Covid-19 and Mental Health: delivering mental health services under the pandemic
Briefing Paper

Introduction

In 2020 EPR members working on mental health have shared their experiences including practices and challenges on delivering mental health services during the pandemic. As part of this exercise, EPR Mental Health Working Group gathered and shared their practices in a public seminar that took place online in November. They elaborated recommendations addressed at policymakers regarding the provision of mental health services and the pandemic.

To reflect EPR work on this topic during this year, the Secretariat decided to put together a briefing paper collating EPR members' practices, recommendations and needs of the sector. As such, this briefing paper aims at providing an overview of the impact of the pandemic on mental health and on people with mental health issues through EPR members experience, the challenges on mental health service provision and meeting users' needs under the pandemic. This paper also looks at EPR work on mental health in 2020 such us its online campaign on mental health through social media and it underlines needs of the sector as conclusions. The lessons learnt in delivering mental health service during times of crisis shared by EPR members will leave some suggestions to improve the current and future condition of mental health services.

I. Mental health and COVID-19: an overview

Over this year, international organisations such as the World Health Organisation have called the attention upon the impact of the pandemic on mental health. The lockdowns, social distance and limitations to continue with social life together with loss of employment for many has resulted in increased levels of anxiety, stress and depression.

Before the outbreak of the Covid-19 pandemic, one out of six Europeans was affected by mental health issues[1]. The numbers are now increasing, although it is difficult to quantify the cases. According to EPR members, mental health problems are escalating in the European society due to Covid-19 and those who already had mental health issues have seen those worsened.

At a global level, the World Health Organisation (WHO) warns that while the demand for mental health services is rising, in 93 per cent of states worldwide the possibility of accessing them is decreasing or is blocked entirely[2]. The coronavirus pandemic has increased psychological adversity and mental health issues both in the general population and high-risk groups. Persons with a disability are facing additional uncertainties in comparison to the rest of the population. The primary fear is to be left behind, which collects social injustices as prejudice, stereotypes and discrimination based on disability. The restrictions hit service providers—the main doubts concerned providing the required personal health care and rehabilitation[3].

In its 45th Session from 14th of September to 6th of October 2020, the United Nations (UN) Human Rights Council appointed a new Rapporteur on the Rights of Persons with Disabilities. For the second time, a person was mandated by the Council to report on issues concerning the UN Convention on the Rights of Persons with Disabilities (UN CRPD). Urgent measures were called to provide medical care and life support for people with disabilities without any form of discrimination. Governments were requested to take actions to prioritise the needs of people with disabilities during the pandemic and not abandon them in quarantine. This meant to

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[1] Ciucci, M. (2020). Mental health during the COVID-19 pandemic. [online] ENVI Webinar Proceedings. Available at:
https://www.europarl.europa.eu/RegData/etudes/BRIE/2020/658213/IPOL_BRI(2020)658213_EN.pdf.

[2] World Health Organization (2020). *COVID-19 disrupting mental health services in most countries, WHO survey.* [online] www.who.int.
Available at: https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey.

[3] Mental Health of Persons with Disabilities during the COVID-19 pandemic. (n.d.). [online] . Available at:
https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2020/04/Salud-Mental-Covid19-y-personas-con-
discapacidad-ENGapril15.pdf.

enable them access to adequate health care and service delivery including mental health services and receive specific protection during health emergencies.

Mental health and well-being are promoted as priorities within the UN Sustainable Development Goals 2030 Agenda. They are essential components of the right to health, which can be affected by a wide range of socio-economic factors during the pandemic. Governments were called to consider mental health care through an intersectional approach. Service providers should deliver mental health service to people with disabilities by considering multiple factors such as gender, age, economic income, ethnicity, nationality, sexual orientation, etc[4].

At a European level, both the European organisation working on mental health, Mental Health Europe (MHE), and the European Network of National Human Rights Institutions (ENNHRI) published a report this year regarding supported decision-making for persons with disabilities and what it entails in theory and practice. They emphasised the right of people with disabilities to make their own decisions and abolish laws that include coercive measures that restrict the right to decide on people with disabilities[5].

II. Main challenges to deliver mental health support services

Multiple stressors have worsened the mental condition of people with disabilities during the Covid-19 crisis. As resources become scarce, it is harder for them to access critical medical supplies. Moreover, medical care policies can strengthen discriminatory attitudes towards people with disabilities during critical times. This can lead to severe illness anxiety disorder or the development of harmful coping strategies, such as alcohol or substance abuse and self-harming behaviour. Some people with disabilities experience greater levels of social isolation than their non-disabled peers. During the Covid-19 pandemic, human contact has been replaced by screens, leaving people with disabilities feeling even lonelier. Frontline workers and parents working from home struggle to keep personal and professional life separate and achieve work-life balance. Home confinement proved that people are not in the same boat during a pandemic. Gender violence, job loss, and economic insecurity had a massive toll on some people's mental health[6].

EPR Mental Health working group: delivering mental health services during Covid-19

EPR mental health working group members shared through online meetings and a dedicated public seminar some practical challenges to deliver mental health services this year. The current situation has pushed some members towards a faster digitalisation, implying developing skills related to providing services and working through online platforms. Some of the challenges faced by mental health service providers in light of Covid-19 include knowing how to effectively provide services via telehealth versus face to face, providers and service users having adequate IT skills and access to suitable technology. However, there are barriers to deliver training courses due to limited access to technology and lack of IT skills both for service users and staff.

Regarding users, EPR mental health working group members highlighted that while some users are more disengaged, others are now more engaged with their wellness than before and enjoyed and found motivation through the online service provision. EPR member Rehab Group from Ireland outlined that their service noted different experiences with adapting to working remotely: some older people embraced the need to develop IT skills whilst others, for example, those with learning disabilities, required more support.

Additionally, EPR members reported difficulties for users with loss of routine, economic fallout, social and community disruption, and inability to comfort people physically due to physical distancing. They noted the stress response was triggered by people when facing unpredictable scenarios. As a result, service users were presented with issues such as irritability, helplessness, fatigue and reduced concentration.

Service provision to people with disabilities and people with mental health issues have seen essential differences depending on the measures adopted by the national governments in their country. EPR members shared their experiences and challenges on these regards. EPR members from Portugal pointed out that during the pandemic they did not see their services limited neither their funds affected. On the contrary EPR

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[4] www.un.org. (n.d.). *UN Enable - Special Rapporteur on Disability*. [online] Available at:
https://www.un.org/esa/socdev/enable/rapporteur.htm [Accessed 26 Feb. 2021].
[5] ENNHRI. (2020). Implementing supported decision-making for people with disabilities: New report shows developments in Europe and the role of NHRIs. [online] Available at: http://ennhri.org/news-and-blog/implementing-supported-decision-making-for-people-with-disabilities-new-report-shows-developments-in-europe-and-the-role-of-nhris/ [Accessed 26 Feb. 2021].

[6] How COVID-19 impacts people with disabilities. (2020). https://www.apa.org. [online] Available at: https://www.apa.org/topics/covid-19/research-disabilities.

members from Greece such as Theotokos Foundation denounced the lack of support provided by their government during the first lockdown in spring 2020 forcing them to stop delivering services and seeing their funds cut. As a result, mental health service provision during the pandemic was directly affected by the national measures and protocols which differed considerable between countries in the European Union.

III. EPR Mental Health working group: good practices on mental health during the pandemic

EPR members working on mental health service provision shared over the year their practices and challenges in delivering services to people with mental health issues under the pandemic. This paper compiles an informative summary of these practices contributing to good practices exchange and dissemination at EU level. This year, the EPR mental health working group joined the European Commission EU Health Platform online. The platform aims at promoting dissemination and exchange of good practices related to health including mental health services. These practices shared on this paper and on the mental health public seminar Towards participation delivering mental health services are included online on this platform.

RehabGroup, Ireland, shared strategies they used during their work with patients to adapt to telepsychology. They remarked that the pandemic has accelerated the shift toward telehealth. Telepsychology includes care delivered via phone, video or both. According to RehabGroup, the benefits of telepsychology are high client acceptance; ability to reach more people; effectiveness across wide variety of groups; better retention rates; overcoming stigma – camera off and better able to access; finally, balance work home commitments.

Some service users disengaged at the start of lockdown, whilst others embraced the opportunity to upskill and felt having access to the service gave purpose and structure to their day. Some initiatives included applying for technology for students and supporting staff with stress management. Rehab also presented the NLN practice. It regards employment programs focusing on negative beliefs that can become barriers to users and difficulties. NLN is based on identifying a change from irrational beliefs, understanding the cognitive process and thinking.

RehabGroup suggests therapists the following good practices for teleworking:

- o Set boundaries and require privacy from the start – facilitate client find a quiet space where they won't be overheard;
- o Know the exact address where a client is located;
- o Have contact details of the clients key supports (first person contact/medical team);
- o Accommodate diversity – use the method of communication that meets the needs and preferences of the client;
- o Be proactive and creative in how to develop therapeutic;
- o Alliance - use voice to convey warmth and emotion;
- o Carefully attend to nonverbal cues, tone of voice, breath;
- o Upskill – IT Skills, active/reflective listening;
- o Display an openness to working in a manner that seems so untraditional.

CRPG, Portugal, worked on a body mind intervention for people with acquired disabilities after a severe illness / accident. The duration of the biopsychosocial rehabilitation program is indicated as four months in-center and three months working trials. The program structure of the body mind intervention includes ten sessions, five online sessions and five in-center sessions; one Clinical Psychologist with training in Body Psychotherapy; three stages per session: (a) warm-up, (b) experience and (c) personal integration.

The body-mind intervention is an intervention based on the principles of Body Psychotherapy that aims at the integration between the body and mind experience in a coherent and flexible Self. The main goal is to support each participant to be in contact with their body, to amplify the body sensations and to became aware of muscular tensions and blockages, emotions and thoughts working through the movement and breathing, reaching an increased state of well -being. A better mental health condition is reached thanks to four exercises:

1. Grounding: involves components of being aware of body sensations in relation with the outside, being aware of our internal and external limits and a sense of feeling connected with reality;

2. Body Awareness: Feets and legs movement to access the contact with ground - Breathing exercises to access body sensations - Sensory Awareness to connect to environment – 5 senses - Touching and manipulating things around;
3. Centering involves components of being aware of the inner centers of the body and noticing the fluctuation in it, focusing and stabilizing that sensations in order to achieve a sense of balance;
4. Facing involves components of expression of feelings and thoughts in a relational context and give them a meaning.

CRPG is currently implementing two psychoeducational programs on anxiety and depressive mood symptomatology, both based on acceptance and commitment therapy.

Theotokos Foundation, Greece, ran a stress and anxiety management program for young people with autism and mild learning disabilities. The psychoeducational program with a cognitive behavioral therapy foundation consists of an education phase exploring topics such as the link between emotion and behavior, a space to share emotions, and identify helpful and unhelpful coping skills and develop a tool kit. The program's outcomes include increasing the service users sense of control and adapting to new social distances rules. Strategies such as mindfulness and other learnt coping skills helped young people better manage uncertainty and improved self-esteem.

Fundacion INTRAS, Spain, supported people in small groups for independent living during the pandemic. The challenges were managing uncertainty, sorrow and anxiety, feeling unmotivated and a sense of fatigue. INTRAS used strategies such as phone calls, supporting people to develop their IT skills, providing online sessions and organising therapeutic walks to maintain social contact. Challenges that continue to be addressed are helping maintain staff and service users motivation and dealing with uncertainty. Besides, INTRAS launched a sports initiative, an inclusive project with people with and without mental health disabilities created by people with disabilities and linked to the wellbeing of those employed. INTRAS has also been working on the FROG technique that improves leadership on people with mental health issues to get back to employment together with EPR under the the Erasmus+ project JumptoJob.

Fundacion Ramon Rey Ardid, Spain, has developed this year a network of workshops and interventions open to the public and launched a youtube channel to inform about the WHO's recommendations. They shared that over this year their users are responding very well in the new social process showing high responsibility and commitment.

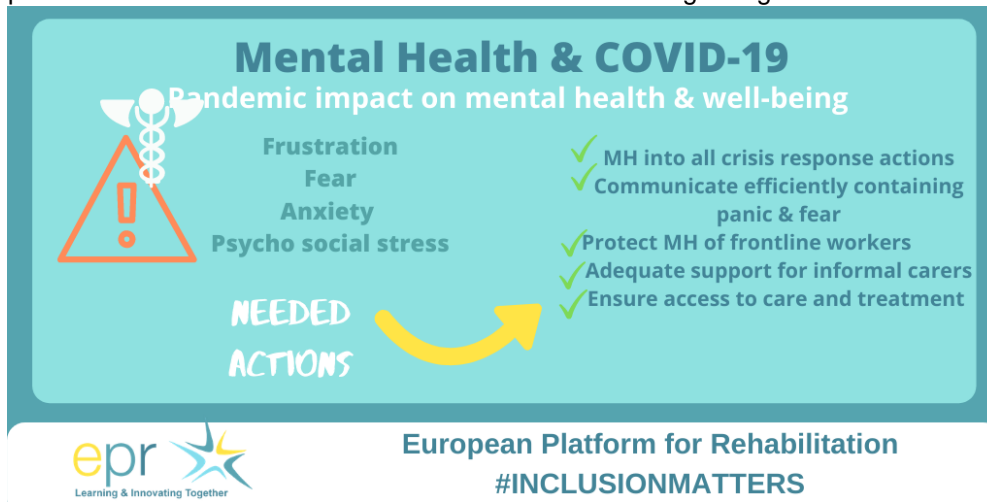## IV. EPR's work for Mental Health in 2020

Over 2020 EPR has worked on mental health together with its members of the working group gathering and promoting the exchange of good practices and mutual learning between them. In November, EPR working group members delivered a public seminar aimed at disseminating and raising awareness of the practices they had implemented this year in order to keep delivering mental health
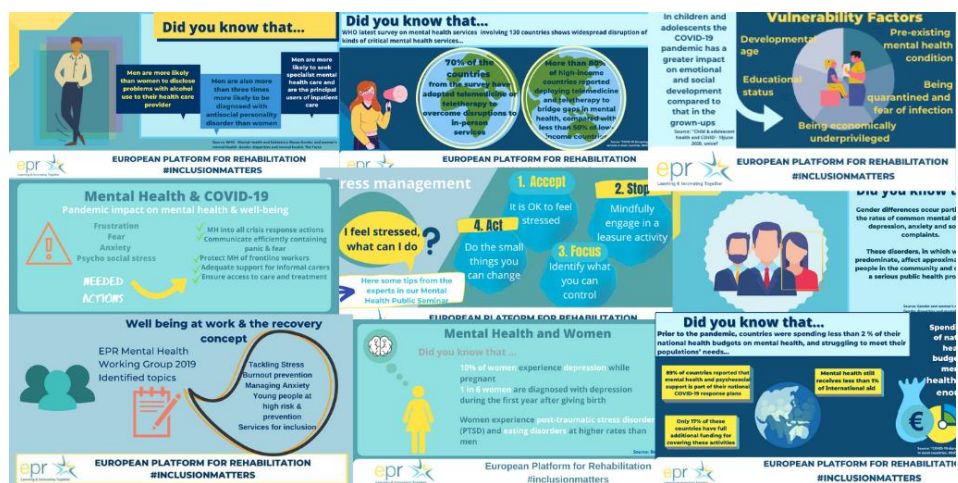
services under the pandemic. The seminar, joined by more than 50 participants, gathered experts on mental health from European organisations and professionals and saw the discussion of recommendations to help the sector be better supported by European policymakers.

This year, EPR joined the European Commission's EU Health Policy Platform where the mental health working group will share information of its work with other experts and will contribute to exchange of good practices. Other actions and work EPR has enrolled in regarding mental health include: a dedicated section in its Knowledge Hub with information about mental health and Covid 19; dedicating the online campaign to mental health which can be accessed by Twitter to raise awareness of such a topic using key messages and infographics with the hashtag #InclusionMatters.

Mental Health & COVID-19
Pandemic impact on mental health & well-being

Frustration
Fear
Anxiety
Psycho social stress

NEEDED ACTIONS

✓ MH into all crisis response actions
✓ Communicate efficiently containing panic & fear
✓ Protect MH of frontline workers
✓ Adequate support for informal carers
✓ Ensure access to care and treatment

European Platform for Rehabilitation
#INCLUSIONMATTERS

V. Recommendations and lessons learnt in delivering mental health service during times of crisis

In 2020, the EPR Mental Help Working Group discussed recommendations on delivering mental health service during times of crisis based on their own experiences.

Some of the challenges faced by mental health service providers in light of Covid-19 include knowing how to effectively provide services via telehealth versus face to face, providers and service users having adequate IT skills and access to suitable technology, and supporting people with issues such a loss of a predictable routine, economic fallout, social and community disruption and subsequent stress and anxiety.

Some solutions presented from EPR members included consulting research papers available on how to provide effective telehealth and devising guidelines, supporting staff and service users to develop and upskill their IT knowledge, applying for funding for technology for service users to facilitate their engagement in telehealth, targeting issues being experienced by service users due to Covid-19 within intervention plans and being creative with ways to support people, e.g. therapeutic walks. To keep people engaged over time using telehealth, it was suggested to support people in increasing their ICT skills and use creative ways to engage people, e.g. using quizzes to help keep people engaged. EPR members like RehabGroup also stated that it is becoming a must now to support the development of better IT tools and recognises there needs to be a balance between this and face to face intervention.

Taking into consideration the challenges presented by Covid-19 and identified solutions to these challenges, below are some recommendations from the EPR Mental Health Working Group to the EU on ways to support mental health services to provide adequate services despite the restrictions posed by Covid-19 by improving adequate funding:

1. Provide extra funding for upskilling health professionals and service users on how to use telehealth effectively. This includes funding for training staff on how to provide their service effectively via telehealth. This includes funding for training service users on how to get the best out of telehealth and financing of devices to support this, e.g. improved Wi-Fi connection, headsets, tablets.
2. Provide funding for new posts to be created to support staff with stress management and training on how to stay motivated during times of uncertainty;
3. Provide funding for new posts or the development of a current staff member to provide service users with specific programs such as the reconnecting body and mind in times of uncertainty course in Portugal. Benefits of this program showed an increase in the service user's sense of control and skills learnt helped them manage uncertainty more effectively;
4. Provide funding to evaluate service users and health professionals' perspectives on what works well in telehealth and what does not. Results of these studies can be used to inform services in the future better.

Furthermore, in the *Mental health in the eye of the COVID-19 hurricane* joint statement that EPR contribute to together with other ten organisations working at EU level it was requested to EU policymakers to include mental health in all European crisis responses initiatives currently taking place to address the consequences of the pandemic; protect the mental health of front line workers and protect the mental health of people in vulnerable situations including older people.

Important points to take into account in order to deliver mental health services during crisis and emergencies gathered in this statement can be put forward as lessons learnt. Some of this key points are: mental health should be an integral part of any public health response to current and potential pandemics. This would help to largely prevent psychosocial stress for individuals and populations. Actions will only be efficient if they follow a 'whole-of-society' approach, affecting all sectors and holding initiatives for mental wellness, health, social services and welfare, educational environments and responsive local government and non-governmental organisations.

Besides, European national governments should take measures to tackle misinformation and disinformation. Inefficient communication was one of the main reasons for panicking and anxiety among the population during the Covid-19 outbreak. To solve the communication problem, governments should implement policies and practices to boost digital literacy and guarantee access to digitalisation to every citizen. The whole education system might change due to Covid-19. Now it is dependent on technology, and many do not have computers or do not know how to use them. Improving digital skills will reinforce equal access to education and labour market. Currently, frontline staff and medical professionals are facing unprecedented challenging working conditions. Access to psychosocial care should be strengthened and made possible by considering shifts and working hours. Informal carers, those who look after people with special needs outside a formal framework, have been dealing with stress and loneliness as service providers have not been able to work and help as usual.

This joint statement also called for the European Commission to put forward funds aimed at services or activities linked to the promotion of employment of people with mental health issues, health system or the rise of private models. Investing in the mental health sector prevents further spending in the public sector later[7].

VI. Conclusions

Over this year, EPR Mental Health Working Group has highlighted the role of mental health services as essential under any circumstances and put forward the fact that they did not break down within the crisis. There is a need for mental health prevention and more staff and tailored measures for social services. Mental health organisations are indispensable to prevent more expenses linked to mental conditions.

Services that provide mental health support are fundamental. During the pandemic, it was clear how they have been underfunded for years as they could not reach a large number of people. The main challenge will remain to deliver appropriate mental health support to the population, especially for people with a disability and informal carers. Governments should guarantee mental health services during the imposed restrictions and limitations and after the virus is gone since it is foreseen that mental health consequences from the pandemic will remain for a long time.

The experiences faced by EPR members highlighted that technologies play a fundamental role nowadays, especially for service providers. This also links to funding. More funds are needed to allow access to IT material and implement digital skills for service employees and patients. Lastly, more awareness and prevention campaigns mental health is required and goes hand in hand with the need to access services through technologies.

[7] EPR. (2020). *Mental health in the eye of the COVID-19 hurricane*. [online] Available at: https://www.epr.eu/mental-health-in-the-eye-of-the-covid-19-hurricane/.