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Social inequalities in mental health in a post-pandemic Europe

The Covid-19 pandemic has severely affected mental health and has also contributed to widening existing social inequalities. In this chapter, we provide an overview of how the pandemic has led to increased rates of stress, anxiety, depression and other mental disorders among the general population, but especially among the most vulnerable groups. In particular, we analyse social inequalities in mental health and show how factors such as gender, age, socioeconomic status (based on income, educational, or occupational differences), ethnic or migrant status, or disability have determined mental health in our societies. Finally, specifically focusing on the situation in European countries, we offer some clues as to what strategies could be used to buffer the impact of the social and health crisis in which we are still immersed.

Mental health impact of Covid-19

The repercussions of Covid-19 on mental health have varied substantially among EU countries. However, there are multiple studies showing increased rates of mental health conditions such as stress, fear, anxiety or depression in the European population, particularly during the initial periods of the pandemic when the harshest containment measures were put in place.¹ The pandemic has also led to changes in lifestyles and risk behaviours. In fact, rates of alcohol and tobacco consumption were initially reduced, although we can find studies indicating an increase in drug use. Furthermore, although there is still no clear evidence pointing to an actual rise in suicide rates during the pandemic, recent work suggests an increase in suicidal ideation, suicide attempts and self-harm.¹

1 World Health Organization (2022) "Technical Advisory Group on the mental health impacts of Covid-19 in the WHO European Region briefing: mental health impacts of Covid-19 across the European Region and associated opportunities for action". No. WHO/EURO: 2022-6108-45873-66068, World Health Organization, Regional Office for Europe.

It has furthermore become clear that it is not only the existence of the pandemic that has caused mental health problems, but that actual Covid-19 infection also increases the risk of developing subsequent mental health conditions. Indeed, a significant proportion of people who have contracted Covid-19 end up experiencing prolonged symptoms of mental illness.¹ In addition, the pandemic has also indirectly affected the mental health of the European population through the progressive dismantling of mental health services. In fact, when the new virus became the priority in terms of public health, mental health services took a back seat (even bearing in mind that mental health services have commonly played a secondary role in national health systems). In many countries, both within and outside the European context, cuts in health personnel and closures of health services (including primary care, hospital and community care services) have taken place, leading to a progressive reduction in patients' access to mental health services (a trend that has also occurred in other pathologies and health units).

However, although at certain points in the pandemic, we may have had the feeling that the mental health impact was equally distributed among the population, data have revealed that the existence of social inequalities has led to differences in morbidity and mortality among different groups in our societies. These differences have also been observed in mental health outcomes. The following is an overview of the social inequalities in mental health that the pandemic has generated.

Gender and age inequalities

As in previous crises, the Covid-19 crisis has had a greater impact on certain social groups, including women and older adults. Different studies show that women have been more likely to report adverse mental health conditions than men.^{2,3} In fact, women have consistently reported higher levels of depression, anxiety, and stress, and lower levels of resilience,⁴ and this trend has been even more pronounced among pregnant women.⁵ Furthermore, although the socioeconomic effects of the pandemic on mental health have been widespread among the population of our societies, women have also been disproportionately affected by job losses and reductions in income due to the new health crisis,⁶ and this impact has been harder among economically disadvantaged women. To explain these differences in mental

- 2 Iob, E., A. Steptoe and D. Fancourt (2020) "Abuse, self-harm and suicidal ideation in the UK during the Covid-19 pandemic". *The British Journal of Psychiatry*, 217, pp. 543-546.
- 3 Liu, C. H., E. Zhang, G. T. F. Wong, S. Hyun and H. C. Hahm (2020) "Factors associated with depression, anxiety, and PTSD symptomatology during the Covid-19 pandemic: Clinical implications for U.S. young adult mental health". *Psychiatry Research*, 290, Article 113172.
- 4 Farhood, L., S. Fares and C. Hamady (2018) "PTSD and gender: Could gender differences in war trauma types, symptom clusters and risk factors predict gender differences in PTSD prevalence?". *Archives of Women's Mental Health*, 21, pp. 725-733.
- 5 Berthelot, N., R. Lemieux, J. Garon-Bissonnette, C. Drouin-Maziade, É. Martel and M. Maziade (2020) "Uptrend in distress and psychiatric symptomatology in pregnant women during the coronavirus disease 2019 pandemic". *Acta Obstetrica et Gynecologica Scandinavica*, 99(7), pp. 848-855.
- 6 Gibson, B., J. Schneider, D. Talamonti and M. Forshaw (2021) "The impact of inequality on mental health outcomes during the Covid-19 pandemic: A systematic review". *Canadian Psychology/Psychologie Canadienne*, 62(1), p. 101.

health, several reasons have been put forward in the literature, including dual workload (that is, professional activities and additional housework), differences in gender roles and responsibilities (for example, lower pay at work), domestic violence and harassment in working environments.⁶

Given that the impact of the pandemic on the different social strata has been complex and varied, sexual inequalities related to the Covid-19 pandemic have not been well identified. However, according to recent evidence, this health crisis has possibly had a higher impact on specific sexual minority groups, such as the LGBTQ+ community, as it is typically their members who experience the most stigma, discrimination and subsequent mental health problems.^{3,7}

The effect of the pandemic has been unequal among different age groups. Although older adults (specifically those over 65) have been at higher risk of severe illness and death during Covid-19, the pandemic has particularly affected the mental health of young population groups.⁸ Despite the social restrictions and quarantines carried out in the different European countries affecting the lives of all their respective inhabitants (from children to the older population), teenagers and young adults were likely the ones who suffered the most from the new situation (e.g., with adaptation from face-to-face to online learning, restrictions on sporting and leisure activities and the interruption of social and interpersonal relations, higher job insecurity, and more time on social media platforms). In short, the pandemic created a situation of socioeconomic uncertainty at a critical age for personal and professional development, which led teenagers and young adults to experience greater stress, fear and anxiety, feelings of isolation and loneliness, and additional reported symptoms of depression.⁶

Socioeconomic inequalities

While the Covid-19 pandemic has had a profound impact in terms of morbidity and mortality in European countries as a whole, one of the most significant ways in which it has affected the population is by widening existing socioeconomic inequalities. The pandemic has increased economic inequalities through widespread job losses and economic disruption, with some industries and sectors being more affected than others (for example, the closure of non-essential economic activities such as tourism and leisure companies). This has resulted in increased economic difficulties, including evictions and homelessness, among small entrepreneurs and the self-employed, as well as among those who had insecure employment (for example, younger groups that were starting their professional careers).⁶

7 Alonzi, S., A. La Torre and M. W. Silverstein (2020) "The psychological impact of preexisting mental and physical health conditions during the Covid-19 pandemic". *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), pp. 236-238.

8 Cowie, H. and C. A. Myers (2021) "The impact of the COVID-19 pandemic on the mental health and well-being of children and young people". *Children & Society*, 35(1), pp. 62-74.

However, the problems have not only been of economic character. For instance, the closure of schools and universities during the lockdown periods and the following shift to online education also disrupted the education of millions of students, which again severely impacted low-income families, either because they could not access material resources (webcams, personal computers, software) or because they had difficulties in handling technology, a lack of time for teaching support, or a lack of adequate skills for distance learning.^{6,8}

The pandemic has also induced profound changes in ways of working. The shift towards teleworking and online learning has highlighted the continuing digital divides in our societies. While many people have had the opportunity to enjoy the flexibility of teleworking and continue social relationships through diverse online communication platforms, less digitally skilled communities have nevertheless demonstrated limited access to the technology and internet connectivity needed to participate in these activities.⁸

In addition to the health inequalities that Covid-19 may have generated, these social and economic inequalities appear to have had a profound impact on the mental health of the population. Socioeconomic problems such as unemployment, job insecurity, part-time work, lower access to essential products, child adversity, higher parental workload, family and gender violence, lack of social relationships, reduced access to healthcare facilities, physical inactivity, alcohol and drug abuse, insomnia and increased screen time have impacted differently on the health of the various population groups. However, the greatest impact in terms of mental health has been on the most vulnerable groups in our societies – that is, marginalised communities, individuals with the lowest incomes, those with the lowest educational levels and, in general, those with the lowest occupational status. Accordingly, people who were unemployed or lost employment during the pandemic reported worse mental health.⁹

It is important to consider, however, that higher-status groups have also had their mental health affected. For example, the new telework routines may have increased the load and pace of work meetings in contexts that are sometimes not entirely under the worker's control (it is not the same participating in a work videoconference from the office as from home with children). Likewise, we found studies that suggest that groups of highly educated professionals have also seen their stress increase due to new workloads and the loss of control of everyday work situations.⁶ Moreover, the impact of the pandemic has been unequal in terms of the different occupations. Professionals in the health sector, such as medical doctors or nurses, as well as other frontline workers in the primary and service sectors, have been more greatly exposed to the virus, which has increased stress, anxiety and depressive disorders among these groups.¹⁰

9 Gloster, A. T. et al. (2020) "Impact of Covid-19 pandemic on mental health: An international study". *PLoS One* 15.12, e0244809.

10 Kassianos, A. P. et al. (2021) "Mental health and adherence to covid-19 protective behaviors among cancer patients during the covid-19 pandemic: An international, multinational cross-sectional study". *Cancers*, 13(24), 6294.

Finally, in relation to the place of residence, evidence suggests that living in an urban area could worsen the mental health of the population, since, in these contexts, it seems more difficult to isolate oneself from the disease (with the need, for example, to take public transport and end up in occasional crowds during everyday activities).¹¹

Race and ethnicity

Ethnic minorities and, in general, people with immigrant status have also seen their socioeconomic situation worsen during the pandemic. Indeed, as has recently become evident, immigrants are now facing particularly difficult times in the labour market because many of the gains of the past decade in employment rates among immigrants have been wiped out by the pandemic. In all countries that have data available, unemployment among immigrants has increased more than among the native-born population. The largest increases in immigrant unemployment have been observed in Canada, Spain, the United States, Norway and Sweden. In fact, in Sweden, almost 60% of the initial increase in unemployment was accounted for by immigrants. In the United States, immigrant unemployment was lower than that of their native-born peers by almost one percentage point before the pandemic and is now two points higher.¹²

In this context, the Covid-19 pandemic has clearly affected immigrants and racial and ethnic minorities, as a large portion of these communities reside in economically disadvantaged areas with inadequate healthcare. They are usually also employed in essential jobs with a higher risk of exposure to Covid-19 and, consequently, with a higher risk of suffering from diseases that make them even more vulnerable to serious illnesses and consequent inequalities caused by the virus. These disadvantages can lead to higher levels of stress, anxiety, and depression among racial and ethnic groups such as Black, Asian, or Hispanic communities.^{6, 13}

Chronicity and disability

Chronically ill people with physical and mental disabilities, and people with pre-existing mental conditions, have also demonstrated a greater predisposition to suffer from mental illness in the context of the pandemic. On the one hand, the conditions of isolation and the new regulatory context may have generated problems in groups that needed a daily routine to maintain their health and social well-being (for example, in the case of people with dementia or under treatment requiring close medical follow-up). On the other hand, the new context of health emergency created by the pandemic led to changes in health

11 Carozzi, F., S. Provenzano and S. Roth (2020) "Urban density and Covid-19". Discussion Papers Series, IZA.

12 OECD (2022) "International Migration Outlook 2022". OECD Publishing, Paris.

13 Smith, K., K. Bhui and A. Cipriani (2020) "Covid-19, mental health and ethnic minorities". *Evidence-Based Mental Health*, 23(3), pp. 89-90.

services (even closing or, at best, modifying the pace of care in the various units). It has also increased waiting lists and postponed healthcare for serious diseases (such as cancer, diabetes, HIV, cardiovascular disease). Indeed, recent studies point to a future increase in mortality in diseases that were neglected during the pandemic period. This context of uncertainty has also had a significant impact on the mental health of these groups.¹⁴

On the other hand, it is also possible to find studies that offer a different view. For example, a recent study carried out with people with cancer showed that these individuals were less stressed, more psychologically flexible, and had higher levels of positive affect compared to non-cancer participants.¹⁰

Mental health challenges in a post-pandemic Europe

As described, the Covid-19 pandemic has had a significant impact on the mental health of people around the world, contributing to the widening of existing social inequalities (including gender and age, income, educational, occupational, health and disability, ethnic and racial inequalities). People who were already marginalised or disadvantaged in some way, such as those experiencing discrimination, homelessness, or living in poverty, have indeed been shown to be more vulnerable to the potential negative effects on their mental health as a result of the pandemic. In addition, the fear and uncertainty of the pandemic have contributed to increased rates of stress, anxiety, depression, and other mental disorders among the general population.

Furthermore, it has become clear that the different measures taken to control the spread of Covid-19, such as confinement and social distancing, also had a negative impact on mental health. These measures led to isolation and loneliness, which in turn led to the deterioration of mental health conditions, especially of the most vulnerable groups (that is, those less able to be resilient in the face of adversity during this period). Moreover, the economic recession resulting from the pandemic led to job losses and financial insecurity, which has not helped these most socially vulnerable groups either. Consequently, the health crisis has exacerbated existing social inequalities in mental health, and added new challenges and risk factors that are likely to increase mental health gaps in the near future. What is more, the disruption of access to mental health services due to the pandemic has made it difficult for many people to receive the support they need. It is, therefore, critical that national governments, healthcare providers, and public health and social researchers in the EU address these issues and provide support to the most vulnerable groups.

From these data, we can say that although at present it may be risky to give a diagnosis of the impact of the pandemic on the mental health of the European population – since, in fact, many of the effects are still being suffered and even exacerbated by the ongoing war in Ukraine – current evidence shows that the health crisis has had a major

14 Mauro, V., M. Lorenzo, C. Paolo and H. Sergio (2020) "Treat all COVID 19-positive patients, but do not forget those negative with chronic diseases". *Internal and Emergency Medicine* (advance online publication).

impact on the mental health of: 1) the young population; 2) women (including pregnant women); 3) groups of lower socioeconomic status (although negative effects have also been experienced in middle classes and those with high occupational statuses); 4) ethnic minorities and immigrants who have suffered rejection in a context of rising unemployment rates, worsening working conditions and scarcity of material resources; 5) people with long-term illnesses and physical or mental disabilities, who in countries like Spain were still suffering from gaps in care resulting from the financial crisis of 2008.

While the socioeconomic context of the different European countries is too varied and complex to offer recommendations adjusted to the reality of the different local situations, from the existing evidence, we can deduce many regularities that have been reproduced in the vast majority of countries. During this period of health crisis, many young Europeans have experienced moments of uncertainty that could affect their development in adulthood. Millions of teenagers have seen their face-to-face personal relationships put on hold, while young adults have seen their professional training processes postponed and/or slowed down. University students have had to return to their parents in many cases by switching to online learning. Even if this has allowed them to continue their studies, it has broken their contact with their peers and professors. These, however, are relationships that are fundamental for their future personal and professional development. As has been observed, women seem to have suffered to a greater extent from social inequalities in health and, particularly, in mental health (given that they are the most vulnerable group in terms of the role that they still retain in some countries of ‘family caregivers’). Women have indeed been both workers and caregivers during the pandemic, taking care of the home as well as having to act as improvised health professionals and teachers in the family environment, taking care of the health and education of dependent members of the household. In addition, although the pandemic may have affected people of lower socioeconomic status to a greater extent, it has also had a big impact on upper-middle-class professionals who have seen their lifestyles changed. Furthermore, the pandemic seems to have opened the old wounds of racism and xenophobia, which in today’s context of scarce resources have become arguments for political parties.

The recent FEPS policy brief series on „Mental health and suicide during the pandemic“¹⁵ provides new evidence of the impact of the Covid-19 pandemic on the mental health of the population in several European countries. From the data collected, a generalised worsening of mental health and especially of suicidal ideation can be observed. In particular, a higher propensity to suicide is observed among the French population. In countries such as Germany and Spain, there is a clear association between socioeconomic inequalities (particularly in working conditions) and worsening mental health. In countries such as Ireland, which have suffered some of the most stringent measures in the EU, there is an increase in feelings of depression. Meanwhile in Sweden, despite having had more open and relaxed policies to control the pandemic, negative effects on mental health have also been noted, even though it is a country characterised by a strong welfare

¹⁵ <https://feeps-europe.eu/publication/suicide-during-the-pandemic-series/>.

state. In countries such as Poland, where there were already high rates of depression and suicide, the mental health context has also worsened. And Spain had the highest suicide mortality rates in the country's history.

In this context, several steps should be taken to improve the mental health of the European population after the Covid-19 pandemic. One of the most important is to provide adequate access to mental health services, including therapy, counselling, and social support. This could help people who are struggling with mental health problems to receive the support they need to cope with the social and economic challenges they are facing today. In addition, it is important to address the underlying social and economic factors, such as unemployment or bad working conditions among vulnerable population groups, which could contribute to poor mental health. This may include measures to support people who have lost their jobs or experienced financial hardship as a result of the pandemic, as well as policies to promote social connection and combat loneliness, in particular among the older groups of our societies.

It is therefore also crucial to raise awareness about the importance of mental health and to reduce the stigma associated with mental illness. This could help create a more supportive and understanding environment for those who are suffering mental health conditions associated with discrimination. Overall, improving mental health in Europe after the Covid-19 pandemic will require a coordinated effort from governments, healthcare providers, researchers, and local community organisations in order to promote a more supportive and inclusive society to be able to address the mental health challenges of the post-pandemic era.