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COVID-19 information note 17

COVID-19 and mental health

Mental health in the time of COVID-19: worsening mental health situation

Even before the coronavirus disease 2019 (COVID-19) pandemic emerged, mental health illnesses were one of the main causes of global health-related illness, accounting for about 13% of the global burden of disease. Depression and anxiety disorders were the leading contributors to this burden and the two most disabling mental disorders[1]. An estimated 10% of the world's population was thought to be affected by some form of mental illness before the COVID-19 pandemic[2]. New WHO prevalence estimates of mental disorders in conflict settings show that the prevalence of mental disorders was 22.1% at any time in the conflict-affected populations assessed.[3]

The emergence of the COVID-19 pandemic has arguably created an environment where many determinants of poor health have been exacerbated. This might be a result of the direct psychological effects and long-term social and economic consequences of the fairly long uncertain period of the pandemic, such as social restrictions, prolonged lockdown, school and busines closures, loss of livelihood and lower economic activity. A worldwide global survey by WHO which examined the effect of COVID on mental health services has shown that 93% of the countries reported disruption of one or more of mental health services during the pandemic[4].

Summary

- Mental health disorders cause great suffering and are costly.
- COVID-19 has worsened mental health globally and in Somalia, disproportionately affecting women and younger age groups.
- Increases in depressive and anxiety disorders will put pressure on Somalia's already overstretched and fragile health system.
- More resources need to be allocated to mental health services; essential mental health services must be maintained; and monitoring and evaluation strengthened.
- The cost of services for mental health is far less than the cost of undiagnosed and untreated mental health disorders.

At the global level, a recent systematic review identified that two of the main indicators of the effect of COVID-19 – daily infection rates of severe acute respiratory syndrome coronavirus 2

[1] The intersection of COVID-19 and mental health. Lancet Infect Dis. 2020;20(11):1217. doi: 10.1016/S1473-3099(20)30797-0

[2] Investment in treatment for depression and anxiety leads to fourfold return [internet]. Geneva: World Health Organization; 2016 (https://www.who.int/news/item/13-04-2016-investing-in-treatment-for-depression-and-anxiety-leads-to-fourfold-return, accessed 30 January 2022).

[3] Charlson F, van Ommeren M, Flaxman A, Cornett J, Whiteford H, Saxena S. New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. Lancet. 2019;394(10194):240–8. doi: 10.1016/S0140-6736(19)30934-1

[4] National pulse survey on continuity of essential health services during the COVID-19 [internet]. Geneva: World Health Organization (https://www.who.int/teams/integrated-health-services/monitoring-health-services/national-pulse-survey-on-continuity-of-essential-health-services-during-the-covid-19-pandemic, accessed 30 January 2022).

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(SARS-CoV-2) and reductions in human mobility – were associated with:

- increased prevalence of major depressive disorder and anxiety disorders, with the countries hit hardest by the pandemic in 2020 having the greatest increases in prevalence of these disorders;
- higher burden of major depressive disorders amongst women than men; and
- higher burden of major depressive disorders among younger age groups than older age groups.

A meta-regression model developed for the study showed that as result of direct and indirect effects of the COVID-19 pandemic, an additional 53.2 million cases of major depressive disorders (an increase of 27.6%) and an additional 76.2 million cases of anxiety disorders (an increase of 25.6%) would be reported globally in 2020[5].

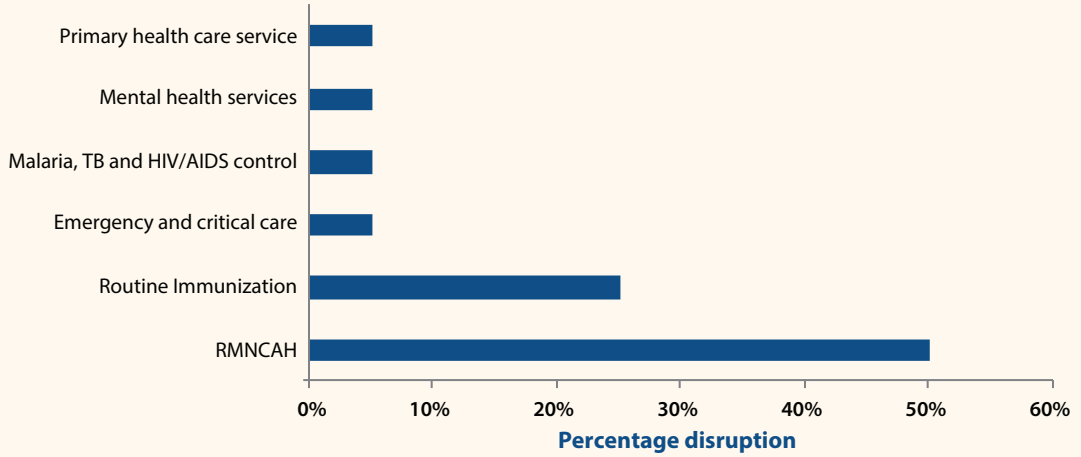
Mental health in Somalia during COVID-19: disrupted services, unmet needs and worsening illness

Essential mental health services in Somalia, as in many other lower- and middle-income countries, are poor; more than 75% of people in need of mental health services have no access to effective evidence-based mental health services.

Data from WHO's national pulse surveys on continuity of essential health services during COVID-19[6] showed that essential health services in Somalia, including mental health services, have been severely affected by this global public health crisis (Figure 1).

Although routine immunization, reproductive and child health services have suffered the most disruptions in Somalia, in settings where the mental health services were less than optimal or poor before the pandemic, even a 5% disruption of mental health services caused by COVID-19 means that people with pre-existing mental health conditions have been disproportionately affected by limiting access to essential treatment and support services. This will also mean that many additional cases of common mental health disorders such as depression and anxiety that COVID-19 has induced will go undetected and untreated, and many more people's mental health needs will be unmet.

Figure 1. Disruption to essential health services during COVID-19, Somalia. Source: WHO national pulse survey



TB: tuberculosis; RMNCAH: reproductive, maternal, newborn, child and adolescent health services.

[5] COVID-19 Mental Disorders Collaborators. Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. Lancet. 2021;398(10312):1700–12. doi: 10.1016/S0140-6736(21)02143-7

[6] National pulse survey on continuity of essential health services during the COVID-19. Geneva: World Health Organization (https://www.who.int/teams/integrated-health-services/monitoring-health-services/national-pulse-survey-on-continuity-of-essential-health-services-during-the-covid-19-pandemic, accessed 30 January 2022).

Data from the above-mentioned systematic review and meta-analysis (Table 1) also showed an increased prevalence of major depressive disorder and anxiety disorders in Somalia, by about 17.8% and 16.2% respectively. This means that before adjustment for the COVID-19 pandemic, the estimated prevalence of major depressive order in 2020 in Somalia was 2304.8 cases per 100 000 population. After adjustment for the COVID-19 pandemic, the estimated prevalence of major depressive disorder was 2713.4 cases per 100 000 population. Similarly, before adjustment, the estimated prevalence of anxiety disorders in Somalia in 2020 was 2819.8 cases per 100 000 population. After adjustment, the estimated prevalence of anxiety disorders was 3276.4 cases per 100 000 population.

The combined effects of lockdowns, stay-at-home instructions, decreased public transport, school and business closures, loss of economic activities and decreased social interactions have led to worsening of the mental health situation in Somalia as has happened in other countries.

Conclusion: mental health matters

In Somalia, the current humanitarian situation resulting from protracted conflicts, drought, locust infestation and now the COVID-19 pandemic has not only worsened the mental health of people in the country, but the situation has also reached a point where irreversible damage to the cognitive development of young people might be anticipated, which would lead to long-term social consequences if not addressed urgently.

The increased prevalence of depressive disorders and anxiety disorders induced by COVID-19, on the top of existing high burden of mental health illness in Somalia, will have the following consequences.

- Additional people will need access to good-quality mental health services and supportive psychological care, which will put a strain on the already limited services available for mental health.
- Pre-existing mental health conditions of people suffering from such illness before the COVID-19 pandemic will be exacerbated, and meeting the added demand for mental health services may be extremely difficult in this already resource-constrained setting.
- Major depressive disorders and anxiety disorders will increase the risk of other diseases and suicide in Somalia, which already has one of the highest suicide rates in the world (11.5 per 100 000 population).

Somalia has one of the highest rates of mental illnesses with an estimated one person in three suffering from some form of mental illness[7]. This is largely the results of three decades of civil war that has led to poor governance, underdevelopment, poverty and social and gender inequality.

The COVID-19 pandemic has now been shown to worsen mental health in the general population. Resource-limited countries such as Somalia are least capable of tackling the

Table 1. Prevalence of major depressive disorders and anxiety disorders, globally, sub-Saharan Africa and Somalia, 2020

Area	Major depressive disorders, per 100 000 population				Anxiety disorders, per 100 000 population			
	Baseline (95% UI)	Additional (95% UI)	Final (95% UI)	Percentage change (95% UI)	Baseline (95% UI)	Additional (95% UI)	Final (95% UI)	Percentage change (95% UI)
Global	2470.5 (2143.5 to 2870.7)	682.4 (574.1 to 807.2)	3152.9 (2722.5 to 3654.5)	27.6 (25.1 to 30.3)	3824.9 (3283.3 to 4468.1)	977.5 (824.8 to 1161.6)	4802.4 (4108.2 to 5588.6)	25.6 (23.2 to 28.0)
Sub-Saharan Africa	2429.0 (2048.0 to 2910.2)	559.0 (423.3 to 722.8)	2988.0 (2513.5 to 3583.4)	23.0 (18.3 to 27.9)	3001.9 (2465.1 to 3671.3)	644.0 (479.0 to 829.9)	3645.9 (2985.7 to 4475.5)	21.5 (17.1 to 25.7)
Somalia	2304.8 (1875.6 to 2872.7)	408.6 (to 134.6 to 1076.2)	2713.4 (2024.7 to 3618.8)	17.8 (–6.0 to 44.9)	2819.8 (2218.2 to 3577.7)	456.6 (–258.3 to 1293.5)	3276.4 (2224.2 to 4545.3)	16.2 (–10.5 to 47.1)

UI: uncertainty interval.
Source: COVID-19 Mental Disorders Collaborators. Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. Lancet. 2021;398(10312):1700–12. doi: 10.1016/S0140-6736(21)02143-7

[7] A situational analysis of mental health in Somalia. Geneva: World Health Organization; 2010 (https://somalimedicalarchives.org/media/attachments/2021/09/15/a-sa-of-mh-in-somalia-1.pdf, accessed 30 January 2022).

serious challenges posed by a pandemic on mental health. The health care system in Somalia is already overstretched and given the fragility of the system, the country has very limited capacity to deal with the current situation. In order to change from this trajectory, the following priority actions are needed.

1. **Allocate** more resources to implement mental health and psychosocial support services as an integral component of the COVID-19 response and recovery. This is crucial. The government and its development partners must increase funding for mental health and psychosocial support services so that the needs of Somali people for mental health support, especially internally displaced people and vulnerable sectors of society, are met and they have easy access to these services.
2. **Maintain** essential mental health, neurological and substance use services in line with WHO recommended adaptations for safe delivery and restoration of services. Given Somalia's very limited health workforce capacity, a task-shifting model is needed where community and female health workers are trained and deployed to support delivery of mental health services through: screening for common mental health illness; delivering health education and psychosocial interventions that can be done at the community level; and referring people to primary health care units.
3. **Strengthen** the monitoring and evaluation system as part of the health management information system to ensure continuous monitoring of changes in the availability, delivery and utilization of mental health services at every level in the community.

The economic case for investment in mental health is strong: for every US$ 1 invested in scaled-up treatment for depression and anxiety, there is a US$ 4 return in better health and productivity[8].

The psychological toll of COVID-19 is already apparent. This is a result of fear and anxiety about COVID-19, and emotional distress from illness, bereavement, unemployment, income loss and loneliness due to social isolation. The fact that COVID-19 has disproportionately affected the mental health of women and younger age groups means that the effects will be far-reaching, especially Somalia where females are mostly disadvantaged and country's productivity sector relies on its younger age group (more than 70% of Somalia's population are younger than 30 years). The historic underinvestment in mental health needs to rectified and reversed to reduce suffering and mitigate the long-term social and economic costs to society. The COVID-19 pandemic is a turning point, giving the opportunity to move mental health up the list of health priorities. Lost productivity as a result of depression and anxiety (two of the most common mental health disorders) costs the global economy US$ 1 trillion each year, whereas development assistance for mental health has never received more than 1% of the global development assistance for health.[8] The choice – to invest wisely in a health system that is ready to deliver mental health services at scale, or to risk the substantial financial consequences of undiagnosed and untreated mental ill health – lies with everyone now.

[8] Mental health matters. Lancet Glob Health. 2020;8(11):e1352. doi: 10.1016/S2214-109X(20)30432-0

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