How are we coping with the pandemic?
Mental health and resilience amid the Covid-19 pandemic in the EU

The coronavirus crisis, including the measures taken by governments to curb the spread of the coronavirus, have had profound effects on all aspects of our lives: from our family life to how we work, socialise and relax. The unpredictability and uncertainty of the pandemic have been associated with an increase in psychosocial issues and known risk factors for mental health problems such as loneliness, stress, fear and anxiety, post-traumatic stress disorder (PTSD), depression, and substance abuse. The scientific literature published on the mental health effects of the Covid-19 pandemic in different countries and on different population groups points to the potential protective psychosocial factors that can strengthen resilience and contribute to maintaining mental health, despite adversity in crises such as this one.

1. Covid-19 pandemic and our mental health

The Science and Technology Options Assessment (STOA) study on which this briefing is based reviewed the scientific literature on the psychosocial and mental health effects of the Covid-19 pandemic and the associated containment and support measures in the EU, and investigated risk factors for mental problems, as well as protective factors for mental health at country, population and individual levels. The study found that the pandemic has caused an increase in mental health symptoms and a deterioration in mental health in the general public compared to the prepandemic situation, especially during the first wave in spring 2020. In the further course of the first wave and afterwards, the mental burden remained stable at the higher level compared to before the pandemic or improved compared to the previously higher values during the pandemic. Based on the currently available data, no reliable conclusions can be drawn regarding the mental health impact of the coronavirus-related policy responses, including containment and support measures. To date, research has mostly focused on containment measures and their indirect consequences (e.g., loneliness, forced telework), while there is not enough systematic research on the potential impact of support measures on mental health. Causality for the impact of support measures on mental health can hardly be claimed, as these measures might also have been a response to the particular pandemic burden in a country. The most common sociodemographic and psychological risk factors for a poorer mental health status at an individual level included female gender, a low socioeconomic status, loneliness and fear (of Covid-19). In contrast, social support, financial stability, being a healthcare worker (at least during the first pandemic wave), more physical/recreational activities, and psychological resilience factors such as self-efficacy (i.e., the belief in one’s ability to succeed in a specific task) presented protective factors.

These conclusions are primarily related to the first wave of the Covid-19 pandemic in the EU Member States and the United Kingdom, that is, the short-term effects of the pandemic and its related stressors on mental health. Although underlying risk and protective factors might be similar in later stages of the pandemic, it is also conceivable that other dynamics come into play after a year of restrictions and crisis management, such as medium-term economic losses, a reappraisal of the coronavirus-related health risk following vaccination, or a general pandemic fatigue that may shift the pattern seen in earlier
phases of the pandemic in 2020. Nevertheless, policy-makers at all levels may benefit from the policy options derived from the findings of this study to foster the resilience of their citizens.

2. EU-level (mental) health initiatives

Before the Covid-19 pandemic, the EU had already taken several steps to promote public (mental) health. These include, for example, a joint action on mental health and wellbeing resulting in an agreed European framework for action on mental health and wellbeing, as well as the EU compass for action on mental health and wellbeing. As part of this latter, Member States’ progress in the field of mental health promotion is regularly monitored in the form of annual reports. Research on mental health promotion and the prevention of mental disorders in different settings was carried out thanks to funding provided under the Horizon 2020 programme. These activities have laid important foundations for mental health promotion in the face of the pandemic.

Since the outbreak of the Covid-19 pandemic, other initiatives at the EU level have been introduced. For example, the EU4Health programme (2021-2027), launched in March 2021, aims to improve and to promote health in the EU, to fight cross-border health threats, to make (crisis-relevant) medicinal products and devices available and affordable for EU countries, and to strengthen health systems. Research projects to be funded under Horizon Europe (2021-2027) will provide key findings to support the European population’s recovery from the Covid-19 pandemic and its economic, social and other challenges. Calls within the health work programme (2021-2022), with priority topics including mental health and resilience, digitalisation and health data use, as well as artificial intelligence solutions for treatment and care, will contribute to preparing healthcare systems for potential future public health emergencies and inform further policy action at the European and national level. Through its health communication activities, the European Centre for Disease Prevention and Control (ECDC) has also provided a variety of communication material on Covid-19 transmission and vaccination. By providing timely, easily accessible, and evidence-based information and by combatting misinformation, this information policy may reduce concern and uncertainty about the disease and/or vaccination as a risk factor for mental health in the general population (see section 5.4.3 of the study). The European Commission has recently proposed a European Health Emergency Preparedness and Response Authority (HERA), as one key initiative of a European health union, in which all EU countries prepare and respond together to health crises and which aims at improving the resilience of Europe’s health systems. Specifically, the HERA proposal aims at ensuring the development, production and procurement of medical countermeasures (e.g., vaccines and therapies) for health emergencies. The newly formed Pan-European Mental Health Coalition, launched on 30 September 2021, by the World Health Organization (WHO)/Europe similarly aims at promoting good mental health by focusing on the transformation of mental health services and the integration of mental health issues into emergency response and recovery efforts, as well as on promoting mental health and preventing mental ill health across the life course.

In the European Parliament, a July 2020 resolution on the EU’s post-coronavirus public health strategy recognised good mental health as a fundamental human right and called for a 2021-2027 EU action plan on mental health. Moreover, since before the pandemic, some Members with a particular interest in mental health issues joined forces, for example, by establishing the Coalition for Mental Health and Wellbeing in the European Parliament (a group amplifying the voices of people with mental health problems and advocating for a coordinated response on the determinants of mental health) and the MEP Alliance for Mental Health (a platform bringing together Members and stakeholders to promote EU policies in the field of mental illness).
3. Policy options to preserve and strengthen mental health during the pandemic and similar future crises

3.1. EU-wide mental health monitoring in the general population

Given the evidence gaps identified in the STOA study (see section 6.4.2), a (longitudinal or repeated cross-sectional) monitoring study across all EU Member States and over a longer period (e.g. at least five years) is needed to monitor the prevalence of mental symptoms and of clinically relevant diagnoses of mental disorders in the European population.

Based on representative data from the general population in each EU Member State, this continuous monitoring would allow a more complete assessment of mental health changes in the EU and investigation of the mental health impact of the Covid-19 policy responses, as well as of the long-term socioeconomic consequences of the pandemic (e.g. unemployment, financial loss). For example, a project such as the European study of the epidemiology of mental disorders (ESEMeD) in the context of the Covid-19 pandemic could be initiated and supported. The use of consistent and standardised study methods in a joint European monitoring study would improve the comparability of mental health data across the Member States, in contrast to the current very heterogeneous state of research. Furthermore, policy responses to fight the pandemic, as well as support measures, should be consistently defined, using the same criteria, to increase comparability when examining the mental health impact of these governmental actions. An EU-wide monitoring study would also provide mental health data for those EU Member States which have been neglected to date.

3.2. Awareness-raising and interventions

Given the research gaps identified in the STOA study (see section 6.4.2), public and policy-makers' awareness of the mental health consequences of the Covid-19 pandemic, as well as for health-promoting factors, should be further increased at the European and national level. The same applies to the efficacy of (public) mental health services during the pandemic and factors (e.g., demographic factors) potentially affecting this efficacy.

There is a lack of studies on the mental health consequences of the pandemic in specific population groups (e.g. non-healthcare employees), as well as on protective factors. An increased awareness of these topics might be reached by strengthening research activities in the field. Furthermore, detailed insights concerning (public) mental health services, such as the efficacy of telemedicine and teletherapy, or self-guided, low-threshold mental health interventions in different settings, would be needed to mitigate the potential medium- and long-term negative mental health consequences of the Covid-19 pandemic and to ensure preparedness for similar public health emergencies in the future (see also policy option 4).

3.3. EU-wide mental health services research study

To collect more information and make reliable conclusions regarding the consequences of the Covid-19 pandemic and related containment measures on mental health services in the EU Member States, an EU-wide mental health services research study could be carried out. Such a study could benefit from the infrastructure available for the exchange of health data between the countries within the European health data space.

To date, primary care data (e.g. medical records from general practice), (clinical) routine data/secondary data (e.g. data collected by health insurance companies for accounting purposes, such as diagnoses of mental disorders or in-patient stays), or health data from national patient registers have hardly been used or combined with research data to examine mental health changes amid the Covid-19 pandemic (see section 6.6 of the STOA study). However, since using such data could prevent negative research effects such as selection bias, dropouts or memory effects, the collection of such data could be relevant to objective assessment of the impact of the pandemic and other public health emergencies on mental health.
health, as well as on (critical) mental health services (e.g. during and after a public health crisis). To date, national patient registers are not available in all EU countries. Moreover, the legal and technical requirements for the use of (mental) health data differ between EU Member States. This latter problem is currently addressed by the European health data space, which aims at facilitating health data sharing across the EU. Using this newly created infrastructure for data sharing at the European level, an EU-wide health services study could be carried out, with a focus on psychosocial and mental health services. More reliable conclusions about how EU national (mental) healthcare systems have responded to the pandemic, could in turn feed into the development of a European emergency preparedness plan for mental health (see policy option 4).

3.4. Joint European emergency preparedness to counteract negative mental health consequences

In addition to emergency (pandemic) preparedness plans that focus on infection prevention/control and medical measures to fight cross-border health threats (e.g. treatment), such as the rescEU stockpile, the EU joint procurement initiative, and the European health union, the EU could also benefit from specific EU-wide emergency preparedness for psychosocial and mental health support.

As demonstrated in the STOA study (see section 5.1.2), joint European forces on psychological support measures to combat the potential negative mental health consequences of the Covid-19 pandemic as a cross-border threat to health have been rather neglected. For example, helplines to provide psychosocial support have not been offered in all EU Member States. Similarly, access to wellbeing support or mental health services has not been provided across the EU (e.g. consistent and centralised action recommendations on safeguarding mental health addressed to the general public and vulnerable groups). Nevertheless, there have been several single initiatives on mental health recommendations at the EU level, for example, by the WHO or Mental Health Europe. Therefore, in addition to emergency preparedness with respect to medical countermeasures, the EU might also benefit from a joint preparedness plan regarding the provision of psychosocial and mental health support during and after public health crises.