



June 2020

POSITION PAPER

“Key long-term challenges
and opportunities for
mental health in the
aftermath of COVID-19”

1. Introduction

COVID-19 has hit the world in an unprecedented way. Its effects will be with us for a significant period of time.

As countries are slowly entering into the recovery phase of the pandemic, the long-term socio-economic implications, and how to address them, will become the key to success or failure for our societies.

It is a crucial moment for policy-makers to act wisely.

While there are, inevitably, different individual reactions to COVID-19, the pandemic and the national responses to it highlighted the intersection between our mental health and a range of social determinants such as where and how we live, work and age.

This paper aims to explore the key challenges and opportunities for mental health in the aftermath of COVID-19. It also shows how COVID-19 offers an opportunity to rethink our approach to mental health and implement structural changes in mental health support.

2. The impact of socio-economic factors on mental health

Our mental health is heavily determined by a variety of factors ranging from the quality of our relationships to employment, education, but also access to food, income and housing.

The impact of COVID-19 is hitting some communities harder than others. It exacerbates existing inequalities and worsens the position of those who were already facing social and economic difficulties such as people experiencing homelessness, migrants, people living in deprived areas.

These social inequalities constitute some of the main risk factors leading to mental ill-health.

To address the wide-ranging determinants of mental health, cross-sectoral collaboration is key.

COVID-19 has shown some positive cultural changes where different services, including healthcare services, social care services, police and other organisations in voluntary sectors, started working closely and collectively on the principle of mutual aid. Such changes need to be scaled up.

In addition, policy-makers need to ensure that progress in supporting community-living schemes and social support for people experiencing mental ill-health is maintained. Investments in economic protection packages and the promotion of basic social rights are crucial for the promotion of positive mental health.

Finally, for every risk factor such as loneliness or stigma and discrimination, there is also a protective factor such as strengthened social networks or effective communication and mental health literacy.

These socio-economic factors need a collective and social response if we want to avoid the pandemic to become a long-term social crisis.

3. Access to mental health support and services – how COVID-19 can reshape our approach

Community-based support and services have shown great flexibility in adapting to the COVID-19 pandemic by quickly reinventing themselves. Unlike long-term institutions, these services were able to keep on supporting recovery in line with human rights and maintain higher levels of both sanitary and dignity standards.

The current pandemic and the general overreliance on biomedical interventions bring a real risk of over-prescription of medication as a first response. It is then fuelled by the ever-increasing commercial influence and pathologisation of mental ill-health.

There is a need to move beyond urgency-driven medical solutions and instead adopt a public health and human rights approach to mental health.

Integrated community services can be the solution.

Services in the community can address the needs of people through tailored, coproduced interventions and have the capacity to actively reach out to persons in vulnerable situations who otherwise might not find their way to adequate support. Tailor-made, integrated services also have an essential role to play in mitigating risk factors, including social ones, and offering adequate support.

Barriers that seemed hard to lift before the crisis, such as effective online psychosocial support, have now become part of many more daily realities. Digital innovations and telehealth provisions put forward throughout COVID-19 are, of course, not the same as face to face interactions.

Still, they do carry the potential to increase access to care and reach out to people who might otherwise be less keen or able to search for support.

Overall, communities themselves are the ones who have the solutions to the problems they face. It is only a matter of involving them to provide the recipes to overcome certain barriers.

4. Conclusion with recommendations

The challenges and hardship caused by COVID-19 are undeniable. But the pandemic also offers a pivotal moment to reframe the way we talk about mental health and underline how our mental health is shaped by a wide range of social determinants.

Now that governments are putting in place the way to recovery, it is a crucial

time for investments in a social response to mitigate the long-term effects of the pandemic on mental health.

MHE aligns with the view of the UN Special Rapporteur on the right to physical and mental health that the best 'vaccine' for the protection of good mental health is the use of human rights-based approaches in all policies.

We recommend national and European policy-makers:



1. Mitigate consequences of the crisis through comprehensive long-term strategies

Adopt comprehensive long-term strategies to mitigate the health and socio-economic consequences of the current crisis, involving people with psychosocial disabilities and their representative organisations in the design of such strategies.



2. Promote basic social rights, invest in economic protection

Promote basic social rights and invest in economic protection packages, including universal basic income, income protection schemes, loan guarantees, medical insurance cover, rent protection, etc.



3. Tackle stigma and discrimination by investing in mental health literacy

Tackle stigma and discrimination by investing in mental health literacy on the social determinants of mental health, by communicating how experiencing distress is a normal reaction in these exceptional circumstances, and by strengthening the sense of community and solidarity that has emerged through the COVID-19 crisis.



4. Promote cross-sectoral collaboration

Promote cross-sectoral collaboration and strengthen integrated social and health care, including investments in peer support, instead of solely relying on biomedical interventions.



5. Promote and support community-based services

Promote and support community-based services that respect the will and preferences of users in line with the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), involving people with lived experience in the design, implementation and monitoring of services.



The work of Mental Health Europe is supported by the European Commission through the Rights, Equality and Citizenship Programme. The information contained in this document does not necessarily reflect the position or opinion of the European Commission.

The work of Mental Health Europe is supported in part by a grant from the Foundations Open Society Institute in cooperation with the Public Health Program of the Open Society Foundations.