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Mental Health and COVID-19

OVERVIEW

The COVID-19 pandemic has had far-reaching, negative impacts on health and well-being, particularly in population mental health. Before the pandemic, more than 970 million people globally were living with a mental disorder, representing about 13 percent of the population.[1] Anxiety and depressive disorders are the most common conditions and prior to the pandemic, 193 million people lived with major depressive disorder and 298 million with anxiety.[2] In 2021, those numbers rose to 246 million and 374 million respectively, an estimated increase of 28 and 26 percent.[3]

Mental health is strongly related to people's social environment, and the COVID-19 pandemic disrupted this greatly. Many countries instituted shutdowns early in the pandemic restricting people's movement both within and between countries. These shutdowns socially isolated people from one another and often led to poor mental health. The highest rates of mental distress occurred during time periods when COVID-19 mitigation measures were strictest and the number of COVID-19 related deaths was highest.[4,5]

Globally, environmental factors that protect against poor mental health such as steady employment, social connection, and access to health services all decreased during the pandemic. At the same time, bereavement, financial insecurity, and unemployment rose, which increase the risk for poor mental health.[6] Now, more than two years into the pandemic, studies continue to show adverse and lingering mental health outcomes as a result of the pandemic.[7,8,9]

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The universal impact COVID-19 has created on mental health is well-documented. Adolescents and youth, pregnant people, and refugee and displaced populations are especially vulnerable to the mental toll of the pandemic. However, they have not always been prioritized in the COVID-19 global mental health response. This brief serves as an overview of the effects of the pandemic on these three populations, as well as details specific recommendations for policy makers and civil society to address the mental health impact of COVID-19 going forward.

ADOLESCENTS AND YOUTH

Adolescents (10-19 years) and youth (15-24 years) are particularly at-risk of developing mental health conditions, which they often carry into adulthood. Estimates of the global prevalence of mental health conditions in adolescents are between 10-20 percent.[10] Early experience with poor mental health can lead to heightened risk of poor mental and physical health outcomes in adulthood, including cardiovascular disease.[11] Globally, more than 75 percent of mental illness develops during the period of adolescence.[12] And around half of adolescents and youth report that they have experienced at least one period of mental ill-health before reaching age 25.[13] Further, the leading cause of disability among young people is mental illness. These illnesses disrupt adolescent developmental milestones considerably, including developing independent identities, friendships, and intimate relationships while making transitions into the workforce from education. Adolescents and youth make up the majority of the world's population, and their experiences with mental health and illness have a widespread impact on their friends, families, and their broader communities.[14]

There is evidence that the COVID-19 pandemic has negatively impacted the mental health of young people, resulting in various adverse health outcomes and risky health behaviors. Evidence shows that the prevalence of clinical depression and anxiety more than doubled from 8.5 percent and 11.6 percent prior to 2020 to 25.2 and 20.5 percent, respectively in 2021.[15,16] Another meta review shows the global prevalence of anxiety and depression during COVID-19 among adolescents rising to 19 percent and 15 percent, respectively.[17] Some countries, such as the United States and Spain, reported increased levels of adolescents utilizing emergency mental health care and presenting with a greater severity of symptoms.[18]

Pandemic-related measures negatively impacted young people with pre-existing mental health conditions, such as obsessive compulsive disorder and anorexia nervosa.[19] It is inconclusive whether the impacts of the pandemic on adolescents and youth are short-term. Previous research on adolescents in forced pandemic-related isolation periods in the last 60 years shows lasting mental health impacts up to 9 years after the isolation ended, suggesting that the impacts of COVID-19 on adolescents will not be short-lived.[20,21]

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The ability of young people to cope with potentially stressful events like the COVID-19 pandemic is associated with the quality of familial relationships.[22] Various publications have reported an increase in domestic violence globally, negatively impacting adolescent psychological

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development and well-being.[23,24] So for some, their mental health was negatively impacted by stay-at-home measures increasing their risk of experiencing violence and abuse,[25] while others' mental health benefitted from increased support from families.[26]

Mental health conditions were not experienced equally among young people. Older adolescents and girls both had heightened levels of depression and anxiety compared to boys and younger adolescents.[27] Adolescents with marginalized identities, including youth of color, LGBTQ+ youth, and insecurely housed youth were particularly likely to experience exacerbated levels of stress related to the pandemic because of existing barriers to care compared to their peers.[28] Families who already experienced various forms of marginalization were disproportionately impacted by COVID-19 due to structural racism, differential access to care, and heightened exposure to risk.[29] Because of the inequities of COVID-19 infection and death, children in these families and communities were more likely to experience grief and mental distress, in addition to managing disruptions to education and social interactions with peers.[30]

PREGNANT PEOPLE

During the COVID-19 pandemic, increases in maternal deaths, pregnancy losses, and maternal depression suggest the added stressors of the pandemic have negatively impacted the health of parents, pregnant people, and children.[31] Pregnant and post-partum people are already vulnerable to mental health challenges, and their risk of developing mental health issues are elevated compared to the general population.[32] Globally, around 10-35 percent of women experience depression during pregnancy and the postpartum period.[33]

Experiencing mental health challenges during pregnancy and post-partum is associated with various negative health impacts for the parent and infant. Mental health problems are one of the most common complications of birth in the United States,[34] and death by suicide and overdose are the leading causes of mortality in the year after birth.[35] Globally, despite variances in socio-economic status of a country, mental illnesses are common during pregnancy.[36,37] Depression and anxiety during the perinatal period are strongly associated with

adverse outcomes including preterm delivery and delayed infant development.[38] Intimate partner violence (IPV), which increased in prevalence during the pandemic, also impacts a person's pregnancy and their mental health in a negative way.[39] In both high and low income countries alike, exposure to IPV during pregnancy is linked to increased risk of perinatal mental health disorders, low infant birth weight, and preterm delivery.[40,41]

Due to the physiological changes that occur during pregnancy, including a weakened immune system, pregnant people are considered to be under the high-risk group for COVID-19 infection.[42] Increased isolation from the COVID-19 pandemic and uncertainty about how COVID-19 infection impacts pregnancy both contributed to the added stress and strain on pregnant people. In previous epidemics (SARS and MERS) pregnant women were found to be more likely to have their mental health impacted than their non-pregnant counterparts.[43]

Despite the commonality of mental health struggles, many people's mental health conditions go undetected, and untreated in the perinatal period. Around half of those who experience depression during pregnancy are never diagnosed.[44] Respectful maternity care is one protective factor for the impacts of perinatal mental health disorders.[45] However, women with pre-existing mental health conditions are also more likely to have negative birth experiences because of provider discrimination, indicating this cyclical relationship could exacerbate these conditions further.[46]

REFUGEE AND DISPLACED POPULATIONS

Amid the ongoing COVID-19 pandemic, active conflict, violence, and oppression have continued to displace people, oftentimes exacerbating already unstable living conditions. According to the most recent estimates, globally, 82.4 million people have been displaced and 26.4 million are registered as refugees.[47] These estimates represent an all-time high, suggesting that conditions are worsening during the pandemic.[48]

People and families who are displaced face a multitude of stressors which impact their mental health. With immigration and resettlement, people are forced to adapt to new cultures, while navigating foreign bureaucracies.[49] Further, financial struggles, isolation, and hopelessness are common challenges which accompany the uncertainty of displaced peoples' immigration and legal status.[50] Many people are forced to live in shelters without adequate health services, access to clean water and sanitation, and are overcrowded, increasing the likelihood of infection.[51,52] In addition, heightened racism and xenophobia generated from the onset of the COVID-19 pandemic led to further stigmatization and added stress.[53]

Traumatic experiences and mental health conditions are common among refugees, as many have dealt with conflict, war, torture, and incarceration, while being forced from their homes and families.[54] Consequently, the incidence of Post Traumatic Stress Disorder (PTSD) and depression are quite high in adult refugees. Estimates of refugee mental health range from 27 to 33.1 percent with clinical depression, 3.8 to 16.7 percent with anxiety disorders, and 14 to 20.5 percent with PTSD, depending on the geographical location.[55] Although much of the research on refugee mental health is challenged by methodological issues and data quality, systematic reviews consistently note the heightened risk for mental health challenges among refugee and displaced peoples compared to the general population.[56]

A global survey including more than 20,000 refugee and displaced participants demonstrated the heightened impact of the COVID-19 pandemic

on their mental health and highlighted how groups within this population are particularly impacted.[57] Those who experienced more perceived discrimination as a result of the pandemic reported worse mental health outcomes.[58] Refugees and displaced people who are undocumented or temporarily documented, have insecure housing, and/or live in the street or asylum centers had worse mental health outcomes during the COVID-19 pandemic than their counterparts.[59]

RECOMMENDATIONS

Invest in data, research, and policy making focused on the significance of population mental health

- Include relevant stakeholders in policy development and implementation for mental health to ensure equity and inclusion of often neglected populations, countries, and/or regions
- Continue efforts to highlight the significance of mental health in policy discussions related to global health and the global pandemic response
- Increase investments in research to better understand the possible implications of the the pandemic on population mental health and well-being, with particular focus on adolescents and youth, pregnant people, and refugees and displaced persons
- Invest in quantitative and qualitative research evaluating the impacts of mental health programs such as community care integration, screening programs, differential treatment modalities, etc.
- Ensure that research spans both the Global North and the Global South to better understand the global effects of the pandemic and how mental health prevalence, treatment, and response varies across contexts

Increase financial investment in mental health related education, prevention, screening and treatment

- Invest in the training of health care providers on the risks and signs of mental health issues, particularly related to pandemic response and recovery
- Increase funding for humanitarian assistance that prioritizes mental health support, to include screening, educational materials, and treatment
- Enhance screening programs and establish standards for screening for perinatal mental health, as well as financing their provision
- Invest in support for increased screening and counseling needs for adolescents due to the stress of the pandemic, with particular focus on depression, anxiety, eating disorders, substance abuse, and suicide

Increase available resources and support services dedicated to the mental health of populations most at risk

- Provide resources for adequate mental health services in shelters housing refugees, displaced persons, as well as those living in poverty due to the pandemic
- Provide training in culturally-sensitive care for those working with marginalized groups to counter experiences of discrimination based on race, gender, ethnicity, class or caste, or ability
- Include educational resources and support targeted to marginalized young people, such as adolescent girls, youth of color, LGBTQ+ youth, and unhoused or insecurely housed youth
- Increase awareness about patient rights for adolescents, pregnant people, refugees and displaced persons to support their access to and utilization of services free from discrimation

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Woodrow Wilson International Center for Scholars
One Woodrow Wilson Plaza
1300 Pennsylvania Avenue NW
Washington, DC 20004-3027

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202.691.4000

Maternal Health Initiative

Sarah B. Barnes | Director
Deekshita Ramanarayanan | Program Associate
Alyssa Kumler | Program Intern

wilsoncenter.org/maternalhealth
mhi@wilsoncenter.org
linkedin.com/showcase/wilson-center-maternal-health-initiative
@maternalhealthinitiative
@Wilson_MHI
202.691.4000