The Public Health Impact of COVID-19 in Latin America Webinar Series
### Situation by WHO Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Cases Per 1 Million Population</th>
<th>Confirmed Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Americas</td>
<td>16,743,243</td>
<td>confirmed</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>7,161,969</td>
<td>confirmed</td>
</tr>
<tr>
<td>Europe</td>
<td>6,016,094</td>
<td>confirmed</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>2,430,239</td>
<td>confirmed</td>
</tr>
<tr>
<td>Africa</td>
<td>1,191,323</td>
<td>confirmed</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>618,112</td>
<td>confirmed</td>
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</tbody>
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Source: World Health Organization
Methods

Rapid assessment of service delivery for MNSD during the COVID-19 Pandemic

• The WHO Department of Mental Health and Substance Use developed the survey “Rapid assessment of service delivery for Mental, Neurological and Substance Use Disorders during the COVID-19 Pandemic” in collaboration with the six WHO regional offices.

• The survey adapted the structure applied in the WHO Rapid assessment of service delivery for Noncommunicable Diseases during the COVID-19 pandemic to evaluate information needs for MNS disorders. In the Americas, the survey was applied in English, French, Portuguese, and Spanish.
BOX 1. Survey thematic areas and questions

Mental health and psychosocial support

Q1  Is MHPSS response part of the national COVID-19 response plan?
Q2  Do multisectoral MHPSS coordination platforms for COVID-19 exist?

Mental, neurological and substance use services during the COVID-19 pandemic

Q3  Is ensuring continuity of services for MNS disorders included in the list of essential health services as part of your country’s response during COVID-19?
Q4  During the COVID-19 pandemic, what are the government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels?
Q5  Which of the following interventions/services related to MNS disorders have been disrupted due to COVID-19?
Q6  What are the leading causes of this disruption(s)?
Q7  What are the approaches used to overcome these disruptions?

Surveillance and research concerning MNS disorders during the COVID-19 pandemic

Q8  Is the ministry of health collecting or collating data on MNS disorders or manifestations in people with COVID-19?
Q9  Is there a planned or ongoing study related to the impact of COVID-19 on mental health/brain health/substance use in the country (by government or anyone else, whether stand-alone or as part of a broader survey)?
Results

- The survey was sent to 35 PAHO Member States. Of these, 29 countries (83.0%) responded: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Cuba, Dominican Republic, Ecuador, Grenada, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, St. Kitts and Nevis, St. Lucia, Suriname, Trinidad and Tobago, United States of America, Uruguay, and Venezuela. Additionally, four PAHO territories responded: Aruba, Bermuda, British Virgin Islands, Cayman Islands, and Curacao.
Adversity as a risk factor for mental health problems

COVID-19 pandemic is causing widespread anxiety, panic, feeling of helplessness and uncertainty.

- Difficult grieving process when losing close relative during COVID-19 pandemic
- Isolation
- Pre-existing mental, neurological and substance use disorders exacerbated by COVID-19
- Stigma
- Less access to social support systems

Many countries have limited community MNS Services

WHO, 2020
Mental health as an integral component of the COVID-19 response

- 93% reported MHPSS as part of their national COVID-19 response plans.
- 2/3rd of the countries have a multisectoral MHPSS coordination platform for COVID-19 response engaging health, social, education, NGOs and other stakeholders.
- Only 7% of these countries have ensured full additional funding for MHPSS covering all activities.

PAHO/WHO, 2020
Services usage in LAC during the COVID-19 pandemic

- **93%** of countries reported disruptions in one or more of their services for MNS disorders.
- **80%** reported at least partial disruptions to school and workplace mental health services.
- **60%** of all psychotherapy and counselling services were partially disrupted.
- **2/3rd** of countries had their overdose prevention and management programmes and critical harm reduction services disrupted.

PAHO/WHO, 2020
Policies for access to essential services for MNS disorders, by setting and categories of services
Disruptions of MNS-related interventions/services due to COVID-19

- Diagnostic and laboratory services: n=28
- Medicines for MNS disorders: n=27
- Management of emergency MNS manifestations: n=25
- Opioid agonist maintenance treatment of opioid dependence: n=13
- Psychotherapy/counseling/psychosocial interventions: n=28
- Services for older adults: n=26
- Suicide prevention programs: n=21
- Home or community outreach services: n=24
- Interventions for caregivers: n=24
- Surgery for neurological disorders: n=22
- Overdose prevention and management programs: n=15
- Services for children and adolescents: n=26
- Mental health interventions during antenatal and postnatal period: n=24
- Critical harm reduction services: n=16
- Work-related mental health programs: n=20
- School mental health programs: n=25
Services usage in LAC during the COVID-19 pandemic

- 93% of countries reported disruptions in one or more of their services for MNS disorders.
- Nearly 3/4 reported at least partial disruptions to school and workplace mental health services.
- 60% of all psychotherapy and counselling services were partially disrupted.
- More than 50% of countries had their overdose prevention and management programmes and critical harm reduction services disrupted.

PAHO/WHO, 2020
Approaches To Overcome Disruptions
Mental health and psychosocial support is a crosscutting area within public health emergencies.

WHO approach, providing comprehensive support at multiple levels:

- Public
- First responders
- Health operations and responders
- Governments and agencies

PAHO/WHO, 2020
Advice to the Public on Coping with COVID-19 Stressors
Resources for Clinical Providers
Mental health and psychosocial support in humanitarian settings

1 in 5 of people living in conflict settings may have a mental disorder

MHPSS has for the first time a monitoring indicator in GHPR.

MHPSS is a crosscutting area of relevance to all sectors and clusters in humanitarian settings. (IASC Principals 5 December)

IASC
a collaboration of 57 international humanitarian organizations.

Total number of GHPR prioritized countries with functioning MHPSS multisectoral coordination platform increase:

Support to the first interagency rapid deployment mechanism for MHPSS coordinators, launched by Netherlands Enterprise Agency. 10 deployments in 2020
SaludableMente (‘Healthy Minds Initiative’): A Presidential Initiative

**Objective:** to address mental health needs and provide psychosocial support during the pandemic in Chile.

Commissions: (1) Strengthening Health System; (2) Strengthening Community Mental Health; (3) Risk Communication; (4) Healthcare workers and workplace; (5) Alcohol and substance use prevention; (6) Mental Wellbeing Support Service.

**PARTICIPANTS**

Academic institutions
Scientific Societies
Civil society
Parliamentarians
8 ministries
SaludableMente: Adapting Services and Programs

GOALS
• Whole-of-society approach to promote, protect and care for mental health.
• Extend availability of emergency mental health and psychosocial support.
• Support recovery from COVID-19 by building quality mental health services.

BARRIERS AND CHALLENGES
• Difficult communication about COVID-19 in ways that promote mental health and psycho-social well-being.
• Organizations of patients and PWLE were not invited from the beginning to participate in the advisory group.
• Extra budget was not considered from the beginning.

24 STRATEGIES
112 ACTIONS
x5 Increase in MH Budget
Recommendations

1. Allocate
   resources to implement MHPSS as an integral component of COVID-19 response and recovery plans

2. Maintain
   essential MNS services in-line with WHO recommended adaptations for safe delivery and considerations towards the restoration of services

3. Strengthen
   monitoring of changes in service availability, delivery and utilization at the country level
Thank you!

matias.irarrazaval@minsal.cl