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Policy Brief

Covid-19 and Mental Health

- The Covid-19 pandemic is paradigmatic of systemic biopsychosocial model-based diseases and their resulting disorders.
- This disease requires interdisciplinary understanding and integrative action to address, from prevention to treatment and follow-up care. Still, it is very basic. Often, interactions involving psychological factors are addressed only in isolation.
- Lack of human resources, limited interdisciplinary action, and disciplinary prejudices and barriers result in failure to exploit the potential of integrative psychosocial approaches, in both the Global South and the Global North.
- Persistent psychological disorders cause additional stress during the human lifespan and reduce the chances of a full recovery after the “physical recovery”.
- The personal and the economic costs of neglecting Covid-19-associated and comorbid mental disorders are considerable.

As coordinators of the Global Mental Health Working Group of the Global Health Hub Germany (GHHG), we combine experience and expertise across a wide network of members from different disciplines and societal sectors. Our recommendations in this paper are aimed at national and international health policy makers. In addition, other stakeholders, such as health organisations, health insurance companies, professional organisations, hospitals, practising physicians, non-governmental organisations and patient associations are important for systemic development and implementation.

An integrative approach through a biopsychosocial model will help understand and alleviate the psychological stress of Covid-19.

To ensure mental health remains a key area of global health in Germany, and to achieve sustainable development goals, a systemic approach is needed. Maintaining mental health is an essential prerequisite for success (No Health without Mental Health) as physical, social and mental processes always interact. Only by maintaining mental health can the 2030 Agenda, the integrated One Health concept and the “One Billion Healthier Population” approach of the WHO’s Triple Billion Targets be implemented. Thus, mental health is highly relevant for cooperative development and for strengthening health systems in countries of the Global South as well as for the long-term health of every individual on the planet. “No Health without Mental Health” points to the limitations of a discrete, e.g., biomedically restricted medicine, which is not likely to be successful on its own. From the authors’ perspectives, it is therefore urgently necessary to anchor mental health as an

interdisciplinary topic in international health projects and national health strategies. This will draw proper attention to the importance of Global Mental Health. An approach based on the biopsychosocial model is adapted to the context, i.e., social, cultural and individual conditions shall all be given equal consideration. In the following sections, we apply these reflections to the mental conditions associated with the Covid-19 pandemic.

Germany’s psychosocial healthcare system is qualitatively and quantitatively the most developed of all European countries and should therefore take a leading role. An interplay of outpatient, inpatient and rehabilitative structures provide the foundation in Germany – in comparison internationally and given the appropriate resources - for dealing with the diverse pandemic-related psychosocial stresses and risk factors of mental disorders. Yet even in Germany, the transitions between outpatient, inpatient and rehabilitative care do not always run smoothly. Gaps in care and waiting times are not uncommon. Stress factors to be addressed are fears before and during the Covid-19 illness, persistent exhaustion even after seemingly mild courses of the disease, psychosocial consequences of social distancing measures and uncertainty, as well as the increasingly emerging developmental impairments in children and adolescents. Against this background of experiences and research, in this document we outline the various problem scenarios in the centrally preventative, curative and rehabilitative areas, and have drafted health care recommendations for political decision-makers. These recommendations can also be adapted to and effective in the global context.

A Recommendations for an inclusive, global and evidence-based response to the mental health challenges of the pandemic


1 Health policy is ideally based on a biopsychosocial model that overcomes a potential imbalance between biomedicine and psychosocial medicine. Covid-19 is a systemic disease: its development and course are determined by complex socially relevant interactions. Many different protective and harmful interaction processes take place in the biological, psychological and social dimensions of mental health. This affects how a society deals with the pandemic on a continuum, from prevention, disease outbreak and disease progression to dealing with possible long-term effects of Covid-19 infections. As poverty and low social status are interlinked, while more favourable socio-economic, family and societal development conditions form a basis for prevention, integrative systemic approaches are required.

2 Interactions in the biopsychosocial model require a permanent cooperation of health care professionals with psychologists and social workers, forming an integrative approach.

Additional training and time resources help build the knowledge, skills and mind-sets necessary for comprehensive treatment and prevention. This is often possible without highly specialised professional staff. Experiences in countries of the Global South, such as

India, have shown that even with a limited number of trained (lay) health care workers, measurable effects can be achieved that are not far short of professional, e.g., psychotherapeutic results. The effectiveness of basic, easily accessible and needs-oriented training is an important prerequisite and opportunity to overcome the lack of human resources and skills in the Global South. The training of existing health personnel (caregivers, health care workers, general practitioners) can have a direct and rapid impact which may be strengthened through multiplier training (train the trainers) and expanded across a country. This was impressively demonstrated, for example, by the EU-Asia Link Programme with partner countries in East and South-East Asia, which was carried out under German leadership. In China, Vietnam, Laos and Myanmar, systemic therapy has been most popular with therapists and counsellors. Another example of cooperation on a partnership basis is the Clinic Partnerships programme implemented by GIZ, which supports over 340 partnerships between clinics and health providers in 60 countries. Through this programme and with the Covid-19 emergency measures commissioned by the Federal Ministry for Economic Cooperation and Development¹, a quick response to the pandemic was achieved. Prevention and treatment of mental illnesses associated with Covid-19 were of paramount importance in this response.

1 Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung, BMZ



3 Clinical guidelines and treatment protocols for Covid-19 disease progression should be reviewed to ensure that biomedical, psychological and social factors, as well as interacting processes, are given similar importance. Instead of a predominantly biomedical orientation, psychosocial elements should be specifically included in clinical guidelines and treatment protocols to understand the biopsychosocial model in its complexity and to include it in the therapy.

4 The effectiveness of the interplay of prevention, treatment and rehabilitation is determined by a biopsychosocial balance. One proven approach is long-term cooperation

in interdisciplinary teams, e.g., in the psychosocial consultation/liaison services that have been established nationwide in Germany for decades. These services are not yet sufficiently used in the treatment of Covid-19.

5 In view of the particularly frequent psychological stress and even burnout occurring in health care professions during the pandemic, psychosocial options (e.g., supervision, case-related self-awareness among Balint groups, stress management with health apps) should be made easily accessible to these professional groups.

B Recommendations for the general population on how to deal with Covid-19-related concerns.

Vaccinated, recovered and tested individuals for Covid-19 (3G²) may also fear re-infection, underestimate disease risks due to deliberate misinformation, overestimate vaccination risks and suffer from symptoms of exhaustion. To set up the framework for health and development policy, the Global Mental Health WG of the GHHG relies on the goals of the German government's global health strategy. However, the authors note that psychosocial existing support services are not sufficiently implemented at the general population level in the partner countries of the Global South. Resource and competence deficits as well as stigmatizing prejudices are serious obstacles.

1 Information on the nature and origin of Covid-19 transmission and disease and on ways to avoid it (e.g., AHA+A+L³, vaccination, follow-up and, if possible, 2G (vaccinated or recovered) rules) should be widely and easily accessible and actively reviewed for misinformation or false information. This applies especially to communication in social media, counselling by doctors and schools, social

institutions and businesses. In addition, information and offerings on easily applicable methods of self-care and resilience building are beneficial. In the meantime, health apps with proven effectiveness on topics such as psychological well-being, nutrition, exercise, sleep, relaxation and mindfulness are available, the costs of which are partly covered by statutory health insurance (so-called digital health apps).

2 Regardless of the pandemic's future course, such health-promoting offers should be further disseminated and expanded. In this context, digital forms of provision will be particularly important and should therefore be developed and further improved in cooperation with users. During the pandemic, the number and variety of well-evaluated and cost-effective digital offers for the prevention and treatment of mental illnesses increased on an unprecedented scale. These will sustainably improve mental health care, especially in the Global South, even after the pandemic.

2 In Germany: 3G Geimpft, Genesen, Getested (translator's note)

3 AHA+A+L Abstand halten, Hygiene beachten, im Alltag Maske tragen, Corona-Warn-App nutzen und regelmäßig Lüften: keep your distance, observe hygiene, wear a mask in everyday life, ventilate regularly and use the corona warning app (translator's note)

3 Vaccination is the most effective way to achieve sustainable prevention at the population level. To increase its acceptance globally, both prominent role models and meaningful exchanges with people in the immediate environment and, if possible, a coherent science-based media presence are important. In addition, the availability of vaccines must be commensurate with these factors. It should be emphasised that the prevention of infections also serves to maintain mental health and thus quality of life in the long term. Access to vaccination should

therefore be easy and flexible. Here, inpatient and mobile teams complementing vaccination centres and registered doctors of all specialties, as well as vaccination at the workplace, in social hotspots and in structurally weak areas or areas with special development needs have proven to be effective. Since people with mental disorders often show avoidance behaviour and social withdrawal, they should be actively supported by psychosocial services and relatives in keeping vaccination appointments. This is necessary for people with any form of impairment as well.



Recommendations for different age groups and risks

Although the pandemic is a strong psychological and social challenge for all age groups, this is especially true for children, adolescents, people with cognitive impairment, chronic mental disorders and the elderly, whose particular risks, hardships and needs for attention have only become fully apparent at a late stage. The main stressors are: disruption of familiar social interactions, experienced isolation and loneliness, and uncertainty about what will happen next in school, education, work or family. Pre-existing mental health problems are often an additional risk factor. Other risk factors are social burdens, poverty, a low level of education, lack of family support, difficult family relationships and the loss of someone to whom they are closely attached, given an already limited participation in society.

1 Facilitate digital access and competence development. It should be noted that excessive use of digital offerings comes with its own risks. Less tech-savvy people should be supported to overcome technical difficulties. Likewise, socially weaker population groups can be supported to meet the hardware and software acquisition costs and thereby enable digital participation and contact maintenance.

2 All social and health institutions such as hospitals, general practitioners, health insurance companies and health/social services should be sensitised to the psychosocial challenges of the pandemic. The restrictions on social interaction should be adapted to the hygiene requirements with a sense of proportion. This involves places of work and education, culture and sports, and space for family and social gatherings. Political figures, authorities, service providers and actors are called upon to work together actively and sustainably.

Recommendations for patients and their families

An integrative and systemic biopsychosocial approach is needed from the onset of the disease. Beginning with diagnosis, through all stages of treatment, to long-term follow-up and rehabilitation, the physical condition and psychological and social well-being are equally important. Covid-19 paradigmatically requires interdisciplinary collaboration. Proven models of interdisciplinary and cross-sectoral collaboration with psychological disciplines applied in (psycho)oncology, cardiology, diabetology and endocrinology or psychosomatic medicine can also be effectively applied to pandemic conditions.

1 In general medical care, as in paediatrics and gynaecology, the concept of basic psychosomatic care, established in Germany for 40 years, can also be transferred to the requirements of the current Covid-19 pandemic.

2 In inpatient services, including intensive and palliative care, the concept of psychosocial consultation and liaison services is helpful. Here, psychologists, psychiatrists, nurses and social workers are part of a treatment team which focuses on the early detection of mental disorders and psychosocial problems, support and stabilisation in crises and the preparation of further rehabilitative or specialised measures. Such more sustainable, integrated “on-site” services that are easily accessible providing coordinated interdisciplinary treatment are far superior to traditional consultative services based on individual case requests.

3 One model for the treatment of secondary conditions such as Long Covid Syndrome is the medical rehabilitation system in Germany. The rehabilitative approach is generally close to the integrative and systemic approach postulated as the ideal. It can also provide a structure for adaptive responses to global health challenges related to mental health. Interdisciplinary teams and their coordinated medical, psychological and social therapeutic services are very appropriate for Covid-19 patients with long-term symptoms and associated limitations in daily functioning.

4 The care of the many refugees and migrants who also fall ill with Covid-19 or are affected by the effects of related restriction measures places special demands on many health care professions. Here, interactions between the experience of discrimination, difficulty in accessing the system and cultural and language barriers come into play. Pre-existing psychological impairments such as trauma have the additional effect of reducing resilience. As a result, existing problems are exacerbated: this can lead to failure to attend language classes, to undergo medical and psychological procedures or to the missing of important appointments in the asylum procedure. The WHO has been advising for some time to pay more attention to the unique requirements of this group and to provide adapted and culturally sensitive support services. In Germany, a network of psychosocial contact points has already been established, such as the Federal Association of Psychosocial Centres for Refugees and Victims of Torture, which could be further expanded to allow for community involvement.

E Summary

We strongly recommend a systemic-integrative biopsychosocial approach to cope with the specific mental and physical challenges of the Covid-19 pandemic. As coordinators of the Global Mental Health Working Group in the Global Health Hub Germany, we are also addressing a broad population in civil society, politics, authorities, associations and universities. In a partnership-based understanding of global health on a par, we seek exchange with colleagues and stakeholders globally. Their experiences, questions or needs are indispensable for a well-founded discussion of the mental conditions and consequences of a pandemic the magnitude of Covid-19.

Our key recommendations on the mental conditions and consequences of prevention, treatment and rehabilitation in Covid-19 are as follows:

- Overcome a possible imbalance between biomedical and psychosocial medicine in the context of a biopsychosocial approach. The interdisciplinary interaction of biomedicine, social medicine and psychosocial medicine in prevention, system diagnostics, system treatment and aftercare is the key to success. Covid-19 is a paradigm for the challenges and solutions of contemporary, efficient medicine. Although this insight is now the basis of all medical thinking and action worldwide, it was only the experience of the pandemic that made the irrefutability of a basic systemic and integrative orientation commonplace in both the North and the South.
- To ensure stable and sustainable cooperation between the medical, psychological and social professions in comprehensive programmes that meet the needs of patients, their families and their therapists.
- Particularly vulnerable population groups need special attention and support to make use of easily accessible services. In this context, “on-the-spot-support” campaigns as for instance outreach vaccination in residential facilities, prisons, social hotspots and meeting places such as markets or rural settlements, has proven successful.
- There are outpatient, inpatient or rehabilitative approaches that have proven highly successful in other health areas - especially in cancer medicine - for decades in the psychosocial support of the sick, their families and medical staff. These should also be applied in the pandemic, e.g., psychosomatic primary care, consultation and liaison services, self-help groups.

Literature used and further reading

Die Bundesregierung. Global Health Strategy of the German Federal Government. Responsibility – Innovation – Partnership: Shaping Global Health Together. Berlin. 2020.

<https://www.bundesregierung.de/bregde/service/publikationen/global-health-strategy-of-the-german-federal-government-1803156>

Carr S. Implementing sustainable global mental health in a fragmenting world. *Lancet*. 2018 Oct 27;392(10157):1497-1498. doi: 10.1016/S0140-6736(18)32270-0

Fritzsche, Kurt, McDaniel Susan H. und Wirsching, Michael „Psychosomatic Medicine. An International Guide for the Primary Care Setting.“ Second Edition. Springer Nature (2020).

Kola, Lola, et al. “COVID-19 mental health impact and responses in low-income and middle-income countries: reimagining global mental health.” *The Lancet Psychiatry* (2021).

Moreno, Carmen, et al. “How mental health care should change as a consequence of the COVID-19 pandemic.” *The Lancet Psychiatry* (2020).

OECD. “Tackling the Mental Health Impact of the COVID-19 Crisis: An Integrated, Whole-of-Society Response.” (2021).

Pfefferbaum, Betty, and Carol S. North. “Mental health and the Covid-19 pandemic.” *New England Journal of Medicine* 383.6 (2020): 510–512.

Ravens-Sieberer, Ulrike, et al. “Impact of the COVID-19 pandemic on quality of life and mental health in children and adolescents in Germany.” *European child & adolescent psychiatry* (2021): 1–11.

Voss M, Berner S. Deutschland als Akteur in der globalen Gesundheitspolitik. *Weltgesundheitspolitik*. Aus *Politik und Zeitgeschichte (APuZ)* 46–47/2020). Bundeszentrale für politische Bildung. Berlin. (2020).
<https://www.bpb.de/apuz/weltgesundheitspolitik-2020/318308/deutschland-als-akteur-inder-globalen-gesundheitspolitik>

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