FACTSHEET Global MHPSS needs for vulnerable families and their children in the COVID-19 pandemic
What can the international community do?
Version 1st April 2020 – N.B. this is a living document and will be update as comments are received

1. Impact of COVID-19 on MHPSS

The spread of COVID-19 will intensify stressors related to quarantine, fears of infection, frustration, boredom, inadequate supplies, imperfect information, financial insecurity and stigma. These stressors can ultimately bring about post-traumatic stress symptoms, confusion and anger. A review[1] of the impact of previous disease outbreaks, such as the Spanish flu pandemic and Ebola, shows that the most vulnerable people are the worst affected.

The financial impact of restrictive measures such as quarantine and self-isolation are more easily absorbed by populations with stable or higher incomes. In low- and middle-income countries loss of livelihoods leads to additional problems. The social, economic and physical impact of COVID-19 has the potential to further exacerbate existing mental health conditions as well as general psychological distress. Available health services were already under-resourced or disrupted by humanitarian crisis in these countries - even before the outbreak of COVID-19. These health systems will be unable to cope if the pandemic worsens - which will also exacerbate the risk of mental health problems in territories such as Gaza[2] and Syria.

Furthermore, post-traumatic stress symptoms of mitigation measures such as physical distancing, quarantine and self-isolation may be present as far as three years in the future. The reviewed studies also show that stigma and marginalization are prominent amongst already vulnerable groups.

In terms of the current pandemic this affects - in particular - homeless, marginalized, the displaced[3], women, children and older adults. For the Netherlands and other affected European counties this could mean refugees but also families living in conditions of poverty[4].

- Children living in conflict zones or conflict-affected areas : 415 million (more than 1 in 6 children worldwide)
- Children living in high-intensity conflict zones: 149 million
- 112.8 million people in the EU-28 who lived in households at risk of poverty or social exclusion (AROPE), equivalent to 22.4 % of the entire population
- 25.9 million refugees, worldwide
- 41.3 million internally displaced people, worldwide

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[1] Brooks et al., (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. The lancet. 395(10227): 912-920.

[2] https://www.ohchr.org/FR/NewsEvents/Pages/DisplayNews.aspx?NewsID=25728&LangID=E

[3] https://www.unhcr.org/globaltrends2018/

[4] https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:At_risk_of_poverty_or_social_exclusion_(AROPE)

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2. **Challenges to Service Provision**

An estimated 10% of the world population[5] and 20% of children and adolescents live with a mental disorder[6]. This number increases significantly during a humanitarian crisis[7]. People with severe and chronic mental and neurological conditions (e.g. psychotic disorders) are particularly vulnerable in epidemics and need access to appropriate care and support. Forced quarantine and isolation may serve to worsen pre-existing conditions and past traumas.

The impact on young people is particularly significant (e.g. school closure) because of its effect on their fragile development. Experiences from the Ebola outbreak in West Africa show that SGBV and teenage pregnancy rise when schools are closed and children are forced out of existing protection systems[8]. Child protection concerns increase in these times - and manifest themselves in domestic violence, loss of family members, changes in family structure and financial hardships that can lead to increased child labour and school dropout.

A number of our country teams are expressing concerns regarding United Nations Humanitarian Air Service flights - which are a lifeline not only for our teams but also for our ability to reach communities in remote or unstable locations. Any decisions to suspend any current humanitarian flights will, of course, have a massive impact. Government lobbying, or support to develop a workaround, will be vital.

Resources dedicated to the necessary COVID-19 response may lead to a reduction in investment and resources for Mental Health services. This investment may shrink further if the pandemic leads to an economic recession, with 'non-essential' services paused in many countries. This will severely limit face-to-face mental health service provision, leaving many people unable to access potentially life-saving care. Developing appropriate programmes for remote service delivery, plus training and supervision in these methods, will require financial investment.

3. Potential Solutions

Large scale humanitarian programmes, funded by institutional donors and delivered to strict timelines, will inevitably be disrupted and delayed. It is essential for humanitarian donors to take an appropriate and flexible approach to current funding agreements in order that organisations can respond quickly. These responses will encompass reallocating funding to adjust budgets, partners, payment in advance, and committing to cover overheads. Significant new funding is required for the COVID-19 response, mitigation and long-term recovery.

All agencies are facing constraints and new threats (including health and security risks to staff, partners and programme participants) in delivering existing programmes or pivoting to new needs. Donors should work together with civil society actors to identify and address all possible opportunities to facilitate ongoing operations - including, as far as possible, flexibility and

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5 Patel, V. and S. Saxena (2014). "Transforming lives, enhancing communities — innovations in global mental health." New England Journal of Medicine 370, no. 6:498-501; Helliwell, J.F., et al. (2013). World Happiness Report. Available at http://unsdsn.org/wp-content/uploads/2014/02/ WorldHappinessReport2013_online.pdf

6 World Health Organization "10 Facts on Mental Health." Available at http://www.who.int/features/fact les/mental_ health/mental_health_facts/en/; De Silva, M. and J. Roland, on behalf of the Global Health and Mental Health All-Party Parliamentary Groups (2014). Mental health for sustainable development. London, UK

7 World Health Organization, 2005

8 https://www.savethechildren.org/us/about-us/media-and-news/2015-press-releases/children-report-increased-exploitation--teenage-pregnancies-in-e

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adaptability in funding; streamlined reporting and due diligence processes; and provision of sufficient support costs (including funding passed through multilateral funds) to enable us and local partners to deliver in this new environment. This should include harmonising requirements across donors, and rapid decision making, as well as fair and equitable risk sharing.

The main gaps identified by the humanitarian community as priorities are: (1) public health promotion: (2) Water, Sanitation and Hygiene (WASH) provision: (3) Hygiene promotion: (4) Protection, and: (5) Livelihoods. The Humanitarian Response Plan (HRP) that was launched 25 March 2020 further provided key recommendations for the integration of MHPSS into humanitarian responses.

With regard to children in areas affected by armed conflict, we identify three additional needs in the COVID-19 emergency context - child protection, education and MHPSS. Once possible, there is likely to be a high demand for face-to-face MH services. Service providers should be ready to cope with this demand. A growing body of evidence shows that CASH programming can advance improved outcomes for all the activities that we have listed as potential sectors or themes in our COVID-19 response.

Involving children and young people in their own social development and combatting the spread of the epidemic is key to the success of any approach. Innovative methods using remote delivery or self-help materials could help increase access to certain kinds of support.

What Can the International Community Do?

The integration of Mental Health and Psychosocial Support (MHPSS) within all aspects of the COVID-19 response[9], is crucial to restoring day-to-day functioning, supporting resilience and increasing access to life-saving services by affected populations. Therefore its provision should become a high priority in humanitarian action by further increasing the awareness of the benefits of mental health and psychosocial needs of affected populations. The international community can promote this mental and psychosocial recovery in six ways, which are outlined below:

1) Improved access
2) Continued funding and focus on essential non-COVID-19 responses
3) Resilience-building through cash remittances
4) The promotion of the Inter-Agency Standing Committee (IASC) Information Note on updating Humanitarian and Country response plans to include COVID-19 MHPSS activities[10]
5) Consideration of MHPSS services at all levels - promotion, prevention, and treatment. This should also be available for health workers, frontlines, teachers and other staff
6) Integrated programming - use all opportunities to embed MHPSS messaging in awareness, public health, wash, cash, education, livelihoods programmes. And via these services, detect people who need additional MHPSS support

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[9] Studies emphasize that social cohesion and strong local networks to health benefits: indirect (eg, Baum, 1999; Dorzdek, 2014) and direct (eg Wind, Fordham and Komproe, 2011; Wind & Komproe, 2012).

[10] https://mcusercontent.com/c2523f4cbed5f394e2158b43f/files/491980be-6210-46ce-81e9-78267e1ff1cc/COVID_19_HRP_one_pager_FINAL.pdf