Context

During the COVID-19 pandemic, the impact on mental health was significant, particularly affecting vulnerable populations such as children, persons with disabilities, women and others. The stress and challenges of life in lockdown, quarantine and limited social contact took a toll on individuals. Children experienced frustration, helplessness and depression due to the absence of school, social interactions and physical activities. Persons with disabilities, including those with autism, Down syndrome and ADHD faced additional difficulties in coping with the pandemic. Moreover, the increased stress and confinement led to a rise in domestic violence among middle-aged groups, as well as an increase in suicide rates among migrants due to lockdowns and financial crises.

Service users and their family members
Access to mental health services

As the healthcare system prioritized the COVID-19 response, routine outpatient services for mental health were either reduced or stopped. This situation negatively impacted both mental health patients and the general public in need of regular care. The prolonged wait times for appointments, relapses and increased psychiatric hospital admissions further exacerbated the challenges faced by individuals seeking mental health support.

Service providers in health and social care
Struggles and fatigue

Health professionals and care providers tirelessly worked in response to the COVID-19 emergency. However, the prolonged nature of the emergency, combined with the overwhelming workload, led to fatigue and reduced capacity among healthcare workers. Balancing the long list of outpatient patients, dealing with new variants of the virus and making personal sacrifices, such as being away from their families and countries, took a toll on their well-being. Consequently, a significant number of medical and para-medical staff chose to leave their jobs.

Challenges
Obstacles in mental health care

Several challenges emerged in providing mental health care during the pandemic.

The prioritization of the COVID-19 emergency response, leaving limited time and resources for mental health services.

The presence of burnout, depression and anxiety among healthcare workers, who required treatment themselves.

The complexity of treating psychiatric illnesses in individuals with uncontrolled medical conditions.

The closure of psychological services due to lockdown measures, leading to an increased reliance on telemedicine.

Shortages in medications due to border closures, creating challenges in ensuring the availability of necessary psychotropic medications.

Delivering mental health and psychosocial support services (MHPSS) and ensuring continuity
Innovative solutions

To address the ongoing challenges and the prolonged nature of the COVID-19 response, several innovative solutions were implemented.

Implementation and continuation of telemedicine services for outpatient clinics, providing online support and reducing physical contact.

Capacity building of physicians in topics related to post-COVID-19 mental health impacts, domestic violence, common psychiatric disorders and suicide first aid.

Introduction of a WhatsApp chatting facility for appointments and patient queries at the Kuwait Center of Mental Health outpatient clinics and primary mental health clinics.

Utilization of mass media platforms such as TV, radio and social media for raising awareness about domestic violence and recognizing symptoms of suicide.

Establishment and continuation of psychiatric support clinics in primary care centers.

Expansion of primary psychiatric clinics and ensuring the availability of psychotropic medications in primary mental health clinics.

Lessons learnt

Importance of mental health support

The experiences during the crisis highlighted several key lessons.

The importance of mental health resilience among medical workers in effectively dealing with crises.

Recognition of the crucial role of psychiatric health in ensuring the continuity of overall healthcare.

The understanding that mental health is essential for overall well-being, even during infectious pandemics.

Increased vulnerability and relapse rates during times of crisis.

The importance of providing mental health first aid and support for suicide prevention during emergency response and crises.

References

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