

stakeholders

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Background and objective: Health systems able to address the mental health needs of older persons contribute to health equity. Primary mental healthcare (PMHC) is considered a key strategy for promoting mental health. India has embarked on improving PMHC in legislations, strategies and programmes that identify older persons as vulnerable to impaired mental health. This study analyses perspectives of key stakeholders on the challenges and opportunities in strengthening age-inclusive PMHC in India.

Methods: We conducted semi-structured interviews with 14 stakeholders from the PMHC system in India. Data analysis was based on thematic analysis. Themes were organizationally structured alongside the six WHO health system building blocks; challenges and opportunities were derived through inductive coding.

Results: The stakeholders support the policy discourse on strengthening PMHC for older persons in India which ties into already established concepts of community-oriented primary health care (PHC). They denote, however, that the health system still focuses overly on medicalizing mental health problems by this shifting towards secondary and tertiary care levels failing to reach most older people vulnerable to mental health issues through PHC. Experts see as a main obstacle to further development of PMHC that policies built on unrealistic promises such as functioning primary care structures. Improving PHC capacity in general and the integration of viable PMHC approaches, such as building capacity among primary care physicians, and targeting community health workers to improve older peoples' mental health are seen as important. Experts argue that unaccountable governance structures, poor monitoring-structures, inappropriate public spending, and a still widely spread lack of awareness of the mental health needs of older people in the health sector would need to be addressed.

Conclusion: While first steps have been taken in India to strengthen PMHC, more structured and integrated approaches are needed to unfold PMHC policies' visions.

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Increasing antidepressant consumption among adolescents and young adults following the covid-19 outbreak: Results from an interrupted time series analysis on the population of the emilia-romagna region, Italy

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Background: The COVID-19 pandemic has had a relevant impact on mental health by influencing a series of well-known predictors: frequency and quality of socialization, income security, and physical activity. As society returns to normality, the potential mid-to-long term impact of such a major event on mental wellbeing must not be underestimated.

Methods: We performed an interrupted time series analysis to evaluate the change in trends of antidepressant consumption (ATC Classification: N06A) 24 months before and after the March 2020 COVID-19 lockdown in the Emilia-Romagna region of Italy. Using the Regional Outpatient Pharmaceutical Prescriptions database, we extracted the monthly amount in Defined Daily Doses (DDDs) of dispensed antidepressants. An OLS regression was performed with Newey-West standard errors. A Cumby-Huizinga test was used for autocorrelation; the model was subsequently corrected for seasonality. Separate analyses were performed for different age groups and genders.

Results: Between 2018 and 2022, patients who were dispensed antidepressants in the Emilia-Romagna Region varied from a minimum of 337.141 (69.0% females) in 2020 to a maximum of 348.925 (69.1% females) in 2021, while 77.306.004 and 79.512.128 DDDs were dispensed in the same years, respectively. We found increasing trends in antidepressant consumption both before and after the

lockdown. Significant changes in slope of monthly trends from pre- to post-lockdown were found: +11.039,50 DDDs/month (p=0.035) among the general population; in age groups 14-19: +1065,50 DDDs/month (p<0.001), 20-34: +1983,08 DDDs/month (p<0.001). These represent 308%, 461% and a 199% increases from pre-pandemic monthly growth trends, respectively.

Conclusions: Our study found increasing trends in antidepressant consumption before and after the start of the COVID-19 pandemic. However, the pandemic may have caused an acceleration in these trends, particularly evident among adolescents and young adults. These categories might have suffered more due to a need for socialization, vulnerability in labor markets, and overburdening in family settings.

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Using integrated data to explore the geography of citizens in mental distress in aotearoa new zealand

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There is extensive research into the population health effects and experiences of people living with mental illness, however, little is known about the socio-demographic characteristics of people who call the police while in mental distress. Calls to New Zealand Police about people in mental distress are coded by police as "1M", while events related to suicide are coded "1X". Between 2009 and 2016, there was a 77% increase in 1M-related calls. Previous research found that mental health was one of the six major demands of police resources, with approximately 280 hours per day of police time spent on mental health-related calls. There remains little research that provides an evidence-base for police, together with health and social care services, to better respond to the increasing mental distress in the community. This research investigates the socio-demographic context of approximately 43,000 people in mental distress who have sought support from the NZ Police in response to 1M or 1X calls, between 2013 and 2019, using a whole-of-population cohort of deidentified individuals created in Statistics New Zealand's Integrated Data Infrastructure (IDI). We describe the spatial and temporal distribution of 1M and 1X calls, and use statistical modelling to investigate whether people in mental distress contacting police (1M/1X) have also sought support for their challenges from relevant publicly-funded health and social support services. *Dear reviewers. Our study data are not released from the IDI yet, so we cannot provide detailed numbers sorry.

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Health behaviours and subsequent mental health problems during the COVID-19 pandemic: A longitudinal analysis of adults in the UK

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Background: Public health mitigation policies aimed at slowing the spread of COVID-19 led to an increase in mental health problems (MHPs). This study examines the association between multiple pre-pandemic health behaviours and MHPs prior to, and during, the COVID-19 pandemic.

Methods: We analysed a representative population sample of 11,256 adults (aged 20-65 years) from Understanding Society – The UK Household Longitudinal Study. Baseline data from participants interviewed in 2017/2019 (wave 9) were linked to web surveys conducted during the COVID-19 pandemic. We used latent class analysis (LCA) to identify mutually exclusive health behaviour (physical activity, alcohol consumption, eating habits and smoking tobacco) clusters by gender, and examined the sociodemographic correlates of each cluster. We assessed how pre-pandemic clusters of health behaviours were associated with changes in MHPs during the pandemic using fixed effects regression models.

Results: Three health behaviour clusters were identified: positive (33%), moderate (24%) and high risk (43%), where similar behaviours clustered within individuals and sociodemographic circumstances. In particular, gender, age, migrant status and ethnicity were found to have strong associations with cluster membership. Our results also demonstrated a clear association in MHPs with health behaviours both prior to, and during the pandemic. There were significant increases in MHPs between 2017/2019 and January 2021, with fluctuations coinciding with changes