

Mental health during the COVID-19 pandemic

KEY FINDINGS

The pre-pandemic impact of mental health in some countries amounted to 5% of their GDP.

Its high impact is due to the high number of cases among the working-age population and to the corresponding costs of social and care benefits.

The priority level of mental health was already increasing before the COVID-19 pandemic.

The impact of COVID-19 on health services saw a dramatic reduction in their access and availability.

The impact of COVID-19 on health and social workers was severe.

The future strategy for healthcare systems should be focused on a whole health systems approach, with attention to the health workforce.

Mental health digital solutions should be integrated in national healthcare systems avoiding regulatory fragmentation.

On Tuesday, 10 November 2020, 13:00 - 14:30, the Policy Department for Economic, Scientific and Quality of Life Policies organised at the request of the ENVI committee a remote webinar on 'Mental health'. The webinar was moderated by Policy Department and introduced by the two co-Chairs of the Health Working Group, Dolors Montserrat and Sara Cerdas, Members of the European Parliament (MEPs). It covered issues such as the impediments to mental healthcare, the costs of neglecting mental healthcare, COVID-19 fatigue and consequences on mental healthcare, with the aim of bringing together experts in order to inform the Members on the latest developments in mental healthcare policies and actions, providing a forum for discussion.

The event was structured around four experts' presentations: Ms Nicoline Tamsma, policy officer at the Health promotion, disease prevention, financial instruments unit, DG SANTE, European Commission presented an update of the latest Commission's actions on mental health; Dr Natasha Azzopardi-Muscat, director of the Division of Country Health Policies and Systems at the WHO, European Region, highlighted the mental health consequences and needs in the context of COVID-19 pandemic; Dr Emily Hewlett, policy analyst at the OECD, presented the economic costs and opportunities of mental ill-health; Mr Oyono Vlijter,



project leader at the National Psychotrauma Centre, illustrated the results and perspectives of the eMEN project.

This briefing summarises the presentations of the invited experts, available with the biographies of the speakers on the [dedicated](#) page of the ENVI committee's website.

Context

Starting in 2009, the European Parliament took position on various mental health issues, asking for mental health assistance and services for vulnerable groups, such as children and adolescents in Europe (2009), raising awareness on mental health diseases associated with aging, such as Alzheimer's disease and other dementias (2011) and highlighting the need to have a mentally safe and healthy working environment for workers (2016). However, despite the many targeted resolutions covering urgent aspects of mental health, the debate on this aspect of health never found its way to a comprehensive European framework.

The MEP Sara Cerdas opened the debate and introduced all speakers; she highlighted the need to support mental health initiatives with more funding and expressed her hope that the budget figures negotiated in the [EU4Health 2021-2027 Programme](#) will meet the expectations of all the speakers.

Nicoline Tamsma: Update on the Commission's actions on mental health

Ms Tamsma presented the current work of her unit and of the European Commission on mental health, done together with the Member States and NGOs and co-funded via the [Annual Work Plan 2020](#) of the [EU Health Programme](#), the EU strategy for ensuring good health and healthcare, with the goal to support national health policy priorities.

The pre-pandemic impact of mental health in the EU is summarised by the following key figures: 84 million people (1 out of 6) are diagnosed with mental health issues; the overall cost of mental health amounts to EUR 600 billion, or 4% of the total EU GDP; the need for mental health and psychosocial support is expected to substantially increase. Looking to the past, a brief history of the EU efforts and reports of the last 15 years in mental health necessarily includes the following key publications: the [Green paper Improving the Mental Health of the Population \(2005\)](#), the [European Pact for Mental Health and Wellbeing \(2008\)](#), the [Joint Action on Mental Health and Wellbeing report \(2017\)](#), the [European Framework for Action on Mental Health and Well-Being \(2019\)](#), which is the outcome of the work of the Joint Action Mental Health and Wellbeing, and the [EU Compass for Action on Mental Health and Well-Being \(2015-2018\)](#), which includes the identification and dissemination of European good practices in mental health.

To support countries in reaching the health targets of the Sustainable Development Goals, the European Commission established a [Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases \(SGPP\)](#), which provides advice and expertise to the Commission on developing and implementing activities in the field of health promotion, disease prevention and the management of non-communicable diseases. The SGPP fosters exchanges of relevant experience, policies and best practices between the Member States (see in particular the EU Health [best practices portal](#)). In the last two years, its main activities have been: in late 2018, the SGPP group increased the priority of good practices in mental health; in spring 2019, 11 practices were showcased at the meeting held at the [Joint Research Centre \(JRC\), Ispra](#); in summer 2019, a ranking exercise was performed by the SGPP group, with practices of highest relevance rolled out; the calls for the next annual plan were also launched. The role of the [Health Programme 2020 Annual Work Plan](#), which provides mental health with a financial support up to EUR 8.4 million, is central. It is composed by two main dimensions: joints actions and projects calls. Particular focus was given to the joint actions on mental health led by Greece, including actions on suicide prevention,

the mental healthcare delivery system reform in Belgium, and the project calls [iFightDepression](#), developed by the [European Alliance Against Depression](#) and [Housing First Europe](#), developed by Portugal.

Finally, there is great concern on the impact of COVID-19 on mental health at the European Commission.

On 9 October 2020, Commissioner Stella Kyriakides [stated](#): “While many people are understandably tired of COVID-19, the pandemic is not tired of us”; on 16 October she [added](#): “As a clinical psychologist, I am acutely and painfully aware of the damaging effects the pandemic could bring about on the mental health of all of us. Whilst we cannot yet evaluate the risk, we know that the long-term impacts will be significant”.



Many of the concerns are currently addressed on the [Health Policy platform](#), an interactive tool to boost discussions about public health concerns, share knowledge and best practices to support health and social workers, look at mental health impact on citizens and specific groups and identify and address knowledge gaps. The

platform has 70 participants, is co-ordinated by Mental Health Europe and held a first webinar in October 2020 on [Addressing mental health needs of healthcare workers](#).

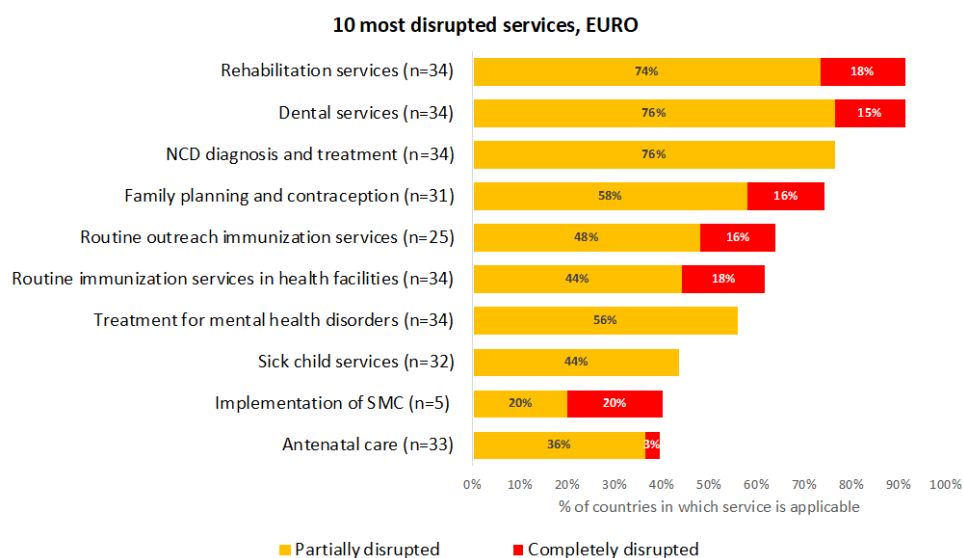
Dr Natasha Azzopardi-Muscat: Mental health need in the context of the COVID-19 pandemic

In her presentation, Dr Azzopardi-Muscat, director of the Division of Country Health Policies and Systems in the WHO, European Region, reminded that “*nobody has been spared, but not everyone has been impacted equally*”, especially during times of COVID-19.

The impacts of mental health can be split into three main components: direct effects of disease outbreak (fear, anxiety), indirect effects of IPC measures (isolation, lockdown), indirect effects of the socioeconomic fall-out (debt, unemployment, impoverishment, exclusion). The consequences of mental health affect all age ranges: children and adolescents (disruption to schooling), adults (unemployment, poverty, debt) and elderly people (isolation). In particular, the segment of the young people aged 18-28 is a group at high-risk in developing poor mental health, due to higher employment and income insecurity.

In the context of the three phases of social and economic impact, defined in the WHO report [Strengthening and adjusting public health measures throughout the COVID-19 transition phases \(2020\)](#), it should be highlighted the increase of demand on mental health services, both from the economically stressed population and among health workers. In particular, the results of a recent WHO survey on the impact of COVID-19 on the provisional or normal health services showed partial disruptions to mental health services reported in almost half (34) of the countries surveyed (53) across the European region (see figure on p. 4).

Results of the WHO survey on the most disrupted services in the European Region



Source: Pulse survey on continuity of essential health services during the COVID-19 pandemic: interim report, August 2020, WHO.

The main impact of COVID-19 on health services materialised as a dramatic reduction in access to and availability of facility-based services and community-based supports, virus outbreaks and lockdown measures in long-term care settings, conversion of psychiatric wards into COVID wards and infection and severe strain among the mental health workforce. Mitigation strategies include the retention of essential mental health services, switching to remote care, digital platforms and telemedicine (hotlines, online consultations), an increased focus on psycho-education and self-help (coping, stress management) and psychological support to healthcare workers.

The impact of COVID-19 on health and social workers was severe. Data from many countries across all WHO regions indicates that COVID-19 infections are far greater than those in the general population. For instance, while health workers represent less than 3% of the population in the large majority of countries, and less than 2% in almost all low- and middle-income countries, around 14% of COVID-19 cases reported to WHO were among health workers, with peaks of 35% in certain countries.

To mitigate disruptions and taking pressure off hospitals, WHO/Europe is proposing a dual-track approach to health systems: health systems must remain ready to: (1) provide the full range of services needed to prevent, diagnose, isolate and treat COVID-19 patients; and (2) address the accumulated demand from potentially crowded out services to provide COVID-19 care during outbreak peaks. The future strategy for healthcare systems should be focused on a whole health systems approach, with attention to the health workforce.

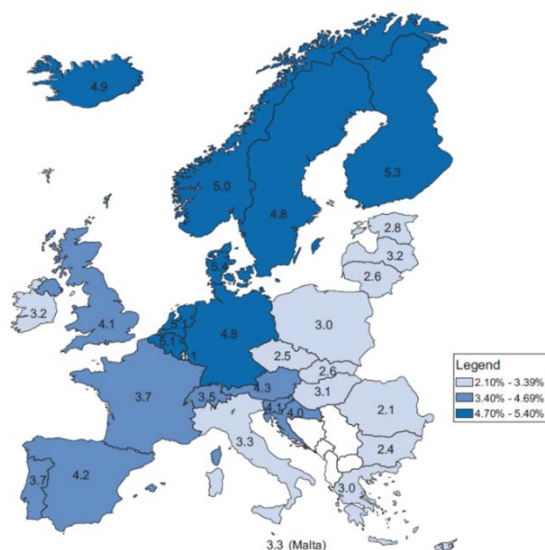
Looking ahead, the importance of some new WHO instruments and programmes should be highlighted, such as the [Coalition for Mental Health](#), which will focus on addressing stigma and discrimination and bringing mental healthcare to the community, and the [Pan-European Commission on Health and Sustainable Development](#) chaired by the former Commissioner Mario Monti, which will try to rethink policy priorities and make recommendations on investments and reforms.

Dr Emily Hewlett: Mental ill-health: economic costs and opportunities

In her presentation, Dr Hewlett, policy officer, OECD, remarked that in Europe the mental health costs in some countries amount to more than 5% of their GDP: only a 31% of the cost of mental ill-health comes

from health spending, while 28% are costs from social benefits such as unemployment benefits and 40% are indirect costs (see figure below). The high economic impact of mental health costs is mainly due to the high number of mental health cases among the working-age population, with a prevalence of mental disorders in the working age range (20-64) of more than 15%. Moreover, 1 out of 5 people living in the OECD countries at any given time in their life will be experiencing mental health distress.

Estimated direct and indirect costs related to mental health problems across EU countries, as a % of GDP 2015



Source: OECD (2018), [Health at a Glance: Europe 2020: State of Health in the EU Cycle](#), OECD Publishing, Paris.

The population's mental health clearly declined during the COVID crisis. In Belgium, for instance, the prevalence of anxiety (depression) doubled, increasing from an average value of 11% (9.5%) in 2018 to a value of 23% (20%) in April 2020, with younger, unemployed people, and people living alone showing higher rates of anxiety and depression. The speaker called for effective mental health interventions to be scaled up due to the impact and the consequences of the COVID-19 pandemic: high economic costs, rising mental health distress and high burden of mental ill-health. The introduction of measures such as a timely access to care, talking therapies, integrated mental health and workplace policy, stigma prevention and increase of Mental Health Literacy were among the many actions to be considered.

Some of the latest OECD initiatives, which are trying to fill the knowledge gaps, include the [Mental Health Performance Benchmarking Framework](#) and the OECD's economics of public health analysis [model](#) that could be applied to mental health interventions. A final positive note: the increased size of mental health problems will result in mental health measures paying off more significantly.

Oyono Vlijter: Presentation of the National Psychotrauma Centre and the eMEN project

Oyono Vlijter, the eMEN project leader at the National Psychotrauma Centre, presented the ARQ, National Psychotrauma Centre and the [eMEN project](#). The ARQ, National Psychotrauma Centre in the Netherlands, consists of 9 partner organisations that are specialised in the aftermath and consequences of traumatic events. Each partner organisation has its own expertise and experience, in prevention, diagnostics,

treatment, research, policy advice and training. The eMEN project, which started in June 2016 with a total budget of EUR 6.21 million and will run until December 2021, has the objective of promoting a more affordable, accessible, effective and empowering mental healthcare by operationalising a transnational cooperation platform for e-mental health product innovation, development and implementation; the project mainly involves partners from the Netherlands, Belgium, United Kingdom, Ireland, Germany and France (see figure below).

The eMEN consortium



Source: ARQ, Mr O. Vlijter's project presentation.

The main motivation of the eMEN project is well explained in the OECD [Health at a Glance: Europe \(2018\)](#) report on the economic impact of psychological disorders. According to it, the economic impact of mental health disorders amounts to a total loss of 4% of GDP in OECD countries, with one out of six people in the EU affected by mental health issues (more than 84 million people) and an estimate of the economic impact of more than EUR 600 billion across the EU.

An e-mental health solution focused on professional use seems then the natural answer to the new technological and societal challenges, which are seen producing cognitive overload and mental health distress. However, the practical implementation of such large-scale solutions has clear challenges, such as product quality and privacy issues, the definition of e-mental health curricula, digital skills and training paths, the attainment of clinical effectiveness and the creation of a robust digital infrastructure, among others.

As a large project, eMEN offers the possibility to suggest certain transnational policy recommendations to policy makers, such as: including e-mental health sections in national e-health strategies, ensure legal clarity, ethical correctness, privacy and data security in the development, deployment and use of e-mental health devices and e-mental health-based therapies, increase dedicated investments in e-mental health solutions, including EU funding and clear reimbursement rules when e-mental health is used, define high standards of quality, usability, interoperability of e-health applications, increase awareness and acceptance of e-health, enhance digital e-health literacy and skills of professional workers, integrate e-mental health paths into established mental healthcare models.

The progresses and the recent developments of some regulatory mental health national initiatives in Europe point in the right direction. The opportunities for e-mental health offered by the [Digital Healthcare Act in Germany](#) and the extensive research on e-mental health ongoing in France, where e-mental health has been prioritised in national health roadmaps, can be seen as models. The case of the Netherlands, a front runner having been the first e-mental health service provider in 1997, is also worth studying. In the Dutch system, the use of structural e-mental health has increased rapidly in the past 5 years: most general practitioners and mental health service providers offer e-mental health tools, which are now fully reimbursed by insurance companies, with patients having the possibility of being treated completely online and little regulatory uncertainty.

Artificial intelligence (AI) is an enabling tool for shifting from hospital centred systems to more integrated care structures, offering faster and more accurate diagnoses and remote monitoring of patients, advancing from treatment to health promotion. AI is not meant to replace human psychiatrists, but to assist them, providing streamlined treatments in data analysis and diagnosis.

Questions and answers

In the Q&A final session, discussion developed around concerns over increasing anxiety, depression and domestic violence cases during COVID-19. Much of the discussion focused on the need for data and resources needed to design the right responses for children and specific groups' mental health, including a question from MEP Tilly Metz about the Commission's approach towards vulnerable and specific groups. MEP María Soraya Rodríguez Ramos asked how to successfully compile data at the European level, to which Mr Vlijter responded by admitting that this represents a huge challenge, since it is already very difficult to gather data at the national level. MEP Juozas Olekas focused on the problem of the disruption of schooling caused by the restrictive measures, and how the EU can influence and address this issue. To his question, Dr Azzopardi-Muscat answered that the EU should raise awareness on this issue, speak with one voice, and ensure that the actions taken by Member States are proportioned, particularly where primary schooling is concerned. Questions also touched upon e-mental health courses, and the possibility to be implemented among all EU universities, as there are already classes offered in many Dutch universities.

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