



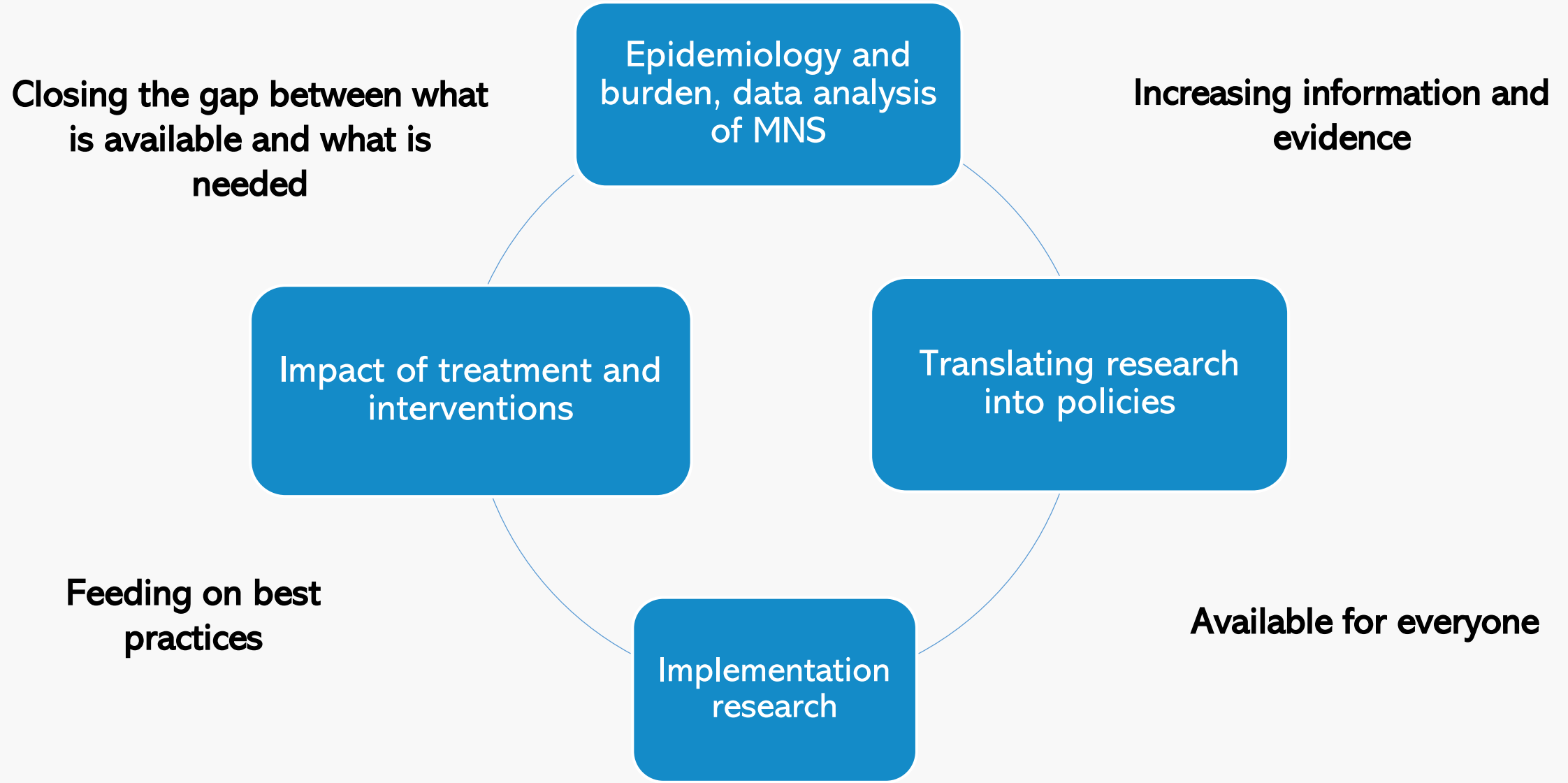
Global Mental Health Research Priorities WHO's perspective

Dévora Kestel

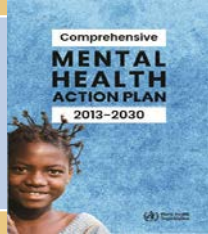
Director Mental Health and Substance Use Department WHO

WHO MNS Research Objectives

(MNS: Mental, Neurological and Substance use disorders)



Existing WHO Mandates for MNS research



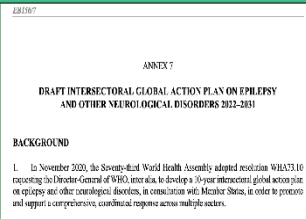
Comprehensive mental health action plan 2030

- Objective 4: To strengthen information systems, evidence and research for mental health



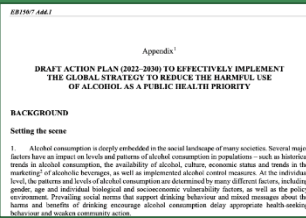
Global action plan on the public health response to dementia 2017 - 2025

- Action 7: Research and innovation



Draft intersectoral global action plan on epilepsy and other neurological disorder (2022-2031)

- Strategic Objective 4: To foster research and innovation and strengthen information systems



Draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority

- Operational objective 5: Strengthen information systems and research for monitoring alcohol consumption, alcohol-related harm, their determinants and modifying factors, and policy responses at all levels, with dissemination and application of information for advocacy in order to inform policy and intervention development and evaluation.

WHO MNS
A few exa

- Evaluation (eg Rahma 2019. La
- New WHO p in conflict s analysis
- WHO Harvey Whiteford 1, S
- E-mh Affiliations + expand PMID: 31200992 PMC Free PMC article
- Rese Abstract Background: Existing V are more than a decade estimates. We sought to affected settings and cal
- Tool Published: November, 2016 • DOI: https://doi.org/10.1016/S1474-4422(16)30235-6 • Check for updates
- Improving in South Asia We will assess electronic vers



UK Research and Innovation

Home About this system Release history Contact us

E-MhGAP Intervention guide in Low and middle income countries: proof-of-concept for Impact and Acceptability (Emilia project)

Lead Res

THE LANCET

Subscribe Claim Devora Kestel

ARTICLES | VOLUME 393, ISSUE 10182, P1733-1744, APRIL 27, 2019

Purchase Subscribe Save Share Reprints Request

Effectiveness of a brief group psychological intervention for women in a post-conflict setting in Pakistan: a single-blind, cluster, randomised controlled trial

Prof Atif Rahman, PhD • Muhammad Naseem Khan, PhD • Syed Usman Hamdani, PhD • Anna Chiumento, PhD • Parveen Akhtar, MPhil • Huma Nazir, MPhil • Anum Nisar, MPhil • Aqsa Masood, BS Hons • Iftikhar Ud Din, MSPH • Nasir Ali Khan, MPH • Prof Richard A Bryant, PhD • Katie S Dawson, PhD • Marit Sijbrandij • Prof Duolao Wang, PhD • Mark van Ommeren, PhD • Show less

Published: April 01, 2019 • DOI: https://doi.org/10.1016/S0140-6736(18)32343-2 • Check for updates

New WHO p in conflict s analysis

Fiona Charlson 1, Mark Harvey Whiteford 1, S

Abstract Background: Existing V are more than a decade estimates. We sought to affected settings and cal

Summary Background

Published: November, 2016 • DOI: https://doi.org/10.1016/S1474-4422(16)30235-6 • Check for updates

We will assess electronic vers

UNIVERSITY OF CAPE TOWN
SITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

Health ization

US

ities

research
ng a recording



elopment

en up to age

bal solution.

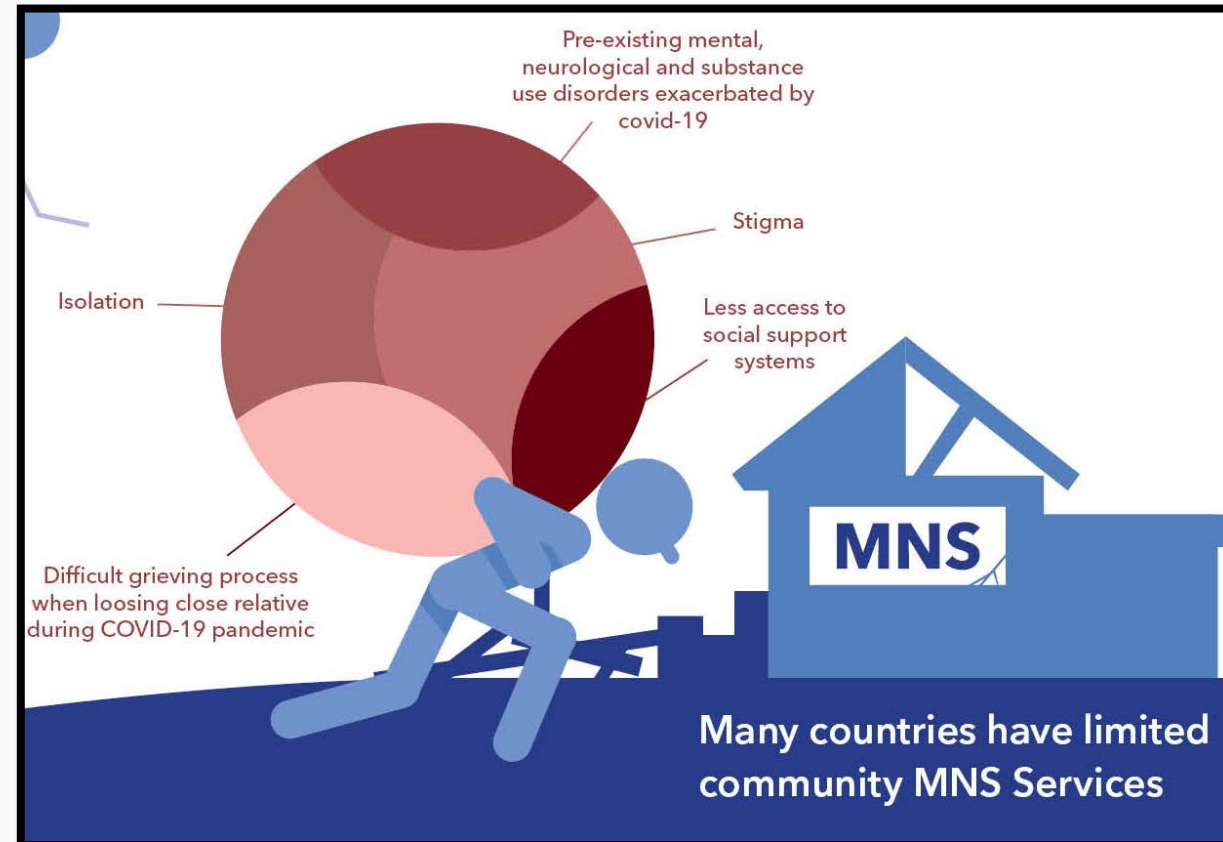
(ACT)

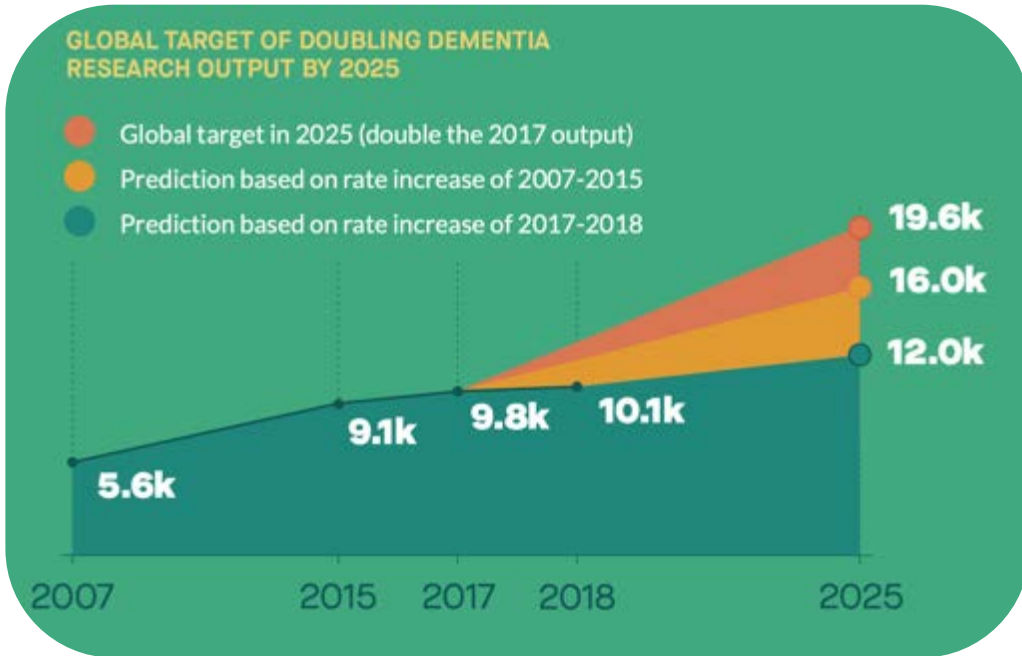
- ✓ Impact on policies
- ✓ Help informing planning services
- ✓ Available to a broad audience
- ✓ Use of trans-diagnostic tools
- ✓ Investment in innovative approaches
- ✓ Advocacy purposes



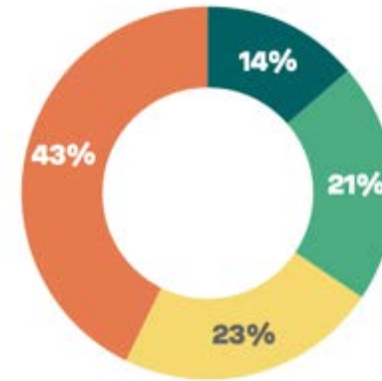
There are still many challenges to face

- Mental health research is underfunded
- Most research – priorities, grants, and funders – come from HICs
- Limited research in prevention and in services
- Limited implementation research
- Growing impact of COVID-19





Involvement of PWD



- Frequently
- Sometimes
- Rarely
- Not at all





AN R&D BLUEPRINT FOR ACTION TO PREVENT EPIDEMICS
FUNDING & COORDINATION MODELS FOR PREPAREDNESS AND RESPONSE
MAY 2016

Learning from successful infectious diseases blueprints



A global research prioritization, stewardship and coordination mechanism

- ➔ Fast-track innovation and collaboration in dementia research
- ➔ First Blueprint for a noncommunicable disease
- ➔ Facilitate timely and high-quality evidence generation
- ➔ Guide actions for adequate resource mobilization
- ➔ Involvement of over 100 world dementia experts
- ➔ Engagement with relevant WHO departments and divisions

Adversity is a risk factor for short-term and long-term mental health problems



- Global prevalence of **anxiety and depression increased by more than 25%.**
- **Females and younger people more affected**
- **When infected with COVID-19, people with pre-existing mental disorders had a higher risk of hospitalization, severe illness and deaths**
- **The increase in the prevalence of mental health problems has coincided with severe disruptions to mental health services**
- **Many people have sought support online, but barriers exist in low-resource settings.**
- **Many questions remain unanswered.**

Mental Health and COVID-19: Early evidence of the pandemic's impact

Scientific brief
2 March 2022



Introduction

The COVID-19 pandemic has had a severe impact on the mental health and wellbeing of people around the world (1). While many individuals have adapted (2), others have experienced mental health problems, in some cases a consequence of COVID-19 infection (3–5). The pandemic also continues to impede access to mental health services and has raised concerns about increases in suicidal behaviour (6).

The aim of this scientific brief is to present current evidence regarding the mental health aspects of the pandemic and inform prevention, response and recovery efforts worldwide. The target audience includes health care providers, researchers, policy-makers and any other stakeholders interested in the evidence on COVID-19 and mental health.

Key questions

This scientific brief provides a comprehensive overview of the current evidence about:

1. the impact of the COVID-19 pandemic on the prevalence of mental health symptoms and mental disorders
2. the impact of the COVID-19 pandemic on prevalence of suicidal thoughts and behaviours
3. the risk of infection, severe illness and death from COVID-19 for people living with mental disorders
4. the impact of the COVID-19 pandemic on mental health services
5. the effectiveness of psychological interventions adapted to the COVID-19 pandemic to prevent or reduce mental health problems and/or maintain access to mental health services.

Each question is addressed in a dedicated section of the brief. Key findings are highlighted at the end of each section to summarize the data described therein.

Process and methodology

Because WHO Global Health Estimates for frequency of mental disorders are aligned with Global Burden of Disease study estimates, the brief summarizes recent estimates of the Global Burden of Disease 2020 study (7). This brief is also based on evidence from research commissioned by WHO, including an umbrella review of systematic reviews and meta-analyses (published up to October 2021) (8) and an update to a living systematic review (updated to September 2021) (9), and other relevant WHO publications (10–12). Literature searches in commissioned reviews were not restricted by language.

Research evidence

Prevalence of mental health problems: GBD 2020

The GBD 2020 (7) estimated that the COVID-19 pandemic has led to a 27.6% increase (95% uncertainty interval (UI): 25.1–30.3) in cases of major depressive disorder (MDD) and a 25.6% increase (95% UI: 23.2–28.0) in cases of anxiety disorders (AD) worldwide in 2020. Overall, the pandemic was estimated to have caused 137.1 (95% UI: 92.5–190.6) additional disability-adjusted life years (DALYs) per 100 000 population for MDD and 116.1 per 100 000 population (95% UI: 79.3–163.80) for AD.

The greatest increases in MDD and AD were found in places highly affected by COVID-19, as indicated by decreased human mobility and daily COVID-19 infection rates. Females were more affected than males, and younger people, especially those aged 20–24 years, were more affected than older adults. Many low- and middle-income countries (LMICs) were also majorly affected.

Limitations

GBD 2020 prevalence rates are based on statistical modelling from survey data. The variable quality and availability of these data can lead to over- or under-estimates and uncertainties. Additionally, the GBD study identified few studies from LMICs.

Therefore, estimates are based largely on data from high-income countries and may generalize less to these settings. Further, the large uncertainties around estimates may also be related to the limited high-quality data from many LMICs (13). Finally, GBD 2020 also has yet to publish data on disorders beyond MDD and AD and concern only the first year of the pandemic.

Prevalence of mental health problems: umbrella review

From an initial 46 284 records, the umbrella review identified 577 systematic reviews with or without meta-analyses. These were full-text screened for eligibility. Eligible papers were quality assessed according to AMSTAR-2 (14). In total, 480 reviews were excluded for key question one assessing the impact of the COVID-19 pandemic on mental health, retaining 97 systematic reviews

COVID-19 pandemic and neurological health



Neurologic manifestations reported in 35-55% of patients across various countries, e.g.:

- Delirium/encephalopathy
- Stroke
- Guillain-Barre Syndrome
- Meningitis, encephalitis, myelitis



Neurological long-term impact of COVID-19, e.g.:

- Clouding of mentation, concentration difficulties
- Sleep disturbances
- Chronic fatigue
- Cognitive decline and potential long-term risk for dementia

Neurology and COVID-19

Scientific brief
29 September 2021



Introduction

The predominant acute presentations of COVID-19 are respiratory, but neurological manifestations have been recognized as an important component of the disease, even in cases without respiratory symptoms (2-5). The neurological manifestations associated with COVID-19 range from mild to critical, affect adults and children and can present both during and after acute COVID-19 infection. Reported neurological signs, symptoms or syndromes in the acute phase include headache, dizziness, impaired taste or smell, delirium, agitation, stroke, seizures, coma, meningoencephalitis and Guillain-Barré syndrome (6, 7). Consequences in the post-acute phase are also emerging, as either persisting or newly developing signs and symptoms (post-COVID-19 condition); these include headache,



Neurological conditions are the second most common comorbidities in patients with COVID-19



Dementia and other chronic neurological disorders associated with a significantly increased risk of mortality in patients with COVID-19

What are the research priorities during and after COVID-19?

Impact on at risk groups

- What has been the impact on at risk groups?
 - Children & adolescents
 - Older adults
 - People in humanitarian settings
 - Refugees and migrants
 - Health workers
 - Severe mental health conditions
 - Obsessive compulsive disorder?
 - Eating disorders?
 - Prolonged grief disorder?



What are the research priorities during and after COVID-19?

Impact on suicidal behaviour

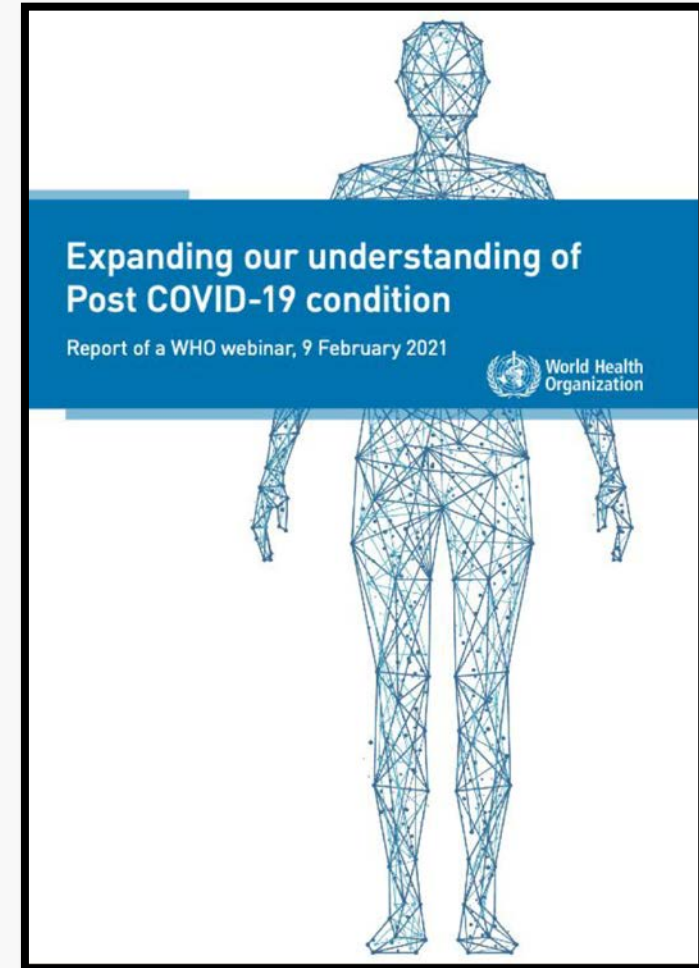
- What are the longer-term impacts on suicidal behavior?
 - Early evidence is mixed
 - Data from LMICs very limited
 - Delay in vital statistics
 - Signs of concern
 - Longer term impacts remain unknown



What are the research priorities during and after COVID-19?

Post COVID-19 Condition

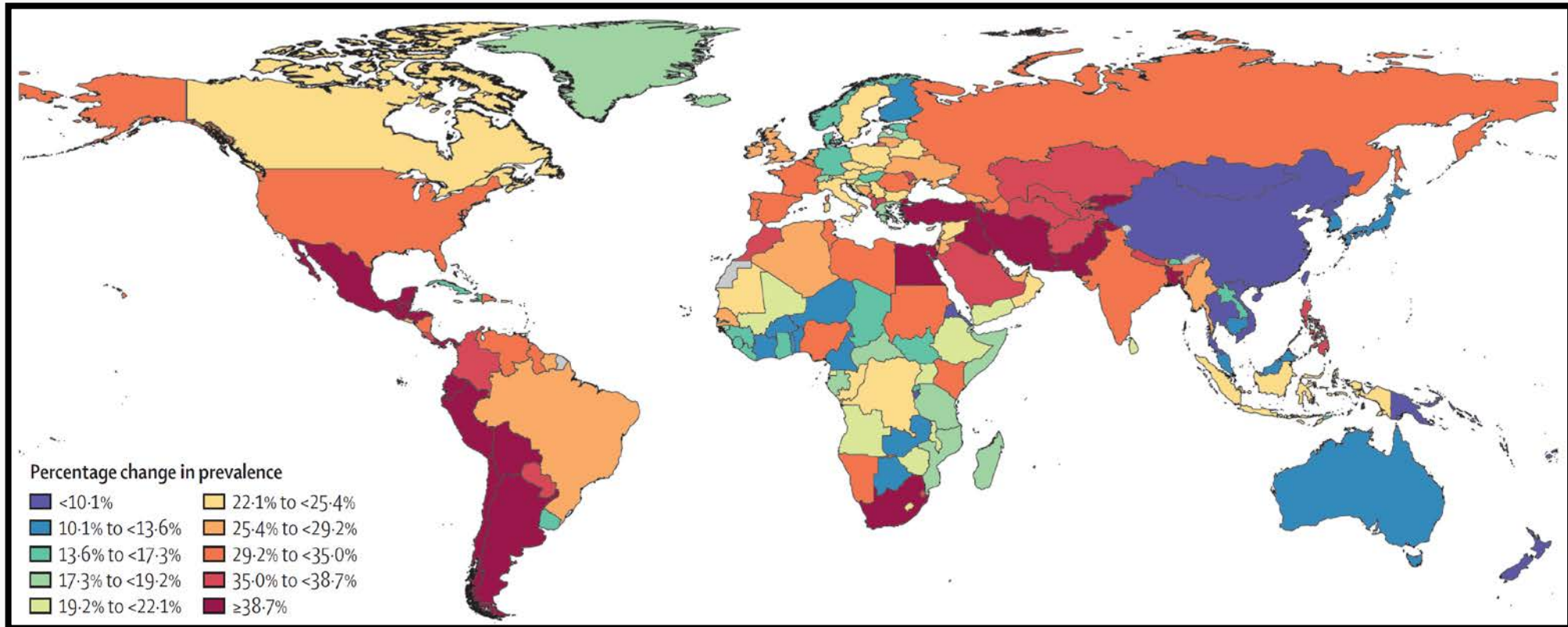
- How do mental health symptoms relate to post COVID-19 condition?
 - Long-term impacts of COVID-19 infection
 - Defining post COVID-19 conditions
 - Identifying central mental health symptoms
 - Differentiating reactions to adversity vs. symptoms



What are the research priorities during and after COVID-19?

Implementing public health measures while promoting resilience and minimizing distress

- How can public health and social measures be implemented in a way that promotes resilience and minimizes distress?



Increases in global prevalence identified in GBD 2020 were greater in countries with more mobility restrictions

Source: Santomauro et al., 2021

What are the research priorities during and after COVID-19?

Interventions to address impact



- How can we address the impact of public health and social measures on children and adolescents?
- How effective are interventions adapted for COVID-19?
- What does implementation science say about adapting interventions for public health emergencies?
- What alternative approaches are available where remote approaches are not?



What are the research priorities during and after COVID-19?

Neurology research priorities



Pathophysiology (acute and post-COVID)

Understand how SARS-CoV-2 might enter and propagate through the brain and how the immune response to SARS-CoV-2 infection contributes to neurological symptoms

Epidemiology (acute and post-COVID)

What is the prevalence, nature and persistence of neurological manifestations of COVID-19?

Examine the impact of COVID-19 in people with pre-existing neurological disorders

Develop interventions to interrupt or prevent the adverse biological effects of SARS-CoV-2 on brain function

Standardized protocols/methodologies for conducting research to allow for harmonization and aggregation/pooling of research evidence

Addressing disparities/inequities caused by the pandemic in neurology

What are the research priorities during and after COVID-19?

Building back better



- How can the global community support *Building Back Better* from COVID-19?
- What positive outcomes have there been and how can we build on these?
- What is the model of recovery from COVID-19 for mental health services?

