

## From One Global Pandemic to A Second, the Emerging Mental Health Pandemic

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### Abstract

*This paper is based on a Keynote speech the author gave at the 6th Global Public Health Conference on 11<sup>th</sup> October 2021. The paper gives some background to Covid-19 to contextualise the situation for an international audience. This is followed by a brief personal reflection of the Covid-19 impact before discussing the emerging second pandemic, the emerging Mental Health Pandemic. Suggestions of how to ensure sustainable, low-cost, evidence based non-medical interventions, linked to a revised WHO Global Action Plan is proposed as one solution.*

### Introduction

At the time of the presentation, we are fast approaching two years since the first cases of Covid-19 were diagnosed (Gallagher 2020). One year on from when it started, there were 100,000 deaths from Covid-19 in the UK recorded (Official UK Coronavirus Dashboard, <https://coronavirus.data.gov.uk/details/deaths>). At the same time, globally the death toll reached 2.1 million, however, within a month it had reached almost 2.5 million, according to the World Health Organization (WHO) COVID-19 Dashboard, <https://covid19.who.int/>. As of 6:36pm CEST, 4 October 2021 there were 4,800,375 deaths.

Monday 23 March 2020 was the day that radically changed the lives of those in the UK. The country entered lockdown and virtually everyone were told to stay home to protect the National Health Service (NHS), to help save lives. This changed the way the nation functioned, people were urged to work from home where possible, but there were some people still delivering key services at workplaces in addition to the NHS (police, paramedics, fire service, bus and train staff and universities amongst others).

COVID-19 changed many aspects in the world, including business, education, healthcare, industry, family life and as we are clearly aware, travel and conference attendance. Money was thrown at developing a vaccine and these were eventually produced and approved in record time. Millions of people, especially in the West, received their first, then second vaccination. But there were many countries around the world who did not have that same access to vaccines, money or other assistance. Interestingly many of those same countries with limited vaccinations did not have the same incidence or deaths from Covid as did Europe and the United States of America!

In the UK a furlough scheme was introduced. The UK Government paid a significant percentage of people's salaries to protect them and the businesses employing them. Other financial help was available in different ways also. The isolation we in the UK were asked to undertake to minimise the spread, led to an upsurge in e.working. Meetings via MS Teams and Zoom became the norm. General Practitioners (GP) introduced screening when people rang the GP for an appointment. Telephone consultations increased massively, not only with GPs but also with hospital staff caring for people with on-going conditions.

Gradually, over time the number of people getting Covid-19 reduced, the numbers admitted to hospital stabilised and the number of deaths began to fall. Restrictions are being lifted.

This gives some context behind what I mainly wanted to discuss. But before I discuss the mental health pandemic, I want to briefly share my experience of 2020, to exemplify how mental health can be impacted by Covid and other factors.

## **My Experience**

Just preceding the pandemic hit the UK, in January 2020, I was diagnosed with mouth and neck cancer. Surgery went ahead immediately prior to the start of the pandemic, early February. After the pandemic lockdown had started, I commenced 6-weeks of chemo/radiotherapy treatment.

Prior to the radiotherapy, I had to cut my hair very short and shave off my beard completely, to enable a mask to be made for me to be fastened onto the table to make the radiation therapy hit exactly where needed. I have had a beard since 1976, you may be surprised to hear this was quite a traumatic thing for me. It was a loss, the person I saw looking back at me in the mirror wasn't me.

For six weeks, I had daily visits, Monday to Friday, involved arriving at the treatment Centre, wearing a face mask, using hand cleanser on several occasions, signing in and sitting at least two meters apart from other patients, without communicating with hardly anyone, staff or other patients, other than staff administering the chemo and radiographers. Quite an isolating experience.

When, fifteen years previously, I had been diagnosed with bowel cancer, there was regular communication with other patients when attending for chemotherapy and out-patient follow-up. This communication and comradery would often involve humour, quite often dark humour. It helped to reduce isolation and get through the treatments. This time when attending for chemo and radiotherapy, nothing. We didn't have the opportunity to chat to each other. A very strong feeling of isolation developed, not just the isolation of family or friends through having to shield, but the isolation of not communicating with others in a similar position to oneself. In all I had 6 months off sick, one month taking accrued annual leave, but nowhere to go, so stayed home, then 12 months working from home.

You can see how easy it was for my mood to lower, and it did. However, I am not unique. Wang et al (2020) demonstrated a high prevalence of mental health problems and gaps in mental health care for cancer patients, and showed high distress from COVID-19 increased risks. Nevertheless, the whole of the UK and parts of the world were isolating whether they had cancer or not. Many are experiencing mental health distress, fear and difficulty coping in a variety of countries globally (Rahman et al 2021).

## **Mental Health Pandemic**

The WHO Global Action Plan (GAP) for Healthy Lives and Well-being for All (<https://www.who.int/initiatives/sdg3-global-action-plan>), that several major global health agencies signed, provided a framework for collective action leading towards universal health for all and would accelerate progress in relation to Sustainable Development Goals for Health. The Covid-19 pandemic has greatly impacted on all our lives and it has also impacted adversely on progress in relation to Mental Health in respect of GAP. We are a long way from achieving the targets. The Covid-19 pandemic has also shown how flimsy health systems are particularly for the mental health of global populations.

The fear of Covid-19 and the ability to cope varies by country. There are some groups with higher risks and greater susceptibility. There is growing evidence the pandemic has, and will continue to adversely affect the mental health of the world's population across all age groups, (Girdhar et al 2020; Shuja et al 2020 and Tanaka & Okamoto 2021).

On the positive side, there is growing evidence that non-medical, local and culturally sensitive interventions are successful in helping people with their mental health (Doukani et al., 2021) and (Raghavan et al. 2020). This would suggest sustainable mental health care could be achieved globally.

We need to put equal time, effort and money into appropriate interventions, interventions that need tailoring to individual countries and society's needs. Now is the time to consider if the WHO Mental Health Action Plan (WHO 2013) needs radically rethinking. The Western medical model(s) hasn't worked. Do we, therefore, reach out to alternative, less costly and more sustainable approaches? I believe we must.

We must now refocus and modify how we address the mental health pandemic that is upon us post Covid. The WHO Sustainable Development Goals (SDGs), specifically Target 3.4, <https://sdgs.un.org/goals/goal3> could be better achieved through revising and reconfiguring WHO Mental Health Action Plan. By doing so, it will greatly assist to get the globe back on track, from a mental health perspective.

But we need to be mindful that globally, publications relating to the negative impact COVID-19 has had on the mental health of people across different age ranges, has grown. For example; perinatal and offspring in Spain (Caparros-Gonzalez et al., 2020), children and adolescents in China (Duan et al., 2020) and adults in Indonesia (Siste et al., 2020) have all seen a significant impact. While Girdar et al.

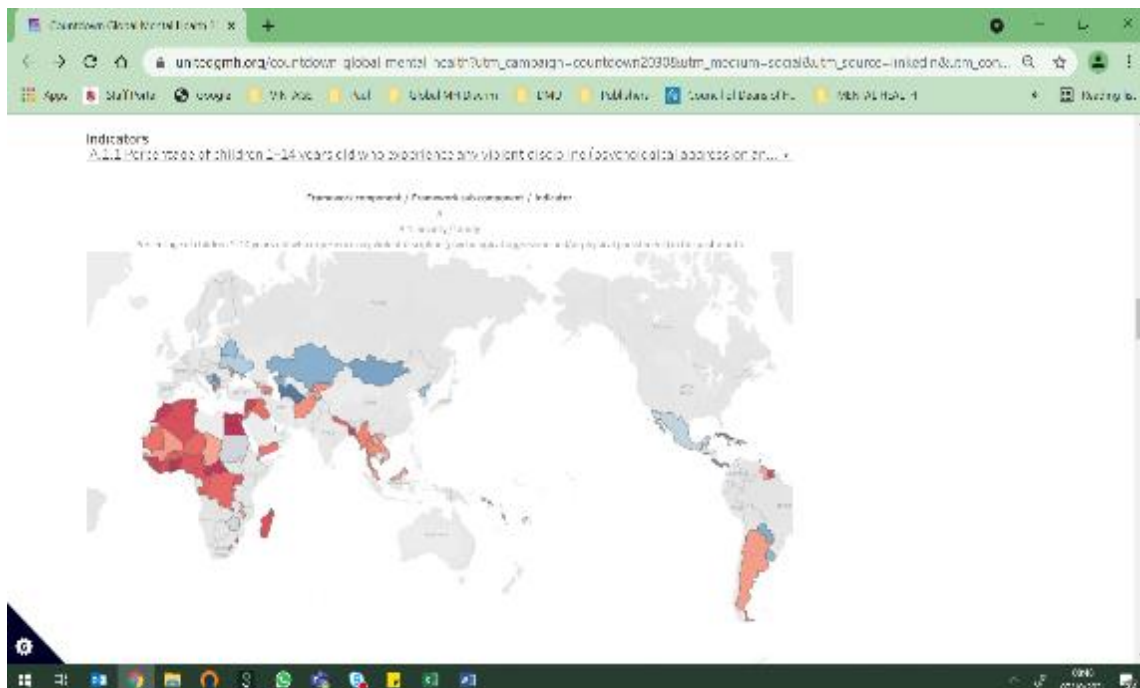
(2020) cautioned that the elderly in India was at risk from social isolation as a result of COVID-19, though García-Fernández et al. (2020) found older people in Spain had significantly less emotional distress than other age groups. One study shows this varied mental health response to Covid. Evidence from the Mental Health Foundation (2020) Coronavirus: Mental Health in the Pandemic study demonstrated a varied experience, dependent on their social and/or economic situation in society. They rather nicely and succinctly state "...we are all in the same storm, but we are not all in the same boat...."

The SDG declaration stresses that to realize the overall health goal, 'we must achieve universal health coverage (UHC) and access to quality health care" (WHO 2019). But that is not detailed enough. SDG3 Target 3.4 references mental health but does not have its own target. In its place it states; "By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. Within Target 3.4, suicide rate is an indicator (3.4.2). We need to question why such a significant and increasing global issue has not got its own target.

Even now the website doesn't even refer to the impact of Covid on mental health when you first open their webpage. Instead reproductive health, maternal health and child health, all very important, are cited as potentially being stalled by Covid. Yet there is a wealth of evidence mental health is being adversely impacted now! (<https://sdgs.un.org/goals/goal3> [accessed 06/10/2021])

Why hasn't the WHO built on work undertaken on strengthening mental health resilience, rather than traditional western medical intervention, as in the Mental Health Action Plan (MHAP) 2013-2020 (WHO, 2013)? Clearly it was not on track to reach its targets prior to COVID-19. As stated, evidence is building which shows non-medical, local and culturally aware interventions are successful (Doukani et al., 2021 and Raghavan et al., 2020).

However, a significant development will help all of us to get up-to-date data on mental health to achieve sustainable mental health. United for Global Mental Health in partnership with the WHO, UNICEF, GlobalMentalHealth@Harvard, Global Mental Health Peer Network and The Lancet, have developed a free and interactive dashboard. GLOBAL MENTAL HEALTH 2030: DATA TO DRIVE ACTION AND ACCOUNTABILITY allows searches of mental health data by country using a range of indicators, combined with an annual monitoring report on what the latest data shows. There are various means of looking at the data for example, this one shows the percentage of children (1-14 years old) who have experienced violence.



[https://unitedgmh.org/countdown-global-mental-health?utm\\_campaign=countdown2030&utm\\_medium=social&utm\\_source=linkedin&utm\\_content=countdown2030](https://unitedgmh.org/countdown-global-mental-health?utm_campaign=countdown2030&utm_medium=social&utm_source=linkedin&utm_content=countdown2030) [accessed 06/10/2021].

And finally, a particularly vulnerable group are front-line health and other workers who have been utilised in a variety of areas, not always in their primary area of work, in an attempt to contain the pandemic. Numerous risk factors will impact these staff groups, including inadequate personal protective equipment, stigma and discrimination because of their profession and coming into contact with people who are Covid positive, personal fears of infecting their own families, isolation from family members. The mental health impact of the pandemic on health and other workers showed up as experiences of trauma and confusion, something akin to post traumatic stress. But interestingly De Koch, Latham et al (2021) didn't find any studies looking at Corvids impact on social care staff. As yet, there appears to be no planning for the long-term support of these workers

### **Conclusion**

I believe 'Peoples Mental Health Matters' should be the mantra of all health and social care professionals and governments. Mental health should be as prominent and as well funded as the Covid pandemic. Further the WHO Mental Health Action Plan should have specific mental health actions. We all need to look wider than traditional western medical interventions for solutions to the mental health pandemic. We need to do it now, as the global mental health pandemic will last a long time.

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