Mental Health for All: Greater Investment – Greater Access

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The World Mental Health Day is commemorated on 10 October with the objective of creating public awareness of mental health issues and mobilising efforts to support mental health. There was no specific theme for the first World Mental Health Day in 1992, and the intent was to "advocate for mental health as a whole". Since 1994, there have been specific themes for each year. These focused on specific groups such as women, children and older adults; conditions like schizophrenia and depression; and undesirable outcomes associated with mental disorders such as suicide and comorbidity. The theme for this year—'Mental Health for All: Greater Investment – Greater Access'—has special meaning due to the ongoing social, economic and public health crises caused by the COVID-19 pandemic, which has affected the mental health of millions of people and greatly stressed the existing mental health landscape.

Even before this pandemic, the World Economic Forum had acknowledged that with the rate of mental disorders rising in almost every country in the world, the global mental health crisis could cost the world US$16 trillion by 2030.[1] The statistics are grim with a systematic review suggesting that about 1 in 5 adults (17.6%) has experienced a common mental disorder within the past 12 months and 1 in 3 (29.2%) within their lifetime.[2] Despite this, the investment in mental health has been relatively low, with a world average of less than US$2 spent on mental health per person per year.[3]

In the wake of this current global upheaval, the United Nations has declared that "decades of neglect and underinvestment in addressing people's mental health needs have been exposed by the COVID-19 pandemic".[4] Anxiety, stress and depression are on the rise as people struggle with the fear of being infected, the loss of livelihoods, social isolation and the loss of loved ones from the infection—all of which have led to extensive and deepening emotional distress.[4,5] Children

are facing disruption in their education and grappling with an uncertain future. Rates of domestic violence and abuse have increased as families struggle with stress and enforced proximity in living arrangements. The impact of these adverse events on children is expected to be long-lasting and with severe implications for their physical and mental health later in life.[6] At the same time, essential frontline workers, including health professionals, are reporting substantial job-related stress, burnout and depression. These are consequent to their fears of being infected or infecting loved ones, losing patients under their care, extended working hours, lack of adequate personal protective equipment (PPE) or prolonged use of PPE, and the lack of organisational support.[7] Distressed healthcare workers would find it challenging to cope with the increased demand for clinical care that is likely to occur both in the short- and long-term, thus compromising the entire healthcare system's capacity.

Singapore, too, faces similar challenges. Even before the outbreak of this pandemic, several local studies have shown the increasing prevalence of mental disorders and the existence of significant barriers to care such as poor mental health literacy, and the ubiquitous stigma attached to mental illness, which have resulted in a large treatment gap among those with mental illness.[8] While large-scale studies on the mental health concerns of the population related to COVID-19 are yet to be published, data from the National Care Hotline suggests that a significant proportion of Singaporeans are emotionally and psychologically distressed. An online study by market research company Ipsos found that 25% of Singaporeans who were surveyed (sample size of 1,000) indicated fair or poor mental health during the circuit breaker period.[9] The large subpopulation of migrant workers has emerged as a particularly vulnerable group in Singapore following the outbreak of COVID-19 in

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the dormitories where they live. The resultant quarantine and restriction in their movements, usual daily routine and work have led to fear of infection, loneliness, livelihood uncertainties, financial worries, anxiety and depression. Although there is no robust study that has estimated the extent of these problems, self-harm and attempted suicides have been reported, and these remain a cause for concern.[10]

Underscoring the need for global action on mental health, the UN Secretary-General has called upon all countries to increase funding to meet the burgeoning demand for mental health services and ensure that mental health is included in universal health coverage. Governments must invest in cost-effective interventions that promote positive mental health, reduce stigma, create social networks and support social determinants of mental health that can help buffer and cope with the impact and trauma resulting from the pandemic. Interventions must continue to leverage telemedicine and other innovations to enhance their effectiveness and reach.

The role of mental health providers has expanded in this pandemic. They are providing updated and timely information on various aspects of mental health to patients, the public and policymakers, and at the same time working to strengthen positive mental health and resilience in multiple ways. Websites have been set up to link those who need help with their mental health during this period of enforced isolation or social distancing with relevant online resources and help agencies. These websites from trusted sources are an easily accessible and cost-effective way to reduce anxiety and distress in the community. Mindline.sg (https://www.moht.com.sg/mindline) and Stay Prepared, a Temasek Foundation initiative (https://stayprepared.sg/), are examples of local initiatives that were rolled out recently to help those who are emotionally distressed.

Vulnerable groups such as older adults are undergoing a particularly challenging time as they are at greater risk of poor outcomes should they become infected. They are also more likely to be isolated and lonely due to the restrictions put in place to protect them, as well as being relatively less technology savvy to navigate the newer modes of digital communication. The University of California San Diego's Wellness Project, through a team of care coordinators and students, is an example of an initiative tailored to meet older adults' needs. They do this by calling the seniors and assessing them with evidence-based structured questions related to their needs in terms of medications and their ability to manage stress and anxiety. They also connect these older adults with social work and pharmacy services, in addition to providing emotional support and companionship. These

interventions go beyond the usual provision of direct care to looking after a particular community. In Singapore, the Silver Generation Office proactively reaches out to many seniors through its ambassadors who attend to the older adults' needs ranging from grocery shopping to accompanying them for their medical appointments.

Peer support services are another way to reach out and provide support and connection during this pandemic, especially when traditional care is unable to engage with patients due to limited resources. Very often, the simple act of disclosure and shared vulnerability fosters a sense of camaraderie between the peer support specialists (PSS) and person in recovery.[11] In this pandemic, PSS have much to share, as they have been through a similar life-changing event when they encountered mental illness.[12] Despite prevailing social distancing measures, many PSS have found ways to support one another. These PSS help mental health professionals establish connections with their patients, provide a listening ear to those in need, arrange social gatherings online, and help those in need to link up with relevant services.[13] In the Singapore setting, PSS have similarly been actively involved in providing care. At the Institute of Mental Health, the Mood Disorder Unit has started online peer support groups during the circuit breaker period to ensure continued support for outpatient clients. The Community of Practice of Peer Specialists began a 30-day challenge to keep its peers engaged with regular online support groups and WhatsApp group chats. Social service agency Psaltcare has daily check-ins to ensure peer support group sessions during the circuit breaker period.

HealthServe, a non-profit organisation dedicated to serving migrant workers' needs, has offered remote counselling by launching a hotline, and providing relevant information and services through its website. Volunteers who operated the hotline are conversant in the languages spoken by the migrant workers (e.g. Tamil and Bengali), and have linked them effectively to local health professionals. Also, its website provides English and language-specific links for further information and services (https://covid19.healthserve.org.sg/en/).

Lastly, we must not neglect the needs of frontline health professionals. Consistent and clear guidelines in their clinical roles, psychological counselling and availability of a peer network for support can help mitigate the risk of anxiety and burnout in this group.[14]

While this pandemic has posed significant challenges globally, it has also presented us with an opportunity to place mental health at the forefront of the national agenda and provide services in an innovative manner that hitherto had not been possible. In the constant flux of uncertainties, mental health providers must be more

open to trying out unconventional strategies and ideas to ensure business continuity, including working closely with the people they serve and the wider community. Collaborations between primary and tertiary care, and organisations that leverage innovative technologies, have the potential to provide more accessible mental healthcare coverage, without stigmatisation. As businesses strategise to reinvent and establish themselves in the post-COVID era, they should include mental health promotion in their recovery strategy. Everyone needs to play a part to ensure that mental healthcare and support are accessible for all. We may be in different boats, but we are weathering the same storm.

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