European Parliament

Mental health and the pandemic

SUMMARY

While the pandemic is primarily a physical health crisis, it has also had widespread impact on people's mental health, inducing, among other things, considerable levels of fear, worry, and concern. The growing burden on mental health has been referred to by some as the 'second' or 'silent' pandemic.

While negative mental health consequences affect all ages, young people, in particular, have been found to be at high risk of developing poor mental health. Specific groups have been particularly hard hit, including health and care workers, people with pre-existing mental health problems, and women. The pandemic has also appeared to increase inequalities in mental health, both within the population and between social groups.

To address the population's increased psycho-social needs, the World Health Organization Regional Office for Europe established an expert group on the mental health impacts of Covid-19 in the European region. The Organisation for Economic Co-operation and Development has issued analyses and guidance on mental health in general and the pandemic's impact on mental health in particular.

At European Union level, a December 2020 European Commission communication addressed the pandemic's impact on mental health. In May 2021, the Commission organised a major online stakeholder event, and published best practice examples of solutions presented.

A July 2020 European Parliament resolution recognises mental health as a fundamental human right, calling for a 2021-2027 EU action plan on mental health. Members of the European Parliament have also called on the Commission to put mental health at the heart of EU policymaking. Stakeholders broadly rally around calls for programmes and funding to improve citizens' mental health, not least to respond to the pandemic's long-term implications.

IN THIS BRIEFING

- Healthy mind, healthy body
- The pandemic's effects on mental health
- International bodies' mental health guidance
- European Union action
- Stakeholder views
- Outlook

EN

Healthy mind, healthy body

Mens sana in corpore sano, the saying goes – a healthy mind in a healthy body. The World Health Organization (WHO) defines 'mental health' as a state of mental wellbeing in which people cope well with the many stresses of life, can realise their potential, can function productively and fruitfully, and are able to contribute to their communities. The state of mental health in Europe was a cause for concern already before the coronavirus pandemic. According to the 'Health at a Glance: Europe 2018' report, one in six people across EU countries – about 84 million individuals – had a mental health issue in 2016. While the coronavirus pandemic is primarily a physical health crisis, it has had widespread impact on people's mental health as well, inducing considerable levels of fear, worry, and concern in the general population, and leading to – or worsening – loneliness. The 'Health at a Glance: Europe 2020' report found evidence of higher rates of stress, anxiety and depression, in particular among specific groups. The growing burden on mental health caused by the crisis has been referred to by some observers as a 'second' or 'silent' pandemic.

> ## Public opinion one year into the pandemic
>
> In a Special Eurobarometer survey conducted for the European Parliament between March and April 2021, people were asked what feelings best describe their current emotional status. Most respondents (45 %) said they felt 'uncertainty'. Many also mentioned 'frustration' (34 %), 'helplessness' (30%), 'anger' (22 %), 'fear' (22 %), and 'loneliness' (16%). Conversely, feeling 'hope' and 'calm'% were mentioned by 37 % and 19 % of respondents, respectively. The mood appears to be changing, with more recent national surveys indicating that citizens are increasingly seeing some light at the end of the tunnel.

The pandemic's effects on mental health

As the March 2021 World Happiness Report notes,[1] the pandemic has been associated with a substantial rise in symptoms of mental ill-health, and there is still much uncertainty surrounding the pandemic's second and third waves, and how the lockdowns halting economic and social activity will affect mental health. The report points out that, in keeping with other consequences, the pandemic has also appeared to increase inequalities in mental health, both within the population and between social groups. The report identifies four main types of mechanisms by which various stress factors associated with the pandemic might affect mental health measures, and the time horizons over which these mechanisms might play out (see Figure 1 below). These relate to: (1) health-related anxieties directly arising from Covid-19, such as the likelihood of being infected, the chance of being hospitalised or dying, the probability of infecting others, and the possibility of loved ones being infected or dying; (2) the mental health consequences of worries resulting from how the pandemic might affect a person's financial situation, in both the short and long run; (3) the complications arising from domestic family arrangements during times of lockdown; and (4) the direct mental health effects of the loss or restriction of activities caused by the pandemic and the various lockdown policies. According to the report, the third and fourth phases of mental health effects are only now beginning to play out, and may turn out to be the most consequential.

An iterative e-survey by Eurofound (third round, February/March 2021) showed that mental wellbeing had reached its lowest level across all age groups since the onset of the pandemic. The biggest drop in wellbeing was seen among those who had lost jobs and among young people. An analysis of data from surveys conducted in Denmark, France, the Netherlands and the United Kingdom compared patterns of loneliness, worries, anxiety, and Covid-19 related behaviours among more than 200 000 participants. It found that people had responded in psychologically similar ways to the pandemic and its associated preventive measures, despite differences in government approaches. The analysis also observed consistency in key mental-health indicators across the four countries. However, it found that respondents with previously diagnosed mental illness and younger respondents reported poorer mental health during the first months of the pandemic.

Figure 1 – Time horizons of the pandemic's key mental health effects
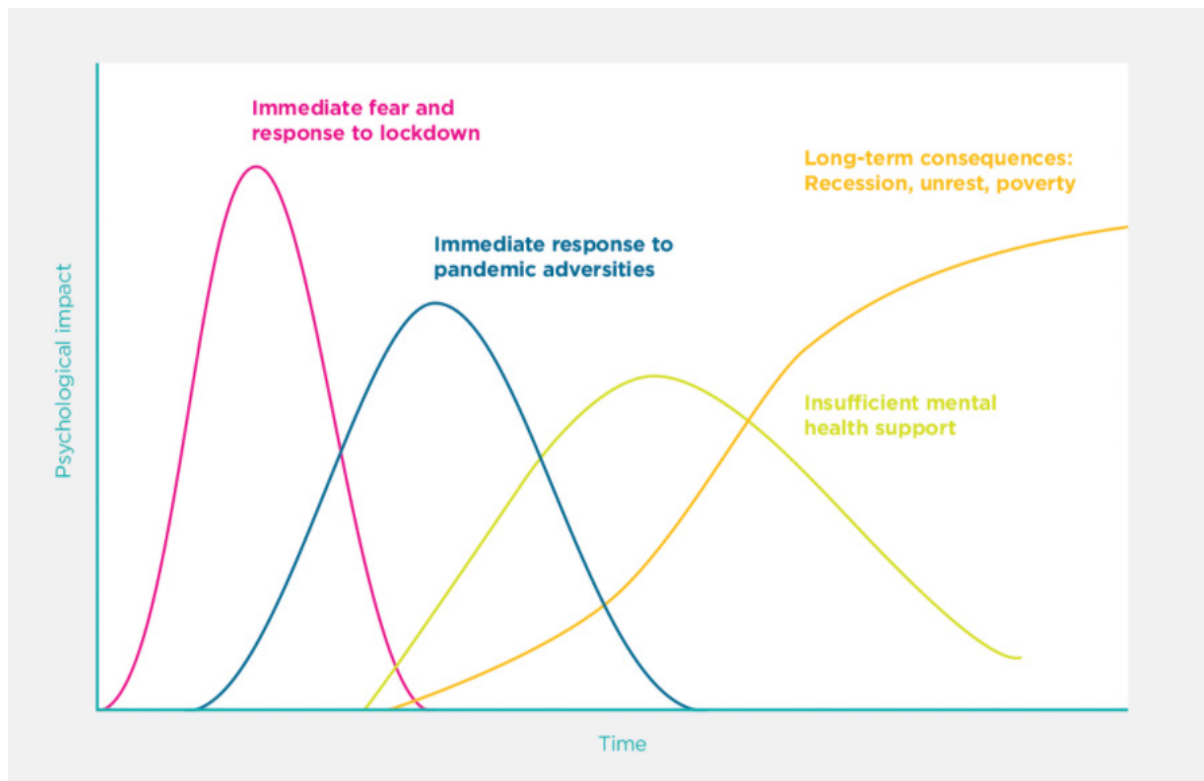
Source: Mental health and the Covid-19 pandemic, in: Word Happiness Report 2021.

Impacts on different age and social groups

Even as the coronavirus peak has passed, the mental health consequences persist. Speaking at a November 2020 webinar organised by the European Parliament's Committee on the Environment, Public Health and Food Safety (ENVI), Natasha Azzopardi-Muscat (Director of the Division of Country Health Policies and Systems, WHO Regional Office for Europe) grouped the coronavirus pandemic's mental health impacts into three categories: direct effects of the outbreak (fear and anxiety); indirect effects of the measures taken (such as lockdown and isolation); indirect effects of the socioeconomic fallout (including debt, unemployment, impoverishment and exclusion). According to Azzopardi-Muscat, the mental health consequences affect all ages, from children and adolescents, to adults and elderly people. Young people (aged 18-28) in particular, are at a high risk of developing poor mental health, owing to higher employment and income insecurity. Examples from some EU countries illustrate the pandemic's severe impact on people's mental wellbeing: at the beginning of the lockdown in France, anxiety was twice as prevalent, and life satisfaction dropped significantly. In Italy, eight in ten said they needed psychological support. In Belgium, the prevalence of anxiety and depression doubled, increasing from an average of 11 % (9.5 %, respectively) in 2018 to 23 % (20 %, respectively) in April 2020. Sweden saw an increase in self-reported mental health problems. In the Netherlands, more than a third reported feeling more anxious, stressed and lonely, with about 20 % having more problems with sleep.

More concretely, the pandemic and the restrictive measures taken by governments worldwide are considered to have had a severe impact on **young people's mental health**.[2] Faced with major disruptions to their education and living situations, and concerned about the future and their place in it, they may even suffer lifelong economic impacts. A 2020 study among young US adults (aged between 18 and 35) revealed significant depressive symptoms in 80 % of participants. 'Alarming' levels of loneliness were associated with significant mental health issues, with approximately 61 % of respondents reporting moderate (45 %) to severe (17 %) anxiety. A 2020 International Labour Organization (ILO) report found the impact of the pandemic on young people (aged 18 to 29) to be

systematic, deep and disproportionate. According to the report, the impact has been particularly hard on young women, teenagers, and young people in lower-income countries (see also related results under 'Organisation for Economic Co-operation and Development' below.)

Specific groups have been hit particularly hard. The pandemic has placed extraordinary demands on the **health and care workforce**, not least mentally. Experts say that the exceptional workload and psychological drain on health professionals has led to a considerable mental health burden, with possible long-term implications for their wellbeing. According to a 2021 webinar report by the WHO Regional Office for Europe, research shows that health and care professionals are experiencing higher levels of anxiety (13 % versus 8.5 %) and depression (12.2 % versus 9.5 %) compared to professionals from other areas. An April 2021 paper shows that as many as 43 % of frontline workers are experiencing significant levels of anxiety, with a prevalence of 27 % in nurses and 17 % in medical doctors.[3] A January 2021 study on mental health among medical professionals during the pandemic in eight European countries finds that a considerable proportion of participants showed high values for depression, anxiety and stress. A November 2020 paper addresses the psychosocial risks health professionals are facing at work, such as job stress, secondary traumatic stress, burnout, work-family conflict, or violence at work. It recommends that psychosocial interventions be extended beyond the acute crisis period, as traumatic stress and some emotional problems are likely to have a high incidence in the future among health professionals. A review on the psychosocial risks to health workers during the pandemic, published in March 2021, found psychosocial risks related to four sources: (lack of adequate access to) personal protective equipment; job content; work organisation; and societal and social demands, whereby women health workers and nurses reported worst health outcomes. The June 2021 results of a study show that more than 300 UK healthcare workers attempted suicide last year.

People with pre-existing mental health problems have been particularly vulnerable during the coronavirus pandemic. The pandemic disrupted mental healthcare services, leading to a substantial reduction in access to and availability of facility-based services and community-based support. Face-to-face appointments had to be cancelled, or partially or entirely suspended, and provision moved online (including teleconsultations and hotlines). As a consequence of restricted access to normal support, pre-existing psychiatric conditions worsened. According to the findings of a small-scale European survey on the initial impact of the pandemic on people with pre-existing mental health conditions, carried out between September and December 2020, 51 % of respondents said their mental health had become worse since the outbreak, and 57 % experienced a decline in their mood during the pandemic. While 82 % were able to access mental health services when required, 60 % reported a change in the way they received

> **Mental health 'continuum'**
>
> As the Lancet Commission on global mental health and sustainable development points out, mental health problems exist along a continuum, from mild, time-limited distress, to severe mental health conditions. The coronavirus pandemic influences where people are situated on that continuum: many who previously coped well are now less able to cope because of the stressors generated by the pandemic. Those who previously had few experiences of anxiety and distress may experience an increase in the number and intensity of these experiences. Some have developed a mental health condition during the pandemic. Those who previously had mental health problems may experience a worsening of their condition.

mental healthcare, which had switched mostly to phone consultations. 85 % said they received most support from family, friends and/or a carer, as well as self-help groups and support from peers.

The coronavirus pandemic is also having a **gendered mental health impact**, as pandemics are known to affect women and men differently. According to a study requested by European Parliament's Committee on Women's Rights and Gender Equality (FEMM), the pressure of balancing work and family life has taken a severe toll on women's wellbeing, with more women than men reporting suffering from anxiety because of Covid-19. Women's informal care role during the

pandemic also had considerable effects on their mental health, with women reporting increased anxiety and worry about their family and wellbeing, and about their finances. Women with younger children have been disproportionately affected. UK research shows that disruptions and isolation have contributed to high rates of depression and anxiety mong new mothers, with potential long-term impacts on their mental health. According to the FEMM study, pandemic-related mental health issues are also thought to be rising among lesbian, gay, bisexual, transgender and intersex **(LGBTI) people** because of self-isolation alone or in difficult circumstances, compounded by changes to or reductions of mental health services. Some analysts suggest that mental health services may need to be (re)established post-pandemic, to cope with the burden of mental health and changes to mental health provision for people already under care.

The question of how **older people** are coping with the pandemic's mental health effects appears to require a nuanced answer. While there was initially concern that isolation during the pandemic could be more difficult for older people, both at home and in residential care facilities, and could worsen existing mental health conditions, recent studies seem to indicate that older people may be withstanding the pandemic's mental health strains better than other age groups. However, experts caution that older people are a highly diverse group, and that each person's response to the pandemic's stresses (in other words their resilience) depends on a unique set of circumstances. Also, the pandemic's longer-term effects on older people's health are unclear. A November 2020 study that related loneliness to psychiatric symptoms (including anxiety and depression) in older adults, interestingly found that the effect of loneliness on psychiatric symptoms was most pronounced among participants who felt subjectively older than their chronological age, while those who felt subjectively younger than their age showed no such symptoms.

The number of people working from home has increased significantly during the pandemic. Research has looked into the experience of **teleworking**, the impact of teleworking and digital work on workers and society more broadly, and how the impact of working from home is changing how people want to work in the future. This research takes up the baton from pre-pandemic studies on the mental health of workers in the digital era, and may have implications for the 'new normal' of teleworking and other digital flexible working time arrangements.

International bodies' mental health guidance

United Nations

A May 2020 United Nations policy brief on 'Covid-19 and the need for action on mental health' (see text box) highlighted the widespread psychological distress the isolation, fear, uncertainty, and economic turmoil have created among populations. According to the brief, a long-term upsurge in the number and severity of mental health problems is likely. The brief notes that specific groups are particularly vulnerable to experiencing high levels of psychological distress, including frontline healthcare workers and first responders, older adults, people with pre-existing health conditions, children and adolescents, women, and people in fragile humanitarian and conflict settings. The policy brief makes three main recommendations to minimise the pandemic's mental health effects: (i) apply a whole-of-society approach to promote, protect and

Covid-19's long-term effects on the brain

As pointed out in a May 2020 United Nations policy brief, infection with the coronavirus can cause a wide range of neurological symptoms, including headaches, an impaired sense of smell and taste, agitation, delirium (an acute and fluctuating change in cognition and awareness), stroke and meningoencephalitis. According to estimates, around 10 % of Covid-19 patients develop 'long Covid'. The condition comes with a wide range of neurological symptoms, including headache, pain, brain fog and memory issues, and has been associated with mental-health problems such as anxiety and depression. Pandemic-related stress, social isolation and violence in the family are also likely to affect brain health and development in young children and adolescents. Moreover, according to the brief, social isolation, reduced physical activity and lack of intellectual stimulation increase the risk of cognitive decline and dementia in older adults.

care for mental health; (ii) ensure widespread availability of emergency mental health and psychosocial support; (iii) support recovery from the pandemic by building mental health services for the future.

World Health Organization

In March 2020, the WHO published recommendations on safeguarding mental health, with messages addressed to the general public, healthcare workers, managers in health facilities, older adults, people with underlying health conditions and their carers, and people in isolation.

In February 2021, a technical advisory group (TAG) on the mental health impacts of Covid-19 in the WHO European region was established. Its tasks include reviewing available evidence and identifying remaining gaps in the evidence base, emergent needs, and the implications for mental health service development. Later in 2021, the WHO Regional Office for Europe is expected to launch a mental health coalition that will bring together WHO European region countries, service users, providers and innovators, with a view to mobilising investment in mental health, and advocating for mental health system reforms. The coalition will focus on addressing stigma and discrimination and bringing mental healthcare away from institutions, to the community.

In a June 2021 press release on new WHO guidance on suicide prevention, WHO Director-General Tedros Adhanom Ghebreyesus underlined that attention to suicide prevention is even more important now, after many months living with the pandemic, as many of the risk factors for suicide – job loss, financial stress and social isolation – are 'still very much present'.

Organisation for Economic Co-operation and Development

The Organisation for Economic Co-operation and Development (OECD) has issued analyses and recommendations on mental health in general, and on the pandemic's impact on mental health in particular. As the OECD points out on its dedicated website, mental disorders account for one of the largest and fastest growing categories of the burden of disease worldwide. One in two people experience a mental illness in their lifetime, yet 80 % of those with a common mental disorder, and up to 50 % of those with a severe mental disorder, do not seek or receive treatment. The total costs of mental ill-health are estimated at 3.5-4 % of gross domestic product (GDP). The OECD's mental health performance framework project aims to establish how 'performance' in mental health should be defined, measured and improved across OECD countries. According to the six principles of mental health performance, a high-performing mental health system:

1   focuses on the individual who is experiencing mental ill-health;
2   has accessible, high quality mental health services;
3   takes an integrated, multi-sectoral approach to mental health;
4   prevents mental illness and promotes mental wellbeing;
5   has strong leadership and good governance;
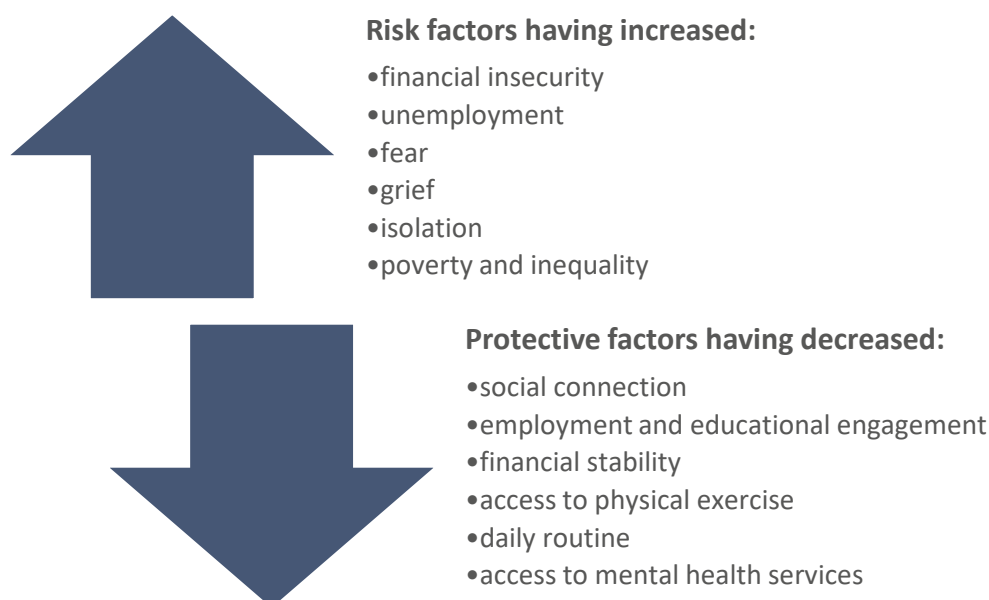6   is future-focused and innovative.

According to the joint OECD/European Commission 'Health at Glance: Europe 2020' report already mentioned above, living with a mental health problem can have a significant impact on daily life and contribute to worse educational outcomes, higher unemployment rates, and poorer physical health. In addition, the coronavirus crisis has led to a growing burden of mental ill-health, with emerging evidence of higher rates of stress, anxiety and depression; compounded by disruptions to healthcare for those with pre-existing mental health conditions. According to the report, improving health system resilience to the ongoing pandemic and future crises includes strengthening primary healthcare and mental health services to minimise delays and forgone care.

A May 2021 policy response brief explains that the coronavirus crisis has heightened the risk factors generally associated with poor mental health, such as financial insecurity, unemployment, and fear. At the same time, protective factors (including social connection, employment and educational engagement, access to physical exercise, daily routine and access to health services) fell dramatically

(see Figure 1). This has led to a marked and unprecedented worsening of population mental health during the pandemic. As the brief notes, mental health services were already over-stretched pre-pandemic, and although countries have taken immediate steps to increase mental health support, the scale of mental distress since the start of the pandemic requires more integrated policies to support mental health. According to the brief, an integrated, whole-of-society response means two things: first, access to existing mental health services should be assured – either in-person or via telemedicine, or both – and increasing access to evidence-based services should be a priority; second, employers should contribute to supporting employees' mental health, and policymakers should look into the implications of long-term teleworking on mental health.

Another May 2021 policy response brief underlines that young people's mental health has been significantly impacted by the coronavirus crisis. According to the brief, anxiety and depression have dramatically increased among young people (15-24 year-olds), and levels remain higher than pre-crisis. This can be attributed to disruptions in access to mental health services, the impacts of school closures, and a labour market crisis disproportionately affecting young people. The brief argues that, with adequate support and timely intervention, young people experiencing mental distress 'may be able to bounce back'. Recommendations include scaling up existing mental health support in education systems, workplaces and health systems, and introducing comprehensive policies to help young people to remain in education, or to find and keep a job.

Figure 2 – Drivers of declining mental health status in the coronavirus pandemic

Risk factors having increased:
- financial insecurity
- unemployment
- fear
- grief
- isolation
- poverty and inequality

Protective factors having decreased:
- social connection
- employment and educational engagement
- financial stability
- access to physical exercise
- daily routine
- access to mental health services

Data source: Francesca Colombo/OECD webinar slide, April 2021; OECD policy response brief, May 2021.

As an August 2020 policy response brief on the coronavirus pandemic's effect on children notes, the stress and uncertainty associated with the pandemic have potentially had considerable negative effects on children's mental health. While evidence on the pandemic's impact on children's mental health is limited, there is a risk of it having had a greater effect on children from low socio-economic backgrounds. At the same time, the pandemic has posed serious challenges to child and adolescent mental health service delivery, as many services have faced disruption. Two policy options are brought forward: maintaining access to services for children and young people with mental health problems and their families, and supporting nongovernmental organisations (NGOs) that provide community-based online services for young people and for parents with children facing mental health issues.

According to a June 2021 policy study, the toll the coronavirus has taken on mental health has made mental health systems more important than ever. The study highlights recent reforms countries

have undertaken to strengthen mental health performance, and identifies approaches countries should pursue to meet their populations' mental health needs more effectively.

European Union action

European Commission

Policies and services addressing mental health are the individual EU Member States' responsibility. The Commission's work on mental health, part of its activities on non-communicable diseases, builds on international policy frameworks, such as the United Nations sustainable development goals, and aims to complement Member States' policies, supporting real action on the ground. Commission involvement in mental health goes back nearly two decades, to its 2005 green paper 'Improving the mental health of the population: Towards a strategy on mental health for the European Union'.[4] In response to the mental health challenged posed by the coronavirus pandemic, the Commission's Directorate-General for Health and Food Safety (DG SANTE) set up a dedicated network space on its health policy platform for health and social stakeholder organisations to exchange mental health practice and knowledge. The platform is co-ordinated by Mental Health Europe and includes a focus on vulnerable groups, such as the homeless, people with pre-existing conditions, and older people.

A December 2020 Commission communication addresses the impact of the pandemic on mental health. As the communication notes, the destabilisation felt by the general population is particularly acute among the most vulnerable groups. Health and care workers are particularly exposed, and best practices to reduce the impact

> ### The impact of the pandemic on mental health: Event
>
> The 10 May 2021 European Commission online event 'Mental health and the pandemic: Living, caring acting!' brought together policymakers and stakeholder groups. A first session provided an overview of the state of play of the pandemic's mental health impact. Parallel sessions then looked at how different groups were affected: children, young people, parents and teachers, older people and vulnerable groups, healthcare workers, workers in social and residential care and informal carers. Subsequent sessions identified pre-existing mental health needs and their impact on people and services, and considered how health systems can be made fit to meet future mental health needs. The final session focused on the contributions different actors can make, given their role and perspective. As the conference report notes, speakers warned against overestimating the short-term consequences of the pandemic or underestimating its long-term impact. Best practice examples of solutions presented at the conference were published along with the report.

on these and other frontline workers should be promoted. According to the communication, the main psychological impact (as of December 2020) is elevated rates of stress or anxiety. However, as new measures are introduced – such as stay-at-home policies, quarantine and prolonged curfews – levels of loneliness, depression, harmful alcohol and drug use, self-harm, domestic violence and suicidal behaviour, also increase. Recommendations for EU countries include:

> - communicating clearly on new measures, the reasons why they are being implemented, and when and how they might be lifted;
> - ensuring the availability of, and easy access to, mental health and psychosocial support services for people in need, including frontline and essential workers or service providers (for instance, free support hotlines);
> - providing support for persons with disabilities and vulnerable populations.

The health policy platform has brought stakeholders together to identify numerous best practices from the first wave of the pandemic, which could be promoted with Commission support at the request of Member States.

A 2020 study by the Commission's Joint Research Centre explores Covid-19-related determinants of life dissatisfaction and feelings of anxiety, using data collected during March and April 2020. The findings include that those with better general health, holding a paid job, living with a partner,

exercising daily and avoiding loneliness report less dissatisfaction and less anxiety. Women report feelings of anxiety more often than men. Older people report lower dissatisfaction and anxiety. During the May 2021 Mental Health Awareness week, the Joint Research Centre launched a mental health section on its 'health promotion and disease prevention' knowledge gateway.

The Commission's Expert Panel on effective ways of investing in health was asked to provide an opinion on 'supporting the mental health of health workforce and other essential workers'. Its June 2021 draft opinion develops eight recommendations with several action points: focus on mental wellbeing; treat mental wellbeing as an inherent part of the workplace and its organisation; create a supportive institutional framework at EU-level; create an appropriate cost-effectiveness framework; build and share knowledge on interventions; define a common vision for mental healthcare; prepare organisations and their leaders; and provide timely and adequate access to care when preventive efforts are not effective. The opinion is due to be finalised by July 2021.

A May 2021 report by the European Agency for Safety and Health at Work (EU-OSHA) looks at the risks, benefits and challenges arising from the sudden increase in teleworking during the coronavirus pandemic. It focuses on the potential psychosocial risks, and discusses the EU regulations in place to protect workers, including the right to disconnect. The report offers best practice examples, and highlights the importance of risk assessment.

EU-funded research under the Horizon 2020 programme includes projects to improve understanding of the pandemic's behavioural, social and economic impact. The wider mental health burden will be addressed under the 2021-2027 EU4Health programme, which includes targeted action to address mental health in schools, support health professionals, and increase awareness.

Council and European Council

The 24 October 2019 Employment, Social Policy, Health and Consumer Affairs Council conclusions on the economy of wellbeing invited the Commission to propose a mental health strategy, taking into account the cross-sectoral impacts of different policies on mental health.

European Parliament

A July 2020 resolution on the EU's public health strategy post-Covid-19 recognises mental health as a fundamental human right. It calls for a 2021-2027 EU action plan on mental health, with equal attention paid to the biomedical and psychological factors of mental ill-health. The resolution also refers to the long-term health effects of Covid-19, including on mental health.

Members of the European Parliament (MEPs) have called on the Commission to 'turn promises into action and put mental health at the heart of EU policymaking' (see text box below).

In November 2020, at the request of Parliament's Committee on the Environment, Public Health and Food Safety (ENVI), the Policy Department for Economic, Scientific and Quality of Life Policies organised a webinar on 'Mental health during the Covid-19 pandemic'. According to the proceedings, key takeaways include:

- the priority level of mental health was already increasing before the coronavirus pandemic;
- the impact of Covid-19 on health services saw a dramatic reduction in their accessibility and availability;
- the impact of Covid-19 on health and social workers was severe;
- the future strategy for healthcare systems should be focused on a whole health systems approach, with attention to the health workforce;
- mental health digital solutions should be integrated in national healthcare systems, avoiding regulatory fragmentation.

Stakeholder views

Already before the coronavirus pandemic started, mental health stakeholders had asked the European Commission to give specific attention to mental health. Calls have amplified during the pandemic.

In a joint statement, health stakeholder organisations[5] listed eight proposals for policymakers to incorporate in their coronavirus responses: integrate mental health concerns into all crisis-response activities; communicate efficiently while containing panic and fear; protect the mental health of frontline workers; recognise the role of informal carers and provide them with adequate support, counselling and training; assess and manage risks in work organisations; ensure timely access to and continuity of treatment and care for all who need it during and after the pandemic; protect the mental health of people in vulnerable situations, including older people; and adopt a whole-of-society approach to mental health.

> **European Parliament – Cross-party MEP groups for mental health**
>
> In the Coalition for Mental Health and Wellbeing (established in 2012 by Mental Health Europe), MEPs from various political groups work towards the inclusion and mainstreaming of positive mental health in all policies. Among other things, the coalition advocates a comprehensive European mental health strategy and considers the current crisis to be a timely opportunity for long-awaited healthcare reforms.
>
> The MEP Alliance for Mental Health (established in 2009 as the European Parliament Interest Group on Mental Health, Wellbeing and Brain Disorders) brings together MEPs and stakeholders to advocate EU policies that contribute to mental ill-health prevention, and ensure high quality services and person-centred care, empowering those affected. According to the alliance, Covid-19 serves to underline the pressing need for EU cooperation in the field of health, including mental health. The Global Alliance of Mental Illness Advocacy Networks-Europe (GAMIAN-Europe) provides the secretariat.

According to an October 2020 statement by think tank Friends of Europe, the pandemic is a wake-up call for mental healthcare reform in Europe, and could prove to be a catalyst. It asks governments to allocate adequate funding to mental health support and care, with peer support, community-based services, and integrated care deemed to deserve particular attention. The statement also underlines the importance of improving awareness of mental health, tackling stigma and discrimination. Moreover, it calls on the EU to adopt a comprehensive and well-resourced European mental health strategy as part of the long-term recovery to mitigate the consequences of the crisis. As the statement notes, 'the most effective way to promote mental health in the long term is to invest in a protective environment in all settings'.

In an April 2021 statement on the occasion of World Health Day, Mental Health Europe called for action to tackle the structural inequalities in access to mental health support that the coronavirus pandemic has unmasked, and in particular, the pandemic's disproportionate impact on those already in vulnerable situations, including people with psychosocial disabilities. Among other recommendations, the statement calls for action to ensure that all people are able to access information and quality health services; moving towards human rights compliant and equitable mental healthcare; and investing in activities to increase mental health literacy.

In its statement on World Health Day 2021, the European Federation of Psychologists' Associations (EFPA) noted that, in the wake of the pandemic, the need for help for people with mental illness was growing. According to the statement, the public mental health challenge needed to be met by a combination of further research and public health monitoring to determine country-specific needs and evidence-based strategies. In the context of the EU4Health programme, EFPA calls for recognition of the need to fund programmes improving the citizens' mental health needs, not least to respond to the long-term implications of Covid-19.

According to a May 2021 post by the European Federation of Nurses Associations, ensuring healthcare professionals' wellbeing and mental health is key to sustaining pandemic preparedness, response and recovery. Possible action could be taken, for instance, to foster the co-creation and co-

design of political decision-making processes involving frontline nurses, and to allocate EU funds to support frontline nurses, so as to be better prepared for future Covid-19 waves. In a May 2021 statement on the occasion of International Nurses Day, the European Public Service Union (EPSU) highlighted the need for EU institutions and national governments to recognise nurses' crucial work and ensure better working conditions. It called on the EU, among other things, to include actions on addressing workplace stress in the forthcoming EU occupational safety and health (OSH) strategy;[6] and invest more of the EU4Health programme budget in improving nurses' working conditions.

The European Federation of Pharmaceutical Industries and Associations (EFPIA), in an October 2020 blog on the occasion of World Mental Health Day, argued that innovation was a key driver to improving mental health for all. According to the blog, greater investment and collaboration were needed to address the stigmatisation of mental health disorders, the lack of parity of care between physical and mental disorders, and poor access to diagnosis and treatment.

The European Patients' Forum (EPF) issued recommendations on how to protect one's mental health during Covid-19. Moreover, an assessment of the pandemic's impact on patients with rheumatic and musculoskeletal diseases (RMDs) in Europe showed that, during the first wave, patients with RMDs experienced disruption in access to healthcare services, poor lifestyle habits and negative effects on their overall health, wellbeing and mental health.

The European Psychiatric Association (EPA) has created a Covid-19 resource centre, with links to multilingual resources and recommendations for maintaining good mental health during the crisis.

Outlook

The coronavirus pandemic's psychological long-term impact is still unclear. Some say mental health effects will linger on, with Covid-19-related worry and fear amplifying the risk of substance abuse, for instance. Some warn that 'a sizable minority' could be left with mental health problems that outlast the pandemic. According to them, the mental health issues most likely to last in the longer term include obsessive-compulsive disorder, and general anxiety could continue for some people after the pandemic ends. Chronic loneliness brought on by social isolation during the pandemic, among other factors, is thought to be another major concern. Unemployment or loss of income (caused by the pandemic's knock-on economic effects) may affect long-term wellbeing, too. Some also think the pandemic has had a 'deep internal effect' on us, altering our brains and changing who we are as individuals, our relationships with others, and how we perceive our place in society.

Others underline the importance of recognising the positive takeaways from the pandemic. Steven Taylor, professor in psychiatry at the University of British Columbia (Canada) argues that 'the pandemic has highlighted high levels of resilience to stress in the wider population, alongside humans' capacity to "bounce back" after catastrophic events'. Mark Rowland, Chief Executive, the Mental Health Foundation (UK), notes that one can 'create the conditions for good mental health and prevent mental ill-health, by tackling inequality, trauma, isolation and stress'. For Hans Henri P. Kluge, WHO Regional Director for Europe, 'a silver lining of the crisis is an opportunity to forge a new pathway for mental health promotion and care'.

What is certain is that the pandemic has thrown the importance of mental health in the EU and beyond into sharp focus. The WHO's 74th World Health Assembly, held on 24-31 May 2021, endorsed an updated, comprehensive mental health action plan for the 2013–2030 period. The Commission, in a March 2021 answer to a parliamentary question on a possible EU mental health strategy, noted that 'the promotion of good mental health will be part of the Commissions' work on health in the coming years, but the Commission does not intend to develop a strategy leading to legislation on this issue'. However, given that many stakeholders had pointed out the importance of addressing mental health in the forthcoming EU strategic framework on health and safety at work, the Commission said it would consider the issue in this context. According to the new framework, now adopted, the Commission has indeed committed to preparing a non-legislative EU-level

initiative relating to mental health at work that assesses emerging issues in connection with workers' mental health and puts forward guidance for action before the end of 2022.

MAIN REFERENCES

Ciucci M., Mental health during the Covid-19 pandemic, ENVI webinar proceedings, Directorate-General for Internal Policies, European Parliament, December 2020.

Policy Brief: Covid-19 and the Need for Action on Mental Health, United Nations, May 2020.

Shreeves R., Covid-19: The need for a gendered response, EPRS, European Parliament, February 2021.

The gendered impact of the Covid-19 crisis and post-crisis period, Directorate-General for Internal Policies, European Parliament, September 2020.

The impact of teleworking and digital work on workers and society, Directorate General for Internal Policies, European Parliament, April 2021.

ENDNOTES

[1] In Chapter 5, it notes that evidence relates only to adults and almost entirely to adults in wealthy industrialised countries, with a strong focus on the United Kingdom and the United States.

[2] Definitions of and age ranges for 'young people' vary in the literature.

[3] For first-hand accounts, see also the February 2021 short film 'Frontline stories', produced by the WHO Regional Office for Europe. It shows frontline healthcare workers talking about the mental health and wellbeing challenges they have been facing, and presents strategies for mitigating the consequences of stress and improving psychological resilience among healthcare workers.

[4] See also the Commission's overview of past activities on mental health.

[5] AEIP (European Association of Paritarian Institutions), AGE Platform Europe, AIM (International Association of Mutual Benefit Societies), CPME (Standing Committee of European Doctors), EPHA (European Public Health Alliance), EPR (European Platform for Rehabilitation), Eurocadres, Eurocarers, EuroHealthNet, Mental Health Europe.

[6] 'EU strategic framework on health and safety at work 2021-20217', adopted on 28 June 2021.

DISCLAIMER AND COPYRIGHT

eprs@ep.europa.eu (contact)

www.eprs.ep.parl.union.eu (intranet)

www.europarl.europa.eu/thinktank (internet)

http://epthinktank.eu (blog)