Commentary

How can the COVID-19 response advance global mental health?

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The COVID-19 pandemic, a defining health event of our time, is bringing rapid changes to mental health care across the globe. Although there is extensive disruption to existing practices, the response to the pandemic is presenting opportunities for advancing the field of global mental health (GMH) in low- and middle-income countries (LMICs).

GMH aims to address mental health challenges in the context of socio-economic adversity, social suffering and limited existing resources, primarily in LMICs (Becker & Kleinman, 2013; Patel & Prince, 2010). GMH integrates mental health into primary care, provides affordable and effective community-based care and strengthens the mental health training of all healthcare personnel. Task sharing, a key GMH strategy, trains laypersons and mid-level professionals to provide mental health services (World Health Organization, 2008). This is distinct from the specialist-based practice models which dominate mental health care in high-income countries, for those who can pay.

At this moment, the challenge for GMH is to draw upon these strategies and push the field even further to respond to the mental health consequences of COVID-19. At least three growth opportunities are evident thus far.

The first growth opportunity is using a public health framework to respond to the mental health consequences of the pandemic. COVID-19 has resulted in widespread fear and worry in general populations everywhere. Evidence from prior disasters suggests that such mental health distress will likely continue for many as the pandemic evolves and even remits, especially among vulnerable populations (Goldmann & Galea, 2014). A public health approach prioritises the development of interventions that can reach far more people than clinical strategies. It can inform building models of primary prevention involving low-cost, low-intensity interventions that promote mental health literacy and self-management (Petersen et al., 2016) and secondary prevention which integrates mental health care into medical settings through collaborative care models (Acharya et al., 2017). Thus far, we have seen some examples of self-management campaigns in LMICs (University of Prishtina, n.d.), though bringing them to scale for populations will require greater investment.

A second, related, growth opportunity is the rapid expansion of web-based and mobile strategies. At a time when social distance is necessary to contain the spread of the virus, such strategies are essential to realising this public health vision and improving equitable access to evidence-based mental health treatment and support. This includes using such platforms to educate the public, deliver treatment, create opportunities for social connection and supervise providers (Patel et al., 2018). There are examples of this already happening in LMICs.

Some international organisations, for example, have rapidly transitioned existing mental health and psychosocial services to a remove delivery model (Heartland Alliance International, n.d., Mental Health Innovation Network, n.d.). Yet, in LMICs, such approaches are complicated by disparities of access and lack of network infrastructure and wireless availability. Further, these technologies may compromise confidentiality and increase risk for some, such as survivors of gender-based violence (Ruzek & Yeager, 2017). Further innovations are needed to address these obstacles to access and safety and to achieve the population-level impact that is desired.

The third growth opportunity is to meet the mental health and psychosocial needs of healthcare workers. The

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pandemic is shining a bright light on the emotional toll on the healthcare workforce (Ayanian, 2020). A recent survey found that LMIC healthcare organisations recognised the mental health needs of their clinicians and staff, many labouring without personal protective equipment, yet few organisations had the capacity to respond (UIC Center for Global n.d.). Some hospitals and public health departments in high income countries have rapidly developed hotlines and web-based mental health resources for healthcare providers (UI Health, n.d.). Developing and sustaining capacities to support healthcare workers in LMICs responding to the surge now will be essential for the long-term health of the workforce for this pandemic, and inevitably future disasters. Even more so, these efforts can shape public perception of mental health and result in a legion of healthcare workers who are believers in mental health prevention and care, and some day can help build further services.

These three opportunities can become changemakers in LMICs where GMH is only beginning to demonstrate its potential and its major challenge remains how to scale up and reach more people.

While the initial response is encouraging, GMH needs to go further in developing innovations and overcoming key challenges. For example, even with the use of new technologies, stigma related to mental health care will continue to function as a stubborn barrier. Web-based and self-management resources will need to be bolstered with engagement efforts. LMICs also face challenges in having the research capacity to evaluate the impact of new interventions. If we are able to maintain the current momentum while addressing these matters, GMH can emerge from this pandemic better positioned to achieve its core goal of improving population level mental health.

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