health services, aggravating the already existing mismatch between mental health needs and the offer of services. Dr Lazeri referred to risk factors for mental health problems impacted by COVID-19 (e.g., socioeconomic issues, job insecurity, work-related stress, unemployment, lack of schooling and social interaction, reduced access to health care, physical inactivity), as well as protective factors (social interaction, employment and physical activity). She emphasized the importance, for the next crisis, to maintain social interaction, to secure employment and to ensure physical activity.

The Webinar then moved to the session “**Taking forward the lessons learned: examples from practice and policy**”.

In relation to the first lessons learned “**Ensuring a living and working environment that is positive for mental health**”, the experience from the Netherlands was showcased.

**Felix Bolinski** - Research Associate mental health, Trimbos-instituut- explained that mental health is a core topic of its organization, with a special focus on youth wellbeing and mental health prevention. Interventions (like [HappyLes](#)) and programs (like [Welbevinden op School](#)) are all efforts that work towards mental health and wellbeing/resilience of young people, with an integral approach, rather than individual interventions.

At policy level, in the Netherlands there is an increased attention to youth wellbeing and the national policy “Mental health: for us all” is an interesting development.

Against this favorable policy background, inspiring approaches have been carried out. Among these, the experience of Thrive Amsterdam, a social movement aimed to promote mental health. Thrive was established by the municipality of Amsterdam in collaboration with the local health authority as a result of the rising mental health problems in the city. During the COVID-19 period, Thrive started many projects with the aim of improving the mental health of young people.

**Teun Zwemmer and Thijs de Jongh** – Thrive Amsterdam- explained that these activities were carried out with (not just for) students, via the role of the student civil servant, acting as a linking pin between the student population on one hand and the City of Amsterdam and statutory organizations on the other. The student civil servant - working together with students to set up events and project related to student wellbeing- acts at local level and can serve as an infrastructure to act quickly and respond to the needs of the student population. This approach has proved to work, but in order to scale it up, they need ambassadors at EU level, i.e., fellow students and authorities interested in replicating the experience in other contexts.

In relation to the second lesson learned “**Tailored actions addressing the needs of vulnerable groups**”, an inspiring approach from Austria was showcased.

**Sabine Kampmüller** - Managing Director, Afya, Austria- presented the practice of the health circles for refugee women, which was awarded the 2021 EU Health Award 2nd prize.

The provision of “health circles” is a form of peer support, provided in participants’ native languages. Between March 2020 and March 2022, more than 300 refugee women, many of

them marginalised, without access to any other help, have received the support offered by the health circles. The health circles during COVID-19 took place in an online setting (2 hours/week, for 8 weeks). Subjects addressed in the health circles included coping strategies for stress, grief and crisis, relaxation techniques, sleep hygiene, COVID measures, domestic violence, parenting, etc. The link between mental health and socio-economic determinants was quickly evident.

Ms. Kampmüller stressed the huge potential of using peer support in health promotion. Peer mental health promoters understand the context and experience of refugee women, and this ensure a climate of trust. The online format has allowed to reach women who otherwise couldn't be reached. To respond to a question on transferability, Ms Kampmüller explained that the practice can be easily replicated to other cities in Austria and other countries in EU. The practice of the health circles has been extended also to Ukrainian women. In relation to sustainability of the practice, winning the EU award acted as enabler to secure further funding from the national authorities. Ms Kampmüller expressed her hope that one day the practice can be funded by health insurance.

In relation to the third lessons learned “**Meeting diverse and increased needs: ensuring sufficient capacity and quality within mental health services**”, the Slovenian experience was showcased.

**Matej Vinko** - Deputy Head of the National Mental Health Programme 2018-2028, National Institute of Public Health of Slovenia- presented changes in policies and services adopted in his country. COVID-19 entailed substantial increase in mental health issues and strong calls for action from clinical professionals struggling with increased demand.

Major steps, at policy and service levels, were taken from July 2021, while the first year of the pandemic was used mainly to gather data and for preparing response interventions. Among these, the establishment of Mental Health Council (process that was stalling since 2018 and, triggered by COVID, became reality in July 2021) and the adoption, in 2022, of an Action plan for mental health, with dedicated funds and specified actions to be taken. In relation to services, most responses focused on child adolescent population and on provision of mental health services at primary care level.

Mr Vinko pointed out the importance to have political support to ensure faster implementation of measures, as well as the need to have a good preexisting infrastructure on which it can be built to react quickly to an emergency. He stressed the importance to have trained professionals that can be quickly secured in case of emergencies. He pointed out that the measures in the field of health care services adopted in Slovenia mainly targeted the bottleneck. He said that more should be done also to try and address the root causes of the increase in the demand of mental health services.

### **Looking ahead**

**Nerys Edmonds** - Principal Health Impact Assessment Officer, Public Health Wales NHS Trust – presented the Mental Wellbeing Impact Assessment, a tool to assess the impact of policies or services on mental health of different population groups. The tool is flexible and can be used prospectively, concurrently or retrospectively. It allows to address health inequalities. The process of the assessment can enable engagement of all stakeholders in identifying priorities for action.

The tool has been used to assess the impact of COVID on mental health of young people (see Report [here](#)) but it can be applied in future emergencies/unprecedented event to rapidly understand and respond to possible and co-occurring impacts on mental wellbeing across different scales of population. The outputs can inform the design of policies, measures and mitigations during crises and emergencies.

The Mental Wellbeing Impact Assessment is currently being used to identify impacts and inform immediate actions to protect the mental wellbeing of staff from an NGO operating in Ukraine.

**Caoimhe Nic a' Bháird** - MHPSS & Child Protection in Emergencies Expert Consultant, UNICEF- presented the [Mental Health Psychosocial Support \(MHPSS\) Minimum Service Package](#), an easy-to-follow intersectoral package, designed to improve mental health and psychosocial well-being among populations affected by humanitarian crises, by facilitating a faster, more effective, better coordinated response.

Dr Nic a' Bháird presented some remote activities implemented during COVID (such as the [HealthBuddy+](#) mobile app, designed to support public access to evidence-based information on COVID-19) and referred to online support groups for adolescent and caregivers from Ukraine, activity carried out by UNICEF, together with the Ukrainian government and NGOs. She stressed that a lot of technologies developed during COVID-19 to facilitate remote work are proving to be useful in situations of people on the move or living in areas that can't be accessed because of safety concerns.

She highlighted the advantage, provided by the MHPSS Minimum Service package, of having a common language between different stakeholders (professionals from health, education, social services, and other sectors), when it comes to planning and implementing responses to crisis.

She stressed the importance to have a proactive approach (being prepared for emergencies), as well as reactive (responding to). She called for mental health and psychosocial support to be included in disaster risks management plans and for emergency response to be included in the standard training of health professionals and other stakeholders. This will ensure that every person interacting with the community knows how to react in case of crisis and it will prevent an overmedicalization of normal reactions to abnormal situations.

She echoed the importance – stressed by Mr Vinko- of rosters and networks of trained personnel to be mobilized during emergencies, as well to have a preplanned coordination network to be activated when there is an emergency so that it can get up and running when the emergency hits.

**Claudia Marinetti** – Director, Mental Health Europe- concluded the webinar, thanking DG SANTE, all the speakers and the participants. She said that COVID has shed light on mental health and it is now vital to ensure that this light does not fade away. The learnings from COVID-19 need to be used to be better prepared for future crises. Mental health needs to be integrated in the preparedness plans for any future emergency. She added that the Webinar has proved that there is a lot that we can learn from each other. Platforms like the Health Policy Platform provide a unique opportunity to exchange experiences and knowledge. She encouraged the participants to use the HPP library to upload and share any relevant resources.