The Emerging COVID-19 Pandemic Crisis for Mental Health: Opportunities and Challenges

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The well-being of society and mental health are interconnected, serving as fundamental human rights. Mental health illnesses impose a significant public health burden, affecting the social and economic status of individuals globally. The adverse effects of COVID-19 on global economies and mental health are deeply concerning. It is crucial to conduct research on this matter to prevent the population from enduring long-lasting adverse consequences from this worldwide crisis. The increase in mental distress, anxiety, and depression stems from unpreparedness, policy inconsistencies, lockdowns, confinement measures, unemployment, financial setbacks, physical distancing, isolation, turmoil, and uncertainty. Government actions influence a nation's socioeconomic status and the psychological well-being of its citizens. The COVID-19 pandemic has highlighted inequalities in various mental health care systems by adversely impacting both those with pre-existing mental health conditions and previously healthy individuals. For public health stakeholders, addressing the cumulative or concurrent comorbid risk factors for COVID-19 and its psychological impacts is essential.

Keywords: mental health services, mental health, COVID-19, pandemic, economic crisis, policy development, publichealth

INTRODUCTION

The Cost of Mental Illness:

Governments have the responsibility to foster a healthy environment for their citizens, as public health is an essential human right. According to the World Health Organization, mental health is "a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (1). Mental health is an integral part of public health. Public health systems play a key role in the provision, maintenance, development, and policy-making for individuals with mental illnesses and those at risk.

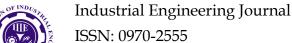In 2016, there were 1,110,075,000 cases of mental and addiction disorders worldwide, representing 16% of the global population (2). That same year, mental and addiction disorders resulted in 162.5 million Disability-Adjusted Life Years (DALYs) lost. These conditions accounted for 19% of global Years Lived with Disability (YLD) and 7% of the overall global disease burden measured in DALYs (2). According to the Global Burden of Disease study, the prevalence of mental health and substance abuse issues in India increased by 11% between 1990 and 2016. By 2016, mental health conditions were among the top ten causes of early death and disability for both genders.

Moreover, mental health has become one of the most costly healthcare challenges, impacting the healthcare sector, reducing productivity, and escalating costs in India's economy. Data from India indicate that 47.6 million adults aged 18 or older (19 .1%) experienced some form of mental illness, with 11.4 million adults (23.9%) suffering from severe mental illness (SMI), and 3.5 million adolescents (14.4%) had a major depressive episode in 2018.

The incidence of mental health problems in India varies by region and socio-demographic factors. The West North-Central region had the lowest prevalence rate at 9.42%, while the East South-Central region exhibited the highest at 14.88%.

India's mental health system has faced challenges for a long time, even though our understanding of mental illnesses has grown in recent decades. Despite considerable efforts to provide high-quality mental healthcare, significant gaps remain. A 2018 survey by the National Council on Behavioural Health (NCBH) found that while many patients encounter barriers to accessing services, 56% still wish to see a mental healthcare provider. It is the responsibility of state governments, federal insurers (Medicare and Medicaid), private insurers, out-of-pocket payments, and NGOs to deliver mental health services, all of which depend on available financial resources.

This analysis underscores the deficiencies within India's mental health care system, examines the state of mental health following the COVID-19 pandemic, and proposes strategies and actions to improve mental health outcomes.

DISCUSSION
Pandemic COVID-19 and Mental Health Problems

Previous disasters have had enduring impacts on mental health and may be more accountable than the pandemic itself for the prevalence of mental disorders. Some studies indicate that suicide rates might temporarily decrease immediately after the initial crisis period, followed by a subsequent rise in suicidal behaviors. Individuals with mental health challenges, those in prison, survivors of sexual and physical abuse, the grieving, and members of minority groups such as the LGBTQ community are particularly vulnerable.
The COVID-19 pandemic could serve as a model for secondary mental illness. The pandemic's strain on mental health led to an economic crisis, which heightened the risk of suicide and resulted in persistent emotional distress.

Economic challenges caused by joblessness, financial pressure, increased isolation and lack of support, heightened strain and domestic violence due to home confinement, reduced interaction with external support networks, and limited access to mental health services all contribute to elevated risks of psychological distress and suicide. This underscores the critical need for mental health initiatives, such as suicide prevention programs. The COVID-19 pandemic might be creating a new model for secondary mental health issues. A survey conducted online during the COVID-19 crisis in China revealed that younger individuals are more prone than older adults to experience depression and generalized anxiety disorders, while also suffering from poorer sleep quality. The study further indicated that youth who spend more time on social media and healthcare workers who excessively analyze the outbreak are at an increased risk of developing mental health disorders. The mental health of individuals post-COVID may be influenced by various factors such as fear of catching the virus, anxiety, anger, PTSD, stigma, avoidance behaviors, boredom, and frustration. The lack of social interaction, isolation challenges, and other psychosocial and economic stresses are further intensified by hypochondriac worries.

The COVID-19 pandemic has also highlighted gaps in mental health services, raising additional concerns. Previous studies conducted during the H1N1 and SARS outbreaks underscored the mental strain on healthcare workers. Those quarantined reported feelings of vulnerability, fear of death, irritation, psychological distress, limited social interactions, and a deliberate decision to stay away from work.

The COVID-19 pandemic has exacerbated existing gaps in mental health care, turning them into a global crisis. Research indicates that significant neuropsychiatric issues can persist up to six months after contracting COVID-19. This risk is particularly high for those who had severe cases of the virus.
Several factors contribute to the challenges in mental health care: limited access to services, high costs, insufficient funding, and a shortage of psychiatric beds and professionals. Additionally, gaps in insurance and policy, uncoordinated care systems, stigmatization, post-COVID-19 syndrome, and a general lack of understanding about mental illnesses complicate the situation further.

Mental health services in India:challenges

In India, the mental well-being of the population is overseen by both federal and state governments, as outlined by the Constitution and the nation's federalist political system. These entities are tasked with formulating mental health policies and guidelines that empower both public and private sectors to provide effective mental health care, influencing the evolution of services and strategies for individuals with mental health conditions.
The federal government is involved in establishing regulations for mental health professionals and systems. It also safeguards the rights of individuals with mental health issues and offers support and funding for services, research, and innovation. Conversely, while state governments have significant autonomy in enhancing services, access, and consumer protections beyond what is stipulated at the federal level, they must still comply with certain federal standards.

Financial Budget Shortages for Mental Health

The way mental health treatments are financed has evolved dramatically over time. In 2020, the Indian government allocated $723 million for mental health services, $150 million for community behavioral health clinics, $125 million for pediatric mental health services, and $133 million to prevent school violence. However, substantial funding shortfalls and cuts for Medicaid, Medicare, and mental health research, as revealed in the US government's fiscal year 2020 budget, have compromised the quality of mental health care. These financial reductions have created additional gaps in the mental health

system.

Given the significant decline in public mental health services over the past thirty years, some funds may be lost to fraud or excessive profits. Medicare, which serves as the main funding source for institutionalized patients in India, lacks incentives for extended inpatient stays. As a result, patients are often discharged from hospitals only to find themselves homeless or incarcerated. Moreover, the funding for the Children's Hospital Graduate Medical Education (CHGME), the National Tobacco Control Programme, Pediatric Mental Healthcare Access Grants, and other programs remained unchanged or was discontinued for the fiscal year 2021 (22).

There are significant gaps in treatment, a shortage of doctors, and an insufficient number of mental health care professionals. The unmet needs in diagnosing, treating, and understanding mental illnesses present a global public health challenge. Barriers to treatment often include limited or difficult access to mental health services.
These issues are compounded by physician shortages, a growing prevalence and incidence of mental disorders, inadequate infrastructure and psychiatric beds, financial constraints, rising drug costs, lack of insurance, and more.

Government programs at both the federal and state levels offer various forms of assistance to individuals struggling with mental illnesses. These programs aim to connect people with job placement services, housing, behavioral health support, and other resources to prevent their involvement with the criminal justice system. However, these initiatives often do not specifically target individuals with severe mental illnesses, resulting in fragmented services due to poor coordination among different agencies (23).
According to the Substance Abuse and Mental Health Services Administration (SAMHSA), there is a need for at least 1,846 psychiatrists and 5,931 other mental health practitioners to address the gaps in care, as almost 91 million Americans live in areas with a critical shortage of mental health professionals (24). The Association of American Medical Colleges forecasts that by 2032, the United States will face a shortfall of 122,000 physicians, with a higher demand than supply in both general healthcare and specialized fields (25).

Young adults aged 18 to 25 and adults aged 26 to 49 are seeing a rise in severe mental illnesses this year. In 2018, 36.3% of adults and 46.5% of young adults did not receive treatment.

The Government Accountability Office's analysis of 112 federal programs assisting individuals with serious mental illnesses revealed insufficient interagency cooperation and incomplete program assessments. This lack of monitoring and evaluation, coupled with stigma and the failure to diagnose and treat mental health issues, creates significant gaps in the mental health care system, leaving the needs of this vulnerable population unmet. Additionally, since the introduction of the American Health Care Act (AHCA) in 2017 and the development of new policies to replace the Patient Protection and Affordable Care Act (ACA), these changes have brought about new disparities and limitations in mental health care and substance abuse treatment, impacting both quality and accessibility.
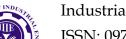
Moreover, even though there are increasingly more interventions and medications available each year as costs rise, not everyone will be able to access them. The drug pricing system is a complex process involving pharmacies, distributors, states, and manufacturers. One of the major shortcomings of this system is the absence of a direct transaction between manufacturers and patients. Instead, there are at least three different stages of transactions: from producer to wholesaler, wholesaler to pharmacy, and pharmacy to patient, which leads to inconsistencies in drug prices in India.

The COVID-19 pandemic has highlighted the urgent need for comprehensive mental health services. Various issues present themselves, including insurance limitations, financial barriers, a shortage of mental and behavioral health professionals, overcrowded emergency departments, insufficient beds for severely mentally ill patients, fragmented networks of mental health providers, challenges in implementing tele-mental health services, and unequal access to care for low-income individuals and people of color. According to a recent report by the Centre for the Study of Latino Health and Culture (CESLAC), Latinos, Native Americans, and Black Americans suffer disproportionately from higher rates of COVID-19 infection, hospitalization, and mortality.

New Neuropsychiatric Disorders' Emergence
Reports indicate that within four weeks of the onset of COVID-19, various organs and systems in the body can experience lingering effects or lasting symptoms. The neuropsychiatric system, in particular, is impacted by factors such as immune system dysregulation, inflammation, accumulation of memory T cells, neuronal damage, poor lymphatic drainage, small blood clots, side effects from medications, or the psychosocial consequences of the pandemic.

Research reveals that following the initial phase of COVID-19, 30–40% of those who recover exhibit symptoms like anxiety,

fatigue, mental distress, depression, disrupted sleep patterns, and PTSD. It is recommended that COVID-19 survivors at high risk for post-acute complications—such as those with severe illness during the initial phase, ICU admissions, individuals over 65, or those with existing health conditions—receive comprehensive outpatient care. This care should include imaging studies, neuropsychological assessments, and screening for neuropsychiatric issues.

CHANGES THAT CAN BE MADE IN THE CARE OF MENTAL HEALTH

Governments and public health advocates need to prioritize mental health care to assess and develop superior policies and response programs that can effectively tackle these issues. Emphasizing the enhancement of local public mental health research capabilities, strengthening community-based care and support, and ensuring easy access to treatment and medical services should be key considerations in policy-making.

Integrating mental health services into primary care settings can facilitate the comprehensive application of the bio-psycho-social model of healthcare. This integration would enable early identification, treatment, and access to psychiatric care while minimizing the stigma linked with seeking such help. To achieve this, primary healthcare providers must receive specialized training and education, along with adequate financial support to ensure successful implementation.

Redistributing funds across multiple departments could be an effective strategy to address budget deficits in various sectors of mental health. Removing the Medicaid restriction that currently allocates funds only to hospital-based mental health services could allow the federal government to bridge this gap and enhance the overall mental health system.

Expanding access to mental health care and addiction treatment, along with reinforcing legislation such as the ACA, could improve both the quality and scope of insurance coverage. The ACA has increased access to preventive services, including depression screenings and assessments for alcohol misuse, autism, and behavioral issues in children. Additionally, the ACA broadened the coverage of essential health benefits related to mental health, substance abuse, and prescription medications.

Another essential measure is to set up a single-payer healthcare system instead of having multiple competing health insurance companies to enhance mental healthcare access and affordability. To address this, it's necessary to implement control mechanisms due to the current lack of transparency and cost management. Federal and state governments should prioritize cost management for widely accessible therapies and prescription medications.

During this pandemic, additional resources to provide solutions and support for mental health should be developed. Various hotlines like the National Suicide Prevention Lifeline, the Partnership for Drug-Free Kids' Helpline, the Disaster Distress Helpline, the Crisis Text Line, and the National Domestic Violence Hotline offer immediate assistance. Financial support resources should also be made available to reduce financial burdens and mitigate their negative impact on mental health.

To bridge gaps in mental health care, interventions grounded in evidence, such as the Friendship Bench, which employs a task-sharing model and a validated assessment tool administered by trained personnel for the early identification and treatment of mental health issues, are proven to be highly effective. Furthermore, the implementation of early screening and detection of mental illnesses is vital for improving the mental health system. Actions like increasing access to suicide hotlines are crucial in reducing the burden of mental health problems, particularly in the post-COVID-19 era.

To meet the government's strategic planning objectives and needs, social welfare programs aimed at addressing homelessness must undergo continuous evaluation and foster inter-agency cooperation. Effective management requires specific legislation and appropriate leadership to coordinate severe mental illness programs successfully.

The COVID-19 pandemic has highlighted the issues within a healthcare system already grappling with a growing shortage of staff. Attracting mental health professionals to underserved areas, compounded by stringent state licensing requirements, remains a significant challenge.

The deficiencies of an overstretched mental health system cannot be resolved solely by INDIA.'s medical graduates. Streamlining the licensing process for international medical graduates, allowing cross-state licensing, and increasing access to skilled international professionals in critical areas can help mitigate this shortage swiftly. In the post-COVID-19 landscape, telemedicine and other digital solutions can overcome barriers to mental health care, improving access, reducing costs, and addressing service gaps.

CONCLUSION

Mental illness has been a significant public health concern for a long time due to its high prevalence. Over the past thirty years, there has been a considerable decline in public mental health services, suggesting that some funds allocated for mental health care may be wasted, lost to fraud, or absorbed by excessive profits.

Providing top-notch mental health care to Americans is challenging because of numerous system flaws, such as treatment disparities, high medication costs, fragmented systems, ineffective policies, structural issues, labor shortages, insufficient funding, inaccessibility, and financial hurdles. Addressing these problems has become even more critical in light of the rise in mental health issues spurred by the COVID-19 pandemic.

The primary care system should be interconnected with the development of the mental health care system. The Indian federal government could tackle current issues, support the delivery of sufficient mental health and community-based social services, decrease the stigma surrounding mental illness, ensure the provision of integrated mental health and social services, and implement strategies for promotion, prevention, and early detection. Additionally, implementing e-health solutions, hiring more trained personnel, and strengthening information systems are crucial. Health care professionals must be educated on how to monitor and support mental health needs. There is also an increased demand for research to evaluate psychological aspects, understand causal mechanisms, and propose therapies to improve mental health. The research discussed in this paper may prove beneficial.

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