14.3 Mental health preparedness and response for the COVID-19 pandemic

Statement:

We welcome WHO’s commitment to mental health preparedness during the COVID-19 pandemic. However, we wish to express the following concerns:

The COVID-19 mental-health strategy is understandably dominated by concerns about a rise in the incidence of depression, an increase in deaths by suicide, and possible neurological damage caused by the virus. However, labelling a condition doesn’t make the social challenges around it disappear. Tackling mental illness requires a shift from an individualistic and clinical focus approach to an integrated people-centred one.

We call on WHO to approach mental health from a political economy perspective and to consider the redistribution of power and wealth as essential steps to achieve true population mental health and wellbeing. WHO should use the social determinants of health approach to create holistic mental health policies that address both basic needs and mental health issues from a syndemic perspective.

The mental health of healthcare workers requires special attention during emergencies. Insecurity created by informal employment conditions and strained working conditions that pre-existed the emergency were worsened by lack of or lax infection control protocols, including lack of adequate PPE. During the pandemic, health workers’ mental health helplines were missing or often dysfunctional. Health workers require better mental health support and we urge WHO to provide guidelines on this matter.

Finally, mental health interventions and services cannot be effective without considering the most upstream political, social and economic causes of inequality itself. We therefore urge WHO and MS to make systematic efforts to integrate mental health services into health systems that are universal, based on social solidarity and built on a unified publicly funded system, with most service provision through public institutions. A narrow focus on health coverage, even if universal, will remain insufficient.