

## COVID-19: from a PHEIC to a public mental health crisis?

On Jan 30, 2020, the WHO declared the outbreak of COVID-19 a public health emergency of international concern (PHEIC). 6 months later, more than 14 million confirmed cases, more than 600 000 deaths, and unprecedented public health measures are impacting the lives of billions of individuals around the world and all aspects of society. While the focus has been—understandably—on the physical health crisis, the direct and indirect psychological and social effects of the pandemic could be all-pervading. Will the public health emergency of international concern morph into a public mental health crisis?

Several surveys are capturing the immediate mental health impacts of the pandemic. Findings from the University College London revealed that of 44 000 people surveyed, 18% reported thoughts of self-harm or suicide during lockdown. Matthias Pierce and colleagues' large survey of UK households in *The Lancet Psychiatry* showed that mental health declined substantially after the first month of COVID-19 lockdown. More than one quarter reported clinically relevant levels of mental distress in late April, 2020, compared with one in five before the lockdown. Women, young people, and those living with pre-school children were the most affected.

The *COVID-19 and the nation's mental health: forecasting needs and risks in the UK* report from the Centre for Mental Health released on July 17, lays out the need to prepare for a rising tide of mental health difficulties in the coming months. This follows the Centre's previous briefing, which projected that about half a million people in the UK could experience a mental health difficulty over the next year as a result of the pandemic. The Centre's latest assessment reviews the evidence on the impact of COVID-19 on mental health. In particular, the report identifies that children and young adults are at high risk and that the impact of the pandemic on children and young people's mental health is greater in areas and communities hardest hit by the virus and by lockdowns. Children from low-income families, from Black, Asian, and minority ethnic communities, and young carers are all more likely to experience poor mental health. Children's wellbeing has been affected by large and sustained disruptions to their education and environment. For young adults, the deterioration of the economy is of particular concern. Youth unemployment has both short-term and long-term consequences for

mental health and there is a high risk that young people will be particularly affected by the economic recession. The economic consequences of COVID-19 could further exacerbate and entrench inequalities.

Moreover, the impact of loneliness and isolation on the mental health and morbidity of the elderly should also be a source of concern. A survey from the Office of National Statistics showed that more than 70% of people aged over 70 years in the UK are concerned about the impact of COVID-19 on their lives and 20% said that their mental health had been affected.

Crucially for health-care workers and the social care workforce, data from previous pandemics show clear mental health effects and early reports of frontline health-care workers experiencing a variety of mental health challenges, especially burnout and fear, are emerging.

Some will dispute the use of mental health to discuss an understandable response to stressors such as isolation and poverty. What is important, however, is the accurate monitoring of the distress and the loss of function that individuals experience in the wake of COVID-19, and the provision of appropriate support. If health professionals, as well as individuals with lived experience, can help the population as a whole, this should be facilitated by policymakers.

The COVID-19 pandemic presents a public mental health challenge. As Jonathan Campion and colleagues noted in *The Lancet Psychiatry*, it will be key for countries to prevent an increase in mental issues and a reduction in mental wellbeing across populations, as well as to provide appropriate public mental health interventions. Despite the existence of effective public mental health interventions, implementation is far from adequate. Public mental health interventions will need to be proportionately targeted to groups at a high risk of mental disorder and poor mental wellbeing. The unequal impacts of COVID-19, the lockdown, and its socioeconomic consequences are putting greater pressure on groups whose mental health was already more precarious before the pandemic. The COVID-19 pandemic is a public mental health emergency that could exacerbate inequalities in mental health—unless concerted actions are urgently taken. ■ *The Lancet Public Health*

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For **Pierce and colleagues' study** see **Articles Lancet Psychiatry** 2020; published online July 21.  
[https://doi.org/10.1016/S2215-0366\(20\)30308-4](https://doi.org/10.1016/S2215-0366(20)30308-4)

For the **Centre for Mental Health July report** see <https://www.centreformentalhealth.org.uk/covid-19-nations-mental-health-july-2020>

For the **Centre for Mental Health May briefing** see <https://www.centreformentalhealth.org.uk/covid-19-nations-mental-health>

For the **study on frontline nurses in Wuhan** see *ECM* 2020; published online June 26.  
<https://doi.org/10.1016/j.eclinm.2020.100424>

For **Campion and colleagues' comment** see **Comment Lancet Psychiatry** 2020; published online June 9.  
[https://doi.org/10.1016/S2215-0366\(20\)30240-6](https://doi.org/10.1016/S2215-0366(20)30240-6)