



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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ABOUT THIS SERIES

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

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

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

Background

The Spanish National Health System (SNS)¹ leads the world in the provision of healthcare. The universal character of the SNS has largely contributed to the fact that the Spanish population has one of the highest levels of life expectancy and self-reported health in Europe. However, despite the international leadership of this health system of universal access, mental health services continue to occupy a secondary role in the overall system of health service provision,^{2,3} as is the case in other European countries. Although the Spanish health system has shown itself to be resilient in the face of the recent threat of the SARS-CoV-2 virus and COVID-19, the shortcomings of mental health care have once again been exposed, as was the case in the recent financial crisis of 2008.⁴ Indeed, if much of the impact of the past economic crisis on mental health and the subsequent prevention of suicidal behaviour was cushioned by primary care, the mental health problems of the Spanish population linked to the recent pandemic have followed a similar course.

In the context of the SNS, mental health care is mainly provided through primary care services, which are responsible for the early detection of mental disorders and the symptomatic treatment and follow-up of patients who are referred to specialised mental health services. In addition, the SNS has specialised outpatient centres (for example specific facilities for children's disorders), as well as hospital beds for the treatment of acute episodes of mental illness.⁵ The mental health system in Spain is characterised by a wide deinstitutionalisation based on day-care and night-care services, including those provided by non-profit associations and small private companies that complement the acute hospital services. The change in mental health service provision

started in 1985 with the Report of the Ministerial Commission for the Psychiatric Reform that recommended integrating psychiatric care into the general health system. As described by Salvador-Carulla et al,^{6,7} the main characteristics that guided the development of the Spanish mental health system were:

1. the regionalisation of care;
2. the creation of a sectorised community-based system to support primary care through a specialised, comprehensive network that would shift control of the local system of care from hospitals and health centres to specialised community centres that would organise and manage the flow of patients to social care services;
3. prioritising acute hospital beds over long-stay beds; and
4. the development of residential and intermediate services in the community (composed of multidisciplinary clinical teams) to replace neuropsychiatrists in the local care system.

This reform brought important improvements to the mental health system in Spain today, even though the gap between general healthcare and mental health care continues to be exposed. The financial crisis of 2008 highlighted once again the problems of the mental health system (among others, the saturation in primary care, the increase in the prescription of hypnotics, sedatives and antidepressants, the closure of health services and the lack of hospital beds).⁸ And, today, with the COVID-19 pandemic, primary care has become more saturated, and the need for more specialists and more hospital beds has increased, especially for the child and adolescent population.

The COVID pandemic has increased uncertainty, fears and social stress throughout the world, including Spain. This new context of unknown consequences has contributed to the exacerbation of latent mental disorders, and especially since the period of confinement.⁹ Although data to date are heterogeneous, younger age, female gender and pre-existing health conditions were often reported as risk factors. In this context of worsening mental health, 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.¹⁰ While more and more studies are emerging on the possible impact of the pandemic on suicide rates in different international contexts, to date the data on suicide mortality are heterogeneous and do not clearly indicate a change in rates since the pandemic began. Recent research data suggest that there is an increased risk of suicidal behaviour among young people. In addition, factors such as burnout (especially among healthcare personnel), loneliness and a positive COVID-19 diagnosis appear to increase the risk of suicidal thoughts.

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. However, although the available data show an increase in suicides compared to previous years, more data are needed to assess the impact that the pandemic may have in the medium to long term. In fact, recent studies indicate that there was indeed a significant increase in suicides just after the lockdown. The reality is that the increasing trend of suicides had been happening for years, since the financial crisis of 2008.¹¹ In this regard, we need additional information to understand the impact the COVID-19 pandemic may have had on suicides. The following sections will try to shed some

light on this issue by analysing Spanish data from the survey 'Suicide in Europe' conducted by Ifop for Fondation Jean-Jaurès and FEPS in May 2022.¹²

Mental health and suicide

According to the 'Suicide in Europe' data for Spain (N=1005), 40% of the Spanish population reported feeling more depressed since the arrival of COVID-19. Of this percentage, 10% were clearly more depressed (Yes, absolutely), while the remaining 30% reported feeling somewhat depressed (Yes, somewhat). Feelings of depression were more pronounced in women (specifically, 47% of women compared to 33% of men) and in young people under 35 years of age (54% of young people compared to 36% of older people). It is also noted that feelings of depression are more pronounced among young women, and also among people of low socio-economic status.

In geographical terms, the greatest impact on feelings of depression was observed in peripheral regions such as Galicia and Andalusia, but also in the Community of Madrid. In terms of political ideology, no clear differences are observed, although there are clear differences in terms of religion. Interestingly, religious people seem to have experienced fewer depressive symptoms, which could indicate that religion may be a protective factor in these uncertain times linked to the COVID-19 pandemic.

Approximately two out of three of those who reported feeling depressed reported having used psychotropic drugs (65%), knew people in their family who had attempted suicide (63%), experienced stress (60%) or experienced bullying at work (65%).

When people were asked 'Do you take medication to relax or to help you sleep (antidepressants,

sleeping pills, anxiolytics, tranquilizers, mood regulators, neuroleptics)?', 9% of Spanish respondents indicated that since the health crisis they took medication to relax or to sleep. Women over 35 were the most likely to take this type of medication (29% of women compared to 17% of men of the same age), although these gender differences became smaller when considering the context of the pandemic (11% of women compared to 7% of men). Although, again, it was women who were more likely to use this type of medication, the smaller differences seem to indicate that the pandemic has also had an impact on men's mental health. In relation to the feeling of depressive symptoms mentioned in the previous section, people of lower socio-economic status (including the unemployed) were more likely to take medication to relax and sleep. Also, people who had teleworked and especially those who had experienced sexual or moral harassment in the work context.

While in 2016, 19% of Spaniards knew someone who had attempted suicide, in 2022 this percentage rose to 23%. By this year, 5% of Spaniards had a close relative (including fathers, mothers and siblings) who had attempted suicide. This experience was most prevalent among young women under 35 (38%), and people who received a low income (25%), were highly educated (27%), unemployed (37%), non-religious (28%), and those of left-wing political persuasion (26%). According to the survey data, in 2022, 19% of Spaniards have considered taking their own life, a relevant figure although somewhat lower than that of other European countries such as Germany (20%), France (24%), Poland (24%), Ireland (34%) or Sweden (25%). This year, 2% of Spaniards reported having often thought about taking their own life. With the COVID-19 pandemic, the number of people who had seriously considered suicide had increased by 4%, from 15% in 2016 to 19% in 2022. This was most clearly reflected among young women

(28% of women under 35, compared to 14% of men over 35). Intention to commit suicide is also observed to a greater extent among low-income workers (who have alternated telework with face-to-face work) and unemployed people, who had felt more depressed since the start of the pandemic and knew others who had attempted suicide.

In Spain, of the 19% of Spaniards who had considered taking their own life, 80% had thought about it before COVID-19, 31% during confinement and 42% since September 2021. When we compare the data according to the socio-demographic profile of the interviewees, we observe that while before the crisis it was young women who showed a greater predisposition towards suicide (84% of women under 35 compared to 67% of men of the same age), after the health crisis it is older men who show a greater intention (53% of men over 35 compared to 33% of women of the same age). Interestingly, while before the crisis it was (on-site) workers with low incomes and lower levels of education who were more likely to think about suicide, after confinement the profile changes to high-income teleworkers with a high level of education. All in all, this suggests that telework (perhaps through the indirect effect of social isolation) may have had an important impact on the mental health of high-skilled workers.

Of the total number of people who had considered suicide in Spain, 22% had required hospitalisation after the suicide attempt (a percentage lower than in countries such as France or Poland where it was as high as 30%). Among this group, 15% had been hospitalised once and 7% several times. In this indicator there did not appear to be statistically significant differences with respect to the results prior to the health crisis. In fact, in 2016, 24% of Spaniards who had considered suicide required hospitalisation after the suicide attempt, so

there was a two-point reduction in this indicator. The socio-demographic profile of the person who ended up being hospitalised would fit to a greater extent with males over 30 years of age, and among women it occurred more frequently among young women who had often felt depressed. At the socio-economic level, the most common profile would be that of people with a high income, high occupational status and high educational level. However, it was also more common among the unemployed.

Access to support and treatment

When we focus on the use of health services, we can observe that psychiatrists and psychologists are the least frequently visited health professionals in Spain (20%), data that are relatively similar to those in Europe.

From the data we can see that in Spain the profile of the primary care patient is not clearly defined (although older women seem to have a higher frequency of use than men), which is a sign of the very universality of the health system. In other words, considering that any patient can freely access the health system, we do not find factors that make a big difference in terms of possible economic inequalities among users. However, in the case of the other specialised care services (dentists, physiotherapists, osteopaths, gynaecologists, and mental health professionals), the profile of users is clearly defined by their socio-economic profile.

Focusing specifically on access to and use of mental health services, in line with the higher prevalence of mental health problems among Spanish women, it is also women who are more likely to seek professional psychology and psychiatry services, particularly those under 35 years of age. During this period of health crisis, 37% of women under 35 years of age attended mental health services, compared to

20% of men of the same age. Again, many of the users of mental health services during the pandemic were highly educated people with high occupational status who had felt depressed, indicating that, unlike the economic crisis of 2008, the impact of the health crisis has been stronger on young (and mainly female) groups of high socio-economic status with jobs that suffer from a combination of online and face-to-face work, as well as young people who are highly qualified but who have found themselves unemployed during this period.

During this period of health crisis, 10% of the Spanish population has turned to a charity for psychological support (11% of men and 20% of women under 35 years of age). Among this group are people who have felt more depressed since the start of the pandemic, those with low incomes (who have teleworked), those with a high level of education and those who are unemployed. In short, there are gaps in healthcare that are likely to have widened during these two years of socio-health crisis during the COVID-19 pandemic

Social inequalities in mental health and suicide

In terms of socio-economic status, it is observed that those who work in more manual labour (46%) and those with the lowest income (46% with less than €1,500) or unemployed (54%) are the ones who reported the most feelings of depression, while by educational level it can be seen that it was the people with the highest educational level who are most likely to have felt depressed (44% and 41% in High level 1 and 2, respectively). This relationship might initially seem contradictory, as one would expect the relationship between education and feelings of depression to be inverse (that is, those with a higher level of education experience less depression). However, given that the pandemic

may have had a more negative impact on the mental health of young people, it is logical that it is those with more education (who on average tend to be younger) who have experienced greater feelings of depression.

Of the 63% of the people interviewed who carry out some professional activity in Spain, 39% experienced stress, 33% experienced burnout syndrome, 8% experienced harassment and 2% experienced sexual harassment. These experiences of anxiety within the work environment were more frequent among young women, the unemployed and highly educated individuals in the highest and lowest income brackets. That is, people who might experience stress because of their low income, and higher-income people with a high status who might experience stress because of their increased responsibility or uncertainty about possible changes in their social status. In the last two years, one in three individuals who were in a professional activity during the first two years of the pandemic in Spain have alternated between teleworking and their usual place of work. As might be expected, teleworking has been more common among the highly skilled and high-income earners, that is, those in non-manual occupations. 32% of the Spanish working population has experienced unemployment in the last two years. Generally, in this group we would find young, highly educated, low-income women and men.

This result indicates that the working classes in Spain might have been deeply impacted by the pandemic and the associated social inequalities in health to a greater extent, including the youngest groups that are still trying to access and fit the Spanish labour market. That is, while the better employed and higher-income groups have been able to take advantage of the benefits of teleworking during the lockdown period and the cushion of their savings, the lower classes

(that is, manual workers) have had to expose themselves to higher risks of illness and disease by being forced to go to work in order to subsist and maintain their respective lifestyles during this period of socio-health crisis. These problems also explain why groups with low socio-economic status are the ones that have had to take the most medication to relax and sleep.

When we focused on the data on predisposition towards suicide, we also observed that it was low-income workers (and in particular those who have alternated teleworking with face-to-face work) and the unemployed who showed a higher intention towards committing suicide. This result – with regard to possible social inequalities in relation to mental health and suicide – was perhaps to have been expected during the health crisis, because this had already occurred during the financial crisis of 2008. However, whereas before the pandemic it was (face-to-face) workers with low incomes and lower educational attainment who were more likely to think about suicide, after confinement it was teleworkers with high incomes and higher educational attainment who were more likely to think about suicide. These new data suggest that teleworking may have had a significant impact on the mental health of highly skilled workers, which may be clearly related to the indirect effect of social isolation during this period. This may often be exacerbated by family burdens (for example, supervision of children's education, care of frail populations such as the elderly, and other dependents).

It is also striking that, in addition to the unemployed, it was people of high socio-economic status (those with high income, and high occupational and educational status) who had to be hospitalised for suicide attempts to a greater extent. While we also have no further information to offer on this issue, this data

provides evidence that the present health crisis and, in particular, the period of confinement has had its own peculiarities. In this sense, while we can expect future suicides to be associated with the economic changes that the pandemic has indirectly brought about (for example job layoffs, economic downturns and changes in consumption patterns), it is also likely that others will appear that are related to the disruption of new lifestyles and new ways of working, coupled with the frenetic pace and hyper-connectedness of online work.

Recommendations for suicide prevention

Although it may still be too early to measure the effects that the COVID-19 pandemic will have on the physical and mental health of the Spanish population and, particularly, on future suicide rates (since, in fact, much of the effects are still being experienced and sometimes exacerbated by the war in Ukraine), the present evidence shows that the health crisis has had a major impact on: 1) the young population; 2) women; and 3) groups at the extremes of the socio-economic scale, that is, the lower and upper classes.

During this period of health crisis, young people may have experienced moments of uncertainty that could affect their development in adulthood. Adolescents have not been able to leave, while young adults have seen their training processes postponed and/or slowed down. University students have had to return home in many cases, by switching to online learning, which although it has allowed them to continue their studies has broken contact with their peers and professors,

relationships that are fundamental for their future personal and professional development. As observed, women may have experienced a greater impact as social inequalities in health have increased. Women have been both workers and caregivers, taking care of the household (children and the elderly) in addition to having to act as improvised health workers and teachers in the family setting, taking care of the health and education of all members of the household. Finally, as in previous economic crises, the pandemic has affected people of lower socio-economic status; it has also had a great impact on upper-middle class professionals who have seen their lifestyles modified.

Taking these issues into consideration, five areas of action are needed to improve suicide prevention in these at-risk groups:

1. Development of specialised services for adolescents and young adults.
2. Family reconciliation aids aimed at relieving female workloads.
3. Tax reduction or social vouchers for people with economic problems.
4. Development of new studies that allow an adequate evaluation of the impact of telework in the various sectors of activity and feed into occupational health and safety policies.
5. Specialised psychological care for people who have had experiences of suicide.

Endnotes

- 1 In Spanish, *Sistema Nacional de Salud*. For more information visit the link provided by the Spanish Ministry of Health: <https://www.sanidad.gob.es/organizacion/sns/home.htm>
- 2 L. Salvador-Carulla, N. Almeda, J. Alvarez-Galvez, et al. (2020) "On the roller coaster: an abridged history of mental health planning in Spain. The SESPAS 2002 Report"
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- 8 J. Alvarez-Galvez, V. Suarez-Lledo, G. Martinez-Cousinou, et al (2019). "The impact of financial crisis and austerity policies in Andalusia, Spain: Disentangling the mechanisms of social inequalities in health through the perceptions and experiences of experts and the general population". *International Journal for Equity in Health*, 18(1): 1-12.
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- 11 J. Alvarez-Galvez, V. Suarez-Lledo, G. Martinez-Cousinou, et al (2019). "The impact of financial crisis and austerity policies in Andalusia, Spain".
- 12 The representativeness of each sample was assured by the quota method (gender, age, income or socio-professional class) after stratification by region. The interviews were conducted online (CAWI – Computer Assisted Web Interviewing) from 3 to 17 May 2022.

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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: 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: 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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