

SOCIAL PROJECTS FOR PERSONS WITH MENTAL HEALTH DISORDERS, WITHIN THE PANDEMIC CONTEXT

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Abstract: *In the century of technological evolution and artificial intelligence, of advanced social and medical statistics calculations, of high-performance medical research, a virus paradoxically caused and inexplicable and incontrollable pandemic. Its effects are measured on a short and medium term only in human losses, but the psycho-social and economic impact is on the long term. An entire world of direct reality relocated itself within the virtual, as a consequence of the local and world governmental measures that quarantined the population, in order to protect it from COVID-19. Which were the changes in the dynamics of social life that were triggered by these decisions regarding isolation and physical distancing? For some of us, political decisions stimulated the build-up of resilience and adapting mechanisms for the new context, for others it increased the feeling of alienation and started an alteration of the mental health status. But what about those that already had it installed? To them and to those which were diagnosed with mental illnesses during the Coronavirus pandemic we dedicate our communication, focused on the analysis of local and national interventions meant to offer direct support services by means of the social projects. Our article aims at studying the reactions of the authorities in the social and health field, during the emergency and alert state, concerning the needs of the persons registered with mental health conditions and also the interventions of the social society, coagulated in order to provide support for this vulnerable category. The analysis of qualitative information will aim to compare local examples to international ones and to create successful methodological patterns, with the purpose of reapplying or extending those functional projects, particularly at local and regional level.*

Key words: COVID-19; social distance; support; mental health disorders; social projects.

1. Introduction

"It is known that each person's subjective life is multilaterally influenced by the way he or she lives, by whether or not he has acted on the influence of stressors" (Breaz, 2019: 37). The general population's life quality has been under the scope of the international and national welfare policies, especially during the last decades, as technological progress brought with itself a considerable amount of stress and negative outcomes for many of us.

At the beginning of the year 2020, the world faced one of the most serious challenges of the century: a worldwide pandemic caused by an unknown virus that changed the personal, professional, and social lives of each and every citizen of the globe, with the exception of a few remote countries and areas saved by the accelerated spread.

Suddenly, lockdowns were enforced in most countries and people had to remain at home, as the behavior and spreading model of the new virus were still unknown. "The immediate consequences of the pandemic measures adopted have contributed to the aggression of citizens: social inequalities have intensified, and survival in the face of the health crisis has generated economic problems that have limited the opportunities of a large part of the population." (Pricină, 2020: 268). Isolation, fear of contaminating oneself and the loved

ones, worries and concerns about the future, job loss, lack of perspectives affected the general population, causing alarming psychological and emotional symptoms.

For people with mental conditions, the stigma that they bear causes social exclusion and discrimination, even in everyday and so-called normal situations. "The people who consider themselves "normal" build a stigma theory, an ideology that serves to explain the inferiority of those with such an attribute, and to warn of the dangers they represent (Manea 1997)" (Goga and Niță, 2018: 50), ignoring that this affects the *stigmatized* people's self-esteem and ability to socialize and to obtain satisfying life quality.

As the pandemic advanced, the existing symptoms of people with mental disorders became exacerbated and even new ones were triggered; these conditions are also extending the dimensions of social stigma. Increased alcohol and drug, anxiety, panic attacks and sleep problems use are expected. The Covid-19 disease itself can lead to neurological and mental complications and, vice-versa, some pre-existing mental and neurological conditions make the affected individuals more exposed to a higher risk of severe outcomes, including death.

Within this context, international bodies and super-state organizations called for general mobilization and initiated actions and projects meant to reduce the effects of the global crisis.

Currently, there is a strong and need for social projects aiming at providing help for all people, but, particularly, the most vulnerable population categories, in order to build resilience against the negative direct and collateral effects of the coronavirus pandemic, with short-, medium- and long-term outcomes, measured in the stabilization and increase of life quality.

2. Clarification of concepts

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 1946: 100).

Mental health has been defined „as a state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities". (Srivastava, 2011: 75).

According to the definition proposed by DSM-5 (American Psychiatric Association, 2013), "a mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational or other important activities".

The term "mental health problems" is used to cover a broad spectrum of conditions, ranging from diagnosable disorders such as anxiety and depression, through to acting out behaviors. The most frequent mental illnesses include depression, schizophrenia, attention deficit hyperactivity disorder (ADHD), autism, obsessive-compulsive disorder etc. Each mental illness or disorder influences a person's thoughts, attitudes, feelings in different ways.

At present, mental disorders cannot be cured, but they can be treated effectively, minimizing the symptoms and allowing the individual to function in the family, professional and social environment. The common treatment for mental disorders can involve medication, therapy or a combination of both, depending on the nature and severity of the case (National Institutes of Health, 2007).

3. Mental health statistics

A study using available data from 2017 (Ritchie and Roser: 2018) shows that more than 1 in 10 people globally live with a mental health disorder. Dealing with this data is a challenging task in all countries of the world and many conditions remain unassisted and unreported.

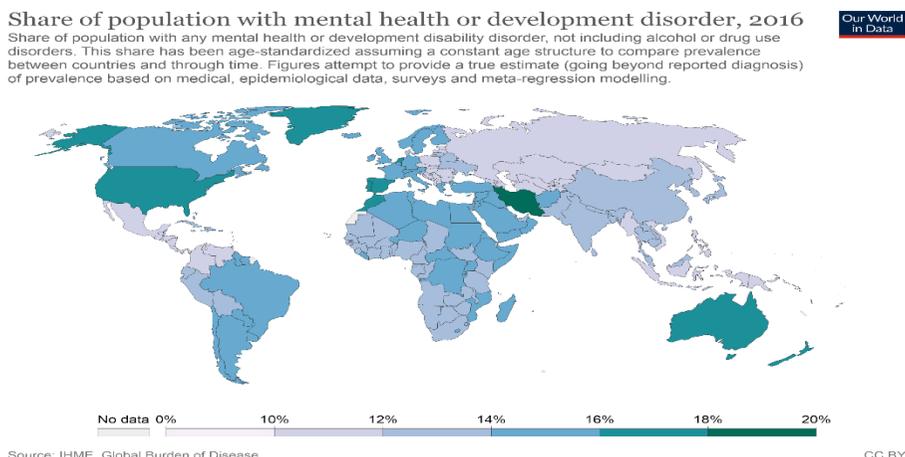
Moreover, in less developed countries, there is a lack of attention and resources allocated for their treatment.

Figure 1: Prevalence of mental disorders among the global population (2017)

Disorder	Share of global population with disorder (2017) [difference across countries]	Number of people with disorder (2017)	Share of males : females with disorder (2017)
Any mental health disorder	10.7%	792 million	9.3% males 11.9% females
Depression	3.4% [2-6%]	264 million	2.7% males 4.1% females
Anxiety disorders	3.8% [2.5-7%]	284 million	2.8% males 4.7% females
Bipolar disorder	0.6% [0.3-1.2%]	46 million	0.55% males 0.65% females
Eating disorders (clinical anorexia & bulimia)	0.2% [0.1-1%]	16 million	0.13% males 0.29% females
Schizophrenia	0.3% [0.2-0.4%]	20 million	0.26% males 0.25% females
Any mental or substance use disorder	13% [11-18%]	970 million	12.6% males 13.3% females
Alcohol use disorder	1.4% [0.5-5%]	107 million	2% males 0.8% females
Drug use disorder (excluding alcohol)	0.9% [0.4-3.5%]	71 million	1.3% males 0.6% females

Source: ourworldindata.org/mental-health

Figure 2: Share and distribution of population with a mental health or development disorder, 2016



Source: IHME, Global Burden of Disease

In the USA, depression, bipolar disorder, schizophrenia and obsessive-compulsive disorder are four of the leading causes for mental disability; ca. 3% of the population have more than one mental illness at a time. Ca. 5% of the adults are having difficulties to function in society, due to being affected by a serious mental disorder. About 20% of the doctor's appointments in the US are about anxiety and panic attacks. 8 million people suffer from depression each year, while 2 million have schizophrenia disorders (National Institutes of Health, 2007).

At European level, from the data extracted by the European Commission in August 2020, it resulted that: 3.7% of all deaths in 2016 were caused by mental and behavioral disorders; ca. 13.5% of all hospital beds in the EU in 2018 were psychiatric beds; in 2018, 3.8 million patients with mental and behavioral disorders were discharged from hospitals in the EU; as relative to population size, Germany (data from 2017), Romania, Austria, Lithuania, Latvia, Finland and France recorded the highest number of patients treated for mental and behavioral disorders in 2018; the share of population aged over 15 years that consulted a psychologist, psychiatrist or psychotherapist during the last year prior to the investigation was of 2.1% to 8.1% in all EU member states – Romania had one of the lowest shares, with 0.3% (European Commission, 2020).

In Romania, according to the statistics data collected and published by the National Authority for Persons with Disabilities - ANPDH, at the 30th of September 2020 there were a total number of 229.621 persons with mental disabilities (adults and children), of which 13.080 were institutionalized and a total number of 114.851 persons with associated disability, of which 2353 were institutionalized. Associated disability means physical and mental disability combined, whereas, in many cases, people with physical disability also develop behavioral and mental disorders, as a consequence of social discrimination and stigma.

4. Mental health during the Covid-19 pandemic

"In the health research, the term quality of life was widespread, being associated to some fields of study such as sociology, medicine, economics, geography, philosophy[...]" (Motoi and Gheorghită, 2017: 35). Since the beginning of the Covid-19 crisis, the necessity for health and social research intensified, with the aim of analyzing the life quality of the general population affected by the pandemic, with a particular focus on the vulnerable categories. Specialists and researchers all around the globe showed a particular concern for mental and intellectual disabilities, especially because they can become exacerbated during periods of prolonged stress, under the influence of specific aggravating factors like fear, anxiety and limited access to help. Moreover, there are a number of studies performed prior to the coronavirus pandemic that link social isolation and loneliness to cardiovascular and mental health outcomes and the widespread experience of loneliness has been requiring attention over the past years.

The Covid-19 pandemic has stopped or abruptly disrupted mental health services in 93% of the countries worldwide, as shown by a survey conducted by the WHO from June to August 2020 and published in October 2020. The results coming from 130 countries included in the survey revealed the "devastating impact of COVID-19 on access to mental health services and underscores the urgent need for increased funding" (World Health Organization, 2020a). WHO had also previously drawn the attention on the critical underfunding of mental health. Most of the countries allocated less than 2% of their national budgets for health on meeting the populations' mental health needs.

The results of the above-mentioned survey underline the many ways in which critical mental health services have been disrupted, across different countries:

- Over 60% of the countries reported disruptions in mental health services for vulnerable people, like children and adolescents, older adults and women in need of antenatal and postnatal services.

- 67% declared disruptions related to counseling and psychotherapy, 65% to critical harm reduction services and 45% to opioid agonist maintenance treatment for opioid addiction.
- 35% reported disruptions to emergency interventions (e.g. seizures, substance withdrawal syndromes etc.)
- 30% reported disrupted access to medications for mental and neurological disorders.
- Around 75% reported at least partial disruptions in mental health services in schools and workplaces.

The table below presents the main identified causes of disruptions in services and interventions for mental and neurological syndromes (MNS).

Table 1: Leading causes of disruptions in MNS-related intervention/services

Causes	Percentage of countries
Decrease in outpatient volume due to patients not presenting	62.3%
Travel restrictions hindering access to the health facilities for patients	53.8%
Decrease in inpatient volume due to cancellation of elective care	46.9%
Closure of outpatient services as per health authority directive	33.8%
Closure of outpatient disease specific consultation clinics	33.1%
Clinical staff related to MNS disorders deployed to provide COVID-19 relief	31.5%
Insufficient staff to provide services	31.5%
Insufficient Personal Protective Equipment available for health care providers	27.7%
Closure of population level programs	24.6%
Unavailability of health products at health facilities	23.8%
The clinical set up has been designated as COVID-19 care facility	19.2%
Inpatient services/ hospital beds not available	12.3%

Source: WHO (2020a: 25)

The countries participating in the study were also asked to report on any ongoing or planned study related to the impact of Covid-19 on mental/brain health and substance use, carried out by the government or by any other stakeholders. Thus, 66% of the assessed countries reported such studies, the types of studies related to mental health being the most frequent (65%).

According to a number of researches performed in the USA, about 4 in 10 adults reported symptoms of anxiety and depressive disorder during the pandemic, compared to 1 in 10 adults that experienced the same symptoms from January to June 2019 (Panchal, Kamal, Cox et al., 2021).

- In January 2021, 41% reported symptoms of anxiety and/or depressive disorder (this rate has been stable since the beginning of the pandemic).
- A survey from June 2020 reveals that 13% reported new or increased substance use due to the stress caused by the coronavirus situation; 11% of adults reported suicidal thoughts during the past 30 days.
- Data collected during the first half of 2020 show that deaths caused by drug overdose were more pronounced from March to May (the start of the pandemic-related lockdowns).

According to a recent poll conducted by UNICEF, the COVID-19 crisis is having a major impact on the mental health of adolescents and young people revealed that more than 25% of the 8 thousand participants experienced anxiety and 15% depression (UNICEF, 2020).

In Romania, a study performed by the specialists of the Romanian Institute for Integrative Psychotherapy (Institutul Roman de Psihoterapie Integrativa: 2020), performed in the month of March, 2020, at two weeks after the introduction of the emergency state, based on a questionnaire applied online on a batch of 1000 respondents living in Romania, aged above 18 years, revealed that the general population experienced a wide range of negative feelings related to the recently declared pandemic. Thus, 42% of the respondents felt sad, 35% felt concern and the sensation of being blocked ; after the first two weeks since the adoption of the emergency state in Romania, 39.4% of the respondents felt anxious, nervous or stressed, 21.4% were disappointed or at risk of depression and 11.6% could not manage their activities related to “staying at home”. But, as the study further outlines, these data, correlated with the coping strategies used by the participants in the study, show that the prognosis for the next 30 days was just starting to get worse. 48.8 % of the participants stated that they would choose to receive help from a psychotherapist in order to cope with the emergency situation, if this would be free of charge, but a large percentage, of 41.1% would not choose to access this possibility.

5. Strategic approaches

Even prior to the coronavirus pandemic, the *WHO Mental Health Action Plan 2013-2020* (World Health Organization, 2013) proposed an interdependent approach based on three essential objectives:

- Improve the mental well-being of population and reduce the burden of mental disorders, with a special focus on vulnerable groups and risk behaviours.
- respect the rights of people with mental health problems and provide equal access to the means to obtain the highest life quality, without stigma and discrimination.
- provide accessible and effective mental health services for the people with mental/intellectual disabilities and their families.

The Plan thus provided the necessary background, orientation and principles for all measures that need to be taken in the pandemic context, to support the vulnerable category of people with mental disabilities.

In order to ensure that all national mental health plans are elaborated in order to manage the effects of the global coronavirus pandemic on mental health, the World Federation for Mental Health launched, in April 2020, *an appeal to all countries and governments* which, in accordance to its guiding principles and values, listed the following priorities resulting from debates and best practices at national and international levels (World Federation for Mental Health, 2020):

- Guidance on mental health and psychosocial support for vulnerable population categories;
- Community engagement: help the general population to cope with negative feelings and distress generated by the pandemic;
- Fulfilling the populations’ mental health needs;
- Strengthen Primary Care roles and healthcare responses;
- Ensure psychiatric care and psychosocial support for people with severe mental illness;
- Strengthen community-based interventions through a multidisciplinary approach;
- Involve stakeholder organizations in all steps of coordination and decision-making process;
- Provide humanitarian aid and response to basic needs for all people affected by poverty and, especially, people with mental disorders lacking basic needs ;
- Support the volunteer sector, non-profit organizations, social enterprises and cooperatives that are forced to shut down their interventions and projects;
- Support families and monitor daily life conditions to prevent domestic abuse;

- Build a system of remote and digital services to communicate and interact with people and to maintain contact;
- Create a network of local aid programmes for first contact, active listening and support.

The European Parliament resolution of April 2020 on EU coordinated action to combat the COVID-19 pandemic and its consequences reveals that there is a great concern about the potential impacts of crisis on the well-being of all people, especially on the most vulnerable groups, calls on the EU and the member states to adopt measures that respect the rights of persons with disabilities, to ensure equal access to healthcare, support services and information and to take external action, in favor of international solidarity and cooperation (European Parliament, 2020 a).

On July 8th 2020, the European Parliament adopted a *resolution on the rights of persons with intellectual disabilities and their families in the COVID-19 crisis*. The resolution acknowledges that “the situation during COVID-19 is a wake-up call with respect to the attention received by this collective; acknowledges that attention must be provided through strong public health services; calls for consideration to be given to strengthening these through funding at EU level, where appropriate and possible; underlines the importance of appropriate health policies in the Member States” and urges the member states to take appropriate measures to ensure that the mentally disabled persons are receiving the necessary support and to make the therefore necessary investments (European Parliament, 2020 b).

6. Interventions and projects for people with mental health disorders within the pandemic context

On April 29th 2020, the World Health Organization published an illustrated stress management guide for coping with adversity (WHO, 2020b) that aims at providing vulnerable people with the necessary tools to develop resilience against stress. It contains practical exercises and self-help techniques, accompanied by drawings and audio exercises.

On May 29th 2020, the Department of Health and Social Care in the United Kingdom announced that community projects supporting people with their mental health during the COVID-19 pandemic will benefit from a share of 5 million pounds of additional funding. These funding will help existing services respond to global pandemic and protect the nation’s wellbeing.

The theme of the World Mental Health Day 2020 campaign was “Move For Mental Health – Let’s Invest”. On October 9th, the first ever virtual March for Mental Health kicked off, joining thousands of people around the globe in united action. The 24 hour March for Mental Health was powered by *Speak Your Mind*, a nationally-led, globally-united campaign active in 19 countries that lobbies for governments around the world to invest and get involved in solving mental health issues (marchformentalhealth.com, 2020).

On October 10th, World Mental Health Day, for the first time ever, WHO hosted a global online advocacy event on mental health. At “The Big Event for Mental Health”, world leaders, mental health experts and celebrity guests joined WHO Director-General, to tell the world what we can all do to improve our mental health and how we can help make sure that quality mental health care is available to everyone (World Health Organization, 2020d).

In China, UNICEF in partnership with an important private company specialized in socializing networks launched an online platform in order to contribute to the reduction of children’s anxiety.

Various initiatives and projects were started all over Europe, as a response to the global calls for help. For example, in Kazakhstan, UNICEF started a platform for individual online counseling services for children, together with coaching sessions for professionals in mental health in schools.

In 2021, UNICEF shall dedicate its renowned two-year report called “State of the World’s Children” to the mental health of children and adolescents, in order to raise awareness

of this world challenge and to encourage governments to give a particular attention to this subject, that may have not be credited with as much importance previously, as it has become since the emergence of the pandemic (UNICEF, 2021).

The Romanian National Authority for the Rights of Persons with Disabilities, Children and Adoptions (ANDPDCA), The Council of Institutionalized Youth (CTI), The Center for Legal Resources (CRJ) and UNICEF Romania launched, in September 2020, a new version of the emergency phone-line (*Telverde*: 0800 500 550), dedicated to children and adults from institutionalizing centers (including mental disabled persons), an instrument that was functional since July 2020 and appeared as a necessity in the COVID-19 context, in order to reduce the insecurity feelings of these children and adults, to provide counseling and help and to identify potential abuses. According to UNICEF Romania, during July 13th – September 4th more than 300 persons called the number, one or several times.

One of the most active NGOs in Romania in the field of vulnerable children's protection, together with one of the strongest communication providers on the market launched, in 2020, a phone line for parents (called *Family Tel*: 0800.070.009), where psychologists offers counselling and help in order to support parents in managing the emotional state of their children during the Covid-19 pandemic.

The first *Depression Hub* established at the end of 2019 in Romania provides help in approaching mental and emotional health for Romanians suffering for depression and anxiety, but also for those finding themselves at emotional risk, through e-health diagnose and intervention services. It hosts two free and permanently available phone lines, for fighting depression and, respectively, anxiety.

The Romanian Institute for Integrative Psychotherapy also provides free services of information and psycho-emotional support for medical staff and the large public. Under the spectrum of two support projects – *Be well, be informed!* and *Toghether we are stronger!*, more than 100 specialists working pro-bono offer help for all self-isolating and confined persons and general people mentally and emotionally affected by the COVID-19 generated crisis and for the frontline medical staff and their families.

In May 2020, The Ministry of Work and Social Protection in Romania together with a non-governmental partner, started the implementation of a project with European financing, aiming at providing support for vulnerable persons in the context of the COVID-19 pandemic. The project's specific objectives aim at increasing life quality and combatting risk and social exclusion situations for more than 100 thousand elderly persons and persons with disabilities and raising the institutional capacity of more than one thousand public authorities, to meet the needs of vulnerable persons in the COVID-19 context. The budget of the project covers financial support for the activity of the social workers directly involved on the field and for the vulnerable persons.

7. Recommendations

“WHO recommends that mental health services be enhanced and strengthened in the pandemic context” (World Health Organization, 2020c: 42), as the disruption of specific care for MNS patients can be life-threatening. It may also expose people to acute suffering, contact with the justice system and can also have an impact on child development (as in the case of mothers lacking prenatal and postnatal services). Some of the proposed specific program activities that could facilitate the meeting of the mentally vulnerable peoples' needs are (2020c: 42-43):

- Emergency and acute care for MNS disorders in inpatient and outpatient settings
- Treatment and care for MNS disorders in outpatient settings:
 - prioritization of face-to-face care for severe or life-threatening situations;
 - maintain critical harm reduction interventions and psychosocial services for people with substance disorders; maintain treatment for severe withdrawal syndromes;

- access to mental health services for all frontline workers in health facilities;
- longer prescription periods and caregivers ensuring that medicines are stored safely;
- digital health care or telemedicine services for: follow-up visits; psychological treatment in non-severe cases; caregivers; group social care; redirect initial care for mild cases to self-help (based on digital or written materials);
- care for isolated people with severe MNS disorders etc.
- Care provided in special residential facilities (hospitals, homes for people with dementia, rehab centres);
- Cross-sector services (in schools, social service units, the criminal justice system);
- Mental health promotion and prevention of MNS disorders, through:
 - access to information about coping methods;
 - supporting safe learning environments for children and youth confined at home;
 - supporting activities that help people stay connected with each other.

8. Conclusions

We encourage the implementation of social projects aiming at providing both direct support and access to health support for people with mental disorders, given that they are one of the most vulnerable social categories during the COVID-19 pandemic, as it results from all the considerations above. "Social movement is encouraged and accompanied by the action of the super-state organization" (Sorescu, 2014: 371) – for example, within pandemic context, the European Union, the UN etc. – but we must also consider "the growing significance of the NGOs role as political actors and mediators" (2014: 371).

Especially in a country like Romania, where measures for increasing the life quality of persons with mental disorders were already underfinanced and access to mental health services was poor even before the pandemic outburst, due to economical and state funding conditions, we advise that more attention is given to European financing possibilities and empowering the civil society – actively involved in addressing social problems of vulnerable categories. Using the framework and principles of European and international strategic action plans and programmes, synchronizing governmental and non-governmental efforts, building partnerships and looking at the best practices of other more developed states, that successfully implemented social projects to the benefit of people with mental conditions, before and during the pandemic period could bring significant progress and facilitate an effective management of the crisis situation. As presented above, efforts have already been made in this direction, but solving a critical problem of such extent needs focused, goal-oriented and reliable solutions that are able to reach a large segment of the target-groups.

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