



MENTAL HEALTH AND SUICIDE DURING THE PANDEMIC: FRANCE

ABSTRACT

The COVID-19 pandemic has had a deep mental health impact in France as confirmed by a survey from Ifop for FEPS and Fondation Jean-Jaurès. France was one of the countries hardest hit by the first wave of COVID-19, and it remains the country in Europe with the highest number of cases. 40% of French respondents reported feeling more depressed since the start of the pandemic and mental health impacts are particularly strong among young people, the unemployed, the poor, and those in precarious or toxic working conditions. One in five have contemplated suicide since the onset of the pandemic and nearly one-third have attempted suicide in the same period. Based on these results, we find that the French are most likely to act on suicidal thoughts among the six European countries surveyed by Ifop. This highlights the importance of adopting a preventative approach to suicide in the country, where suicide remains among the top causes of preventable mortality. The survey shows that employment status and working conditions – including factors like wages, place of work, and workplace interpersonal relations – also play an important factor in mental health and wellbeing.

Based on these findings, we recommend that the French government: adopts a preventative mental health strategy, including the minimisation of psychosocial risks at work; invests more in youth-specific mental health services and those for other vulnerable groups; reinforces mental health services within public employment services; and conducts awareness-raising and de-stigmatisation campaigns.



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ABOUT THIS SERIES

The COVID-19 pandemic has had an unprecedented impact on our societies, disrupting all aspects of our lives. At the height of the crisis, the effects of COVID-19 on physical health necessarily took centre stage. But over two years on, the severe consequences of COVID-19 on mental health are continuing to reveal themselves and require a strong response to reduce suffering and preventable deaths. Given the growing level of need, it is no wonder that there have been calls by the European Parliament to name 2023 the European Year of Mental Health as well as a push for the development of a European Mental Health Strategy.

In this series, FEPS and Fondation Jean-Jaurès sought to explore how the pandemic and its social and economic effects impacted mental health and suicide in Europe. Surveys were conducted in six European countries – Germany, France, Ireland, Poland, Spain and Sweden – by Ifop in May 2022. Samples consisted of 1,000 people from each country, representative of the population aged 18 and above. Each policy brief explores the results in one of the countries surveyed. The briefs seek to highlight the level of mental health impact and need during and since the pandemic, to identify vulnerable groups, and highlight contributing factors. Based on the findings, we provide a set of recommendations for governments to improve mental healthcare and strengthen suicide prevention.

It is important to note that the mental health consequences of the pandemic may be more long term, and further monitoring will be needed in the years to come. Moreover, it is crucial to highlight that mental healthcare needs may grow in the coming months as the growing cost-of-living crisis, the high amount of climate-related events over the summer of 2022, and the war in Ukraine create further stress and anxiety in the daily lives of Europeans. With this in mind, this series can serve as a basis for preparing mental healthcare systems for new and emerging needs.

Introduction

France was one of the countries hardest hit by the first wave of COVID-19, and even today it remains the country in Europe with the highest number of cases.¹ People in France suffered through continuous periods requiring isolation and limited social interaction, while living under the constant threat of infection. Adding to the feeling of peril, the lethality of the COVID-19 virus was recorded every evening and shared with the public in the media, providing a constant reminder of this threat and its deadly toll. Not only did the pandemic produce an anxiety-provoking climate, but it also had a significant impact on the economic and social situation of the country. This in turn further impacted French citizens' mental health and wellbeing.

Previous research has already demonstrated the link between big economic and social crises with a significant increase in mortality by suicide.^{2,3} While it is too early to fully assess the impacts of this health crisis on the evolution of suicide rates, data from 2019 show an increase in suicide attempts even before the pandemic.⁴ This public health concern led Fondation Jean-Jaurès (FJJ) to conduct a study on heightened suicide risk in November 2020 in the context of the pandemic. The results warned of the increasing number of French people who expressed suicidal thoughts, especially the young, the unemployed and retail workers forced to stop working during the pandemic. To understand the evolution of suicidal risk since 2020, a follow-up study, which included five other European countries,⁵ was carried out by Ifop on behalf of FEPS and FJJ in May 2022. This brief presents the findings of this study which surveyed 1,000 individuals in France.

Mental health and suicide during the pandemic

While not the highest among surveyed countries, 40% of French respondents reported feeling more depressed since the start of the pandemic. This is cause for concern as depressive feelings can transform into clinical depression or suicidal thoughts with the risk of acting on them. Depressive feelings are particularly high among young women, with 51% of those under 35 years old feeling more depressed. This proportion is similar to international results which show that depression is higher among women and the youth.⁶

Interestingly, location is also a factor in feeling depressed. The inhabitants of the region of Paris are more depressed since the start of the crisis (47%) than the inhabitants of rural cities (33%). This may be a result of living in smaller or more crowded accommodation in cities that offer limited contact with nature.

Among the respondents, 20% said they had seriously contemplated suicide. Moreover, the proportion of suicide attempts has significantly increased since before the pandemic. In 2016, 22% of French people were hospitalised for suicide attempts, 6% more than once.⁷ This has now increased to 30% of the population, with 9% having undergone multiple attempts. While other Europeans surveyed may think of suicide more often,⁸ it is the French (tied with the Polish) who are more likely to act on suicidal thoughts. In fact, 64% of French respondents knew more than one person who had attempted suicide.

Age seems to be a significant factor in suicide risk. Like with depressive feelings, women under 35 are more likely to experience suicidal thoughts at some point in their lives. However, men seem to have been more afflicted during the

pandemic itself. While women who experienced suicidal thoughts were more likely to have them before the outbreak, men were more prone to suicidal thoughts during lockdowns and after September 2021. During the period of lockdowns, 35% of men under 35 said they experienced suicidal thoughts compared to 20% of women of the same age.

Lockdown periods have clearly significantly impacted youth – especially young men whose levels of suicidal thoughts have attained previously unmatched proportions. This is unsurprising given the specific challenges young people face. Nearly one in four (24.1%) young people under 29 in France live at risk of poverty exclusion and the youth unemployment rate is the highest of any age group, at 14.6% compared to 7.9% for the total population.⁹ The social precarity, the poverty experienced at that age and the forced isolation that curbed social contact have likely contributed to their psychological distress.

Employment and its impact on mental health

An individual's employment status and work environment seemed to have a strong impact on feelings of depression during the pandemic. Among those feeling more depressed, 63% declared experiencing major stress at work, 64% experienced burnout, and 56% had suffered from moral or sexual harassment. Among respondents with suicidal thoughts, 33% of the people have suffered from intense work-related stress, 39% experienced burnout, and 37% were victims of moral or sexual harassment at their workplace.

49% of people who were unemployed during the last two years declare being more depressed than before, which is 9% more than those employed. Moreover, 29% of those unemployed

during the last two years declared having seriously thought about suicide.

This confirms previous observations by FJJ that the lack of employment or a toxic workplace has extremely negative consequences on the workers' mental health.¹⁰ However, the quality of employment is also key to mental health. For example, those earning more than €2,500 a month were the least likely to feel depressed, at 24% compared to between 42% and 45% among income groups earning less.

Where work is conducted is also important for mental health: 55% of those who primarily teleworked over the last two years reported feeling more depressed since the start of the pandemic, compared to 40% of those working on-site. Of those teleworkers, 36% declared having seriously thought about suicide. Telework presents many positives for workers, such as the potential to reduce commutes or better manage care responsibilities with work. But the survey data highlights serious concern about the exclusive use of teleworking. It underlines the benefits that social interaction through working face-to-face can bring for a person's wellbeing.

Access to treatment and support

Consumption of medication such as anti-depressants, sleeping pills, anxiolytics, mood stabilisers and neuroleptics was moderate among respondents. 14% declared having used psychotropic drugs, of which 8% began their use before the pandemic. Still, the use of such drugs underlines the high intensity of the symptoms experienced.

This indicator once again highlights the particularly strong mental health impacts that young men faced. 14% of men under 35 took such medication since start of the crisis,

compared to only 6% of the rest of the population. Also among the highest users since the start of COVID-19 were the unemployed (14%), Parisian residents (10% compared to 5% of those living in rural areas) and those who suffered from moral or sexual harassment (19%).

Only 16% of the French population have seen a psychiatrist or psychologist in the last two years, compared to 25% of Poles, 20% of Germans, Spaniards and Irish, and 19% of Swedes. There is an almost perfect female-male equality (respectively 15% and 16%), which contrasts with the consultation and use of other medical services where women are over-represented.

Stigma and associated shame are often a factor in the French choosing not to see a mental health professional. The intervention of a psychiatrist remains associated with 'madness' or 'weakness' on the behalf of the patients.

According to Institut Montaigne, one out of three French people would be embarrassed to share a meal or work next to a person suffering from psychiatric disorders and 75% consider that psychiatric patients are a danger to themselves or others.¹¹ This stigma may have a generational aspect: 24% of 18- to 24-year-olds are consulting mental health specialists, against 4% of those who are 65 and older.

Structural challenges may also be a deterrent. While France is one of the OECD countries with the highest proportions of psychiatrists per capita,¹² waiting periods for a first consultation can be extremely long. The average wait at a mental health centre is over 67 days. This goes up to 116 days for a child and adolescent specialist, an alarmingly high amount of time considering the level of need among France's youth.¹³

Recommendations for suicide prevention

This study highlights and confirms what other similar surveys have already established: the pandemic had a deep mental health impact on the public, particularly young people, the unemployed, the poor, and those in precarious or toxic working conditions.

While in France the number of persons with suicidal thoughts is lower than the average, it has the highest percentage of attempted suicides. These suicide attempts highlight the severity of suicidal thoughts since they lead to a suicide attempt in nearly a third of the cases. This also highlights the absence of efficient preventive measures since suicide prevention precisely entails avoiding any suicidal act from a person presenting risk.

Given the level of risk, public health policies in France must be oriented towards preventive practices. Each year, approximately 2 million French people receive outpatient psychiatric care and an additional 425,000 receive inpatient care.¹⁴ While health indicators in France have been among the highest, with the country having one of the highest levels of life expectancy in the EU, suicide remains among the top causes of preventable mortality in the country.¹⁵

Not only is investment in prevention of suicide and mental illness a moral imperative, but it is also a sound economic choice. Psychiatric disorders are the most expensive condition for the French national health insurance, costing more annually than cardiovascular disease or cancer.¹⁶

To combat depression and reduce the risk of suicide, the French government should:

- Explore the use of mental health policies oriented towards preventive practices, including adopting labour legislation aimed at prevention of psychosocial risks at work.
- Make greater investments in youth-specific mental health support and services and adopt policies to ensure the reduction of waiting times for this and other vulnerable groups.
- Reinforce mental health services within public employment services given the strong links between poverty and unemployment with depression and anxiety.
- Invest in awareness-raising and de-stigmatisation campaigns.

Endnotes

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- 2 É. Durkheim (2007) *Le Suicide*. Presses universitaires de France, Paris.
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- 7 M. Debout, J. Fourquet, and A. Merceron, A. 2016. *Les Français et le suicide*. Fondation Jean-Jaurès.
- 8 Four of the surveyed countries had higher rates of suicidal thoughts than France: 34% of Irish respondents had suicidal thoughts; Sweden 25%; Germany and Poland 24%.
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Michel Debout is the author of *Le traumatisme du chômage* (2015), *Le renouveau démocratique : mettre la santé au coeur du projet politique* (2016), and *Journal incorrect d'un médecin légiste* (2021).



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ABSTRACT

This brief presents new survey data on suicidal thoughts in Germany before and during the COVID-19 pandemic. It finds that suicidal thoughts were more prevalent amongst younger people and women and that COVID-19 increased feelings of depression, primarily amongst those under 35 years of age. It further finds that suicidal thoughts are at least descriptively speaking associated with inequalities and poor working conditions, as people with low incomes and those experiencing harassment, unemployment, and burnout are particularly affected. Effects of teleworking are not entirely clear, although the data hints that it can have beneficial mental health effects if context conditions are favourable.

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In light of the specific characteristics of the German healthcare system, this brief makes several policy recommendations. First, it proposes increasing the number of psychotherapists who are allowed to bill public insurers (Kassenärztz). Second, it recommends funding more low-threshold support for those affected by suicidal thoughts, including friends and family. Third, more funding is needed for research, education, and information campaigns. Fourth, these measures should be accompanied by limiting access to means of suicide. Fifth, associated issues such as poverty and burnout need to be tackled in general, for example by making minimum income schemes less stigmatising, reducing work hours at full wage compensation, giving workers a right to choose whether they want to telework, and exploring basic income policies. Finally, field-specific policies against burnout should be implemented, for example improving conditions in the care sector, normalising permanent contracts in academia (including for young people), and socially protecting freelancers and platform workers.

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MENTAL HEALTH AND SUICIDE DURING THE PANDEMIC: IRELAND



ABSTRACT

This policy brief analyses the results of a nationally representative survey of 1,000 people living in Ireland. The goal of the survey was to explore the impact of the COVID-19 pandemic on mental health and suicide risk amongst adults and the consequences of unemployment and work-related stress.

Half (53%) of survey respondents reported feeling more depressed since the onset of the pandemic and 35% reported having seriously considered suicide at some point in their lives. Almost half of respondents who were employed (44%) reported significant stress at work, and a similar proportion (43%) reported burnout. However, just 20% had seen a psychologist or psychiatrist in the past two years, and less than one fifth (17%) had contacted an association for psychological help or support.

Analysis identified young people, women and those who experienced unemployment, sexual harassment or bullying at work, and those exposed to suicide attempts as particularly high-risk groups.

This policy brief makes recommendations for future national suicide prevention policies. These include recommendations related to: youth; resourced services and aftercare; the workplace, including addressing factors such as bullying and sexual harassment, related training and resources for GPs and the need for dedicated practitioners in general practice and primary care settings; and a broader focus on social risk factors, such as unemployment.

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MENTAL HEALTH AND SUICIDE DURING THE PANDEMIC: POLAND



ABSTRACT

This policy brief examines the impacts of the COVID-19 pandemic on mental health and suicide in Poland based on the results of the survey 'Suicide in Europe', conducted by Ifop for Fondation Jean-Jaurès and FEPS. Prior to the pandemic, Poland already had one of the highest suicide rates in Europe. Over half the population report feeling more depressed since the arrival of COVID-19, with young men among the most vulnerable, followed by women of all ages. Additionally, nearly one quarter of respondents had seriously considered suicide. Working conditions were one of the largest factors contributing to mental distress. Telework seemed to particularly exacerbate symptoms. The survey highlights Poland's over-reliance on a biomedical approach to mental health care and the vast majority of those who felt depressed – whether before or after the pandemic began – reported taking psychotropic drugs. This over-reliance may be exacerbated by the limited availability of publicly funded psychiatrists and psychologists, insufficient child and adolescent specialists, and long waiting times for access to support.

To tackle these challenges, this policy brief recommends: ensuring quality working conditions and tackling precarity given the strong link between mental ill-health and employment; moving away from a biomedical and institutionalised approach to mental health care towards one that is holistic and community-based; creating local care centres that provide both immediate crisis intervention and long-term therapy; implementing a preventative approach to mental health and suicide; and investing in informative campaigns.

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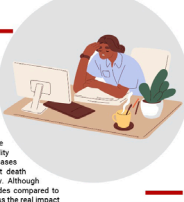
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MENTAL HEALTH AND SUICIDE DURING THE PANDEMIC: SPAIN



ABSTRACT

The COVID-19 pandemic has contributed to the exacerbation of latent mental disorders, especially since the period of lockdown. In this context, the study of suicide as a phenomenon that is strongly linked to social and economic crises has become a priority, as it is expected that the current pandemic may have a significant impact on current suicide mortality rates. In Spain, more than 3,900 suicide cases were reported in 2022, reaching the highest death rates from self-harm in the country's history. Although the available data show an increase in suicides compared to previous years, more data are needed to assess the real impact that the pandemic may have in the medium to long term. Recent studies indicate that there was indeed a significant increase in suicides just after the confinement. The reality is that the increasing trend of suicides had been happening for years, since the financial crisis of 2008. This policy brief is based on Spanish data from the survey 'Suicide in Europe' conducted by Ifop for Fondation Jean-Jaurès and FEPS in May 2022.

Although it may be early to predict the influence that the COVID-19 pandemic will have on the physical and mental health of the Spanish population and, particularly, on future suicide rates, the present evidence shows that the health crisis has had a major impact on the young population, women and the lower and upper classes. Five areas of action are needed to improve suicide prevention in these at-risk groups: development of specialised services for young people, family aid, support for vulnerable people, new studies aimed at evaluating the impact of telework, and specialised psychological care in suicide.

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MENTAL HEALTH AND SUICIDE DURING THE PANDEMIC: SWEDEN



ABSTRACT

This policy brief presents the Swedish results of the survey 'Suicide in Europe', conducted by Ifop for Fondation Jean-Jaurès and FEPS, analysing the impact of the COVID-19 pandemic on mental health and suicide.

Despite Swedish society remaining open to a larger extent than its neighbouring countries, according to the survey nearly 40% of the population felt more depressed after the onset of the pandemic. While the suicide rate has decreased overall in the country in Sweden in the last 25 years, there is a significant increase among youth. Young people, women and those with low income or low qualifications are those at greatest risk of suicidal thoughts. The survey shows there are strong links between mental ill-health and socio-economic factors such as unemployment, or low level of income. Moreover, while Sweden is a country associated with a strong welfare system, increasing privatisation is creating health inequalities that may act as a barrier to mental healthcare for vulnerable groups.

To tackle these challenges, we recommend: undertaking systematic suicide prevention work in all municipalities and schools; building the knowledge and capacity for suicide prevention among staff in contact-oriented professions; ensuring collaboration and information transfer among different social and health services to provide a more holistic, multi-sectoral approach to mental health support that addresses various socio-economic risk factors; and investing in greater research to cover data and knowledge gaps.

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