

THE IMPACT OF COVID-19 ON GLOBAL MENTAL HEALTH
A BRIEF
2020



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THE IMPACT OF COVID-19 ON GLOBAL MENTAL HEALTH: A BRIEFING

Globally, mental health is being challenged like never before by COVID-19. Whilst there are many uncertainties about how the pandemic will progress, what is clear is that the impact on the mental health and psychosocial well-being of those most affected will be significant. This is a pivotal moment in the history of mental health. How the world tackles these challenges now will determine the well-being of a generation, and impact the drive to successful recovery and building back societies stronger for the future.

This briefing provides an overview of some of the key issues regarding mental health and COVID-19. It is based on the work of the World Health Organisation (WHO) and UN agencies, and the feedback and inputs of partner organisations through the weekly [COVID-19 and mental health webinar series](#) run by United for Global Mental Health and partners, and initiatives including the [Open Letter](#) from civil society calling for inclusion of mental health in all national government COVID-19 response and recovery plans.

THE WORLD IS NOT EQUIPPED FOR A MENTAL HEALTH CRISIS

The world was not set up to respond to the growing mental health crisis before COVID-19, and it is not now. Prior to the COVID-19 outbreak global statistics on mental health conditions were already bleak. The global economy loses more than US\$ 1 trillion per year due to depression and anxiety. Mental health conditions contribute to 25% of years lived with disability in the world. Depression is a leading cause of disability, affecting 264 million people. Around half of all mental health conditions start by age 14, and suicide is the second leading cause of death in young people aged 15-29. Every 40 seconds someone dies by suicide. More than 1 in 5 people living in settings affected by conflict suffer from a mental health condition, and people with severe mental disorders die 10-20 years earlier than the general population.¹ Despite the scale of the problems funding is woefully inadequate. Development assistance for mental health (DAMH) has never exceeded 1% of development assistance for health (DAH). Similarly in low and middle-income countries (LMICs), less than 1.6% of national health budgets are spent on mental health.

¹ [UN Policy Brief: COVID-19 and the Need for Action on Mental Health, May 2020](#)

THE IMPACT OF COVID-19 ON MENTAL HEALTH

The impact of the COVID-19 pandemic on mental health is complex, diverse and wide ranging, affecting all parts of societies and populations.

“The extraordinary increase in mental health needs is taking its toll on already burdened mental health services which are under-funded and under-resourced in many countries on every continent affected by the COVID-19 pandemic. COVID-19 has exposed the serious gaps in mental health care, and now more than ever world leaders need to prioritise and ensure that quality mental health support is accessible to everyone, everywhere.”

- Ingrid Daniels, President World Federation for Mental Health.

Impact on People with Existing Mental Health Illness

- Those with existing poor mental health are facing a number of risks including increased rates of mental ill health and disruption to treatment, medications and the lifeline of support services. Studies are showing COVID-19 is likely to exacerbate existing mental health symptoms or trigger relapse among people with pre-existing mental health illness. In an online survey in South Africa, of those with a prior diagnosed mental health condition, some 12% identified feelings of suicide as the main challenge, and 6% indicated substance use as a difficulty.²
- COVID-19 has had a huge impact on mental health services and caused disruption to care and treatment. Some specialised mental health provision has been cut in order to increase capacity to treat the physical impact of COVID-19. A number of general hospital psychiatric wards have been converted into COVID-19 wards, meaning large numbers of severely ill people are moved out.³ In Buenos Aires, Argentina, a neurological institute reported an over 99% reduction in patient encounters since COVID-19.⁴
- Community-based psychosocial support activities have also been severely impacted with many countries seeing groups, associations and community-based initiatives that brought people together regularly before the pandemic unable to meet for months. Physical distancing and lack of personal protection equipment (PPE) have also impacted on the capacity to continue to care for those with severe and acute conditions. Demand for face-to-face mental health services has reportedly significantly decreased due to fear of

² The South African Depression and Anxiety Group, 21 April 2020.

³ Sani, G., Janiri, D., Di Nicola, M., Janiri, L., Ferretti, S., & Chieffo, D. (2020). Mental health during and after the COVID-19 emergency in Italy. *Psychiatry and clinical Neurosciences*.

⁴ Allergri and sevelever, "The elusive paradox: the woods behind the trees". *Neurology blog* 2020

infection, especially among older people.⁵ Many services have had to switch to remote mental health care, providing consultations through digital platforms or by phone,⁶ to varying degrees of success. Some countries are investing in innovative digital and telecommunication solutions and the appointment of more mental health professionals.

“As a mental health clinician, I feel deeply for my patients during the lockdown as almost all of them are finding it very difficult to get their medication. They live far away from the hospital, we are facing medication shortages and other clinics and hospitals that provide mental health services are not functioning now. This means that already vulnerable patients are at greater risk and the impact will be felt for some time.”

- Klubo Mulbah, E.S. Grant Memorial Mental Health Hospital, Monrovia.

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On the Frontline: Impact on Health Workers

- Frontline workers are playing a crucial role in fighting the outbreak and saving lives. But they are under exceptional stress and while deaths of health workers are rising, the mental ill health rates are rising faster still. Frontline workers, especially healthcare workers, are at particularly high risk of mental ill health, including suicide attempts, the risk of burnout and stigmatisation. Without support they will be unable to fulfil their vital role in stopping the outbreak. Ensuring the good mental health of health workers is essential. Research from the 2003 SARS outbreak indicated that 89% of healthcare workers in high risk situations reported psychological effects.⁷ A study among healthcare workers in China during the COVID-19 pandemic showed the frequency of depression (50.4%), anxiety (44.6%), insomnia (34%), and distress (71.5%).⁸ Preliminary data from Pakistan also indicated that among health professionals working during this pandemic, 42% were likely to experience moderate psychological distress, with some 26% showing

5 Khoury, R. and Karam, G. Impact of COVID-19 on Mental Healthcare of Older Adults: Insights from Lebanon. *International Psychogeriatrics*. Cambridge coronavirus collection. DOI: 10/1017/S104161022000068X

6 Fagioli et al. (2020). [COVID-19 diary from a psychiatry department in Italy](#). *The Journal of Clinical Psychiatry*.

7 Chua SE et al. (2004) [Psychological effects of the SARS outbreak in Hong Kong on high-risk health care workers](#). *Can J Psychiatry* 49 (6): 391-393.

8 Lai J. et al. (2020). [Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019](#). *JAMA Netw Open*, 3 (3).

severe psychological distress.⁹ In Canada a survey reported that among health workers dealing with the COVID-19 crisis, 47% said they needed psychological support.¹⁰ There have also been reports of stigmatisation toward those working with people with COVID-19, and the self-care and social support of staff is being compromised.¹¹

“At the beginning of the COVID-19 outbreak the unpredictability and fear around this new virus meant I felt a great deal of anxiety, stress and loneliness as I also had to distance from my family and friends. But as a health worker I need to be strong both mentally and physically to support my patients and helping them talk through their own anxiety and worries has helped me. Mental health cannot be an afterthought in the COVID-19 response and governments must make sure they build mental health into all recovery plans.”

- Umair Bachlani, ICU Nurse at Aga Khan University Hospital, Karachi, Pakistan.

- We cannot afford to lose our health workers and must urgently support their mental health now to ensure a workforce that is sustained throughout the pandemic response and recovery. Chile, Italy, Spain, Philippines, the UK and the US have introduced dedicated teams providing mental health support for health workers. Initiatives include the introduction of personal screening for stress and mental health illness involving an assessment of occupational exposure to COVID-19, prior history of stress and mental health conditions, new personal and family stressors arising since the pandemic onset, and current presenting problems including increased use of alcohol or drugs. Support is being offered via workshops, support groups led by social workers and other trained staff, individual assessments and mental health treatment.

Impact on COVID-19 Patients and Their Families: Mental Health Support Now and in the Future

- People who test positive for COVID-19 have to cope with fear, anxiety and uncertainty about their condition, as well as physical discomfort and separation from loved ones. COVID-19 patients around the world need mental health support now and in the future, as do their families. A study among hospitalised patients in China showed that 34.7% of patients had symptoms of anxiety and 28.4% of depression.¹²
- For those who have loved ones affected by COVID-19 they face worry and separation. People who experience the death of a family member often do not have the opportunity to be present in their last moments, or to hold funerals which can have a profound effect on grieving and impact mental health.

⁹ Preliminary data sent by Prof. Asad Tamizuddin Nizami, WHO Collaborating centre for Mental Health Research and training, Benazir Bhutto Hospital Rawalpindi, Pakistan.

¹⁰ Potloc (2020). Potloc Study: Canadian health workers share their insights from the front lines of the COVID-19 pandemic.

¹¹ IFR, UNICEF and WHO (2020). Social stigma associated with covid-19. A guide to preventing and addressing social stigma.

¹² Kong X et al. (2020). Prevalence and factors associated with depression and anxiety of hospitalized patients with COVID-19.

- Some COVID-19 patients have experienced stigma, discrimination and intimidation. This can lead to people to hiding the illness to avoid such discrimination, prevent people from seeking health care, and discourage them from adopting healthy behaviours, all of which undermines efforts to control the pandemic. It can also increase levels of fear and depression for those patients and their families.

Impact on The Elderly: Risks and Vulnerabilities

- The elderly are at high risk of mental ill health - especially those with dementia - due to the anticipated long periods of social distancing and the accompanying isolation and loneliness. There may be a worsening of cognitive decline in older populations, who may be one of the last groups for whom lockdown measures are lifted. Social isolation, reduced physical activity and reduced cognitive stimulation all increase the risk of cognitive decline and dementia, and for some there is an inability to understand and follow public health advice.
- Despite the particular risks facing older people in the context of COVID-19, they are traditionally neglected in emergency responses. Measures that are currently used to contain COVID-19 have an impact on access, treatment and care for older adults. Older people fear infection so are no longer accessing services. Italy has seen a 50% reduction in hospital admissions for stroke, while in Argentina visits to memory clinics almost completely stopped.
- There has also been a reduction in the workforce taking care of older people, as carers are diverted to work on COVID-19, and border closures - particularly in Europe - are preventing migrant workers who provide a large proportion of care for the elderly, from entering host countries.

“ At the societal level, we need to foster a more positive attitude towards older people. We need to emphasise resilience and the positive contributions that older people can provide to the COVID-19 response, using their life skills to comfort all of us. They have experienced previous crises and can help us through this one.”

- Katrin Seeher, Department of Mental Health and Substance Use (MSD), WHO.

Immediate and Longer Term Impacts on Children

- Closure of day care centres and schools, combined with restrictions on movement are limiting chances for children to interact and access learning opportunities all of which are taking a toll on their mental health. A study among Italian and Spanish parents showed that 85.7% of parents perceived changes in their children's emotional state and behaviour during confinement at home.¹³ Children were struggling to concentrate (76.6%), were irritable (39%), restless (38.8%), nervous (38%) and experiencing feelings of loneliness (31.1%).

¹² Kong X et al. (2020). [Prevalence and factors associated with depression and anxiety of hospitalized patients with COVID-19](#)

- Stress and social isolation are likely to affect brain health and development, with young children at risk of developing lifelong challenges by periods of prolonged exposure to toxic stress and by deprivation in nutrition, stimulation and health care which can affect brain health and development.¹⁴
- Children are spending more time with families during lockdown and when there is already abuse in the family - or risk of it - this is even more likely to occur. Parents and carers need to make sure their children feel loved and secure. There should be discussion around COVID-19 in an honest and age-appropriate way, whilst staying socially well connected with family and friends.

“ The challenge young people face is the uncertainty of the impact of the pandemic on their lives and their families’ lives But young people have also stepped up and raised their voice to have their mental health needs expressed. They have highlighted the challenges and the opportunities. They will have a role in advocating for increasing investment and accountability on mental health systems, and we have seen the capacity of young people to react quickly and support societies, families and peers who are struggling with the mental health consequences of this pandemic. ”

- Chiara Servili, WHO

“ One in four children is living with a parent with a mental disorder - and this is pre-COVID-19. We know there are linkages between mental health and child development. It is impossible to separate child and parent mental health since one shapes the other. ”

- Zeinab Hijazi, UNICEF

Impact on Women

- Women are reporting greater levels of increased anxiety and depression than men in many cases. A survey on stress levels in the Indian population during the COVID-19 pandemic showed that 66% of women reported being stressed, compared to 34% of men.¹⁵ Similarly in China a study saw women report symptoms of anxiety and depression more commonly than men during the outbreak.¹⁶
- Increased stressful situations and lockdown can also result in increases in violence against women, with estimates that globally 31 million additional cases of gender-based violence can be expected to occur if lockdown continues for at least six months.¹⁷ Such domestic violence has mental health consequences including depression, anxiety and post traumatic stress disorder (PTSD).
- Governments need to prevent and redress any violence as a key part of response plans for COVID-19, including creating safe ways for victims and survivors to report violence safely or seek support.

¹³ Orgiles et al. (2020). Immediate psychological effects of the COVID-19 quarantine in youth from Italy and Spain <https://psyarxiv.com/5bpfz/>

¹⁴ Adapted from: WHO (2018). [Mental health: Strengthening our response](#). Factsheet

¹⁵ SCARF [undertakes study online](#).

¹⁶ Du et al. (2020). [Psychological symptoms among frontline healthcare workers during COVID-19 outbreak in Wuhan](#). General Hospital Psychiatry.

¹⁷ UNFPA, 2020 <https://www.unfpa.org/press/new-unfpa-projections-predict-calamitous-impact-womens-health-covid-19-pandemic-continues>

Impact on Persons in Humanitarian Settings

- In humanitarian settings affected by conflict and natural disaster, the mental health challenges are huge but often overlooked. According to the WHO, 1 in 5 of people in conflict settings had a mental health condition.¹⁸
- The current pandemic is adding an extraordinary level of stress to already vulnerable populations due to insecurity of housing and food, combined with feelings of helplessness and despair. COVID-19 may further exacerbate existing mental health conditions, trigger new conditions, and limit the access of those with pre-existing conditions to the already scarce mental health services they had. For many refugees living in poverty it is not possible to follow public health guidelines to protect themselves effectively against the virus - such as socially distancing or hand washing with soap and water - which adds to already high stress levels.
- Any additional mental health and psychosocial support needs within humanitarian emergencies will be overwhelming. For example, of the 28 million people living in Yemen, WHO projected estimates say that at least 2.6 million people require immediate mental health support.¹⁹ South Sudan has only three specialised mental health professionals in a country of more than 11 million people. It means a person living with conditions such as severe depression or psychosis in Malakal in South Sudan would need to travel more than 2000km to access the nearest available government mental health clinic in Juba.
- Whilst there is no COVID-19 related mental health data available yet on those in humanitarian settings, data on migrants does exist. Early results from Indonesian migrant workers in China show that 1 in 4 migrants (26.9%) screened positive for anxiety and roughly 1 in 3 (31.8%) screened positive for depression during the pandemic.²⁰
- The integration of mental health and psychosocial considerations must be made a priority in any emergency response. In some locations mental health and psychosocial support is starting to become a higher priority. Enhancing the coping and resilience of people living in such crises is likely to speed up the recovery and rebuilding of communities and help save lives.

“We need to make sure not to forget vulnerable children and their families in conflict affected countries. If not, we may face a silent epidemic that may seriously slow down humanitarian response and recovery efforts.”

- Tjipke Bergsma, CEO War Child.

Impact on General Populations: Increased Mental Health Distress

- Across societies, even for those not directly impacted by COVID-19, the effects of social isolation and economic fallout are being felt widely. Large sections of populations around the world are experiencing increased anxiety, depression, stress and loneliness as a result of the COVID-19 outbreak. No one is immune to the pressures the pandemic are placing on communities and countries. Results of initial studies confirm that fear, loneliness, sadness and anxiety are common as people are afraid of infection, dying, losing family

¹⁸ Charlson F, van Ommeren M, Flaxman A, Cornett J, Whiteford H and Saxena S (2019). [New WHO prevalence estimates of mental disorders in conflict settings: A systematic review and meta-analysis](#). *The Lancet*, 394 (10194), 240-248

¹⁹ [ibid](#)

²⁰ Liem and Hall (2020). [Indonesian migrant workers' mental health in The Greater china region during the covid-19 pandemic. Preliminary data.](#)

members, losing their income or livelihoods, being socially isolated and separated from loved ones. These are risk factors not only for the short term, but also longer-term mental health problems.

- Past epidemics have highlighted the negative impact of outbreaks of infectious diseases on the mental health of those exposed. The 2003 SARS outbreak in Asia had substantial consequences on the mental health of those exposed with surveys showing up to 50% of recovered people with anxiety symptoms and 20% of rehabilitated people showing depression.²¹ The SARS epidemic was also associated with a peak in suicide deaths among those aged 65 years and older in Hong Kong.²² A large study from 194 cities in China during the COVID-19 pandemic indicated that 16.5% reported moderate to severe depressive symptoms and 28.8% moderate to severe anxiety symptoms.²³ One survey in the UK revealed 1 in 5 people are concerned about social isolation, and 1 in 10 have negative feelings or worries about finances, employment or the virus.²⁴
- To deal with these stressors, people use different coping mechanisms some of which are harmful including rising alcohol consumption which can exacerbate issues such as Interpersonal Violence, drugs, or spending more time on potentially addictive behaviours such as gaming and gambling. Statistics from Canada indicate some 20% of the population aged 15-49 increased their alcohol consumption during the pandemic.²⁵ Relationships are being tested as some family members are being forced to spend much more time together which, whilst for some, can strengthen relations, for others is adding additional strain. Domestic violence, which has a very negative impact on mental health, has increased.²⁶

“There is evidence that if national authorities manage quarantine well then, although it is frustrating for people, it does not cause long term mental health problems. But if it is done badly it has short and even long term mental health impacts.”

- Professor Neil Greenberg, Kings College London.

Human Resilience is Shining Through

- Although the challenges faced are unparalleled, natural resilience is showing through - something that will be essential to ensuring societies can function and people recover from the impacts of the pandemic. It is possible the experience of COVID-19 could bring us together and make us kinder to one another.
- During COVID-19 we are seeing an increase in the awareness of mental health. Positive coping mechanisms are reported to be emerging in different countries and communities. Actions are being taken and organisations are introducing innovative initiatives to help overcome challenges and working to help meet mental health needs during these extraordinary times. The mantra “We are all in this together” signals the universality of this shared experience and many are offering psychosocial social support to one another.

21 Tsang HWH et al. (2004). *Psychosocial impact of SARS*. *Emerging Infectious Diseases*, 10 (7), 1326-1327.

22 Yip PS et al. (2010). *The impact of epidemic outbreak: The case of severe acute respiratory syndromes (SARS) and suicide among older adults in Hong Kong*. 31: 86-92

23 Wang, C et al (2020) *Immediate Psychological Responses and Associated Factors during the Initial Stage of the 2019 Coronavirus Disease (COVID-19) Epidemic among the General Population in China*. *Int Journal of Environmental Research and Public Health*

24 Data from Ipsos MORI survey on COVID-19 and Mental Wellbeing in the UK

25 <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2020029-eng.htm>

26 UNFPA, 2020 <https://www.unfpa.org/press/new-unfpa-projections-predict-calamitous-impact-womens-health-covid-19-pandemic-continues>

During COVID-19 we are seeing an increase in the awareness of mental health. Positive coping mechanisms are reported to be emerging in different countries and communities. Actions are being taken and organisations are introducing innovative initiatives to help overcome challenges and working to help meet mental health needs during these extraordinary times. The mantra “We are all in this together” signals the universality of this shared experience and many are offering psychosocial social support to one another.

- However, to sustain this and to reduce overall stigma regarding mental health will require a sustained effort over months and years as the full impact of the pandemic is felt by communities across the world.

RECOMMENDATIONS: WHAT THE WORLD NEEDS TO BE DOING

Integrate Mental Health into All COVID-19 Response and Recovery Plans

Now, more than ever, it is time to invest in mental health and prioritise it as an essential right alongside good physical health. Leaders nationally and internationally need to protect and scale up mental health support in all COVID-19 responses, and commit to building back better a stronger mental health system for the future.

The UN has issued guidance on the best approaches to incorporate mental health as part of pandemic response and recovery which include three key pillars:

I. Apply a whole of society approach to promote, protect and care for mental health

- We believe this must include upholding the right for all to good physical and mental health, ensuring mental health support is maintained for those with pre-existing mental health conditions during the pandemic. For those in psychiatric institutions and care homes the necessary infection prevention and control measures must be provided to stop the spread of COVID-19 while giving care for those affected by COVID-19, without discrimination.

II. Ensure widespread availability of emergency mental health and psychosocial support

- This need to ensure additional support is scaled up especially for those most at risk of mental ill health during the pandemic including health care workers and other first responders, those economically impacted, COVID-19 survivors, and society’s most vulnerable.
- Mental health services and support needs to be incorporated in all aspects of the response including conducting national public health campaigns that promote mental health and psychosocial wellbeing, that explain COVID-19 and signpost mental health services. These must address misinformation, stigma and discrimination for all citizens.

III. Support recovery from COVID-19 by building mental health services for the future

- We are calling for the scaling up of support and services for the future, recognising the increasing need post-crisis to build back better, more evidence-based, and stronger mental health services that are integrated into Universal Health Coverage plans.

Increase Funding for Mental Health as part of COVID-19 Response

- There has been a global effort led by the UN system to tackle the impacts of COVID-19. Funding announced by governments and multilateral organisations has been focused primarily on physical health, although [funding for mental health](#) is included in at least some of the financing packages already announced, and corporate and philanthropic donors have made contributions. But it is critically important that funding rises now.
- More funding is urgently required at the global and national level to prevent, respond and recover from the pandemic. Overall mental health services during this pandemic are still very limited, at a time when the needs are great. Investing in mental health now is an opportunity to build back better for society as a whole, and mental health in particular.

“Sufficiently funding mental health is necessary to make the COVID-19 response globally and nationally more efficient and effective. We need a comprehensive, well coordinated approach that swiftly responds to immediate needs to prevent a substantial increase in mental ill health. Moreover, mental ill health is going to require long term investment to help societies build back better once the outbreak is ended.”

- Sarah Kline, Co-founder and Deputy CEO, United for Global Mental Health

Leverage Innovations

- COVID-19 has forced an acceleration in innovation in mental health due to the need to deliver services under new models of care, and as health systems around the world leverage investments in response to COVID-19.
- The move to digital and remote care has been catalysed within weeks - such as the establishment and greater use of helplines - as well as the creation of supporting materials, such as the [“My Hero is You”](#) children’s book on COVID-19. However, the speed of the transition may pose concerns in respect to data governance, and in ensuring that transitioning to remote services does not exclude people (for example, only one third of people in India have access to a telephone)
- Rapid innovation has also been seen in the transition to community-based working. COVID-19 means partners have no choice but to rely on the people on the ground. This has encouraged mental health experts to train more people in the community to support one another rather than rely on professionals.

“In terms of WHO work and work with digital health, COVID-19 has been a game changer.”

- Ken Carswell, WHO.

“The digitisation of the national healthcare system has made more advances in the past 10 days than in the last 10 years.”

- Prof Sir Simon Wessely, King's College London.

Ensure Mental Health is Built into Universal Health Coverage (UHC)

- Access to quality essential health services is a human right and has been recognised as key to sustainable development as outlined in the Sustainable Development Goals that include the target to “Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all” (Goal 3.8)
- However the world is a long way from achieving this as at least half of the world's population still do not have full coverage of essential health services. The poorest and most vulnerable have paid the price for this during the COVID-19 crisis.
- In 2019 the world came together to make a political declaration on UHC at the UN General Assembly. While this UN resolution explicitly included mental health in UHC (paragraph 36: “Implement measures to promote and improve mental health and well-being as an essential component of universal health coverage”), mental health has been largely absent from the UHC discourse.
- There is no health without mental health, and any implementation of UHC needs to have a mental health component. Action from governments is needed to accelerate
- implementation of UHC, including a strong mental health component.

What United for Global Mental Health Are Doing

- **We are supporting the international community and our national partners to end the COVID-19 outbreak and build a stronger mental health system now, and for the future.** We are raising the profile of mental health and calling on world leaders, national and global funders to invest now, integrating mental health to ‘Build Back Better’. Through our work we are helping the mental health community around the world to share information and learn what is working and what more is needed to support good mental health for all during the response to, and recovery from, COVID-19.
- The **Speak Your Mind campaign**, powered by United for Global Mental Health, has helped launch an [Open Letter](#) calling on world leaders to protect the vulnerable and integrate mental health into all COVID-19 response and recovery plans which has been signed by more than 1000 experts, business leaders, renowned scientists and those working on the frontline from over 40 countries.
- **We are organising a weekly [COVID-19 Webinar series](#)** in partnership with Lancet Psychiatry, Mental Health Innovation Network and MHPSS.net that puts the spotlight on tackling the impact coronavirus is having - and will continue to have - on mental health.
- **We have also produced a [briefing on financing](#) for mental health and COVID-19** which is regularly updated to help identify sources of funding for mental health activities.

- The [BluePrintGroup for Global Mental Health](#), coordinated by United for Global Mental Health, has been **responding to the needs of its 750+ membership and sharing learnings about COVID-19 and mental health**. This has included producing weekly updates on WHO and BPG member COVID-19 and mental health resources.

To find out more about this work and tell us what you are doing [contact us](#).

“ Across most countries governments weren’t set up to respond to the growing mental health crisis before COVID-19 and they certainly aren’t now. That’s why we are determined to ensure quality mental health support is accessible to everyone, everywhere both now during this pandemic, and in the future. There is no health without mental health. Now more than ever is the time to invest in mental health. ”

- Elisha London, Founder and CEO of United for Global Mental Health.