

Proceedings Report

**The Hidden Crisis:  
Mental Health in  
Times of Covid-19**



The Academy of Science of South Africa (ASSAf)  
in cooperation with  
The German National Academy Of Sciences Leopoldina

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Proceedings Report - Webinar on The Hidden Crisis: Mental Health on Times of Covid-19

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The Academy of Science of South Africa (ASSAf) was inaugurated in May 1996. It was formed in response to the need for an Academy of Science consonant with the dawn of democracy in South Africa: activist in its mission of using science and scholarship for the benefit of society, with a mandate encompassing all scholarly disciplines that use an openminded and evidence-based approach to build knowledge. ASSAf thus, adopted in its name the term 'science' in the singular as reflecting a common way of enquiring rather than an aggregation of different disciplines. Its Members are elected based on a combination of two principal criteria, academic excellence and significant contributions to society. The Parliament of South Africa passed the Academy of Science of South Africa Act (No 67 of 2001), which came into force on 15 May 2002. This made ASSAf the only academy of science in South Africa officially recognised by government and representing the country in the international community of science academies and elsewhere.

This report reflects the proceedings of a Webinar on The Hidden Crisis: Mental Health on Times of Covid-19. Views expressed are those of the individuals and not necessarily those of the Academy nor a consensus view of the Academy based on an in-depth evidence-based study.



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### **WELCOMING REMARKS (Dr Jan Nissen, Leopoldina)**

The German National Academy of Sciences Leopoldina started the International Virtual Panel Series in 2020 to discuss pressing issues with international partners from a scientific perspective. As national academies of sciences, ASSAf and Leopoldina have the mandates to represent their scientific communities internationally and to provide policy-makers and the public with science-based advice.

The Leopoldina was delighted to cooperate with ASSAf, a long-standing partner on the African continent, in co-hosting the panel on The Hidden Crisis: Mental Health in Times of the Coronavirus Disease (COVID-19) and looked forward to interesting discussions among the panellists and the worldwide audience.

### **WELCOMING REMARKS (Dr Siyavuya Bulani, ASSAf)**

ASSAf was very proud to host this webinar jointly with the Leopoldina. The subject of mental health was of particular interest to both Academies. This panel discussion followed an important symposium hosted jointly by ASSAf and the Leopoldina in South Africa in 2019 titled 'Global Mental Health in an Era of Sustainable Development: Research and Policy Priorities'. The proceedings of the symposium could be accessed from the ASSAf website.

Dr Nissen and Dr Bulani welcomed all participants to the panel discussion.

### **PANEL DISCUSSION (Moderator: Prof. Marcella Rietschel, The Central Institute of Mental Health, Mannheim, Germany)**

While the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) constitutes a direct threat to physical health, COVID-19 also indirectly endangers mental health of individuals around the globe. Already before the COVID-19 pandemic, mental health disorders such as depression and anxiety and substance use disorders ranked among the major contributors to the global burden of disease. Depression, which is the main cause of suicide, affects over 300 million people worldwide. Relevant risk factors for the development of mental health disorders were distress, fear, loneliness, poverty, social inequalities and experiences of violence. The pandemic as well as the actions taken against it brings massive increases in these risk factors. It was thus necessary to be prepared for possible short- and long-term increases in mental health disorders and find means to act against these. In doing so, it was important to take into consideration that neither risks nor vulnerabilities were distributed equally across individuals, countries and continents.

In this virtual panel, the speakers discuss and analyse mental health in times of the COVID-19 pandemic from the perspective of different countries and continents. While the numbers of COVID-19 infections had decreased in Africa, they had once again increased in Europe and the pandemic is not yet over.

### **Prof. Ashraf Kagee, Department of Psychology, University of Stellenbosch, Stellenbosch, South Africa**

The 2009 South African Stress and Health Study, an important prevalence study, provided



baseline data on common mental disorders in South Africa. The prevalence of mood disorders was found to be just under 10%, anxiety disorders were under 16% and substance abuse disorders were around 13%, and 30% of South Africans met the diagnostic criteria for a common mental disorder as measured by the Composite International Diagnostic Inventory. A longitudinal study done recently (the paper has just been accepted for publication in the Journal of Psychological Medicine) showed that a higher COVID-19 perceived risk predicted greater depressive symptoms, especially among adults with histories of trauma. Qualitative data reported that experiences of anxiety, financial insecurity and fear of infection were common, and these factors drive mental health concerns in South Africa.

Another paper, recently accepted for publication, focused specifically on the mental health effects of COVID-19 on people living with Human Immunodeficiency Virus (HIV) (South Africa has a very high prevalence of HIV infection). A commentary paper brought attention to the following issues in the context of the South African experience of the COVID-19 pandemic:

- The rekindling of trauma relating to restrictions that applied to specific communities under apartheid, and increased anxiety was related to potential infection with a fatal virus (such as COVID-19)
- Associated behavioural avoidance leads to further reduced access to care and medication adherence
- Gender Based Violence resulting from the lockdown.

A recently published paper argued that trauma associated with COVID-19 exacerbated existing mental health conditions. Although this may be true, there was no clarity at this point on the extent to which COVID-19 constituted a trauma and what the actual index event might be. Better data was needed to be able to show conclusively that there were post traumatic implications from trauma. Prof. Kagee withheld judgement and offered some scepticism about the extent to which COVID-19 constituted a psychological trauma.

A systematic review, recently published in the international literature, focussed on the impact of the COVID-19 pandemic on mental health in the general population. Some of the points that emerged from the review were:

- Timely dissemination of information relating to the pandemic was associated with lower levels of anxiety, stress and depressive symptoms.
- Actively performing precautionary measures predicted lower levels of psychological stress.
- Psychological distress among women was greater than among men presumably because women represented a higher percentage of the workforce that was negatively affected by the pandemic, such as the retail and service industries and healthcare.
- People under 40 years old were more at risk of experiencing emotional distress, presumably due to the caregiving role in families in terms of emotional and financial support to children or the elderly. (In the Sub-Saharan African context, the population was generally younger than in countries in the Global North.)
- Job loss, unpredictability and disruption in academic and social life caused by the pandemic among the under-40 age group (that includes students) were found to be especially stressful.
- Persons with chronic diseases and a history of medical and psychiatric illnesses showed more symptoms of anxiety and stress.
- Persons with a history of mental disorders or current diagnoses of psychiatric illnesses were

generally more sensitive to external stresses such as social isolation associated with the pandemic.

- Exposure to social media news relating to COVID-19 was a cause of anxiety and stress symptoms. Frequent social media use brought increased exposure to fake news and misinformation, which heightened anxiety.
- The strictly imposed order to stay home and the decreased demand for goods and services affected businesses and industries to a very large extent, leading to unemployment, financial hardship and hunger, and creating the risk for developing psychological symptoms associated with economic anxiety. In South Africa, those working in the hospitality and tourism industries were especially hard-hit.
- Policy level interventions were required in terms of:
  - Attention and assistance to vulnerable groups (such as women, college students, people under 40 and those suffering from chronic psychiatric illnesses),
  - Addressing proper timely dissemination of COVID-19 information and validation of news reports concerning the pandemic
  - Easily accessible mental health services especially for those in urgent need of psychological support and people who reside in rural areas. Remote mental health services could be delivered in the form of online consultation and hot lines. There was fairly good evidence to show that providing psychological services through technology has fairly good out-comes.
  - Monetary support (such as social grants, unemployment insurance, wage subsidies and new employment opportunities), particularly for the large number of people in South Africa living in precarious financial conditions owing to the pandemic. A basic income grant for South Africans would assist in ameliorating the financial distress associated with the COVID-19 pandemic.

**Prof. Berta Ausín, Department of Personality, Evaluation and Clinical Psychology,  
Complutense University of Madrid, Spain**

The ESEMeD-Spain project is an epidemiological study about mental disorders in Spain (2006). To get an idea of the mental state of the Spanish population before Covid-19, it should be noted that epidemiological studies indicate that 8.4% of the individuals presented a mental disorder in the last 12 months (12 month-prevalence). The most frequent mental disorder was major depressive episode. Spain was one of the countries that was the most affected by the pandemic. There were currently more than 700 000 confirmed cases and over 31 000 deaths. A State of Emergency was declared on 14 March and drastic quarantine measures for all citizens were implemented for almost 100 days.

The Complutense University of Madrid's Faculty of Psychology research team conducted a longitudinal study to evaluate the effects of the COVID-19 pandemic on the mental health of the general population in Spain using a sample of 3480. The presence of symptoms of depression, anxiety and post-traumatic stress disorder (PTSD) was evaluated by means of a screen test and 18.7% of the samples revealed symptoms of depression, 21.6% anxiety and 15.8% PTSD. Being in the older age group, having economic stability and believing that adequate information was provided about the pandemic were negatively related to depression, anxiety and PTSD. Females with previous diagnoses of mental health problems and symptoms of the virus, or with relatives who were infected with the virus, were associated with greater symptomatology in all three variables. Symptoms of depression increased



significantly throughout the lockdown, decreasing at the last assessment but not dropping to previous levels. Anxiety symptomatology showed no significant change between the three assessments, but a downward trend was seen over time. A downward trend in the symptomatology of PTSD was also observed throughout the three evaluations with significantly lower scores between the first and the other two assessments.

In conclusion, the research shows that the pandemic had a negative impact on mental health of the general population in Spain, and that the situation improved once the State of Emergency ended and the crisis was over. The results underlined the importance of paying greater attention to mental health. In terms of gender related differences in the psychological impact of the containment in Spain, the data showed that the first assessment (after 2 weeks of lockdown), women suffered the greatest impact in all the variables. Women were also the most affected from the prolonged lockdown. In terms of the age related difference with regard to the psychological impact of the pandemic, fewer symptoms of depression, anxiety and PTSD were found in the older age group (from 60 to 80 years).

### **Prof. Oye Gureje, World Health Organisation (WHO) Collaborating Centre for Research and Training in Mental Health, University of Ibadan, Nigeria**

While the rest of the world was in the midst of the pandemic, some parts of Africa did not know where they stood in terms of the curve of the pandemic. Nigeria has experienced uncertainty, creating fear and anxiety, and loss of livelihoods leading to psychological distress, depression and anxiety disorders.

Similarly to the United Kingdom (UK), Nigeria had its first reported case of COVID-19 in early February 2020 and there were 5 cases by the end of that month. Currently, there were just over 58 000 reported cases of infected persons and around 1000 deaths in Nigeria as a result of the infection. Comparatively, the UK has experienced a 'storm' in the way the pandemic has evolved and this has had implications for the way that Nigeria has responded and the way that mental health consequences of the pandemic could be anticipated.

When the first cases were reported in Nigeria, there was widespread fear, anxiety and panic. The country went into lockdown early in April 2020 when there were less than 250 cases. Following this, people began looking for solutions, explanations and treatments, including homemade cures and hydroxychloroquine remedies. The spread of misinformation on social media created further panic and anxiety across the country. As it became evident that the pandemic in other countries had not evolved to the extent that was anticipated, there was less concern about the impact that COVID-19 would have in Nigeria. The government continued to publish COVID-19 related statistics, but these were based on very little testing and therefore unreliable. Many people assumed the position of denial.

The initial mitigation strategies led to numerous problems. The severe economic consequences (especially in the context of the informal economy where the loss of livelihoods was extreme) caused widespread anger and frustration, anxiety and depression, and even violent protests in some parts of the country. Regulations of the lockdown were difficult to maintain in crowded towns and cities and began to break down. The assistance that government had undertaken to provide was inadequate and inefficiently implemented, resulting in anger and resentment among large sections of the population.



The most significant impact of the pandemic was on mental health services. The lockdown meant that hospitals functioned at a low level and people were unable to get access to treatment. Medical staff stayed away because they were not provided with personal protective equipment (PPE). Patients with long-term illnesses were particularly seriously impacted. The situation remained unchanged.

Ongoing studies were expected to produce data on the impacts of the pandemic on mental health in the coming months. It was anticipated that long-term effect of the pandemic and the lockdown aimed at mitigating it will be chronic stress that leads to depression, substance abuse and other mental health consequences, with a high rate of relapse. The economic impact will leave long-lasting impacts, especially in terms of depression and substance abuse, and an increase in domestic violence will have clear mental health effects, mainly of women. A higher occurrence of stroke, especially among young age groups, has been reported. The stigma attached to those who are infected with COVID-19 has led to fewer people being tested and therefore unreliable statistics.

Currently, people in Nigeria fall into two camps: the more educated, who are very well-informed and conscious of the risk of the COVID-19 infection, and those who are in denial and continue their lives as if COVID-19 was not a reality. The distribution of the mental health threat of COVID-19 reflected the distribution in terms of awareness, with more anxiety and depression being found among those who were aware and less so among those who were not.

**Prof. Andreas Heinz, Department of Psychiatry and Psychotherapy, Charité University Hospital, Berlin, Germany**

Germany experienced a relatively high number of COVID-19 infections, which have been managed quite well so far. There has been a slight increase in the number of infections in recent weeks.

Germany has seen an increased number of days taken as sick leave due to depression and other mental disorders. One insurance covering about 3 million people in the west of the country recently reported a 9% increase in days taken as sick leave due to depression. A large insurance company in Germany reported that 20% of all sick days are due to mental illness, which reflects a moderate increase during the pandemic.

The Charité University Hospital conducted an online survey asking subjects with and without mental disorders how stressed they felt, using a questionnaire established in China in order to be able to compare the two countries. About a quarter of the respondents in Germany and 34% of those in China reported being stressed. People who had the infection suffered with their mental health, particularly when they lost their sense of smell and were unable to enjoy their food. It was feared that social isolation and poverty could affect not only depression rates but also suicide rates.

There has been a high number of patients who have no permanent abode (the homeless) admitted to acute psychiatry wards in the last year. This group was particularly vulnerable to mental disorders and COVID-19 infections, and was most affected by closures of many





outpatient services during the height of the pandemic. Mental health services in Germany have returned to almost normal, but the pressure on hospitals is expected to continue until the end of the year.

The Charité University Hospital, together with other psychiatry associations, has conducted information campaigns providing information about mental health to caregivers at all levels of the German healthcare system. A comprehensive account of how people coped during the pandemic and the specific social, cultural and gender-related challenges they faced was necessary. It was anticipated that more national data concerning Germany's experience of the COVID-19 pandemic will become available soon.

## DISCUSSION

**Question:** What do you consider the most important way to fight the mental health consequences of COVID-19?

**Response, Prof. Heinz:** Communities need to support each other and work together. As professionals, we can ask people to be generous with each other and not to get into heated arguments about details of the steps government is taking to mitigate the effects of the pandemic. We can emphasise a sense of tolerance and community.

**Response, Prof. Ausin:** Collaborating in the treatment and recovery of those affected and the creation of social health spaces, and reinforcing the importance of primary care in mental health.

**Response, Prof. Kagee:** I mentioned some policy interventions in my presentation. There are also specific individual level interventions including regular exercise and healthy diet, limited exposure to COVID related news to prevent potential false reports; obtaining information from authorised news agencies and organisation; seeking medical advice only from properly trained healthcare professionals; maintaining social contact with friends and family by phone and video calls; and access to mental health services through technology.

**Response, Prof. Gureje:** Information sharing is crucial. People need to be very well educated about COVID-19 and be able to seek assistance if infected or experiencing mental health problems. The common mental disorders can only be addressed effectively at primary care level. The process of task shifting (the way in which we have tried to expand service given the scarcity of specialists in our country) requires empowerment of primary care providers to allow them to detect and treat common mental health conditions that will be consequences of COVID-19. The pandemic has presented an opportunity to build the somewhat under-used tele-health resource to deliver healthcare (including mental health) services to the broader population using various platforms.

**Question:** Is there evidence of the extent of psychiatric patients not accessing treatment during lockdown leading to criminal offences being committed?

**Response, Prof. Kagee:** I do not have data on this and I do not know what South African data exists on this issue. To speculate, I imagine that a lack of access to treatment could lead to psychiatric patients committing crimes. The lack of mental health services is a fairly ubiquitous

phenomenon and there is a mental health 'gap' (a mismatch between the number of people requiring treatment and the actual level of services available) and so people do make their way into the criminal justice system because of the inability of the health system to cope with the number of people requiring treatment.

**Response, Prof. Gureje:** We do not have any data on this but I would say that it would be more likely that there is an increase in victimisation rather than the criminality. Persons with mental health conditions are often more at the receiving end of violence than perpetrating violence.

**Question:** What kind of experience do you have with Obsessive Compulsive Disorder (OCD) patients? Did OCD increase?

**Response, Prof. Heinz:** The German Association of Psychiatry was in contact with a self-help organisation for OCD patients. We expected that OCD patients suffered more because they are worried about infection, but they reported that OCD patients were delighted that many Germans had finally started to wash their hands carefully. Many OCD patients felt relieved that the pandemic had brought a widespread sense of hygiene to the population. We have not experienced a big increase in fear and anxiety in OCD patients, but rather a certain normalisation of hygiene concerns.

**Question:** How have the lockdown restrictions imposed on funerals affected the psyche of people who practice mourning with cultural traditions in South Africa?

**Response, Prof. Kagee:** This is a very important and relevant point. We do not have data on whether it affects people's psyche. Attending funerals is an important component of the mourning process in general. In South Africa, funerals have played a role in generating social cohesion and capital. During the apartheid era, funerals of those killed by the government were forums for activism. Not being able to attend a funeral is an important factor in people's ability to mourn. I think it will have implications for people's ability to engage and support each other, and to say their farewells to loved ones who have passed on. In all likelihood, it will have implications for individuals, families and communities. Limited attendance at funerals due to lockdown regulations will limit the financial support the family of the deceased receives from attendees.

**Question:** Are there differences between men and women in dealing with the pandemic psychologically?

**Response, Prof. Ausin:** Our data shows that the pandemic has had its greatest impact on women. One of the possible reasons for this may be that the prevalence of depression and anxiety is higher in women, and might also indicate that they are suffering from 'carer burden' due to the increased need for care both outside and within the home during lockdown. While they continued to work, women took care of their children at home for the duration of the 100-day lockdown. Women were affected by the increase in domestic violence, more so because they were unable to leave the home and access support resources.

**Question:** Are the mental health concerns in Nigeria linked to fear of contacting the virus or to economic issues resulting from COVID-19 pandemic? What are the perceptions about COVID-19 in Nigeria?



**Response, Prof. Gureje:** The general perception of COVID-19 has changed over time. At the beginning, there was anxiety and fear about the evolution of the pandemic. As time went by and people were seeing a relatively small number of infections compared to countries in Europe at the time, perceptions started to change and a lot of misinformation started to spread. The change in perception is reflected in the pattern of mental health consequences. The lockdown prevented people from earning a living and the country's economy suffered, and this increased levels of poverty and led to anger, frustration and depression, and even some violent protests. The educated, more informed sections of the community are still very concerned about COVID-19, while the larger part of the community is in denial and less likely to be anxious about the situation. Although no data is available about the impact of the pandemic on mental health, we can expect that the lingering effect of the economic problem and the lockdown itself will have mental health impacts.

**Question:** As a specialist in trauma therapy, some of my severely traumatised patients have reacted similarly to OCD patients as explained by Prof. Heinz and many of them are glad that social distancing is now legitimate. Does anyone know of similar reactions by people with PTSD?

**Response, Prof. Heinz:** There was not a complete lockdown in Germany. There was a lot of social support in the early weeks of the pandemic and we felt that this helped many patients with mental disorders to feel less isolated. I did not, however, experience any significant changes in patients with severe PTSD, but this may be due to limited encounters with patients.

**Question:** What do the experts recommend for future lockdown regulations taking into account the possible implications for mental health?

**Response, Prof. Gureje:** A lot of the contestation about lockdown in Africa, especially in Nigeria, was that there was no provision for counselling or responding to the consequence of the lockdown in terms of isolation and quarantine. Insufficient attention was given to the mental health consequences of approaches such as the centres for quarantine and isolation. In future, it will be very important to have a more comprehensive approach to delivering whatever response is necessary, and not think only about the physical aspects. In countries where economic impact is significant and resources are few, people cannot afford to not have an income and government is unable to provide sufficient financial assistance beyond immediate financial relief, it is necessary to take a comprehensive, longer-term approach that bring the relief that people need. This would help bring anger, frustration, domestic violence and substance abuse under control.

## CLOSING REMARKS

Prof. Rietschel thanked the panellists for their interesting presentations and comprehensive responses to questions, and the participants for the fruitful discussions, and acknowledged the role of The Leopoldina and ASSAf in providing the opportunity for an in-depth discussion on the complexity of the COVID-19 pandemic.



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## LIST OF ACRONYMS

ASSAf	Academy of Science of South Africa
COVID-19	Coronavirus Disease
HIV	Human Immunodeficiency Virus
OCD	Obsessive Compulsive Disorder
PTSD	Post-Traumatic Stress Disorder
UK	United Kingdom



## BIOGRAPHIES



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### Prof. Berta Ausin

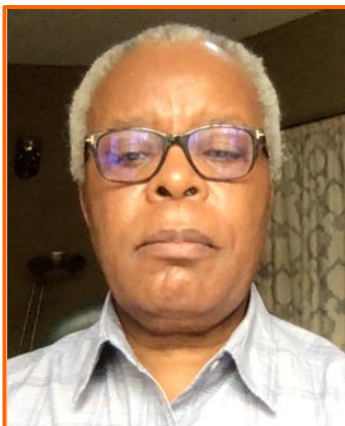
Berta Ausin is a Doctor and Professor at the Faculty of Psychology of the Complutense University of Madrid, Spain, teaching Psychological Evaluation and Aging. She belongs to the research group “Evaluation and psychological research in mental health and society” of the Complutense University of Madrid, which studies the mental health of disadvantaged and vulnerable populations: homeless, disabled, elderly, with serious mental illness, etc. She has published her work in specialized books and over one hundred national and international scientific publications. Professor Ausin is Member of the UCM-Grupo 5 Against Stigma Chair.



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### Dr Siyavuya Bulani

Siyavuya Bulani is the Senior Liaison Officer at the Academy of Science of South Africa (ASSAf) in charge of the Academy's Overseas Collaboration sub-program. Siyavuya is responsible for all the academy's bilateral agreements with other overseas academies and multilateral organisation. He holds a PhD in Biotechnology from the University of Free State, South Africa.



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### Prof. Oyewusi Gureje

Oye Gureje, MBBS, PhD, DSc, FWACP, FRANZCP, FRCPsych is Professor of Psychiatry and Director, WHO Collaborating Centre for Research in Mental Health, Neurosciences and Substance Abuse, Department of Psychiatry, University of Ibadan and Professor Extraordinary, Department of Psychiatry, Stellenbosch University, South Africa. He is Chair, Mental Health Action Committee and a Member, Ministerial Expert Advisory Committee on COVID-19, both of the Federal Ministry of Health. His main research interests are in epidemiology and global mental health. Described as one of the “most influential scientific minds”, he is listed among the global highly cited researchers by Clarivate Analytics (<https://hcr.clarivate.com>). He is a recipient

of many awards among which are Fellow of the Nigerian Academy of Science, Fellow of the Nigerian Academy of Medicine, and the Nigerian National Order of Merit (Nigeria's highest honor for academic achievement).



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### Prof. Andreas Heinz

Andreas Heinz is a neurobiologist, psychiatrist and philosopher. Since 2002, he has been a Professor as well as director and chair of the Dept. of Psychiatry and Psychotherapy at Charité, Berlin, Germany. Since 2015, Heinz has been a member of the board of directors of NeuroCure – Cluster for Excellence in Berlin, and since 2018 speaker of the Collaborative Research Centre TRR 265: Losing and Regaining Control over Drug Intake. His research focuses on learning mechanisms in mental disorders. He is investigating the molecular correlates of these mechanisms and the effectiveness of behavioral interventions. He addresses social consequences of neuroscientific research results and promotes intercultural psychiatry and psychotherapy. Since 2015, he has been a Member of the German National Academy of Sciences Leopoldina.



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### Prof. Ashraf Kagee

Ashraf Kagee is Professor at the Department of Psychology, University of Stellenbosch and co-Director of the Alan Flisher Centre for Public Mental Health. He has conducted research on mental health among persons living with HIV and psychological and structural factors influencing adherence to antiretroviral therapy (ART). He has also conducted studies on common mental disorders among various populations and is specifically interested in empirically-supported treatments, including cognitive psychotherapy, to ameliorate mental health conditions. He previously served on a working group of the World Health Organisation to decide on diagnostic guidelines for stress-related disorders for the forthcoming edition of the International Classification of Diseases 11. He has published in a wide variety of journals including Global Public Health, Social Science and Medicine, and Transcultural Psychiatry.



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### Prof. Marcella Rietschel

Marcella Rietschel is a psychiatrist and clinical geneticist, and is the scientific director of the Dept. of Genetic Epidemiology in Psychiatry at the Central Institute of Mental Health, Mannheim. She researches genetic and environmental risk factors for psychiatric disease, with a focus on affective disorders, schizophrenia and alcohol dependence. She also investigates the ethical, legal, and social implications of psychiatric genetic research. Dr Rietschel has been a Member of the German National Academy of Sciences Leopoldina since 2011.



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### Dr Jan Nissen

Jan Nissen is Senior Officer in the International Relations Department of the German National Academy of Sciences Leopoldina. He coordinates the activities of the Human Rights Committee of the Leopoldina and steers bilateral academy projects with partners in Africa, South America and Israel. Jan Nissen studied political science, economic policy and public administration at the University of Muenster and Hertie School of Governance, Germany. He holds a PhD in political sciences as well.

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# The Hidden Crisis: Mental Health on Times of Covid-19

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