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# MENTAL HEALTH AND SUICIDE DURING THE PANDEMIC: SWEDEN

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## ABSTRACT

This policy brief presents the Swedish results of the survey 'Suicide in Europe', conducted by Ifo 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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## 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

Sweden is ranked number 7 in the UN Happiness Report.<sup>1</sup> Although most Swedes consider themselves to have good mental well-being, mental health issues<sup>2</sup> are a growing problem, especially in younger age groups.

At the beginning of the COVID-19 pandemic in the spring of 2020, the death rate in Sweden was among the highest in Europe. Despite this, Swedish society remained open to a larger extent than its neighbouring countries; there was no formal lockdown, but there were recommendations from the authorities. Primary and pre-schools, as well as restaurants, cafés and shops, were in general kept open, with some restrictions. Still, isolation, worry and stress imposed by the fear of infection and the uncertain future were a reality for a large part of the population, which had an impact on their mental health.

Sweden is a country associated with a well-functioning welfare system, although inequalities in society are rising. During the last decades, neo-liberal policies of marketisation and privatisation have reshaped the public sector, and massive tax cuts have contributed to increasing inequalities of income. As a result, health inequalities have grown too. Today, the difference in life expectancy is six years between those with a low or high level of education.<sup>3</sup> There is also a strong link between inequality, income, level of education and mental health issues.

In this context, how did the COVID-19 pandemic impact mental health and the risk of suicide in Sweden? In May 2022, Ifop on behalf of FEPS and Fondation Jean-Jaurès (FJJ) surveyed 1,000 respondents respectively in six countries: Sweden, Ireland, Poland, France, Spain and Germany. The study shows the differences

between the status of depression and suicides in the different countries relating to the pandemic, including data on age, gender, level of income and level of education.

This policy brief examines the development of suicidal thoughts in Sweden during and after the COVID-19 pandemic, and the links to socio-economic factors, as well as national response and recommendations for Sweden.

## Mental health during the COVID-19 pandemic

87% of Swedes consider themselves to have good mental well-being.<sup>4</sup> Nevertheless, Sweden also faces challenges, with a growing part of the population experiencing mental health issues such as anxiety, depression, worry and distress. It is rising in several groups in society, and is more frequent amongst women and younger age groups.<sup>5</sup> The total societal cost of psychiatric conditions was estimated to be SEK 170 billion in 2021. Sick leave due to psychiatric conditions has risen from 31% in 2010 to 46% in 2021.<sup>6</sup>

Experiences of severe anxiety and distress are more common amongst those with a low income, who also face an increased risk of suffering from long-term mental illness and committing suicide. This was a phenomenon replicated during the pandemic. The Swedish 'Corona Commission', appointed by the government, stated in its final report in February 2022 that the pandemic had an unequal impact on different groups in Swedish society and that the pandemic has intensified already existing inequalities. The report notes that, 'to a large extent, groups that were already disadvantaged have been hardest hit by COVID-19 in terms of severe illness and death.'<sup>7</sup>

Risk factors for developing depression, such as unemployment and financial insecurity, increased during the pandemic. The population had a reduced opportunity to access positive measures for mental well-being, such as social connection. The fear of the infection together with deaths and social distancing also had an impact.<sup>8</sup>

According to the survey carried out by FEPS and FJJ, 38% of the Swedes feel more depressed since the onset of the pandemic, especially women, young women under 35 years old, and people who earn less than €1,500 monthly, and those who suffer from stress and burnout. *OECD Health at a Glance 2021* reports a similar development. According to the study, prevalence of depression or symptoms of depression amongst adults in Sweden rose from 10.8% before the pandemic, up to 30% in 2020.<sup>9</sup>

In the last 25 years, the suicide rate has decreased in Sweden, although the decrease has been slower in recent years. More than 1,100 people died as a result of suicide in Sweden in 2020. According to preliminary data, 1,226 individuals took their lives in 2021.<sup>10</sup> Men committed two thirds of all suicides in 2020. Even if men commit suicide to a larger extent, women more commonly make suicide attempts. Although the suicide rate is decreasing in the population as a whole, since 1997 it has been increasing in younger age groups between 15 and 29 years old.<sup>11</sup>

According to the Karolinska Institute in Sweden, there is a risk that suicide rates could increase after the pandemic. The risks are linked to the social and health-related aspects of the COVID-19 outbreak. Research has shown that it is not unusual for a society with falling suicide rates to have increased risks in the years that follow a crisis.<sup>12</sup>

In the survey, 25% of the respondents said they had seriously considered suicide. More women than men had considered taking their lives. 43% were less than 35 years old. 30% of those who had suicidal thoughts had a low level of education, in comparison with those with a high level of education (16%). 39% had an income of less than €1,500 a month, in comparison with 19% for those who earn more than €3,000 a month.

82% of the respondents stated that their suicide attempt was before the pandemic. 29% answered it was during lockdowns or since September 2021 respectively. 26% of the respondents of the survey answered that someone they know had attempted suicide. That is above all other countries in the study (20–23%), except for Ireland where 48% responded 'yes'. A relative's suicide can have a large negative impact on a person's life and well-being, and also increase the risk of the person committing suicide themselves.

### **The impact of employment situation on mental health**

The pandemic had a more negative impact on mental health amongst those who were unemployed or living with socio-economic vulnerability.<sup>13</sup> While Sweden had fewer unemployed during the pandemic than in the other countries in the study, the unemployment rate in Sweden during the pandemic rose to 8.8% in 2021.<sup>14</sup> Overall, 17% of Swedish respondents said that they had been unemployed at some point during the last two years, in comparison with Spain and Ireland (32%). Unemployment was much more common amongst those who earned less than €1,500 monthly. It was also far more common amongst those who had felt more depressed since the beginning of the pandemic (26% vs 11%), and people who took psychotropic drugs or who had a suicide attempt in the family.

Moreover, 33% of the working Swedes in the survey had experienced or felt significant stress, burnout, bullying or sexual harassment during the last two years, with an overrepresentation of women. In comparison, 63% in Ireland had one of these experiences and 55% in Spain and Poland. It was more common amongst those who had felt more depressed since COVID-19 (34% vs 12%). Fewer Swedes had mainly teleworked during the pandemic in comparison with most of the other countries in the study.

### Access to support and treatment

To prevent suicide, it is essential to treat and address the underlying reasons for suicidal thoughts. A large responsibility lies with psychiatric healthcare. However, mental illness is a complex phenomenon and healthcare cannot alone treat patients suffering from loneliness, unemployment or low income – all risk factors for developing mental disorders and suicidal thoughts.

All residents in Sweden have automatic access to publicly funded healthcare and the system is 85% tax-funded. 14% is funded out of pocket and 1% out of private health insurance. Sweden's healthcare system is a regional responsibility, and it is governed by the 21 regions.<sup>15</sup> According to the OECD (2019), the Swedish health system is well-performing, with the third-highest cost per capita in the EU. But the system faces challenges, not least when it comes to accessibility, waiting times and equality. The privatisation of the healthcare sector has increased at a fast rate since 2010, mainly in the primary care sector. On a broader scale, there has also been an implementation of new public management approaches within the health sector.

According to several opinion polls, healthcare is the most important political issue for Swedes

in the parliamentary, region and municipality elections in September 2022.<sup>16</sup>

Data from FEPS/FJJ shows that Swedes were consulting a healthcare professional to a much lesser extent than in the other European countries in the study during the last two years. Only 65% of the respondents saw a general practitioner, in comparison with France, Germany, Poland and Ireland where all responses were over 87%. However, Swedes saw a psychiatrist or psychologist to almost the same extent as in the other countries of comparison. Women saw a psychiatrist or psychologist more often than men. People with a low level of income consulted a psychiatrist or psychologist more often than groups with a higher income, according to the survey.

Getting treatment from a psychiatrist is supposed to be available through a general practitioner (in Sweden, your healthcare centre, *vårdcentral*), although the queues are long to see a specialist in psychiatry or a psychologist and leave many behind. There is a healthcare guarantee (*vårdgaranti*) ensuring all patients get care within 90 days. Within psychiatry for children and young people (*BUP*) it is 30 days, although few regions fulfil that guarantee.<sup>17</sup>

The number of healthcare centres along with private care providers offering tele- and video meetings in psychiatric care increased, from 14% in 2019 to 29% in 2021.<sup>18</sup>

Although therapy is the recommended treatment for depression (together with antidepressants), many are left only with a prescription. Untreated conditions of depression or anxiety syndrome can also increase the risk of suicide.<sup>19</sup> More than 1,100,000 Swedes were prescribed antidepressants during 2021, which is 10% of the population.<sup>20</sup>

There is often a lack of co-ordination in psychiatric care, especially when it comes to youth in need of care from several different stakeholders and units. The consequences are several, such as care providers making the wrong decision for the patient, not based on the whole spectrum of needs.<sup>21</sup>

## **Recommendations for suicide prevention**

SKR, the Swedish Association of Local Authorities and Regions, has launched the initiative 'Joint Action for Mental Health Sweden', with the aim to gather different stakeholders for long-term development work to strengthen mental health.<sup>22</sup> Mental health usually has a hidden role in healthcare. A third of all visits to a healthcare centre are related to mental health issues, although the healthcare centres have far from the resources and competence to meet those needs. An official inquiry of the Swedish Government proposes that the legal text should be changed so that it explicitly includes mental health along with physical health in primary care.<sup>23</sup>

However, suicide is a public health concern, and suicide prevention demands a multi-sectoral approach, involving healthcare professionals as well as representatives from other sectors. Crucial actors are professionals such as teachers, social workers and the police, as well as families, neighbours, classmates and work colleagues.

When it comes to the healthcare sector, it is essential that people who suffer from mental health problems such as depression, bipolarity and schizophrenia have access to an uninterrupted care chain. In the case of young people, this care chain must include everyone in the young individual's everyday life, be it at school, at free-time activities or at home.

Arena Idé, a progressive think tank funded by the trade union movement, has in a number of reports highlighted how privatisation leads to increased fragmentation of healthcare,<sup>24</sup> and how this is particularly problematic when it comes to dealing with mental health. A comprehensive care chain would include the healthcare team at the school, the general practitioner, and – if necessary – a specialised professional such as a child psychiatrist or a psychologist. Inpatient care at a hospital should be the last resort. In the current Swedish healthcare system, publicly funded care is delivered by a number of private, for-profit providers, each of whom has little interest in contribution to other parts of the care chain. The Stockholm Region, for instance, has signed over 4,000 contracts with private providers.

According to the mental health charity Mind, there is a need for a more proactive policy based on human basic needs, providing everyone with the conditions for mental well-being. They have also emphasised the link between poverty and mental health conditions.<sup>25</sup>

In this context we suggest the following actions for suicide prevention:

- 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 services to provide a more holistic, multisectoral approach to mental health support that addresses various socio-economic risk factors.
- Investing in greater research to cover data and knowledge gaps.

## Endnotes

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**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, 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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## 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 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 (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: 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 feel 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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## 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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