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# MENTAL HEALTH AND SUICIDE DURING THE PANDEMIC: IRELAND

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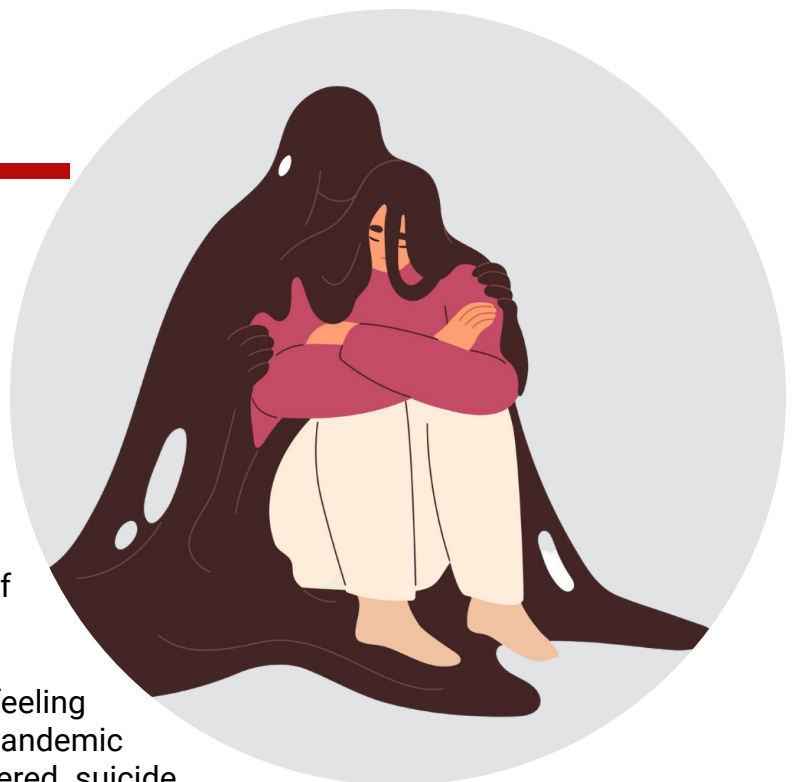
## ABSTRACT

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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## 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

Like other European countries, Ireland was heavily impacted by the COVID-19 pandemic. The country implemented some of the strictest lockdown measures in the EU,<sup>1</sup> leading many to live for extended periods in isolation, fear of falling ill and economic uncertainty.

This policy brief analyses the results of a survey conducted by Ifop for Fondation Jean-Jaurès and FEPS, exploring the impact of the COVID-19 pandemic on mental health and suicide risk amongst adults in Ireland, as well as the consequences of unemployment and work-related stress. From 3 to 17 May 2022, 1,000 people living in Ireland participated online using computer-assisted web interviewing.

### **Ireland's national health care system: access to mental health services and gaps in coverage**

Ireland has a hybrid or three-strand health and social care system, comprising voluntary (independently owned and governed, not-for-profit), public (fully state-owned and governed, funded primarily through general taxation, not-for-profit) and private (for-profit) services. As such, while a national health service exists, the voluntary sector currently provides approximately one quarter of acute hospital services.<sup>2</sup> Furthermore, almost half the population purchases private voluntary health insurance, primarily to obtain faster access to care,<sup>3</sup> as recent figures suggest that at least 1.3 million people – one quarter of the state's population – are on some form of waiting list for health services.<sup>4</sup> In 2021, the proportion of expenditure from voluntary health insurance schemes was 14%, representing the second highest rate in the EU – almost three times higher than the EU average.<sup>5</sup>

The two main avenues for public specialist mental health service delivery are community mental health teams and in-patient units and hospitals. State funding for specialist mental health services has remained consistently low, at approximately 6% of the overall health budget. While it is important to note that other parts of the health system also fund services which provide mental health care, such as addiction services,<sup>6</sup> current funding for specialist services is much lower than in other countries (typically 12% to 13%). The Sláintecare programme (2019-28), the state's initiative for whole-system reform and universal healthcare, also plans investment in mental health at just 10% of the overall health budget. Staffing levels set out in the 2006 policy document 'A vision for change' have never been achieved;<sup>7</sup> consultant psychiatry numbers (per 100,000) are less than half the EU average. Ireland has the fourth lowest number of psychiatric beds in Europe.<sup>8</sup> Analysis suggests high levels of unmet demand (measured by waiting lists) for community mental health services even prior to the onset of the pandemic; no equivalent data is available for in-patient services.<sup>9</sup> The most recent report of the Mental Health Commission (MHC) oversight body, published in July 2022, noted that state-run mental health facilities fell behind independent and private providers in quality of premises, level of care and compliance with MHC standards.<sup>10</sup>

The majority (approximately 90%) of individuals experiencing poor mental health in Ireland access support through the primary care system (comprising over 3,000 GPs and 425 primary care teams).<sup>11</sup> The key role played by primary care services is further emphasised when one considers that, for the other 10% of people who require specialist mental health services, access to these services is typically facilitated through referral by a GP or another primary care provider. The majority of GPs are private

practitioners who provide care for private fee-paying patients, or public patients with medical cards<sup>12</sup> or GP visit cards<sup>13</sup> when contracted by the government. The Counselling in Primary Care scheme offers up to eight sessions with a counsellor or therapist to adult medical card holders experiencing mild to moderate psychological and emotional difficulties, via GP referral. The scheme has been associated with significant improvements in clients' mental health<sup>14,15</sup> and is met with high demand, but has been criticised as inequitable given that access remains limited to medical card holders.<sup>16,17</sup> The majority (89%) of GPs participating in the scheme nationally have advocated for its expansion beyond patients who hold medical cards, to the wider public.<sup>18</sup>

### **The current survey: mental health and suicidal ideation**

Overall, half (53%) of survey respondents reported feeling more depressed since the onset of the pandemic, similar to the proportion (57.1%) of the 1,621 respondents in the February 2021 round of the Social Impact of COVID-19 (SIC19) survey who reported that their mental health/wellbeing had been negatively affected by the pandemic.<sup>19</sup> However, these findings suggest a much greater prevalence of negative mood than do the results of the COVID-19 Psychological Research Consortium (C19PRC) study, a nationally representative study that conducted four timepoints of assessment throughout 2020, and used psychometrically validated screening tools to assess symptoms of depression and anxiety. The C19PRC study found that one in ten participants (11.3%) experienced an increase in symptoms of depression and anxiety over that period.<sup>20</sup> The longer-term impacts of the pandemic and associated social restrictions may not have been captured by these data, the last of which were collected in December 2020. However, more

recently, in February 2022, Amárach Research conducted a nationally representative poll of 1,600 people for the Department of Health and found that 13% of the sample reported feeling sadness, 13% loneliness, 27% anxiety, 25% worry and 8% despair – again, lower proportions than those in the current study.

It is important to note that the C19PRC study asked participants to reflect on how they had been feeling over the past two weeks at each timepoint, and the Amárach poll asked whether participants experienced any of these feelings 'a lot of the day yesterday'; in contrast, the current survey asked respondents about their experience 'since the arrival of COVID-19' – a much longer time period, meaning it may be difficult to recall their mood with a high level of accuracy. Indeed, research has shown that reporting retrospectively on negative mood is strongly affected by 'recall bias', such that 'we typically remember more intense and longer lasting moods than we actually experienced'.<sup>21</sup>

Most (65%) respondents to the current survey had never seriously thought about suicide, corresponding with the C19PRC study, which found that 70.5% reported never having thought of suicide.<sup>22</sup> While it is encouraging that the majority had not experienced suicidal ideation, the fact that one third of these nationally representative samples had seriously considered suicide is cause for concern. Amongst the 34% of the current sample who had thought about suicide, 78% said they had thoughts of suicide before the COVID-19 pandemic, 40% said they had experienced suicidal ideation during lockdown and 40% said they had considered suicide since September 2021.

Furthermore, one quarter of those who had considered suicide reported hospitalisation for a suicide attempt at some point in their past. Attempted suicide is one of the strongest and

most consistent known risk factors for future death by suicide,<sup>23</sup> and risk is heightened for those whose suicide attempt resulted in hospitalisation.<sup>24</sup>

A minority (9%) of respondents to the current survey self-reported that they had started to take medication to relax or sleep (including anti-depressants, sleeping pills, anxiolytics, tranquilisers, mood regulators and neuroleptics) since the onset of the health crisis. This contrasts with reports from the Primary Care Reimbursement Service, which reported a 30% increase in the prescription of anti-depressants in December 2020, compared to the previous year.<sup>25</sup> Of those who reported 'absolutely' feeling more depressed since COVID-19 began, 44% reported taking medication.

### Gender differences in reported mental health and suicidal ideation

A greater proportion of women in the current survey (58%) reported feeling more depressed since the onset of COVID-19 than did men (47%). Similarly, 62.4% of female respondents to the February 2021 round of the SIC19 survey reported that their mental health/wellbeing had been negatively affected by the pandemic, compared to 51.7% of men.<sup>26</sup> Early research on the mental health effects of the pandemic highlighted that 70% of the worldwide health workforce are women,<sup>27</sup> and women disproportionately carried the burden of childcare during the pandemic,<sup>28</sup> which may help to explain the particularly heightened impacts on their mental health.

More female respondents to the current survey also reported seriously considering suicide than did male respondents, but the gap was not as large (37% and 31%, respectively). Nonetheless, these findings contrast with the results of the

C19PRC study, which found that men were twice as likely as women to report having had suicidal thoughts.<sup>29</sup> However, of the subset of the current sample who had seriously considered suicide, a greater proportion of men had been hospitalised for a suicide attempt (31%) than had women (20%). Research consistently reports that men are more likely to use more high-risk methods when attempting suicide, which is thought to partially explain the so-called 'gender paradox' in suicide, whereby suicide attempts are more common among women than men, but more men than women die by suicide.<sup>30</sup> For example: in 2019, the national female rate of self-harm in Ireland was 226 per 100,000, while the male rate in the same year was 187 per 100,000,<sup>31</sup> but in parallel, over the past five years, approximately three quarters of all deaths by suicide in Ireland were men.<sup>32</sup> Assuming that high-risk methods are more likely to result in hospitalisation, this may explain the findings of the current survey.

### Age differences in reported mental health and suicidal ideation

Younger respondents to the current survey appeared to be more likely to have experienced an increase in depressed mood during the COVID-19 pandemic: three quarters (74%) of those aged under 35 years reported feeling more depressed over the past two years, compared to less than a third (27%) of those aged 65 years and older. Even prior to the onset of the pandemic, Irish young adults were reporting significant distress: research conducted in 2018-2019 reported that 58% of 8,920 young people aged 18 to 25 were experiencing levels of depression outside the normal range.<sup>33</sup> Suicide is also the leading cause of death for 15- to 24-year-olds in Ireland,<sup>34</sup> and rates of youth self-harm have been increasing.<sup>35</sup> Since the onset of COVID-19, analyses of other Irish data have also reported increased distress amongst young adults: for

example, the February 2021 round of the SIC19 survey found that almost three in four (74.4%) of those aged 18 to 34 reported a negative effect on their wellbeing, compared to less than one in three respondents (32.4%) aged 70+.<sup>36</sup> The national longitudinal study of children and young people in Ireland, Growing Up In Ireland (GUI), conducted a COVID-19-specific survey in December 2020 and found that 48% of the 22-year-olds surveyed had elevated depression scores, an increase from 27% two years previously.<sup>37</sup> This was particularly pronounced for young women, of whom 55% exceeded the threshold for 'clinically significant' levels of depression during the pandemic, compared to 41% of same-age men.<sup>38</sup> As will be discussed later, young respondents to the current survey were also more likely to experience work-related stress and unemployment.

### **Help-seeking for mental health**

Amongst respondents to the current survey, 82% had seen a GP over the past two years, but just 20% had seen a psychologist or psychiatrist, and less than one fifth (17%) had contacted an association for psychological help or support – despite the fact that 53% reported feeling more depressed since the onset of the pandemic. Needless to say, respondents' GP visits may have addressed a wide range of health concerns beyond their mental health. However, the fact that few individuals access specialist mental health supports reinforces the importance of a GP visit as an opportunity to detect any underlying mental health issues or current suicidality, and initiate intervention.<sup>39</sup>

As discussed above, GPs in Ireland play an important role in directly providing care for 'mild to moderate' mental health issues and facilitating referral to specialist services. While mental health concerns may not be the primary reason for presentation, international research

has found that 62% to 80% of people aged under 35 had contacted a GP in the year prior to death by suicide, and 23% had done so in the month prior.<sup>40,41</sup> Presentation to a GP may represent the total engagement with any type of healthcare. Of note, the current survey does not allow us to identify those respondents who had attempted to see a psychologist or psychiatrist but did not successfully obtain an appointment. The GUI special COVID-19 survey reported that 22% of the 22-year-olds classified as depressed in their cohort reported that they did not have 'access to necessary support for emotional or mental health problems'.<sup>42</sup> While it is critical that we capitalise on presentation to a GP as a means to identify risk and facilitate specialist service access, it is important to remain cognisant that these efforts can only go so far because specialist services in Ireland currently cannot meet demand.<sup>43</sup>

### **Experience of work-related stress**

Two thirds (62%) of the sample were employed, and this group reported experiencing a considerable amount of work-related stress over the past two years. Almost half (44%) reported significant stress at work, and a similar proportion (43%) reported burnout. A small minority (3%) of the sample reported experiencing sexual harassment at work over the past two years, with 3% reporting they had experienced sexual assault and 13% bullying at work in the same timeframe. In general, those aged 18 to 35 (58%) and women (51%) were more likely to report significant stress than were those over the age of 35 (34%) and men (36%). As such, young women were the group most likely to report stress (64%), burnout (60%) and sexual harassment (6%) in the workplace, while men over 35 were the least likely (28%, 28% and 1%, respectively). However, young men were the group most likely to report sexual assault at work over the past two years, at a rate of one in

ten (10%), compared to 2% of same-age women. A recent nationally representative study found that 34.4% of Irish adults had experienced some form of sexual violence (sexual assault or harassment) in their lifetime, and that women were disproportionately affected (one in two women compared to one in five men,<sup>44</sup> although this research was not workplace-specific.

Approximately one third (32%) of the total sample reported some period of unemployment in the past two years, and 51% reported that someone amongst their relatives/family/friends had experienced a period of unemployment in the same period, with 23% stating their relative/family/friend experienced a period of unemployment of six months to one year. Again, young people were more likely to have been affected, with over half (55%) of those aged 18 to 24 reporting a period of unemployment in the last two years, compared to 30% of those aged 35 to 49. Other Irish research has also highlighted youth unemployment associated with the pandemic, with the vast majority (84%) of 22-year-olds in the GUI longitudinal study (1998 cohort) who were employed before the pandemic experiencing some type of employment disruption during COVID-19;<sup>45</sup> these young adults were much more likely to lose their jobs than were the parents of the 2008 cohort, who were surveyed at the same time.<sup>46</sup> In the current survey, those earning less than €1,000 per month were more likely to report unemployment (52%) than those earning more than €2,500 per month (22%). Overall, this concurs with a report from the Department of Employment Affairs and Social Protection, which found that those most likely to have lost their jobs as a result of COVID-19 were young, low-paid workers.<sup>47</sup>

### High-risk participant groups

Beyond differences across gender and age

groups, certain participant groups' responses across survey questions appeared to show patterns of higher distress.

#### Those who experienced a period of unemployment in the past two years

Of those who had been unemployed, 71% stated that they felt more depressed than before COVID-19, and 52% reported seriously considering suicide at some point in their lives. The C19PRC study found that those who were unemployed during the pandemic were nearly 80% more likely to have suicidal thoughts than those in full-time employment.<sup>48</sup> Loss of their main job during the pandemic was also a strong predictor of clinically significant levels of depression for 22-year-old young men in the GUI longitudinal study.<sup>49</sup> Experience of unemployment is a well-established risk factor for negative mental health outcomes and for suicide.<sup>50,51,52</sup> Ireland also saw a peak in suicide rates during the economic recession and subsequent years of austerity, as well as a significant impact on national rates of hospital-treated self-harm.<sup>53</sup>

#### Those who experienced sexual harassment or bullying at work

While a minority of the sample (16%), the group of respondents who experienced sexual harassment and/or bullying at work reported very high levels of distress across their responses to other questions:

- 76% reported feeling more depressed since the start of the pandemic.
- 66% reported seriously considering suicide, and of these, 18% had been hospitalised multiple times due to suicide attempts.



- 68% reported at some point taking medication to relax or to sleep.
- 43% contacted an association for psychological support in the past two years.
- 46% consulted a psychologist or psychiatrist in the past two years.
- 44% reported period of unemployment in the past two years.
- 81% reported feeling more depressed since the onset of the pandemic.
- 4% reported taking medication to relax or to sleep.
- 68% reported seriously considering suicide themselves, of which 40% reported being hospitalised due to suicide attempts, with 19% reporting multiple hospitalisations.

Research has confirmed that experience of workplace bullying is associated with significantly increased risk of suicidal ideation, attempt and death by suicide.<sup>54,55</sup> A recent nationally representative Irish study found that experience of sexual harassment at any point across the lifetime (and in any context) was associated with significantly increased risk for screening positive for complex PTSD, depression, anxiety disorder, and having been diagnosed with any psychiatric disorder.<sup>56</sup> Regarding workplace sexual harassment specifically, a recent large prospective population-based cohort study (representing the most rigorous approach to examine this link) in Sweden showed almost three times the rate of suicide deaths among people reporting workplace sexual harassment, even when controlling for a range of additional factors such as sex, education, income, baseline mental health, and working conditions.<sup>57</sup>

### Those who know several people who have attempted suicide

Half (48%) of the total sample answered 'yes' to the question 'Has anyone you know attempted suicide?', and 100% of this group knew several people who had attempted suicide. Amongst these:

- 45% consulted a psychologist or psychiatrist over the past two years.
- 43% contacted an association for psychological support in the past two years.
- 65% reported experiencing significant stress at work.
- 56% reported a period of unemployment in the past two years.

A recent multilevel meta-analysis (ie, an analysis of data across all published studies on a certain topic) found that exposure to another person's suicide attempt (ie, knowing someone who has attempted suicide)<sup>58</sup> is associated with three-times increased odds that an individual will subsequently attempt suicide themselves.<sup>59</sup>

### Recommendations for suicide prevention in Ireland

Taken as a whole, these results point to high levels of distress amongst young people in Ireland, which is further increased for youth who concurrently belong to other high-risk groups such as those who are unemployed. Intervening early in the lifespan presents the best opportunity to address mental health risks in order to tackle the high rates of suicide deaths and self-harm in this cohort. Suicide prevention policy should therefore include a co-ordinated

and targeted youth-specific component, similar to those called for by other countries.<sup>60</sup>

Many public health strategies have focused on exposure to suicide death, recommending postvention for those bereaved by suicide, however the results of this survey indicate that exposure to suicide attempt is also associated with increased distress and should be included in future policy.

Policy should also address the workplace as a site of suicide prevention and address risk factors such as bullying and sexual harassment; researchers have advocated for the effectiveness of multi-level workplace interventions that integrate gatekeeper training and provision of confidential and easily accessible supports.<sup>61</sup>

This survey found that one third of respondents had seriously considered suicide, yet only 20% had seen a psychologist or psychiatrist; all those who present with suicidal ideation should be provided with timely, appropriately resourced services, and aftercare provided to those who are hospitalised for self-harm, as per the National Clinical Programme's revised model of care.<sup>62</sup> The current survey also suggests a high level of unmet need for community-based mental health supports and services, which, if provided, may help to address issues 'upstream', and reorient to prevention, as espoused by Sláintecare and the Sharing the Vision policy document.<sup>63</sup> GPs should be provided with training and resources for mental health and suicide assessment, and there should be mental health practitioners available to every general practice/primary care setting. However, this should not mean that GPs are expected to take on the unmet needs of those experiencing moderate to severe and complex mental health issues: specialist mental health services need appropriate resourcing to fulfil referral mechanisms, requiring 'a cross-sectoral and longer-term perspective from government

with a multiannual approach to budgeting'.<sup>64</sup>

Finally, it has been noted that while Ireland's current suicide prevention policy document, 'Connecting for Life',<sup>65</sup> does refer to the impact of social factors, it tends to organise interventions 'within existing discourses and structures, for example with reference to medical diagnoses and improving existing mental health services'.<sup>66</sup> The current survey suggests that future policy should include targets addressing social risk factors, such as unemployment. Reducing suicide rates and increasing good mental health in Irish society will require 'improvements in interpersonal connections, social cohesion, meaning in life, social mobility, and economic success'.<sup>67</sup>

In summary, future national suicide prevention policies should include:

- A youth-specific component that addresses the particular needs of this demographic.
- Timely, appropriately resourced services for all who present with suicidal ideation, as well as aftercare for those hospitalised for self-harm/suicide attempt, and targeted supports for those exposed to suicide attempts.
- The workplace as a key site for mental health promotion and suicide prevention activities, addressing factors such as bullying and sexual harassment.
- Training and resources for GPs on mental health and suicide assessments, as well as a dedicated mental health practitioner in every general practice/primary care setting.
- A broader focus acknowledging social risk factors, including unemployment.

## Endnotes

- 1 Oxford Covid-19 Government Response Tracker. 2022. "COVID-19 Government Response Tracker", Oxford: Blavatnik School of Government, University of Oxford. <https://www.bsg.ox.ac.uk/research/research-projects/covid-19-government-response-tracker#data>
- 2 National Economic and Social Council. 2021. "Building new relationships between voluntary organisations and the State in the health and social care sectors: Paper from the dialogue forum with voluntary organisations". Dublin: National Economic and Social Council. Report no. 23.
- 3 OECD/European Observatory on Health Systems and Policies. 2021. "Ireland: Country Health Profile 2021, State of Health in the EU". Paris/Brussels.
- 4 P. Cullen. 2022. "One-quarter of State's population on health waiting lists". *The Irish Times*, 6 June. <https://www.irishtimes.com/health/2022/06/06/one-quarter-of-states-population-on-health-waiting-lists>
- 5 OECD/European Observatory on Health Systems and Policies. 2021. "Ireland: Country Health Profile 2021, State of Health in the EU".
- 6 F. Keogh, E. Arensman, A. Burke, et al. 2022. "Sharing the Vision: Maintaining momentum for implementation", *Administration*, 70(2): 35-44.
- 7 A. Brick, C. Keegan, and M-A. Wren. 2020. "Utilisation of specialist mental health services in Ireland – baseline analysis for the Hippocrates Model". Dublin: Economic and Social Research Institute; 2020. Report no. 90.
- 8 Eurostat. 2021 [updated 2 July 2021]. "Psychiatric care beds in hospitals 2021". <https://ec.europa.eu/eurostat/databrowser/view/tps00047/default/table?lang=en>
- 9 A. Brick, C. Keegan, and M-A. Wren. 2020. "Utilisation of specialist mental health services in Ireland".
- 10 Mental Health Commission. 2022. "Mental Health Commission Annual Report 2021". Dublin: Mental Health Commission.
- 11 S. McDaid. 2013. "Mental health in primary care in Ireland: A briefing paper". Dublin: Mental Health Reform.
- 12 A medical card holder can access certain health services free-of-charge (for example: GP services; prescribed drugs and medicines; in-patient public hospital services; out-patient services; medical appliances; dental, optical and aural services, amongst others). To qualify for a medical card, your weekly income must be below a certain figure for your family size.
- 13 If you are not eligible for a medical card, you may be eligible for a GP visit card, which allows you to visit a participating GP for free. Eligible groups include: all children under the age of 6, those who qualify for Carer's Benefit or Carer's Allowance, every adult over 70 years.
- 14 F. Ward, N. MacDonagh, S. Cunningham and C. Brand. 2022. "Changing lives for the better: A national evaluation of the Counselling in Primary Care (CIPC) service". Dublin: Health Service Executive.
- 15 C. Brand, F. Ward, N. MacDonagh, et al. 2021. "A national evaluation of the Irish public health counselling in primary care service – examination of initial effectiveness data". *BMC Psychiatry*, 21(1): 1-10.
- 16 V. Cullinan, A. Veale, and A. Vitale. 2016. "Irish General Practitioner referrals to psychological therapies". *Irish Journal of Psychological Medicine*, 33(2): 73-80.
- 17 F. Houghton. 2014. "Inequalities in health service provision: The CIPC Service". *Irish Journal of Psychological Medicine*, 31(1): 69.
- 18 F. Ward, N. MacDonagh, S. Cunningham, et al. 2022. "Changing lives for the better".
- 19 Central Statistics Office. 2021. "Press statement Social Impact of COVID-19 Survey February 2021: Well-being". Dublin: Central Statistics Office. <https://www.cso.ie/en/csolatestnews/pressreleases/2021pressreleases/presstatementsocialimpactofcovid-19surveyfebruary2021well-being>
- 20 P. Hyland, F. Vallières, M. Daly, S. Butter, R. P. Bentall, R. Fox, et al. 2021. "Trajectories of change in internalizing symptoms during the COVID-19 pandemic: A longitudinal population-based study". *Journal of Affective Disorders*, 295: 1024-31.
- 21 S. J. Wenze, K. C. Gunthert, R. E. German. 2012. "Biases in affective forecasting and recall in individuals with depression and anxiety symptoms". *Personality and Social Psychology Bulletin*, 38(7): 895-906.
- 22 P. Hyland, S. Rochford, A. Munnely, et al. 2022. "Predicting risk along the suicidality continuum: A longitudinal,

nationally representative study of the Irish population during the COVID-19 pandemic". *Suicide and Life-Threatening Behavior*, 52(1): 83-98.

23 J. M. Bostwick, C. Pabbati, J. R. Geske, et al. 2016. "Suicide attempt as a risk factor for completed suicide: Even more lethal than we knew". *American Journal of Psychiatry*, 173(11): 1094-100.

24 R. P. Doshi, K. Chen, F. Wang, et al. 2020. "Identifying risk factors for mortality among patients previously hospitalized for a suicide attempt". *Scientific Reports*, 10(1): 1-9.

25 P. Crowley, and A. Hughes. 2021. "The impact of COVID-19 pandemic and the societal restrictions on the health and wellbeing of the population, and on the health service capacity and delivery: A plan for healthcare and population health recovery". Dublin: National QI Team, Health Service Executive.

26 Central Statistics Office. 2021. "Press statement Social Impact of COVID-19 Survey February 2021: Well-being".

27 F. Thibaut, and P. J. van Wijngaarden-Cremers. 2020. "Women's mental health in the time of Covid-19 pandemic". *Frontiers in Global Women's Health*, 1: 588372.

28 A. Sevilla, and S. Smith. 2020. "Baby steps: The gender division of childcare during the COVID-19 pandemic". *Oxford Review of Economic Policy*, 36(Supplement 1): S169-86.

29 P. Hyland, S. Rochford, A. Munnelly, et al. 2022. "Predicting risk along the suicidality continuum".

30 R. Mergl, N. Koburger, K. Heinrichs, et al. 2015. "What are reasons for the large gender differences in the lethality of suicidal acts? An epidemiological analysis in four European countries". *PLoS One*, 10(7): e0129062.

31 M. Joyce, C. Daly, N. McTernan, E. Griffin, S. Nicholson, E. Arensman, et al. 2020. "National Self-Harm Registry Ireland Annual Report 2020". Cork: National Suicide Research Foundation.

32 National Office for Suicide Prevention. 2022. "Briefing on CSO Suicide Statistics". Dublin: HSE National Office for Suicide Prevention (NOSP).

33 B. Dooley, C. O'Connor, A. Fitzgerald, and A. O'Reilly. 2019. "My World Survey 2: The national study of youth mental health in Ireland". Dublin: University College Dublin School of Psychology; Jigsaw, the National Centre for Youth Mental Health.

34 Central Statistics Office. 2022 [updated 2 June 2022]. Vital statistics yearly summary. Dublin: Central Statistics Office. <https://www.cso.ie/en/releasesandpublications/ep/p-vsyst/vitalstatisticsyearlysummary2021>

35 E. Griffin, E. McMahon, F. McNicholas, P. Corcoran, I. J. Perry, and E. Arensman. 2018. "Increasing rates of self-harm among children, adolescents and young adults: A 10-year national registry study 2007–2016". *Social Psychiatry and Psychiatric Epidemiology*, 53(7): 663-71.

36 Central Statistics Office. 2021. "Press statement Social Impact of COVID-19 Survey February 2021: Well-being".

37 Economic and Social Research Institute. 2021. "Growing Up in Ireland. Key findings: Special COVID-19 survey". Dublin: Economic and Social Research Institute.

38 E. Smyth, and A. Nolan A. 2022. "Disrupted transitions? Young adults and the COVID-19 pandemic". Dublin: Economic and Social Research Institute. Report no. 142.

39 M. Michail, F. Mughal, and J. Robinson. 2020. "Suicide prevention in young people: Optimising primary care", *British Journal of General Practice*: 104-5.

40 J. B. Luoma, C. E. Martin, and J. L. Pearson. 2002. "Contact with mental health and primary care providers before suicide: A review of the evidence". *American Journal of Psychiatry*, 159(6): 909-16.

41 A. E. Rhodes, S. Khan, M. H. Boyle, L. Tonmyr, C. Wekerle, D. Goodman D, et al. 2013. "Sex differences in suicides among children and youth: The potential impact of help-seeking behaviour". *The Canadian Journal of Psychiatry*, 58(5): 274-82.

42 Economic and Social Research Institute. 2021. "Growing Up in Ireland".

43 A. Brick, C. Keegan, and M-A. Wren. 2020. "Utilisation of specialist mental health services in Ireland".

44 F. Vallières, B. Gilmore, A. Nolan, P. Maguire, K. Bondjers, O. McBride, et al. 2022. "Sexual violence and its associated psychosocial effects in Ireland". *Journal of Interpersonal Violence*, 37(11-12): NP9066-NP88.

45 E. Smyth, and A. Nolan A. 2022. "Disrupted transitions?"

46 Economic and Social Research Institute. 2021. "Growing Up in Ireland".

47 D. Coates, S. Byrne, A. Brioscú, et al. 2020. "The initial impacts of the COVID-19 pandemic on Ireland's labour market". Working paper. Dublin: Department of Employment Affairs and Social Protection.

- 48 P. Hyland, S. Rochford, A. Munnely, et al. 2022. "Predicting risk along the suicidality continuum".
- 49 E. Smyth, and A. Nolan A. 2022. "Disrupted transitions?"
- 50 A. Milner, A. Page, and A. D. LaMontagne. 2014. "Cause and effect in studies on unemployment, mental health and suicide: A meta-analytic and conceptual review". *Psychological Medicine*, 44(5): 909-17.
- 51 S. Amiri. 2021. Unemployment associated with major depression disorder and depressive symptoms: A systematic review and meta-analysis". *International Journal of Occupational Safety and Ergonomics*, 2021: 1-13.
- 52 S. Amiri. 2020. "Unemployment and suicide mortality, suicide attempts, and suicide ideation: A meta-analysis". *International Journal of Mental Health*, 2020: 1-25.
- 53 P. Corcoran, E. Griffin, E. Arensman, A. P. Fitzgerald, and I. J. Perry. 2015. "Impact of the economic recession and subsequent austerity on suicide and self-harm in Ireland: An interrupted time series analysis". *International Journal of Epidemiology*, 44(3): 969-77.
- 54 M. B. Nielsen, G. H. Nielsen, G. Notelaers, et al. 2015. "Workplace bullying and suicidal ideation: A 3-wave longitudinal Norwegian study". *American Journal of Public Health*, 105(11): e23-e8.
- 55 P. M. Conway, A. Erlangsen, M. B. Grynderup, et al. 2022. "Workplace bullying and risk of suicide and suicide attempts: A register-based prospective cohort study of 98 330 participants in Denmark".
- 56 F. Vallières, B. Gilmore, A. Nolan, et al. 2022. "Sexual violence and its associated psychosocial effects in Ireland".
- 57 L. L. M. Hanson, A. Nyberg, E. Mittendorfer-Rutz, F. Bondestam, and I. E. Madsen. 2020. "Work related sexual harassment and risk of suicide and suicide attempts: prospective cohort study". *British Medical Journal*, 370.
- 58 S. Miklin, A. S. Mueller, S. Abrutyn, et al. 2019. "What does it mean to be exposed to suicide? Suicide exposure, suicide risk, and the importance of meaning-making". *Social Science & Medicine*, 233: 21-7.
- 59 N. T. Hill, J. Robinson, J. Pirkis, K. Andriessen, K. Krysinska, A. Payne, et al. 2020. "Association of suicidal behavior with exposure to suicide and suicide attempt: A systematic review and multilevel meta-analysis". *PLoS Medicine*, 17(3):e1003074.
- 60 Orygen. 2022. "Young people, self-harm and suicide prevention: Policy brief update." Melbourne, Australia: Orygen.
- 61 B. Greiner, and E. Arensman. 2022. "The role of work in suicidal behavior – uncovering priorities for research and prevention". *Scandinavian Journal of Work, Environment & Health*.
- 62 National Clinical Programme for Self Harm and Suicide Related Ideation. 2022. Updating the National Clinical Programme for the Assessment and Management of Patients presenting to the Emergency Department following Self-Harm. Dublin: Health Service Executive.
- 63 F. Keogh, E. Arensman, A. Burke, et al. 2022. "Sharing the Vision".
- 64 Ibid.
- 65 Department of Health, Health Service Executive, National Office for Suicide Prevention (NOSP). 2015. "Connecting for Life: Ireland's national strategy to reduce suicide 2015-2020". Dublin: Department of Health.
- 66 A. Cleary. 2022. "Understanding suicide and developing realistic prevention strategies". Dublin: UCD Geary Institute for Public Policy.
- 67 P. Hyland, S. Rochford, A. Munnely, et al. 2022. "Predicting risk along the suicidality continuum".

## References

- Amiri, S. 2020. "Unemployment and suicide mortality, suicide attempts, and suicide ideation: A meta-analysis". *International Journal of Mental Health*, 2020: 1-25.
- Amiri, S. 2021. Unemployment associated with major depression disorder and depressive symptoms: A systematic review and meta-analysis". *International Journal of Occupational Safety and Ergonomics*, 2021: 1-13.
- Bostwick, J. M., C. Pabbati, J. R. Geske, and A. J. McKean. 2016. "Suicide attempt as a risk factor for completed suicide: Even more lethal than we knew". *American Journal of Psychiatry*, 173(11): 1094-100.
- Brand, C., F. Ward, N. MacDonagh, S. Cunningham, and L. Timulak. 2021. "A national evaluation of the Irish public health counselling in primary care service – examination of initial effectiveness data". *BMC Psychiatry*, 21(1): 1-10.
- Brick, A., C. Keegan, and M-A. Wren. 2020. "Utilisation of specialist mental health services in Ireland – baseline analysis for the Hippocrates Model". Dublin: Economic and Social Research Institute; 2020. Report no. 90.
- Central Statistics Office. 2021. "Press statement Social Impact of COVID-19 Survey February 2021: Well-being". Dublin: Central Statistics Office. <https://www.cso.ie/en/csolatestnews/pressreleases/2021pressreleases/pressstatementsocialimpactofcovid-19surveyfebruary2021well-being>
- Central Statistics Office. 2022 [updated 2 June 2022]. Vital statistics yearly summary. Dublin: Central Statistics Office. <https://www.cso.ie/en/releasesandpublications/ep/p-vsyst/vitalstatisticsyearlysummary2021>
- Cleary, A. 2022. "Understanding suicide and developing realistic prevention strategies". Dublin: UCD Geary Institute for Public Policy.
- Coates, D., S. Byrne, A. Brioscú, D. Corcoran, H. Cronin, E. Keenan, et al. 2020. "The initial impacts of the COVID-19 pandemic on Ireland's labour market". Working paper. Dublin: Department of Employment Affairs and Social Protection.
- Conway, P. M., A. Erlangsen, M. B. Grynderup, T. Clausen, R. Rugulies, J. B. Bjørner, et al. 2022. "Workplace bullying and risk of suicide and suicide attempts: A register-based prospective cohort study of 98 330 participants in Denmark".
- Corcoran, P., E. Griffin, E. Arensman, A. P. Fitzgerald, and I. J. Perry. 2015. "Impact of the economic recession and subsequent austerity on suicide and self-harm in Ireland: An interrupted time series analysis". *International Journal of Epidemiology*, 44(3): 969-77.

Crowley, P., and A. Hughes. 2021. "The impact of COVID-19 pandemic and the societal restrictions on the health and wellbeing of the population, and on the health service capacity and delivery: A plan for healthcare and population health recovery". Dublin: National QI Team, Health Service Executive.

Cullen, P. 2022. "One-quarter of State's population on health waiting lists". *The Irish Times*, 6 June. <https://www.irishtimes.com/health/2022/06/06/one-quarter-of-states-population-on-health-waiting-lists>

Cullinan, V., A. Veale, and A. Vitale. 2016. "Irish General Practitioner referrals to psychological therapies". *Irish Journal of Psychological Medicine*, 33(2): 73-80.

Department of Health, Health Service Executive, National Office for Suicide Prevention (NOSP). 2015. "Connecting for Life: Ireland's national strategy to reduce suicide 2015-2020". Dublin: Department of Health.

Dooley, B., C. O'Connor, A. Fitzgerald A, and A. O'Reilly. 2019. "My World Survey 2: The national study of youth mental health in Ireland". Dublin: University College Dublin School of Psychology; Jigsaw, the National Centre for Youth Mental Health.

Doshi, R. P., K. Chen, F. Wang, H. Schwartz, A. Herzog, and R. H. Aseltine. 2020. "Identifying risk factors for mortality among patients previously hospitalized for a suicide attempt". *Scientific Reports*, 10(1): 1-9.

Economic and Social Research Institute. 2021. "Growing Up in Ireland. Key findings: Special COVID-19 survey". Dublin: Economic and Social Research Institute.

Eurostat. 2021 [updated 2 July 2021]. "Psychiatric care beds in hospitals 2021". <https://ec.europa.eu/eurostat/databrowser/view/tps00047/default/table?lang=en>

Greiner, B., and E. Arensman. 2022. "The role of work in suicidal behavior – uncovering priorities for research and prevention". *Scandinavian Journal of Work, Environment & Health*.

Griffin E., E. McMahon, F. McNicholas, P. Corcoran, I. J. Perry, and E. Arensman. 2018. "Increasing rates of self-harm among children, adolescents and young adults: A 10-year national registry study 2007–2016". *Social Psychiatry and Psychiatric Epidemiology*, 53(7): 663-71.

Hanson, L. L. M., A. Nyberg, E. Mittendorfer-Rutz, F. Bondestam, and I. E. Madsen. 2020. "Work related sexual harassment and risk of suicide and suicide attempts: prospective cohort study". *British Medical Journal*, 370.

Hill, N. T., J. Robinson, J. Pirkis, K. Andriessen, K. Kryszynska, A. Payne, et al. 2020. "Association of suicidal behavior with exposure to suicide and suicide attempt: A systematic review and multilevel meta-analysis". *PLoS Medicine*, 17(3):e 1003074.

Houghton, F. 2014. "Inequalities in health service provision: The CIPC Service". *Irish Journal of Psychological Medicine*, 31(1): 69.

Hyland P., F. Vallières, M. Daly, S. Butter, R. P. Bentall, R. Fox, et al. 2021. "Trajectories of change in internalizing symptoms during the COVID-19 pandemic: A longitudinal population-based study". *Journal of Affective Disorders*, 295: 1024-31.

Hyland, P., S. Rochford, A. Munnely, P. Dodd, R. Fox, F. Vallières, et al. 2022. "Predicting risk along the suicidality continuum: A longitudinal, nationally representative study of the Irish population during the COVID-19 pandemic". *Suicide and Life-Threatening Behavior*, 52(1): 83-98.

Joyce, M., C. Daly, N. McTernan, E. Griffin, S. Nicholson, E. Arensman, et al. 2020. "National Self-Harm Registry Ireland Annual Report 2020". Cork: National Suicide Research Foundation.

Keogh, F., E. Arensman, A. Burke, S. N. Bhriain, M. Ryan, and H. Kane. 2022. "Sharing the Vision: Maintaining momentum for implementation", *Administration*, 70(2): 35-44.

Luoma, J. B., C. E. Martin, and J. L. Pearson. 2002. "Contact with mental health and primary care providers before suicide: A review of the evidence". *American Journal of Psychiatry*, 159(6): 909-16.

McDaid, S. 2013. "Mental health in primary care in Ireland: A briefing paper". Dublin: Mental Health Reform.

Mental Health Commission. 2022. "Mental Health Commission Annual Report 2021". Dublin: Mental Health Commission.

Mergl, R., N. Koburger, K. Heinrichs, A. Székely, M. D. Tóth, J. Coyne, et al. 2015. "What are reasons for the large gender differences in the lethality of suicidal acts? An epidemiological analysis in four European countries". *PloS One*, 10(7): e0129062.

Michail, M., F. Mughal, and J. Robinson. 2020. "Suicide prevention in young people: Optimising primary care", *British Journal of General Practice*: 104-5.

Miklin S., A. S. Mueller, S. Abrutyn, and K. Ordonez K. 2019. "What does it mean to be exposed to suicide? Suicide exposure, suicide risk, and the importance of meaning-making". *Social Science & Medicine*, 233: 21-7.

Milner, A., A. Page, and A. D. LaMontagne. 2014. "Cause and effect in studies on unemployment, mental health and suicide: A meta-analytic and conceptual review". *Psychological Medicine*, 44(5): 909-17.

National Clinical Programme for Self Harm and Suicide Related Ideation. 2022. Updating the National Clinical Programme for the Assessment and Management of Patients presenting to the Emergency Department following Self-Harm. Dublin: Health Service Executive.



National Economic and Social Council. 2021. "Building new relationships between voluntary organisations and the State in the health and social care sectors: Paper from the dialogue forum with voluntary organisations". Dublin: National Economic and Social Council. Report no. 23.

National Office for Suicide Prevention. 2022. "Briefing on CSO Suicide Statistics". Dublin: HSE National Office for Suicide Prevention (NOSP).

Nielsen, M. B., G. H. Nielsen, G. Notelaers, and S. Einarsen. 2015. "Workplace bullying and suicidal ideation: A 3-wave longitudinal Norwegian study". *American Journal of Public Health*, 105(11): e23-e8.

OECD/European Observatory on Health Systems and Policies. 2021. "Ireland: Country Health Profile 2021, State of Health in the EU". Paris/Brussels.

Orygen. 2022. "Young people, self-harm and suicide prevention: Policy brief update." Melbourne, Australia: Orygen.

Oxford Covid-19 Government Response Tracker. 2022. "COVID-19 Government Response Tracker", Oxford: Blavatnik School of Government, University of Oxford. <https://www.bsg.ox.ac.uk/research/research-projects/covid-19-government-response-tracker#data>

Rhodes, A. E., S. Khan, M. H. Boyle, L. Tonmyr, C. Wekerle, D. Goodman D, et al. 2013. "Sex differences in suicides among children and youth: the potential impact of help-seeking behaviour". *The Canadian Journal of Psychiatry*, 58(5): 274-82.

Sevilla, A., and S. Smith. 2020. "Baby steps: The gender division of childcare during the COVID-19 pandemic". *Oxford Review of Economic Policy*, 36(Supplement 1): S169-86.

Smyth, E., and A. Nolan A. 2022. "Disrupted transitions? Young adults and the COVID-19 pandemic". Dublin: Economic and Social Research Institute. Report no. 142.

Thibaut, F., and P. J. van Wijngaarden-Cremers. 2020. "Women's mental health in the time of Covid-19 pandemic". *Frontiers in Global Women's Health*, 1: 588372.

Vallièrès, F., B. Gilmore, A. Nolan, P. Maguire, K. Bondjers, O. McBride, et al. 2022. "Sexual violence and its associated psychosocial effects in Ireland". *Journal of Interpersonal Violence*, 37(11-12): NP9066-NP88.

Ward, F., N. MacDonagh, S. Cunningham and C. Brand. 2022. "Changing lives for the better: A national evaluation of the Counselling in Primary Care (CIPC) service". Dublin: Health Service Executive.

Wenze, S. J., K. C. Gunthert, R. E. German. 2012. "Biases in affective forecasting and recall in individuals with depression and anxiety symptoms". *Personality and Social Psychology Bulletin*, 38(7): 895-906.

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*Dr Byrne was not involved in the design of the survey or the collection of data. Dr Byrne's involvement in this report extended only to analyses of aggregated data. These analyses were contributed in a personal capacity, with no further relationship with any associated parties. Any views expressed within this report are her own and do not necessarily represent the views of her current employer.*

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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 among 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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**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.

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**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 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.

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**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.

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