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# MENTAL HEALTH AND SUICIDE DURING THE PANDEMIC: POLAND

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## 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 links 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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## 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.

## Background

The COVID-19 outbreak posed a serious threat to public health, both physical and mental. On 13 March, the Polish government declared an epidemic and began to introduce measures that aimed to prevent the spread of the virus. These began with reinstating border-control measures, limited functioning of shops and the closing of cafés and restaurants. Schools and universities were closed, while public gatherings of over 50 people were banned.<sup>1</sup> Citizens were encouraged to limit social interaction to what was essential, maintain social distancing and, where possible, work remotely. Ten days later, gatherings of more than two people and non-essential travel were prohibited. While crucial for limiting the spread of the virus, the measures in place had a detrimental effect on individuals' wellbeing, causing social isolation, loneliness and suicidal thoughts.<sup>2</sup>

Poland has one of the highest suicide rates in Europe.<sup>3</sup> Between 2013 and 2020, the number of suicide attempts rose by 40%<sup>4</sup> and since the pandemic began, the Polish national police reported an even more dramatic increase in suicide attempts in Poland. From January to November 2021 alone, there were 12,647 cases, in comparison with the overall number for 2020 (12,013) – which constitutes a 5.27% increase. To compare the numbers, in 2019 there were 11,961 suicide attempts, an increase of around 5.7% compared to 2021.

Based on the January to November 2021 data, men are more likely to attempt suicide – most often aged between 35 and 39 (1,066 attempts). In the age group 30 to 34 there were 1,038 attempts. However, the second, most alarming, result is the number of suicide attempts among teenage girls and adolescents (13 to 18 years

old) – 911 attempts. The third biggest group is also made up of young women, aged between 19 and 24 (568 attempts).

That there have been more suicide attempts among men can often be a result of social expectations and the pressure put on their shoulders, especially following the COVID-19 lockdowns. Despite some changes in cultural perception, the hegemonic masculinity discourse<sup>5</sup> still dominates the men's narrative and portrays men as strong and not showing emotions, which in turns results in those emotions being suppressed due to the fear of stigma. In combination with the pressure to provide financial stability for the family, the level of stress can become overwhelming. The pandemic has also caused economic problems and unemployment – in particular for those in precarious work, which in turn could reflect the private sphere of life and the feeling of failure in fulfilling ascribed social roles within the family. Moreover, the age group 35 to 39 is also the time when men are most active professionally, aiming to establish themselves in the workplace and fulfil professional aspirations. However, for women to express their emotions is more socially acceptable. Despite the fact that there is no health without mental health, the warning signs are often ignored by society.<sup>6</sup>

In May 2022, Ifop conducted a survey for FEPS and Fondation Jean-Jaurès exploring the impact of COVID-19 on mental health and suicidal thoughts and how the pandemic restrictions affected individuals' employment, wellbeing and the extent of suicidal thoughts. This policy brief provides an overview of the results, looks at access to treatment and support, and provides key recommendations for suicide prevention in Poland.

## The dominant approach to mental health in Poland

In Poland, the dominant approach to mental health is largely based on the biomedical approach, which rather than locating treatment and support within the community-based approach, focuses on the lack of physical signs and symptoms.<sup>7</sup> That positions mental illness as a brain disorder that requires pharmacological treatment, which over the years has proven problematic.<sup>8</sup> Among the issues identified, there are concerns about the reliability of psychiatric diagnoses, methodology of psychiatric research, treatment effectiveness, and the influence of pharmaceutical companies on research and therapeutic activity.<sup>9</sup> Moreover, despite the increasingly wide use of antipsychotic and antidepressant medicine, the number of chronically ill people keeps rising.<sup>10</sup> The access to publicly available psychologists and psychiatrists is limited and the number of specialists insufficient,<sup>11</sup> in particular child psychiatrists and those who work with adolescents.<sup>12</sup> The waiting time to be seen by a psychologist<sup>13</sup> in July was between 31 and 141 days (average 80 days).<sup>14</sup>

## Survey results

The severity of COVID-19 lockdown measures inevitably affected mental health and individuals' wellbeing. 51% of respondents reported feeling more depressed since the arrival of COVID-19. That positions Poland in second place among the countries surveyed. Only Ireland scored a higher number, where lockdown measures were among the most severe. Sweden, however, with the least severe lockdown measures notes the smallest number of people feeling more depressed since the pandemic began. While relatively similar numbers of men and women reported the feeling of being more depressed,

men under 35 were the largest group to note depressive moods (56%). Females under 35 (50%) and over 35 (53%) also constituted a relatively large group. The level of education is also significant: those with a lower level of education felt less depressed than those with a higher education level. Also striking is that it is the highest earners who are reported feeling the most depressed: 57% of those who earn between of €2,000 and €2,500 and 56% of those who earn more than €2,500 were depressed compared to 51% of those earning less than €1,000. Nonetheless, the high percentage of all the earning groups reporting feeling more depressed indicates the economic pressure and uncertainty that people were faced with in the light of COVID-19. Moreover, 85% of respondents who felt more depressed since COVID-19 admitted to taking psychotropic drugs since the start of crisis, while 69% took them before it. For 71% the situation at work was a major influence: 73% of respondents who declared work to be a contributing factor suffered from burnout and 79% experienced sexual or moral harassment. The majority of those who felt more depressed either teleworked (65%) or combined remote and on-site working (66%).<sup>15</sup>

## Employment and its impact on mental health

Other situations also have a significant impact on individuals' mental health wellbeing, in particular significant levels of stress and burnout. Women were more susceptible to experiencing significant levels of stress (44%) and burnout (32%) – although with the latter the difference between men and women is small (2%). In regard to the experience of significant stress and burnout, the higher the educational level, the greater the group experiencing the issue. Among those with a lower educational background, in addition to the significant stress

(25%) and burnout (20%), the experience of sexual harassment (15%) and sexual assault (15%) has been also reported.

Pandemic-related restrictions and economic downturn have also influenced the experience of the labour market, including periods of unemployment. In comparative perspective, Poles were the most likely to experience short-term spells of unemployment, for up to three months. Such experience, indeed, had a negative impact on financial stability, self-esteem and often, in the case of men, it challenges the dominant masculine discourse of being a family provider, in particular in a time of uncertainty and increased stress related to the pandemic. Indeed, that reflects the results of the study, with men constituting a larger group of those experiencing short-term unemployment. In particular, those with a lower and average level of education experienced an unemployment period of between three and six months.

### **Suicidal thoughts**

Among Poles who completed the questionnaire, nearly a quarter of participants admitted to seriously having considered suicide. Among them, around two thirds thought about it once, and the remaining one third multiple times.

Taking a closer look at those who admitted having suicidal thoughts, the spread of gender distribution among them is quite even. That means that both men (24%) and women (24%) equally think about suicide. In terms of age brackets, 37% of women under the age of 34 are more likely to have suicidal thoughts, as well as men from the same age group (31%). By far, the level of education among those having suicidal thoughts matters: the largest group of respondents with suicidal thoughts has a lower educational background (41%) as well as those with higher education (33%). To some extent,

that corresponds also with the earning-level groups.

Suicidal thoughts are frequently the result of low mood and generally poorer mental health wellbeing. Nearly 60% of respondents who admitted having suicidal thoughts reported also feeling absolutely more depressed since the COVID-19 outbreak.<sup>16</sup> Nearly half of respondents who admitted having suicidal thoughts also have experience of taking psychotropic drugs, either for a long time or since the health crisis.

### **Suicide attempts**

23% of Poles participating in the survey know someone who attempted to commit suicide. For 12% this was an experience of a family member attempting to commit suicide. Among those who knew someone who tried to commit suicide in their close circles are those with a higher education level as well as those who earn over €2,500 (36%). Nonetheless, the scores remain on a relatively similar level, with around 20% of people from various socio-economic backgrounds knowing someone who attempted suicide. Poles who live in three-person (31%) and four-person (25%) households are also more likely to have someone who attempted suicide in their close circle.

In the case of those who have ever attempted to commit suicide, men were more frequently reporting such an attempt (35% in comparison with 26% of women), both once (21%) and multiple times (21%). Similarly, when age is considered, men of all the age brackets reported more cases of hospitalisation after a suicide attempt. In regard to the household composition, people who live alone most frequently experience hospitalisation after suicide attempts. The COVID-19 health crisis also deepened the reliance on the psychotropic drugs, with half of respondents who admitted taking psychotropic drugs having begun

taking them at the beginning of the health crisis. Only a small number of participants reported hospitalisation in a psychiatric ward. Nonetheless, hospitalisation is most commonly experienced by men who are active in the labour market, and who fall into higher earning brackets. Those men either live on their own or in the larger households of four and more.

### **Access to treatment and support**

Among the various medical services that Poles attended in the last two years, the services of psychiatrists or psychologists were among the least frequently attended – 25% in comparison with 87% attending their GP practice. The explanation can be twofold: on the one hand, the dominant paradigm and stigma associated with using such services remains strong; on the other hand, the availability of such services, namely waiting times to see psychiatrists or psychologists, are quite long, or can be accessed privately. Among those who have seen a psychiatrist or psychologist (25%), 15% admitted to seeing them multiple times, and 10% to using the consultation once. Looking at the profile of those who have had consultations with psychiatrists or psychologists, the gender spread appears relatively even, with a 3% difference for the total positive answers confirming attending consultations in the past two years. Women over 65 were the smallest group that used psychiatric or psychological consultation. The biggest groups, among those who declared using those services, are those in the age brackets 18 to 24 and 25 to 34, with the group of 35- to 49-year-olds as the biggest, indicating the stage of professional life, stress and pressure connected with the work-life balance and establishing themselves professionally.

The use of mental health services is more prevalent among the more educated groups

with higher income brackets, from €2,000 to €2,500 (33%) and more than €2,500 (37%). In terms of household composition, the more people in the household, the greater the number of respondents admitting the use of psychiatric and psychological support. In addition, nearly 60% of those who use mental health support services also take psychotropic drugs, either since the start of the pandemic or prior to it. Those who positively responded to the use of psychiatric or psychological support have also, to a great extent, reported difficult work situations, ranging from burnout to major stress situations, and in particular sexual or moral harassment. In terms of work mode, those who availed of the mental health support services have either worked remotely or combined remote and on-site working.

When asked about the experience of taking medication to relax or to sleep, 24% of Poles admitted taking drugs to sleep or to help relax. Among those who reported taking drugs were mostly women (25%), with the crisis intensifying since the pandemic (14% of women; 15% of men); men were the least likely to take drugs in the long-term (7%). Additionally, the higher the income, the bigger the proportion of participants relying on drugs to deal with sleep and relax. Household composition also matters: those who live alone reported to be the least likely to avail of drugs (17%), with 3-person (27%) and 4-plus-person households (26%) being the biggest group.

Professionally, among those who admitted relying on medicines to help with sleep and relaxation, 47% teleworked, 32% combined work modes, and 17% worked on-site.

## Recommendations for suicide prevention

The scale of suicidal thoughts and other related issues as well as their recent increase reflects directly on the magnitude of the problems related to psychological and psychiatric healthcare in Poland. The COVID-19 pandemic has worsened the problems that already exist. The majority of respondents reported feeling depressive and relying on psychotropic drugs prior to the pandemic. Since the start of the COVID-19 outbreak, the symptoms and problems intensified. The crisis and stress were caused by pandemic-related uncertainty. One of many factors that shape the experience relates to employment. Bringing work home has inevitably caused additional stress. Moreover, respondents reported burnout or sexual harassment. Thus, the effect of lockdowns is clearly visible: those who experienced remote working or a combination of teleworking and on-site work reported, in general, worse mental health wellbeing than those working on-site throughout the lockdowns.

Economic downturn inevitably affected the situation in the labour market and people experienced stress related to the sudden loss of work and unemployment periods. Such precarity along with other factors related to COVID-19, such as lockdown, social isolation and loneliness, took a toll on individuals' mental health.

The reported rise in depressive thoughts, the number of suicidal thoughts, attempts and a greater reliance on psychotropic drugs should certainly be addressed through a more systemic approach. To do so, five key recommendations are proposed:

1. In order to ensure psychological wellbeing, an individual's socio-economic situation must be secure. Hindered by the employment-related experience, depression and suicidal thoughts have significantly risen. Therefore, not only must quality employment contracts be secured to prevent precarity, but also better regulation of remote work and working time is necessary to prevent burnout.
2. The Polish healthcare system, in particular psychological and psychiatric care, requires immediate reform and should be drawn away from a biomedical and institutionalised approach to one that is holistic and community based.
3. It is recommended that local care centres should be created. The centres should offer not only immediate crisis intervention, but also should provide individuals with long-term therapy (if required) and consultations. Locally based support would not only more adequately address community needs, but would also shorten waiting times to see a specialist.
4. Further, preventative action should be implemented. Capacity and skills-building workshops along with group therapies should be provided for individuals who suffer from light to medium symptoms, in order to prevent worsening the severity of the problem.
5. Informative campaigns should be more common and targeted at the groups that are particularly at risk, both at the national and local level.



## Endnotes

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- 13 The information applies to publicly available support which is free of charge; the waiting time for private services is significantly shorter.
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- 15 The reference category for each of those indicators is those who did not feel more depressed.
- 16 Comparing with those who did not have suicidal thoughts.

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## 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 adopt a preventative mental health strategy, including the minimisation of psychosocial risks at work, invest 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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## MENTAL HEALTH AND SUICIDE DURING THE PANDEMIC: GERMANY



**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.

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 need 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 (45%) 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.

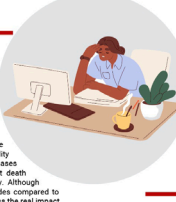
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## MENTAL HEALTH AND SUICIDE DURING THE PANDEMIC: SPAIN



**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 soft-form 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 has 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 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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**Mental health and suicide during the pandemic: Poland**