

# A pandemic's impact on mental health

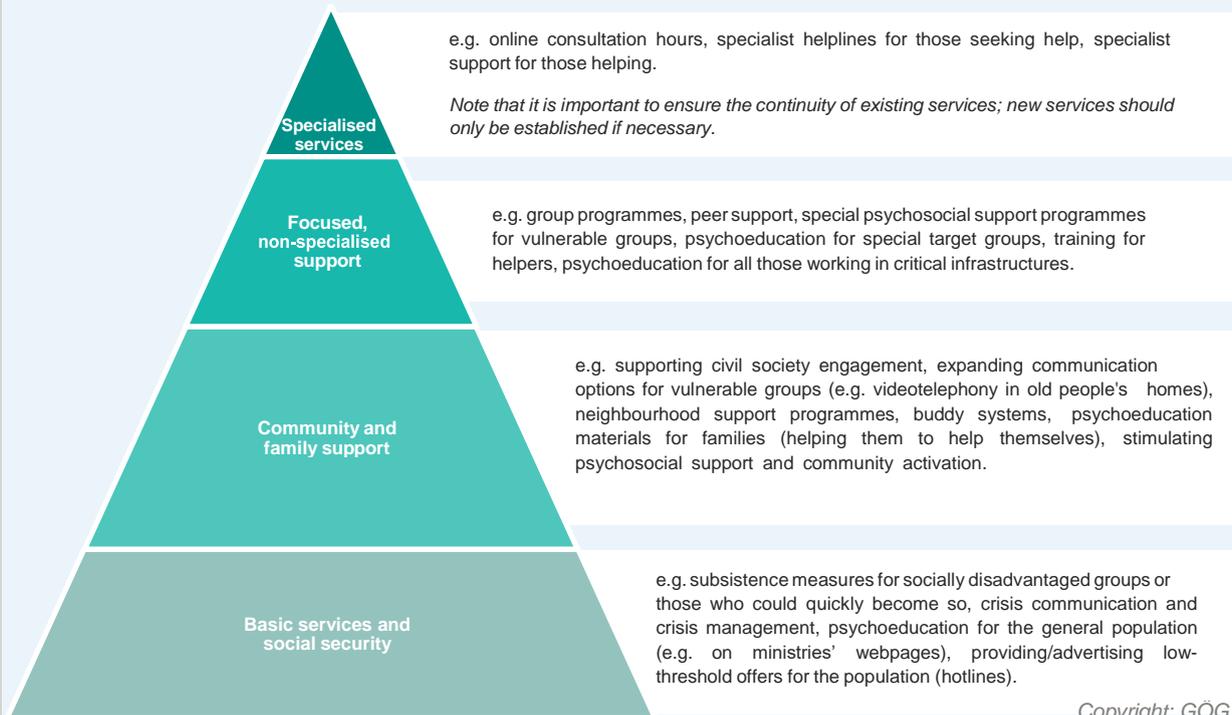
## Foresight informed policy factsheet

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## I. Key messages

1. **The pandemic might be over. But not for mental health.**
2. **The negative impact of crises on mental health is delayed and long-lasting.**<sup>(1-6)</sup>
3. **Measures should thus be taken in a timely manner** to respond adequately to the expected negative effects.<sup>(7)</sup>
  - **Monitor the population's mental health constantly.**<sup>(11)</sup>
    - Austria has established a mental health surveillance system.
    - Analysing and combining data allows us to identify effects on specific groups while overall trends show different results, e.g. girls and young women are affected most.
    - *NB: more studies and high frequency survey data could result in even deeper insights.*
  - **Ensure the provision of psychosocial support at various levels.**<sup>(11,12)</sup>
    - All levels of support can contribute to addressing adverse mental health effects.<sup>(11,12)</sup>
    - Austria includes measures at all levels of the **psychosocial intervention pyramid** to do so.<sup>(15, 16)</sup>



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## II. Background

In the course of the **COVID-19 pandemic**, several factors such as social isolation, job loss, and financial insecurity contributed to a **significant deterioration in people's mental health**.<sup>(8)</sup>

### Urgent action needs to be taken.

Even though the pandemic has affected practically everyone's life, especially **young people** and those with **pre-existing mental health conditions** are showing significant psychological suffering.<sup>(8)</sup>

### Mental stress outlasts any crisis.

**Studies on earlier crises show** that the peak of psychosocial stress and stress reactions is reached when the physical threat subsides.<sup>(1-6,9,10)</sup> Similarly, **economic consequences** for individuals (loan deferrals, unemployment, recession, etc.), which are a significant risk factor for mental illness and suicide, are delayed in many cases.<sup>(1-6,9,10)</sup>

Since the consequences of the COVID-19 pandemic cannot be precisely quantified with just one or two indicators, a different approach is needed.

### Comprehensive surveillance of mental health is a way forward.

**A comprehensive view of different mental health indicators is a good approach** to detecting general trends in the psychosocial health of the population. It allows us to outline temporal correlations with the course of different social events/crisis and differences between population groups. In Austria, in line with the UN recommendation, a **regular surveillance** of psychosocial health was established in 2020. In the absence of survey data, it was decided to focus on available routine data. More studies and survey-based information would bring even deeper insights.

### Objective of this Policy Brief

To show how monitoring the current state of people's mental health – as done in Austria – can contribute as a basis for prediction of future trends as well as for developing adequate and timely measures addressing mental health.

### Any analysis needs a country context – PHIRI facilitates exchange.

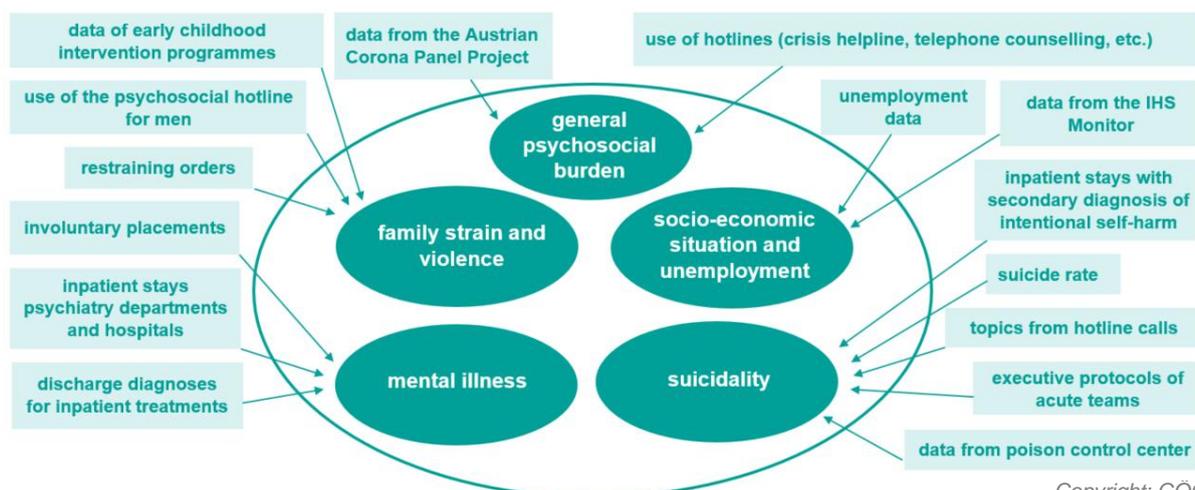
The **Population Health Information Research Infrastructure (PHIRI)** is a European project that aims to facilitate and generate the best available evidence from research into the health and well-being of populations impacted by COVID-19.

PHIRI's **Health Information Portal** and **Rapid Exchange Forum** are useful tools for exchanging information and understanding between countries. A specific country context can be understood thanks to comparisons between countries as done in PHIRI's workpackage 6, research Use Case D, which aimed to measure changes in population mental health associated with the COVID-19 pandemic.

For mental health, this can help us find and understand relations between a psychosocial situation and country-specific interventions (e.g. school closures and their effect on the mental health of young people).

### Surveillance of Mental Health in Austria – a comprehensive model

In Austria in 2020 a monitoring of mental health<sup>(7)</sup> based on routine data was established. The psychosocial burden of Austrians can be estimated through **five main indicator groups**: family strain and violence, mental illness, suicidality, the socio-economic situation and unemployment and the general psychosocial burden. All these indicator groups are interlinked. The detailed indicators are formed on the basis of different data sources (see following figure).



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### III. Results

The following results on people's mental health status during the pandemic are likely to apply – despite using mainly data specific to Austria – to many other European countries as well.

#### A need to know what's going on.

**Use of the Austrian psychosocial hotline increased** at the beginning of the pandemic and has been very high ever since, which indicates that psychosocial stress within the general population is elevated.<sup>(13)</sup> An increase in loneliness and mental health as counselling topics was revealed.<sup>(14)</sup> The numbers of consultations by women are currently even higher than in the first year of the pandemic, with its contact regulations and lockdowns.<sup>(13)</sup> There are signs that **older people might be more affected**.

**In adult psychiatry**, after a decline in the number of patients treated as inpatients (which does not allow conclusions to be drawn as to a decline in demand) **increases are again evident**. In 2022 involuntary placements in the age group 18-64 were significantly above pre-pandemic levels.<sup>(13)</sup>

#### Mental suffering has reversed the pre-pandemic situation for young people.

There is clear evidence also on OECD level that the **mental health of young people** was impacted disproportionately during the pandemic, especially among girls and young women.<sup>(8,13)</sup>

- In Austria, the **child and adolescent psychiatry** data show that both inpatient stays and involuntary placements of **girls and young women** have been rising significantly since 2021.<sup>(13)</sup>
- In 2019, and thus before the pandemic, the proportion of young people reporting depression symptoms was typically lower than the population average. **Reported symptoms of depression more than doubled** during the pandemic in Belgium, Estonia, France, Sweden, and Norway.<sup>(8)</sup>
- An **alarming rise in reported rates of suicidal ideation/thoughts** has been seen. In Austria, there was a significant increase in inpatient stays for girls and women under the age of 20 with a secondary diagnosis of suicide attempts or intentional self-injury in 2021. Data from the Austrian Poison Control Center also show more deliberate self-poisoning in this group since the beginning of 2021. In other European countries, similar trends have been observed, such as a fivefold increase in reported suicidal ideation in Belgium and France.<sup>(8)</sup>
- **Young people with pre-existing mental health conditions experienced increased symptoms during the pandemic**. In some countries, e.g. Belgium, there was an increase in the incidence of eating disorders, for example.<sup>(8)</sup> An increase in inpatient stays for young women with a diagnosed eating disorder has also been observed in Austria.<sup>(13)</sup>

#### The pandemic highlights links between inequality and mental health.

Mental health problems are **more likely to affect people in poor socio-economic situations, young people, women, and people at risk of exclusion** due to their sexual orientation, immigration status, race, or ethnicity. The pandemic exacerbated this.<sup>(8)</sup> Using foresight to explore the future impacts of the pandemic and inequalities in mental health can provide insights and allow discussions into policy actions addressing present and future mental health challenges (REF to general policy brief)

### This pandemic impacts everyone's mental health. Some suffer more.<sup>(8,13)</sup>



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## IV. Conclusion and Recommendations

Besides the pandemic, numerous other crises (the cost-of-living crisis, the climate crisis, and Russia's aggression against Ukraine) could have contributed to these developments as well.<sup>(8)</sup> An **increase in mental distress was observed in specific population groups during the pandemic:**

- young people – especially girls and women,
- people with pre-existing mental health conditions, and
- the elderly (loneliness).<sup>(13)</sup>

The situation will not improve (or even worsen) if no specific interventions are set for these vulnerable groups.

### All levels should work together.

**Interventions need to be taken not only at the top of the psychosocial intervention pyramid** but also on the “lower levels” dealing with matters of social security and community support as well as non-specialized support (see key messages on page 1).

### Mental health monitoring is key.

To take appropriate measures, it is **important to closely monitor the mental health situation of the population** and its subgroups. One means of monitoring can be the analysis of usage data like in the Austrian Surveillance system or the PHIRI project. But this approach has several **limitations:**

- Groups of people who cannot make use of the support services (barriers, active seek for help) are not visible.
- Some institutions may not document need for support (capacity limits).
- Better availability of data can lead to weighting of individual problem areas.

Hence **high frequency survey data (e.g. from panel studies) are needed for deeper insights.** And, of course, monitoring and surveillance cannot replace research and scientific studies.

## V. References – Want to learn more?

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