COVID-19

The Impact of COVID-19 on Mental, Neurological, and Substance Use Services in the Americas: Results of a Rapid Assessment

June 2021

PAHO Pan American Health Organization World Health Organization Regional Office for the Americas

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The Impact of COVID-19 on Mental, Neurological and Substance Use Services in the Americas: Results of a Rapid Assessment, June 2021

PAHO/NMH/MH/COVID-19/21-0018

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Introduction

The coronavirus disease (COVID-19) pandemic continues to have widespread economic, social, and political effects on the Region of the Americas, with countries in Latin America and the Caribbean being the most affected. As of 21 May 2021, the Region reported over 65 million confirmed cases (20% of cases worldwide) and over 1.6 million deaths (32% of deaths worldwide). Countries such as Brazil, Mexico, Peru, Colombia, and Argentina continue to report the highest numbers of deaths due to COVID-19 in the Region (*1*).

To date, the COVID-19 pandemic continues to have a detrimental impact on the lives of those in the Americas. After more than a year of adjusting to the pandemic, many have become exhausted with the concepts of physical distancing, working from home, the home-schooling of children, and a lack of physical contact with loved ones and friends. This has resulted in feelings of fear, anxiety, sadness, and anger at some point in time among many.

The psychosocial stressors experienced due to the COVID-19 pandemic continue to represent risk factors for the development, exacerbation, and relapse of a range of mental, neurological, and substance use (MNS) disorders, particularly in the most vulnerable groups. National studies from the Region of the Americas continue to report increases in distress, depression, anxiety, and insomnia, among other conditions, due to the pandemic (*2–4*). This is in addition to the neurological and mental complications currently being experienced by many, developed post-infection (*5*).

As the pandemic continues to place a substantial burden on many countries' mental health systems, many of which were under-resourced prior to the pandemic, countries are now challenged with meeting the increased demand for essential mental health and psychosocial support (MHPSS) services brought on by the direct and indirect consequences of COVID-19.

To better understand the impact of the pandemic on service delivery for MNS disorders, on 27 August 2020, the PULSE survey, developed by the World Health Organization (WHO) and implemented by WHO and the Pan American Health Organization (PAHO), was sent to designated mental health focal points in ministries of health of all PAHO Member States. The survey assessed the existence and funding of MHPSS plans, the presence and composition of MHPSS coordination platforms, the degree of continuity and causes of disruption of different MNS services, the approaches used to overcome these disruptions, surveillance mechanisms, and research on MNS data. As a follow-up to this initial study, between January and March 2021, WHO/PAHO reconducted this exercise (referred to in this report as PULSE II), to reevaluate the current state of disruptions resulting from the ongoing pandemic.

PULSE II, which integrates key questions from the 2020 WHO PULSE survey, was sent to key informants from 35 Member State countries in the Region of the Americas. It aimed to support these countries in rapidly assessing the extent of impact of COVID-19 on health systems and essential health services across the life course of the pandemic. The findings provide immediate insights from key informants on the current country experience, extent of disruptions to a set of tracer services against a rapidly changing context, the reasons for those disruptions, and what mitigation strategies are in place.

This report is based on the results of the PULSE II survey, outlined in the recent WHO publication *Second Round of the National Pulse Survey on Continuity of Essential Health Services during the COVID-19 Pandemic: January–March 2021*, published on 22 April 2021. It uses data submitted by PAHO Member States in response to the PULSE II survey, providing an overview of the impact of COVID-19 on MNS services in the Region of the Americas. This information will be used in the ongoing assistance to countries of the Region in providing data-driven responses in mitigating the effects of the pandemic.

Survey Methods

The initial PULSE exercise utilized the WHO Department of Mental Health and Substance Use Rapid Assessment of Service Delivery for Mental, Neurological and Substance Use Disorders during the COVID-19 Pandemic, in collaboration with the six WHO regional offices. The survey adapted the structure applied in the WHO Rapid Assessment of Service Delivery for Noncommunicable Diseases during the COVID-19 Pandemic to evaluate information needs for MNS disorders. In the Americas, the survey was applied in English, French, Portuguese, and Spanish.

For the initial PULSE exercise, ministries of health were requested through WHO regional and country offices to appoint a focal contact to complete the survey. The survey used the web-based Lime Survey platform, and countries were strongly encouraged to use this method for submission. Box 1 provides the thematic areas and survey questions. (The complete questionnaire can be found in Annex 1, page 23, of *The Impact of COVID-19 on Mental, Neurological and Substance Use Services:Results of a Rapid Assessment*: https://www.who.int/publications/i/item/978924012455).

The PULSE II exercise utilized an amended version of the survey, as shown in Annex 1 of this document. The modified survey focuses on capturing a snapshot of the impact of COVID-19 on MNS disorder services in the Americas in the timeframe of January to March 2021. Notable variations to the original survey are provided in Annex 2.

Box 1. Survey thematic areas and questions

Mental health and psychosocial support

Q1 Is MHPSS response part of the national COVID-19 response plan?

Q2 Do multisectoral MHPSS coordination platforms for COVID-19 exist?

Mental, neurological and substance use services during the COVID-19 pandemic

Q3 Is ensuring continuity of services for MNS disorders included in the list of essential health services as part of your country's response during COVID-19?

Q4 During the COVID-19 pandemic, what are the government policies for access to essential services for MNS disorders at primary, secondary and tertiary care levels?

Q5 Which of the following interventions/services related to MNS disorders have been disrupted due to COVID-19?

Q6 What are the leading causes of this disruption(s)?

Q7 What are the approaches used to overcome these disruptions?

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

Q8 Is the ministry of health collecting or collating data on MNS disorders or manifestations in people with COVID-19?

Q9 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 stand-alone or as part of a broader survey)?

Source: World Health Organization. The impact of COVID-19 on mental, neurological and substance use services: results of a rapid assessment. Geneva: WHO; 2020: p. 3.

Results

Participating Countries

The survey was sent to 35 PAHO Member States. Of these, 25 countries (71%) responded. This represents a 12% ($n = 9$) reduction in the response rate compared with the 29 countries that participated in the MNS 2020 report. Countries present in the MNS 2020 report but absent in PULSE II are Antigua and Barbuda, Barbados, Canada, Colombia, Guyana, Saint Kitts and Nevis, Trinidad and Tobago, United States of America, and Venezuela. Notably, four countries (Costa Rica, El Salvador, Guatemala, and Saint Vincent and the Grenadines) that did not participate in the first exercise responded to the PULSE II survey. Table 1 presents a comparison of participating countries reported in the MNS 2020 report and PULSE II.

Table 1. PAHO Member States Responding to MNS 2020 and PULSE II Surveys

Member State	MNS Report 2020	PULSE II 2021
Antigua and Barbuda	x	
Argentina	x	x
Bahamas	x	x
Barbados	x	
Belize	x	x
Bolivia (Plurinational State of)	x	x
Brazil	x	x
Canada	x	
Chile	x	x
Colombia	x	
Costa Rica		x
Cuba	x	x
Dominica		
Dominican Republic	x	x
Ecuador	x	x
El Salvador		x
Grenada	x	x
Guatemala		x
Guyana	x	
Haiti		x
Honduras	x	x
Jamaica	x	x
Mexico	x	x
Nicaragua	x	x
Panama	x	x
Paraguay	x	x
Peru	x	x
Saint Kitts and Nevis	x	
Saint Lucia	x	x
Saint Vincent and the Grenadines		x
Suriname	x	x
Trinidad and Tobago	x	
United States of America	x	
Uruguay	x	x
Venezuela (Bolivarian Republic of)	x	
Total	**29**	**25**

MHPSS as Part of COVID-19 Response Plans

In response to question 1 of the PULSE II survey, "Is mental health and psychosocial support response part of the national COVID-19 response plan?" a notable majority, 22 of 25 countries (88%), reported that MHPSS was part of their national COVID-19 response plan (Figure 1). However, only 28% (7 of 25) of these countries ensured full funding for the MHPSS response in their government budgets for these plans, while 20% (5 of 25 countries) responded that they had secured partial funding, and 32% (8 countries) reported having no funding for MHPSS activities (Figure 2). The lack of funding for MHPSS by countries continues to be a major concern and may reflect the inability of these countries to implement their existing COVID-19 MHPSS components of national plans.

As presented in the Participating Countries section, above, a 12% reduction in the response rate was noted between the Impact of COVID-19 on MNS report and PULSE II. A comparative analysis (Figure 3) of the two exercises reveals a 21% increase in countries reporting fully funded MHPSS activities. A notable decrease of 35% was observed between the two exercises in reference to MHPSS activities being partially funded, and a 13% difference in countries not knowing if additional funding was provided to MHPSS activities.

Figure 1. Countries with MHPSS included in their national COVID-19 response plan

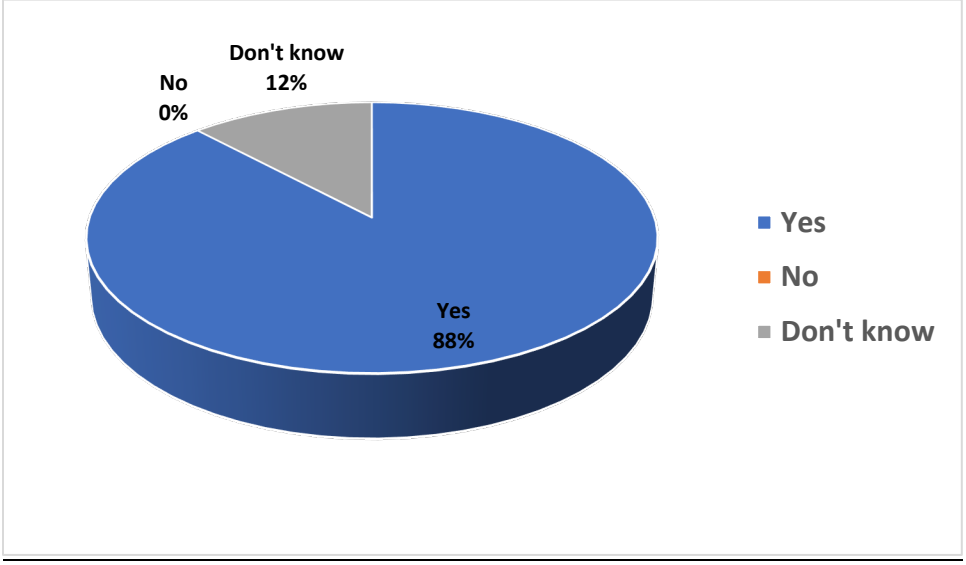


Figure 2. Countries with funding for MHPSS in their national COVID-19 response plan

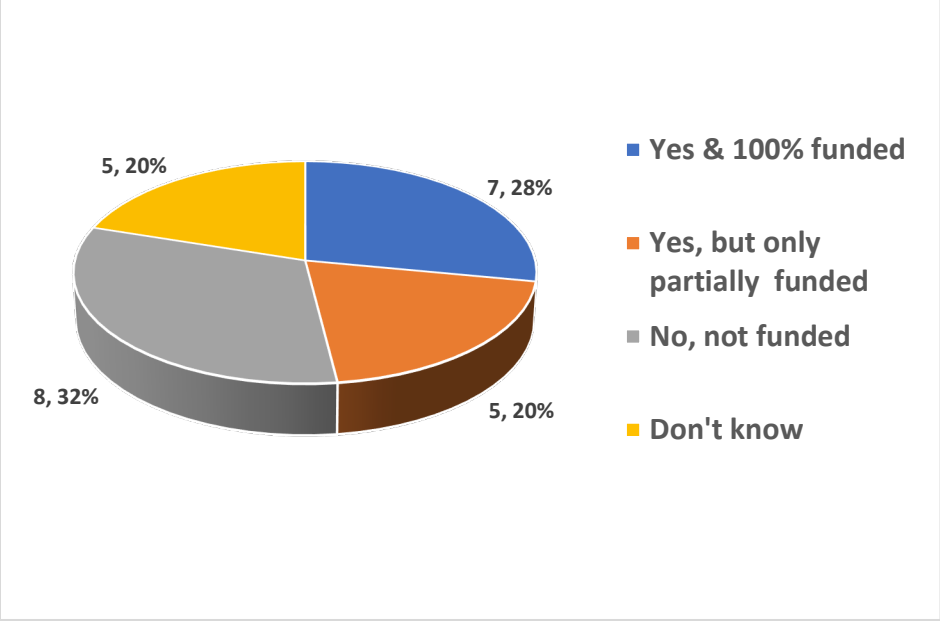
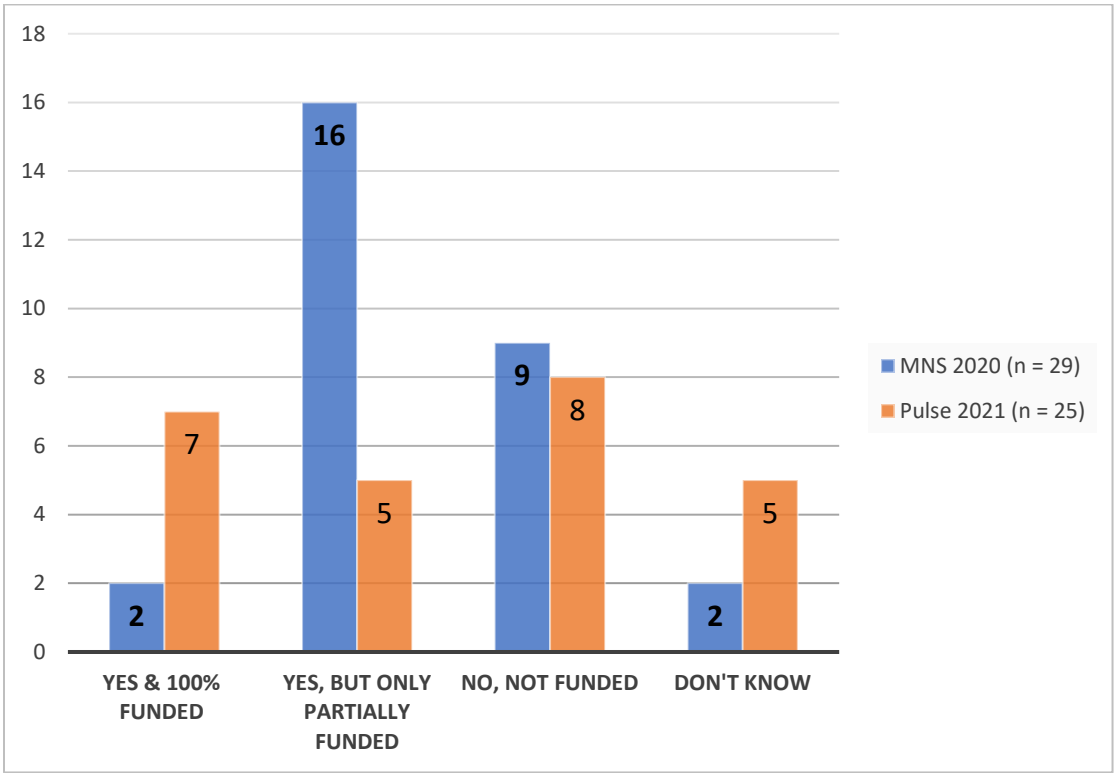


Figure 3. Comparison of funding for MHPSS between MNS 2020 and PULSE II

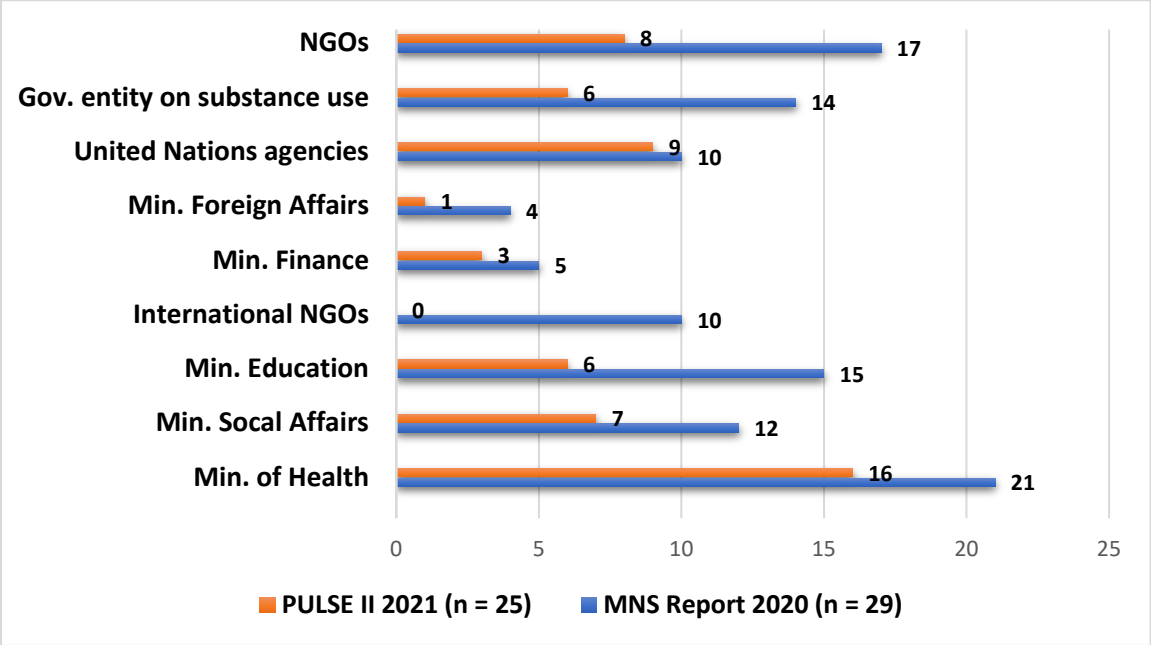


MHPSS Multisectoral Coordination

Sixteen of the 25 countries (64%) reported having a multisectoral MHPSS coordination platform for the COVID-19 response. Of these countries, 64% ($n = 16$) included the ministry of health, 36% (9) included United Nations agencies, 32% (8) included nongovernmental organizations (NGOs), and 24% (6) included the ministry of education as members (Figure 4). Conversely, seven countries (28%) reported having no MHPSS coordination platform. Of note, amendments made to the surveying instrument resulted in the omission of "International NGO" as one of the selection options within the PULSE II exercise. This resulted in no values being captured for this sector.

A comparative analysis between the MNS 2020 report and PULSE II (Figure 4) shows a reduction in the reporting of coordination across all sectors. This may reflect an increased lack of coordination of the MHPSS response in these countries. While the results continue to show the widespread existence of MHPSS platforms in many countries, the noted reductions in the presented findings may require further evaluation.

Figure 4. Membership of MHPSS multisectoral coordination platforms



Policies for Access to Essential Services for MNS Disorders

Countries were asked about national-level government policies on access to essential services for MNS disorders. These indicators were amended from initially capturing 10 settings and categories of services for MNS disorders within the MNS 2020 report, to five in PULSE II: Mental Health Hospital, General Hospital, General hospital (neurology/brain), General Hospital (inpatient unit for substance use and disorders) and Community-Based Services for MNS (Figure 5). Notable amendments to the categories of this indicator are presented below (Table 2).

Table 2. Comparison of levels captured in MNS 2020 report vs PULS II

MNS 2020 Report	PULSE II
Inpatient services at mental hospitals	Mental Health Hospital
Outpatient services at mental hospitals	
Outpatient psychiatric services	Mental Health General Hospital
Inpatient psychiatric services	
Neurological units	General Hospital (neurology/brain)
Treatment of substance use disorders at general hospitals	General Hospital (inpatient unit for substance use and disorders
Primary health care service	Community-Based Services for MNS
Residential service	
Home care service	
Day care services	

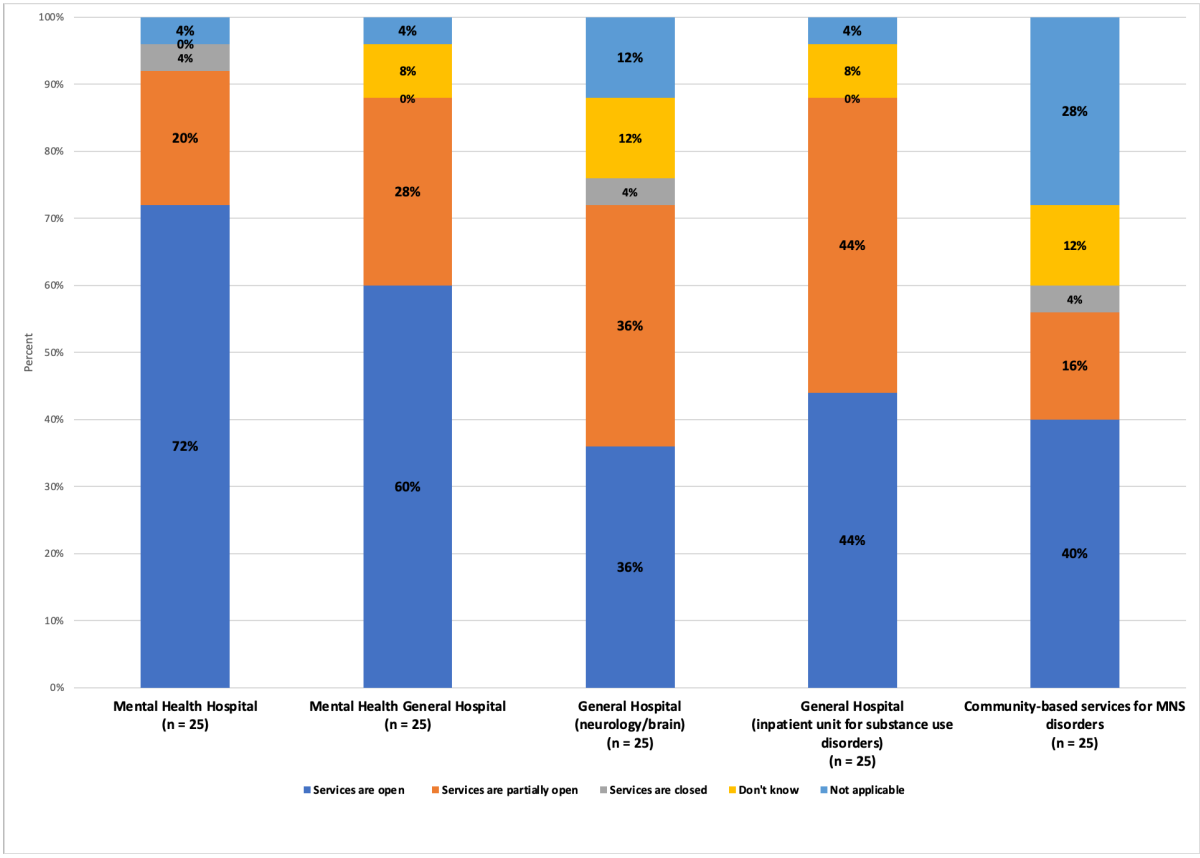
In the analysis, countries were classified into five groups:

1. "Services open" when every existing service was reported as being fully open.
2. "Services are partially open disrupted" when at least one of the five services examined was reported as being either fully or partially closed.
3. "Services are closed" if all existing services were reported as being fully closed.
4. "Don't know" if the status of the services was unknown.
5. "Not applicable" if selections 1–4 were not applicable to their country.

As noted within the MNS 2020 report, none of the countries captured within the PULSE II analysis reported full closure of all five categories of services for MNS disorders as described above, nor did any country within the region report having all services fully open. A systematic review of each of the five categories of essential services revealed minor differences in the type of service reported as being closed. Figure 5 shows a 4% or less closure rate within each of the five essential MHPSS service areas, with the majority of the services reported as being open or partially open.

Eighteen of the 25 countries (72%) reported that inpatient services at mental hospitals remained fully open, and 15 of 25 countries (60%) reported that mental health general hospitals continued to be fully operational. The general hospital (neurology/brain) units were reported as being partially closed in 9 of 25 countries (36%). Inpatient services for substance use disorders were the most affected among all mental health inpatient services, reporting a partially closed rate of 44% ($n = 9$). Community-based services for MNS disorders reported having the largest proportion, 28% ($n = 7$) of "not applicable" and " do not know" 12% ($n = 3$) responses provided by countries. The inability to capture such information presents an urgent need for participating countries' to re-assessed if these essential services (i.e., primary health care, residential, home care, and daycare services) are being effectively delivered to the general population during the current pandemic.

Figure 5. Policies for access to essential services for MNS disorders, by setting and category of services.



Disruption of MNS-Related Interventions/Services

Countries were also asked about the level of disruption of 10 specific MNS-related interventions or services (Table 3), defining complete disruption as more than 50% of users not being served as usual and partial disruption as between 5% and 50% of users not being served per normal. The presented ten categories are a reduction from the 16 categories shown in the MNS 2020 report. Categories presented in the MNS 2020 (i.e., opioid agonist maintenance treatment, home or community outreach services, intervention for caregivers, surgery for neurological disorders, mental health intervention during antenatal and postnatal period, and work-related mental health programs) were notably absent in the PULSE II.

The level of disruption combined across the 10 specific MNS-related interventions/services was also determined; “disruption in 75% of MNS-related interventions/services” was defined as 6 to 10 of the specific MNS-related interventions or services being reported as either completely or partially disrupted.

Table 3. MNS-Related Interventions or Services

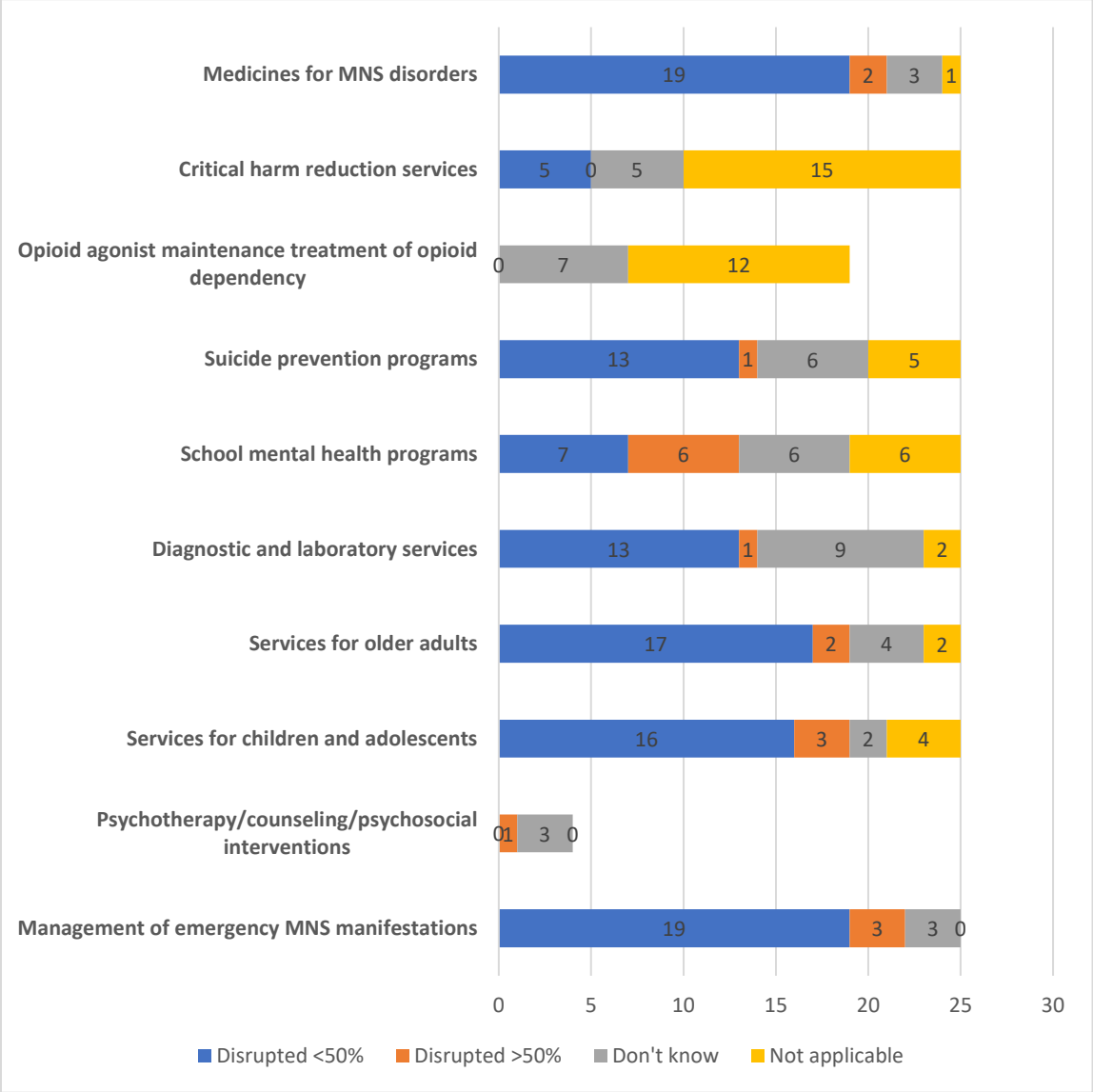
a. Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)
b. Psychotherapy/counseling/psychosocial interventions for MNS disorders services
c. Medicines for MNS disorders
d. Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities
e. Services for older adults with mental health conditions or disabilities, including dementia
f. Diagnostic and laboratory services for people with MNS disorders
g. School mental health programs
h. Suicide prevention programs
i. Overdose prevention and management programs (e.g., naloxone distribution)
j. Critical harm reduction services (e.g., needle exchange programs, outreach services)

Eighteen of 25 countries (72%) reported MNS-related services as being entirely or partially disrupted. Of this, several were identified as being life-saving emergencies and essential MNS services. Twenty-two of 25 countries (88%) reported disruption in the management of MNS emergencies (including status epilepticus, delirium, severe substance withdrawal syndromes), and 21 of 25 countries (84%) reported disruption of medications for people with MNS disorders (Figure 6).

Mental health prevention and promotion services and programs were severely affected and disrupted. For example, 52% of countries (13 of 25) experienced complete or partial disruption of school mental health programs, and 19 of 25 (76%) reported that mental health services for children were entirely or partially disrupted. Other MNS-related interventions/services with high rates of complete disruption were services for older adults 76% (19 of 25 countries) and suicide prevention services 56% (14 of 25 countries).

Twenty-two of 25 (88%) countries reported that psychotherapy and counseling services were partially or completely disrupted, while 14 of 25 countries (56%) reported disruptions in diagnostic and laboratory services at mental health facilities.

Figure 6. Disruption of MNS-related services due to COVID-19



Causes of Disruptions

The survey also included information about the main causes of the reported disruptions. Among the 25 countries that responded to the survey, causes of service disruptions were a decrease in outpatient attendance due to patients not presenting to health facilities (12 countries, 48%), travel restrictions hindering access to health facilities (12 countries, 48%), and a decrease in inpatient care due to cancellation of elective care (13 countries, 52%) (Table 4). Travel restrictions, together with limited availability and closure of community-based mental health services closer to where people live, can potentially lead to adverse outcomes for people with MNS disorders.

The "insufficient number of staff to provide services" was reported as a reason for service disruptions in 11 countries (44%), while the redeployment of mental health care staff to support COVID-19 facilities was identified as a cause of disruption in MNS in 15 countries (60%), a notable increase of 32% when compared with the MNS 2020 report. In 12 countries (48%) the disruptions resulted from the use of mental health facilities as COVID-19 quarantine or treatment facilities. Four countries (16%) reported insufficient supplies of personal protective equipment (PPE) available to health care providers at mental health facilities. Additionally, limited supplies of health products were reported as a cause of service disruption in five countries (20%).

Table 4. Leading Causes of Disruptions in MNS-Related Interventions/Services (n = 25)

Causes	**Percentage of countries**	
	PULSE II	**MNS Report 2020**
Decrease in outpatient volume due to patients not presenting to health facilities	48%	69.0%
Travel restrictions hindering access to the health facilities for patients	48%	48.3%
Decrease in inpatient volume due to cancellation of elective care	52%	44.8%
Closure of outpatient disease-specific consultation clinics as per health authority directive	40%	41.4%
Closure of outpatient services as per health authority directive	16%	37.9%
Insufficient staff to provide services	44%	34.5%
Unavailability/stock-out of essential medicines, medical diagnostics, or other health products at health facilities	20%	27.6%
Insufficient personal protective equipment (PPE) available for health care providers to provide services	16%	27.6%
Clinical staff related to mental, neurological, and substance use disorders deployed to provide COVID-19 clinical management or emergency support	60%	27.6%
Inpatient services/hospital beds not available	24%	17.2%
Clinical set-up has been designated as COVID-19 care facility	48%	17.2%
Closure of population-level programs as per health authority directive	20%	13.8%

Approaches to Overcome Disruptions

Countries responded via a checklist on approaches to overcome service disruptions for the management of MNS disorders and provision of MHPSS, and responses could include multiple options. Several measures were used to respond to service disruptions, with the most frequent being "triaging to identify priorities," reported by 22 countries (88%). This represents a 37% increase in this service when compared with the MNS 2020 report. The second most frequent measure was home/community outreach in 19 countries (76%). This measure also noted a 45% increase in utilization when compared with the prior report.

The use of telemedicine/teletherapy continues to be reported as an effective alternative option to in-person consultations in 17 of 25 countries (68%). This includes remote contact using the telephone or video conferencing. Other measures included helplines for MHPSS, reported by 15 countries (60%), and specific measures for infection prevention and control in mental health services, reported by 15 countries (60%) (Table 5).

Interventions such as task-shifting/role delegation and building the capacity of general health workers on basic psychosocial skills continue to be underutilized as intervention modalities compared with remote support methods. Task-shifting/role delegation remains the least reported approach, reported by only eight countries (32%). In contrast, the recruitment of additional counselors reported a 46% increase (13.8% MNS 2020 report).

Table 5. Approaches for Overcoming Disruptions in MNS-Related Interventions/Services (PULSE II $N = 25$, MNS Report 2020 $N = 29$)

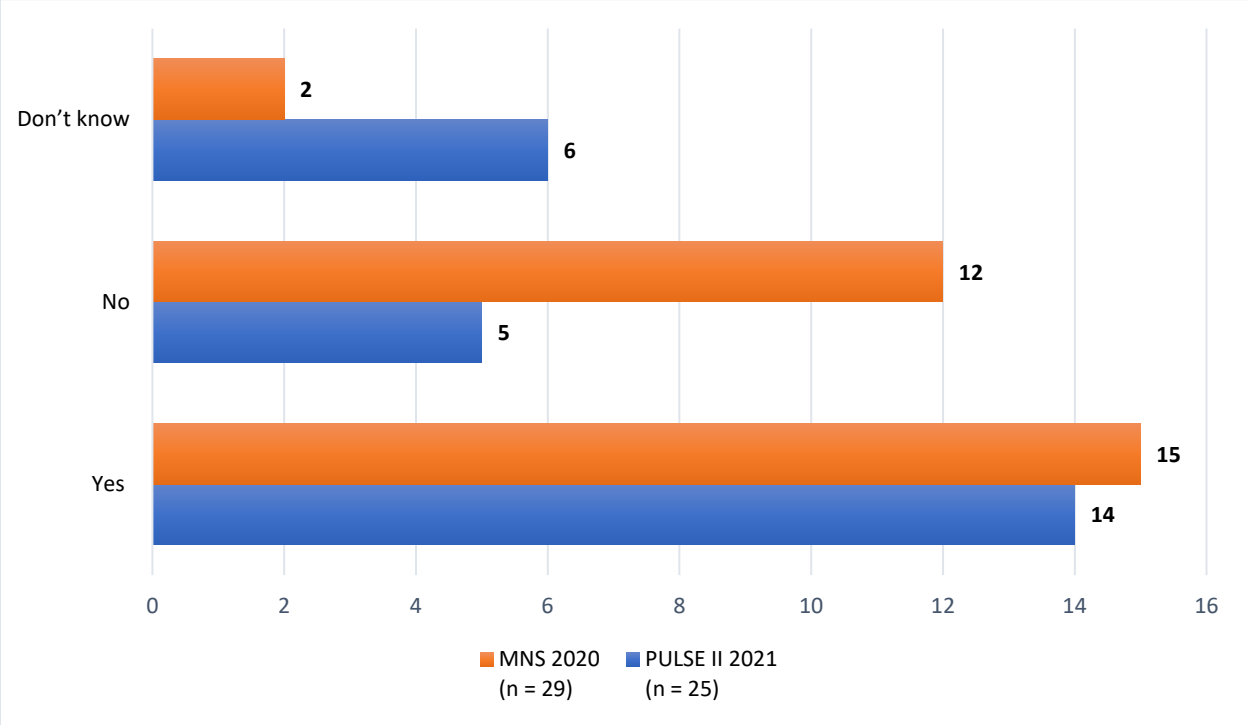
Approaches	**Percentage of countries**	
	PULSE II	**MNS Report 2020**
Telemedicine/teletherapy deployment to replace in-person consultations	68%	82.8%
Helplines established for mental health and psychosocial support	60%	79.3%
Implementation of specific measures for infection prevention and control in mental health services	60%	72.4%
Health care providers working in COVID-19 treatment centers trained in basic psychosocial skills	68%	62.1%
Self-help or digital format of psychological interventions	44%	58.6%
Triaging to identify priorities	88%	51.7%
Novel supply chain and/or dispensing approaches through other channels for medicines for mental, neurological, and substance use disorders	20%	34.5%
Home or community outreach services	76%	31%
Redirection of patients to alternate health care facilities or discharge to their homes/families	64%	31%
Task-shifting/role delegation	32%	20.7%
Recruitment of additional counselors	60%	13.8%

Surveillance and Research Concerning MNS Disorders during the COVID-19 Pandemic

Information, evidence, and research are critical ingredients for appropriate mental health planning and response during emergencies, especially in novel situations such as the COVID-19 pandemic. The availability of timely and relevant information via surveillance frameworks and the generation of new knowledge through research guide the development of evidence-based plans and actions. In addition, the availability of timely and relevant information helps to identify gaps in service provision and guides the actions required to make the necessary improvements.

Data collection on MNS disorders or manifestations is needed to monitor trends and improve the quality of services during the pandemic through informed decision-making. In 14 of 25 countries (56%), ministries of health reported that data were being collected on MNS disorders in people with COVID-19 (Figure 7). However, an observational comparison between the exercises shows a significant increase in countries (6 PULSE II to 2 MNS 2020) reporting "don't know" if the collection of data was being conducted at the time of this report.

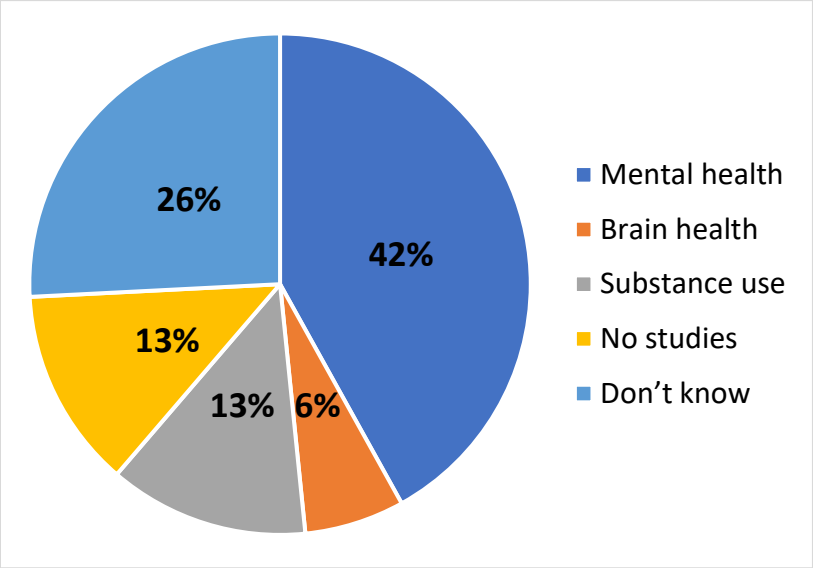
Figure 7. Collection of data on MNS disorders in people with COVID-19



Studies Related to the Impact of COVID-19

Countries were also requested to report on any planned or ongoing studies by the government or other stakeholders on the impact of COVID-19 on mental health, brain health, or substance use. Findings captured from this exercise show that 13 of the 25 countries (42%) reported that their governments were actively researching the effects of COVID-19 on mental health, and 8% ($n = 2$) stated that their ministries of health were actively conducting studies on the impacts of COVID-19 on brain health. Four countries (13%) reported that they were actively researching the effects of COVID-19 on substance use (Figure 8). Importantly, four countries (26%) were not aware if their ministries of health were conducting any research in any of the above areas at the time of the PULSE II exercise.

Figure 8. Research on the impact of COVID-19 on mental health, brain health, or substance use



Conclusion

The results of PULSE II indicate that COVID-19 continues to have a negative impact on MNS services in the Region of the Americas; however, the types of MNS services and the degree to which they have been disrupted continue to vary significantly. As captured in the Results section of this report, the majority of countries (25, 72%) reported mental health prevention and promotion services and programs as being severely affected and disrupted, with services for children (76%, $n = 25$), older adults (76%, $n = 25$), and suicide prevention services (56%, $n = 14$) being the most severely affected. These findings contrast with those reported within the MNS 2020, where countries reported outpatient services (20 countries, 69%) and community-based services (24 countries, 83% [specifically home and daycare services]) as the most adversely affected due to the pandemic.

MHPSS continues to be considered a priority in policy response in the Americas, with 84% of countries ($n = 21$) incorporating mental health services into their COVID-19 response. In contrast to the MNS 2020 report, findings presented from PULSE II show some signs of encouragement, with the financial investment in MHPSS by several countries reported as increased. However, these findings do not overshadow that most MHPSS activities were still underfunded.

While countries continue to implement innovative approaches such as telemedicine and helplines to meet the demand for MHPSS services during the COVID-19 pandemic, finding presented in PULSE II show a decrease in the utilization of these services when compared with the MNS 2020 report. Findings captured in the second analysis showed a move by countries to identify MHPSS priorities, expand the outreach of home/community services, and the recruitment and training of additional medical and non-medical personnel working in COVID-19 treatment centers in basic psychosocial skills. As identified in the initial study, countries continue to report the underutilization of task-sharing and the establishment of novel supply chain and dispensing

approaches through other channels for medicines used for mental, neurological, and substance use disorders.

As noted within the MNS 2020 report, approximately half of all ministries of health in the Region are not collecting or collating data on MNS disorders or manifestations in people with COVID-19, an important component of the MHPSS response to the pandemic. Comprehensive strengthening of mental health information systems continues to be a critical step in creating solid and sustainable mental health systems for the future.

PULSE II shows that MHPSS continues to be considered a cornerstone in emergencies and has also been identified as an essential component within the public health response to the COVID-19 pandemic. The presented findings validate the notion that MHPSS strategies and interventions should continue to be the product of intersectoral coordination, based on evidence and a human rights approach. The presented findings continue to emphasize the need for MHPSS interventions during the COVID-19 pandemic and the fact that all approaches should be tailored to the needs of different groups and ensure the inclusion of vulnerable citizens. Countries must continue to implement a whole government approach to MHPSS, and communication on mental health must be adapted to the specific and diverse sociocultural contexts in the Region and take into account the high prevalence and burden of mental health conditions. Therefore, it is critical that efforts continue to be made for the scaling up of the mental health services response to address the crisis of the pandemic and the post-pandemic period.

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Annex 1. National pulse survey on continuity of essential health services during the COVID-19 pandemic: Mental, neurological and substance use disorders

Source: World Health Organization. Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic. Interim report. Geneva: WHO; 2021: pp 83–85. Available from: https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS-continuity-survey-2021.1

Mental, neurological, and substance use disorders

This section will assess disruptions in services for mental, neurological and substance use disorders.

Respondent information

Who is the focal point who provided the responses?

Name: _____

Position: _____

Organization: _____

Country: _____

Email Address: _____

#	Questions	Response options
	Policies and plans	
1.1	Is mental health and psychosocial support response part of national COVID-19 response plan?	a. Yes b. No c. Do not know
1.2	If yes to 1.1, during the previous 3 months, has additional funding been 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 d. Do not know
1.3	If yes to 1.1, during the previous three months, which of the following activities have been implemented as part of the current mental health and psychosocial support (MHPSS) response plan for COVID-19? (Please check all activities that apply) See further examples for each activity in the complementary glossary - section A.	a. Orient responders to mental health and psychosocial aspects of COVID-19 b. Ensure inter-sectoral referral pathways are established and contextualized to the situation of limited physical distancing c. Distribute timely and accessible information on general and MHPSS services, coping strategies and updates d. Provide MHPSS to people in COVID treatment centres, isolation and quarantine e. Protect the mental health and well-being of all responders ensuring that they can access mental health and psychosocial care. f. Provide care and address the basic needs and mental health care needs of people with existing MNS conditions induced or exacerbated by COVID-19 g. Address the mental health needs of older adults, people with disabilities and other vulnerable persons h. Targeted Risk communication strategies/ campaigns to address social stigma i. Establish opportunities for the bereaved to mourn even from a distance. Integrate response activities into existing services j. Ensure that risk of infection for people with mental health conditions in mental health hospitals are minimized k. Do not know
2.1	Do you currently have a functioning multisectoral mental health and psychosocial coordination platform for COVID-19 response?	a. Yes b. No c. Do not know
2.2	If yes to 2.1, which of 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 Labour e. Ministry of Finance f. Ministry of Foreign Affairs g. United Nations Agencies h. Governmental entity responsible for substance use i. Non-governmental Organizations j. Service users' representatives k. National professional associations/societies l. National disaster management authority m. Do not know		
3	During the previous three months, how have government policies/directives designated 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 (see complementary glossary – section B). Please provide the response for national level policies as defined below: Services open: Regular access to services Services partially open: e.g. for emergencies only or at limited capacity Services closed: No access to services Do not know: Information not available / to be found N/A: Not applicable as services non-existent	**Level**	**Status**	
		Mental health services at mental hospitals Mental health services at general hospitals Neurology/brain health services at health facilities Services for substance use disorders at health facilities Community-based services for MNS disorders	[ ] Services are open [ ] Services are partially open [ ] Services are closed [ ] Do not know [ ] Not Applicable	
	Service disruptions			
4	During the previous 3 months, which of the following services have been disrupted due to COVID-19? For each service, please indicate the level of disruption (percentage of users not served as usual) and if the disruptions were related to intentional modifications in service delivery. Definitions: More than 50% of users not served as usual 26-50% of users not served as usual 5-25% of users not served as usual Less than 5% of users not served as usual Do not know: Information is not /not yet available Not applicable: Service/intervention is not usually delivered in country	**Services**	**What was the level of disruption** (percentage of users not served as usual)?	**Were disruptions primarily due to intentional service delivery modifications (e.g. temporary suspension or scaling back of services)?**
		Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes) Psychotherapy/counselling/psychosocial interventions for MNS disorders Prescriptions for MNS disorder medicines	[ ] More than 50% [ ] 26-50% [ ] 5-25% [ ] Less than 5% [ ] Do not know [ ] Not applicable	[ ] Yes [ ] No [ ] Do not know

		Services for children and adolescents with mental health conditions or disabilities, including developmental disabilities Services for older adults with mental health conditions or disabilities, including dementia Neuroimaging and neurophysiology School mental health programme Suicide prevention programme Overdose prevention and management programmes (e.g. naloxone distribution) Critical harm reduction services (e.g., needle exchange programmes, outreach services)		
5	What are your country's plans towards restoration and safe delivery of any limited or suspended MNS services? See further considerations and recommended modifications for restoration of safe service delivery in the complementary glossary - section C.	(open text)		
	Surveillance			
6	Is your country collecting or collating data on mental, neurological and substance use disorders or manifestations in people with COVID-19?	a. Yes b. No c. Do not know		
7	Is there a planned or ongoing study related to impact of COVID-19 on mental health/ brain health/substance use in the country (by government or anyone else, whether stand-alone or as part of a broader survey). Please check all that apply.	a. Yes, on mental health impact b. Yes, on neurological disorders or brain health c. Yes, on substance use impact d. No e. Do not know		

Thank you for taking time to give your input for this survey. If you have any queries or questions regarding this survey, please contact EHSmonitoring@who.int

Annex 2. Modifications to the original Pulse survey for PULSE II

Source: World Health Organization. Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic. Interim report. Geneva: WHO; 2021: pp 83–85. Available from: https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS-continuity-survey-2021.1

Addition of sub-question 1.3 to PULSE II

#	Questions	Response options
	Policies and plans	
1.1	Is mental health and psychosocial support response part of national COVID-19 response plan?	a. Yes b. No c. Do not know
1.2	If yes to 1.1, during the previous 3 months, has additional funding been 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 d. Do not know
1.3	If yes to 1.1, during the previous three months, which of the following activities have been implemented as part of the current mental health and psychosocial support (MHPSS) response plan for COVID-19? (Please check all activities that apply) See further examples for each activity in the complementary glossary - section A.	a. Orient responders to mental health and psychosocial aspects of COVID-19 b. Ensure inter-sectoral referral pathways are established and contextualized to the situation of limited physical distancing c. Distribute timely and accessible information on general and MHPSS services, coping strategies and updates d. Provide MHPSS to people in COVID treatment centres, isolation and quarantine e. Protect the mental health and well-being of all responders ensuring that they can access mental health and psychosocial care. f. Provide care and address the basic needs and mental health care needs of people with existing MNS conditions induced or exacerbated by COVID-19 g. Address the mental health needs of older adults, people with disabilities and other vulnerable persons h. Targeted Risk communication strategies/ campaigns to address social stigma i. Establish opportunities for the bereaved to mourn even from a distance. Integrate response activities into existing services j. Ensure that risk of infection for people with mental health conditions in mental health hospitals are minimized k. Do not know

POLICIES AND PLANS

1. Is mental health and psychosocial support response part of 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

Addition of levels and status to question 3

		Level	Status
3	During the previous three months, how have government policies/directives designated 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 (see complementary glossary – section B). Please provide the response for national level policies as defined below: Services open: Regular access to services Services partially open: e.g. for emergencies only or at limited capacity Services closed: No access to services Do not know: Information not available / to be found N/A: Not applicable as services non-existent	Mental health services at mental hospitals Mental health services at general hospitals Neurology/brain health services at health facilities Services for substance use disorders at health facilities Community-based services for MNS disorders	[ ] Services are open [ ] Services are partially open [ ] Services are closed [ ] Do not know [ ] Not Applicable

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

Adjustment of level for question 4

	Service disruptions			
4	During the previous 3 months, which of the following services have been disrupted due to COVID-19? For each service, please indicate the level of disruption (percentage of users not served as usual) and if the disruptions were related to intentional modifications in service delivery. Definitions: More than 50% of users not served as usual 26-50% of users not served as usual 5-25% of users not served as usual Less than 5% of users not served as usual Do not know: Information is not /not yet available Not applicable: Service/intervention is not usually delivered in country	**Services**	**What was the level of disruption** (percentage of users not served as usual)?	**Were disruptions primarily due to intentional service delivery modifications (e.g. temporary suspension or scaling back of services)?**
		Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	[ ] More than 50% [ ] 26-50% [ ] 5-25% [ ] Less than 5% [ ] Do not know [ ] Not applicable	[ ] Yes [ ] No [ ] Do not know
		Psychotherapy/counselling/psychosocial interventions for MNS disorders		
		Prescriptions for MNS disorder medicines		

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	Outpatient services [ ] Outpatient services are open [ ] Outpatient services are partially open [ ] Outpatient services are closed [ ] Don't know [ ] Not Applicable	Inpatient services [ ] Inpatient services are open [ ] Inpatient services are partially open (eg for emergencies only) [ ] Inpatient services are closed [ ] Don't know [ ] Not Applicable		
GENERAL HOSPITALS	Outpatient services for MNS disorders [ ] Outpatient services for MNS disorders open [ ] Outpatient services for MNS disorders partially open [ ] Outpatient services for MNS disorders closed [ ] Don't know [ ] Not Applicable	Psychiatric inpatient unit [ ] Psychiatric inpatient unit open [ ] Psychiatric inpatient unit partially open [ ] Psychiatric inpatient unit closed [ ] Don't know [ ] Not Applicable	Neurology inpatient unit [ ] Neurology inpatient unit open [ ] Neurology inpatient unit partially open [ ] Neurology inpatient unit closed [ ] Don't know [ ] Not Applicable	Inpatient units for substance use disorders [ ] Inpatient units for substance use disorders open [ ] Inpatient units for substance use disorders partially open [ ] Inpatient units for substance use disorders closed [ ] Don't know [ ] Not Applicable

Question 5 has been updated

5	What are your country's plans towards restoration and safe delivery of any limited or suspended MNS services? See further considerations and recommended modifications for restoration of safe service delivery in the complementary glossary - section C.	(open text)
	Surveillance	
6	Is your country collecting or collating data on mental, neurological and substance use disorders or manifestations in people with COVID-19?	a. Yes b. No c. Do not know
7	Is there a planned or ongoing study related to impact of COVID-19 on mental health/ brain health/substance use in the country (by government or anyone else, whether stand-alone or as part of a broader survey). Please check all that apply.	a. Yes, on mental health impact b. Yes, on neurological disorders or brain health c. Yes, on substance use impact d. No e. Do not know

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)
a. Management of emergency MNS manifestations (including status epilepticus, delirium, severe substance withdrawal syndromes)	[ ]	[ ]	[ ]
b. Psychotherapy/counseling/psychosocial interventions for MNS disorders	[ ]	[ ]	[ ]
c. Medicines for MNS disorders	[ ]	[ ]	[ ]
d. Interventions for caregivers of people with MNS disorders	[ ]	[ ]	[ ]
e. Home or community outreach services	[ ]	[ ]	[ ]