Mental health and resilience amid the Covid-19 pandemic in the European Union

Dr Dipl-Psych Angela Kunzler

STOA meets experts
Study presentation and discussion
January 25, 2022
Coronavirus crisis or “pandemic stress test”
Resilience

Maintenance or fast recovery of mental health during or after the exposure to stressors
(Kalisch et al., 2015, 2017)

Resilience as positive outcome is dynamic and modifiable
Study aims

Summarise evidence on:

1) **Psychosocial and mental health effects** related to the Covid-19 pandemic and various **policy responses** (measures of containment and support) in different population groups

2) **Risk factors** for the development of psychosocial and mental health issues and **protective factors** that can strengthen the individual mental health of EU citizens amid the stressors of the Covid-19 pandemic, that is, **psychological resilience**

3) **Derive relevant implications for policy** for the European Parliament and other actors at the EU and national levels (e.g., European Commission, national authorities in Member States)
## Methods

### Eligibility criteria for primary studies

| Population | • Any population group  
|            | • Performed in EU Member State (+ United Kingdom) or mainly EU-based study conduction |
| Exposure   | Exposure to Covid-19 pandemic (i.e., at least one assessment after first officially registered case in EU country) |
| Comparator | • Prepandemic data on mental health without exposure to Covid-19 pandemic  
|            | • Peripandemic data on mental health (at least one earlier assessment during the pandemic) |
| Outcomes   | Mental health with broad range of eligible outcomes (e.g., anxiety symptoms and/or worrying, depressive symptoms, stress, sleep problems, general distress, peri-/post-traumatic stress symptoms, substance abuse, self-harm, suicidal ideation, well-being, quality of life, loneliness) |
| Study design | • Observational study with **longitudinal or repeated cross-sectional design** providing quantitative data  
|            | • General population: N≥1,000 participants at all assessments |
Search strategy:


- No restrictions for publication language or format
- Search period: 2020 onwards
- Search date: March 18–22, 2021

Data analysis and synthesis:

For various population groups: general population, patients, employees, children/adolescents, young to middle-aged individuals, older adults in narrative and tabular form

- Pre vs. during Covid-19 pandemic
- Trajectories of mental health during Covid-19 pandemic
Containment measures

Public Health and Social Measures (PHSM) Severity Index

1) Mask wearing
2) School closures
3) Closures of offices, businesses, institutions, and operations
4) Gathering restrictions
5) Domestic movement restriction
6) International travel restrictions

Source: WHO Regional Office for Europe
## Support measures

<table>
<thead>
<tr>
<th>EU Member States &amp; the UK</th>
<th>Financial/economic</th>
<th>Work-related</th>
<th>Health systems</th>
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Sources: Mental Health Europe, 2021; Our World in Data based on Oxford COVID-19 Government Response Tracker; The World Bank, 2021
Results – Primary studies

- Studies from **14 Member States (+ UK)** from four European regions, mostly from the UK, Spain, Italy, the Netherlands
- **Population groups:** general population (28x), patients (24x), young to middle-aged individuals (12x), children/adolescents (10x), older adults (10x), particular risk exposure (7x), employees (5x), mixed (2x)
- **Study design:** longitudinal (68x), repeated cross-sectional (17x), combination (2x), cross-cohort analysis (3x)
- **Mental health assessment:** pre vs. during the pandemic (44x), peripandemic trajectories (36x), combination (10x)
- **Survey periods:** 01/2020 – 12/2020 (but mostly 04/2020 – 05/2020)
Mental health changes

- Anxiety symptoms
- Depressive symptoms
- General distress

- Effect sizes for mental health changes mostly unclear due to heterogeneity

- No clear tendency for association between measures of containment (WHO-based PHSM Severity Index) or measures of support and changes in mental health
Risk and protective factors

1) **Country:** no clear tendency for EU Member State as moderator

2) **Population:**
   - Pre vs. during:
     - General population most burdened during first wave
     - Patient populations: better coping with mostly no change
     - Other population groups?
   - Trajectories during pandemic: no specific group at risk

3) **Individuals:**

<table>
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<th>Risk factors</th>
<th>Protective factors</th>
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<td>• female gender</td>
<td>• social support</td>
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<td>• lower socioeconomic level</td>
<td>• financial stability</td>
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<td>• loneliness</td>
<td>• being employed in healthcare sector (first wave)</td>
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<td>• fear (of Covid-19)</td>
<td>• more physical and recreational activities</td>
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<td>• resilience factors (e.g., self-efficacy, positive coping)</td>
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➢ **Protective factors only in 30% of primary studies!**
Strengths & limitations

- Comprehensive search strategy (e.g., Covid-19 specific databases, MAG)
- First review exclusively focusing on EU and Member States
- Mental health impact of pandemic and policy measures
- ‘Resilience perspective’

- **First wave** and short-term mental health effects & risk/protective factors
  - General population: mostly not representative → selection bias?
  - Limited number of available primary studies for specific population groups (e.g., employees)
  - Lack of research for many EU Member States
  - Inconsistent effect measures
  - Lack of data for different severities of policy responses & different definitions
  - Lack of information on risk/protective factors for specific population groups
  - Lack of research on protective factors
Conclusions & implications

- **Short-term:** consistent increase of *stress-related mental symptoms* in *general population* during first wave of Covid-19 pandemic compared to prepandemic situation, with *psychological adaptation* in further early phase
  - No consistent conclusions regarding other population groups
  - No reliable conclusions regarding mental health impact of Covid-19 policy responses

- **Risk groups:** female individuals, with low socioeconomic level, perceived loneliness, and fears (of Covid-19)

- Psychosocial interventions and policy responses: day routines including physical/recreational activities and psychosocial resilience factors (*→* **social support**) + financial stability of citizens in EU countries

Research needed on **later stages of Covid-19 pandemic regarding:**

- specific population groups
- specific EU Member States
- changes in diagnoses of mental disorders
- protective factors and pandemic-related support measures (*→* 'resilience perspective')
Previous mental health-related actions of the EU

- Joint Action on Mental Health and Well-being
- Horizon 2020
- EU4Health Programme (2021–2027)
- Horizon Europe (2021–2027)
- European Centre for Disease Prevention and Control (ECDC)
- European Health Union → European Health Emergency preparedness and Response Authority (HERA)
- Pan-European MENTAL HEALTH COALITION
- July 2020 resolution on the EU’s public health strategy post-Covid-19
**Policy options**

### I. EU-wide mental health monitoring (general population)

**Aim:** Monitor the prevalence of mental symptoms and clinical diagnoses of mental disorders in the EU over a longer period (e.g., at least 5 years).

**What:** Observational study (longitudinal or repeated cross-sectional) across all EU Member States.

### II. Awareness rising and interventions

**Aim:** Increase awareness of public and policymakers at EU and national levels for mental health consequences of Covid-19 pandemic, protective factors, and efficacy of mental health services.

**What:**
- Longitudinal observational studies on specific population groups
- Research activities with resilience perspective investigating protective factors
- Systematic reviews and meta-analyses (including IPD meta-analyses) on the efficacy of mental health interventions

### III. EU-wide mental health services research study

**Aim:** More reliable conclusions on consequences of Covid-19 pandemic on mental health services in the EU to support policy option 4.

**What:** European mental health services research study (e.g., using the infrastructure of the European Health Data Space for health data sharing between EU countries).

### IV. European emergency preparedness for mental health

**Aim:** European emergency preparedness and response strategy focusing on psychosocial and mental health support.

**What:** Initiate mental health preparedness and response strategy as part of European Health Union to develop response mechanisms and provide psychosocial support services for the general public and vulnerable groups in the face of health crises; definition of criteria for sufficient supply of EU population with mental health services.

### Most important actors:

**EP:**
- recommendations to EC and Member States (I–IV)
- promote the establishment of funding programmes (I–IV)

**EC:**
- promotion of European Health Data Space (III)

**Further actors:**
- European actors: e.g., WHO, WHO Regional Office for Europe, Pan-European MENTAL HEALTH COALITION, Mental Health Europe (I, III, IV)
- National actors: for example,
  - Ministries of Health and Research (I, III, IV)
  - national institutes of epidemiology and public health (I, II, IV)
  - health insurance companies, (mental) healthcare providers (III)

**Researchers** with expertise in the fields of:
- resilience and mental health, such as psychology, medicine, public health (I–IV)
- observational (longitudinal) studies (I–III)
- big data management/analysis (I, III)
- evidence synthesis methods (II)
- health services research (III)
- prevention and intervention programmes for mental health (II, IV)
Leibniz Institute for Resilience Research (LIR), Mainz, Germany
- Prof Dr Klaus Lieb
- Prof Dr Thomas Rigotti
- Dr Angela M. Kunzler
- Nikolaus Röthke
- Bastian Weiss

Department of Work, Organizational and Business Psychology, Johannes Gutenberg University Mainz, Germany
- Prof Dr Thomas Rigotti

Institute for Medical Information Processing, Biometry and Epidemiology – IBE, LMU Munich, Germany
- Dr Michaela Coenen
- PD Dr Caroline Jung-Sievers
- Vera Klünder

Norwegian Institute of Public Health, Oslo, Norway
- Dr Ashley Elizabeth Muller

Fondazione IRCCS Instituto Neurologico Carlo Besta, Milan, Italy
- Prof Dr Matilde Leonardi
**Resilience Lunch Breaks**

The new discussion series on mental health in challenging times

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**About**

The COVID-19 pandemic has highlighted the importance of mental health for individual well-being and for adaptive societal responses to crises. Resilience research identifies the biological, psychological, and social mechanisms that keep individuals from developing lasting stress-related disorders when confronted with trauma, life crises, or chronic adversities. It then aims to harness this knowledge to improve prevention and rapid recovery. Promoting mental health in populations as diverse as the workforce, disadvantaged groups, the young, or the elderly requires diverse cooperation of science, politics, and society thinking about socio-economic conditions and cultural frameworks.

The series of one-hour “Resilience Lunch Breaks” will allow for discussions on research findings and political and societal implications and will address issues related to prevention-oriented research. It is organized by the International Resilience Alliance (Intresa), the Leibniz Institute for Resilience Research (LIR) in Mainz, and the Representation of the State of Rhineland-Palatinate to the EU in cooperation with other European partners. We invite you to learn more about resilience and how our insights can translate into political action and a change of societies starting on.

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**Welcome address**

Dr. Denis Alt  
State Secretary, Ministry of Science and Health  
Rheinland-Pfalz

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**Keynote**

Prof. Dr. Reffeol Kilisch  
Leibniz Institute for Resilience Research (LIR) Mainz;  
Intresa; FORTHM; DynaMORE

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**Panel discussion**

Prof. Dr. Reffeol Kilisch

Solveiga Eldukaynta-Gerard  
Policy Analyst, D3 EMFL, Health and Safety at work,  
EU-OSHA; European Commission

MEP Estrella DurÓ Fernndelis  
PhD in Psychology, Co-Chair MEP Alliance for Mental Health; Member Coalition for Mental Health and Wellbeing; European Parliament

Paul Borske  
Boardmember Mental Health Europe;  
CEO Phalaklion - Service provider for mental health and neurology

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**Moderator:**

Prof. Dr. Karin Roelofs  
Radboud University Nijmegen; Deputy Spokesperson Intresa; Vice President Association of ERC Grantees

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**Session 01**

**Tuesday**  
**February 08, 2022**  
**13:00 - 14:00 hrs**

**Understanding Individual Resilience - Building Skills for a Sustainable Recovery**

europe@stk.rlp.de
Thank you!


Literature


Pictures

- https://unsplash.com/photos/ar-4huI42jI
- https://unsplash.com/photos/SnZ7BmuzGPk
- https://unsplash.com/photos/zxsab1OdEsU
- https://unsplash.com/photos/nLTynnJZ__Q
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