



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 (*Kassensitze*). 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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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

When the first cases of COVID-19 occurred in Germany in early 2020, public attention was understandably focused on the physical health impacts of the virus. Less discussed were the psychological implications of the emerging pandemic. In light of the likely negative effects on mental health of lockdowns, isolation and hardship, this policy brief looks at suicidal thoughts in Germany. It highlights some key facets of recent debates on suicide prevention in Germany and presents new data from a recent survey. The survey was conducted online by Ifop for the Fondation Jean-Jaurès and FEPS, from 3 May to 17 May 2022, sampling 1,001 people from Germany aged 18 and above. The other countries included in the survey were France, Spain, Poland, Ireland and Sweden.

Mental health care in Germany

While Germany's healthcare system is often considered universal, it comes with some elements of intra-system differentiation. For instance, individuals insured under the default public system can choose between various insurers with marginally different offerings. Furthermore, individuals whose annual earnings exceed a specific limit can voluntarily choose to be privately insured, thus opting out of insurance under public insurers' offerings. Civil servants are also typically privately insured. Occasionally the German system can cause individuals such as freelancers or EU citizens to end up without health insurance.¹

Even before the onset of the pandemic, the German healthcare system faced pressure from various directions. For years a heated debate over precarious conditions of care workers had been left unresolved, culminating in large numbers of workers in the field quitting

during the pandemic.² Another worry over the system's sustainability was based on Germany's demographic change towards an ageing society.³ Furthermore, inequalities between the treatment of publicly and privately insured individuals fed into demands for a unified 'citizens' insurance' (*Bürgerversicherung*).⁴

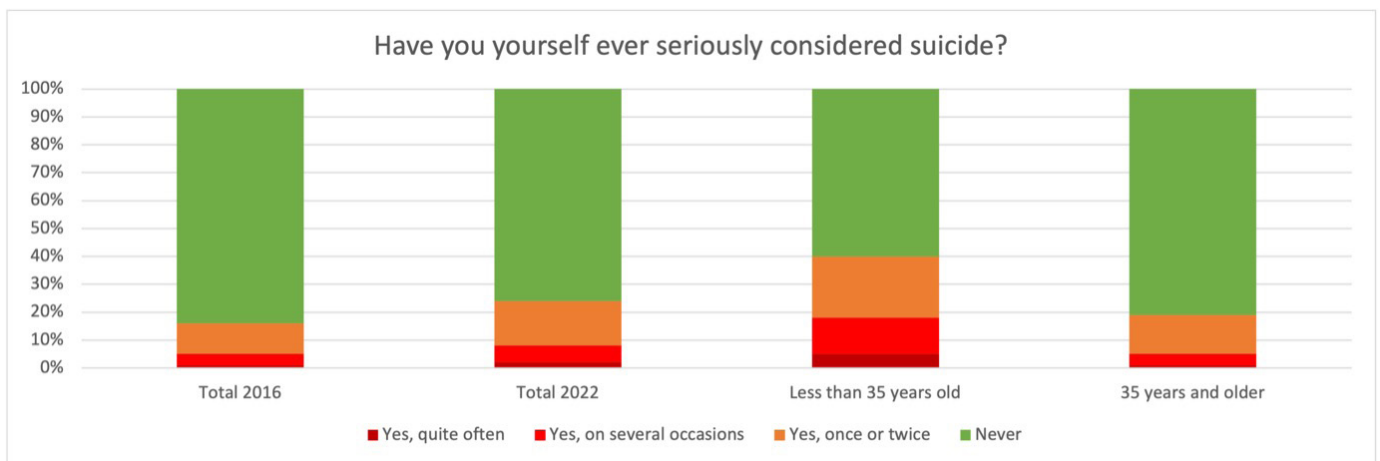
Mental health questions in particular also posed challenges for Germany's healthcare system before the pandemic. One major issue was long waiting times for appointments for psychotherapy. These issues have only become worse with COVID-19: between January 2020 and January 2021, the average number of weekly requests for new patients to be admitted to psychotherapy services increased by 40.8%.⁵ Only one fourth of individuals making such requests received an initial interview at all.⁶ Of those receiving an initial interview, 49.6% had to wait for more than a month for the initial interview. For 38.3% of those who could actually start therapy after this interview, therapy only began after more than six months of waiting.⁷ These waiting times can have particularly problematic implications in urgent cases associated with suicidal thoughts. The following data underlines how such cases have become more prevalent during the COVID-19 pandemic. A short discussion of potential solutions follows at the end.

Mental health and suicide during COVID-19

The data presented must be treated with care as it is purely descriptive and makes no statements about causality. Furthermore, the presented data is selective, as the underlying survey covered various other questions as well. The first striking findings emerge when looking at the patterns of who has 'seriously considered suicide' in their lives and during the COVID-19

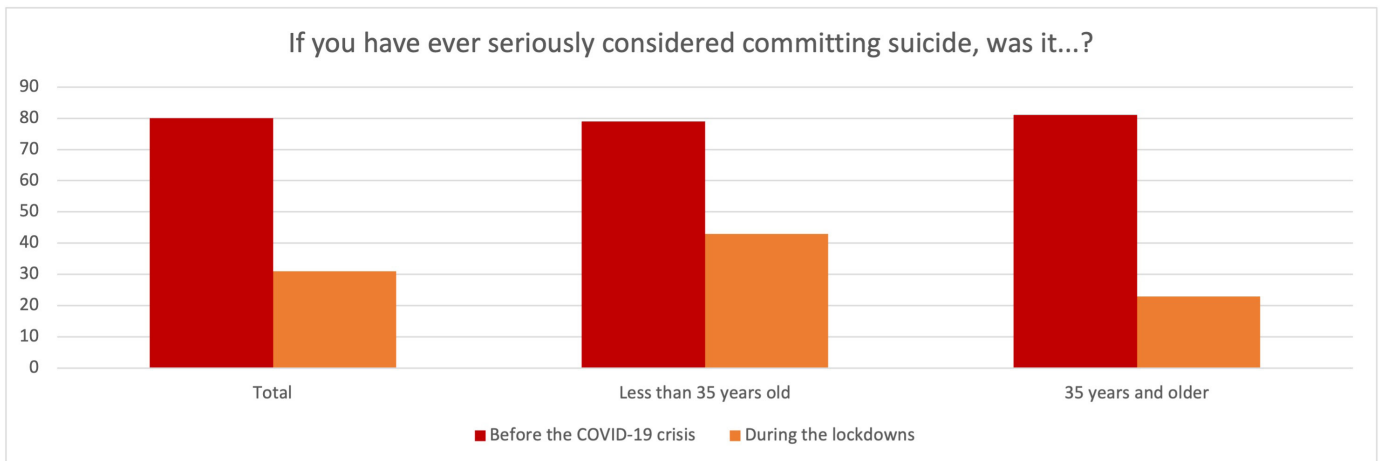
pandemic. While only 2% of respondents have considered suicide 'quite often', the share of those who have considered it at some point in their lives was at 24%. The prevalence of suicidal thoughts was much lower amongst those who were 35 years or older (19%), although other data suggests that the prevalence of suicidal thoughts in Germany increases significantly with very high age, particularly amongst men aged 75 and older.⁸ This difference could partly be rooted in the age brackets used for the

survey. Furthermore, the survey data behind this brief indicates that more female than male respondents have considered suicide at some point in their lives (27% over 20%). As other research finds that suicide in Germany is a predominantly male phenomenon,⁹ this supports the 'gender paradox in suicide' in which women experience higher rates of suicidal ideation whereas men die from suicide more frequently.¹⁰



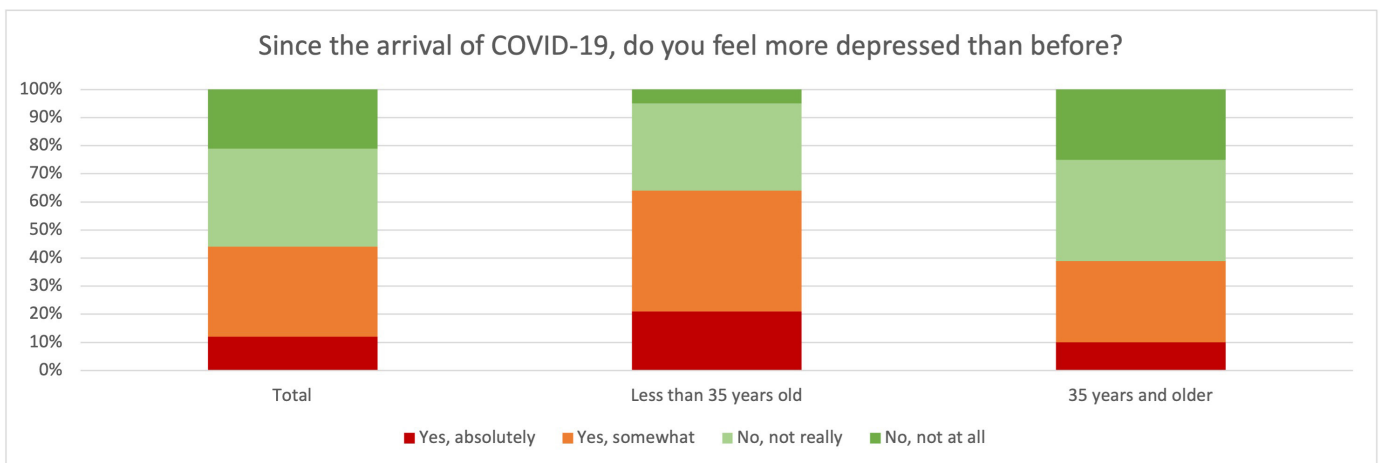
While existing research finds that suicide in Germany is a declining phenomenon,¹¹ the survey data behind this brief suggests a considerable increase in suicidal thoughts between 2016 (16%) and 2022 (24%), most likely linked to the pandemic. However, the vast

majority of those who have considered suicide have done so before the pandemic (80%). Particularly affected by such thoughts during the lockdowns were, again, those younger than 35 (43%).



Similar patterns around the role of age emerge in the context of depression. While 44% of respondents felt more depressed since the arrival of COVID-19, this affected most clearly people under 35 (64%). Crucially, this is largely

driven by more extreme responses: only 5% of those younger than 35 reported to not feel more depressed since the pandemic at all, with 21% responding to 'absolutely' feeling more depressed.



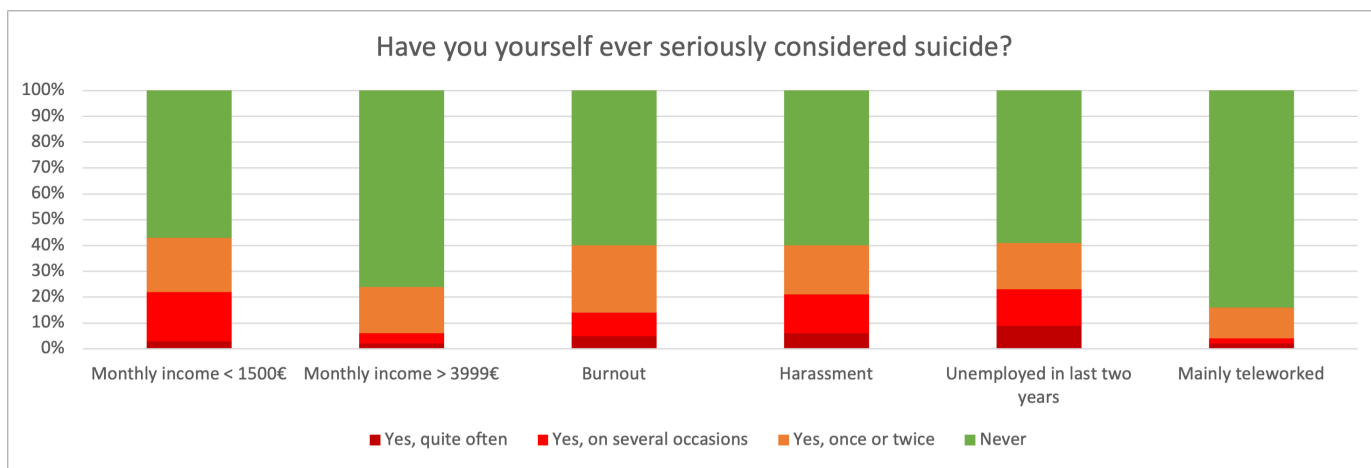
Social inequalities in mental health and suicide

A closer look at the data suggests that suicidal thoughts in Germany are unequally distributed across different income groups and working

conditions. Notably, the number of those who considered suicide at some point in their lives is almost doubled amongst those with a monthly income below €1,500 (43%) and similarly high amongst people younger than 35 years (40%) and those who have experienced

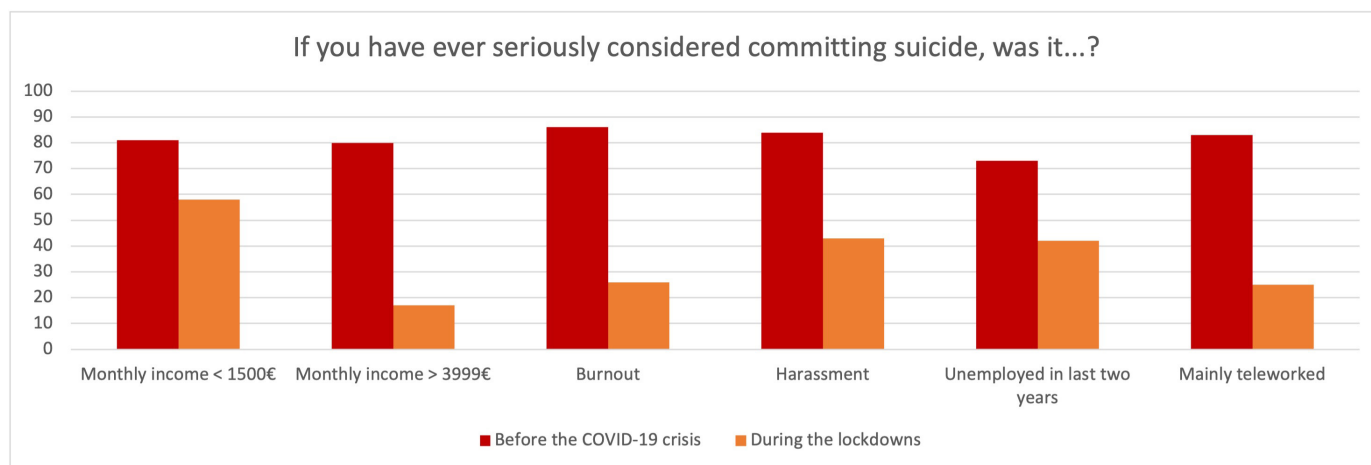
burnout (40%), harassment at the workplace (40%), or unemployment (41%). In the latter group, the share of those who considered suicide 'quite often' is drastically increased to 9%. On the flipside, suicidal thoughts were much less common amongst respondents who mainly teleworked (16%). Other data from the

survey suggests that the low share of affected teleworkers might be conditioned by below-average exposure to bullying. This, however, cannot be concluded with certainty based on descriptive data and can at best serve as a hypothesis to be tested in further research.



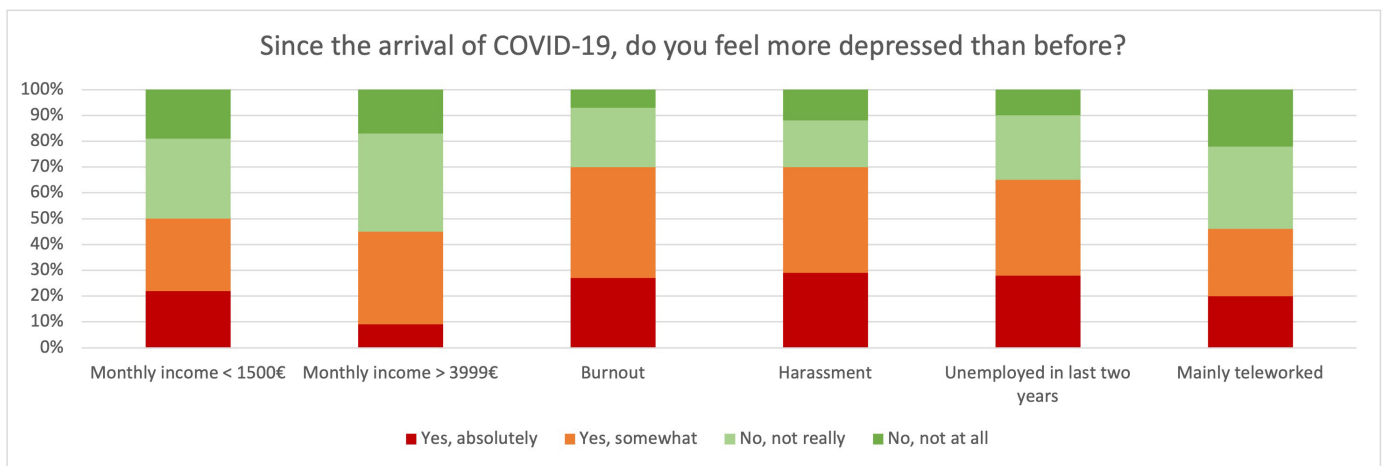
An uneven spread of suicidal thoughts across different groups also occurred during the pandemic. Individuals experiencing harassment (43%) or unemployment (42%) were much more likely to experience such thoughts during the lockdowns. Here, differences between income

groups were extreme: 58% of individuals who had suicidal thoughts and earned less than €1,500 per month had such thoughts during the lockdowns, whereas this number was at only 17% for those earning €4,000 and more.



Similar patterns hold for increased feelings of depression during the pandemic, albeit less clearly for the dimension of income. Those experiencing burnout (70%), harassment (70%) and unemployment (65%) were particularly affected. While the difference between low-

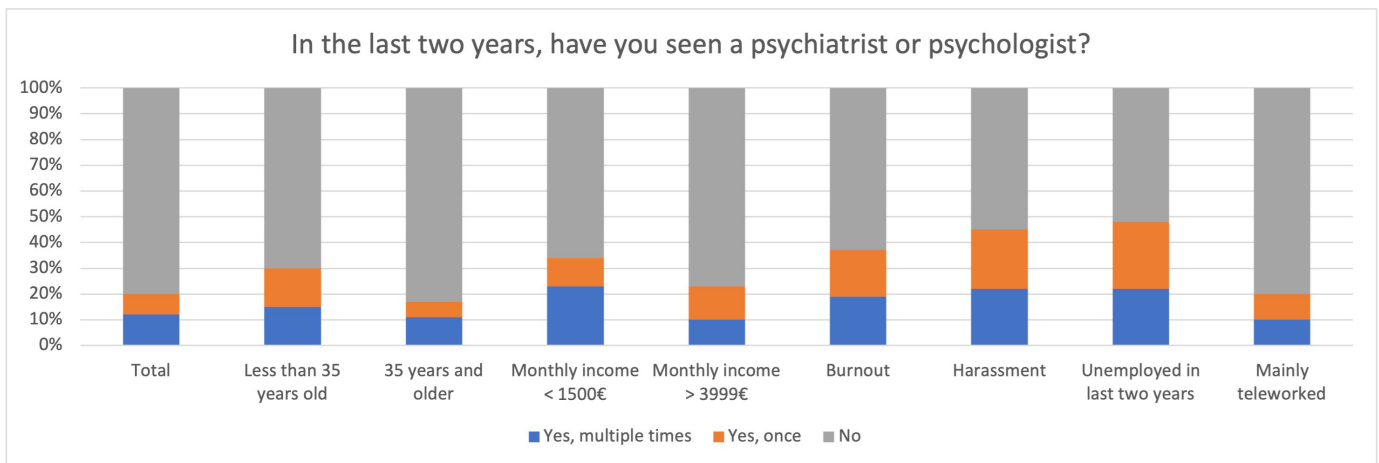
(50%) and high-income groups (45%) reporting increased feelings of depression is relatively small, it stands out more clearly when focusing on more severe cases of feeling depressed (22% over 9%).



Access to treatment and support

Regarding professional support, only 20% of respondents have seen a psychiatrist or psychologist during the last two years. As responses in this context are likely to be correlated with other items such as increased suicidal thoughts, it is difficult to draw conclusions from the available, purely descriptive data. Higher shares of individuals consulting psychologists might

be due to higher rates of mental health issues, different levels of information, or due to a higher willingness to seek help. Either way, the patterns largely replicate the aforementioned findings, where young people, individuals with lower incomes, and those who experience burnout, harassment at the workplace, or unemployment were more likely to see a psychiatrist or a psychologist.



Recommendations for suicide prevention

While the German system has already faced some difficulties in fully addressing individuals' mental health needs before the onset of COVID-19, the pandemic has made matters worse. Deriving precise solutions for the underlying problems solely based on the available, descriptive survey data is hardly possible, but a closer look at the broader debate on the issue sheds light on some steps towards improving suicide prevention in Germany. At a glance, some approaches to improve the situation are as follows:

- Increase the number of psychotherapists who are allowed to bill public insurers ('Kassensitze').
- Fund more low-threshold support for those affected by suicidal thoughts, including friends and family.
- Fund research, education, and information campaigns.
- Limit access to means of suicide.

- Tackle associated issues such as poverty and burnout 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 approaches to basic income.
- Implement field-specific policies against burnout, for example by improving conditions in the care sector, normalising permanent contracts in academia (including for young people), and socially protecting freelancers and platform workers.

Already existing policies have recently embraced Germany's subsidiarity-based approach to healthcare, as the German parliament had made available €5 million to fund 14 projects dedicated to suicide prevention.¹² However, the pandemic along with other legislative plans of the Scholz government have led to a resurgence of the debate. In 2021¹³ and 2022,¹⁴ welfare and doctors' associations raised their voices to push for legislation on suicide prevention. This happened in the context of the government working on a law on assisted suicide which many believed should be accompanied by a

law on suicide prevention. Accordingly, the German parliament tasked the government with developing such legislation in 2022.¹⁵

The measures proposed in the debate largely revolve around improvements in areas that are applicable to suicide prevention beyond Germany as well. They concern: (a) universal measures such as access to healthcare, restricting access to means of suicide, and raising general awareness; (b) selective measures like interventions and helplines; and (c) indicated measures like behaviour assessments and follow-up community support.¹⁶ Specifically, six groups of proposals dominated the debate.¹⁷ First, the government should fund and provide support for those affected by suicidal thoughts – including low-threshold, ad hoc support – and inform them about the availability of the respective schemes. Second, friends and family of those who passed away should receive access to support as well. Third, the general public should be better informed about suicide and suicide prevention. Fourth, access to means of suicide should be limited. Fifth, funds for research and education on the matter should be increased. Sixth, policies should be introduced that tackle associated issues such as social isolation of the elderly, poverty, and negative impacts on mental health in everyday contexts like work and job searching.

Besides these points, one element that is particular to the German healthcare system dominated debates on long waiting times for psychotherapy: capped licences for practitioners. In the German dual system of public and private health insurers, the number of psychotherapists who are allowed to bill public insurers – so called ‘*Kassensitze*’ – is capped. This implies that not all trained psychotherapists can provide therapies in practice, as most Germans are publicly insured. The available number of *Kassensitze* has been

considered by many as too low and discussed as one reason for long waiting times for patients.¹⁸ Accordingly, a Germany-specific approach to dealing with increased therapy needs due to the pandemic could consist in linking the cap on the number of *Kassensitze* to a cap on waiting times below the current average. While this would not necessarily solve issues such as low coverage rates in rural areas, it might be one step towards improving the German system’s capacity of addressing suicidal thoughts.

Finally, links between suicidal thoughts and issues such as burnout and income deprivation might imply that policies beyond healthcare bear beneficial potential. Despite Germany’s low unemployment rates and constant economic growth, the country saw its highest poverty rates since reunification at 16.6% in 2021¹⁹ – in the midst of the pandemic and a worsening cost-of-living crisis. As rising poverty rates have been observed consistently since 2006 and been accompanied by stigmatising and controversial needs-testing and sanctioning practices in social policies such as ‘*Hartz IV*’,²⁰ social and labour market policies might need to consider mental health more prominently as a criterion for success. Concrete policies to be explored might be a deep-cutting reform of minimum income protection away from stigmatising practices, expansive wage policies, different models of basic income, and considerable reductions in standard working hours with full wage compensation. With regards to unclear associations between telework and suicidal thoughts, policies should aim to give workers the right to choose between teleworking and in-office working wherever technically possible.

More field-specific policies also need to be explored where burnout and precarious conditions are particularly common, especially amongst young people in early, uncertain career phases. A few examples for this could

be improved conditions for workers in the care sector, the abolishment of policies such as the *Wissenschaftszeitvertragsgesetz*²¹ along with the normalisation of permanent contracts in academia, or the social protection of freelancers and platform workers. While none of these policies will act as a silver bullet against the observed problems by themselves, a combination of them might help to address

suicidal thoughts in Germany. Importantly, it must be noted that the purely descriptive and correlative survey data used for this brief cannot be used by itself to derive conclusions on causality. Thus, further research is needed to arrive at a more solid basis for concrete policy recommendations.

Endnotes

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- 14 Lillie, Bartmann, and Ataie, "Positionspapier der Diakonie Deutschland zum Suizidpräventionsgesetz.;" Sina Müller et al., "Eckpunkte für eine gesetzliche Verankerung der Suizidprävention," (Kassel: Nationales Suizidpräventionsprogramm, 2022).
- 15 Deutscher Bundestag, "Suizidprävention stärken und selbstbestimmtes Leben ermöglichen."
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- 17 Deutscher Ärztetag, "Forderung nach einer Gesetzesinitiative für ein Suizidpräventionsgesetz: zu beachtende Eckpunkte.;" Deutscher Bundestag, "Suizidprävention stärken und selbstbestimmtes Leben ermöglichen.;" Lillie, Bartmann, and Ataie, "Positionspapier der Diakonie Deutschland zum Suizidpräventionsgesetz.;" Müller et al., "Eckpunkte für eine gesetzliche Verankerung der Suizidprävention.;" Schneider et al., "Suizidprävention Deutschland – Aktueller Stand und Perspektiven."
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- 19 Ulrich Schneider, Wiebke Schröder, and Gwendolyn Stilling, "Zwischen Pandemie und Inflation. Paritätischer Armutsbericht 2022," (Berlin: Der Paritätische Gesamtverband, 2022).
- 20 *Hartz IV* colloquially refers to an unemployment benefit scheme under the German social code II, introduced by the Schröder government of Social Democrats and Greens in the early 2000s. It was effectively a step of radical welfare retrenchment, criticised in particular for practices of strict sanctions and claimant surveillance.
- 21 A law that contains a mechanism effectively limiting the time one can be employed on fixed-term contracts in German academia to 12 years. As permanent contracts are extremely rare, this eventually translates to a ban from working in academia which can cause massive pressure, precariousness, and exploitation.

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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, 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: 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.

Analysts 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; reduced resources 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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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 3,000 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 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 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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