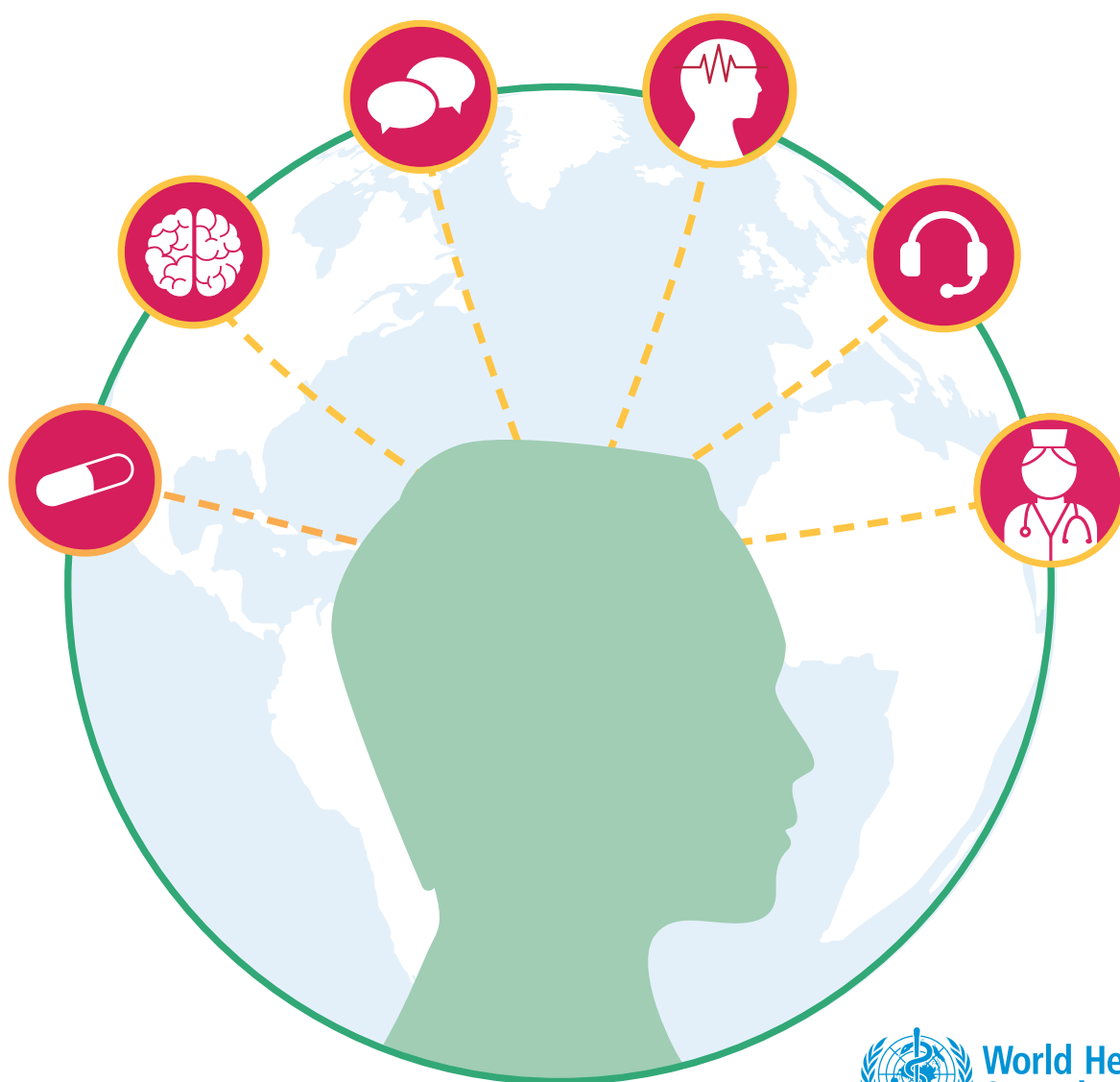


The impact of COVID-19 on mental, neurological and substance use services in the Eastern Mediterranean Region

Results of a rapid assessment



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WHO Library Cataloguing in Publication Data

World Health Organization. Regional Office for the Eastern Mediterranean

The impact of COVID 19 on mental, neurological and substance use services in the Eastern Mediterranean Region: results of a rapid assessment / World Health Organization. Regional Office for the Eastern Mediterranean

p.

ISBN: 978-92-9022-364-1

ISBN: 978-92-9022-365-8 (online)

1. COVID-19 2. Betacoronavirus 3. Disease Outbreaks - Eastern Mediterranean Region 4. Mental Health Services
5. Substance-related Disorders 6. Health Care Surveys I. Title II. Regional Office for the Eastern Mediterranean

(NLM Classification: WA 305)

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Acknowledgements

This rapid assessment survey of service delivery for mental, neurological and substance use (MNS) disorders during the COVID-19 pandemic (see Annex 1) was developed by the Department of Mental Health and Substance Use, World Health Organization, Geneva. The development of this report was coordinated and supervised by Khalid Saeed (Regional Advisor, WHO Regional Office for the Eastern Mediterranean). Wafaa Elsayy (Technical Officer, WHO Regional Office for the Eastern Mediterranean) provided support by collating data, validating information and responses, liaising with Member State focal points, analysing data and preparing the report.

We gratefully acknowledge the support of our colleagues at WHO headquarters, Devora Kestel, Tarun Dua, Fahmy Hanna and Jorge Castro, for the rapid assessment survey.

Finally, we would like to thank all Member State ministry of health focal points and colleagues at WHO country offices (Annexes 2 and 3) who took part in the rapid assessment survey by providing information and responses to the survey questionnaire and responded to requests for clarification, allowing for the assessment and completion of this report.

Executive summary

Mental health has been identified by the World Health Organization (WHO) as an integral component of the COVID-19 response. WHO's rapid assessment of service delivery for mental, neurological and substance use (MNS) disorders during the pandemic, on which this report is based, is the first attempt to measure its impact on such services at a regional and global level. The assessment was conducted through a web-based survey that was completed by mental health focal points at ministries of health or national agencies responsible for mental health and analysed between June and August 2020. The questionnaire covered the existence and funding of mental health and psychosocial support (MHPSS) plans, the presence and composition of MHPSS coordination platforms, the degree of continuation and causes of disruption of MNS services, the approaches used to overcome these disruptions, and surveillance mechanisms and research on MNS data.

In total, 20 (91%) of the WHO Member States across the Eastern Mediterranean Region submitted answers to the survey. Data were summarized as a percentage either of the total number of countries that responded to the survey or as a percentage of their corresponding country group. Further analysis was also conducted of countries in complex emergency situations.

The vast majority (95%) of responding countries reported that MHPSS response was part of their national COVID-19 response plans. However, only 10% of these countries reported that these MHPSS activities were fully funded. This lack of funding was noticeably worse in the Region than the figures reported globally.

Three-quarters (75%) of responding countries have a multisectoral MHPSS coordination platform for COVID-19 response and, in the majority of countries of the Region, ministries of health, United Nations (UN) agencies, local nongovernmental organizations (NGOs) and also international NGOs are part of these coordination platforms.

More than half (55%) of responding countries reported that ensuring the continuity of all MNS services was included in the list of essential health services in their national COVID-19 response plans, while 30% of countries reported the inclusion of some MNS services in the list of essential health services in their response plans, including fragile and conflict-affected states (FCS). The status of closure of existing services was checked across 10 different service categories and settings, such as inpatient and outpatient services at mental hospitals; outpatient services, inpatient psychiatric, substance use and neurological units at general hospitals; and services for MNS disorders in primary health care and residential, home and day care services at community level. None of the responding countries reported that MNS services were either fully operational or fully closed across different service categories and settings.

There were differences in the types of service affected by closure, with community-based services predominantly more affected compared with inpatient facilities, with full closure for day care and home care services reported in more than 40% of countries. Almost 90% of responding countries reported complete or partial disruption of community/outreach services for people with MNS disorders, surgery for neurological disorders, and psychotherapy and counselling services. Levels of closure and disruption of services were noticeably higher in the Region than those reported globally.

Services and programmes for prevention and promotion of mental health were also extensively affected. School mental health or workplace mental health services were wholly or partially disrupted in more than 70% of reporting countries. Fewer than 20% of countries in the Region reported mental health services for children and adolescents or for older adults being fully operational; however, almost two-thirds of countries reported that supplies of medicines for MNS disorders were not disrupted.

The main reasons identified for service disruption was travel restrictions hindering access to facilities, decreases in inpatient volumes due to the cancellation of elective care, decreases in outpatient volumes due to patients not presenting, and health authority directives for the closure of outpatient services. Unavailability of essential medicines and medical diagnostics were among the most common reasons for disruptions in FCS.

Countries in the Region have responded to the disruption of MNS services in multiple ways. The majority (85%) of them have responded by establishing helplines for MHPSS, resorting to telemedicine/teletherapy and digital psychological interventions to replace in-person consultations, and discharging patients or redirecting them to alternate facilities. FCS have relied mostly on implementing infection prevention and control (IPC) measures at MNS service facilities, discharging patients or redirecting them to alternate health care facilities and building the capacity of health care providers working in COVID-19 treatment centres to provide basic psychosocial interventions. Slightly more than half of responding countries (55%) reported that they were collecting data on MNS disorders or manifestations in people with COVID-19, and almost two-thirds (65%) of countries reported ongoing or planned studies related to the impact of COVID-19 on mental health. Gaps were identified in the areas of addictive behaviours, substance use and neurology research related to the pandemic.

This report provides initial insights into the extent of disruption of MNS services and measures being adopted in response to this in the WHO Eastern Mediterranean Region. Certain limitations should be kept in mind when considering the results of this rapid assessment, including limitations associated with self-reported data, where judgements are often being made by a single focal point.

The survey highlights the need to strengthen capacities for monitoring changes in service delivery and utilization and documents evidence on what has worked in different settings during the different phases of the pandemic, in order to facilitate informed decisions related to the nature and timing of adaptations to service delivery.

Key messages

- **MHPSS is an essential component of the response to COVID-19.** The vast majority of the countries in the Eastern Mediterranean Region have MHPSS response as a part of their national COVID-19 response plans; however, only one-third of countries have additional government funding allocated for MHPSS, and more effort is needed to ensure allocations of resources commensurate with the mental health needs of the population.
- **MNS service disruptions disproportionately affect vulnerable population groups.** Community-based outpatient services, psychotherapy/ counselling interventions, prevention, and promotion of mental health services, as well as services for specific age groups such as older adults and children, were among those most severely disrupted. Most of the countries, however, are adapting their mental health systems to ensure continuity of care for persons living with mental health problems.
- **Technology-based solutions can help overcome barriers to enhancing access to MNS services.** Countries are rapidly responding to the increasing mental health needs triggered by the pandemic. To facilitate access to equitable, affordable and safe services, the majority of countries have established helplines for MHPSS, digital platforms for the delivery of psychological interventions, and telemedicine and teletherapy to replace in-person consultations. Remote interventions, especially in countries with low capacities and low levels of investment in mental health services, have shown enormous potential and tangible benefits during the pandemic, but they are not a comprehensive replacement for traditional face-to-face services, and themselves involve a risk of being inaccessible to certain populations.
- **There is a need for enhanced data collection and research.** Close to half of national monitoring and surveillance systems in the Region are not collecting any data on MNS disorders or manifestations in COVID-19 patients. More high-quality studies are needed, addressing the long-term impacts of COVID-19 on mental health, the cost-effectiveness of online service delivery platforms for mental health and the feasibility of technological solutions to overcome the barriers to accessing mental health services.

Introduction

Around the world, mental health is one of the most neglected areas of health care. Mental, neurological and substance use (MNS) disorders affect one in 10 persons at any given time. More than one in five people living in settings affected by conflict have a mental health condition, and people with severe mental conditions die 10–20 years earlier than people in the general population. Globally, the economic cost due to MNS disorders is estimated to be more than US\$ 2.5 trillion per year (1).

Despite the impact of mental health conditions on individuals, families and societies as a whole, investment in mental health has been at very low levels. Countries spend on average only 2% of their health budgets on mental health, and this area is estimated to receive less than 1% of all development assistance for health services (2), despite the well documented comorbidity of physical and mental health conditions for diseases such as HIV/AIDS and TB, and currently also for COVID-19 (3). This translates into a treatment gap of 76–85% in low- and middle-income countries, despite the availability of cost-effective interventions that can be delivered in any resource context (4).

During epidemics, high levels of stress and worry are expected and adversity is a well established risk factor for short- and long-term mental health problems (5). Evidence from epidemics in the past has highlighted the negative impact of outbreaks of infectious diseases on people's mental health (6,7,8). In any epidemic, common stressors might include fear of falling ill and dying, losing or being separated from loved ones because of the virus, avoiding health facilities due to fear of becoming infected, the possibility of losing livelihoods, fear of being isolated in quarantine and feelings of helplessness, boredom and loneliness.

However, there are stressors that are specific to COVID-19, including uncertainty about the mode of transmission of the virus and the closure or curtailment of economic and educational activities, which have consequences of limiting educational, work, social and economic opportunities. The pandemic may exacerbate existing mental health conditions or induce new MNS conditions, especially among vulnerable population groups. So far, the evidence confirms widespread psychological distress in populations affected by COVID-19, as reported in a number of national surveys in 2020 (9,10,11). Furthermore, higher than usual levels of symptoms of depression and anxiety have been recorded in various countries. A large study in Ethiopia in April 2020 reported an estimated 33% prevalence rate of symptoms consistent with depressive disorder (12), a three-fold increase compared with national estimates before the epidemic (13).

Frontline workers in particular may experience additional stressors during the COVID-19 pandemic, such as stigmatization, strict biosecurity measures, high workloads and long working hours, and decreased opportunities for seeking social support, for fear of passing COVID-19 to friends and family (14).

In addition, the virus itself can cause neurological manifestations including headaches, impaired sense of smell and taste, agitation, delirium, stroke and meningoencephalitis (15). Existing neurological conditions increase the risk of hospitalization for COVID-19, especially for older adults who are already vulnerable to the virus (16). In addition, social isolation, reduced physical activity and reduced intellectual stimulation increase the risk of cognitive decline and dementia in older adults (17). Another major high-risk group is young children and adolescents, for whom stress, social isolation and violence in the family are likely to affect development (18).

COVID-19 has taken a toll on health systems around the world, leading to disruption of delivery of essential services, especially for the most vulnerable populations. The pandemic has also highlighted chronic neglect of mental health services in many countries, leading to limited availability of mental health care for most people in need during the current crisis.

Monitoring access to mental health services during the pandemic is crucial in order to achieve the optimal balance between fighting COVID-19 and maintaining services. In order to understand the impact on service delivery for MNS disorders, a specific survey was designed (see Annex 1) and was sent to designated mental health focal points in the ministries of health of all WHO Member States across the Eastern Mediterranean Region (see Annexes 2 and 3) and the other five WHO regions. The Rapid Assessment of Service Delivery for Mental, Neurological and Substance Use Disorders during the COVID-19 Pandemic survey is the first attempt to measure the impact of the pandemic on MNS services at global and regional levels. The survey covered the existence and funding of mental health and psychosocial support plans, the presence and composition of MHPSS coordination platforms, the degree of continuation and causes of disruption of different MNS services, the approaches used to overcome these disruptions and surveillance mechanisms and research on MNS data.

The results of the survey provide an overview of the impacts of COVID-19 on MNS services and an analysis of the reasons for disruptions. This information will inform planning and response to mitigate the effects of the pandemic on populations and communities.

Survey methods

The rapid assessment was conducted during the period 15 June to 15 July 2020 via a web-based questionnaire. This comprised 10 items covering policies/plans, financial resources, coordination, access and disruption to mental health services, causes and strategies, data collection and research. A secure link with instructions for the questionnaire was sent via the WHO Regional Office for the Eastern Mediterranean, and the survey was completed by mental health focal points within each country's ministry of health or national agency responsible for mental health. The response rate was 91% (20 out of 22 countries in the Region). Data collection, cleaning and revisions were done between 15 July and 15 August. Data were analysed using Statistical Package for the Social Sciences (SPSS) and Microsoft Excel software.

In this report, data are summarized as a percentage either of the total number of countries which responded to the survey or as a percentage of their corresponding country group (Box 1). Countries in the Region have been categorized into three broad groups based on population health outcomes, health system performance and level of health expenditure. Group 1 comprises countries where socioeconomic development has progressed considerably over recent decades, supported by high incomes. Group 2 comprises largely middle-income countries which have developed extensive public health service delivery infrastructure but which still face resource constraints. Group 3 comprises countries which face major constraints in improving population health outcomes as a result of lack of resources for health, political instability and other complex development challenges (19). Further analysis was conducted for five countries in the Region that are facing complex emergency situations, namely Iraq, Libya, Somalia, Sudan and Yemen (fragile and conflict-affected states, or FCS). In addition, individual country factsheets were developed for the participating countries to further support their efforts to evaluate their plans, policies and services during the pandemic and to prepare for the future (Annex 4).

Box 1. List of Eastern Mediterranean Region countries and territories which completed the survey, by country group

Group 1	Bahrain
	Kuwait
	Oman
	Qatar
	Saudi Arabia
	United Arab Emirates
Group 2	Egypt
	Iran (Islamic Republic of)
	Iraq
	Jordan
	Lebanon
	Libya
	Morocco
	Tunisia
	West Bank and Gaza Strip
Group 3	Afghanistan
	Pakistan
	Somalia
	Sudan
	Yemen
Total	20 countries/territories

Survey tool: web-based questionnaire

The questionnaire was composed of nine items designed to assess:

- inclusion of MHPSS response in national COVID-19 response plans;
- additional funding for MHPSS in national COVID-19 response plans;
- multisectoral mental health and psychosocial coordination platforms for COVID-19 response;
- government policies for access to essential MNS services included in national COVID-19 responses;
- level of MNS interventions/service disruptions due to COVID-19;
- main reasons for service disruptions;
- approaches to overcome service disruptions for the management of MNS disorders and providing MHPSS services;

- data collection on MNS disorders/manifestations in people with COVID-19;
- studies conducted on the impact of COVID-19 on mental health/brain health/substance use.

It also included a request to upload any relevant files related to the country's mental health response (plans, assessments or other materials).

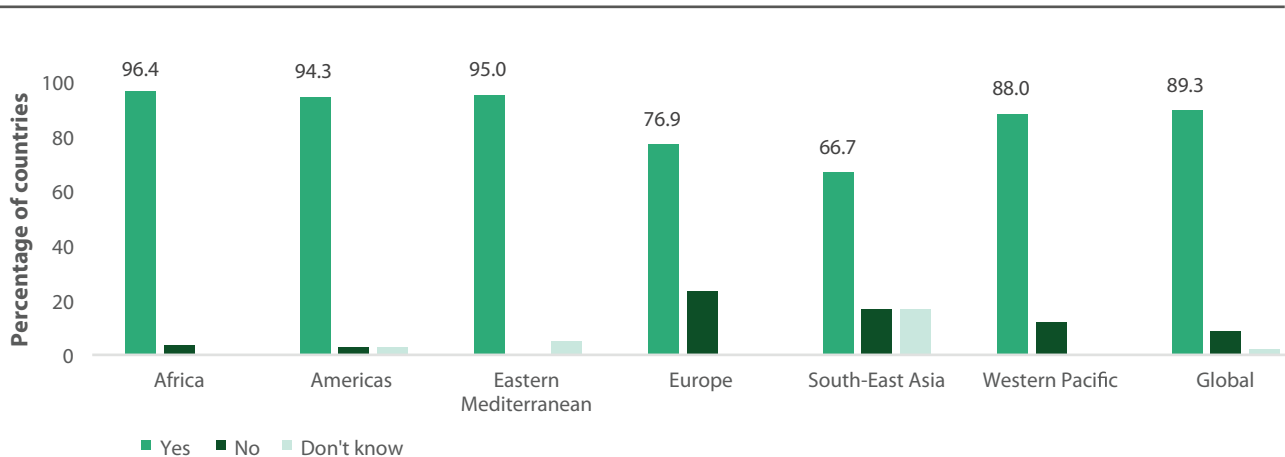
Certain limitations should be kept in mind when examining the results of this rapid survey. Firstly, it is vital to acknowledge the limitations associated with self-reported data, particularly data concerning qualitative assessments or judgements (often made by a single focal point). For some of the variables, it is not possible to compare self-reported responses with publicly available information, due to the acute nature of the emergency and the limited availability of such data. While focal points were encouraged to consult with other stakeholders, especially other humanitarian responders, the extent to which full-range consultation in each country has occurred is difficult to establish. Another limitation is that most of the information provided relates to countries as a whole, thereby overlooking potentially significant variability within countries: for example, in rural versus urban areas or in remote versus central parts of a country.

Results

MHPSS as part of COVID-19 response plans

In response to the COVID-19 outbreak, countries in the Region have developed national action plans to address the unprecedented and rapidly changing health needs of their populations. Most of the countries (95%, 19/20) reported having MHPSS components included in the national response to COVID-19; this is in line with figures reported globally (Figure 1).

Figure 1: MHPSS included in national response plans to COVID-19, by WHO region



Regarding additional funding allocated for MHPSS in government budgets for COVID-19, only one of the six countries (16.7%) in Group 1 reported that the MHPSS component was fully funded by the government. In Group 3, only one country (20%) reported partial funding; in Group 2 meanwhile 88% (8/9) of countries reported that MHPSS response was not funded at all. This lack of funding was noticeably higher in the Region than the figures reported globally (Figures 2 and 3). Further analysis of the countries reveals that a clear majority (80%) of FCS have no governmental funding for MHPSS (Figure 3a).

Figure 2: Additional funding allocated for MHPSS, by WHO region

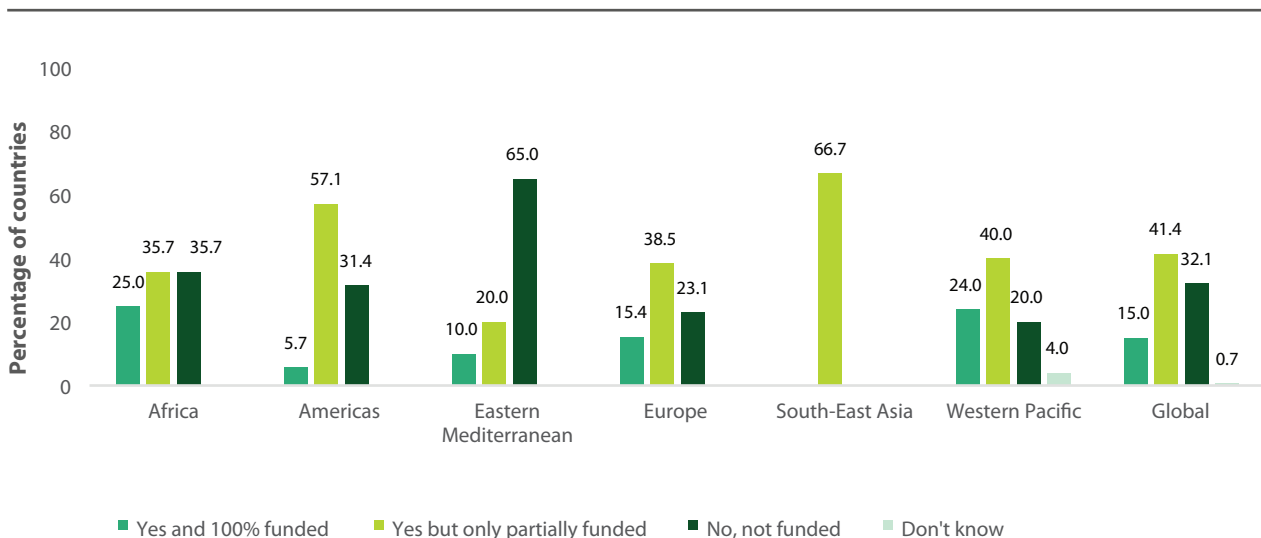


Figure 3: Additional funding allocated for MHPSS in the Eastern Mediterranean Region, by country group

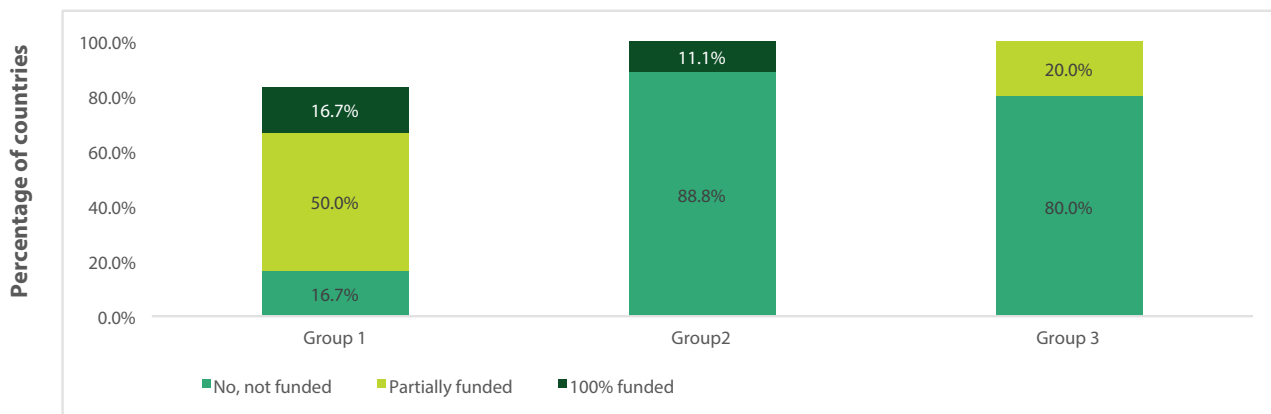
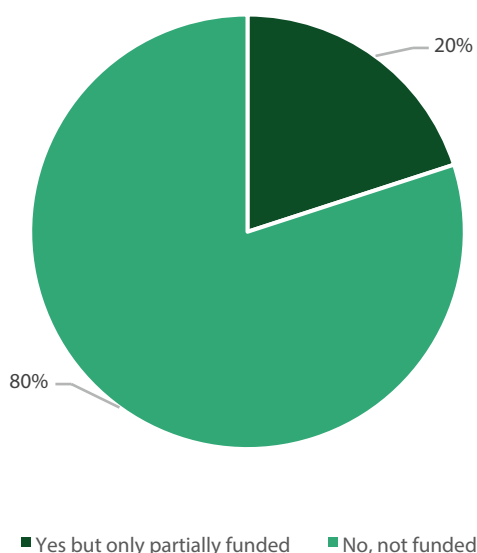


Figure 3a: Additional funding allocated for MHPSS in FCS in the Eastern Mediterranean Region



MHPSS multisectoral coordination

The majority (15/20, 75%) of countries reported having an MHPSS coordination platform for COVID-19 response. Most often, the ministry of health (93%) was leading the coordination platform, as was also the case globally. However, within the Region UN agencies (73%), local nongovernmental organizations (NGOs) (73%) and international NGOs (60%) were more active in leading coordination (Figure 4) compared with globally, where ministries of social affairs (67%) and education (67%) most often took the lead (Figure 5).

Figure 4: Sectors involved in MHPSS coordination in the Eastern Mediterranean Region

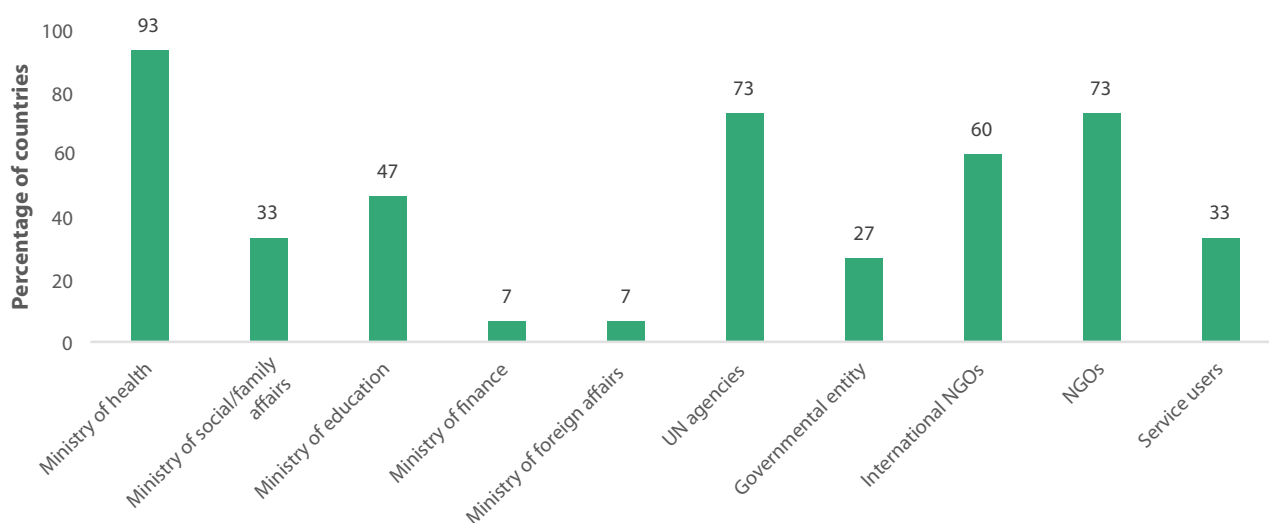
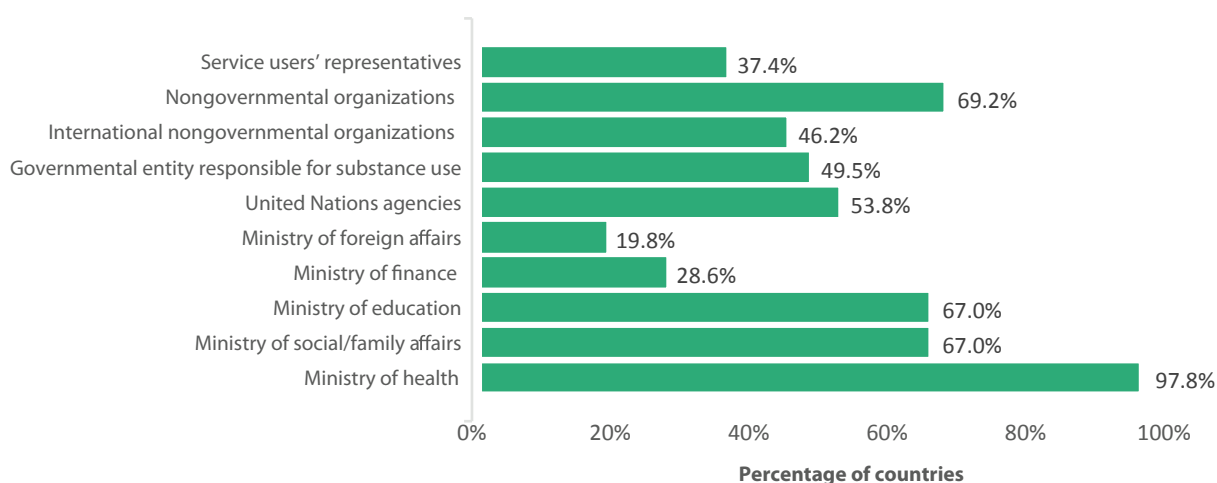


Figure 5: Sectors involved in MHPSS coordination, globally



MNS services during the COVID-19 pandemic

Despite the transition in many high-income countries towards psychiatric wards in general hospitals and the provision of community-based services, there are still a minimal number of facilities for community-based mental health care throughout the world, as is evident from data in WHO's Mental Health Atlas 2017. In addition, most of the spending on mental health globally has been going to mental hospitals, which are often located in larger cities and serve far too small a proportion of those who need care (20).

Inclusion of services for MNS disorders within the list of essential health services

Across the Region, the COVID-19 pandemic has had a varying impact on services and interventions for MNS disorders at all levels of care. More than half (11/20, 55%) of countries reported that all MNS services were included in their list of essential health services (EHS), which is a slightly higher proportion than the global average of 51.4% (Figure 6). More than two-thirds (66.7%) of Group 1 and 2 countries reported the inclusion of all MNS services in the list of EHS, while only 20% of Group 3 countries did so (Figure 7). None of the FCS in the Region had all types of MNS services included in their EHS list (Figure 7a).

Figure 6: Inclusion of MNS services within EHS list, by WHO region

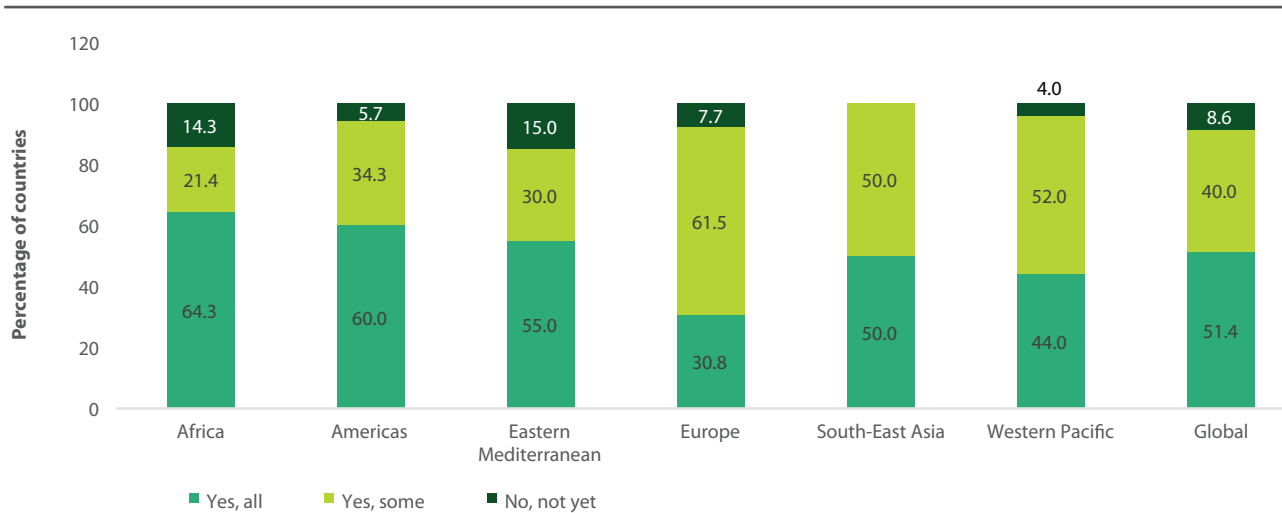


Figure 7: Inclusion of MNS services within EHS list, by Eastern Mediterranean Region country group

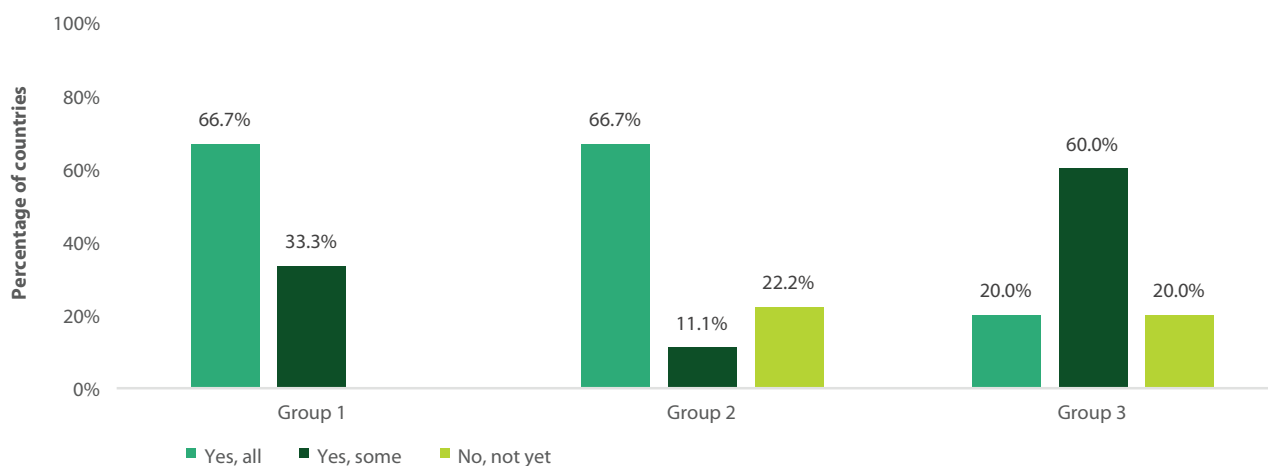
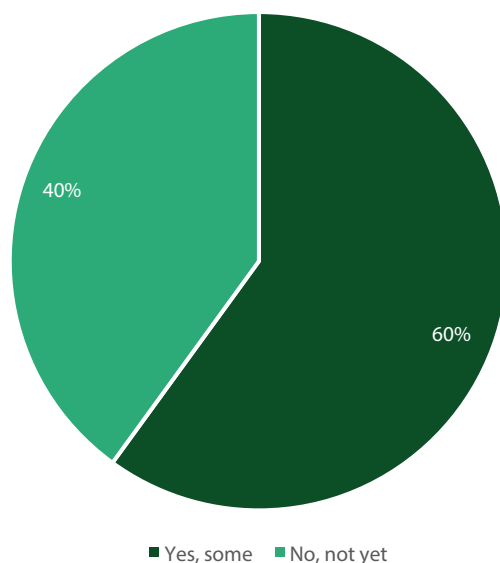


Figure 7a: Inclusion of MNS services within EHS list, in FCS in the Eastern Mediterranean Region



Policies for access to essential services for MNS disorders

Countries also reported on national-level governmental policies for access to essential services for MNS disorders, including inpatient and outpatient services at mental hospitals; outpatient and inpatient services in general hospitals; and community-level services for MNS disorders, such as in primary health care, residential, home and day care services.

Regarding access to community-based essential services for MNS disorders, 50% (7/14) of Eastern Mediterranean Region countries reported complete closure of day care services and 45.5% (5/11) reported complete closure of home care services, which was noticeably higher than figures reported globally (Figure 8). At the secondary care level, outpatient services, psychiatric inpatient units, neurology inpatient units and inpatient units for substance use disorders (SUDs) were operational, respectively, in 38.9% (7/18), 38.9% (7/18), 30.8% (4/13) and 40% (6/15) of countries, which are significantly lower levels than the reported global averages for these services (Figure 9). Regarding mental health hospitals, outpatient and inpatient services were open, respectively, in nine (45%) and 11 (55%) of the reporting countries; both are lower than the globally reported figures of 54.9% (122/140) and 70.7% (123/140) (Figure 10). Regionally, none of the reporting countries had all types of MNS services either fully operational or fully closed.

Figure 8: Access to community-based services in the Eastern Mediterranean Region

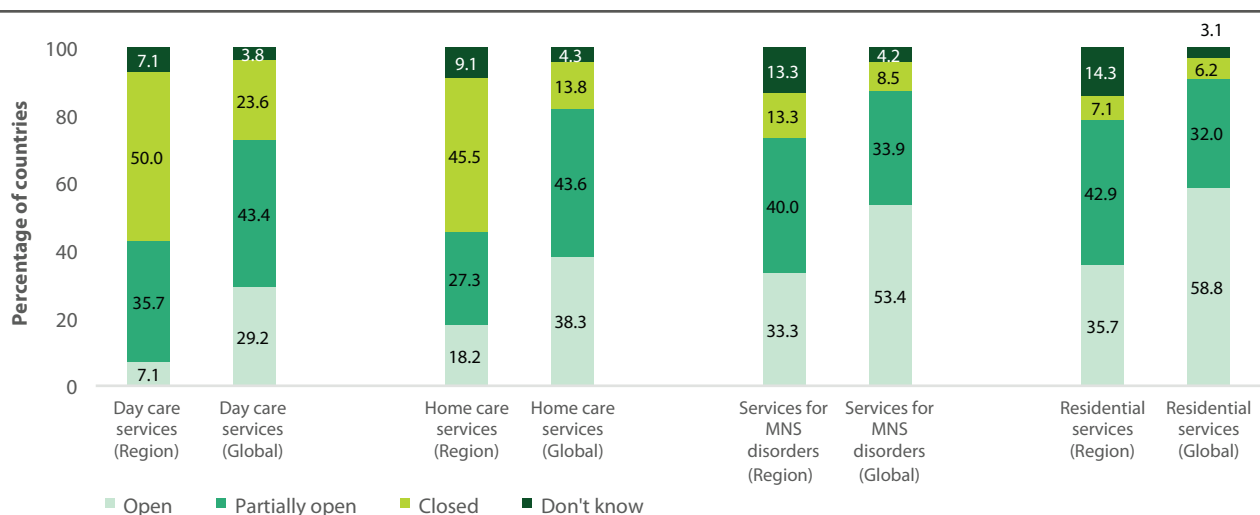


Figure 9: Access to secondary-level care in the the Eastern Mediterranean Region

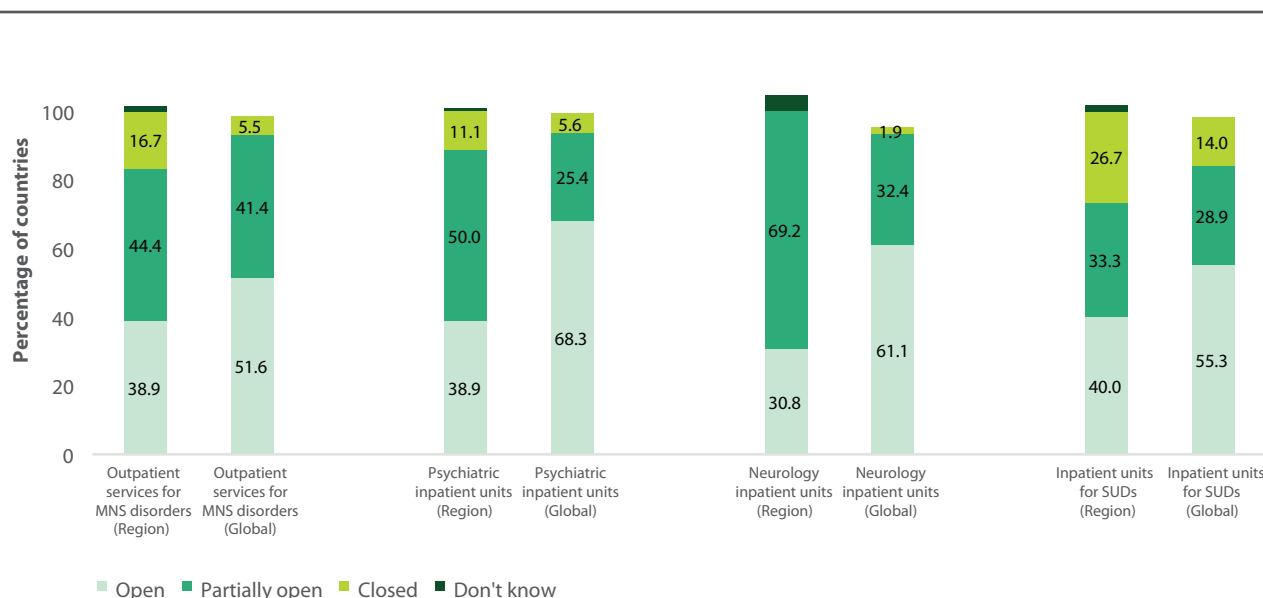
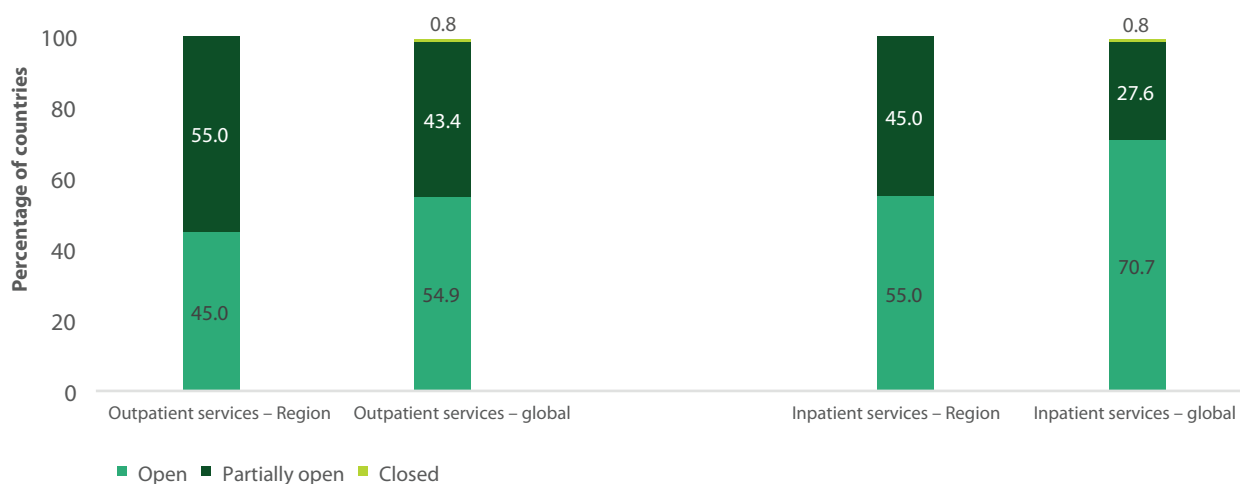


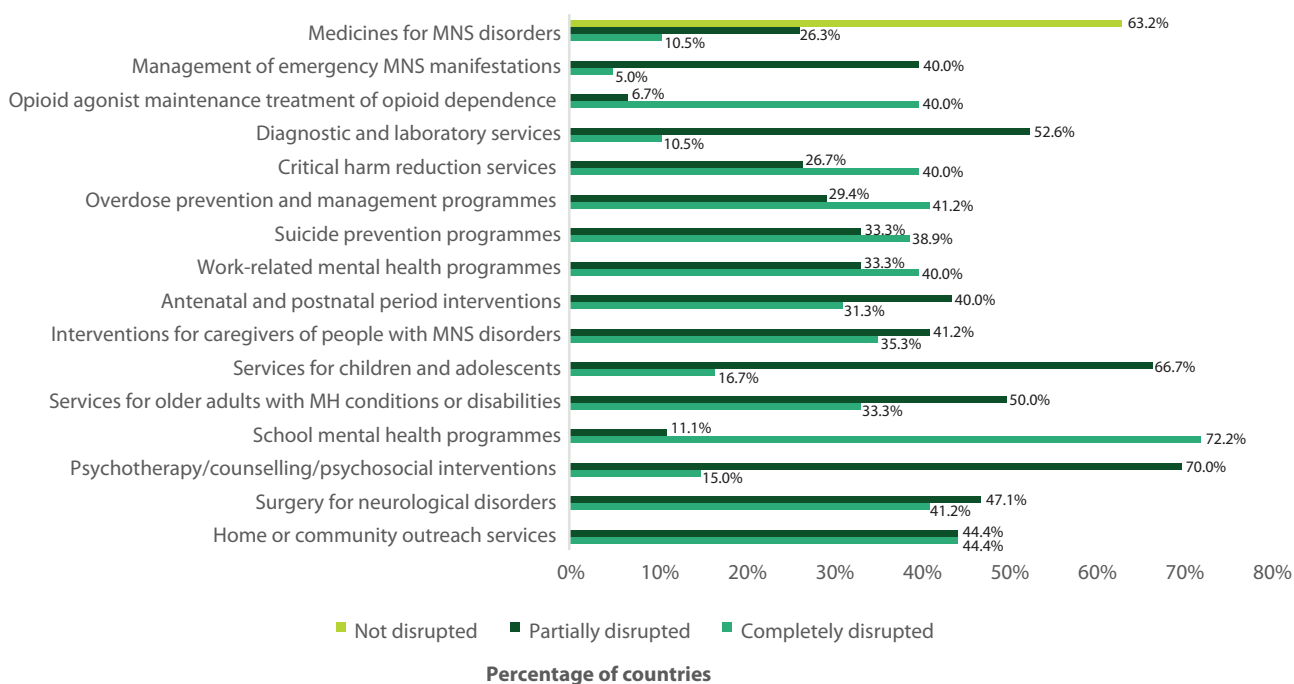
Figure 10: Access to specialist services in the Eastern Mediterranean Region



Disruption of MNS-related interventions/services due to COVID-19

The assessment shows higher levels of disruption of essential MNS services in countries in the Region compared with global figures. The most disrupted services (completely¹ and partially²) were community/outreach services for people with MNS disorders (88.9%), surgery for neurological disorders (88.2%), psychotherapy/counselling/psychosocial interventions (85%), school mental health programmes (83.3%), services for children and older adults with mental health conditions or disabilities (83.3%) and work-related mental health programmes (73.3%). On the other hand, almost two-thirds (63.2%) of countries in the Region reported that supplies of medicines for MNS disorders were not disrupted³ (Figures 11–13).

Figure 11: Level of disruption of MNS-related interventions/services



1 Completely disrupted: more than 50% of inpatients not treated as usual.
 2 Partially disrupted: 5% to 50% of inpatients not treated as usual.
 3 Not disrupted: fewer than 5% of inpatients not treated as usual.

Figure 12: The five most seriously disrupted MNS-related interventions/services in the Eastern Mediterranean Region (% of countries)

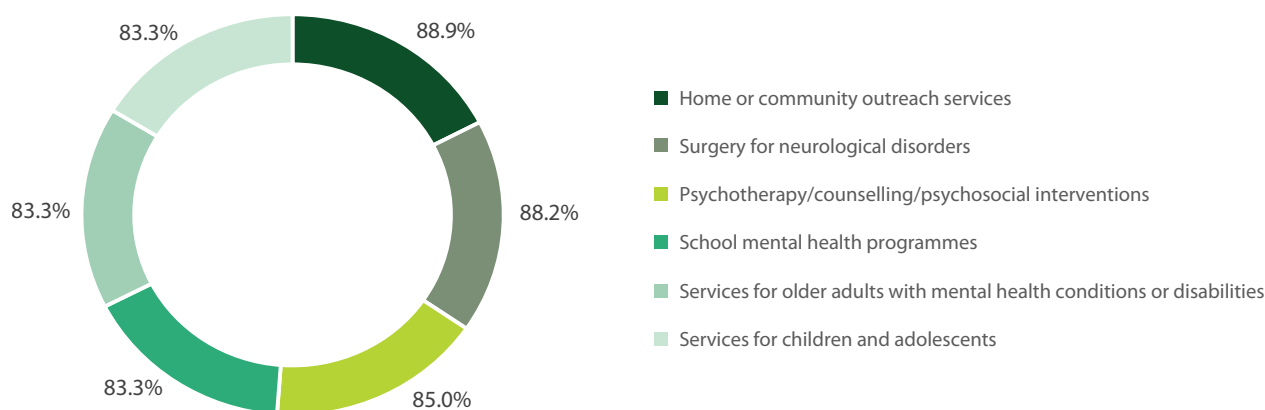
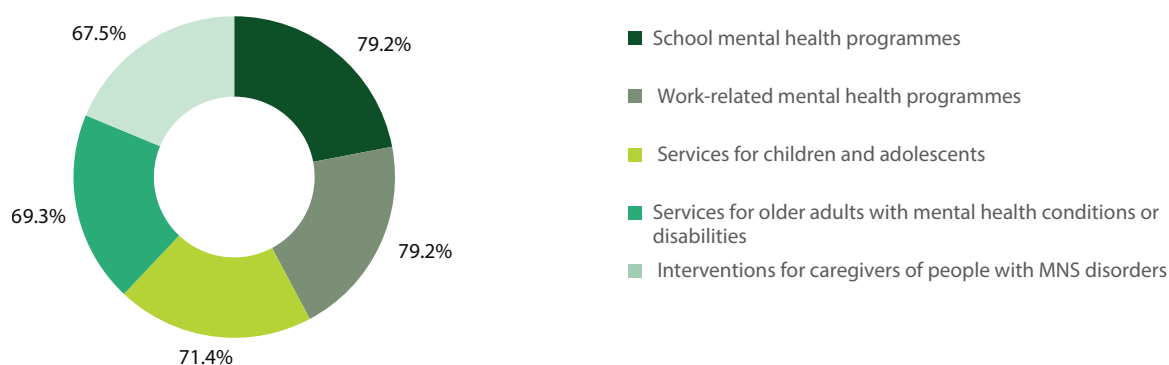


Figure 13: The five most seriously disrupted MNS-related interventions/services globally (% of countries)



Causes of disruptions in MNS-related interventions/services

Within the Region, the main reasons reported for MNS service disruption included travel restrictions (70%, 14/20 countries), decreases in inpatient volumes due to cancellation of elective care (60%, 12/20), decreases in outpatient volumes due to patients not presenting (55%, 11/20), health authority directives for the closure of outpatient services (50%, 10/20) and health authority directives for the closure of disease-specific outpatient clinics (45%, 9/20) (Figure 14). Globally, decreases in outpatient volumes due to patients not presenting were the main cause of MNS service disruption, followed by travel restrictions and decreases in inpatient volumes due to cancellation of elective care, cited by 61.4%, 54.3% and 47.1% of countries respectively (Figure 15). Unavailability of inpatient services and hospital beds was the most common cause of service disruption in Group 1 countries in the Region; travel restrictions and closure of outpatient services as per health authority directives were the leading causes of disruption in Group 2 countries; and travel restrictions and decreases in inpatient volumes due to cancellation of elective care were the most common causes in Group 3 countries (Figure 16). Similarly, in addition to travel restrictions and cancellation of elective care, unavailability of essential medicines and medical diagnostics was the most common reason for MNS service disruptions in FCS in the Region (Figure 16a).

Figure 14: Causes of MNS services disruption in the Eastern Mediterranean Region

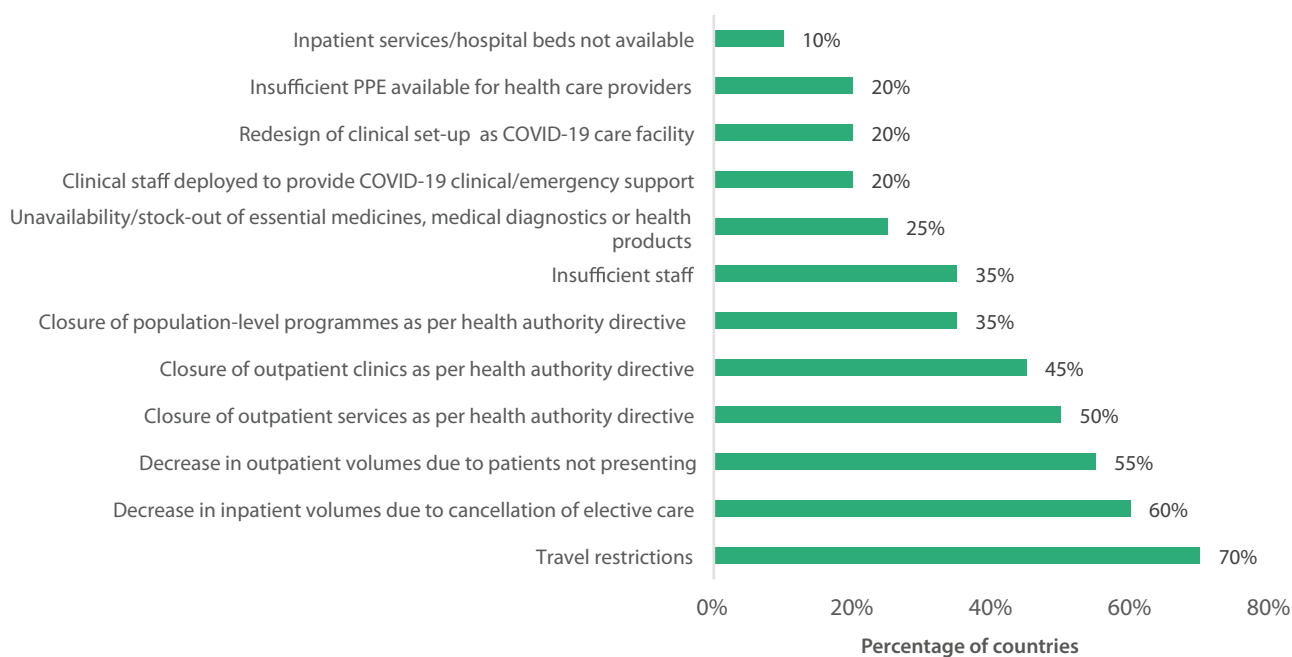


Figure 15: Causes of MNS service disruptions, by WHO region

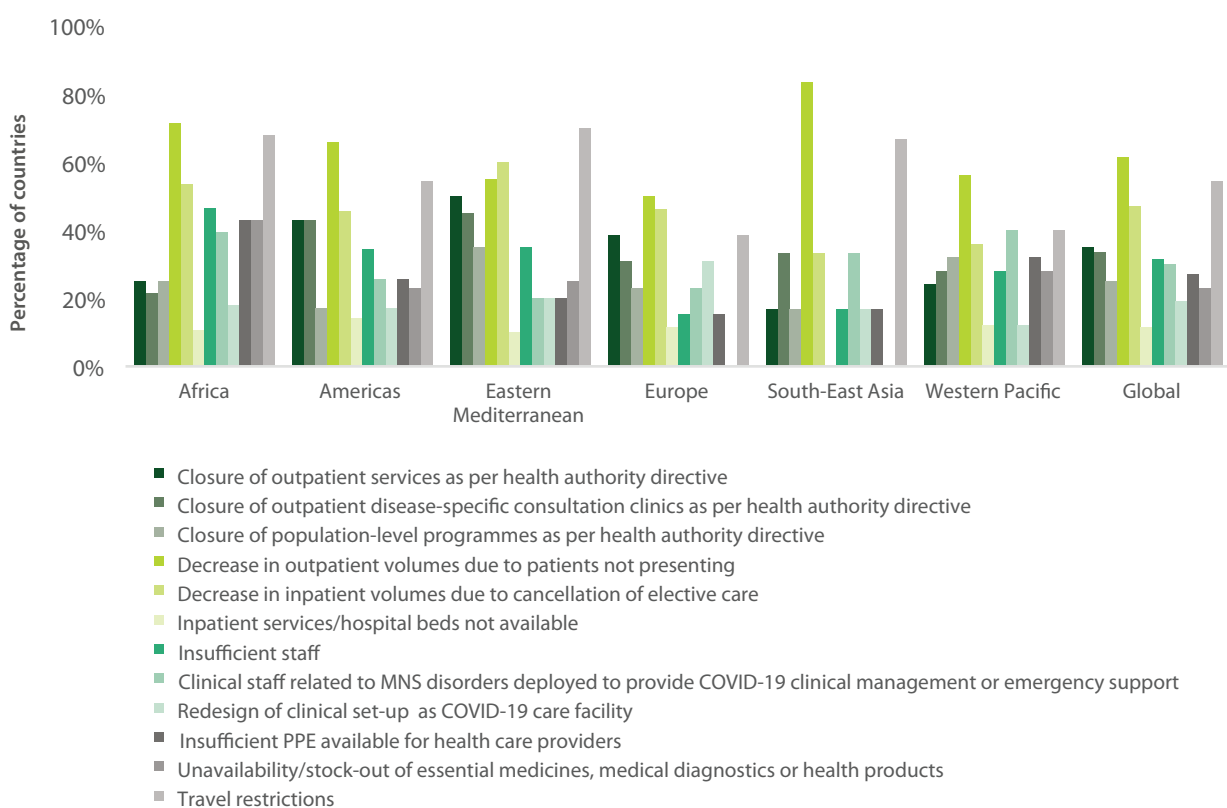


Figure 16: Causes of MNS service disruptions in the Eastern Mediterranean Region, by country group

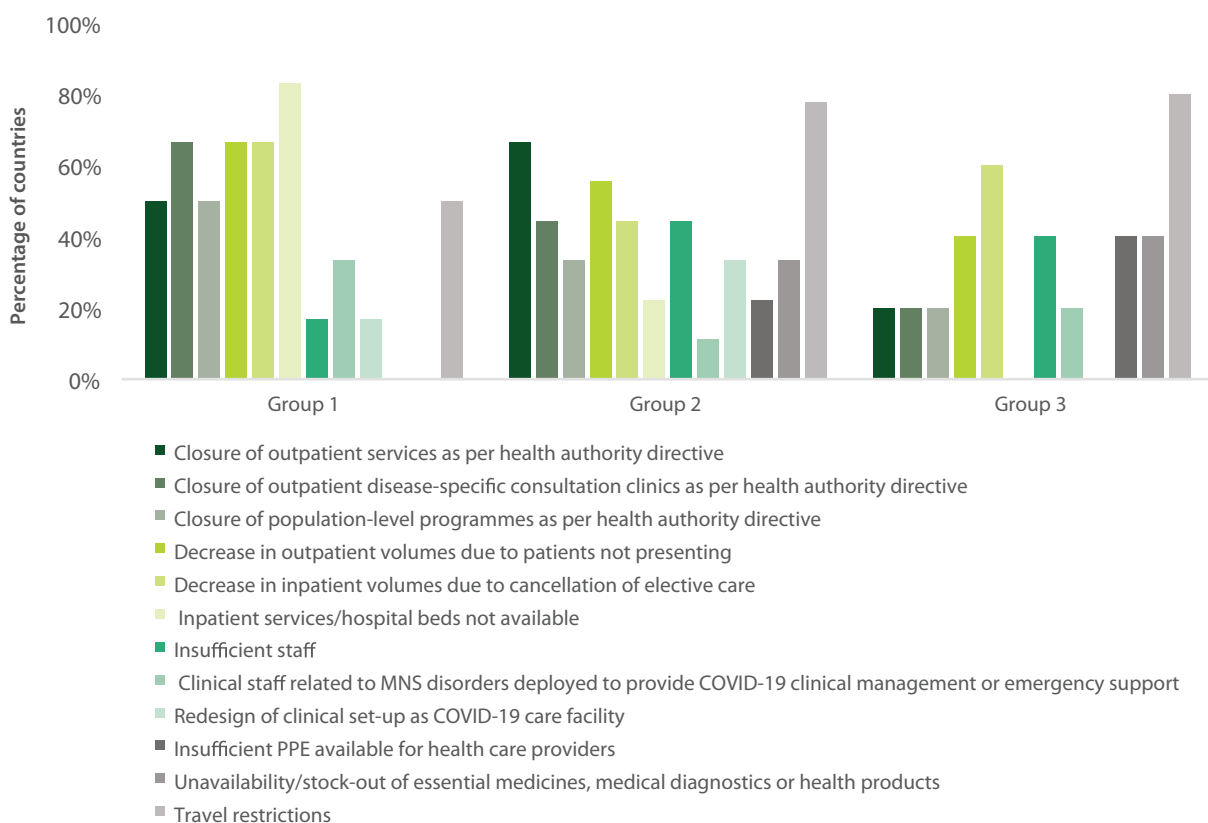
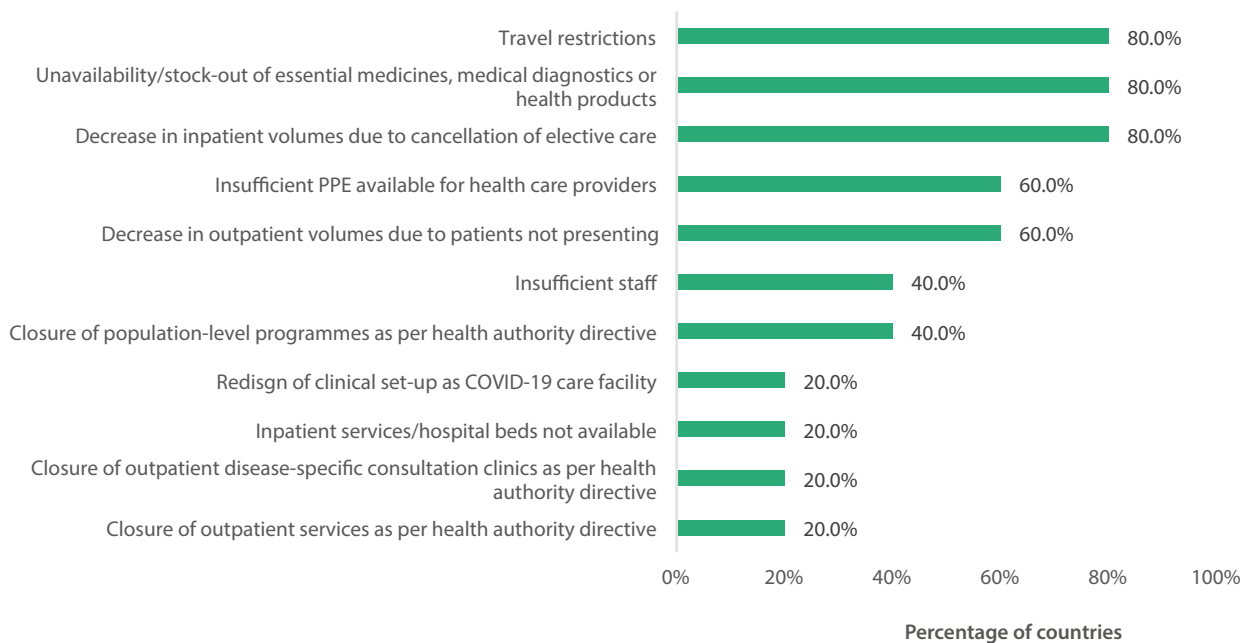


Figure 16a: Causes of MNS service disruptions in FCS in the Eastern Mediterranean Region



Approaches to overcome disruptions

Countries responded via a checklist about approaches being used to overcome service disruptions for the management of MNS disorders and to provide MHPSS services. Each country could check multiple options. The analysis shows that multiple innovative interventions and approaches are being used to overcome service disruptions and to provide MHPSS during the COVID-19 pandemic. Regionally, a majority (85%) of countries have established helplines for MHPSS, have resorted to telemedicine and teletherapy to replace in-person consultations (80%) and have discharged or redirected patients to alternate facilities (70%) and to self-help or digital psychological interventions (65%). These are similar to approaches reported globally, though figures for the Region are higher (Figures 17 and 18). In Groups 1, 2 and 3, a majority of countries have established helplines for MHPSS (100%, 88.9% and 60% respectively) (Figure 19). Implementation of infection prevention and control (IPC) measures, discharge of patients or their redirection to alternate health care facilities, and basic psychosocial skills training for health care providers working in COVID-19 treatment centres were the most commonly used approaches to overcome service disruptions in FCS (Figure 19a).

Figure 17: Approaches to overcome disruptions in MNS services in the Eastern Mediterranean Region

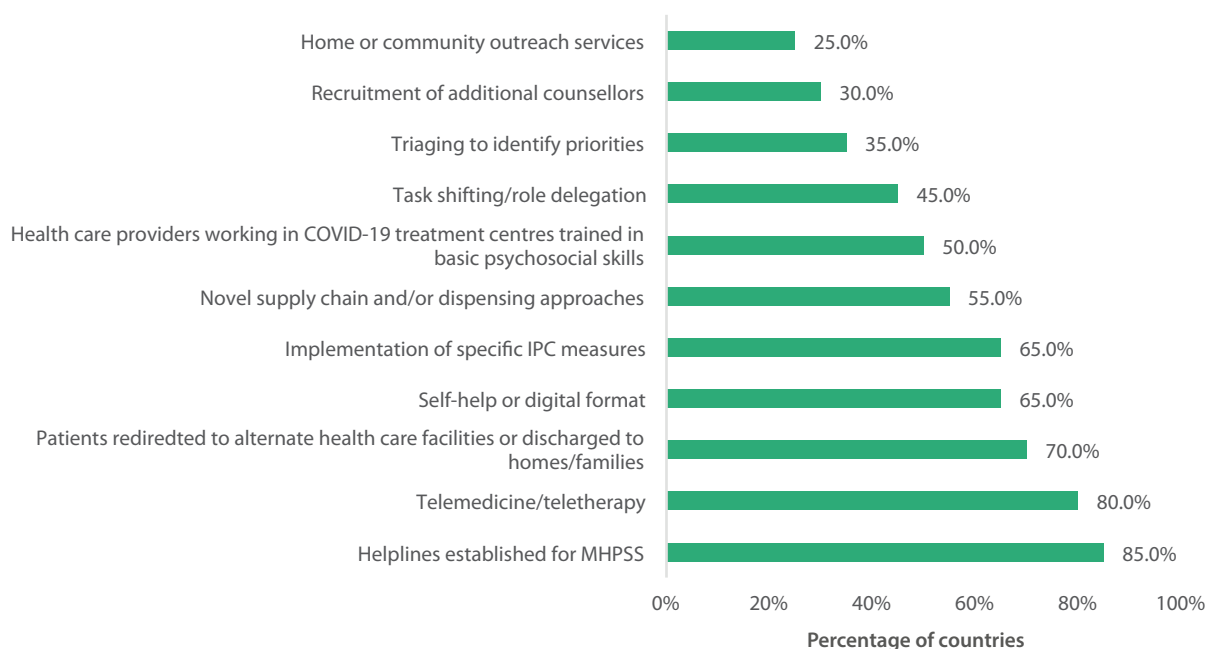


Figure 18: Approaches to overcome disruptions in MNS services, by WHO region

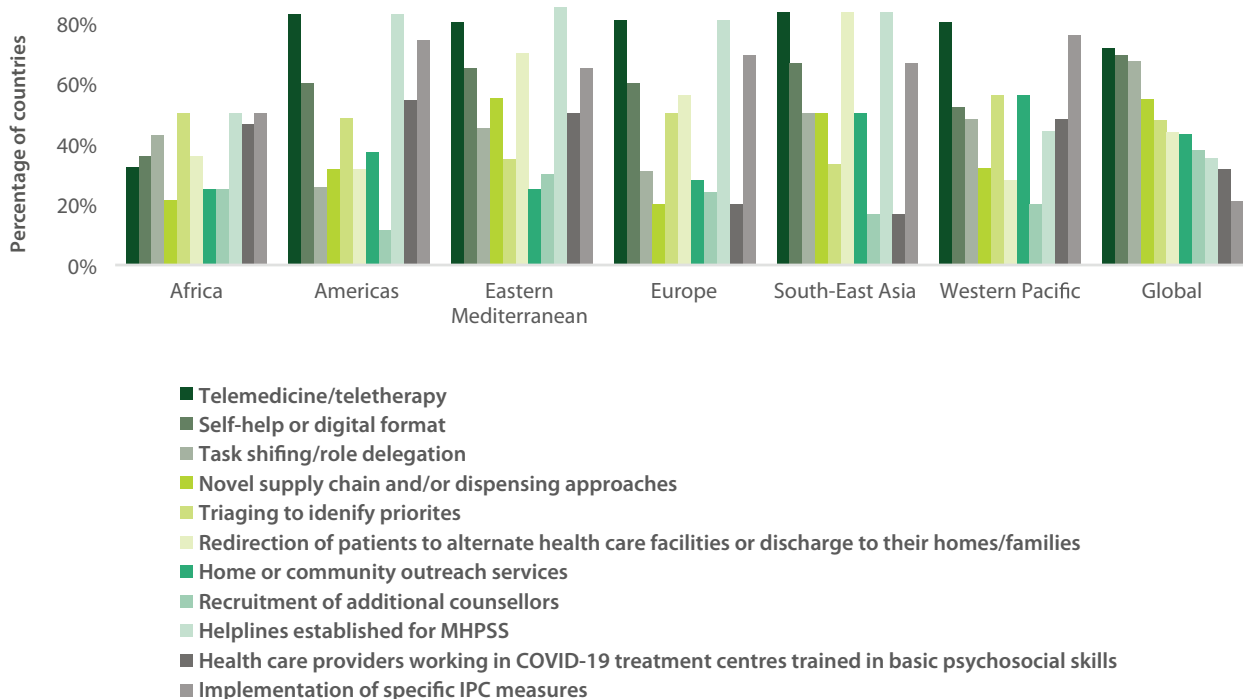


Figure 19: Approaches to overcome disruptions in MNS services in the Eastern Mediterranean Region, by country group

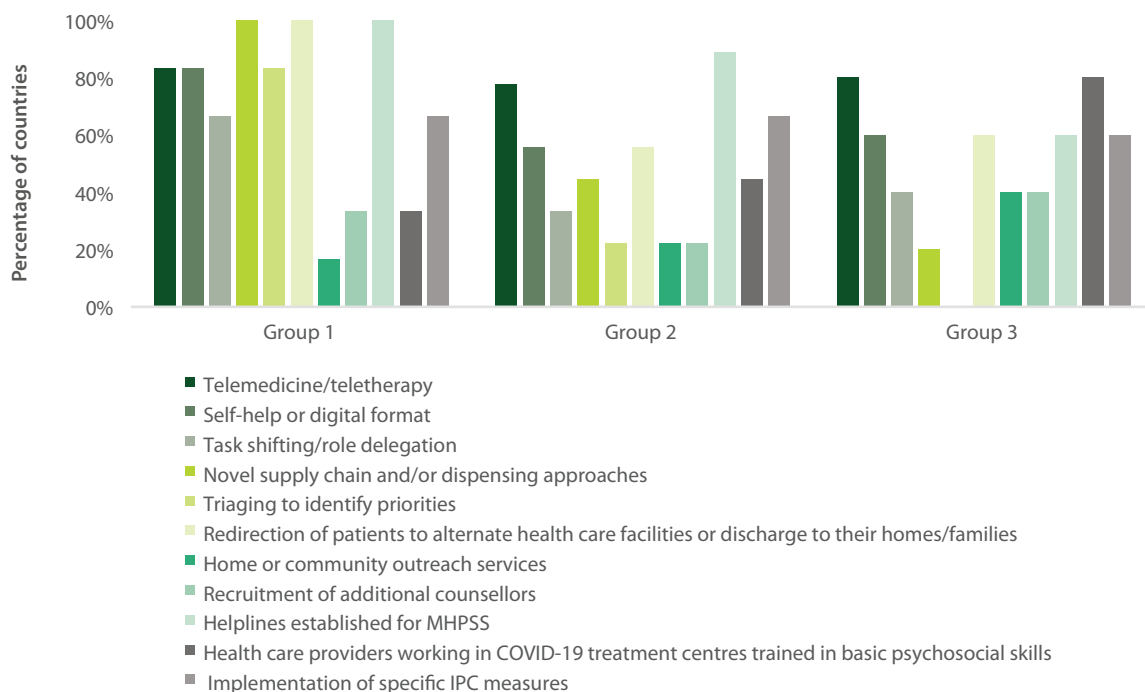
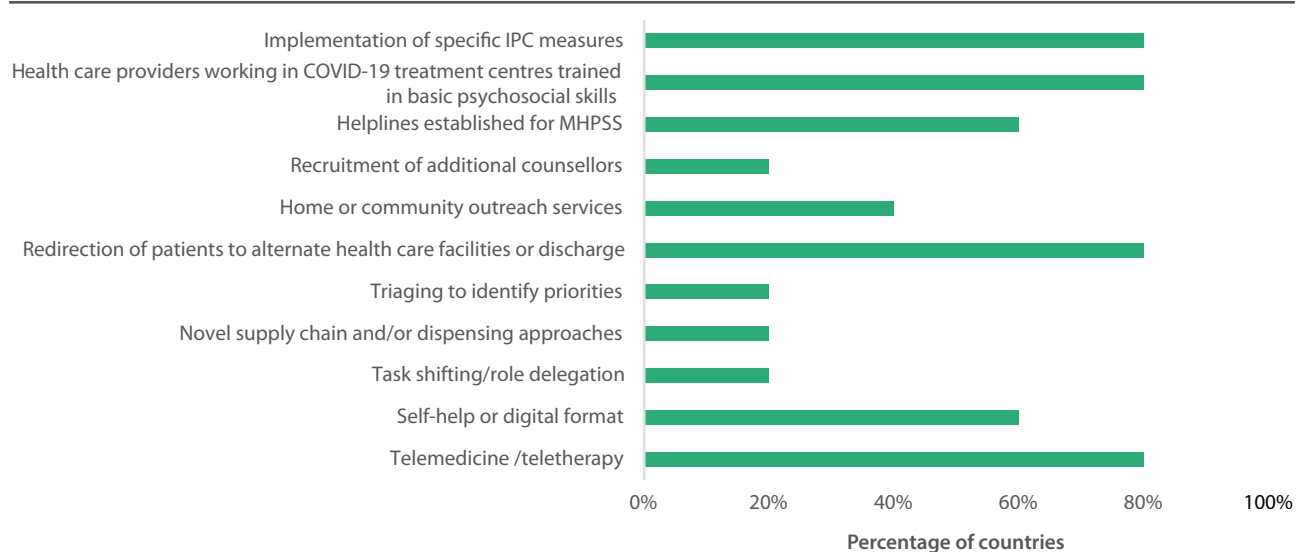


Figure 19a: Approaches to overcome disruptions in MNS services, FCS in the Eastern Mediterranean Region



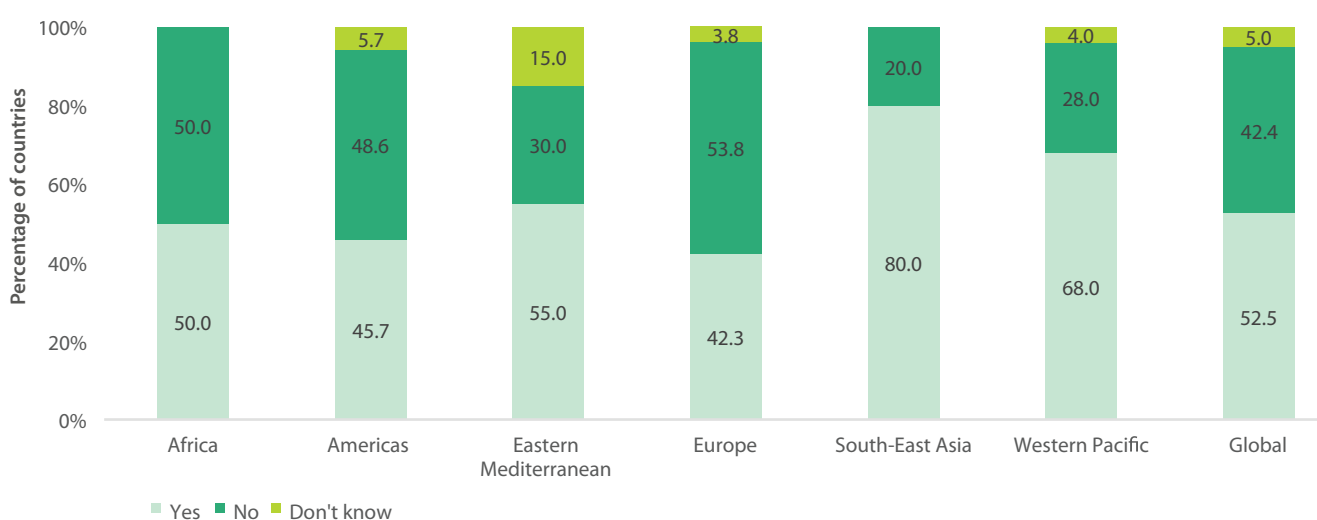
Surveillance and research concerning MNS disorders during the COVID-19 pandemic

Information, evidence and research are critical components for appropriate mental health planning and response during any emergency, especially in novel situations such as the COVID-19 pandemic. Knowledge generation through research enables plans and actions to be based on evidence and on best practices, while the availability of timely and relevant information enables the monitoring of implemented actions and the identification of improvements as well as gaps in service provision.

Data collection on MNS disorders or manifestations

As part of COVID-19 monitoring efforts, slightly more than half the countries in the Region (55%) reported collecting or collating data on MNS disorders or manifestations in people with COVID-19, which is comparable with the global median (53%) (Figure 20).

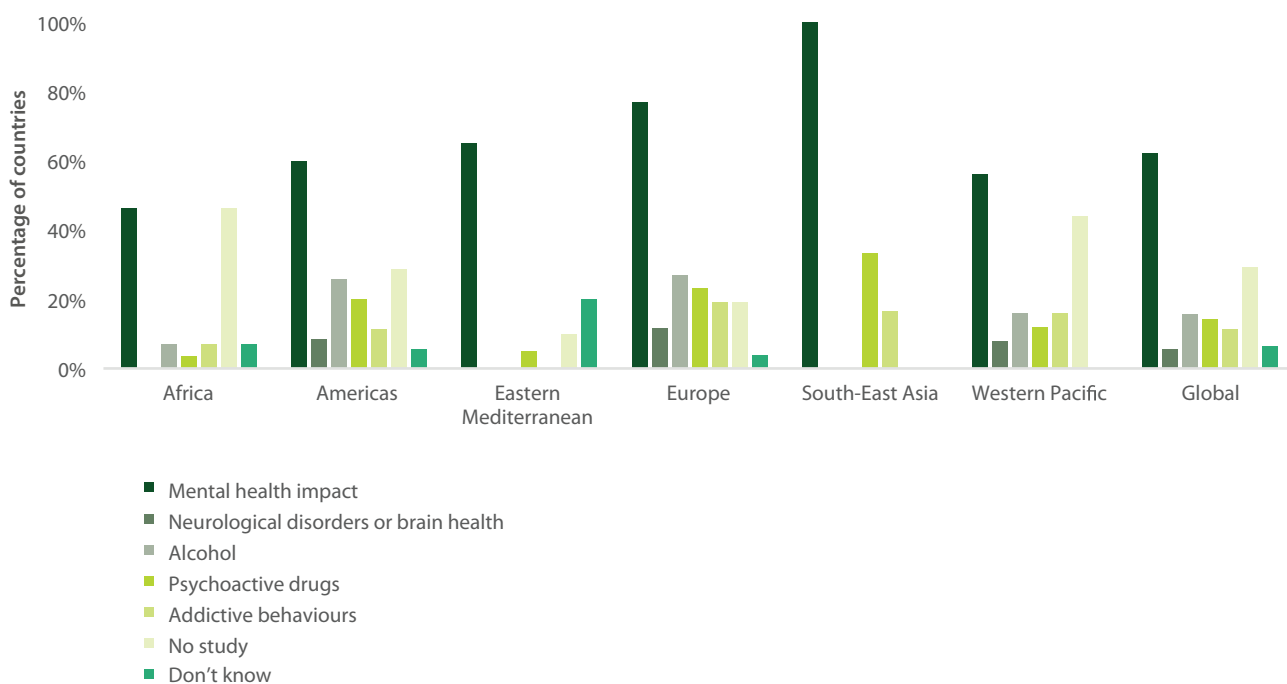
Figure 20: Ministry of health collecting data on MNS disorders/manifestations in people with COVID-19, by WHO region



Studies related to the impact of COVID-19 on mental health

More than two-thirds of Eastern Mediterranean Region countries report having planned or ongoing studies on the impacts of COVID-19 on mental health (by government or academia/civil society, either standalone or as part of a broader survey), which is comparable with global figures (62%). However, only Oman reported having a planned/ongoing study on the impact of the use of psychoactive drugs in patients with COVID-19 (Figure 21).

Figure 21: Studies related to COVID-19, by WHO region



Discussion and key conclusions

This rapid assessment presents a snapshot of how services for MNS disorders in the Eastern Mediterranean Region have been affected during the COVID-19 pandemic. The survey provides initial insights from key informants in 20 out of 22 countries in the Eastern Mediterranean Region on the extent of disruptions to their national mental health services and the strategies that have been adopted to mitigate the impacts of COVID-19 on mental health service provision.

- A majority of the countries in the Region have MHPSS response as a part of their national COVID-19 response plans. Despite the inclusion of MHPSS in national COVID-19 responses, however, only one-third of countries have additional funding allocated for MHPSS in the government budget for such plans. It is clear that more effort is needed to ensure allocations of resources commensurate with the mental health needs of the population, in order to ensure the maintenance of essential mental health services.
- While countries are in the process of adapting their mental health systems to provide continuity of care for persons living with mental health problems, service disruptions affecting community outreach services, psychotherapy/counselling/psychosocial interventions, school mental health programmes and services for children and older adults with mental health conditions or disabilities are likely to have a negative impact on outcomes for these vulnerable sections of the population.
- Multiple factors have led to disruption of services. However, the majority of countries have responded rapidly to adapt their mental health systems to respond to the impacts of COVID-19 on the mental health of the general population and of people with mental health problems, in order to facilitate access to equitable, affordable and safe services. The majority of countries in the Region have established helplines for MHPSS and digital psychological interventions and have resorted to telemedicine and teletherapy to replace in-person consultations. Remote therapy has shown some evidence of short-term success (21,22), and it might also have longer-term advantages, especially in countries with low capacities and low levels of investment in mental health services (23). However, remote therapies have some drawbacks or challenges to implementation, such as lack of access to technology or limited knowledge of using it, limited Internet access and its cost, and data security and privacy. Some people, such as elderly individuals or people with disabilities, might also find these technologies difficult to access and as a result might not use them and thus not comply with treatment, which could worsen their conditions (24,25). FCS have relied on other approaches such as the implementation of IPC measures and basic psychosocial skills training for health care providers working in COVID-19 treatment centres.
- Regionally, close to half of national monitoring and surveillance systems are not collecting any data on MNS disorders or manifestations in COVID-19 patients. Most countries have conducted or are conducting ongoing studies related to the mental health impacts of COVID-19. Nevertheless, more high-quality studies are needed, addressing the long-term impacts of COVID-19 on mental health, the cost-effectiveness of online service delivery platforms for mental health, and the feasibility of technological solutions for overcoming the barriers to access to mental health services.

Recommendations and way forward

- Increase allocations and investment for mental health at local, national and international levels, to scale up mental health services.
- Integrate MHPSS into all emergency preparedness-, response- and recovery-related projects or initiatives.

- Enhance multisectoral coordination between different stakeholders (governmental, private sector, civil society, donors, UN agencies and academia) to catalyse action and investment for mental health and psychosocial support.
- Ensure that mental health and substance use interventions are integrated into universal health coverage benefit packages going forward.
- Enhance national capacities for the delivery of distant psychotherapy/counselling/psychosocial interventions, supported by policy and legislative frameworks to ensure quality of care.
- Enhance and sustain the capacity of community/outreach workers for the delivery of basic mental health interventions, using evidence-informed tools supported by specialist professionals and services.
- Empower mental health service users and carers through involvement in the design and monitoring of policies, services and resource mobilization.
- Conduct rigorous research on the impacts of COVID-19 on mental health, substance use and other related mental health problems.
- Strengthen capacities for monitoring changes in service delivery and utilization, and document evidence on what works in different settings during the different phases of the pandemic to facilitate informed decisions on the nature and timing of adaptations to service delivery.

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Annex 1: Questionnaire



Rapid Assessment of Service Delivery for Mental, Neurological and Substance Use Disorders during the COVID 19 Pandemic

*Department of Mental Health and Substance Use
World Health Organization*

Introductory statement

Dear colleague,

In the context of the COVID-19 pandemic response, we are reaching out to you to ask a small set of questions to quickly assess how essential services for mental, neurological and substance use (MNS) disorders are being impacted in your country by the current pandemic, in order to help plan WHO support and technical tools which might be of value. We may reach out to you to seek any clarifications if needed. We will be using the aggregated data only for reporting purposes. Should we decide later to use examples or case studies that identify specific countries, we will contact you to request advance permission. Since these questions are intended to support a rapid situation assessment on these issues, we would be grateful to receive your responses by 30 June 2020. Please click on the link below to access the survey. Note that you may access the questionnaire as often as needed, saving your responses as you go. We believe that it will take you 20 minutes to respond to these questions.

Thank you in advance. For further information on WHO resources on mental health and COVID-19, visit:

<https://www.who.int/teams/mental-health-and-substance-use/covid-19>

Information on those who completed the questions

Who is the focal point who provided the responses?

Name: _____

Position: _____

Organization: _____

Country: _____

Email: _____

POLICIES AND PLANS

1. Is mental health and psychosocial support response part of the national COVID-19 response plan?

- a. Yes*
- b. No*
- c. Don't know*

1i. If yes, is additional funding allocated for mental health and psychosocial support in the government budget for the COVID-19 response plan?

- a. Yes and 100% funded*
- b. Yes but only partially funded*
- c. No, not funded*
- d. Don't know*

2. Do you have a multisectoral mental health and psychosocial coordination platform for COVID-19 response?

- a. Yes*
- b. No*
- c. Don't know*

2i. If yes, are the following ministries and bodies part of the coordination platform?

(Please check all boxes that apply)

- a. Ministry of Health*
- b. Ministry of Social/Family Affairs*
- c. Ministry of Education*
- d. Ministry of Finance*
- e. Ministry of Foreign Affairs*
- f. United Nations agencies*
- g. Governmental entity responsible for substance use*
- h. International non-governmental organizations*
- i. Non-governmental organizations*
- j. Service users' representatives*

SERVICES

3. Is ensuring continuity of services for mental, neurological and substance use (MNS) disorders included in the list of essential health services as part of your country's response during COVID-19?

a. Yes, all

b. Yes, some

c. No/not yet

d. Don't know

4. During the COVID-19 pandemic, what are the government policies for access to essential services for mental, neurological and substance use (MNS) disorders at primary, secondary and tertiary care levels?

Please answer for different categories of services for mental, neurological and substance use disorders. Please provide the response for national-level policies.

SETTINGS	CATEGORIES OF SERVICES (Dropdown menus)			
MENTAL HOSPITALS	<u>Outpatient services</u> <input type="checkbox"/> Outpatient services are open <input type="checkbox"/> Outpatient services are partially open <input type="checkbox"/> Outpatient services are closed <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	<u>Inpatient services</u> <input type="checkbox"/> Inpatient services are open <input type="checkbox"/> Inpatient services are partially open (e.g. for emergencies only) <input type="checkbox"/> Inpatient services are closed <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable		
GENERAL HOSPITALS	<u>Outpatient services for MNS disorders</u> <input type="checkbox"/> Outpatient services for MNS disorders open <input type="checkbox"/> Outpatient services for MNS disorders partially open <input type="checkbox"/> Outpatient services for MNS disorders closed <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	<u>Psychiatric inpatient units</u> <input type="checkbox"/> Psychiatric inpatient units open <input type="checkbox"/> Psychiatric inpatient units partially open <input type="checkbox"/> Psychiatric inpatient units closed <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	<u>Neurology inpatient units</u> <input type="checkbox"/> Neurology inpatient units open <input type="checkbox"/> Neurology inpatient units partially open <input type="checkbox"/> Neurology inpatient units closed <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	<u>Inpatient units for substance use disorders</u> <input type="checkbox"/> Inpatient units for substance use disorders open <input type="checkbox"/> Inpatient units for substance use disorders partially open <input type="checkbox"/> Inpatient units for substance use disorders closed <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable

COMMUNITY-BASED SERVICES	<u>Day care services</u>	<u>Home care services</u>	<u>Services for MNS disorders in primary health care (PHC) services</u>	<u>Residential services (e.g. care homes)</u>
	<input type="checkbox"/> Day care services open	<input type="checkbox"/> Home care services open	<input type="checkbox"/> Services for MNS disorders in primary health care (PHC) services open	<input type="checkbox"/> Residential services open
	<input type="checkbox"/> Day care services partially open	<input type="checkbox"/> Home care services partially open	<input type="checkbox"/> Services for MNS disorders in primary health care (PHC) services open	<input type="checkbox"/> Residential services partially open
	<input type="checkbox"/> Day care services closed	<input type="checkbox"/> Home care services closed	<input type="checkbox"/> Services for MNS disorders in primary health care (PHC) services partially open	<input type="checkbox"/> Residential services closed
	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know	<input type="checkbox"/> Services for MNS disorders in primary health care (PHC) services partially open	<input type="checkbox"/> Don't know
	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Services for MNS disorders in primary health care (PHC) services closed	<input type="checkbox"/> Not applicable
			<input type="checkbox"/> Services for MNS disorders in primary health care (PHC) services closed	
			<input type="checkbox"/> Don't know	
			<input type="checkbox"/> Not applicable	

5. Which of the following interventions/services related to mental, neurological and substance use (MNS) disorders have been disrupted due to COVID-19?

Please check all that apply, with their level of disruption.

Mental, neurological and substance use (MNS) disorders interventions/services	Completely disrupted (more than 50% of clients not served as usual)	Partially disrupted (5% to 50% of clients not served as usual)	Not disrupted (less than 5% of clients not served as usual)
<i>a. Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>b. Psychotherapy/counselling/psychosocial interventions for MNS disorders</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>c. Medicines for MNS disorders</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>d. Interventions for caregivers of people with MNS disorders</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>e. Home or community outreach services (including social care services) for people with MNS disorders</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>f. Mental health interventions during antenatal and postnatal period</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>g. Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>h. Services for older adults with mental health conditions or disabilities, including dementia</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>i. Diagnostic and laboratory services for people with MNS disorders</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>j. Surgery for neurological disorders (e.g. epilepsy)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>k. School mental health programmes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>l. Work-related mental health programmes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>m. Suicide prevention programmes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>n. Overdose prevention and management programmes (e.g. naloxone distribution)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>o. Critical harm reduction services (e.g. needle exchange programmes, outreach services)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>p. Opioid agonist maintenance treatment of opioid dependence (with methadone or buprenorphine)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What are the main causes of this disruption(s)? (Please check all that apply)

- a. Closure of outpatient services as per health authority directive*
- b. Closure of outpatient disease-specific consultation clinics as per health authority directive*
- c. Closure of population-level programmes as per health authority directive*
- d. Decrease in outpatient volume due to patients not presenting*
- e. Decrease in inpatient volume due to cancellation of elective care*
- f. Inpatient services/hospital beds not available*
- g. Insufficient staff to provide services*
- h. Clinical staff related to mental, neurological and substance use disorders deployed to provide COVID-19 clinical management or emergency support*
- i. The clinical set-up has been designated as a COVID-19 care facility*
- j. Insufficient personal protective equipment (PPE) available for health care providers to provide services*
- k. Unavailability/stock-out of essential medicines, medical diagnostics or other health products at health facilities*
- l. Travel restrictions hindering access to health facilities for patients*
- m. Others (please specify what are the other causes of this disruption).*

7. What approaches are being used to overcome service disruptions to the management of mental, neurological and substance use disorders and provide mental health and psychosocial support in health facilities? (Please check all that apply)

- a. *Telemedicine /teletherapy deployment to replace in-person consultations*
- b. *Self-help or digital format of psychological interventions*
- c. *Task shifting/role delegation*
- d. *Novel supply chain and/or dispensing approaches through other channels for medicines for mental, neurological and substance use disorders*
- e. *Triaging to identify priorities*
- f. *Redirection of patients to alternate health care facilities or discharge to their homes/families*
- g. *Home or community outreach services*
- h. *Recruitment of additional counsellors*
- i. *Helplines established for mental health and psychosocial support*
- j. *Health care providers working in COVID-19 treatment centres trained in basic psychosocial skills*
- k. *Implementation of specific measures for infection prevention and control in mental health services*
- l. *Others (please describe what other approaches are being used).*

SURVEILLANCE

8. Is the Ministry of Health collecting or collating data on mental, neurological and substance use disorders or manifestations in people with COVID-19? a. *Yes* b. *No* c. *Don't know*

9. Is there a planned or ongoing study related to the impact of COVID-19 on mental health/brain health/ substance use in the country (by government or anyone else, whether standalone or as part of a broader survey)? Please check all that apply and provide details.

- a. *Yes, on mental health impact*
- b. *Yes, on neurological disorders or brain health*
- c. *Yes, on alcohol*
- d. *Yes, on psychoactive drugs*
- e. *Yes, on addictive behaviours*
- f. *No*
- g. *Don't know*

10. Please upload any files related to your mental health and COVID-19 response in your country that you would like to share, e.g. plan, assessment or other materials: _____

Annex 2

Participating countries and Ministry of Health focal points

Member State	Responding focal point
Afghanistan	Bashir Ahmed Sarwari
Bahrain	Eman Ahmad Haji
Egypt	Eman Gaber
Iran (Islamic Republic of)	Ahmad Hajebi
Iraq	Emad Abdulrazaq Abdulghani
Jordan	Fateen Janim
Kuwait	Najah Mohammed Alenezi
Lebanon	Rabih El Chammay
Libya	Ali Abdalla Abdusamad
Morocco	Bouram Omar
Oman	Amira Al Raidan
Pakistan	Samra Mazhar
Palestine	Samah Jabr
Qatar	Susan Clelland
Saudi Arabia	Eisha Mohammed Gaffas
Somalia	Zeynab Ahmed Noor
Sudan	Zienat Sanhori
Tunisia	Fatma Charfi
United Arab Emirates	Muna Al Kuwari
Yemen	Abdulquddos Abdulwahab Harmmal

Annex 3

Staff in WHO Country Offices

Member State	Responding focal point
Afghanistan	Safi Najibullah
Bahrain	Khaled Nada
Egypt	Randa Abou El Naga
Iran (Islamic Republic of)	Mansour Ranjbar Kahkha
Iraq	Eyad Yanes
Jordan	Hadeel Alfar
Kuwait	Khaled Nada
Lebanon	Edwina Zoghbi
Libya	Sara Seid Ali Zarti
Morocco	Hafid Hachri
Oman	Lamia Mahmoud
Pakistan	Shahzad Alam Khan
Palestine	Rajiah Abu Sway
Qatar	Rayana Bou Haka
Saudi Arabia	Khaled Nada
Somalia	Humayun Rizwan
Sudan	Rania Shaarawy Ahmed
Tunisia	Olfa Saidi
United Arab Emirates	Rayana Bou Haka
Yemen	Ibrahim Abou Khalil

Annex 4

Rapid assessment of service delivery for mental, neurological and substance use disorders during the COVID-19 pandemic – Member State profiles

Afghanistan			
Total population in millions (UN official estimate) ¹	37.2	Burden of mental disorders (WHO official estimates)	
WHO region	Eastern Mediterranean Region	Disability-adjusted life years (per 1,000 population) ³	1,608.24
Income group ²	Low		
Total mental health expenditure per person (reported currency) ⁴	0.12 USD	Suicide mortality rate (per 100,000 population) ⁵	4.7
Availability/status of mental health reporting ⁴	Mental health data (either in the public system, private system or both) have been compiled for general health statistics in the last two years, but not in a specific mental health report		
POLICIES AND PLANS			
Mental health and psychosocial support (MHPSS) response is part of national COVID-19 response plan	Yes	Additional funding allocated for MHPSS in the government budget for the COVID-19 response plan	No, not funded
Multisectoral mental health and psychosocial coordination platform for COVID-19 response	Yes		
Ministries/bodies part of the coordination platform			
Ministry of Health	Yes	United Nations agencies	Yes
Ministry of Social/Family Affairs	No/not reported	Governmental entity responsible for substance use	No/not reported
Ministry of Education	No/not reported	International nongovernmental organizations	Yes
Ministry of Finance	No/not reported	Nongovernmental organizations	Yes
Ministry of Foreign Affairs	No/not reported	Service users' representatives	Yes
SERVICES			
Ensuring continuity of services for mental, neurological and substance use (MNS) disorders is included in the list of essential health services as part of the country's response during COVID-19			Yes, all
Government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels			
MENTAL HOSPITALS		COMMUNITY-BASED SERVICES	
Outpatient services	Open	Day care services	Open
Inpatient services	Open	Home care services	Open
GENERAL HOSPITALS		Services for MNS disorders in primary health care (PHC) services	Open
Outpatient services for MNS disorders	Open	Residential services (e.g. care homes)	N/A
Psychiatric inpatient units	Open		
Neurology inpatient units	N/A		
Inpatient units for substance use disorders	Partially open		
Level of disruption of MNS-related interventions/services			
Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	Not disrupted ^a	Diagnostic and laboratory services for people with MNS disorders	Not disrupted
Psychotherapy/counselling/psychosocial interventions for MNS disorders	Not disrupted	Surgery for neurological disorders (e.g. epilepsy)	Not reported
Medicines for MNS disorders	Not disrupted	School mental health programmes	Not disrupted
Interventions for caregivers of people with MNS disorders	Not disrupted	Work-related mental health programmes	Not reported
Home or community outreach services (including social care services) for people with MNS disorders	Not disrupted	Suicide prevention programmes	Partially disrupted ^b
Mental health interventions during antenatal and postnatal period	Not disrupted	Overdose prevention and management programmes (e.g. naloxone distribution)	Not disrupted

^a Fewer than 5% of inpatients not treated as usual.

^b 5% to 50% of inpatients not treated as usual.

Afghanistan (continued)			
Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities	Not disrupted	Critical harm reduction services (e.g. needle exchange programmes, outreach services)	Not disrupted
Services for older adults with mental health conditions or disabilities, including dementia	Not disrupted	Opioid agonist maintenance treatment of opioid dependence (with methadone or buprenorphine)	Not disrupted
Main causes of MNS service disruption(s)			
Closure of outpatient services as per health authority directive	No/not reported	Insufficient staff to provide services	No/not reported
Closure of outpatient disease-specific consultation clinics as per health authority directive	No/not reported	Clinical staff related to MNS disorders deployed to provide COVID-19 clinical management or emergency support	No/not reported
Closure of population-level programmes as per health authority directive	No/not reported	The clinical set-up has been designated as a COVID-19 care facility	No/not reported
Decrease in outpatient volume due to patients not presenting	No/not reported	Insufficient personal protective equipment (PPE) available for health care providers to provide services	No/not reported
Decrease in inpatient volume due to cancellation of elective care	No/not reported	Unavailability/stock-out of essential medicines, medical diagnostics or other health products at health facilities	No/not reported
Inpatient services/hospital beds not available	No/not reported	Travel restrictions hindering access to health facilities for patients	No/not reported
Approaches to overcome disruptions in the management of MNS services			
Telemedicine/teletherapy deployment to replace in-person consultations	No/not reported	Home or community outreach services	No/not reported
Self-help or digital format of psychological interventions	No/not reported	Recruitment of additional counsellors	No/not reported
Task shifting/role delegation	No/not reported	Helplines established for mental health and psychosocial support	Yes
Novel supply chain and/or dispensing approaches through other channels for medicines for MNS disorders	No/not reported	Health care providers working in COVID-19 treatment centres trained in basic psychosocial skills	No/not reported
Triaging to identify priorities	No/not reported	Implementation of specific measures for infection prevention and control in mental health services	No/not reported
Redirection of patients to alternate health care facilities or discharge to their homes/families	No/not reported	Other	No/not reported
SURVEILLANCE			
Ministry of Health is collecting or collating data on MNS disorders or manifestations in people with COVID-19	Yes	Planned or ongoing study related to impact of COVID-19 on mental health/brain health/substance use in the country	Yes
Studies related to impact of COVID-19			
Mental health impact	Yes	Psychoactive drugs	No/not reported
Neurological disorders or brain health	No/not reported	Addictive behaviours	No/not reported
Alcohol	No/not reported		

¹ Human development reports. Global human development indicators, country profiles [website]. New York: United Nations Development Programme; 2019 (<http://hdr.undp.org/en/countries>).

² World Bank country and lending groups [website]. Washington, DC: The World Bank; 2020. (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

³ GBD compare, viz hub [website]. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2019 (<http://vizhub.healthdata.org/gbd-compare>).

⁴ Mental health atlas 2017, country profiles [website]. Geneva: World Health Organization; 2018 (https://www.who.int/mental_health/evidence/atlas/profiles-2017/en/).

⁵ World Health Statistics data visualizations dashboard [website]. Geneva: World Health Organization; 2018 (<https://apps.who.int/gho/data/view.sdg.3-4-data-ctry?lang=en>).

Bahrain			
Total population in millions (UN official estimate) ¹	37.2	Burden of mental disorders (WHO official estimates)	
WHO region	Eastern Mediterranean Region	Disability-adjusted life years (per 1,000 population) ³	1,996.36
Income group ²	High		
Total mental health expenditure per person (reported currency) ⁴	9.36 BHD	Suicide mortality rate (per 100,000 population) ⁵	5.9
Availability/status of mental health reporting ⁴	A specific report focusing on mental health activities, in the public sector only, has been published by the Health Department or other responsible government unit in the last two years		
POLICIES AND PLANS			
Mental health and psychosocial support (MHPSS) response is part of national COVID-19 response plan	Yes	Additional funding allocated for MHPSS in the government budget for the COVID-19 response plan	Yes, 100% funded
Multisectoral mental health and psychosocial coordination platform for COVID-19 response	Yes		
Ministries/bodies part of the coordination platform			
Ministry of Health	Yes	United Nations agencies	Yes
Ministry of Social/Family Affairs	No	Governmental entity responsible for substance use	No
Ministry of Education	Yes	International nongovernmental organizations	No
Ministry of Finance	No	Nongovernmental organizations	No
Ministry of Foreign Affairs	No	Service users' representatives	No
SERVICES			
Ensuring continuity of services for mental, neurological and substance use (MNS) disorders is included in the list of essential health services as part of the country's response during COVID-19			Yes, all
Government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels			
MENTAL HOSPITALS		COMMUNITY-BASED SERVICES	
Outpatient services	Open	Day care services	Partially open
Inpatient services	Open	Home care services	Open
GENERAL HOSPITALS		Services for MNS disorders in primary health care (PHC) services	Open
Outpatient services for MNS disorders	Open	Residential services (e.g. care homes)	Partially open
Psychiatric inpatient units	Open		
Neurology inpatient units	Partially open		
Inpatient units for substance use disorders	Open		
Level of disruption of MNS-related interventions/services			
Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	Not disrupted ^a	Diagnostic and laboratory services for people with MNS disorders	Not disrupted
Psychotherapy/counselling/psychosocial interventions for MNS disorders	Not disrupted	Surgery for neurological disorders (e.g. epilepsy)	Partially disrupted ^b
Medicines for MNS disorders	Not disrupted	School mental health programmes	Not disrupted
Interventions for caregivers of people with MNS disorders	Not disrupted	Work-related mental health programmes	Not disrupted
Home or community outreach services (including social care services) for people with MNS disorders	Not disrupted	Suicide prevention programmes	Not disrupted
Mental health interventions during antenatal and postnatal period	Not disrupted	Overdose prevention and management programmes (e.g. naloxone distribution)	Not disrupted

^a Fewer than 5% of inpatients not treated as usual.

^b 5% to 50% of inpatients not treated as usual.

Bahrain (continued)			
Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities	Not disrupted	Critical harm reduction services (e.g. needle exchange programmes, outreach services)	Not disrupted
Services for older adults with mental health conditions or disabilities, including dementia	Not disrupted	Opioid agonist maintenance treatment of opioid dependence (with methadone or buprenorphine)	Not disrupted
Main causes of MNS service disruption(s)			
Closure of outpatient services as per health authority directive	No	Insufficient staff to provide services	No
Closure of outpatient disease-specific consultation clinics as per health authority directive	No	Clinical staff related to MNS disorders deployed to provide COVID-19 clinical management or emergency support	Yes
Closure of population-level programmes as per health authority directive	No	The clinical set-up has been designated as a COVID-19 care facility	Yes
Decrease in outpatient volume due to patients not presenting	No	Insufficient personal protective equipment (PPE) available for health care providers to provide services	No
Decrease in inpatient volume due to cancellation of elective care	Yes	Unavailability/stock-out of essential medicines, medical diagnostics or other health products at health facilities	No
Inpatient services/hospital beds not available	No	Travel restrictions hindering access to health facilities for patients	Yes
Approaches to overcome disruptions in the management of MNS services			
Telemedicine/teletherapy deployment to replace in-person consultations	Yes	Home or community outreach services	Yes
Self-help or digital format of psychological interventions	Yes	Recruitment of additional counsellors	No
Task shifting/role delegation	Yes	Helplines established for mental health and psychosocial support	Yes
Novel supply chain and/or dispensing approaches through other channels for medicines for MNS disorders	Yes	Health care providers working in COVID-19 treatment centres trained in basic psychosocial skills	Yes
Triaging to identify priorities	Yes	Implementation of specific measures for infection prevention and control in mental health services	Yes
Redirection of patients to alternate health care facilities or discharge to their homes/families	Yes	Other	No
SURVEILLANCE			
Ministry of Health is collecting or collating data on MNS disorders or manifestations in people with COVID-19	Yes	Planned or ongoing study related to impact of COVID-19 on mental health/brain health/substance use in the country	Yes
Studies related to impact of COVID-19			
Mental health impact	Yes	Psychoactive drugs	No
Neurological disorders or brain health	No	Addictive behaviours	No
Alcohol	No		

¹ Human development reports. Global human development indicators, country profiles [website]. New York: United Nations Development Programme; 2019 (<http://hdr.undp.org/en/countries>).

² World Bank country and lending groups [website]. Washington, DC: The World Bank; 2020. (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

³ GBD compare, viz hub [website]. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2019 (<http://vizhub.healthdata.org/gbd-compare>).

⁴ Mental health atlas 2017, country profiles [website]. Geneva: World Health Organization; 2018 (https://www.who.int/mental_health/evidence/atlas/profiles-2017/en/).

⁵ World Health Statistics data visualizations dashboard [website]. Geneva: World Health Organization; 2018 (<https://apps.who.int/gho/data/view.sdg.3-4-data-ctry?lang=en>).

Egypt			
Total population in millions (UN official estimate) ¹	98.4	Burden of mental disorders (WHO official estimates)	
WHO region	Eastern Mediterranean Region	Disability-adjusted life years (per 1,000 population) ³	1,586.44
Income group ²	Lower middle		
Total mental health expenditure per person (reported currency) ⁴	3.73 EGP	Suicide mortality rate (per 100,000 population) ⁵	4.0
Availability/status of mental health reporting ⁴	A report focusing on mental health activities, in both the public and private sector, has been published by the Health Department or other responsible government unit in the last two years		
POLICIES AND PLANS			
Mental health and psychosocial support (MHPSS) response is part of national COVID-19 response plan	Yes	Additional funding allocated for MHPSS in the government budget for the COVID-19 response plan	No, not funded
Multisectoral mental health and psychosocial coordination platform for COVID-19 response	Yes		
Ministries/bodies part of the coordination platform			
Ministry of Health	Yes	United Nations agencies	Yes
Ministry of Social/Family Affairs	No	Governmental entity responsible for substance use	Yes
Ministry of Education	No	International nongovernmental organizations	Yes
Ministry of Finance	No	Nongovernmental organizations	Yes
Ministry of Foreign Affairs	No	Service users' representatives	No
SERVICES			
Ensuring continuity of services for mental, neurological and substance use (MNS) disorders is included in the list of essential health services as part of the country's response during COVID-19			Yes, all
Government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels			
MENTAL HOSPITALS		COMMUNITY-BASED SERVICES	
Outpatient services	Open	Day care services	Partially open
Inpatient services	Partially open	Home care services	N/A
GENERAL HOSPITALS		Services for MNS disorders in primary health care (PHC) services	N/A
Outpatient services for MNS disorders	Closed	Residential services (e.g. care homes)	N/A
Psychiatric inpatient units	Closed		
Neurology inpatient units	N/A		
Inpatient units for substance use disorders	Closed		
Level of disruption of MNS-related interventions/services			
Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	Not disrupted ^a	Diagnostic and laboratory services for people with MNS disorders	Partially disrupted
Psychotherapy/counselling/psychosocial interventions for MNS disorders	Completely disrupted ^b	Surgery for neurological disorders (e.g. epilepsy)	Not disrupted
Medicines for MNS disorders	Not disrupted	School mental health programmes	Completely disrupted
Interventions for caregivers of people with MNS disorders	Completely disrupted	Work-related mental health programmes	Completely disrupted
Home or community outreach services (including social care services) for people with MNS disorders	Partially disrupted ^c	Suicide prevention programmes	Partially disrupted
Mental health interventions during antenatal and postnatal period	Completely disrupted	Overdose prevention and management programmes (e.g. naloxone distribution)	N/A

^a Fewer than 5% of inpatients not treated as usual.

^b More than 50% of inpatients not treated as usual.

^c 5% to 50% of inpatients not treated as usual.

Egypt (continued)			
Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities	Partially disrupted	Critical harm reduction services (e.g. needle exchange programmes, outreach services)	N/A
Services for older adults with mental health conditions or disabilities, including dementia	Completely disrupted	Opioid agonist maintenance treatment of opioid dependence (with methadone or buprenorphine)	N/A
Main causes of MNS service disruption(s)			
Closure of outpatient services as per health authority directive	Yes	Insufficient staff to provide services	No/not reported
Closure of outpatient disease-specific consultation clinics as per health authority directive	Yes	Clinical staff related to MNS disorders deployed to provide COVID-19 clinical management or emergency support	No/not reported
Closure of population-level programmes as per health authority directive	No/not reported	The clinical set-up has been designated as a COVID-19 care facility	No/not reported
Decrease in outpatient volume due to patients not presenting	Yes	Insufficient personal protective equipment (PPE) available for health care providers to provide services	No/not reported
Decrease in inpatient volume due to cancellation of elective care	Yes	Unavailability/stock-out of essential medicines, medical diagnostics or other health products at health facilities	No/not reported
Inpatient services/hospital beds not available	No/not reported	Travel restrictions hindering access to health facilities for patients	No/not reported
Approaches to overcome disruptions in the management of MNS services			
Telemedicine/teletherapy deployment to replace in-person consultations	Yes	Home or community outreach services	No/not reported
Self-help or digital format of psychological interventions	No/not reported	Recruitment of additional counsellors	No/not reported
Task shifting/role delegation	Yes	Helplines established for mental health and psychosocial support	Yes
Novel supply chain and/or dispensing approaches through other channels for medicines for MNS disorders	Yes	Health care providers working in COVID-19 treatment centres trained in basic psychosocial skills	Yes
Triaging to identify priorities	No/not reported	Implementation of specific measures for infection prevention and control in mental health services	Yes
Redirection of patients to alternate health care facilities or discharge to their homes/families	Yes	Other	No/not reported
SURVEILLANCE			
Ministry of Health is collecting or collating data on MNS disorders or manifestations in people with COVID-19	Yes	Planned or ongoing study related to impact of COVID-19 on mental health/brain health/substance use in the country	Yes
Studies related to impact of COVID-19			
Mental health impact	Yes	Psychoactive drugs	No
Neurological disorders or brain health	No	Addictive behaviours	No
Alcohol	No		

¹ Human development reports. Global human development indicators, country profiles [website]. New York: United Nations Development Programme; 2019 (<http://hdr.undp.org/en/countries>).

² World Bank country and lending groups [website]. Washington, DC: The World Bank; 2020. (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

³ GBD compare, viz hub [website]. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2019 (<http://vizhub.healthdata.org/gbd-compare>).

⁴ Mental health atlas 2017, country profiles [website]. Geneva: World Health Organization; 2018 (https://www.who.int/mental_health/evidence/atlas/profiles-2017/en/).

⁵ World Health Statistics data visualizations dashboard [website]. Geneva: World Health Organization; 2018 (<https://apps.who.int/gho/data/view.sdg.3-4-data-ctry?lang=en>).

Iran (Islamic Republic of)			
Total population in millions (UN official estimate) ¹	81.8	Burden of mental disorders (WHO official estimates)	
WHO region	Eastern Mediterranean Region	Disability-adjusted life years (per 1,000 population) ³	2,346.02
Income group ²	Upper middle		
Total mental health expenditure per person (reported currency) ⁴	Not reported	Suicide mortality rate (per 100,000 population) ⁵	4.1
Availability/status of mental health reporting ⁴	A specific report focusing on mental health activities, in the public sector only, has been published by the Health Department or other responsible government unit in the last two years		
POLICIES AND PLANS			
Mental health and psychosocial support (MHPSS) response is part of national COVID-19 response plan	Yes	Additional funding allocated for MHPSS in the government budget for the COVID-19 response plan	Yes, 100% funded
Multisectoral mental health and psychosocial coordination platform for COVID-19 response	Yes		
Ministries/bodies part of the coordination platform			
Ministry of Health	Yes	United Nations agencies	Yes
Ministry of Social/Family Affairs	No/not reported	Governmental entity responsible for substance use	No/not reported
Ministry of Education	No/not reported	International nongovernmental organizations	No/not reported
Ministry of Finance	No/not reported	Nongovernmental organizations	Yes
Ministry of Foreign Affairs	No/not reported	Service users' representatives	No/not reported
SERVICES			
Ensuring continuity of services for mental, neurological and substance use (MNS) disorders is included in the list of essential health services as part of the country's response during COVID-19			Yes, all
Government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels			
MENTAL HOSPITALS		COMMUNITY-BASED SERVICES	
Outpatient services	Partially open	Day care services	Closed
Inpatient services	Partially open	Home care services	Closed
GENERAL HOSPITALS		Services for MNS disorders in primary health care (PHC) services	Partially open
Outpatient services for MNS disorders	Partially open	Residential services (e.g. care homes)	Open
Psychiatric inpatient units	Partially open		
Neurology inpatient units	Partially open		
Inpatient units for substance use disorders	Closed		
Level of disruption of MNS-related interventions/services			
Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	Not disrupted ^a	Diagnostic and laboratory services for people with MNS disorders	Partially disrupted
Psychotherapy/counselling/psychosocial interventions for MNS disorders	Partially disrupted ^b	Surgery for neurological disorders (e.g. epilepsy)	Completely disrupted ^c
Medicines for MNS disorders	Not disrupted	School mental health programmes	Partially disrupted
Interventions for caregivers of people with MNS disorders	Partially disrupted	Work-related mental health programmes	Partially disrupted
Home or community outreach services (including social care services) for people with MNS disorders	Partially disrupted	Suicide prevention programmes	Not disrupted
Mental health interventions during antenatal and postnatal period	Not disrupted	Overdose prevention and management programmes (e.g. naloxone distribution)	Not disrupted

^a Fewer than 5% of inpatients not treated as usual.

^b 5% to 50% of in patients not treated as usual.

^c More than 50% of inpatients not treated as usual.

Iran (Islamic Republic of) (continued)			
Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities	Partially disrupted	Critical harm reduction services (e.g. needle exchange programmes, outreach services)	Not disrupted
Services for older adults with mental health conditions or disabilities, including dementia	Partially disrupted	Opioid agonist maintenance treatment of opioid dependence (with methadone or buprenorphine)	Not disrupted
Main causes of MNS service disruption(s)			
Closure of outpatient services as per health authority directive	Yes	Insufficient staff to provide services	No/not reported
Closure of outpatient disease-specific consultation clinics as per health authority directive	Yes	Clinical staff related to MNS disorders deployed to provide COVID-19 clinical management or emergency support	No/not reported
Closure of population-level programmes as per health authority directive	Yes	The clinical set-up has been designated as a COVID-19 care facility	No/not reported
Decrease in outpatient volume due to patients not presenting	No/not reported	Insufficient personal protective equipment (PPE) available for health care providers to provide services	No/not reported
Decrease in inpatient volume due to cancellation of elective care	No/not reported	Unavailability/stock-out of essential medicines, medical diagnostics or other health products at health facilities	No/not reported
Inpatient services/hospital beds not available	No/not reported	Travel restrictions hindering access to health facilities for patients	Yes
Approaches to overcome disruptions in the management of MNS services			
Telemedicine/teletherapy deployment to replace in-person consultations	Yes	Home or community outreach services	No/not reported
Self-help or digital format of psychological interventions	Yes	Recruitment of additional counsellors	Yes
Task shifting/role delegation	Yes	Helplines established for mental health and psychosocial support	Yes
Novel supply chain and/or dispensing approaches through other channels for medicines for MNS disorders	Yes	Health care providers working in COVID-19 treatment centres trained in basic psychosocial skills	No/not reported
Triaging to identify priorities	Yes	Implementation of specific measures for infection prevention and control in mental health services	Yes
Redirection of patients to alternate health care facilities or discharge to their homes/families	Yes	Other	No/not reported
SURVEILLANCE			
Ministry of Health is collecting or collating data on MNS disorders or manifestations in people with COVID-19	Yes	Planned or ongoing study related to impact of COVID-19 on mental health/brain health/substance use in the country	Yes
Studies related to impact of COVID-19			
Mental health impact	Yes	Psychoactive drugs	No
Neurological disorders or brain health	No	Addictive behaviours	No
Alcohol	No		

¹ Human development reports. Global human development indicators, country profiles [website]. New York: United Nations Development Programme; 2019 (<http://hdr.undp.org/en/countries>).

² World Bank country and lending groups [website]. Washington, DC: The World Bank; 2020. (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

³ GBD compare, viz hub [website]. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2019 (<http://vizhub.healthdata.org/gbd-compare>).

⁴ Mental health atlas 2017, country profiles [website]. Geneva: World Health Organization; 2018 (https://www.who.int/mental_health/evidence/atlas/profiles-2017/en/).

⁵ World Health Statistics data visualizations dashboard [website]. Geneva: World Health Organization; 2018 (<https://apps.who.int/gho/data/view.sdg.3-4-data-ctry?lang=en>).

Iraq			
Total population in millions (UN official estimate) ¹	38.4	Burden of mental disorders (WHO official estimates)	
WHO region	Eastern Mediterranean Region	Disability-adjusted life years (per 1,000 population) ³	1,597.99
Income group ²	Upper middle		
Total mental health expenditure per person (reported currency) ⁴	Not reported	Suicide mortality rate (per 100,000 population) ⁵	3.0
Availability/status of mental health reporting ⁴	A specific report focusing on mental health activities, in the public sector only, has been published by the Health Department or other responsible government unit in the last two years		
POLICIES AND PLANS			
Mental health and psychosocial support (MHPSS) response is part of national COVID-19 response plan	Yes	Additional funding allocated for MHPSS in the government budget for the COVID-19 response plan	No/not funded
Multisectoral mental health and psychosocial coordination platform for COVID-19 response	Yes		
Ministries/bodies part of the coordination platform			
Ministry of Health	Yes	United Nations agencies	Yes
Ministry of Social/Family Affairs	No	Governmental entity responsible for substance use	No
Ministry of Education	Yes	International nongovernmental organizations	No
Ministry of Finance	Yes	Nongovernmental organizations	No
Ministry of Foreign Affairs	Yes	Service users' representatives	No
SERVICES			
Ensuring continuity of services for mental, neurological and substance use (MNS) disorders is included in the list of essential health services as part of the country's response during COVID-19			Yes, some
Government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels			
MENTAL HOSPITALS		COMMUNITY-BASED SERVICES	
Outpatient services	Open	Day care services	Closed
Inpatient services	Partially open	Home care services	N/A
GENERAL HOSPITALS		Services for MNS disorders in primary health care (PHC) services	Open
Outpatient services for MNS disorders	Open	Residential services (e.g. care homes)	N/A
Psychiatric inpatient units	Partially open		
Neurology inpatient units	Partially open		
Inpatient units for substance use disorders	Partially open		
Level of disruption of MNS-related interventions/services			
Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	Partially disrupted ^a	Diagnostic and laboratory services for people with MNS disorders	Completely disrupted
Psychotherapy/counselling/psychosocial interventions for MNS disorders	Partially disrupted	Surgery for neurological disorders (e.g. epilepsy)	Completely disrupted
Medicines for MNS disorders	Not disrupted ^b	School mental health programmes	Completely disrupted
Interventions for caregivers of people with MNS disorders	Completely disrupted ^c	Work-related mental health programmes	Completely disrupted
Home or community outreach services (including social care services) for people with MNS disorders	Completely disrupted	Suicide prevention programmes	Partially disrupted
Mental health interventions during antenatal and postnatal period	Completely disrupted	Overdose prevention and management programmes (e.g. naloxone distribution)	Completely disrupted

^a Fewer than 5% of inpatients not treated as usual.

^b 5% to 50% of inpatients not treated as usual.

^c More than 50% of inpatients not treated as usual.

Iraq (continued)			
Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities	Partially disrupted	Critical harm reduction services (e.g. needle exchange programmes, outreach services)	Not reported
Services for older adults with mental health conditions or disabilities, including dementia	Completely disrupted	Opioid agonist maintenance treatment of opioid dependence (with methadone or buprenorphine)	Not reported
Main causes of MNS service disruption(s)			
Closure of outpatient services as per health authority directive	No/not reported	Insufficient staff to provide services	No/not reported
Closure of outpatient disease-specific consultation clinics as per health authority directive	No/not reported	Clinical staff related to MNS disorders deployed to provide COVID-19 clinical management or emergency support	No/not reported
Closure of population-level programmes as per health authority directive	Yes	The clinical set-up has been designated as a COVID-19 care facility	Yes
Decrease in outpatient volume due to patients not presenting	Yes	Insufficient personal protective equipment (PPE) available for health care providers to provide services	No/not reported
Decrease in inpatient volume due to cancellation of elective care	Yes	Unavailability/stock-out of essential medicines, medical diagnostics or other health products at health facilities	Yes
Inpatient services/hospital beds not available	Yes	Travel restrictions hindering access to health facilities for patients	Yes
Approaches to overcome disruptions in the management of MNS services			
Telemedicine/teletherapy deployment to replace in-person consultations	Yes	Home or community outreach services	No/not reported
Self-help or digital format of psychological interventions	Yes	Recruitment of additional counsellors	No/not reported
Task shifting/role delegation	No/not reported	Helplines established for mental health and psychosocial support	No/not reported
Novel supply chain and/or dispensing approaches through other channels for medicines for MNS disorders	No/not reported	Health care providers working in COVID-19 treatment centres trained in basic psychosocial skills	Yes
Triaging to identify priorities	Yes	Implementation of specific measures for infection prevention and control in mental health services	Yes
Redirection of patients to alternate health care facilities or discharge to their homes/families	Yes	Other	No/not reported
SURVEILLANCE			
Ministry of Health is collecting or collating data on MNS disorders or manifestations in people with COVID-19	Yes	Planned or ongoing study related to impact of COVID-19 on mental health/brain health/substance use in the country	Yes
Studies related to impact of COVID-19			
Mental health impact	Yes	Psychoactive drugs	No/not reported
Neurological disorders or brain health	No/not reported	Addictive behaviours	No/not reported
Alcohol	No/not reported		

¹ Human development reports. Global human development indicators, country profiles [website]. New York: United Nations Development Programme; 2019 (<http://hdr.undp.org/en/countries>).

² World Bank country and lending groups [website]. Washington, DC: The World Bank; 2020. (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

³ GBD compare, viz hub [website]. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2019 (<http://vizhub.healthdata.org/gbd-compare>).

⁴ Mental health atlas 2017, country profiles [website]. Geneva: World Health Organization; 2018 (https://www.who.int/mental_health/evidence/atlas/profiles-2017/en/).

⁵ World Health Statistics data visualizations dashboard [website]. Geneva: World Health Organization; 2018 (<https://apps.who.int/gho/data/view.sdg.3-4-data-ctry?lang=en>).

Jordan			
Total population in millions (UN official estimate) ¹	10.0	Burden of mental disorders (WHO official estimates)	
WHO region	Eastern Mediterranean Region	Disability-adjusted life years (per 1,000 population) ³	1,679.12
Income group ²	Upper middle		
Total mental health expenditure per person (reported currency) ⁴	Not reported	Suicide mortality rate (per 100,000 population) ⁵	2.9
Availability/status of mental health reporting ⁴	A specific report focusing on mental health activities, in both the public and private sector, has been published by the Health Department or other responsible government unit in the last two years		
POLICIES AND PLANS			
Mental health and psychosocial support (MHPSS) response is part of national COVID-19 response plan	Yes	Additional funding allocated for MHPSS in the government budget for the COVID-19 response plan	No/not funded
Multisectoral mental health and psychosocial coordination platform for COVID-19 response	Yes		
Ministries/bodies part of the coordination platform			
Ministry of Health	Yes	United Nations agencies	Yes
Ministry of Social/Family Affairs	No	Governmental entity responsible for substance use	No
Ministry of Education	No	International nongovernmental organizations	Yes
Ministry of Finance	No	Nongovernmental organizations	Yes
Ministry of Foreign Affairs	No	Service users' representatives	Yes
SERVICES			
Ensuring continuity of services for mental, neurological and substance use (MNS) disorders is included in the list of essential health services as part of the country's response during COVID-19			Yes, all
Government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels			
MENTAL HOSPITALS		COMMUNITY-BASED SERVICES	
Outpatient services	Partially open	Day care services	N/A
Inpatient services	Open	Home care services	N/A
GENERAL HOSPITALS		Services for MNS disorders in primary health care (PHC) services	Partially open
Outpatient services for MNS disorders	Partially open	Residential services (e.g. care homes)	N/A
Psychiatric inpatient units	Open		
Neurology inpatient units	Open		
Inpatient units for substance use disorders	Open		
Level of disruption of MNS-related interventions/services			
Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	Not disrupted ^a	Diagnostic and laboratory services for people with MNS disorders	Partially disrupted
Psychotherapy/counselling/psychosocial interventions for MNS disorders	Partially disrupted ^b	Surgery for neurological disorders (e.g. epilepsy)	Partially disrupted
Medicines for MNS disorders	Not disrupted	School mental health programmes	Completely disrupted
Interventions for caregivers of people with MNS disorders	Not disrupted ^a	Work-related mental health programmes	Completely disrupted
Home or community outreach services (including social care services) for people with MNS disorders	Completely disrupted ^c	Suicide prevention programmes	Completely disrupted
Mental health interventions during antenatal and postnatal period	Partially disrupted	Overdose prevention and management programmes (e.g. naloxone distribution)	Partially disrupted

^a Fewer than 5% of inpatients not treated as usual.

^b 5% to 50% of inpatients not treated as usual.

^c More than 50% of inpatients not treated as usual.

Jordan (continued)			
Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities	Partially disrupted	Critical harm reduction services (e.g. needle exchange programmes, outreach services)	Not disrupted
Services for older adults with mental health conditions or disabilities, including dementia	Partially disrupted	Opioid agonist maintenance treatment of opioid dependence (with methadone or buprenorphine)	Not disrupted
Main causes of MNS service disruption(s)			
Closure of outpatient services as per health authority directive	Yes	Insufficient staff to provide services	No/not reported
Closure of outpatient disease-specific consultation clinics as per health authority directive	Yes	Clinical staff related to MNS disorders deployed to provide COVID-19 clinical management or emergency support	No/not reported
Closure of population-level programmes as per health authority directive	No/not reported	The clinical set-up has been designated as a COVID-19 care facility	No/not reported
Decrease in outpatient volume due to patients not presenting	No/not reported	Insufficient personal protective equipment (PPE) available for health care providers to provide services	No/not reported
Decrease in inpatient volume due to cancellation of elective care	No/not reported	Unavailability/stock-out of essential medicines, medical diagnostics or other health products at health facilities	No/not reported
Inpatient services/hospital beds not available	No/not reported	Travel restrictions hindering access to health facilities for patients	Yes
Approaches to overcome disruptions in the management of MNS services			
Telemedicine/teletherapy deployment to replace in-person consultations	No/not reported	Home or community outreach services	No/not reported
Self-help or digital format of psychological interventions	Yes	Recruitment of additional counsellors	No/not reported
Task shifting/role delegation	No/not reported	Helplines established for mental health and psychosocial support	Yes
Novel supply chain and/or dispensing approaches through other channels for medicines for MNS disorders	No/not reported	Health care providers working in COVID-19 treatment centres trained in basic psychosocial skills	No/not reported
Triaging to identify priorities	No/not reported	Implementation of specific measures for infection prevention and control in mental health services	Yes
Redirection of patients to alternate health care facilities or discharge to their homes/families	No/not reported	Other	Delivery of medicines to patients' homes
SURVEILLANCE			
Ministry of Health is collecting or collating data on MNS disorders or manifestations in people with COVID-19	Don't know	Planned or ongoing study related to impact of COVID-19 on mental health/brain health/substance use in the country	Don't know
Studies related to impact of COVID-19			
Mental health impact	N/A	Psychoactive drugs	N/A
Neurological disorders or brain health	N/A	Addictive behaviours	N/A
Alcohol	N/A		

¹ Human development reports. Global human development indicators, country profiles [website]. New York: United Nations Development Programme; 2019 (<http://hdr.undp.org/en/countries>).

² World Bank country and lending groups [website]. Washington, DC: The World Bank; 2020. (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

³ GBD compare, viz hub [website]. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2019 (<http://vizhub.healthdata.org/gbd-compare>).

⁴ Mental health atlas 2017, country profiles [website]. Geneva: World Health Organization; 2018 (https://www.who.int/mental_health/evidence/atlas/profiles-2017/en/).

⁵ World Health Statistics data visualizations dashboard [website]. Geneva: World Health Organization; 2018 (<https://apps.who.int/gho/data/view.sdg.3-4-data-ctry?lang=en>).

Kuwait			
Total population in millions (UN official estimate) ¹	4.1	Burden of mental disorders (WHO official estimates)	
WHO region	Eastern Mediterranean Region	Disability-adjusted life years (per 1,000 population) ³	1,952.29
Income group ²	High		
Total mental health expenditure per person (reported currency) ⁴	Not available	Suicide mortality rate (per 100,000 population) ⁵	2.3
Availability/status of mental health reporting ⁴	Not available		
POLICIES AND PLANS			
Mental health and psychosocial support (MHPSS) response is part of national COVID-19 response plan	Yes	Additional funding allocated for MHPSS in the government budget for the COVID-19 response plan	No/not funded
Multisectoral mental health and psychosocial coordination platform for COVID-19 response	Yes		
Ministries/bodies part of the coordination platform			
Ministry of Health	Yes	United Nations agencies	No/not reported
Ministry of Social/Family Affairs	No/not reported	Governmental entity responsible for substance use	No/not reported
Ministry of Education	Yes	International nongovernmental organizations	No/not reported
Ministry of Finance	No/not reported	Nongovernmental organizations	No/not reported
Ministry of Foreign Affairs	No/not reported	Service users' representatives	Yes
SERVICES			
Ensuring continuity of services for mental, neurological and substance use (MNS) disorders is included in the list of essential health services as part of the country's response during COVID-19			Yes, all
Government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels			
MENTAL HOSPITALS		COMMUNITY-BASED SERVICES	
Outpatient services	Partially open	Day care services	Open
Inpatient services	Open	Home care services	Closed
GENERAL HOSPITALS		Services for MNS disorders in primary health care (PHC) services	Partially open
Outpatient services for MNS disorders	Partially open	Residential services (e.g. care homes)	Partially open
Psychiatric inpatient units	Open		
Neurology inpatient units	Open		
Inpatient units for substance use disorders	Open		
Level of disruption of MNS-related interventions/services			
Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	Not disrupted ^a	Diagnostic and laboratory services for people with MNS disorders	Not disrupted
Psychotherapy/counselling/psychosocial interventions for MNS disorders	Partially disrupted ^b	Surgery for neurological disorders (e.g. epilepsy)	Completely disrupted
Medicines for MNS disorders	Not disrupted	School mental health programmes	Completely disrupted
Interventions for caregivers of people with MNS disorders	Completely disrupted ^c	Work-related mental health programmes	Not disrupted
Home or community outreach services (including social care services) for people with MNS disorders	Completely disrupted	Suicide prevention programmes	Completely disrupted
Mental health interventions during antenatal and postnatal period	Not disrupted	Overdose prevention and management programmes (e.g. naloxone distribution)	Completely disrupted

^a Fewer than 5% of inpatients not treated as usual.

^b 5% to 50% of inpatients not treated as usual.

^c More than 50% of inpatients not treated as usual.

Kuwait (continued)			
Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities	Partially disrupted	Critical harm reduction services (e.g. needle exchange programmes, outreach services)	Partially disrupted
Services for older adults with mental health conditions or disabilities, including dementia	Partially disrupted	Opioid agonist maintenance treatment of opioid dependence (with methadone or buprenorphine)	Not disrupted
Main causes of MNS service disruption(s)			
Closure of outpatient services as per health authority directive	Yes	Insufficient staff to provide services	Yes
Closure of outpatient disease-specific consultation clinics as per health authority directive	Yes	Clinical staff related to MNS disorders deployed to provide COVID-19 clinical management or emergency support	Yes
Closure of population-level programmes as per health authority directive	Yes	The clinical set-up has been designated as a COVID-19 care facility	No/not reported
Decrease in outpatient volume due to patients not presenting	Yes	Insufficient personal protective equipment (PPE) available for health care providers to provide services	No/not reported
Decrease in inpatient volume due to cancellation of elective care	Yes	Unavailability/stock-out of essential medicines, medical diagnostics or other health products at health facilities	No/not reported
Inpatient services/hospital beds not available	No/not reported	Travel restrictions hindering access to health facilities for patients	No/not reported
Approaches to overcome disruptions in the management of MNS services			
Telemedicine/teletherapy deployment to replace in-person consultations	Yes	Home or community outreach services	No/not reported
Self-help or digital format of psychological interventions	Yes	Recruitment of additional counsellors	No/not reported
Task shifting/role delegation	Yes	Helplines established for mental health and psychosocial support	Yes
Novel supply chain and/or dispensing approaches through other channels for medicines for MNS disorders	Yes	Health care providers working in COVID-19 treatment centres trained in basic psychosocial skills	No/not reported
Triaging to identify priorities	Yes	Implementation of specific measures for infection prevention and control in mental health services	No/not reported
Redirection of patients to alternate health care facilities or discharge to their homes/families	Yes	Other	Increasing awareness through social media channels
SURVEILLANCE			
Ministry of Health is collecting or collating data on MNS disorders or manifestations in people with COVID-19	No	Planned or ongoing study related to impact of COVID-19 on mental health/brain health/substance use in the country	No
Studies related to impact of COVID-19			
Mental health impact	N/A	Psychoactive drugs	N/A
Neurological disorders or brain health	N/A	Addictive behaviours	N/A
Alcohol	N/A		

¹ Human development reports. Global human development indicators, country profiles [website]. New York: United Nations Development Programme; 2019 (<http://hdr.undp.org/en/countries>).

² World Bank country and lending groups [website]. Washington, DC: The World Bank; 2020. (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

³ IGBD compare, viz hub [website]. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2019 (<http://vizhub.healthdata.org/gbd-compare>).

⁴ World Health Statistics data visualizations dashboard [website]. Geneva: World Health Organization; 2018 (<https://apps.who.int/gho/data/view.sdg.3-4-data-ctry?lang=en>).

Lebanon			
Total population in millions (UN official estimate) ¹	6.9	Burden of mental disorders (WHO official estimates)	
WHO region	Eastern Mediterranean Region	Disability-adjusted life years (per 1,000 population) ³	1,872.45
Income group ²	Upper middle		
Total mental health expenditure per person (reported currency) ⁴	5171.24 LBP	Suicide mortality rate (per 100,000 population) ⁵	3.3
Availability/status of mental health reporting ⁴	A specific report focusing on mental health activities, in the public sector only, has been published by the Health Department or other responsible government unit in the last two years		
POLICIES AND PLANS			
Mental health and psychosocial support (MHPSS) response is part of national COVID-19 response plan	Yes	Additional funding allocated for MHPSS in the government budget for the COVID-19 response plan	No/not funded
Multisectoral mental health and psychosocial coordination platform for COVID-19 response	Yes		
Ministries/bodies part of the coordination platform			
Ministry of Health	Yes	United Nations agencies	Yes
Ministry of Social/Family Affairs	No/not reported	Governmental entity responsible for substance use	Yes
Ministry of Education	Yes	International nongovernmental organizations	Yes
Ministry of Finance	No/not reported	Nongovernmental organizations	Yes
Ministry of Foreign Affairs	No/not reported	Service users' representatives	No/not reported
SERVICES			
Ensuring continuity of services for mental, neurological and substance use (MNS) disorders is included in the list of essential health services as part of the country's response during COVID-19			Yes, all
Government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels			
MENTAL HOSPITALS		COMMUNITY-BASED SERVICES	
Outpatient services	Partially open	Day care services	N/A
Inpatient services	Partially open	Home care services	N/A
GENERAL HOSPITALS		Services for MNS disorders in primary health care (PHC) services	Partially open
Outpatient services for MNS disorders	Closed	Residential services (e.g. care homes)	Partially open
Psychiatric inpatient units	Partially open		
Neurology inpatient units	N/A		
Inpatient units for substance use disorders	Closed		
Level of disruption of MNS-related interventions/services			
Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	Not disrupted ^a	Diagnostic and laboratory services for people with MNS disorders	Not disrupted
Psychotherapy/counselling/psychosocial interventions for MNS disorders	Partially disrupted ^b	Surgery for neurological disorders (e.g. epilepsy)	Partially disrupted
Medicines for MNS disorders	Partially disrupted	School mental health programmes	Completely disrupted
Interventions for caregivers of people with MNS disorders	Not reported	Work-related mental health programmes	Not reported
Home or community outreach services (including social care services) for people with MNS disorders	Completely disrupted ^c	Suicide prevention programmes	Not disrupted
Mental health interventions during antenatal and postnatal period	Not reported	Overdose prevention and management programmes (e.g. naloxone distribution)	Partially disrupted

^a Fewer than 5% of inpatients not treated as usual.

^b 5% to 50% of inpatients not treated as usual.

^c More than 50% of inpatients not treated as usual.

Lebanon (continued)			
Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities	Not reported	Critical harm reduction services (e.g. needle exchange programmes, outreach services)	Partially disrupted
Services for older adults with mental health conditions or disabilities, including dementia	Completely disrupted	Opioid agonist maintenance treatment of opioid dependence (with methadone or buprenorphine)	Not disrupted
Main causes of MNS service disruption(s)			
Closure of outpatient services as per health authority directive	Yes	Insufficient staff to provide services	Yes
Closure of outpatient disease-specific consultation clinics as per health authority directive	No/not reported	Clinical staff related to MNS disorders deployed to provide COVID-19 clinical management or emergency support	Yes
Closure of population-level programmes as per health authority directive	No/not reported	The clinical set-up has been designated as a COVID-19 care facility	Yes
Decrease in outpatient volume due to patients not presenting	Yes	Insufficient personal protective equipment (PPE) available for health care providers to provide services	No/not reported
Decrease in inpatient volume due to cancellation of elective care	No/not reported	Unavailability/stock-out of essential medicines, medical diagnostics or other health products at health facilities	No/not reported
Inpatient services/hospital beds not available	Yes	Travel restrictions hindering access to health facilities for patients	Yes
Approaches to overcome disruptions in the management of MNS services			
Telemedicine/teletherapy deployment to replace in-person consultations	Yes	Home or community outreach services	No/not reported
Self-help or digital format of psychological interventions	Yes	Recruitment of additional counsellors	No/not reported
Task shifting/role delegation	No/not reported	Helplines established for mental health and psychosocial support	Yes
Novel supply chain and/or dispensing approaches through other channels for medicines for MNS disorders	No/not reported	Health care providers working in COVID-19 treatment centres trained in basic psychosocial skills	Yes
Triaging to identify priorities	No/not reported	Implementation of specific measures for infection prevention and control in mental health services	No/not reported
Redirection of patients to alternate health care facilities or discharge to their homes/families	No/not reported	Other	No/not reported
SURVEILLANCE			
Ministry of Health is collecting or collating data on MNS disorders or manifestations in people with COVID-19	No	Planned or ongoing study related to impact of COVID-19 on mental health/brain health/substance use in the country	Yes
Studies related to impact of COVID-19			
Mental health impact	Yes	Psychoactive drugs	No/not reported
Neurological disorders or brain health	No/not reported	Addictive behaviours	No/not reported
Alcohol	No/not reported		

¹ Human development reports. Global human development indicators, country profiles [website]. New York: United Nations Development Programme; 2019 (<http://hdr.undp.org/en/countries>).

² World Bank country and lending groups [website]. Washington, DC: The World Bank; 2020. (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

³ GBD compare, viz hub [website]. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2019 (<http://vizhub.healthdata.org/gbd-compare>).

⁴ Mental health atlas 2017, country profiles [website]. Geneva: World Health Organization; 2018 (https://www.who.int/mental_health/evidence/atlas/profiles-2017/en/).

⁵ World Health Statistics data visualizations dashboard [website]. Geneva: World Health Organization; 2018 (<https://apps.who.int/gho/data/view.sdg.3-4-data-ctry?lang=en>).

Libya			
Total population in millions (UN official estimate) ¹	6.7	Burden of mental disorders (WHO official estimates)	
WHO region	Eastern Mediterranean Region	Disability-adjusted life years (per 1,000 population) ³	1,805.13
Income group ²	Upper middle		
Total mental health expenditure per person (reported currency) ⁴	Not reported	Suicide mortality rate (per 100,000 population) ⁵	5.2
Availability/status of mental health reporting ⁴	Not reported or not available		
POLICIES AND PLANS			
Mental health and psychosocial support (MHPSS) response is part of national COVID-19 response plan	No	Additional funding allocated for MHPSS in the government budget for the COVID-19 response plan	N/A
Multisectoral mental health and psychosocial coordination platform for COVID-19 response	No		
Ministries/bodies part of the coordination platform			
Ministry of Health	N/A	United Nations agencies	N/A
Ministry of Social/Family Affairs	N/A	Governmental entity responsible for substance use	N/A
Ministry of Education	N/A	International nongovernmental organizations	N/A
Ministry of Finance	N/A	Nongovernmental organizations	N/A
Ministry of Foreign Affairs	N/A	Service users' representatives	N/A
SERVICES			
Ensuring continuity of services for mental, neurological and substance use (MNS) disorders is included in the list of essential health services as part of the country's response during COVID-19			No, not yet
Government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels			
MENTAL HOSPITALS		COMMUNITY-BASED SERVICES	
Outpatient services	Partially open	Day care services	Closed
Inpatient services	Closed	Home care services	N/A
GENERAL HOSPITALS		Services for MNS disorders in primary health care (PHC) services	Don't know
Outpatient services for MNS disorders	Partially open	Residential services (e.g. care homes)	Partially open
Psychiatric inpatient units	N/A		
Neurology inpatient units	Partially open		
Inpatient units for substance use disorders	N/A		
Level of disruption of MNS-related interventions/services			
Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	Partially disrupted ^a	Diagnostic and laboratory services for people with MNS disorders	Partially disrupted
Psychotherapy/counselling/psychosocial interventions for MNS disorders	Completely disrupted ^b	Surgery for neurological disorders (e.g. epilepsy)	Partially disrupted
Medicines for MNS disorders	Partially disrupted	School mental health programmes	Completely disrupted
Interventions for caregivers of people with MNS disorders	Completely disrupted	Work-related mental health programmes	Completely disrupted
Home or community outreach services (including social care services) for people with MNS disorders	Completely disrupted	Suicide prevention programmes	Completely disrupted
Mental health interventions during antenatal and postnatal period	Completely disrupted	Overdose prevention and management programmes (e.g. naloxone distribution)	Completely disrupted

^a Fewer than 5% of inpatients not treated as usual.

^b 5% to 50% of inpatients not treated as usual.

^c More than 50% of inpatients not treated as usual.

Libya (continued)			
Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities	Completely disrupted	Critical harm reduction services (e.g. needle exchange programmes, outreach services)	Partially disrupted
Services for older adults with mental health conditions or disabilities, including dementia	Completely disrupted	Opioid agonist maintenance treatment of opioid dependence (with methadone or buprenorphine)	Completely disrupted
Main causes of MNS service disruption(s)			
Closure of outpatient services as per health authority directive	Yes	Insufficient staff to provide services	Yes
Closure of outpatient disease-specific consultation clinics as per health authority directive	Yes	Clinical staff related to MNS disorders deployed to provide COVID-19 clinical management or emergency support	No/not reported
Closure of population-level programmes as per health authority directive	Yes	The clinical set-up has been designated as a COVID-19 care facility	No/not reported
Decrease in outpatient volume due to patients not presenting	No/not reported	Insufficient personal protective equipment (PPE) available for health care providers to provide services	Yes
Decrease in inpatient volume due to cancellation of elective care	Yes	Unavailability/stock-out of essential medicines, medical diagnostics or other health products at health facilities	Yes
Inpatient services/hospital beds not available	No/not reported	Travel restrictions hindering access to health facilities for patients	No/not reported
Approaches to overcome disruptions in the management of MNS services			
Telemedicine/teletherapy deployment to replace in-person consultations	No/not reported	Home or community outreach services	No/not reported
Self-help or digital format of psychological interventions	No/not reported	Recruitment of additional counsellors	No/not reported
Task shifting/role delegation	No/not reported	Helplines established for mental health and psychosocial support	Yes
Novel supply chain and/or dispensing approaches through other channels for medicines for MNS disorders	No/not reported	Health care providers working in COVID-19 treatment centres trained in basic psychosocial skills	No/not reported
Triaging to identify priorities	No/not reported	Implementation of specific measures for infection prevention and control in mental health services	Yes
Redirection of patients to alternate health care facilities or discharge to their homes/families	Yes	Other	No/not reported
SURVEILLANCE			
Ministry of Health is collecting or collating data on MNS disorders or manifestations in people with COVID-19	No	Planned or ongoing study related to impact of COVID-19 on mental health/brain health/substance use in the country	No
Studies related to impact of COVID-19			
Mental health impact	N/A	Psychoactive drugs	N/A
Neurological disorders or brain health	N/A	Addictive behaviours	N/A
Alcohol	N/A		

¹ Human development reports. Global human development indicators, country profiles [website]. New York: United Nations Development Programme; 2019 (<http://hdr.undp.org/en/countries>).

² World Bank country and lending groups [website]. Washington, DC: The World Bank; 2020. (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

³ GBD compare, viz hub [website]. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2019 (<http://vizhub.healthdata.org/gbd-compare>).

⁴ Mental health atlas 2017, country profiles [website]. Geneva: World Health Organization; 2018 (https://www.who.int/mental_health/evidence/atlas/profiles-2017/en/).

⁵ World Health Statistics data visualizations dashboard [website]. Geneva: World Health Organization; 2018 (<https://apps.who.int/gho/data/view.sdg.3-4-data-ctry?lang=en>).

Morocco			
Total population in millions (UN official estimate) ¹	36.0	Burden of mental disorders (WHO official estimates)	
WHO region	Eastern Mediterranean Region	Disability-adjusted life years (per 1,000 population) ³	2,138.21
Income group ²	Lower middle		
Total mental health expenditure per person (reported currency) ⁴	5.23 MAD	Suicide mortality rate (per 100,000 population) ⁵	2.9
Availability/status of mental health reporting ⁴	Mental health data (either in the public system, private system or both) have been compiled for general health statistics in the last two years, but not in a specific mental health report		
POLICIES AND PLANS			
Mental health and psychosocial support (MHPSS) response is part of national COVID-19 response plan	Yes	Additional funding allocated for MHPSS in the government budget for the COVID-19 response plan	No, not funded
Multisectoral mental health and psychosocial coordination platform for COVID-19 response	No		
Ministries/bodies part of the coordination platform			
Ministry of Health	N/A	United Nations agencies	N/A
Ministry of Social/Family Affairs	N/A	Governmental entity responsible for substance use	N/A
Ministry of Education	N/A	International nongovernmental organizations	N/A
Ministry of Finance	N/A	Nongovernmental organizations	N/A
Ministry of Foreign Affairs	N/A	Service users' representatives	N/A
SERVICES			
Ensuring continuity of services for mental, neurological and substance use (MNS) disorders is included in the list of essential health services as part of the country's response during COVID-19			Yes, all
Government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels			
MENTAL HOSPITALS		COMMUNITY-BASED SERVICES	
Outpatient services	Open	Day care services	Partially open
Inpatient services	Open	Home care services	Partially open
GENERAL HOSPITALS		Services for MNS disorders in primary health care (PHC) services	Open
Outpatient services for MNS disorders	Open	Residential services (e.g. care homes)	Open
Psychiatric inpatient units	Open		
Neurology inpatient units	Open		
Inpatient units for substance use disorders	Open		
Level of disruption of MNS-related interventions/services			
Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	Partially disrupted ^a	Diagnostic and laboratory services for people with MNS disorders	Partially disrupted
Psychotherapy/counselling/psychosocial interventions for MNS disorders	Partially disrupted	Surgery for neurological disorders (e.g. epilepsy)	Partially disrupted
Medicines for MNS disorders	Partially disrupted	School mental health programmes	Completely disrupted ^b
Interventions for caregivers of people with MNS disorders	Partially disrupted	Work-related mental health programmes	Partially disrupted
Home or community outreach services (including social care services) for people with MNS disorders	Partially disrupted	Suicide prevention programmes	Partially disrupted
Mental health interventions during antenatal and postnatal period	Partially disrupted	Overdose prevention and management programmes (e.g. naloxone distribution)	Partially disrupted

^a 5% to 50% of inpatients not treated as usual.

^b More than 50% of inpatients not treated as usual.

Morocco (continued)			
Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities	Partially disrupted	Critical harm reduction services (e.g. needle exchange programmes, outreach services)	Not disrupted ^c
Services for older adults with mental health conditions or disabilities, including dementia	Partially disrupted	Opioid agonist maintenance treatment of opioid dependence (with methadone or buprenorphine)	Not disrupted
Main causes of MNS service disruption(s)			
Closure of outpatient services as per health authority directive	No/not reported	Insufficient staff to provide services	No/not reported
Closure of outpatient disease-specific consultation clinics as per health authority directive	No/not reported	Clinical staff related to MNS disorders deployed to provide COVID-19 clinical management or emergency support	No/not reported
Closure of population-level programmes as per health authority directive	No/not reported	The clinical set-up has been designated as a COVID-19 care facility	No/not reported
Decrease in outpatient volume due to patients not presenting	Yes	Insufficient personal protective equipment (PPE) available for health care providers to provide services	No/not reported
Decrease in inpatient volume due to cancellation of elective care	No/not reported	Unavailability/stock-out of essential medicines, medical diagnostics or other health products at health facilities	No/not reported
Inpatient services/hospital beds not available	Yes	Travel restrictions hindering access to health facilities for patients	Yes
Approaches to overcome disruptions in the management of MNS services			
Telemedicine/teletherapy deployment to replace in-person consultations	Yes	Home or community outreach services	Yes
Self-help or digital format of psychological interventions	No/not reported	Recruitment of additional counsellors	No/not reported
Task shifting/role delegation	No/not reported	Helplines established for mental health and psychosocial support	Yes
Novel supply chain and/or dispensing approaches through other channels for medicines for MNS disorders	Yes	Health care providers working in COVID-19 treatment centres trained in basic psychosocial skills	No/not reported
Triaging to identify priorities	No/not reported	Implementation of specific measures for infection prevention and control in mental health services	No/not reported
Redirection of patients to alternate health care facilities or discharge to their homes/families	No/not reported	Other	No/not reported
SURVEILLANCE			
Ministry of Health is collecting or collating data on MNS disorders or manifestations in people with COVID-19	Yes	Planned or ongoing study related to impact of COVID-19 on mental health/brain health/substance use in the country	Yes
Studies related to impact of COVID-19			
Mental health impact	Yes	Psychoactive drugs	No/not reported
Neurological disorders or brain health	No/not reported	Addictive behaviours	No/not reported
Alcohol	No/not reported		

¹ Human development reports. Global human development indicators, country profiles [website]. New York: United Nations Development Programme; 2019 (<http://hdr.undp.org/en/countries>).

² World Bank country and lending groups [website]. Washington, DC: The World Bank; 2020. (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

³ GBD compare, viz hub [website]. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2019 (<http://vizhub.healthdata.org/gbd-compare>).

⁴ Mental health atlas 2017, country profiles [website]. Geneva: World Health Organization; 2018 (<https://www.who.int/mental-health/evidence/atlas/profiles-2017/en/>).

⁵ World Health Statistics data visualizations dashboard [website]. Geneva: World Health Organization; 2018 (<https://apps.who.int/gho/data/view.sdg.3-4-data-ctry?lang=en>).

^c Fewer than 5% of inpatients not treated as usual.

Oman			
Total population in millions (UN official estimate) ¹	4.8	Burden of mental disorders (WHO official estimates)	
WHO region	Eastern Mediterranean Region	Disability-adjusted life years (per 1,000 population) ³	1,803.11
Income group ²	High		
Total mental health expenditure per person (reported currency) ⁴	Not reported	Suicide mortality rate (per 100,000 population) ⁵	3.9
Availability/status of mental health reporting ⁴	Mental health data (either in the public system, private system or both) have been compiled for general health statistics in the last two years, but not in a specific mental health report		
POLICIES AND PLANS			
Mental health and psychosocial support (MHPSS) response is part of national COVID-19 response plan	Yes	Additional funding allocated for MHPSS in the government budget for the COVID-19 response plan	Yes, but only partially funded
Multisectoral mental health and psychosocial coordination platform for COVID-19 response	No		
Ministries/bodies part of the coordination platform			
Ministry of Health	N/A	United Nations agencies	N/A
Ministry of Social/Family Affairs	N/A	Governmental entity responsible for substance use	N/A
Ministry of Education	N/A	International nongovernmental organizations	N/A
Ministry of Finance	N/A	Nongovernmental organizations	N/A
Ministry of Foreign Affairs	N/A	Service users' representatives	N/A
SERVICES			
Ensuring continuity of services for mental, neurological and substance use (MNS) disorders is included in the list of essential health services as part of the country's response during COVID-19			Yes, all
Government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels			
MENTAL HOSPITALS		COMMUNITY-BASED SERVICES	
Outpatient services	Partially open	Day care services	Partially open
Inpatient services	Partially open	Home care services	Closed
GENERAL HOSPITALS		Services for MNS disorders in primary health care (PHC) services	N/A
Outpatient services for MNS disorders	Partially open	Residential services (e.g. care homes)	N/A
Psychiatric inpatient units	Partially open		
Neurology inpatient units	Partially open		
Inpatient units for substance use disorders	Partially open		
Level of disruption of MNS-related interventions/services			
Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	Partially disrupted ^a	Diagnostic and laboratory services for people with MNS disorders	Partially disrupted
Psychotherapy/counselling/psychosocial interventions for MNS disorders	Partially disrupted	Surgery for neurological disorders (e.g. epilepsy)	Partially disrupted
Medicines for MNS disorders	Not disrupted ^b	School mental health programmes	Completely disrupted ^c
Interventions for caregivers of people with MNS disorders	Partially disrupted	Work-related mental health programmes	Partially disrupted
Home or community outreach services (including social care services) for people with MNS disorders	Partially disrupted	Suicide prevention programmes	Partially disrupted
Mental health interventions during antenatal and postnatal period	Partially disrupted	Overdose prevention and management programmes (e.g. naloxone distribution)	Completely disrupted

^a 5% to 50% of inpatients not treated as usual.

^b Fewer than 5% of inpatients not treated as usual.

^c More than 50% of inpatients not treated as usual.

Oman (continued)			
Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities	Partially disrupted	Critical harm reduction services (e.g. needle exchange programmes, outreach services)	Not reported
Services for older adults with mental health conditions or disabilities, including dementia	Partially disrupted	Opioid agonist maintenance treatment of opioid dependence (with methadone or buprenorphine)	Completely disrupted
Main causes of MNS service disruption(s)			
Closure of outpatient services as per health authority directive	No/not reported	Insufficient staff to provide services	No/not reported
Closure of outpatient disease-specific consultation clinics as per health authority directive	Yes	Clinical staff related to MNS disorders deployed to provide COVID-19 clinical management or emergency support	No/not reported
Closure of population-level programmes as per health authority directive	No/not reported	The clinical set-up has been designated as a COVID-19 care facility	No/not reported
Decrease in outpatient volume due to patients not presenting	Yes	Insufficient personal protective equipment (PPE) available for health care providers to provide services	No/not reported
Decrease in inpatient volume due to cancellation of elective care	Yes	Unavailability/stock-out of essential medicines, medical diagnostics or other health products at health facilities	No/not reported
Inpatient services/hospital beds not available	No/not reported	Travel restrictions hindering access to health facilities for patients	Yes
Approaches to overcome disruptions in the management of MNS services			
Telemedicine/teletherapy deployment to replace in-person consultations	No/not reported	Home or community outreach services	No/not reported
Self-help or digital format of psychological interventions	No/not reported	Recruitment of additional counsellors	No/not reported
Task shifting/role delegation	No/not reported	Helplines established for mental health and psychosocial support	Yes
Novel supply chain and/or dispensing approaches through other channels for medicines for MNS disorders	Yes	Health care providers working in COVID-19 treatment centres trained in basic psychosocial skills	No/not reported
Triaging to identify priorities	Yes	Implementation of specific measures for infection prevention and control in mental health services	Yes
Redirection of patients to alternate health care facilities or discharge to their homes/families	Yes	Other	No/not reported
SURVEILLANCE			
Ministry of Health is collecting or collating data on MNS disorders or manifestations in people with COVID-19	Yes	Planned or ongoing study related to impact of COVID-19 on mental health/brain health/substance use in the country	Yes
Studies related to impact of COVID-19			
Mental health impact	No/not reported	Psychoactive drugs	Yes
Neurological disorders or brain health	No/not reported	Addictive behaviours	No/not reported
Alcohol	No/not reported		

¹ Human development reports. Global human development indicators, country profiles [website]. New York: United Nations Development Programme; 2019 (<http://hdr.undp.org/en/countries>).

² World Bank country and lending groups [website]. Washington, DC: The World Bank; 2020. (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

³ GBD compare, viz hub [website]. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2019 (<http://vizhub.healthdata.org/gbd-compare>).

⁴ Mental health atlas 2017, country profiles [website]. Geneva: World Health Organization; 2018 (https://www.who.int/mental_health/evidence/atlas/profiles-2017/en/).

⁵ World Health Statistics data visualizations dashboard [website]. Geneva: World Health Organization; 2018 (<https://apps.who.int/gho/data/view.sdg.3-4-data-ctry?lang=en>).

Pakistan

Total population in millions (UN official estimate) ¹	212.2	Burden of mental disorders (WHO official estimates)	
WHO region	Eastern Mediterranean Region	Disability-adjusted life years (per 1,000 population) ³	1,373.11
Income group ²	Lower middle		
Total mental health expenditure per person (reported currency) ⁴	Not reported	Suicide mortality rate (per 100,000 population) ⁵	2.9
Availability/status of mental health reporting ⁴	No mental health data have been compiled in a report for policy, planning or management purposes in the last two years		
POLICIES AND PLANS			
Mental health and psychosocial support (MHPSS) response is part of national COVID-19 response plan	Yes	Additional funding allocated for MHPSS in the government budget for the COVID-19 response plan	No, not funded
Multisectoral mental health and psychosocial coordination platform for COVID-19 response	Yes		
Ministries/bodies part of the coordination platform			
Ministry of Health	Yes	United Nations agencies	Yes
Ministry of Social/Family Affairs	No/not reported	Governmental entity responsible for substance use	No/not reported
Ministry of Education	No/not reported	International nongovernmental organizations	Yes
Ministry of Finance	No/not reported	Nongovernmental organizations	Yes
Ministry of Foreign Affairs	No/not reported	Service users' representatives	No/not reported
SERVICES			
Ensuring continuity of services for mental, neurological and substance use (MNS) disorders is included in the list of essential health services as part of the country's response during COVID-19			Yes, some
Government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels			
MENTAL HOSPITALS		COMMUNITY-BASED SERVICES	
Outpatient services	Partially open	Day care services	Don't know
Inpatient services	Open	Home care services	Don't know
GENERAL HOSPITALS		Services for MNS disorders in primary health care (PHC) services	Closed
Outpatient services for MNS disorders	Partially open	Residential services (e.g. care homes)	Don't know
Psychiatric inpatient units	Open		
Neurology inpatient units	Open		
Inpatient units for substance use disorders	Partially open		
Level of disruption of MNS-related interventions/services			
Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	Partially disrupted ^a	Diagnostic and laboratory services for people with MNS disorders	Not disrupted
Psychotherapy/counselling/psychosocial interventions for MNS disorders	Not disrupted ^b	Surgery for neurological disorders (e.g. epilepsy)	Partially disrupted
Medicines for MNS disorders	Not disrupted	School mental health programmes	Completely disrupted
Interventions for caregivers of people with MNS disorders	Partially disrupted	Work-related mental health programmes	Partially disrupted
Home or community outreach services (including social care services) for people with MNS disorders	Completely disrupted ^c	Suicide prevention programmes	Partially disrupted
Mental health interventions during antenatal and postnatal period	Partially disrupted	Overdose prevention and management programmes (e.g. naloxone distribution)	Not disrupted

^a 5% to 50% of in-patients not treated as usual.

^b Less than 5% of in-patients not treated as usual.

^c More than 50% of in-patients not treated as usual.

Pakistan (continued)			
Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities	Partially disrupted	Critical harm reduction services (e.g. needle exchange programmes, outreach services)	Completely disrupted
Services for older adults with mental health conditions or disabilities, including dementia	Partially disrupted	Opioid agonist maintenance treatment of opioid dependence (with methadone or buprenorphine)	Completely disrupted
Main causes of MNS service disruption(s)			
Closure of outpatient services as per health authority directive	Yes	Insufficient staff to provide services	Yes
Closure of outpatient disease-specific consultation clinics as per health authority directive	Yes	Clinical staff related to MNS disorders deployed to provide COVID-19 clinical management or emergency support	Yes
Closure of population-level programmes as per health authority directive	Yes	The clinical set-up has been designated as a COVID-19 care facility	No/not reported
Decrease in outpatient volume due to patients not presenting	No/not reported	Insufficient personal protective equipment (PPE) available for health care providers to provide services	No/not reported
Decrease in inpatient volume due to cancellation of elective care	Yes	Unavailability/stock-out of essential medicines, medical diagnostics or other health products at health facilities	No/not reported
Inpatient services/hospital beds not available	No/not reported	Travel restrictions hindering access to health facilities for patients	Yes
Approaches to overcome disruptions in the management of MNS services			
Telemedicine/teletherapy deployment to replace in-person consultations	Yes	Home or community outreach services	No/not reported
Self-help or digital format of psychological interventions	Yes	Recruitment of additional counsellors	Yes
Task shifting/role delegation	Yes	Helplines established for mental health and psychosocial support	No/not reported
Novel supply chain and/or dispensing approaches through other channels for medicines for MNS disorders	No/not reported	Health care providers working in COVID-19 treatment centres trained in basic psychosocial skills	Yes
Triaging to identify priorities	No/not reported	Implementation of specific measures for infection prevention and control in mental health services	Yes
Redirection of patients to alternate health care facilities or discharge to their homes/families	Yes	Other	No/not reported
SURVEILLANCE			
Ministry of Health is collecting or collating data on MNS disorders or manifestations in people with COVID-19	No	Planned or ongoing study related to impact of COVID-19 on mental health/brain health/substance use in the country	Don't know
Studies related to impact of COVID-19			
Mental health impact	N/A	Psychoactive drugs	N/A
Neurological disorders or brain health	N/A	Addictive behaviours	N/A
Alcohol	N/A		

¹ Human development reports. Global human development indicators, country profiles [website]. New York: United Nations Development Programme; 2019 (<http://hdr.undp.org/en/countries>).

² World Bank country and lending groups [website]. Washington, DC: The World Bank; 2020. (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

³ GBD compare, viz hub [website]. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2019 (<http://vizhub.healthdata.org/gbd-compare>, accessed 29 September 2020).

⁴ Mental health atlas 2017, country profiles [website]. Geneva: World Health Organization; 2018 (https://www.who.int/mental_health/evidence/atlas/profiles-2017/en/).

⁵ World Health Statistics data visualizations dashboard [website]. Geneva: World Health Organization; 2018 (<https://apps.who.int/gho/data/view.sdg.3-4-data-ctry?lang=en>).

Qatar			
Total population in millions (UN official estimate) ¹	2.8	Burden of mental disorders (WHO official estimates)	
WHO region	Eastern Mediterranean Region	Disability-adjusted life years (per 1,000 population) ³	1,968.1
Income group ²	High		
Total mental health expenditure per person (reported currency) ⁴	40.42 QAR	Suicide mortality rate (per 100,000 population) ⁵	6.6
Availability/status of mental health reporting ⁴	A specific report focusing on mental health activities, in the public sector only, has been published by the Health Department or other responsible government unit in the last two years		
POLICIES AND PLANS			
Mental health and psychosocial support (MHPSS) response is part of national COVID-19 response plan	Yes	Additional funding allocated for MHPSS in the government budget for the COVID-19 response plan	Yes, but only partially funded
Multisectoral mental health and psychosocial coordination platform for COVID-19 response	Yes		
Ministries/bodies part of the coordination platform			
Ministry of Health	No/not reported	United Nations agencies	No/not reported
Ministry of Social/Family Affairs	No/not reported	Governmental entity responsible for substance use	Yes
Ministry of Education	No/not reported	International nongovernmental organizations	No/not reported
Ministry of Finance	No/not reported	Nongovernmental organizations	Yes
Ministry of Foreign Affairs	No/not reported	Service users' representatives	No/not reported
SERVICES			
Ensuring continuity of services for mental, neurological and substance use (MNS) disorders is included in the list of essential health services as part of the country's response during COVID-19			Yes, some
Government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels			
MENTAL HOSPITALS		COMMUNITY-BASED SERVICES	
Outpatient services	Open	Day care services	Closed
Inpatient services	Open	Home care services	Closed
GENERAL HOSPITALS		Services for MNS disorders in primary health care (PHC) services	Partially open
Outpatient services for MNS disorders	Open	Residential services (e.g. care homes)	Partially open
Psychiatric inpatient units	Open		
Neurology inpatient units	Open		
Inpatient units for substance use disorders	Open		
Level of disruption of MNS-related interventions/services			
Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	Partially disrupted ^a	Diagnostic and laboratory services for people with MNS disorders	Not disrupted
Psychotherapy/counselling/psychosocial interventions for MNS disorders	Partially disrupted	Surgery for neurological disorders (e.g. epilepsy)	Partially disrupted
Medicines for MNS disorders	Not disrupted ^b	School mental health programmes	Completely disrupted ^c
Interventions for caregivers of people with MNS disorders	Partially disrupted	Work-related mental health programmes	Partially disrupted
Home or community outreach services (including social care services) for people with MNS disorders	Partially disrupted	Suicide prevention programmes	Completely disrupted
Mental health interventions during antenatal and postnatal period	Partially disrupted	Overdose prevention and management programmes (e.g. naloxone distribution)	Partially disrupted

^a 5% to 50% of inpatients not treated as usual.

^b Fewer than 5% of inpatients not treated as usual.

^c More than 50% of inpatients not treated as usual.

Qatar (continued)			
Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities	Partially disrupted	Critical harm reduction services (e.g. needle exchange programmes, outreach services)	Partially disrupted
Services for older adults with mental health conditions or disabilities, including dementia	Partially disrupted	Opioid agonist maintenance treatment of opioid dependence (with methadone or buprenorphine)	Partially disrupted
Main causes of MNS service disruption(s)			
Closure of outpatient services as per health authority directive	Yes	Insufficient staff to provide services	No/not reported
Closure of outpatient disease-specific consultation clinics as per health authority directive	Yes	Clinical staff related to MNS disorders deployed to provide COVID-19 clinical management or emergency support	No/not reported
Closure of population-level programmes as per health authority directive	Yes	The clinical set-up has been designated as a COVID-19 care facility	No/not reported
Decrease in outpatient volume due to patients not presenting	Yes	Insufficient personal protective equipment (PPE) available for health care providers to provide services	No/not reported
Decrease in inpatient volume due to cancellation of elective care	No/not reported	Unavailability/stock-out of essential medicines, medical diagnostics or other health products at health facilities	No/not reported
Inpatient services/hospital beds not available	No/not reported	Travel restrictions hindering access to health facilities for patients	No/not reported
Approaches to overcome disruptions in the management of MNS services			
Telemedicine/teletherapy deployment to replace in-person consultations	Yes	Home or community outreach services	No/not reported
Self-help or digital format of psychological interventions	Yes	Recruitment of additional counsellors	Yes
Task shifting/role delegation	Yes	Helplines established for mental health and psychosocial support	Yes
Novel supply chain and/or dispensing approaches through other channels for medicines for MNS disorders	Yes	Health care providers working in COVID-19 treatment centres trained in basic psychosocial skills	Yes
Triaging to identify priorities	Yes	Implementation of specific measures for infection prevention and control in mental health services	Yes
Redirection of patients to alternate health care facilities or discharge to their homes/families	Yes	Other	No/not reported
SURVEILLANCE			
Ministry of Health is collecting or collating data on MNS disorders or manifestations in people with COVID-19	Yes	Planned or ongoing study related to impact of COVID-19 on mental health/brain health/substance use in the country	Yes
Studies related to impact of COVID-19			
Mental health impact	Yes	Psychoactive drugs	No/not reported
Neurological disorders or brain health	No/not reported	Addictive behaviours	No/not reported
Alcohol	No/not reported		

¹ Human development reports. Global human development indicators, country profiles [website]. New York: United Nations Development Programme; 2019 (<http://hdr.undp.org/en/countries>).

² World Bank country and lending groups [website]. Washington, DC: The World Bank; 2020. (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

³ GBD compare, viz hub [website]. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2019 (<http://vizhub.healthdata.org/gbd-compare>).

⁴ Mental health atlas 2017, country profiles [website]. Geneva: World Health Organization; 2018 (https://www.who.int/mental_health/evidence/atlas/profiles-2017/en/).

⁵ World Health Statistics data visualizations dashboard [website]. Geneva: World Health Organization; 2018 (<https://apps.who.int/gho/data/view.sdg.3-4-data-ctry?lang=en>).

Saudi Arabia

Total population in millions (UN official estimate) ¹	33.7	Burden of mental disorders (WHO official estimates)	
WHO region	Eastern Mediterranean Region	Disability-adjusted life years (per 1,000 population) ³	1,889.13
Income group ²	High		
Total mental health expenditure per person (reported currency) ⁴	Not reported	Suicide mortality rate (per 100,000 population) ⁵	3.2
Availability/status of mental health reporting ⁴	A specific report focusing on mental health activities, in the public sector only, has been published by the Health Department or other responsible government unit in the last two years		
POLICIES AND PLANS			
Mental health and psychosocial support (MHPSS) response is part of national COVID-19 response plan	Don't know	Additional funding allocated for MHPSS in the government budget for the COVID-19 response plan	N/A
Multisectoral mental health and psychosocial coordination platform for COVID-19 response	Don't know		
Ministries/bodies part of the coordination platform			
Ministry of Health	N/A	United Nations agencies	N/A
Ministry of Social/Family Affairs	N/A	Governmental entity responsible for substance use	N/A
Ministry of Education	N/A	International nongovernmental organizations	N/A
Ministry of Finance	N/A	Nongovernmental organizations	N/A
Ministry of Foreign Affairs	N/A	Service users' representatives	N/A
SERVICES			
Ensuring continuity of services for mental, neurological and substance use (MNS) disorders is included in the list of essential health services as part of the country's response during COVID-19			Yes, some
Government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels			
MENTAL HOSPITALS		COMMUNITY-BASED SERVICES	
Outpatient services	Partially open	Day care services	Closed
Inpatient services	Partially open	Home care services	Closed
GENERAL HOSPITALS		Services for MNS disorders in primary health care (PHC) services	Don't know
Outpatient services for MNS disorders	N/A	Residential services (e.g. care homes)	Open
Psychiatric inpatient units	Partially open		
Neurology inpatient units	N/A		
Inpatient units for substance use disorders	Partially open		
Level of disruption of MNS-related interventions/services			
Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	Not disrupted ^a	Diagnostic and laboratory services for people with MNS disorders	Partially disrupted
Psychotherapy/counselling/psychosocial interventions for MNS disorders	Partially disrupted ^b	Surgery for neurological disorders (e.g. epilepsy)	Not reported
Medicines for MNS disorders	Not disrupted	School mental health programmes	Not reported
Interventions for caregivers of people with MNS disorders	Partially disrupted	Work-related mental health programmes	Not reported
Home or community outreach services (including social care services) for people with MNS disorders	Partially disrupted	Suicide prevention programmes	Not reported
Mental health interventions during antenatal and postnatal period	Not reported	Overdose prevention and management programmes (e.g. naloxone distribution)	Partially disrupted

^a Fewer than 5% of inpatients not treated as usual.

^b 5% to 50% of inpatients not treated as usual.

Saudi Arabia (continued)			
Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities	Not disrupted	Critical harm reduction services (e.g. needle exchange programmes, outreach services)	No/not reported
Services for older adults with mental health conditions or disabilities, including dementia	Partially disrupted	Opioid agonist maintenance treatment of opioid dependence (with methadone or buprenorphine)	No/not reported
Main causes of MNS service disruption(s)			
Closure of outpatient services as per health authority directive	No/not reported	Insufficient staff to provide services	No/not reported
Closure of outpatient disease-specific consultation clinics as per health authority directive	No/not reported	Clinical staff related to MNS disorders deployed to provide COVID-19 clinical management or emergency support	No/not reported
Closure of population-level programmes as per health authority directive	No/not reported	The clinical set-up has been designated as a COVID-19 care facility	No/not reported
Decrease in outpatient volume due to patients not presenting	No/not reported	Insufficient personal protective equipment (PPE) available for health care providers to provide services	No/not reported
Decrease in inpatient volume due to cancellation of elective care	Yes	Unavailability/stock-out of essential medicines, medical diagnostics or other health products at health facilities	No/not reported
Inpatient services/hospital beds not available	No/not reported	Travel restrictions hindering access to health facilities for patients	No/not reported
Approaches to overcome disruptions in the management of MNS services			
Telemedicine/teletherapy deployment to replace in-person consultations	Yes	Home or community outreach services	No/not reported
Self-help or digital format of psychological interventions	Yes	Recruitment of additional counsellors	No/not reported
Task shifting/role delegation	No/not reported	Helplines established for mental health and psychosocial support	Yes
Novel supply chain and/or dispensing approaches through other channels for medicines for MNS disorders	Yes	Health care providers working in COVID-19 treatment centres trained in basic psychosocial skills	No/not reported
Triaging to identify priorities	No/not reported	Implementation of specific measures for infection prevention and control in mental health services	No/not reported
Redirection of patients to alternate health care facilities or discharge to their homes/families	Yes	Other	No/not reported
SURVEILLANCE			
Ministry of Health is collecting or collating data on MNS disorders or manifestations in people with COVID-19	Don't know	Planned or ongoing study related to impact of COVID-19 on mental health/brain health/substance use in the country	Don't know
Studies related to impact of COVID-19			
Mental health impact	N/A	Psychoactive drugs	N/A
Neurological disorders or brain health	N/A	Addictive behaviours	N/A
Alcohol	N/A		

¹ Human development reports. Global human development indicators, country profiles [website]. New York: United Nations Development Programme; 2019 (<http://hdr.undp.org/en/countries>).

² World Bank country and lending groups [website]. Washington, DC: The World Bank; 2020. (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

³ GBD compare, viz hub [website]. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2019 (<http://vizhub.healthdata.org/gbd-compare>).

⁴ Mental health atlas 2017, country profiles [website]. Geneva: World Health Organization; 2018 (https://www.who.int/mental_health/evidence/atlas/profiles-2017/en/).

⁵ World Health Statistics data visualizations dashboard [website]. Geneva: World Health Organization; 2018 (<https://apps.who.int/gho/data/view.sdg.3-4-data-ctry?lang=en>).

Somalia

Total population in millions (UN official estimate) ¹	13.9	Burden of mental disorders (WHO official estimates)	
WHO region	Eastern Mediterranean Region	Disability-adjusted life years (per 1,000 population) ³	1,304.09
Income group ²	Low		
Total mental health expenditure per person (reported currency) ⁴	Not reported	Suicide mortality rate (per 100,000 population) ⁵	4.7
Availability/status of mental health reporting ⁴	Not reported or not available		
POLICIES AND PLANS			
Mental health and psychosocial support (MHPSS) response is part of national COVID-19 response plan	Yes	Additional funding allocated for MHPSS in the government budget for the COVID-19 response plan	No, not funded
Multisectoral mental health and psychosocial coordination platform for COVID-19 response	Yes		
Ministries/bodies part of the coordination platform			
Ministry of Health	Yes	United Nations agencies	Yes
Ministry of Social/Family Affairs	Yes	Governmental entity responsible for substance use	No/not reported
Ministry of Education	No/not reported	International nongovernmental organizations	Yes
Ministry of Finance	No/not reported	Nongovernmental organizations	Yes
Ministry of Foreign Affairs	No/not reported	Service users' representatives	No/not reported
SERVICES			
Ensuring continuity of services for mental, neurological and substance use (MNS) disorders is included in the list of essential health services as part of the country's response during COVID-19			Yes, some
Government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels			
MENTAL HOSPITALS		COMMUNITY-BASED SERVICES	
Outpatient services	Open	Day care services	N/A
Inpatient services	Partially open	Home care services	N/A
GENERAL HOSPITALS		Services for MNS disorders in primary health care (PHC) services	Partially open
Outpatient services for MNS disorders	Open	Residential services (e.g. care homes)	N/A
Psychiatric inpatient units	Partially open		
Neurology inpatient units	N/A		
Inpatient units for substance use disorders	N/A		
Level of disruption of MNS-related interventions/services			
Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	Not disrupted ^a	Diagnostic and laboratory services for people with MNS disorders	Not reported
Psychotherapy/counselling/psychosocial interventions for MNS disorders	Partially disrupted ^b	Surgery for neurological disorders (e.g. epilepsy)	Not reported
Medicines for MNS disorders	Not reported	School mental health programmes	Not reported
Interventions for caregivers of people with MNS disorders	Not reported	Work-related mental health programmes	Not reported
Home or community outreach services (including social care services) for people with MNS disorders	Not reported	Suicide prevention programmes	Not reported
Mental health interventions during antenatal and postnatal period	Not reported	Overdose prevention and management programmes (e.g. naloxone distribution)	Not reported

^a Fewer than 5% of inpatients not treated as usual.

^b 5% to 50% of inpatients not treated as usual.

Somalia (continued)			
Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities	Not disrupted	Critical harm reduction services (e.g. needle exchange programmes, outreach services)	Not reported
Services for older adults with mental health conditions or disabilities, including dementia	Not reported	Opioid agonist maintenance treatment of opioid dependence (with methadone or buprenorphine)	Not reported
Main causes of MNS service disruption(s)			
Closure of outpatient services as per health authority directive	No/not reported	Insufficient staff to provide services	Yes
Closure of outpatient disease-specific consultation clinics as per health authority directive	No/not reported	Clinical staff related to MNS disorders deployed to provide COVID-19 clinical management or emergency support	No/not reported
Closure of population-level programmes as per health authority directive	No/not reported	The clinical set-up has been designated as a COVID-19 care facility	No/not reported
Decrease in outpatient volume due to patients not presenting	No/not reported	Insufficient personal protective equipment (PPE) available for health care providers to provide services	No/not reported
Decrease in inpatient volume due to cancellation of elective care	No/not reported	Unavailability/stock-out of essential medicines, medical diagnostics or other health products at health facilities	No/not reported
Inpatient services/hospital beds not available	Yes	Travel restrictions hindering access to health facilities for patients	Yes
Approaches to overcome disruptions in the management of MNS services			
Telemedicine/teletherapy deployment to replace in-person consultations	Yes	Home or community outreach services	No/not reported
Self-help or digital format of psychological interventions	No/not reported	Recruitment of additional counsellors	No/not reported
Task shifting/role delegation	No/not reported	Helplines established for mental health and psychosocial support	No/not reported
Novel supply chain and/or dispensing approaches through other channels for medicines for MNS disorders	Yes	Health care providers working in COVID-19 treatment centres trained in basic psychosocial skills	Yes
Triaging to identify priorities	No/not reported	Implementation of specific measures for infection prevention and control in mental health services	No/not reported
Redirection of patients to alternate health care facilities or discharge to their homes/families	Yes	Other	No/not reported
SURVEILLANCE			
Ministry of Health is collecting or collating data on MNS disorders or manifestations in people with COVID-19	No	Planned or ongoing study related to impact of COVID-19 on mental health/brain health/substance use in the country	Yes
Studies related to impact of COVID-19			
Mental health impact	Yes	Psychoactive drugs	No/not reported
Neurological disorders or brain health	No/not reported	Addictive behaviours	No/not reported
Alcohol	No/not reported		

¹ Human development reports. Global human development indicators, country profiles [website]. New York: United Nations Development Programme; 2019 (<http://hdr.undp.org/en/countries>).

² World Bank country and lending groups [website]. Washington, DC: The World Bank; 2020. (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

³ GBD compare, viz hub [website]. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2019 (<http://vizhub.healthdata.org/gbd-compare>).

⁴ Mental health atlas 2017, country profiles [website]. Geneva: World Health Organization; 2018 (https://www.who.int/mental_health/evidence/atlas/profiles-2017/en/).

⁵ World Health Statistics data visualizations dashboard [website]. Geneva: World Health Organization; 2018 (<https://apps.who.int/gho/data/view.sdg.3-4-data-ctry?lang=en>).

Sudan			
Total population in millions (UN official estimate) ¹	41.8	Burden of mental disorders (WHO official estimates)	
WHO region	Eastern Mediterranean Region	Disability-adjusted life years (per 1,000 population) ³	1,652.72
Income group ²	Low		
Total mental health expenditure per person (reported currency) ⁴	Not reported	Suicide mortality rate (per 100,000 population) ⁵	8.1
Availability/status of mental health reporting ⁴	No mental health data have been compiled in any report for policy, planning or management purposes in the last two years		
POLICIES AND PLANS			
Mental health and psychosocial support (MHPSS) response is part of national COVID-19 response plan	Yes	Additional funding allocated for MHPSS in the government budget for the COVID-19 response plan	No, not funded
Multisectoral mental health and psychosocial coordination platform for COVID-19 response	Yes		
Ministries/bodies part of the coordination platform			
Ministry of Health	No/not reported	United Nations agencies	Yes
Ministry of Social/Family Affairs	Yes	Governmental entity responsible for substance use	Yes
Ministry of Education	No/not reported	International nongovernmental organizations	Yes
Ministry of Finance	No/not reported	Nongovernmental organizations	Yes
Ministry of Foreign Affairs	No/not reported	Service users' representatives	No/not reported
SERVICES			
Ensuring continuity of services for mental, neurological and substance use (MNS) disorders is included in the list of essential health services as part of the country's response during COVID-19			No, not yet
Government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels			
MENTAL HOSPITALS		COMMUNITY-BASED SERVICES	
Outpatient services	Open	Day care services	N/A
Inpatient services	Open	Home care services	N/A
GENERAL HOSPITALS		Services for MNS disorders in primary health care (PHC) services	N/A
Outpatient services for MNS disorders	Open	Residential services (e.g. care homes)	Don't know
Psychiatric inpatient units	Open		
Neurology inpatient units	Partially open		
Inpatient units for substance use disorders	Open		
Level of disruption of MNS-related interventions/services			
Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	Not disrupted ^a	Diagnostic and laboratory services for people with MNS disorders	Completely disrupted ^b
Psychotherapy/counselling/psychosocial interventions for MNS disorders	Partially disrupted ^c	Surgery for neurological disorders (e.g. epilepsy)	Completely disrupted
Medicines for MNS disorders	Partially disrupted	School mental health programmes	Completely disrupted
Interventions for caregivers of people with MNS disorders	Not reported	Work-related mental health programmes	Not disrupted
Home or community outreach services (including social care services) for people with MNS disorders	Not reported	Suicide prevention programmes	Not disrupted
Mental health interventions during antenatal and postnatal period	Not reported	Overdose prevention and management programmes (e.g. naloxone distribution)	Completely disrupted

^a Fewer than 5% of inpatients not treated as usual.

^b More than 50% of inpatients not treated as usual.

^c 5% to 50% of inpatients not treated as usual.

Sudan (continued)			
Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities	Not reported	Critical harm reduction services (e.g. needle exchange programmes, outreach services)	Completely disrupted
Services for older adults with mental health conditions or disabilities, including dementia	Not reported	Opioid agonist maintenance treatment of opioid dependence (with methadone or buprenorphine)	Completely disrupted
Main causes of MNS service disruption(s)			
Closure of outpatient services as per health authority directive	No/not reported	Insufficient staff to provide services	Yes
Closure of outpatient disease-specific consultation clinics as per health authority directive	No/not reported	Clinical staff related to MNS disorders deployed to provide COVID-19 clinical management or emergency support	No/not reported
Closure of population-level programmes as per health authority directive	No/not reported	The clinical set-up has been designated as a COVID-19 care facility	No/not reported
Decrease in outpatient volume due to patients not presenting	Yes	Insufficient personal protective equipment (PPE) available for health care providers to provide services	Yes
Decrease in inpatient volume due to cancellation of elective care	Yes	Unavailability/stock-out of essential medicines, medical diagnostics or other health products at health facilities	Yes
Inpatient services/hospital beds not available	No/not reported	Travel restrictions hindering access to health facilities for patients	Yes
Approaches to overcome disruptions in the management of MNS services			
Telemedicine/teletherapy deployment to replace in-person consultations	Yes	Home or community outreach services	Yes
Self-help or digital format of psychological interventions	Yes	Recruitment of additional counsellors	Yes
Task shifting/role delegation	Yes	Helplines established for mental health and psychosocial support	Yes
Novel supply chain and/or dispensing approaches through other channels for medicines for MNS disorders	No/not reported	Health care providers working in COVID-19 treatment centres trained in basic psychosocial skills	Yes
Triaging to identify priorities	No/not reported	Implementation of specific measures for infection prevention and control in mental health services	Yes
Redirection of patients to alternate health care facilities or discharge to their homes/families	Yes	Other	No/not reported
SURVEILLANCE			
Ministry of Health is collecting or collating data on MNS disorders or manifestations in people with COVID-19	Don't know	Planned or ongoing study related to impact of COVID-19 on mental health/brain health/substance use in the country	Don't know
Studies related to impact of COVID-19			
Mental health impact	N/A	Psychoactive drugs	N/A
Neurological disorders or brain health	N/A	Addictive behaviours	N/A
Alcohol	N/A		

¹ Human development reports. Global human development indicators, country profiles [website]. New York: United Nations Development Programme; 2019 (<http://hdr.undp.org/en/countries>).

² World Bank country and lending groups [website]. Washington, DC: The World Bank; 2020. (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

³ GBD compare, viz hub [website]. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2019 (<http://vizhub.healthdata.org/gbd-compare>).

⁴ Mental health atlas 2017, country profiles [website]. Geneva: World Health Organization; 2018 (https://www.who.int/mental_health/evidence/atlas/profiles-2017/en/).

⁵ World Health Statistics data visualizations dashboard [website]. Geneva: World Health Organization; 2018 (<https://apps.who.int/gho/data/view.sdg.3-4-data-ctry?lang=en>).

Tunisia

Total population in millions (UN official estimate) ¹	11.6	Burden of mental disorders (WHO official estimates)	
WHO region	Eastern Mediterranean Region	Disability-adjusted life years (per 1,000 population) ³	1,894.52
Income group ²	Lower middle		
Total mental health expenditure per person (reported currency) ⁴	Not reported	Suicide mortality rate (per 100,000 population) ⁵	3.4
Availability/status of mental health reporting ⁴	Not reported or not available		
POLICIES AND PLANS			
Mental health and psychosocial support (MHPSS) response is part of national COVID-19 response plan	Yes	Additional funding allocated for MHPSS in the government budget for the COVID-19 response plan	No, not funded
Multisectoral mental health and psychosocial coordination platform for COVID-19 response	No		
Ministries/bodies part of the coordination platform			
Ministry of Health	N/A	United Nations agencies	N/A
Ministry of Social/Family Affairs	N/A	Governmental entity responsible for substance use	N/A
Ministry of Education	N/A	International nongovernmental organizations	N/A
Ministry of Finance	N/A	Nongovernmental organizations	N/A
Ministry of Foreign Affairs	N/A	Service users' representatives	N/A
SERVICES			
Ensuring continuity of services for mental, neurological and substance use (MNS) disorders is included in the list of essential health services as part of the country's response during COVID-19			No, not yet
Government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels			
MENTAL HOSPITALS		COMMUNITY-BASED SERVICES	
Outpatient services	Partially open	Day care services	N/A
Inpatient services	Open	Home care services	N/A
GENERAL HOSPITALS		Services for MNS disorders in primary health care (PHC) services	N/A
Outpatient services for MNS disorders	Partially open	Residential services (e.g. care homes)	Open
Psychiatric inpatient units	Partially open		
Neurology inpatient units	Partially open		
Inpatient units for substance use disorders	Open		
Level of disruption of MNS-related interventions/services			
Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	Completely disrupted ^a	Diagnostic and laboratory services for people with MNS disorders	Partially disrupted ^b
Psychotherapy/counselling/psychosocial interventions for MNS disorders	Completely disrupted	Surgery for neurological disorders (e.g. epilepsy)	Completely disrupted
Medicines for MNS disorders	Completely disrupted	School mental health programmes	Completely disrupted
Interventions for caregivers of people with MNS disorders	Completely disrupted	Work-related mental health programmes	Completely disrupted
Home or community outreach services (including social care services) for people with MNS disorders	Completely disrupted	Suicide prevention programmes	Completely disrupted
Mental health interventions during antenatal and postnatal period	Completely disrupted	Overdose prevention and management programmes (e.g. naloxone distribution)	Completely disrupted

^a More than 50% of inpatients not treated as usual.

^b 5% to 50% of inpatients not treated as usual.

Tunisia (continued)			
Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities	Completely disrupted	Critical harm reduction services (e.g. needle exchange programmes, outreach services)	Completely disrupted
Services for older adults with mental health conditions or disabilities, including dementia	Completely disrupted	Opioid agonist maintenance treatment of opioid dependence (with methadone or buprenorphine)	Completely disrupted
Main causes of MNS service disruption(s)			
Closure of outpatient services as per health authority directive	Yes	Insufficient staff to provide services	No/not reported
Closure of outpatient disease-specific consultation clinics as per health authority directive	No/not reported	Clinical staff related to MNS disorders deployed to provide COVID-19 clinical management or emergency support	No/not reported
Closure of population-level programmes as per health authority directive	No/not reported	The clinical set-up has been designated as a COVID-19 care facility	No/not reported
Decrease in outpatient volume due to patients not presenting	Yes	Insufficient personal protective equipment (PPE) available for health care providers to provide services	No/not reported
Decrease in inpatient volume due to cancellation of elective care	No/not reported	Unavailability/stock-out of essential medicines, medical diagnostics or other health products at health facilities	No/not reported
Inpatient services/hospital beds not available	No/not reported	Travel restrictions hindering access to health facilities for patients	Yes
Approaches to overcome disruptions in the management of MNS services			
Telemedicine/teletherapy deployment to replace in-person consultations	Yes	Home or community outreach services	No/not reported
Self-help or digital format of psychological interventions	No/not reported	Recruitment of additional counsellors	No/not reported
Task shifting/role delegation	No/not reported	Helplines established for mental health and psychosocial support	Yes
Novel supply chain and/or dispensing approaches through other channels for medicines for MNS disorders	No/not reported	Health care providers working in COVID-19 treatment centres trained in basic psychosocial skills	No/not reported
Triaging to identify priorities	No/not reported	Implementation of specific measures for infection prevention and control in mental health services	No/not reported
Redirection of patients to alternate health care facilities or discharge to their homes/families	No/not reported	Other	No/not reported
SURVEILLANCE			
Ministry of Health is collecting or collating data on MNS disorders or manifestations in people with COVID-19	No	Planned or ongoing study related to impact of COVID-19 on mental health/brain health/substance use in the country	Yes
Studies related to impact of COVID-19			
Mental health impact	Yes	Psychoactive drugs	No/not reported
Neurological disorders or brain health	No/not reported	Addictive behaviours	No/not reported
Alcohol	No/not reported		

¹ Human development reports. Global human development indicators, country profiles [website]. New York: United Nations Development Programme; 2019 (<http://hdr.undp.org/en/countries>).

² World Bank country and lending groups [website]. Washington, DC: The World Bank; 2020. (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

³ GBD compare, viz hub [website]. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2019 (<http://vizhub.healthdata.org/gbd-compare>).

⁴ Mental health atlas 2017, country profiles [website]. Geneva: World Health Organization; 2018 (https://www.who.int/mental_health/evidence/atlas/profiles-2017/en/).

⁵ World Health Statistics data visualizations dashboard [website]. Geneva: World Health Organization; 2018 (<https://apps.who.int/gho/data/view.sdg.3-4-data-ctry?lang=en>).

United Arab Emirates			
Total population in millions (UN official estimate) ¹	9.6	Burden of mental disorders (WHO official estimates)	
WHO region	Eastern Mediterranean Region	Disability-adjusted life years (per 1,000 population) ³	1,852.83
Income group ²	High		
Total mental health expenditure per person (reported currency) ⁴	Not reported	Suicide mortality rate (per 100,000 population) ⁵	2.8
Availability/status of mental health reporting ⁴	A specific report focusing on mental health activities, in the public sector only, has been published by the Health Department or other responsible government unit in the last two years		
POLICIES AND PLANS			
Mental health and psychosocial support (MHPSS) response is part of national COVID-19 response plan	Yes	Additional funding allocated for MHPSS in the government budget for the COVID-19 response plan	Yes, but only partially
Multisectoral mental health and psychosocial coordination platform for COVID-19 response	Yes		
Ministries/bodies part of the coordination platform			
Ministry of Health	Yes	United Nations agencies	No/not reported
Ministry of Social/Family Affairs	Yes	Governmental entity responsible for substance use	No/not reported
Ministry of Education	Yes	International nongovernmental organizations	No/not reported
Ministry of Finance	No/not reported	Nongovernmental organizations	No/not reported
Ministry of Foreign Affairs	No/not reported	Service users' representatives	Yes
SERVICES			
Ensuring continuity of services for mental, neurological and substance use (MNS) disorders is included in the list of essential health services as part of the country's response during COVID-19			Yes, all
Government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels			
MENTAL HOSPITALS		COMMUNITY-BASED SERVICES	
Outpatient services	Partially open	Day care services	Closed
Inpatient services	Open	Home care services	Partially open
GENERAL HOSPITALS		Services for MNS disorders in primary health care (PHC) services	Closed
Outpatient services for MNS disorders	Partially open	Residential services (e.g. care homes)	Closed
Psychiatric inpatient units	Closed		
Neurology inpatient units	N/A		
Inpatient units for substance use disorders	N/A		
Level of disruption of MNS-related interventions/services			
Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	Partially disrupted	Diagnostic and laboratory services for people with MNS disorders	Not disrupted
Psychotherapy/counselling/psychosocial interventions for MNS disorders	Partially disrupted	Surgery for neurological disorders (e.g. epilepsy)	Not disrupted
Medicines for MNS disorders	Not disrupted ^b	School mental health programmes	Not disrupted
Interventions for caregivers of people with MNS disorders	Not disrupted	Work-related mental health programmes	Not disrupted
Home or community outreach services (including social care services) for people with MNS disorders	Partially disrupted	Suicide prevention programmes	Not disrupted
Mental health interventions during antenatal and postnatal period	Partially disrupted	Overdose prevention and management programmes (e.g. naloxone distribution)	Not disrupted

^a 5% to 50% of inpatients not treated as usual.

^b Fewer than 50% of inpatients not treated as usual.

United Arab Emirates (continued)			
Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities	Partially disrupted	Critical harm reduction services (e.g. needle exchange programmes, outreach services)	Partially disrupted
Services for older adults with mental health conditions or disabilities, including dementia	Partially disrupted	Opioid agonist maintenance treatment of opioid dependence (with methadone or buprenorphine)	Not disrupted
Main causes of MNS service disruption(s)			
Closure of outpatient services as per health authority directive	Yes	Insufficient staff to provide services	No/not reported
Closure of outpatient disease-specific consultation clinics as per health authority directive	Yes	Clinical staff related to MNS disorders deployed to provide COVID-19 clinical management or emergency support	No/not reported
Closure of population-level programmes as per health authority directive	Yes	The clinical set-up has been designated as a COVID-19 care facility	No/not reported
Decrease in outpatient volume due to patients not presenting	Yes	Insufficient personal protective equipment (PPE) available for health care providers to provide services	No/not reported
Decrease in inpatient volume due to cancellation of elective care	Yes	Unavailability/stock-out of essential medicines, medical diagnostics or other health products at health facilities	No/not reported
Inpatient services/hospital beds not available	No/not reported	Travel restrictions hindering access to health facilities for patients	Yes
Approaches to overcome disruptions in the management of MNS services			
Telemedicine/teletherapy deployment to replace in-person consultations	Yes	Home or community outreach services	No/not reported
Self-help or digital format of psychological interventions	Yes	Recruitment of additional counsellors	Yes
Task shifting/role delegation	Yes	Helplines established for mental health and psychosocial support	Yes
Novel supply chain and/or dispensing approaches through other channels for medicines for MNS disorders	Yes	Health care providers working in COVID-19 treatment centres trained in basic psychosocial skills	No/not reported
Triaging to identify priorities	Yes	Implementation of specific measures for infection prevention and control in mental health services	Yes
Redirection of patients to alternate health care facilities or discharge to their homes/families	Yes	Other	Yes
SURVEILLANCE			
Ministry of Health is collecting or collating data on MNS disorders or manifestations in people with COVID-19	Yes	Planned or ongoing study related to impact of COVID-19 on mental health/brain health/substance use in the country	No/not reported
Studies related to impact of COVID-19			
Mental health impact	N/A	Psychoactive drugs	N/A
Neurological disorders or brain health	N/A	Addictive behaviours	N/A
Alcohol	N/A		

¹ Human development reports. Global human development indicators, country profiles [website]. New York: United Nations Development Programme; 2019 (<http://hdr.undp.org/en/countries>).

² World Bank country and lending groups [website]. Washington, DC: The World Bank; 2020. (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

³ GBD compare, viz hub [website]. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2019 (<http://vizhub.healthdata.org/gbd-compare>).

⁴ Mental health atlas 2017, country profiles [website]. Geneva: World Health Organization; 2018 (https://www.who.int/mental_health/evidence/atlas/profiles-2017/en/).

⁵ World Health Statistics data visualizations dashboard [website]. Geneva: World Health Organization; 2018 (<https://apps.who.int/gho/data/view.sdg.3-4-data-ctry?lang=en>).

West Bank and Gaza Strip			
Total population in millions (UN official estimate) ¹	4.6	Burden of mental disorders (WHO official estimates)	
WHO region	Eastern Mediterranean Region	Disability-adjusted life years (per 1,000 population) ³	1,799.78
Income group ²	Lower middle		
Total mental health expenditure per person (reported currency) ⁴	Not reported or not available	Suicide mortality rate (per 100,000 population) ⁵	Not reported or not available
Availability/status of mental health reporting ⁴	Not reported or not available		
POLICIES AND PLANS			
Mental health and psychosocial support (MHPSS) response is part of national COVID-19 response plan	Yes	Additional funding allocated for MHPSS in the government budget for the COVID-19 response plan	No/not funded
Multisectoral mental health and psychosocial coordination platform for COVID-19 response	Yes		
Ministries/bodies part of the coordination platform			
Ministry of Health	Yes	United Nations agencies	No/not reported
Ministry of Social/Family Affairs	Yes	Governmental entity responsible for substance use	No/not reported
Ministry of Education	Yes	International nongovernmental organizations	Yes
Ministry of Finance	No/not reported	Nongovernmental organizations	Yes
Ministry of Foreign Affairs	No/not reported	Service users' representatives	No/not reported
SERVICES			
Ensuring continuity of services for mental, neurological and substance use (MNS) disorders is included in the list of essential health services as part of the country's response during COVID-19			Yes, all
Government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels			
MENTAL HOSPITALS		COMMUNITY-BASED SERVICES	
Outpatient services	Partially open	Day care services	N/A
Inpatient services	Partially open	Home care services	N/A
GENERAL HOSPITALS		Services for MNS disorders in primary health care (PHC) services	Open
Outpatient services for MNS disorders	N/A	Residential services (e.g. care homes)	Open
Psychiatric inpatient units	N/A		
Neurology inpatient units	Partially open		
Inpatient units for substance use disorders	Closed		
Level of disruption of MNS-related interventions/services			
Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	Not disrupted ^a	Diagnostic and laboratory services for people with MNS disorders	Partially disrupted
Psychotherapy/counselling/psychosocial interventions for MNS disorders	Partially disrupted ^b	Surgery for neurological disorders (e.g. epilepsy)	Completely disrupted ^c
Medicines for MNS disorders	Partially disrupted	School mental health programmes	Partially disrupted
Interventions for caregivers of people with MNS disorders	Partially disrupted	Work-related mental health programmes	Not reported
Home or community outreach services (including social care services) for people with MNS disorders	Partially disrupted	Suicide prevention programmes	Completely disrupted
Mental health interventions during antenatal and postnatal period	Partially disrupted	Overdose prevention and management programmes (e.g. naloxone distribution)	Not reported

^a Fewer than 5% of inpatients not treated as usual.

^b 5% to 50% of inpatients not treated as usual.

^c More than 50% of inpatients not treated as usual.

West Bank and Gaza Strip (continued)			
Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities	Partially disrupted	Critical harm reduction services (e.g. needle exchange programmes, outreach services)	Completely disrupted
Services for older adults with mental health conditions or disabilities, including dementia	Partially disrupted	Opioid agonist maintenance treatment of opioid dependence (with methadone or buprenorphine)	Not reported
Main causes of MNS service disruption(s)			
Closure of outpatient services as per health authority directive	No/not reported	Insufficient staff to provide services	Yes
Closure of outpatient disease-specific consultation clinics as per health authority directive	No/not reported	Clinical staff related to MNS disorders deployed to provide COVID-19 clinical management or emergency support	No/not reported
Closure of population-level programmes as per health authority directive	No/not reported	The clinical set-up has been designated as a COVID-19 care facility	Yes
Decrease in outpatient volume due to patients not presenting	No/not reported	Insufficient personal protective equipment (PPE) available for health care providers to provide services	Yes
Decrease in inpatient volume due to cancellation of elective care	Yes	Unavailability/stock-out of essential medicines, medical diagnostics or other health products at health facilities	Yes
Inpatient services/hospital beds not available	No/not reported	Travel restrictions hindering access to health facilities for patients	Yes
Approaches to overcome disruptions in the management of MNS services			
Telemedicine/teletherapy deployment to replace in-person consultations	Yes	Home or community outreach services	Yes
Self-help or digital format of psychological interventions	Yes	Recruitment of additional counsellors	Yes
Task shifting/role delegation	Yes	Helplines established for mental health and psychosocial support	Yes
Novel supply chain and/or dispensing approaches through other channels for medicines for MNS disorders	Yes	Health care providers working in COVID-19 treatment centres trained in basic psychosocial skills	Yes
Triaging to identify priorities	No/not reported	Implementation of specific measures for infection prevention and control in mental health services	Yes
Redirection of patients to alternate health care facilities or discharge to their homes/families	Yes	Other	No/not reported
SURVEILLANCE			
Ministry of Health is collecting or collating data on MNS disorders or manifestations in people with COVID-19	Yes	Planned or ongoing study related to impact of COVID-19 on mental health/brain health/substance use in the country	Yes
Studies related to impact of COVID-19			
Mental health impact	Yes	Psychoactive drugs	No/not reported
Neurological disorders or brain health	No/not reported	Addictive behaviours	No/not reported
Alcohol	No/not reported		

¹ West Bank and Gaza. Data. Washington, DC: The World Bank; 2020 (<https://data.worldbank.org/country/west-bank-and-gaza>).

² World Bank country and lending groups [website]. Washington, DC: The World Bank; 2020. (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

³ GBD compare, viz hub [website]. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2019 (<http://vizhub.healthdata.org/gbd-compare>).

Yemen			
Total population in millions (UN official estimate) ¹	28.5	Burden of mental disorders (WHO official estimates)	
WHO region	Eastern Mediterranean Region	Disability-adjusted life years (per 1,000 population) ³	1,647.26
Income group ²	Low		
Total mental health expenditure per person (reported currency) ⁴	Not reported	Suicide mortality rate (per 100,000 population) ⁵	8.6
Availability/status of mental health reporting ⁴	No mental health data have been compiled in a report for policy, planning or management purposes in the last two years		
POLICIES AND PLANS			
Mental health and psychosocial support (MHPSS) response is part of national COVID-19 response plan	Yes	Additional funding allocated for MHPSS in the government budget for the COVID-19 response plan	No/not funded
Multisectoral mental health and psychosocial coordination platform for COVID-19 response	Yes		
Ministries/bodies part of the coordination platform			
Ministry of Health	Yes	United Nations agencies	Yes
Ministry of Social/Family Affairs	Yes	Governmental entity responsible for substance use	No/not reported
Ministry of Education	Yes	International nongovernmental organizations	Yes
Ministry of Finance	No/not reported	Nongovernmental organizations	Yes
Ministry of Foreign Affairs	No/not reported	Service users' representatives	Yes
SERVICES			
Ensuring continuity of services for mental, neurological and substance use (MNS) disorders is included in the list of essential health services as part of the country's response during COVID-19			Yes, some
Government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels			
MENTAL HOSPITALS		COMMUNITY-BASED SERVICES	
Outpatient services	Open	Day care services	Partially open
Inpatient services	Open	Home care services	Partially open
GENERAL HOSPITALS		Services for MNS disorders in primary health care (PHC) services	N/A
Outpatient services for MNS disorders	Partially open	Residential services (e.g. care homes)	Partially open
Psychiatric inpatient units	Partially open		
Neurology inpatient units	N/A		
Inpatient units for substance use disorders	N/A		
Level of disruption of MNS-related interventions/services			
Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	Partially disrupted ^a	Diagnostic and laboratory services for people with MNS disorders	Partially disrupted
Psychotherapy/counselling/psychosocial interventions for MNS disorders	Partially disrupted	Surgery for neurological disorders (e.g. epilepsy)	Completely disrupted
Medicines for MNS disorders	Completely disrupted ^b	School mental health programmes	Completely disrupted
Interventions for caregivers of people with MNS disorders	Completely disrupted	Work-related mental health programmes	Completely disrupted
Home or community outreach services (including social care services) for people with MNS disorders	Completely disrupted	Suicide prevention programmes	Completely disrupted
Mental health interventions during antenatal and postnatal period	Completely disrupted	Overdose prevention and management programmes (e.g. naloxone distribution)	Completely disrupted

^a 5% to 50% of inpatients not treated as usual.

^b More than 50% of inpatients not treated as usual

Yemen (continued)			
Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities	Completely disrupted	Critical harm reduction services (e.g. needle exchange programmes, outreach services)	Completely disrupted
Services for older adults with mental health conditions or disabilities, including dementia	Completely disrupted	Opioid agonist maintenance treatment of opioid dependence (with methadone or buprenorphine)	Completely disrupted
Main causes of MNS service disruption(s)			
Closure of outpatient services as per health authority directive	No/not reported	Insufficient staff to provide services	No/not reported
Closure of outpatient disease-specific consultation clinics as per health authority directive	No/not reported	Clinical staff related to MNS disorders deployed to provide COVID-19 clinical management or emergency support	No/not reported
Closure of population-level programmes as per health authority directive	No/not reported	The clinical set-up has been designated as a COVID-19 care facility	No/not reported
Decrease in outpatient volume due to patients not presenting	No/not reported	Insufficient personal protective equipment (PPE) available for health care providers to provide services	Yes
Decrease in inpatient volume due to cancellation of elective care	No/not reported	Unavailability/stock-out of essential medicines, medical diagnostics or other health products at health facilities	Yes
Inpatient services/hospital beds not available	No/not reported	Travel restrictions hindering access to health facilities for patients	Yes
Approaches to overcome disruptions in the management of MNS services			
Telemedicine/teletherapy deployment to replace in-person consultations	Yes	Home or community outreach services	Yes
Self-help or digital format of psychological interventions	Yes	Recruitment of additional counsellors	No/not reported
Task shifting/role delegation	No/not reported	Helplines established for mental health and psychosocial support	Yes
Novel supply chain and/or dispensing approaches through other channels for medicines for MNS disorders	No/not reported	Health care providers working in COVID-19 treatment centres trained in basic psychosocial skills	Yes
Triaging to identify priorities	No/not reported	Implementation of specific measures for infection prevention and control in mental health services	Yes
Redirection of patients to alternate health care facilities or discharge to their homes/families	No/not reported	Other	
SURVEILLANCE			
Ministry of Health is collecting or collating data on MNS disorders or manifestations in people with COVID-19	Yes	Planned or ongoing study related to impact of COVID-19 on mental health/brain health/substance use in the country	Yes
Studies related to impact of COVID-19			
Mental health impact	Yes	Psychoactive drugs	No/not reported
Neurological disorders or brain health	No/not reported	Addictive behaviours	No/not reported
Alcohol	No/not reported		

¹ Human development reports. Global human development indicators, country profiles [website]. New York: United Nations Development Programme; 2019 (<http://hdr.undp.org/en/countries>).

² World Bank country and lending groups [website]. Washington, DC: The World Bank; 2020. (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

³ GBD compare, viz hub [website]. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2019 (<http://vizhub.healthdata.org/gbd-compare>).

⁴ Mental health atlas 2017, country profiles [website]. Geneva: World Health Organization; 2018 (https://www.who.int/mental_health/evidence/atlas/profiles-2017/en/).

⁵ World Health Statistics data visualizations dashboard [website]. Geneva: World Health Organization; 2018 (<https://apps.who.int/gho/data/view.sdg.3-4-data-ctry?lang=en>).

Mental health is an integral part of the response to COVID-19. How is the pandemic affecting services for mental, neurological and substance use disorders? This report, based on a rapid assessment carried out globally by the World Health Organization (WHO) between June and August 2020, presents detailed results for WHO's Eastern Mediterranean Region including both regional and country-level analysis. It identifies significant disruption to services, but also innovative approaches which are helping to facilitate access.