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Strengthening public mental health during and after the acute phase of the COVID-19 pandemic



The evolving nature of the COVID-19 pandemic with its incumbent stresses and the emergence of highly transmissible SARS-CoV-2 variants continue to challenge human resilience worldwide. In March, 2022, WHO reiterated the substantial impact of the pandemic on mental health and wellbeing globally; in the first year of the pandemic, there was a 25% increase in anxiety and depression globally and young people are at increased risk of suicide and self-harm injuries.^{1,2} There are also uncertainties about the long-term prognosis of people who recovered from COVID-19,³ its long-term effects on the general population,⁴ and the pressure of the pandemic on health-care systems in the future.⁵ Joint actions from governments, the global health community, social and private sectors, and key stakeholder groups are required to address the neuropsychiatric and long-term strength and asset-building needs associated with the pandemic.

The updated WHO Comprehensive Mental Health Action Plan 2013–2030⁶ outlined public health strategies and achievable goals to promote mental health and prevent mental disorders in the context of universal health coverage (UHC) for mental health services in the coming years, to meet the UN Sustainable Development Goals. However, the ability and resources to implement the action plan remain inadequate.⁷ The original four objectives of the action plan include leadership and governance, effective coverage through the partnership of health and social care, prevention and promotion strategies, and strengthening of the research database in mental health. In the updated version,⁶ four additional targets affirm WHO's commitment to championing the direction of mental health response to the COVID-19 pandemic. There are new targets on service expansion through community infrastructures, the integration of mental health into public health emergency planning for population safety, and a pledge to double the global output of mental health research. These additional strategies carry an even deeper meaning now with the Russian invasion of Ukraine, which along with other ongoing conflicts and humanitarian crises globally is exacerbating human suffering and forcing people into exodus.

We therefore make recommendations to focus on timely and rapid evidence generation to address the

overall objectives of the WHO action plan. Our proposals are centred on a population-level focus, providing key evidence to drive mental health promotion and prevention for the general population, and a focus on addressing disparities in access and quality of services for socioeconomically disadvantaged groups.

Efforts to address the wellbeing of different population groups during and after the acute phase of the COVID-19 pandemic will require developing, testing, and implementing mental health programmes that use community resources as infrastructure during health emergencies to develop concrete evidence related to UHC⁸ and how to address mental health treatment gaps. Epidemiological studies that explore the impacts of COVID-19 containment measures and mitigation efforts on mental health in the general population will inform service development and psychosocial response in current and future humanitarian crises. Information on the effects of SARS-CoV-2 on the brain, cognition, and functioning⁹ in people with lived experience will help design neurological and psychiatric treatment plans for affected individuals and provide pointers to more virulent infections that might emerge in the future.

There is a need to increase research that identifies evidence-based interventions that support psychological wellbeing, minimise risks, and promote resilience to support children and young people's mental health and reduce the risks of mental illness in later years.¹⁰ Exploratory studies are useful in intervention designs that use community-based resources as partners in mental health promotion, prevention, and service delivery. Intervention studies can also evaluate strategies of partnerships between mental health services and social organisations, such as schools, workplaces, religious groups, and non-governmental organisations, to promote mental health help-seeking and suicide prevention programmes.¹¹ Cost-effective interventions and studies that include multilevel cost-benefit analyses are needed to guide decision makers on budgeting, cost savings, and resource allocations for mental health. Evaluating the impacts and effectiveness of digital intervention in the COVID-19 pandemic⁴ is necessary



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to leverage technology for service delivery for real-time surveillance and disease trends projections during health emergencies. Tested capacity-building methods used in multipronged approaches¹² will help to strengthen service delivery by health-care providers and other allied workers.

Accelerating research on health disparities, including barriers to access, will be crucial to improving future preparedness and the resilience of mental health services. Preparedness strategies of the updated WHO action plan recognise the disproportionate impacts of crises such as COVID-19 and rising global political instability on vulnerable groups. Syndemic research approaches will help our understanding of the unequal impacts of the pandemic, for instance, on people who are homeless, migrants and displaced and refugee populations, individuals with disabilities, and people with pre-existing mental or substance use disorders, particularly the social, economic, and political contexts, and inform necessary interventions for these populations.¹³ Multisectoral and multidisciplinary research approaches that incorporate partnership within the health sector and collaboration with key government agencies are essential for the expansion of mental health services at community levels and the promotion of social reconnections and rehabilitation for people with mental disorders. Strategies to prevent maltreatment, violence, and injuries tested in multidisciplinary studies are necessary for the development of effective response plans to safeguard human rights in subgroups such as older adults, children, populations with learning and intellectual disabilities, and people with severe mental disorders in public health emergencies.¹⁴ Mixed methods studies will help inform the development of programmes to promote healthy coping during and after the acute phase of the pandemic in vulnerable population subgroups. Longitudinal studies are also needed to discover changes resulting from the pandemic experience at individual and population levels over time. Additionally, improvements are also needed so that the mental health workforce is able to deliver equitable care. Evidence-based strategies to prevent work burnout and professional dissatisfaction among front-line health workers during public health disasters—eg use of shift duty schedules, in-service training, and burnout prevention programmes¹⁵—also need to be tested in the evolving pandemic context for their effectiveness.

A broader scope of global mental health beyond specific disease areas will be crucial to addressing the ongoing challenges of COVID-19 and responding to current global unrest and future humanitarian crisis. Learning from the experiences during the COVID-19 pandemic and adapting the focus of mental health research will be vital to develop effective policy in mental health recovery efforts.

We declare no competing interests.

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