



**G20 Side Event  
“COVID-19 and the Need for Action on Mental Health” (3<sup>rd</sup> September)**

**C20 Global Health WG Recommendations**

The world is facing an unprecedented global health crisis with severe economic and social impacts due to COVID-19. Even before its outbreak, there has been an increasing acknowledgement of the important role mental health plays in achieving global development goals, explicitly included in Sustainable Development Goal (SDG) 3 “Good Health and Well-Being” (target 3.4 calls to reduce mortality from non-communicable diseases and promote mental health). People with mental health conditions often experience severe human rights violations, discrimination, and stigma. Increased investment is required<sup>1</sup>.

COVID-19 exacerbated the **psychological distress** in individuals and its effects on populations is widespread and recorded. The impact of trauma, isolation, and anxiety over the last year has increased anxiety, depression, sleep disorders, withdrawal and other psychological symptoms. The COVID-19 pandemic has **disrupted or halted critical mental health services** in 93% of countries, while the demand for mental health care is increasing<sup>2</sup>, underscoring the urgent need for increased funding and service provision as part of Universal Health Coverage (UHC) and to achieve SDG3.

Strengthening mental health services is essential for building strong and resilient health systems and such a commitment must be oriented towards social justice and human rights protection, with an integrated and people-centred approach, as said by the UN Secretary-General António Guterres, “There is no health without mental health”.

Therefore, **we call on G20 Members to commit politically and financially to mitigate the impacts of COVID-19 on mental health and well-being**, which is having devastating consequences especially in low- and middle-income countries (LMICs).

### **1. Whole-of-society approach to Mental Health**

**Governments and local communities should work with Mental Health and Psychosocial Support (MHPSS) actors to ensure a whole-of-society approach to the long term mental health impact and needs of all affected.**

During the pandemic, community health workers have had to **pivot from other health roles to supporting COVID-19 efforts**, such as assisting households in quarantine, contact tracing, and/or public health messaging about mask-wearing and hand washing. This work is difficult,

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<sup>1</sup> WHO. [Mental Health](#).

<sup>2</sup> WHO (October 2020). [COVID-19 disrupting mental health services in most countries, WHO survey](#).

highly stigmatized, and often not well supported or compensated. A whole-of-society approach to mental health ought to **develop specific strategies to support the motivation, wellbeing and personal safety of health workers, community health workers and caregivers, so that they can continue to support their community's health.**

COVID-19 has increased the vulnerability and isolation of **people living with disabilities and long-term illness, as well as of marginalised and vulnerable groups** (mentioned below, para 3). A whole-of-society approach to mental health has to be able to **reach specifically often-excluded groups with strategies focusing on psychosocial support, including support to their access to COVID-19 tools.**

Recognizing the role of caregivers on the long-term impacts of COVID-19 on mental health, it is essential to adopt also a **"whole-family" approach, ensuring mental health for caregivers**, supporting their recovery from adverse events due to COVID-19, positive coping, and social and practical support **so they can meet the development and wellbeing of the people they care for.**

The COVID-19 pandemic has highlighted the positive role that **digital technologies** can play in increasing **access to mental health services**, particularly for remote and other underserved communities. Virtual consultations with health professionals, mental health apps and online community and peer-led mental health support services are among the tools that are now available to support individuals suffering from mental health conditions. However, **for all people to benefit from digital mental health tools, the digital divide must be urgently closed and the stronger regulation of these tools is needed to ensure the advice and care they provide is evidence-led and of good quality.**

## **2. Human rights and social justice based Mental Health**

In light of the widespread human rights violations, neglect, inequality and discrimination experienced by people with mental health conditions and disabilities, **it is essential to adopt a human rights approach and apply a gender equality lens in the design, implementation and evaluation of policies and programmes that address mental health and psychosocial well-being.** The impetus to do more must be founded in a **shared understanding among all actors: governments, civil society and communities.**

Integration of quality rights in mental health and psychosocial support is a key **stepping-stone towards realising the Convention on the Rights of Persons with Disabilities (CRPD)** to achieve the rights of people living with mental health conditions, including the right to health, the right to freedom from torture, the right to liberty and security of the person, and other rights.

The adoption of a human rights and gender transformative approach to Mental Health must take into account the **gendered implications of mental health problems** and their connection to social dynamics and gender roles. Mental Health issues affect all genders, but **gender roles and stereotypes can affect the type of problems encountered, as well as the access to dedicated health services.** Gender-based violence, for instance, can be a factor in the insurgence of mental health problems in women, such as depression and Post Traumatic Stress Disorder (PTSD). Additionally, the traditional role of caregivers assigned to

women, for example the care of children and sick relatives, can impact their mental health, and the risks increase for migrant women who often partake in underpaid care work in the informal sector. **LGBTQI+ individuals and people living with HIV can face specific mental health challenges**, due to discrimination and socioeconomic conditions. The **impact of gender and sex on mental health is still under researched**, despite the huge implications they have in terms of diagnostics, therapies, policies and access to dedicated services. For this reason, future **mental health policies should take gender dimensions into account**, in order to offer holistic responses to this core element of people's health and wellbeing.

### 3. Countering the stigma and prejudice

It is essential to **safeguard the rights** of all who struggle with mental health, often affected by stigma and prejudice, **ensuring that they are receiving the same level of quality services in their daily lives**, and **ensuring their right to fully enjoy their human rights**. It is necessary that international and national justice systems recognize and take swift **action against injustices** towards this group. **All MHPSS interventions must reach all** without risk of discrimination, marginalization or stigma, including, but not limited to, people living with pre-existing health conditions and disabilities and vulnerable to mental health conditions; refugees, displaced and migrants; key populations including men who have sex with men, sex workers, people who use drugs; and individuals vulnerable to sexual and gender-based violence.

Mental health is a determining factor for the well-being of a community, to be pursued both on the therapeutic and welfare level, but also in terms of **social reintegration** of the person, through the recovery of a **full participation in social life** (working, relational life, etc.). Thus is it also imperative that governments work more closely with the private sector, to ensure its hiring practices, working environments and policies fully support employees with mental health conditions and reduce workplace stigma and discrimination.

### 5. Mental Health and Physical Health on the same level

**UHC** can only be achieved by **including care for Mental, Neurological and Substance use (MNS)** in health care programs. COVID-19 is a wake-up call for the increased and sustained investment needed to build **strong and resilient public health systems** that can prepare for and respond to disease outbreaks while continuing to deliver – and expand access to – critical routine services. The need for protection of the most vulnerable people in society through UHC is more evident than ever. Acknowledging WHO's definition of health, which undeniably considers mental health as an indivisible element of health, it is necessary to **integrate mental health and psychosocial support in UHC and increase mental health allocations within health budgets, ensuring that these budgets specify maternal, child and youth mental health services**.

In addition, considerable evidence reveals a “two-way relationship” between mental disorders and unhealthy behaviours, including failure to adhere to disease treatment<sup>3</sup>. This, in turn, can contribute to increased rates of suicide and illnesses such as cancer, cardiovascular disease, obesity and diabetes among those with mental disorders. Although the impact is not as easily quantified as physical health, **mental health care funding must be given the same priority given its substantial return for individuals, families and communities as well as the economic stability of societies.**

## **6. Closure of large institutions and development of community-based MHC**

It is necessary to **implement policies and actions that make territorial assistance the centre of gravity of the system, integrating professionalism and services** (home care, outpatient, residential, day care, hospital). A **model capable of taking on complex care needs**, such as those related to psychiatric pathologies, developmental disorders, substance abuse, and more, offering supplementary coverage as well. To achieve UHC, a holistic, people-centred and human rights-based approach has to be taken into account.

## **7. Mental Health of children, adolescents and young adults**

**Children, adolescents, and young adult’s right to optimal health, including mental health and psychosocial well-being must be preserved and protected at all times, including during a crisis and its aftermath.** The disruption of routines, isolation and social distancing experienced during the pandemic, together with the sense of uncertainty, have resulted in **negative effects on the mental health, psychosocial well-being and development of children and young people**, which are likely to persist long-term and affect the functioning of society. A growing sense of loneliness and malaise, mood alterations, anxiety, and feeling more worried, less safe and less happy are among the most common and frequent disorders developed by children and young people. The sudden loss, for a prolonged period, of many activities that provide a rhythm and structure to daily life, such as school, can be a risk factor and can aggravate pre-existing depressive and anxious symptoms.

Children with mental health conditions face major challenges with stigma, isolation and discrimination and due to their stigma and disabilities often lack access to healthcare and education facilities, a violation of their fundamental human rights. Therefore, it is essential that **all MHPSS interventions in the COVID-19 response and beyond reach all children and adolescents regardless of their gender, ethnic origin, religion or beliefs, disability, age or sexual orientation.**

Young people’s use of **digital technologies** and engagement in **digital environments** can **support or undermine** their **mental health**. Digital technologies and the data they generate offer **great potential** for improving mental health through increasing children and adolescent’s access to mental health services, information, and peer support groups. However, **poorly**

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<sup>3</sup> Orrnert, A. (2019). [Implications of not addressing mental health and psychosocial support \(MHPSS\) needs in conflict situations.](#)

**governed digital tools**, bullying, and platforms expose children and adolescents to content and activities that may be **harmful** to their mental health. **Digital tools and environments must be designed and governed with young people's health, well-being and rights prioritised ahead of commercial interests. Children and adolescents should be equipped with digital literacy and skills to build their resilience and help them take full advantage of our increasingly digitally connected society<sup>4</sup>.**

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Addressing mental health, psychological and social support is now more crucial than ever for an inclusive society. Now is the time to invest in stronger country health systems and a better global governance for equitable responses for this and future health emergencies. We call on the G20 leaders to commit the required additional funding in addressing gaps in mental health service delivery and programmes and at the same time ensure we do not leave anybody behind.

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<sup>4</sup> Holly, L. et al. (2021). [Opportunities and threats for adolescent well-being provided by digital transformations. PMNCH Background Paper.](#)