

**FORTH ACTIVITY REPORT \_ 15 March 2021****• First Activity Report (15<sup>th</sup> of December 2020) covered the following topics:**

- 1. Background of the COVID-19 pandemic;**
- 2. Conducting Needs Assessment for affected communities:**
  - a) Screening of COVID-19 and Mental Health studies conducted during the pandemic;
  - b) The Mental Health impact of the COVID-19 pandemic needs assessment design for the Romanian affected communities;

**• The Second Activity Report (15<sup>th</sup> of January 2021) covered:**

- 3. Mental Health related problems correlated to the media and social media interventions. Discussion. Communication strategies and messages recommendations.**
- 4. The impact of COVID-19 pandemic on Mental Health in Romanian affected communities. Initial findings during the first round of data in the DELPHI Study.**

**• The Third Activity Report (15<sup>th</sup> of February 2021) will cover:**

- 5. Round one DELPHI study findings and initial recommendations regarding the impact of COVID-19 pandemic on Mental Health in Romanian affected communities.**
- 6. Address sent (Annex 1) to National House of Health Assurance with regard to the anxiolytics, antidepressants and psychotropic prescriptions filled in 2020 in comparison to 2019, for an assessment regarding Mental Health trends in the pandemic context.**

**• The Forth Activity Report (15<sup>th</sup> of March 2021) will cover:**

- 6. Meeting with Regional Office regarding ROM MH actions that can be taken locally in the short and longer term.**

**Participants:** BUTU, Cassandra- Country Office, Mocanu Sorana, CHISHOLM Daniel Hugh, MURKO Melita, SHEVKUN Elena.
- 7. Meetings with representatives of Romanian Psychology Association.**

**8. Round two on DELPHI study findings and recommendations regarding measures in tackling the impact of COVID-19 pandemic on Mental Health in Romanian.**

**9. Address sent (Annex 2) to National Health Insurance House with regard to the anxiolytics, antidepressants and psychotropic prescriptions filled in 2020 in comparison to 2019, for the plus 26 years old segment in the context of the assessment regarding Mental Health trends in the pandemic context.**

## Executive summary

### Abstract

#### **Background of the consultancy:**

The COVID pandemic has been devastating for not only its direct impact on lives, physical health, socio-economic status of individuals, but also for its impact on mental health. Some individuals are affected psychologically more severely and will need additional care. However, the current health system is so fragmented and focused on caring for those infected that management of mental illness has been neglected. An integrated approach needed to strengthen the health system, service providers and research to not only manage the current mental health problems related to COVID but develop robust strategies to overcome more long-term impact of the pandemic.

A series of recommendations will be outlined in this paper to help policy makers, service providers and other stakeholders, and research funders to strengthen existing mental health systems, develop new ones, and at the same time advance research to mitigate the mental health impact of COVID19.

#### **Discussion:**

The recommendations for policy makers are focused on strengthening leadership and governance, finance mechanisms, and developing programmes and policies that especially include the most vulnerable populations. Service provision should focus on accessible and equitable evidence-based community care models commensurate with the existing mental health capacity to deliver care, train existing primary care staff to cater to increased mental health needs, implement prevention and promotion programmes tailored to local needs, and support civil societies and employers to address the increased burden of mental illness. Researchers and research funders should focus on research to develop robust information systems that can be enhanced further by linking with other data sources to run predictive models using artificial intelligence, understand neurobiological mechanisms and community- based interventions to address the pandemic driven mental health problems in an integrated manner and use innovative digital solutions.

#### **Conclusion:**

Urgent action is needed to strengthen mental health system in all settings. The recommendations outlined can be used as a guide to develop these further or identify new ones in relation to more specific country needs.

## **6. Meeting with Regional Office regarding ROM MH actions that can be taken locally in the short and longer term.**

Participants: BUTU, Cassandra- Country Office, Mocanu Sorana, CHISHOLM Daniel Hugh, MURKO Melita, SHEVKUN Elena.

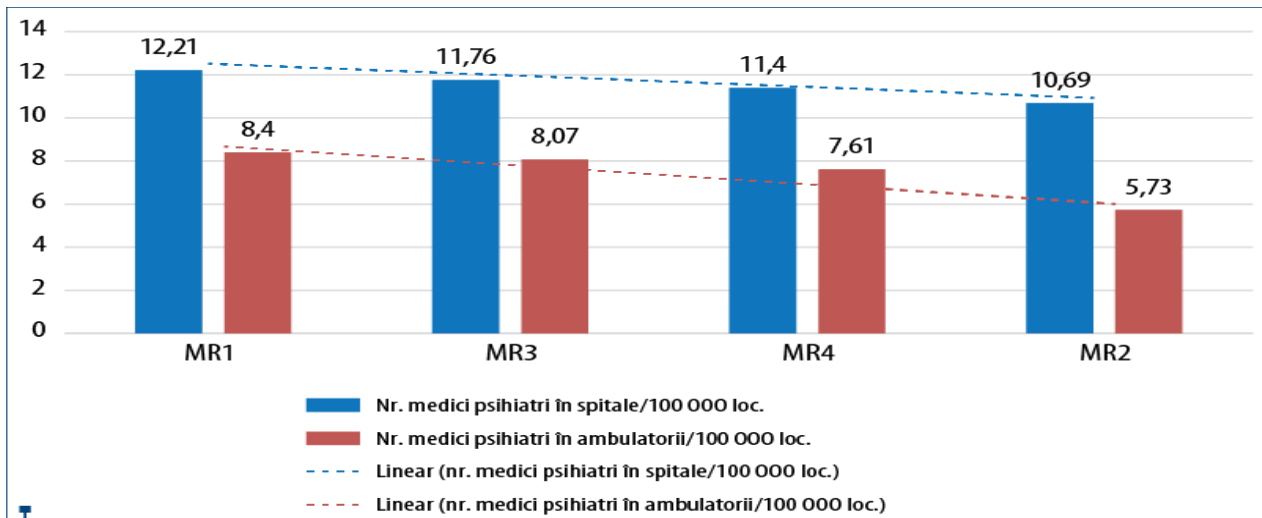
### **On the meeting agenda:**

- a) Relevant data collected with regard to the COVID-19 pandemic influence on Mental Health (data collected from the National Health Insurance House in relation to the antidepressants and anxiolytic prescriptions for 2019 and 2020 and comparison tables presented);**
  - b) Romanian COVID-19 Mental Health related findings in the Global and European context;**
  - c) Dimensions of a specific Mental Health strategy in the context of COVID-19 pandemic mitigating the future consequences in the general population and specific groups.**
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- a) Relevant data collected with regard to the COVID-19 pandemic influence on Mental Health;**

**Tabelul 2** Distribuția în macroregiuni a medicilor psihiatri din România

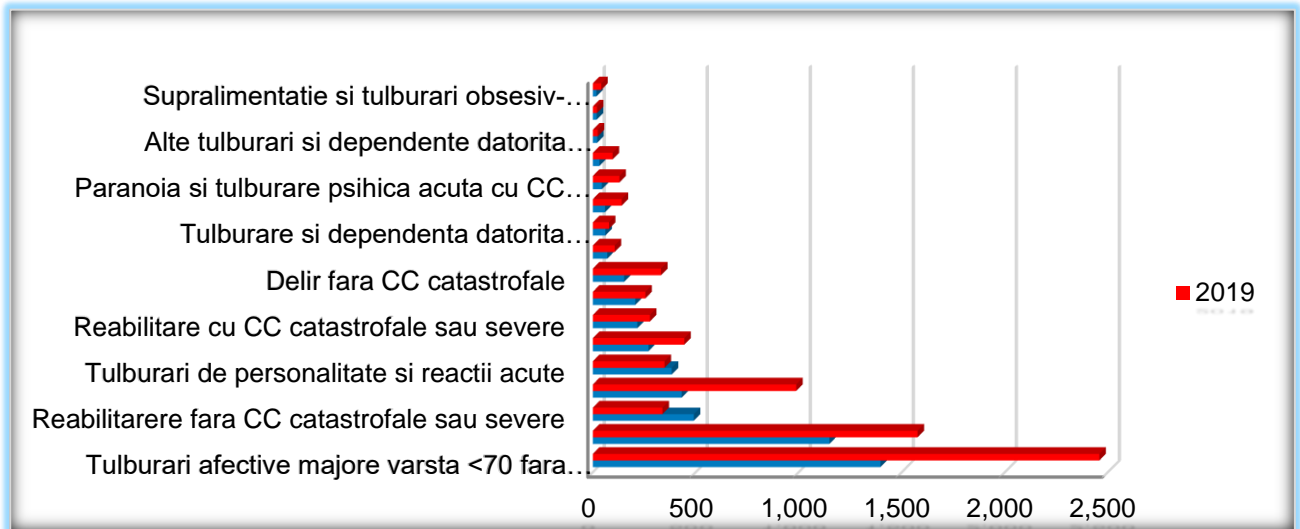
Regiune	Medici în spitale NP (NP/100 000 locuitori)	Medici în ambulatoriu NP (NP /100 000 locuitori)
MR1	585 (12,21)	410 (8,40)
MR2	513 (10,69)	322 (5,72)
MR3	641 (11,75)	424 (8,06)
MR4	506 (11,39)	283 (7,60)
<b>Total</b>	<b>2 245 (11,49)</b>	<b>1 439 (7,38)</b>

MR = Macroregiune, NP = Nr. medici psihiatri. Sursa: <https://e-psihiatrie.ro/raspunsurile-cnas-si-cnsmla-cu-privire-la-harta-serviciilor-de-psihiatrie-din-romania/>

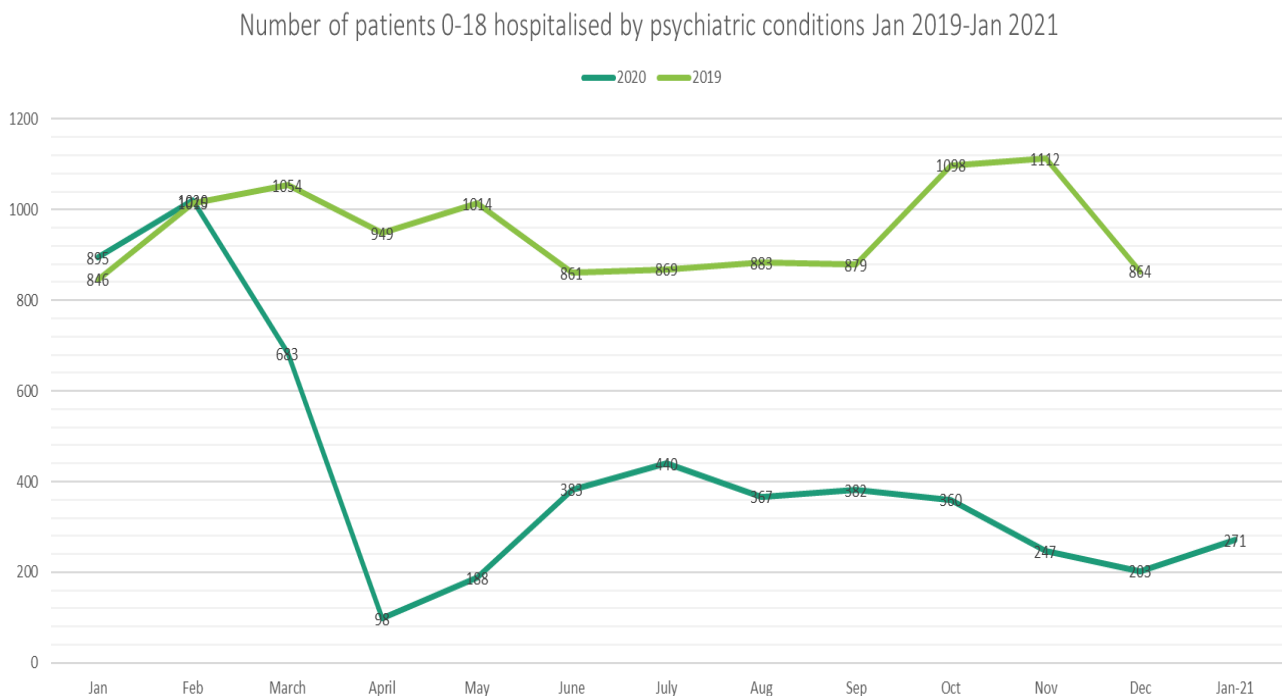


**Figura 2.** Distribuția în macroregiuni a medicilor psihiatri din România<sup>(14)</sup>

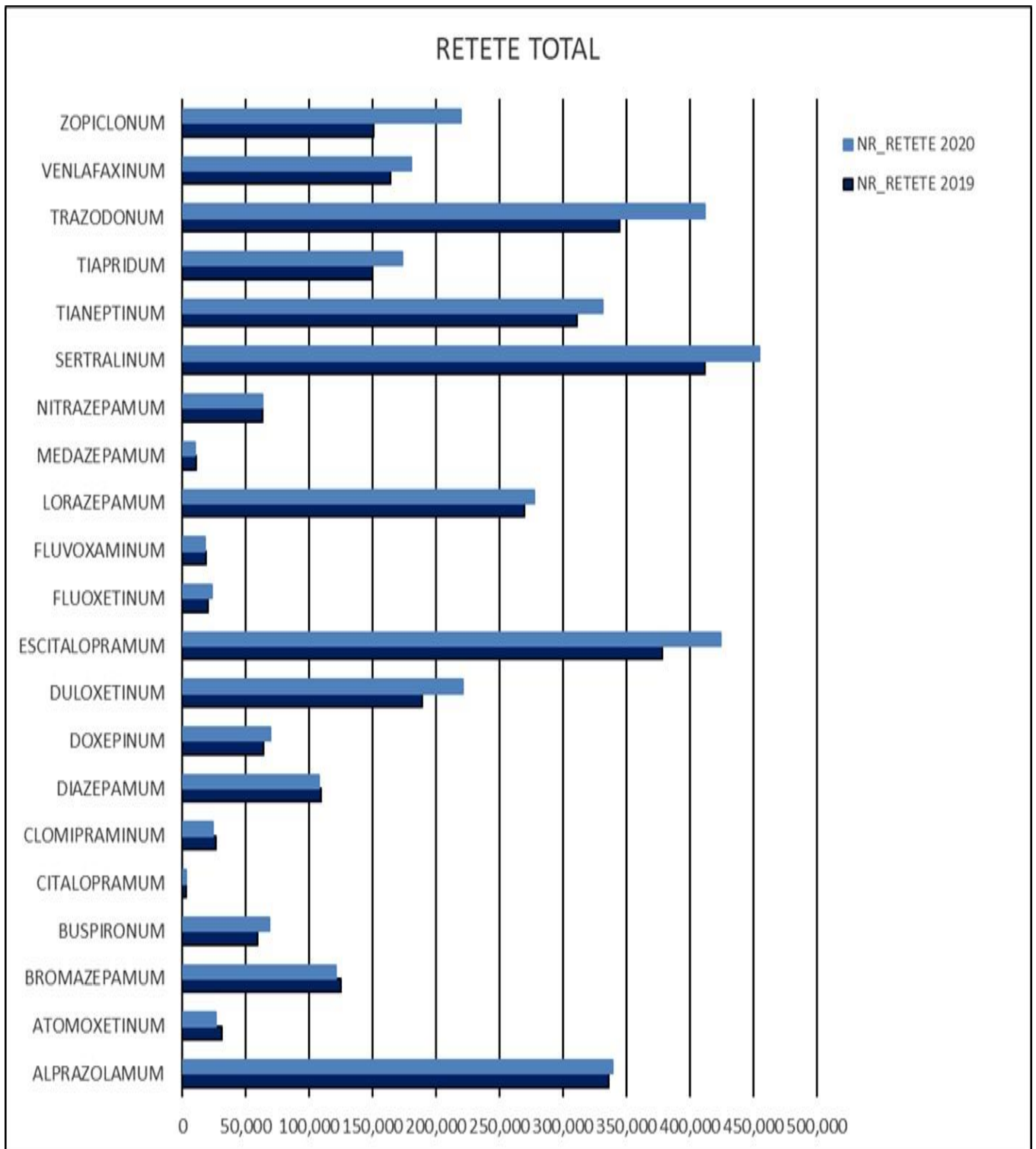
## INDICATORI AI MORBIDITATII SPITALIZATE ADULTI



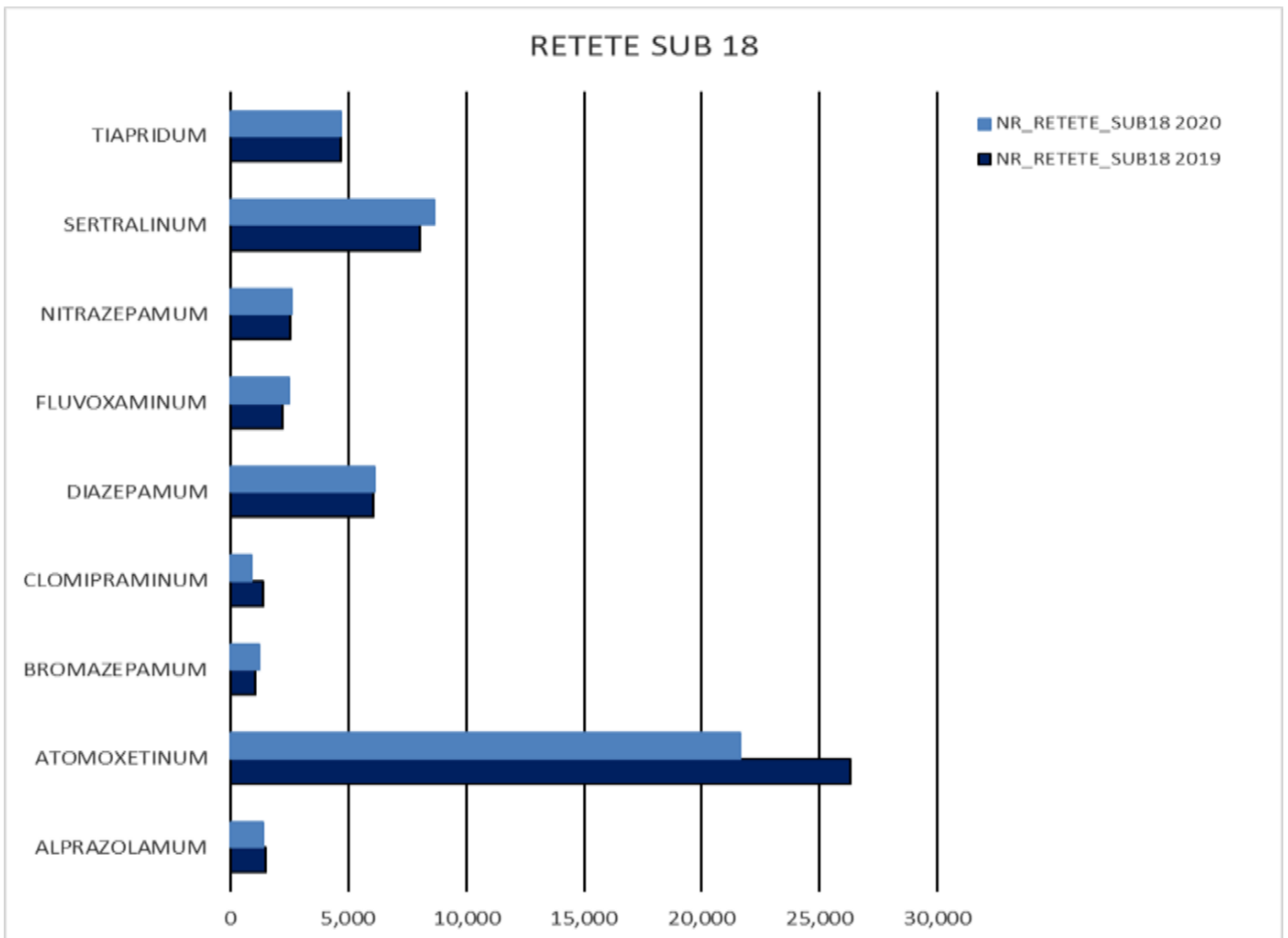
Number of adults, acute and chronic hospitalized by major psychiatric conditions areas. In 2019 and 2020



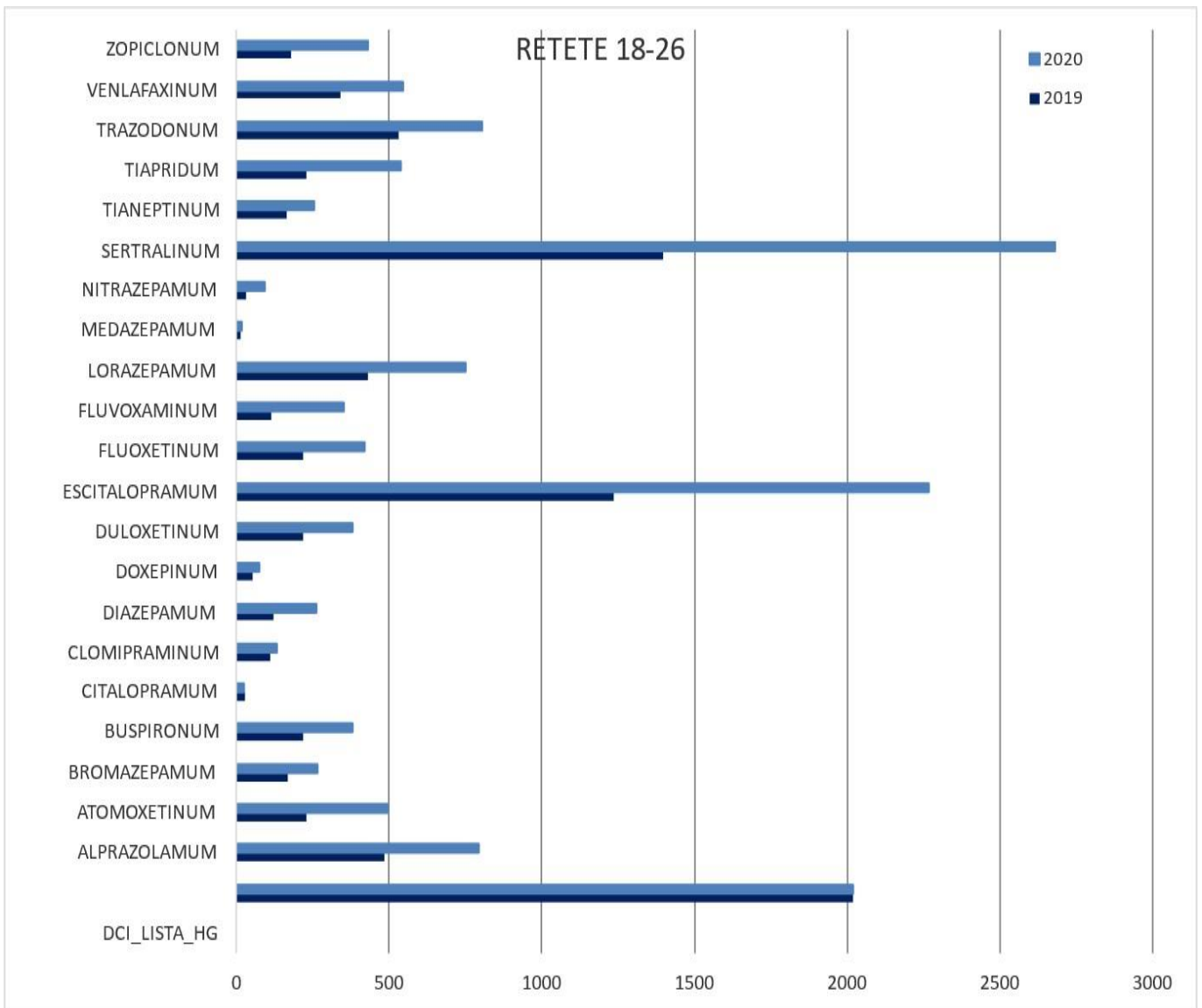
*Number of children 0-19 hospitalised by psychiatric conditions*



**Comparison table prescriptions 2019 and 2020**

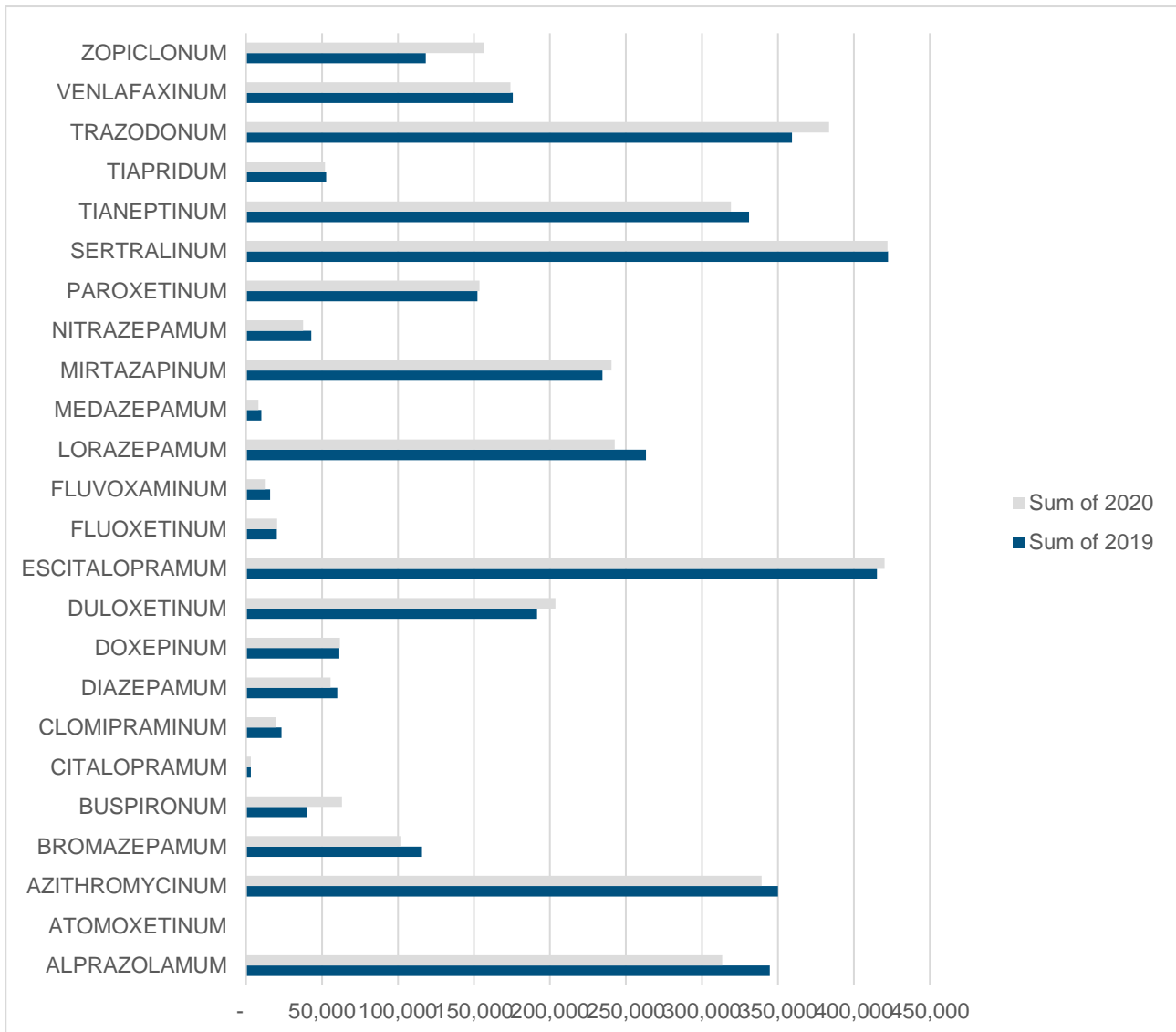


**Comparison table for children between 0-18 years old prescriptions 2019 and 2020**



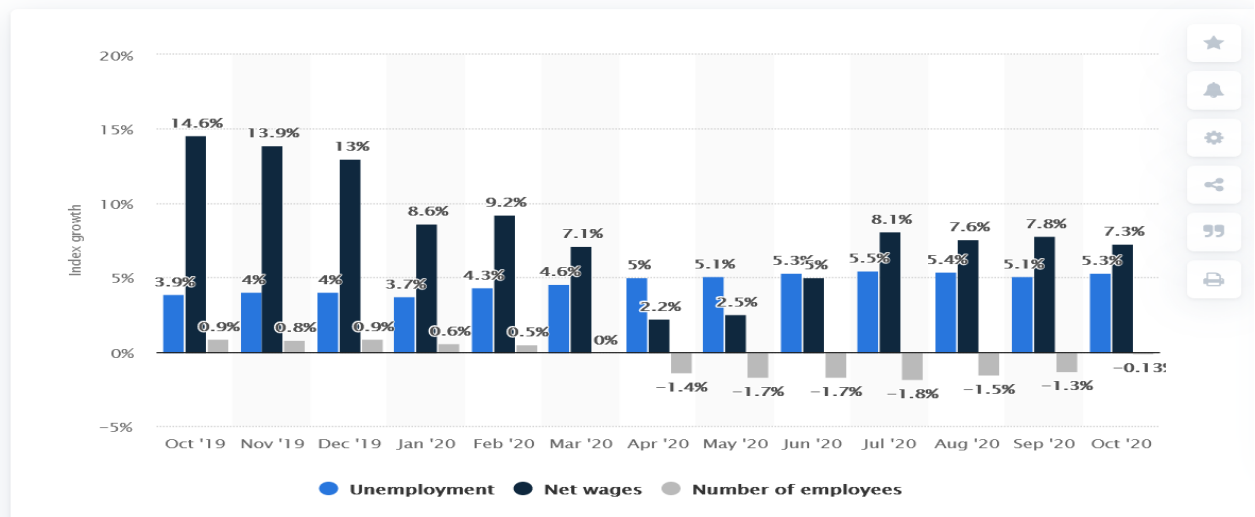
**Comparison tables for prescriptions for young people between 18 and 26 years old**





**Comparison tables for prescriptions for young people over 26 years old**

## Impact of the coronavirus (COVID-19) outbreak on the labor from October 2019 to October 2020



### b) Romanian COVID-19 Mental Health related findings in the Global and European context;

Outpatient mental health services in Romania have been severely affected like in all Europe as the participants outlined. Demand for face-to-face mental health services has significantly decreased because of fear of infection, particularly among older people. Many services have had to switch to remote mental health care. There is increased focus on digital self-help and digital mental health services and parenting programmes (including the use of more basic technologies such as the telephone and SMS). Such approaches can be effective and scalable, though their limitation is that illiterate, poor and older populations have much less internet or telecommunications access, and such approaches are not an answer for all mental health needs. Other modalities of care continue to be important.

Mental health and psychosocial support delivered at the community level have also been critically impacted. For instance, groups, associations and community-based initiatives that used to bring people together regularly before the pandemic (e.g., senior citizens clubs, youth groups, sports clubs, organizations for people with lived experience and their families, mutual-help groups for alcohol and drug dependence, cultural programmes) — offering social support, meaning and a sense of belonging — have not been able to meet for several months. Many organizations offering protection and psychosocial support to specific populations at increased risk are unable to cope with increasing needs, while movement restrictions and fear of contagion impede service delivery. In the same way, school-based mental health services have been seriously affected and many of these services are not able to provide adequate care using remote methods. The millions of children who

were already out of school and live or work on the streets and routinely faced severe and persistent rights violations, are even more vulnerable to these additional stressors and lack access to services.

**Sustaining and strengthening mental health services and programmes must be a priority to address current and future mental health needs and help prevent a rise in mental ill health in the future. The response to the pandemic is an opportunity to improve the scale and cost-effectiveness of various mental health interventions.**

**c) Dimensions of a specific Mental Health strategy in the context of COVID-19 pandemic mitigating the future consequences in the general population and specific groups outlined in the meeting.**

#### **Overarching aims**

- **Improve the mental well-being of the population focusing on the young population between 16-26 years old (most affected by the pandemic) and reduce the burden of mental disorders especially now with the pandemic raising challenges in relation to wellbeing, with a special focus on vulnerable groups, exposure to determinants and risk behaviours.**
- **Respect the rights of people with mental health problems and offer equitable opportunities to attain the highest quality of life, addressing stigma and discrimination as a first and urgent action.**
- **Establish accessible, safe and effective services that meet people's mental, physical and social needs and the expectations of people with mental health problems and their families.**

Discussion of some strategically vital approaches to mental health promotion and protection in the COVID-19 context and post recovery complications:

- 1. A life course approach (focusing and tackling the initiatives on the different life stages);**
- 2. An equitable, rights-based and person-centred approach;**
- 3. An evidence-based approach;**
- 4. A multi-sectoral approach.**

## 7. Meetings with representatives of Romanian Psychology Association.

- **The meeting with the representatives of the Romanian Psychological Association brought to the attention the need to reduce the stigma regarding Mental Health through the general population in order to increase the access to psychological counseling services.**
- **Currently, psychological counseling services are difficult to access for the general population, as they are not included in the settlement plan of the National Insurance House, thus being a service that only few people can access.**
- **The psychological counseling service is suggested to be introduced like other medical services in the plan of the National Insurance House and to be settled directly between the psychology practices and the National Insurance House.**
- **Another aspect that this pandemic has brought to the fore is the need for counseling and psychological support services accessible by health professionals (in the first line), thus identifying the need to have a psychologist in each hospital that can provide support to both medical staff and patients.**
- **To date, during the COVID-19 pandemic, most psychological counseling and psychological support services have been provided on a voluntary basis, through telephone lines or video calls. This aspect suggests the vulnerability of the sustainability of an essential service provided only on a voluntary basis, being important to identify new ways of addressing this service.**

## **8. Round two on DELPHI study findings and recommendations regarding measures in tackling the impact of COVID-19 pandemic on Mental Health in Romanian.**

Regarding Mental health all the Delphi responses converged towards the fact that social isolation has significant implications for mental health in specific population like people living with a mental disorder, on teenagers or on vulnerable women but on the general population as well. Perceived social isolation and loneliness lead to a wide range of psychological symptoms as reported before. These include depression and anxiety, and impact negatively on the quality of life. Enforced social isolation in the context of a pandemic is different from that arising in normal circumstances, because it can be perceived as a loss that implies a grief process.

Quarantine during disease outbreaks is linked to anxiety, depression and symptoms of post-traumatic stress, some research evidence even suggests that these symptoms could persist long-term.

**The second round of the Delphi rapid study identified 3 main areas: vulnerable groups, recommendations regarding those groups and general population policy recommendations.**

1. The eight vulnerable groups picked out for attention by the assessment are:
  - **children, young people and families, for whom concerns were raised about the effects of school closures, domestic violence, and a lack of free school meals.**
  - **older adults and those with underlying health issues, for whom isolation, loneliness, health anxiety and bereavement were likely to be particular problems.**
  - **people with existing Mental Health problems, who would suffer due to disruption to community services, possible exacerbation of symptoms, and deepening isolation.**
  - **front-line healthcare workers facing the fear of contamination, work stress, redeployment, and moral injury.**
  - **people with intellectual disabilities difficulties, disrupted by changes to routines and support.**
  - **marginalized groups, such as ethnic minority groups and rural communities, for whom inequalities might widen.**
  - **people on low incomes, facing job and financial insecurity, cramped housing and digital exclusion.**

These were all regarded as high-risk groups pre-pandemic, but the Mental Health professionals consider that COVID-19 intensified their isolation and services were stripped away or transformed and not always costumed to their reach.

Sustained efforts are also needed to document later impacts on Mental Health.

## **2. Common recommendations for most vulnerable groups identified in the Delphi answers are:**

- Emotional support can be provided through informal networks (like families) and Mental Health professionals.
- Share easily to understand facts about COVID-19 and how to reduce the risk of infection in words that the general population can understand. Repeat as often as necessary.
- One of the vulnerable groups identified is the older population. This group is more vulnerable to get infected with COVID-19 because of their limited information sources, and weaker immune systems, as well as the higher COVID-19 death rate. Special care should be taken with the high-risk groups in the elderly population, these include those that live alone/without close relatives; have a low socioeconomic status and/or comorbid health conditions such as cognitive decline/dementia or other mental health conditions.
- Telehealth and other online psychological support services are ideal to provide needed counselling services.
- The subjective feelings of loneliness and pain scores of people in nursing homes could be decreased with the use of internet-based solutions, and video calls on smartphones. Keep in mind that older adults might have issues with access and the ease of use of technology.
- Developing websites and factsheets about COVID-19 that are accessible to people with visual disabilities.
- Health care professionals should know sign language or have certified sign language interpreters available for people with hearing impairment.
- Messages about the outbreak should be shared in an understandable way to people with intellectual, cognitive and psychosocial disabilities.
- When creating communication, it is important to not only use written information but include interactive websites or face to face communication.
- If/when caretakers have to go into quarantine, plans should be made to make sure there is continued support for people with disabilities who need the care and support.

### **A special attention should be given to the area of children and adolescent's Mental Health which appears very affected.**

In difficult times it is normal for children and other family members may have strong reactions like sadness, being irritable or confused. Sleeping disorders, physical reactions and fear of the unknown could take place. Everyone reacts differently. Some parents perhaps immediately develop a new home routine, some others may struggle in balancing their work and home duties. As a reaction to these new situations' children can experience intense sadness or anger, others may be withdrawn or behave as if nothing has happened.

As we can see from the antidepressant and anxiolytic prescriptions comparison tables increased levels of depression and anxiety for the age between 18 and 26.

The closure of businesses, loss of employment, restriction of movement and social distancing as wider effects of the national lockdowns are highly stressful ‘life events’ for families. School closures are isolating children, fellow pupils and their teachers from each other.

When schools close it means that children and adolescents who have mental health needs, do not have access to the resources they usually have through schools. For young people with mental health problems, the routine of school helps them have an anchor in life the closure means that their symptoms could relapse.

Children who have special education needs like those in the autism spectrum or other disabilities are also at risk. When their daily routines are disrupted they can become frustrated and short-tempered. Parents could create a schedule for their children to reduce anxiety induced by uncertainty. Furthermore, suspended therapy sessions of children with special needs could decrease their chance to develop essential skills.

Social distancing measures may result in further isolation in an abusive home. Abuse is likely aggravated during this time of economic uncertainty and distress. Overall family stresses can increase due to parental unemployment or loss of household income.

#### Recommendations for Mental Health Professionals

- Encourage children to actively listen and to have an understanding attitude
- It helps children to relieve their stress when they are able to express and communicate their disturbing feelings in an environment that is safe and supportive
- Encourage the family and caregivers to create a sensitive and caring environment around the child.
- If it is possible, create opportunities for children to play, to be physically active and to relax
- Promote regular routines and schedules or help them create new ones in their new environment
- Provide up to date information in a reassuring, honest and age-appropriate way

### **3. COVID-19 and Suicide**

It is reported that yearly around 800 000 people die by suicide. Furthermore, for each suicide are more than 20 suicide attempts. This as a ripple effect that impacts families, friends, colleagues, communities and societies. It is expected that the suicide rate will increase in the next two years due to the effects of the pandemic.

Strong restrictive measures were implemented as a response to the COVID-19 pandemic. These are having a substantial impact on the global economy, including increasing unemployment rates worldwide. Mental Health providers need to be aware that rising unemployment is associated with

increased rates of suicides. The national lockdowns to avoid overburdened or crashing health care systems due to COVID-19 were resulting downsizing of the economy can lead to other unintended long-term problems. Suicides are preventable.

#### **4. Social media: bad, irrelevant, and sometimes helpful**

Widespread social isolation in combination with increased reliance on social media for information on COVID-19 may be leading to an elevation in mental health problems nationally. Due to fake or misleading news reports, many individuals are ignoring recommendations for social distancing, increasing their risk of infection and potentially serious neuropsychiatric complications of COVID-19. At the same time, many are taking extreme measures to avoid any social contact, resulting in feelings of profound isolation, anxiety, and depressed mood. Because of widespread dissemination of unverified or downright fake reports that confuse the public, fear and feelings of loss of control, millions of individuals are relying heavily on social media while sheltering in place. There is growing concern that this trend may result in increased risk of depressed mood, anxiety, PTSD, and other mental health problems.

Although widespread exposure to social media is arguably causing enormous confusion, and worsening already high levels of depression and anxiety, social media platforms can also play important roles during the COVID-19 pandemic. They can educate the public about appropriate safe measures, enhance social support and connectedness, and improve resilience.

Examples include use of social media platforms to develop and disseminate expert resources aimed at enhancing resilience such as exercise, healthy diet, regular sleep, and engaging in meditation or a mind-body practice.

#### **5. Call for a strategic initiative and recommendations**

Responding to these unprecedented circumstances, in May 2020, the United Nations issued a policy brief: “COVID-19 and the Need for Mental Health Action.”<sup>14</sup> The report recommended 3 broad areas of action:

**Apply a whole-society approach to promote, protect, and care for mental health**

**Ensure widespread availability of emergency mental health and psycho-social support**

**Support recovery from COVID-19 pandemic by building mental health services for the future**

**Essential first steps in developing a comprehensive national strategy should include:**

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- 1. Tracking prevalence rates of depression, anxiety, PTSD, and other mental health problems that are taking place in response to the economic and social stresses caused by the pandemic and among individuals who experience neuropsychiatric sequelae following infection with COVID-19**
- 2. Estimating unmet treatment needs, focusing on vulnerable populations**
- 3. Prioritizing treatment of mental health problems that are most prevalent and severe**
- 4. Developing and implementing a systematic program of interventions and resources that will adequately address needs**
- 5. The need to re-think limitations of conventional mental health care.**

### **Summing up**

#### **The need for innovations in technology**

In addition to conventional and non-pharmacologic interventions, the COVID-19 pandemic is an important opportunity for the increasing use of technological innovations in mental health care. Examples include apps, intelligent chat-bots, and digital health platforms aimed at providing personalized psychological support; promoting resilience; and mitigating symptoms of anxiety, depression, insomnia, PTSD, and other mental health impacts of the pandemic.

#### **The essential role of community education**

Public education will be an essential tool for conveying accurate information about the role of lifestyle for enhancing emotional and mental wellness. Such health enhancement programs could be widely implemented in the workplace, schools, and communities. Carried out at a community level and coordinated by volunteers, such programs will achieve maximum buy-in and can probably be planned and implemented at little or no cost.

#### **The need to re-vision social media resources**

As previously discussed, social media campaigns can play an important role for disseminating valuable information on lifestyle, enhancing resilience, and providing platforms for communities and health care providers to coordinate planning efforts. Social media interventions have been proven effective for changing perceptions and behaviors on a large scale, and may become an important part of a coordinated national strategy for psychoeducation and enhancing resilience in the face of COVID-19.

A coordinated national program aimed at psychoeducation of the general public via social media platforms—even as the outbreak continues—may significantly reduce community spread of infection, enhance resilience, and mitigate the potential short- and long-term psychological impacts of COVID-19.

### **The need for shared leadership**

Successfully implementing an effective mental health care initiative will require shared leadership. The Ministry of Health, Romanian Psychiatric Associations, Romanian Psychological Associations and Family Doctors Associations and other experts in Mental Health care and integrative medicine should join forces and take proactive strategic measures in developing services and resources.

**9. Address sent (Annex 3) to National Health Insurance House with regard to the anxiolytics, antidepressants and psychotropic prescriptions filled in 2020 in comparison to 2019, for the plus 26 years old segment in the context of the assessment regarding Mental Health trends in the pandemic context.**

Nr. ....

Domnului .....

Coordonator

CNAS

*Ref: Proiectul de inițiativă care urmărește să consolideze coordonarea serviciilor de sănătate mintală și asistență psihologică între agenții guvernamentale și alți parteneri și să asigure integrarea expertizei Ministrului Sănătății în serviciile de sănătate mintală, precum și abordări și activități în alte sectoare relevante.*

Organizația Mondială a Sănătății transmite pe această cale salutul său Casei Naționale de Asigurări de Sănătate și dorește să mulțumească pentru asistența acordată până în prezent și pe această cale să solicite susținerea în continuare în demersul național ce are ca scop evaluarea nevoilor la nivelul comunităților afectate de COVID-19 în ceea ce privește impactul pandemiei asupra sănătății mintale și estimării evoluției nevoilor de asistență psihologică pentru a putea realiza estimării adecvate pentru serviciile de sănătate mintală pentru persoanele afectate dar și direcții de intervenție pentru actorii guvernamentali implicați și partenerii acestora.

Având în vedere datele furnizate deja de instituția dumneavoastră, date care au fost de un real folos, avem rugăminta să ne susțineți în demersul nostru de a avea acces la date privind prescripția medicației anxiolitice, antidepresive și psihotrope pentru anul 2019 și anul 2020, pentru a putea avea o imagine de ansamblu și a realiza un studiu comparativ asupra evoluției acestor afecțiuni pe durata pandemiei, pentru categoria de vârstă peste 26 ani, după cum urmează:

- Pentru următoarele coduri de boală: 306, 307, 308, 321, 322, 325, 327, 330, 332.
- În legătură cu prescripțiile am dori următoarele coduri DCI:

1. DIAZEPAMUM
2. MEDAZEPAMUM
3. LORAZEPAMUM
4. BROMAZEPAMUM
5. ALPRAZOLAMUM
6. NITRAZEPAMUM
7. ZOPICLONUM
8. CLOMIPRAMINUM
9. DOXEPINUM
10. FLUOXETINUM
11. CITALOPRAMUM
12. PROXETINUM
13. SERTRALINUM
14. FLUVOXAMINUM
15. MITRAZAPINUM
16. VENLAFAXINUM
17. CITALOPRAMUM
18. ESCITALOPRAMUM
19. TRAZODONUM

20. TIANEPTINUM
21. VENLAFAXINUM
22. DULOXETINUM
23. ATOMOXETINUM
24. TIAPRIDUM
25. BUSPIRONUM

- **Subsidiar, sub coordonarea Doctorului Mihai Craiu în cadrul Proiectului “Atenuarea impactului indirect asupra serviciilor de sănătate pentru mamă, nou-născut, copil și adolescent” am dori să ne susțineți în aflarea datelor privind prescripția pentru următorul cod DCI – AZITHROMYCINUM pentru categoria de vârstă până în 18 ani pentru anii 2019 și 2020.**

Vă mulțumim pentru cooperare și vă rugăm să primiți, domnule Coordonator, încredințarea deplinei noastre considerații.

Cu stimă,

Sorana MOCANU

WHO National Mental Health Consultant