

*Disclaimer: We kindly ask to acknowledge that due to the diverse and heterogeneous nature of the questions and dynamic situations they pertain to, some of the information might be incomplete or only correct for the time being. Thus, please consider the date and date of last update with the below information. All available information was provided by a country representative from the PHIRI network during or in connection to the respective meeting.*

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Table 1: Country responses – Covid-19 impact on population’s mental health

Country	<b>Topic: Covid-19 impact on population’s mental health</b> <ul style="list-style-type: none"> <li>• <b>How does your country measure the pandemic’s effect on the population’s mental health?</b></li> <li>• <b>Which tools or monitoring (systems) does your country use to obtain information on the mental health of the population?</b></li> <li>• <b>Which subgroups are most affected in your country?</b></li> <li>• <b>What implementation measures have been/are being taken to respond to the impact of the pandemic?</b></li> <li>• <b>How does your country deal with suicidality in the wake of the pandemic? Is there any special support since the pandemic?</b></li> </ul>
Austria	<ul style="list-style-type: none"> <li>• In line with the UN recommendation a surveillance system was commissioned by the Federal Ministry of Health in 2020.</li> <li>• Austria is using a “surveillance system of the population’s mental health”. Due to the lack of survey data, it was decided to focus on available data sources (routine data). Five main indicators, which are formed on the basis of different data sources have been selected. The general psychosocial burden is measured with the utilization data from the main Austrian psychosocial hotlines and the data from the Austrian Panel project. The more specific indicator like the family strain is based on restraining orders or the mental illness on the discharge diagnosis of inpatient treatments. Suicidality is tracked with the suicide rates and data from the poison control center and so on.</li> <li>• An increase of mental health distress is to be observed in specific population groups during the pandemic:             <ul style="list-style-type: none"> <li>- young people – especially girls and women,</li> <li>- people with pre-existing mental health conditions, and</li> <li>- elderly (loneliness).</li> </ul> </li> <li>• Austria involves measures at all levels of the psychosocial intervention pyramid (whole society approach). So services should be taken on a basic level (basic services and security) e.g. low-threshold offers for the whole population (crisis management, communication etc.). There should be interventions for more community and family support like programmes and materials for neighborhoods and families (helping them to help themselves). Then, focused, but not-specialised support is needed e.g. the support of vulnerable groups (training for helpers or support for people working in critical infrastructure). And on the top of the intervention pyramid there are the specialized services for help-seeking people e.g. helplines or expanding of online consultations hours.</li> <li>• Austria has a national strategy for suicide prevention (SUPRA Suizid Prävention Austria) that includes all levels of prevention – universal, selective and indicated prevention. SUPRA’s main objectives include supporting people at risk, limiting the availability of suicide funds, raising suicide awareness and developing media support for suicide prevention, integrating suicide prevention programs into other health promotion programs, and supporting suicide research.</li> </ul> <p>Suicidality is also part of the surveillance of the population’s mental health commissioned by the Federal Ministry of Health in 2020. Usually, suicide attempts are highest among younger people, especially girls and young women. The data from the poison control center show a tremendous rise of intentional self-poisoning among 15- to 19-year-old females over the past two years and there is evidence of a greater increase in suicides among women, which has to be monitored and analyzed in more detail!</p> <p>Special Support since the pandemic crisis (from the MoH) is provided, in the course of the whole-society level approach, for those seeking help (risk group) like:</p> <ul style="list-style-type: none"> <li>- There has been a scaling up of crisis intervention.</li> <li>- The establishing of a suicide specific hotline is in progress.</li> </ul>

	<ul style="list-style-type: none"> <li>- Expansion of chat counseling at Rat Auf Draht and Telefonseelsorge.</li> <li>- „Wir stärken Stärken“: Until April 2022, up to 800 children and adolescents at risk of poverty and exclusion were able to take advantage of ten clinical psychology or health psychology units each free of charge as part of "Wir stärken Stärken". A total of 350 clinical psychologists specializing in child, youth and family psychology provided high-quality counseling/treatment throughout Austria.</li> <li>- “Gesund aus der Krise“: The aim of "Gesund aus der Krise" is to offer psychosocial care throughout Austria, at a low threshold and without long waiting times. A hotline will be set up as a central point of contact from which people will be referred to appropriate counseling and treatment centers. This is intended to (re)empower affected children, adolescents and young adults up to and including the age of 21. <ul style="list-style-type: none"> <li>- around 8000 therapy places for affected children, adolescents and young adults up to the age of 21 throughout Austria are provided</li> <li>- 15 free clinical psychological, health psychological or psychotherapeutic treatment units in individual or group settings per child, adolescent and young adult</li> </ul> </li> <li>- 2021, the Fonds Gesundes Österreich (FGÖ) carried out a project call on the psychosocial health of young people with two focal points on behalf of the MoH. The call was implemented and also co-financed by the FGÖ. FGÖ is also responsible for monitoring project implementation over the entire project period. Project submissions were invited for the following focal topics: <ul style="list-style-type: none"> <li>- Strengthening the psychosocial health of children, adolescents and young adults.</li> <li>- Promotion of a positive (body) self-image and reduction of weight stigma.</li> </ul> </li> </ul> <p>A total of 14 projects emerged successfully from this call, which will be implemented starting in 2022 and have a duration of two years.</p>
<p><b>Belgium</b></p>	<ul style="list-style-type: none"> <li>• COVID HEALTH SURVEYS - Sciensano: Impact of the pandemic on the health and well-being of the general population in Belgium (mental and social health, attitudes towards vaccination, changes in health-related behaviors, domestic violence, employment):  <a href="https://www.sciensano.be/en/projects/covid19-health-surveys">https://www.sciensano.be/en/projects/covid19-health-surveys</a>  Online survey organized between April 2020-June 2022  Results: <ul style="list-style-type: none"> <li>- Highly increased levels of both depression and anxiety, even at times when there are lower rates of COVID-19 infections</li> <li>- The evolution is closely related to the rise in Covid contamination and virulence, as well as to the strictness of the measures</li> <li>- Women, people living alone, people with a lower educational level and younger people (18-29 years old) were more vulnerable to mental health problems during the pandemic</li> </ul> </li> <li>BAROMETER PROJECT: systematic monitoring instrument to assess the 'psychological temperature' of the population on critical moments during the pandemic. <a href="https://motivationbarometer.com/en/">https://motivationbarometer.com/en/</a>  Results: <ul style="list-style-type: none"> <li>- Introduction of disproportional and, hence, illegitimate measures undermines well-being (August 2020)</li> <li>- Winter 2021 = most difficult period because of chronicity of strict measures and lack of hopeful vaccination perspective</li> <li>- Young people experience overall more autonomy frustration, especially during the harsh times (winter 2021)</li> </ul> </li> <li>HELICON aims to unravel the social inequalities and the long-term and indirect health effects of the COVID-19 crisis in Belgium.</li> <li>BE-HEROES - Sciensano: Impact of the COVID-19 pandemic on the mental health of healthcare workers:  <a href="https://www.sciensano.be/en/biblio/impactcovid-19-pandemic-mental-health-healthcare-workers-study-protocol-covid-19-health-care">https://www.sciensano.be/en/biblio/impactcovid-19-pandemic-mental-health-healthcare-workers-study-protocol-covid-19-health-care</a>.</li> <li>Future  BELHEALTH cohort  A longitudinal epidemiological study in the general population living in Belgium (18+)  Three main aims <ul style="list-style-type: none"> <li>- Monitor the evolution of health and well-being in Belgium in the aftermath of the COVID-19 pandemic</li> <li>- Identify the impact of major global threatening events (e.g., energy crisis, climate crisis) on the health and well-being of the Belgian population</li> <li>- Identify changeable factors that can increase resilience in times of uncertainty and distress</li> </ul> </li> <li>• Suicide in Belgium during COVID-19  In June 2021, one out of 6 young people (18-29 years old) reported having seriously considered suicide during the last 12 months.</li> </ul>



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	<p>10.5% of the respondents in June 2021 reported having seriously considered suicide in the last 12 months. Among young people (18-29 years), this percentage rises to 17%. However, no increase in suicide rates were recorded in Belgium during the pandemic.</p>
<p><b>Estonia</b></p>	<ul style="list-style-type: none"> <li>At the beginning of the COVID pandemic in March 2020, the Government Office of Estonia launched the survey that has been measuring the change in the general stress level of the Estonian population aged 15 and older in different socio-demographic sections. From March 2021, indicators of depression, anxiety, and asthenia (based on the EEK-2 instrument) were added, which have also been measured at least quarterly until now. From May 2022, quarterly measures of some mental well-being topics were added. Although the survey was initiated firstly by the need to monitor the COVID situation, mental health measurement has been conducted generally, yet covering both the COVID period and subsequent societal events and crises, most recently unambiguously reflecting the mental health reactions of the Estonian 15+ population to Russia's declaration of war on Ukraine in February 2022. Survey reports in Estonian: <a href="https://www.riigikantselei.ee/uuringud">https://www.riigikantselei.ee/uuringud</a> The Estonian National Mental Health Study (EMHS) 2020-2022 is a mixed method study combining a) repeated cross-sectional and longitudinal surveys, b) registry linked study, c) validation studies, and d) qualitative studies. <a href="https://www.tai.ee/sites/default/files/2023-03/RVTU_lyhikokkuvote_2023.pdf">https://www.tai.ee/sites/default/files/2023-03/RVTU_lyhikokkuvote_2023.pdf</a> (summary in Estonian) Awareness the coronavirus, and related attitudes in Estonia: population-based Survey (Three waves in 2020-2021) The aim of the study was to assess the exposure of the Estonian adult population to the SARS-CoV-2 coronavirus and describe the impact of the pandemic on people's attitudes, well-being, and health behaviour during the pandemic. The questionnaire of the survey was based on a locally adapted version of WHO tool for behavioural insights on COVID-19. Report (In Estonian): <a href="https://www.tai.ee/et/valjaanded/teadlikkus-koroonaviirusest-ja-seotud-hoiakud-eestis-rahvastikupohine-kusitlusuuring">https://www.tai.ee/et/valjaanded/teadlikkus-koroonaviirusest-ja-seotud-hoiakud-eestis-rahvastikupohine-kusitlusuuring</a></li> <li>Currently different surveys and administrative data sources are used to monitor the mental health, but surveillance system is fragmented. Mental Health action plan 2023-2026 includes an upgrade of surveillance system. List of currently used data: The Estonian National Mental Health Study (EMHS) 2020-2022 <a href="https://www.tai.ee/sites/default/files/2023-03/RVTU_lyhikokkuvote_2023.pdf">https://www.tai.ee/sites/default/files/2023-03/RVTU_lyhikokkuvote_2023.pdf</a> (summary in Estonian) Surveys on regular basis where mental health is a part of topic: <ul style="list-style-type: none"> <li>The Estonian Health Interview Survey (ETeU2019-last) <a href="https://www.tai.ee">ETeU (tai.ee)</a></li> <li>Health Behaviour in School-aged Children (HBSC) <a href="https://www.tai.ee">HBSC (tai.ee)</a></li> <li>Deaths</li> <li>Estonian Causes of Death Registry <a href="https://www.tai.ee">CoD (tai.ee)</a></li> <li>Prevalence or incidence reported by doctors:</li> <li>Aggregated reports from health care providers (NIHD) <a href="https://www.tai.ee">Morbidity (tai.ee)</a></li> <li>Hospital beds, workload (wages)</li> <li>Aggregated reports from health care providers (NIHD) <a href="https://www.tai.ee">Resources (tai.ee)</a></li> <li>Quality, and use of mental health services:</li> <li>Health Insurance Fund database <a href="https://www.tai.ee">Services and prescriptions   Tervisekassa, Quality   Tervisekassa</a></li> </ul> </li> <li>Comparison with earlier population reference data indicates an increase in stress levels (especially among younger age groups) by second quarter of 2021. In general, the vulnerable groups for mental disorders are adolescents and young adults, respondents with lower education and lower incomes, and the unemployed. Higher level of mental health problems is also reported by women and adults living alone.</li> <li>Mental health is increasingly in focus. COVID-19 pandemic influenced on it, accelerated the developments, and increased the funding of mental health activities. From 2022 impact of COVID-19 and crisis related to Ukraine war have combined in mental health. <ol style="list-style-type: none"> <li>A mental health task force was set up at the Ministry of Social Affairs, March 2021 -December 2021, and the Department of Mental Health of the Ministry of Social Affairs was established in January 2022 to coordinate mental health policies. One outcome is reports based on the expert opinions which give inputs for evidence-based policy making in the recovery from the COVID crisis. <a href="https://www.tai.ee/sites/default/files/2023-03/Kroonviiruse_epideemia_psuhhosotsiaalsete_tagajargedega_toimetulek_II_eksperdiarvamus.pdf">Kroonviiruse epideemia psuhhosotsiaalsete tagajargedega toimetulek II eksperdiarvamus.pdf</a> (in Estonian)</li> </ol> </li> </ul>



	<p>General principles:</p> <ul style="list-style-type: none"> <li>- When assessing the impact of policies, measures, and services, also consider the impact on human well-being and health.</li> <li>- A life-cycle approach.</li> <li>- Reduce inequalities (regional, all population groups, including non-Native speakers).</li> <li>- Mental health must be part of the universal health service (coherent policymaking, changing the services funding model, integration).</li> <li>- Regular mental health surveillance.</li> </ul> <p>Mental Health action plan 2023-2026 was implemented. <a href="#">Vaimse tervise tegevuskava 2023-2026.pdf   979.14 KB   pdf</a> (in Estonian)</p> <p>2. Improving access to mental health services:</p> <ul style="list-style-type: none"> <li>- Legislative changes for improving access to the services of clinical psychologists in primary care.</li> <li>- Subsidy measures for improving access to psychological services on a community level were offered to local governments.</li> <li>- Psychological first-aid trainings for health care and other frontline workers.</li> <li>- Informing a general population about pandemic situation and protection of physical and mental health.</li> </ul> <ul style="list-style-type: none"> <li>• To prevent suicidal behaviour in a more comprehensive and systematic way, the Ministry of Social Affairs, in cooperation with its partners, is preparing an action plan for suicide prevention. The National Suicide Prevention Plan will be completed by the end of 2024.</li> </ul> <p>Estonia participates in European Joint action ImpleMENTAL. <a href="https://ja-imental.eu/">https://ja-imental.eu/</a></p>
Hungary	<p>In 2021, during the first Corona waves, the number of suicides committed by men increased significantly by almost twenty percent compared to the trend that would have occurred in this sense before Covid-19, and a significant increase of sixteen percent was also observed in the total population. The number of suicides committed by women differs significantly from the value that could be expected based on the trend before the Covid-19 period. The trend in Hungary is declining at the moment, but such was the experience that there was no significant difference in the case of women, but increased sharply in the case of men.</p>
Ireland	<ul style="list-style-type: none"> <li>• The pandemic's effect on the population's mental health has been monitored closely using HSE performance reports which have indicated changes in mental health service activity levels across the Covid period. The HSE's March 2023 Activity Performance Report indicates that residential and community mental health service activity has returned to close to pre-Covid levels. The pandemic's effect was also measured through reference to reports and surveys produced by various bodies and agencies.       <ul style="list-style-type: none"> <li>- The College of Psychiatrists survey claims there has been a major rise in mental health referrals and relapses during Covid-19. The college surveyed 180 psychiatrist members on the impact of Covid-19 in the seven-month period from June 2020 to the end of December 2020. Comparing the second half of 2020 to the first half of 2020, up to the end of May:           <ul style="list-style-type: none"> <li>- 36% of respondents reported a significant increase in referrals for secondary mental health services.</li> <li>- A significant increase in the volume of emergency interventions was reported by 39% of respondents.</li> </ul> </li> <li>- The Central Statistics Office (CSO) Social Impact of Covid-19 Survey in February 2021 reaffirmed that people's life satisfaction continued to decrease and that people felt more downhearted or depressed.</li> <li>- The mental health questions included in the Healthy Ireland survey, can also be used to measure the pandemic's effect on mental health. While not Covid specific, these questions are repeated each year under the Healthy Ireland survey and allow trends to be examined.</li> </ul> </li> <li>• CSO Suicide data       <ul style="list-style-type: none"> <li>- The recently published Health in Ireland report highlighted that age standardised mortality rates have fallen significantly in relation to suicide (-32.6%) over the past decade. The Health in Ireland report indicated that between 2017 and 2021 the suicide rate continued to decrease year on year in males and remained low in females.</li> <li>- Similarly, the recently published NSRF Self-Harm registry report highlights relative stability in self-harm rates. Between 2010 and 2020 self-harm rates mostly decreased, with the male self-harm rate decreasing by 17% and the female self-harm rate decreasing by 5%.</li> <li>- There may be a correlation between the overall decrease in referrals to mental health services and the significant increases in telehealth contact volumes in the mental health services.</li> </ul> </li> </ul>



- The statistics for online mental health services and self-help supports show real time data, which can be used to determine acuity, current and potential demand. Resources include yourmentalhealth.ie, SpunOut.ie (for young people), HSE online self-help resources (e.g., 'Minding Your Wellbeing', 'Stress Control'), HSE crisis text50808 service, MyMind and SilverCloud online counselling sessions, and Jigsaw's youth mental health services.

- The pandemic has had a disproportionate impact on people at risk of eating disorders, particularly in 2021. There has been a threefold increase in referral rates and demand for services across the three teams. The increase has been female-driven and within younger age groups (especially age 15-17).
- In response to the pandemic, a broad range of mental health services and supports were reconfigured and enhanced to respond to both current and new and emerging need. There was an increased focus on prevention and early intervention in order to provide more timely support across the population and reduce the requirement in as far as possible for specialist, secondary services. Where specialist services were required, there was a renewed focus on improving access, coordination and continuity of care.

Acute inpatient and community residential facilities remained open, and patients were provided with services throughout the pandemic, although numbers have been reduced in some settings and telehealth services have been used to protect both staff and patients.

The Government Action Plan in response to Covid-19, published on 16 March 2020, acknowledged the importance of people maintaining their wellbeing and resilience to push through this unprecedented outbreak. The Action Plan aimed to reduce the risk of people becoming unwell and it was emphasised that, for those with a mild mental health issue, access to counselling and other interventions can provide much better positive outcomes.

The HSE Psychosocial Framework, published in Jan 2021, built on a range of supports introduced in response to Covid, including self-help and psychological first aid supports for staff. The Framework acknowledged the impact of the pandemic on mental health in all areas of society and identified priority groups, including health care workers and people bereaved due to Covid.

Given the emphasis placed on ensuring social distancing where possible in the community, and as part of efforts to reduce transmission of coronavirus to healthcare workers, solutions to allow clinical consultations take place remotely were required. In this context Attend Anywhere or Blue Eye, were utilized as an alternative modality.

Telehealth services are fully established including YourMentalHealth.ie, which offers a wealth of information on mental health supports and coping with difficult situations during Covid; the information line 1800 111 888, the crisis textline, 50808 and NGO online supports such as MyMind, Turn2Me, Jigsaw and many others. ALONE, in collaboration with the Department of Health and HSE, is also running a national support line.

Funding for a number of initiatives was provided through the additional €10 million An Taoiseach Covid Recovery fund, allocated to mental health services in Budget 2022, including continued enhancement of the HSE Digital Response Programme and a collaborative project with Jigsaw to build mental health literacy.

In addition, through the additional once off €10 million announced on Budget Day €1m was provided for MyMind to continue to deliver approximately 16,500 free of charge counselling sessions, in over 15 languages, to clients impacted negatively by the COVID-19 pandemic. €1m was also provided to Mental Health Ireland to manage a grant scheme on behalf of the Department, for community and voluntary agencies promoting mental health and wellbeing.

During the pandemic, the HSE engaged with private hospitals to provide for additional capacity.

- The HSE National Office for Suicide Prevention (NOSP) is the agency tasked with overseeing the implementation of Connecting for Life, Ireland's National Strategy to Reduce Suicide. Approximately 50% of the office's expenditure is for grants to national organisations and frontline services working in the area of suicide prevention and mental health promotion. In 2020, additional once-off funding was allocated to specific projects with a particular emphasis on pandemic-specific response or adaptation projects.

NOSP-funded NGOs reported a considerable impact of the pandemic, especially on how they delivered services and their ability to reach very vulnerable people in need of support, while adhering to public health advice and restrictions. During the year, NGOs had to reassess and reprioritise the needs of people using their services. This meant transitioning to virtual solutions and technologies for services, while also adapting to remote working for staff and volunteers. There was also a need to rapidly develop COVID-19 related information and content about their services and supports. The NOSP sought to build on the collaborative working with funded NGOs and to offer supports, structures and opportunities for enhanced communications, networking and



	<p>sharing of resources. This included weekly communications (via telecall). After the initial three months of the pandemic, this communication was facilitated monthly.</p> <p>More widely, to help meet the specific challenges of Covid and give people more choice and options, the HSE and NGO partners developed and provided many telehealth options using new technology and introducing new ways of working, e.g., innovative online and phone therapeutic supports. Face to face clinical work continued for relevant people with appropriate physical distancing and PPE in place, to ensure safety for service users and staff.</p> <p><b>BEREAVEMENT</b></p> <p>During 2021, the HSE initiated a new programme of work to focus on the themes of grief, loss and bereavement, coordinated by the NOSP. In December 2021, the HSE Bereavement support and information campaign was launched. Activity, which continued to the end of the first quarter of 2022, included public information (available at <a href="http://www.hse.ie/grief">www.hse.ie/grief</a>), and a social media/radio/print campaign.</p>
Italy	<ul style="list-style-type: none"> <li>• National surveillance systems coordinated by the Italian National Institute of Health (ISS): <ul style="list-style-type: none"> <li>- Behavioural Risk Factor Surveillance System PASSI, an on-going multistage design survey involving continuous data collection for about 35,000 persons each year <a href="https://www.epicentro.iss.it/en/passi/">https://www.epicentro.iss.it/en/passi/</a>. The presence of depressive symptoms in the last 14 days, is routinely surveyed by the depression module used in the Patient Health Questionnaire 2(PHQ-2). Depressive symptom levels assessed in a sample of 41,362 18–64-year-old adults surveyed before the COVID-19 pandemic (2018–2019) and in a sample of 14,612 adults surveyed in 2020 [Gigantesco A et al. Depressive symptoms among adults in 2018-2019 and during the 2020 COVID-19 pandemic in Italy. J Affect Disord. 2022;309:1-8. doi:10.1016/j.jad.2022.04.131]</li> <li>- Health Behaviour in School-aged Children (HBSC), an international multicentre study conducted in over 40 countries across Europe and North America. Since 2002, Italy has been involved in the HBSC multicentre study, taking part in 5 surveys including random samples of adolescents aged 11, 13 and 15 years. In 2022, 6,388 adolescents participated to the Italian survey, that included 17 years aged for the first time (participation rate 89%). Cantril's Ladder of Life Scale, WHO-5, occurrence of feelings of loneliness are used as measure of wellbeing. <a href="https://www.epicentro.iss.it/hbhc/pdf/8-2-2023/Benessere%20e%20salute.pdf">https://www.epicentro.iss.it/hbhc/pdf/8-2-2023/Benessere%20e%20salute.pdf</a></li> </ul> </li> <li>• The prevalence of depressive symptoms registered by PASSI increased from 6.1% (95% CI 5.8%–6.4%) in 2018–2019 to 8.2% (95% CI 6.0%–10.4%) in July-August 2020. Compared to before the health crisis, during the pandemic, women and younger individuals were found to be particularly prone to the risk of depressive symptoms, as a result of the pandemic [Gigantesco A et al. Depressive symptoms among adults in 2018-2019 and during the 2020 COVID-19 pandemic in Italy. J Affect Disord. 2022;309:1-8. doi:10.1016/j.jad.2022.04.131]</li> <li>• A global impairment in well-being among adolescents was observed by the Italian HBSC survey in 2022, compared to 2018 (higher in girls and in adolescents aged 13-15 years) <a href="https://www.epicentro.iss.it/hbhc/pdf/8-2-2023/Benessere%20e%20salute.pdf">https://www.epicentro.iss.it/hbhc/pdf/8-2-2023/Benessere%20e%20salute.pdf</a></li> <li>• Implementation measures focused on young people <ul style="list-style-type: none"> <li>- Italy allocated an initial budget of 10 million euros and further 15 million have been added to support young people mental health in 2022-2023, providing up to 600 euro to those who have applied for help with the costs of a therapy session with a psychologist. Already 300,000 applications for the 'psychotherapy sessions' grant (bonus psicologico) have reached the Ministry of Health, of which 43.55% come from young people between 18 and 35 years of age, while 16.62% are for minors aged 0-18 years <a href="https://www.politichegiovani.gov.it/comunicazione/news/2022/10/bonuspsicologico/">https://www.politichegiovani.gov.it/comunicazione/news/2022/10/bonuspsicologico/</a></li> <li>- Over 30,000 young people aged 14-34 years will be involved in the "Play District" initiative, promoted by the Department for Youth Policies and Universal Civil Service of the Presidency of the Council of Ministers to support and finance social innovation projects to support youth aggregation activities <a href="https://www.politichegiovani.gov.it/comunicazione/news/2023/3/iniziativa-play-district/">https://www.politichegiovani.gov.it/comunicazione/news/2023/3/iniziativa-play-district/</a></li> <li>- Inclusion of the figure of the psychologist at the primary care level <a href="https://www.quotidianosanita.it/lavoro-e-professioni/articolo.php?articolo_id=75173">https://www.quotidianosanita.it/lavoro-e-professioni/articolo.php?articolo_id=75173</a></li> </ul> </li> </ul> <p>National telephone and online support (already available before the pandemic)  Help and listening for people who are experiencing difficulties and/or thoughts of death: Telefono Amico and WhatsApp Amico <a href="https://www.telefonoamico.it/">https://www.telefonoamico.it/</a> (In 2021, requests for help grew by 13% compared to the previous year) and Servizio prevenzione al suicidio <a href="https://www.prevenireilsuicidio.it/">https://www.prevenireilsuicidio.it/</a></p>



<p><b>Latvia</b></p>	<ul style="list-style-type: none"> <li>• There is survey “MENTAL HEALTH AND PSYCHOLOGICAL RESILIENCE AND FACTORS RELATED TO IT LATVIA IN THE POPULATION DURING THE COVID-19 PANDEMIC FUTURE MANAGEMENT DIRECTIONS” (in Latvian) <a href="https://www.vm.gov.lv/lv/media/6491/download?attachment">https://www.vm.gov.lv/lv/media/6491/download?attachment</a> The report was developed by the National Research Program "Covid-19 Consequence Mitigation" project no. VPPCOVID-2020/1-0011 "Impact of the COVID-19 epidemic on the health care system and society health in Latvia; strengthening the preparedness of the health sector for future epidemics". <a href="https://www.lzp.gov.lv/en/state-research-programme">https://www.lzp.gov.lv/en/state-research-programme</a> There is a report “Mental health in Latvia in 2015-202”. <a href="https://www.spkc.gov.lv/lv/media/18384/download?attachment">https://www.spkc.gov.lv/lv/media/18384/download?attachment</a> (in Latvian) The Covid-19 pandemic has significantly affected public health, incl. mental health, all over the world, including in Latvia. This report covers the time of the pandemic, i.e. 2020-2021, and the five-year period (2015-2019) until the pandemic. The report includes statistical data from various information sources in several sections, information from population studies, as well as an international comparison of individual indicators. The ESparveselibu.lv platform <a href="https://esparveselibu.lv/">https://esparveselibu.lv/</a> is part of the set of health promotion and disease prevention measures implemented by the Ministry of Health in the European Social Fund project "Complex health promotion and disease prevention measures". Here you will find current information on health promotion and disease prevention measures in areas such as healthy nutrition, physical activity, reducing the spread of addictive substances and processes, mental health, as well as sexual and reproductive health.</li> <li>• There are various common core indicators of health data that are published under the more official statistical program. All information is available Health Statistics Database: <a href="https://statistika.spkc.gov.lv/pxweb/en/Health/">https://statistika.spkc.gov.lv/pxweb/en/Health/</a> for example under section Mental and Behavioural Disorders or Mortality etc. <a href="https://statistika.spkc.gov.lv/pxweb/en/Health/Health_Saslimstiba_Slimibu_Izplatiba_Psihiski_un_uzvedibas_traucejumi/?tablelist=true">https://statistika.spkc.gov.lv/pxweb/en/Health/Health_Saslimstiba_Slimibu_Izplatiba_Psihiski_un_uzvedibas_traucejumi/?tablelist=true</a> And there are annual reports about Mental health in Latvia (in Latvian) <a href="https://www.spkc.gov.lv/lv/psihiska-veseliba-0">https://www.spkc.gov.lv/lv/psihiska-veseliba-0</a></li> <li>• Not directly related with pandemic but in general how improve mental health - Plan for Improving the Organization of Mental Health Care 2023-2025 for the year - where many different directions of action are included for the specified period of time in improving the situation. <a href="https://likumi.lv/ta/id/338032-par-psihiskas-veselibas-aprupes-organizesanas-uzlabosanas-planu-20232025-gadam">https://likumi.lv/ta/id/338032-par-psihiskas-veselibas-aprupes-organizesanas-uzlabosanas-planu-20232025-gadam</a> (in Latvian).</li> <li>• General activities regarding mental health are included in the Plan for Improving the Organization of Mental Health Care 2023-2025 for the year, for example to create support groups for patients with mental health disorders and patients' relatives; to develop and implement a unified suicide risk assessment scale in medical institutions etc. <a href="https://likumi.lv/ta/id/338032-par-psihiskas-veselibas-aprupes-organizesanas-uzlabosanas-planu-20232025-gadam">https://likumi.lv/ta/id/338032-par-psihiskas-veselibas-aprupes-organizesanas-uzlabosanas-planu-20232025-gadam</a> (in Latvian)</li> </ul>
<p><b>Norway</b></p>	<p>There is a continuous research/monitoring of the pandemic's effect on the population's mental health. This is done for example by carrying out systematic reviews or ongoing research projects. The greatest focus group is children and youth. The most recent publication is here: <a href="https://www.fhi.no/en/publ/2023/Consequences-of-the-Covid-19-pandemic-on-children-and-youths-life-and-mental-health/">https://www.fhi.no/en/publ/2023/Consequences-of-the-Covid-19-pandemic-on-children-and-youths-life-and-mental-health/</a> and relevant projects information: <a href="https://app.cristin.no/results/show.jsf?id=2057016">https://app.cristin.no/results/show.jsf?id=2057016</a>, <a href="https://app.cristin.no/projects/show.jsf?id=2523080">https://app.cristin.no/projects/show.jsf?id=2523080</a>. The most typical measures are mental health services provided by the municipal health centres.</p>
<p><b>Poland</b></p>	<p>At the outset, it should be noted that the impact of the pandemic on mental health, due to its multifaceted nature, would require a separate study (report). Currently, there is no single study that would treat this aspect collectively, but Polish researchers, parallel to world researchers, conducted many studies in this area during the entire pandemic. The fact is that the unexpected outbreak of the pandemic in March 2020 has significantly changed the lives of many people. Its dynamics and multi-faceted nature have even led some researchers to consider it a phenomenon of collective trauma. The state of a pandemic is associated with great instability of life and is characterized by an uneven course. This is due to the violent nature of the infection, successive waves of different pattern and course, and the related numerous restrictions imposed by the government to stop the transmission of the virus. When it comes to negative emotions recognized in society during the pandemic, such as sadness, fear and grief, uncertainty was the dominant emotion. This factor, according to many studies, resulting from a completely new stressor for Polish society - the pandemic situation, has an extremely negative impact on the human psyche. The long-term social and health impacts of the pandemic cannot yet be assessed. Therefore, only significant publications and reports developed in this period and conclusions formulated by researchers were indicated, which require further analysis and perhaps systemic determination of new rules for monitoring mental health indicators in the national population. It should be noted that under the editorship of prof. Bogdan Wojtyniak and Dr. Paweł Goryński (National Institute of Public Health, National Institute of Hygiene - National Research Institute), a report entitled "<a href="#">The health situation of the Polish population and its determinants</a>" was developed in 2022. In</p>



chapter 7 of the above-mentioned report entitled: "Mental and behavioral disorders, taking into account the impact of the Covid-19 pandemic on mental health", a collective report was prepared on the data monitored in the Polish system in the area of mental health (until 2020 inclusive) by Dr Daria Biechowska, Marta Welbel, MA and dr hab. Krzysztof Ostaszewski. Monitoring of indicators related to health problems in the area of mental health has not been changed during the pandemic and is already covered by the National Health Program for 2016-2020, whose objective 3 concerned the prevention of mental health problems and the improvement of the mental well-being of the society. It points to the need to monitor morbidity due to depression and the number of suicide attempts and suicides. Mental health problems in Poland are monitored, among others, on the basis of existing routine information systems (including data from the National Health Fund, Social Insurance Institution). Due to the specificity of mental illnesses, information on Polish residents treated for mental disorders in 24-hour psychiatric care facilities (hospitals, care and treatment facilities, addiction treatment centers, rehabilitation centers for addicts) has been collected for years as part of the National Psychiatric Hospital Morbidity Survey, carried out by the Institute of Psychiatry and Neurology in Warsaw, where data analysis and processing is carried out.

Result tables are published in the statistical yearbook published by the Institute. The presented coefficients concern persons, not cases, because for the purposes of statistical analysis, multiple hospitalizations were combined according to the identification key adopted by the Institute. The substantive supervision over these systems is exercised by the Institute of Psychiatry and Neurology in Warsaw. However, at this point it is worth referring to the data on the mortality rate of Polish residents and reminding that one of the most important mental health symptoms is the death rate due to suicide.

That rate among men in Poland (in 2021: 21.6/100,000) is significantly higher than the average for EU countries (in 2017: 17.2/100,000) 100,000) (age-standardised coefficients). On the other hand, the female death rate due to this cause in Poland (3.2/100,000) is many times lower than the male death rate and is lower than the average for the EU28 (4.7/100,000) (Babicki M, Kowalski K, Bogudzińska B, Mastalerz-Migas A. Impact of the COVID-19 Pandemic on Mental WellBeing. A Nationwide Online Survey Covering Three Pandemic Waves in Poland. *Frontiers in Psychiatry* 2021;

<https://www.frontiersin.org/articles/10.3389/fpsy.2021.804123>).

No country in the European Union has such a huge permanent disproportion between the sexes. Looking for relationships between the chronology of events related to the pandemic and the number of suicides, data on suicide statistics from 2017-2020 was compiled, broken down by month (see report). In 2020, most suicides were committed in the spring and summer months (May, June, July and August), i.e. in the period that largely included the loosening of restrictions related to the pandemic. These monthly 2020 statistics are largely in line with the trends seen in the last three years leading up to the pandemic. In 2017-2019, also in these spring and summer months, the number of suicides remained at a high (monthly) level. It is difficult to see any regularities related to the pandemic and its consequences, rather fluctuations due to the season observed in the last three years dominate.

The total number of outpatient psychiatric patients treated is over one million six hundred thousand. The number of patients treated in the period 2017-2020 remained at a relatively constant level, although an increase can be observed, including those treated for the first time. For many years, there have been trends that women are treated more than one-fifth more often than men, and in mental health clinics themselves as much as 50% more often, and that urban residents are treated much more often than rural residents. In psychiatric outpatient care - in 2020, this surplus was as much as 128% and this difference indicates that the health needs of both populations are met unequally. The most common health problems among people treated in outpatient psychiatric care have been stress-related neurotic and somatoform disorders as well as mood (affective) disorders invariably for several years. In the years 2011-2020, the number of Polish residents treated in 24-hour psychiatric care units is increasing, with the exception of 2020, when admissions were limited due to the pandemic. In 2020, 142,000 people were treated for mental disorders, men were treated as much as 103% more often than women (502.9/100,000 and 247.8/100,000, respectively), urban residents were treated more often than villages by 28% (respectively 412.9/100,000 and 298.79/100,000). This difference was much smaller than in the case of outpatient treatment, but it has almost doubled in the last ten years.

Mental disorders caused by alcohol use were by far the most common diagnosis among people treated in 24-hour wards – in 2020, 177.2/100,000. residents treated for the first time 96.8/100,000 residents.

A particularly large number of inhabitants, similarly to three years ago, are treated in the Podlaskie, Świętokrzyskie and Warmińsko-Mazurskie voivodeships. Based on the data of the National Police Headquarters, it can be stated that the number of suicides in Poland in the last four years has been stable and fluctuated around 5.2 thousand per year. The highest number of suicides (about 900 suicides per year) was recorded in four age groups: among 30-year-olds, 40-year-olds, 50-year-olds and 60-year-olds, i.e. in a wide spectrum of professionally active adults. The number of suicides by gender also did not change significantly. The ratio of men to women committing suicide in 2017-2020 varied between 6.2 to 1 and 5.5 to 1. The number of non-fatal suicide attempts (suicide attempts) recorded by the police has slightly increased in the last 4 years. It is not certain whether this is the result





of changes in the behavior of Polish residents, or whether better detection by the police or greater "reporting" of suicide attempts by citizens is of decisive importance. Our analyzes indicate that the period of the pandemic did not have a major impact on the statistics of suicides and suicide attempts in Poland. Another important study in this area is the study of the team: [Babicki M., Kowalski K., Bogudzińska B., Mastalerz-Migas A.](#) The study is primarily aimed at assessing the mental state of Poles during the COVID-19 pandemic in its various waves. The study was based on an original questionnaire distributed online via a social networking site. Participation in the study was fully anonymous and voluntary. The survey was addressed to all people living in Poland who are over 18 years old and have access to the Internet. Before taking part in the survey, the respondents were informed about the nature of the survey, its methodology and objectives. Informed consent was then obtained from those willing to participate. The described study was also carried out in a group of healthcare system employees (Babicki M, Kowalski K, Bogudzińska B, Mastalerz-Migas A. Alterations in mental health and quality of life among healthcare workers in times of COVID-19: Four-stage cross-sectional study during first four pandemic waves in Poland. *Frontiers in Psychiatry*. 2022; <https://www.frontiersin.org/articles/10.3389/fpsy.2022.1027734>).

The survey was designed in four stages, which corresponded to different waves of infections in Poland.

- Stage I, from April 17, 2020 to April 26, 2020 - the daily number of cases ranged from 263 to 460 cases of COVID-19 and 18-40 deaths;
- Stage II, from December 1, 2020 to December 30, 2020 - the daily number of cases ranged from 2,921 to 14,835 cases and from 29 to 620 deaths;
- Stage III, from March 20, 2021 to April 30, 2021 - the daily number of cases ranged from 6,802 to 35,246 and from 428 to 954 deaths;
- Stage IV, from November 1, 2021 to November 31, 2021 - the daily number of cases ranged from 9,839 to 29,062 and 209-793 deaths.

The study was based on a questionnaire consisting of several parts (10). The first included socio-demographic questions, including age, gender, place of residence, relationship status, medical profession, and salary reduction. They were also asked about their past psychiatric history (before the COVID-19 pandemic), including psychological and psychiatric consultations and addiction treatment. In addition, questions were asked about seeking more information on COVID-19 and tracking COVID-19 statistics. The next part included questions based on a 10-point Likert scale, which concerned the fear of contracting COVID-19, the fear of quarantine and neighborly isolation, and the fear of infecting loved ones. The last part of the survey included three standardized psychometric tools to measure anxiety, depression and quality of life (Beck Depression Inventory II (BDI II), Generalized Anxiety Disorder-7 (GAD-7), Manchester Brief Quality of Life Assessment (MANSA)). Both the study on the general population and a group of medical workers indicated a significant impact of the pandemic on the mental health of Poles. Detailed analyzes are available in the cited studies, however, it is worth emphasizing that, above all, an increase in the sense of anxiety, fear and concern about the future was observed. 71% of the respondents showed anxiety of varying intensity to varying degrees, while 44% of the respondents obtained a GAD-7 score indicating the presence of features of generalized anxiety disorder.

Women are significantly more likely to develop anxiety disorders during the COVID-19 pandemic than men. There is a need for psychological support for Poles in the era of the COVID-19 pandemic. As the authors' recommendations and conclusions from the conducted study, it should be pointed out that, based on the experience developed in previous waves of the pandemic, the crisis management model of the health care system should be improved in the future in terms of new epidemiological threats. This is particularly important considering that the lack of mental hygiene among healthcare professionals contributes to burnout and adversely affects the quality of healthcare delivery. The COVID-19 pandemic is significantly affecting the mental health and quality of life of healthcare workers, and the trend is not uniform. Between the first waves of the study, there was a significant increase in anxiety symptoms, especially moderate and severe anxiety. Women, single people and those with a psychiatric history are at greater risk of being disruptively affected by the pandemic. In the current situation, it is necessary to conduct longitudinal studies of the mental health of medical workers, who are the most important link in the fight against the pandemic. In the cited study, the authors indicate as recommendations that, due to their particular exposure to mental stress, health care workers should have broad access to psychological and psychiatric care. Public hospitals should provide such care as compensation to their employees. It is also worth considering a dedicated stress management training for medical staff. Given the high stress burden, it would also be worthwhile to ensure early intervention among healthcare professionals to prevent post-traumatic stress disorder.

Another important group of research and an area that should be paid attention to is the impact of the pandemic on the mental health of children and adolescents. Researchers have noted a higher incidence of depression, anxiety, neurotic disorders, sleep and appetite problems, as well as post-traumatic stress disorder (PTSD) among children and adolescents. In one of the Polish studies on the impact of the pandemic on the mental health of children of adolescents (Bigaj, Dębski, 2020), the appearance of depressive moods was observed among 23% of girls and 8% of boys of high school



age. There was also a significant increase in the number of reported somatic complaints, such as headaches or abdominal pain. The natural circadian rhythm disturbed by the lack of a fixed rhythm and low physical activity could also result in sleep difficulties and, as a result, reduce concentration. Another study "Remote learning and adaptation to social conditions during the coronavirus epidemic" draws particular attention to the fact that half of the respondents indicated that their relationships with peers before the pandemic were much better. Teachers also note that the form of remote education was difficult not only in the context of the requirement to implement teaching material, but above all educational tasks that require good relationships and communication with students.

Changes in the consumption of alcohol were analyzed, which resulted in a publication devoted to changes in the level of alcohol consumption in eight European countries: Rossow I., Bartak M., Bloomfield K., Braddick F., Bye EK., Kilian C., López-Pelayo H., Mäkelä P., Moan I. S., Moskalewicz J., Petruzelka B., Rogalewicz V., Manthey J. "Changes in Alcohol Consumption during the COVID-19 Pandemic Are Dependent on Initial Consumption Level: Findings from Eight European Countries". *International Journal of Environmental Research and Public Health*. 2021; 18(19):10547.

<https://doi.org/10.3390/ijerph181910547>

In addition, two research projects were carried out to assess the impact of the pandemic on addiction treatment, both for therapists and patients. The aim of the research project "Study of the impact of Covid-19 on the system of helping people addicted" implemented by the Institute of Psychiatry and Neurology in 2021, co-financed by the Gambling Problems Solving Fund, was to diagnose the problems faced by patients who want to use help during this period and to determine what their lives and consumption pattern were affected by the pandemic and what new needs they had as a result, and whether the system was able to meet them. The study also diagnosed what challenges the health care system had to deal with, how emerging problems were solved and whether it was possible to respond to patients' needs on an ongoing basis. Quantitative research consisted of two components:

- (1) analysis of data from health care and from entities dealing with counteracting drug addiction;
- (2) surveys in facilities (200 surveys).

In addition, 50 qualitative interviews with patients and professionals were carried out. The analysis of the number of admissions in individual months of 2020 shows that the COVID-19 pandemic had an impact on the reduction of admissions throughout the year. A clear reduction in the number of patients in 2020 can be seen in April and May. Later, you can observe a return to the 2019 level. It is similar among first-time patients, where in March and April there was a decrease by more than half. The largest decrease in the number of calls to facilities was recorded in harm reduction programs and stationary facilities. This tendency was noticed in half of the programs and institutions participating in the study. In turn, the largest increase in the number of notifications was recorded in stationary facilities for minors.

The number of patients who expected social assistance and homeless patients increased - some young people lost their jobs and had nowhere to go. Many patients experienced various fears related to the pandemic, feared about its course and what consequences it would have for them. They felt the need to talk about it. Patients, like the rest of the society, were afraid of infection, but they also had doubts about vaccinations. They limited their contacts and leaving the house, which had a negative impact on their social life and physical and mental health. Some developed mental problems, while others exacerbated pre-existing disorders. Young people experienced various problems related to remote learning. The problem of self-mutilation or suicide attempts has intensified.

In addition, in the DOBROSTAN 2021-2022 study: "Professional well-being and determinants of occupational burnout of addiction psychotherapy specialists and addiction therapy instructors." (PARPA, agreement No. 33/27/2021/DEA under the NHP 2021-2025, task 27/2021/DEA) a statistically significant and positive correlation was found between the severity of fear of coronavirus and exhaustion and distancing from work in the represented sample of Polish addiction psychotherapy specialists. Dysfunctional, i.e. significant, intensification of fear of coronavirus concerned only 3% of the surveyed therapists. However, the average result on the coronavirus fear scale in the study group was higher than the result obtained in the study of Polish doctors and nurses working in the so-called frontline of the fight against coronavirus in 2020, but similar to the average result obtained in the German general population in a similar data collection period (Baka, 2021; Hajek & König, 2022).

Also, in the opinion of people participating in the qualitative part of the DOBROSTAN 2021-2022 study, stress and anxiety caused by the pandemic may affect the appearance of symptoms of professional burnout. The emotional burden of therapeutic work increased – therapists had to deal not only with their own fears, but also with the fears and tensions of patients. In addition, the respondents indicated that the pandemic (in its later period) contributed



to an increase in the number of people seeking treatment. This had a disorganizing effect on the work of the facilities, especially since the restrictions on the conditions for providing benefits were still in force.

With regard to the question in point 4, it should be noted that the problem of mental disorders and diseases has become particularly important in recent years. The COVID-19 pandemic and the need to temporarily introduce related restrictions contributed to the increase in the prevalence of mental problems. Currently, another challenge is the negative mental health consequences of the ongoing war in Ukraine and the need to provide appropriate support to people affected by this conflict. Thus, the Ministry of Health undertakes a number of activities aimed at providing children and adolescents with specialist psychological and psychiatric care tailored to their needs. The main assumption of the reform of the mental health care system implemented by the Ministry of Health is to develop a community model of psychiatric health care in the spirit of the deinstitutionalization process and to equalize access to psychiatric care in all regions of the country. The environmental model, by providing health services close to the place of residence, enables the therapeutic process to be conducted in a manner adequate to the needs of patients, allows for early detection of mental crises, can contribute to increasing therapeutic effects, and prevents the phenomenon of stigmatization of patients.

A pilot program is being implemented in mental health centers, the aim of which is to test the environmental psychiatric model of health care in the organizational, financial, quality aspects, as well as equality and access to health services. Help in mental health centers is free, available without a referral, close to the place of residence and adapted to existing health needs. It may include visits to the outpatient clinic, stay in a day or 24-hour ward, support of the community treatment team. An individual treatment plan is developed by specialists based on contact with a person experiencing a mental crisis. The pilot program has been extended until the end of 2023. There are currently 75 mental health centers in operation, supporting a population of 9,767,259 adults.

A comprehensive reform of the children and youth mental health system is also being implemented. Currently, in Poland, there are 384 teams or centers of community psychological and psychotherapeutic care, called the 1st level of reference, at the disposal of children and youth. Young patients can take advantage of the offer of these facilities, i.e. psychological, psychotherapeutic and community therapy, free of charge and without a referral. As part of the new service delivery model, 132 Mental Health Centers - II reference level have already been established, where children and adolescents can benefit from a visit to a psychiatrist, and patients requiring more intensive interactions in some of these facilities can benefit from a number of services provided in a day ward mode .

On the other hand, within the III - the highest reference level, stationary, 24-hour services are provided by 32 centers of highly specialized 24-hour psychiatric care.

The key element of the reform implemented by the Ministry of Health is the development of non-hospital assistance. The development of facilities of the first and second reference levels guarantees the provision of necessary assistance in the patient's local environment, and can significantly contribute to reducing the occurrence of mental health crises.

With regard to the issue of reducing the number of suicide attempts, in the National Health Program for 2021-2025, the Ministry of Health indicated 10 tasks aimed at preventing suicidal behavior, which are, among others: the result of the work of the Suicide and Depression Prevention Working Group established in 2016 at the Public Health Council.

To provide consistency in the implementation of tasks, a Coordinator was appointed (i.e. the Institute of Psychiatry), and the Office for the Prevention of Suicide Behavior was established. The leading objective of the implementation of the tasks included in the operational objective 3 - Suicide Prevention in the National Health Program is:

- providing access to help for people in a mental (suicidal) crisis;
- increasing the competence of people providing assistance;
- prevention programs tailored to the needs of different populations - risk groups;
- restricting access to suicide methods;
- improving the monitoring of suicidal behaviour;
- conducting a responsible information policy on suicidal behaviour;
- conducting scientific research;



- development of competences of health care workers, education workers, social workers, uniformed services, clergy and other professional groups in the field of early detection of symptoms of suicidal behavior and
- undertaking interventions towards people displaying suicidal behaviour;
- cooperation with the media and monitoring the media in terms of their coverage of suicidal behavior.

For the prevention of suicide acts among minors in 2022, the Institute of Psychiatry and Neurology carried out, among others: a series of 18 webinars about the mental health of children and adolescents. Webinars dedicated to the mental health of children and adolescents are publicly available on the Youtube channel: <https://www.youtube.com/@BiuroZZS>

At the same time, the Institute is working on the implementation of four suicidal behavior prevention programs in Poland, including for school youth aged 13 -18, also with suicidal thoughts and after attempts. More information on the activities carried out can be found on the website of the Suicide Behavior Prevention Program at [www.zapobiegjmysamobojstwom.pl](http://www.zapobiegjmysamobojstwom.pl)

Numerous publications can be listed which address the indicated topic and confirm the impact of the Covid-19 pandemic on the mental health of the Polish population.

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According to the information of the National Consultant in the field of psychiatry of children and adolescents, no nationwide research on the impact of the pandemic on the mental condition of children and adolescents has been conducted in Poland so far. The available studies in this area were conducted by individual centers and researchers on a representative group of children and adolescents using various tools depending on the parameter studied.

- Research report "Children's health in the COVID-19 pandemic" (research conducted by the Institute of Mother and Child in Warsaw) full report available at: <https://imid.med.pl/pl/do-pobrania>

In 2021, experts from the Institute of Mother and Child in Warsaw, with the involvement of a network of provincial coordinators and school nurses, conducted research in 109 schools from 16 provinces in Poland among students of the second grade of primary schools and their parents. This is a study under the DINO-PL program (Diagnosis - Intervention - Hypertension - Obesity), carried out with the funds of the National Health Program for 2021-2025. According to the parents of the surveyed children, screen time increased during the pandemic both during the week (43.6%) and weekends (37.4%). Students stayed mainly at home, and thus without regular, daily contacts with peers, playing together and physical activity. The increasing percentage of children with worse well-being and mental health problems is also worrying. Almost 8% of girls and 6% of boys from grade 2, assessed at the end of 2021, were classified as children with symptoms of depression.

- Mental state of children and adolescents after 2 years of the pandemic - a detailed report on the mental state of children and adolescents after two years of the pandemic was carried out by the editorial team of Małe Charactery magazine with the support of scientists from the Faculty of Psychology and Cognitive Science of the Adam Mickiewicz University Adam Mickiewicz in Poznań. <https://www.glospedagogiczny.pl/artykul/stanpsychiczny-dzieci-i-young-po-2-latach-pandemii-raport>

The study was conducted on a sample of 306 people via correspondence on February 14-28, 2022. Over 87% of respondents claim that the mental condition of children and adolescents has deteriorated. As many as 45% of people believe that this deterioration was significant. This means that 2 years of experience with the pandemic had very serious effects. 78% of specialists noted a greater number of reports from children and adolescents asking for help and intervention. The survey showed that, according to the respondents, the experience of the pandemic is strongly related to the increase in the number of cases of depression among children and adolescents (as much as 67% of the surveyed specialists) and addiction to technology (59%) and the increase in anxiety disorders (54%). Most difficulties in the functioning of children and adolescents in the last two school years were reported in the group of adolescents aged 13-16.

The study allowed to identify the three most frequently reported difficulties related to distance learning by children and youth:

- difficulties with self-regulation in learning (independent organization of the learning process, difficulties with motivation) - 88%
- isolation from people - 63%
- equipment difficulties and lack of appropriate conditions for learning at home - 48%.

The surveyed specialists agree that during remote education, students most missed direct contact with classmates/schoolmates (88%).

- The time of the pandemic - a look at the functioning of Polish families. Research report - Nicolaus Copernicus University in Toruń. Survey <https://apcz.umk.pl/TiCz/article/view/41184>



- The research covered a population of two hundred people and concerned three areas: the functioning of adults, the functioning of children in the assessment of parents, and the functioning of marital-family relations. The obtained results showed that despite numerous difficulties related to the reorganization of home life, as well as personal problems, the pandemic situation in the surveyed population, in most cases, did not harm family relationships. What's more, it was the pandemic that at that time made the relationships between its members stronger in many families, resulting in positive effects.

- National study of the quality of life of children and youth in Poland - Report of the Ombudsman for Children <https://brpd.gov.pl/wp-content/uploads/2021/08/Raport-Rzecznika-Praw-DzieckaOg%C3%B3lnopolskie-badanie-jako%C5%9Bci-%C5%BCycia-dziecim%C5%82odzie%C5%BCy-w-Polsce-PDF.pdf>

The study was conducted on a sample of 5,800 students using the internationally standardized questionnaire The KIDSCREEN. It has been shown that general dissatisfaction with one's life related to happiness, joy and serenity - to the extent that it threatens mental health - was shown by 17% of students and 14% of students of the 2nd grade of primary school. In the 6th grade of primary school and the 2nd grade of high school and technical secondary school, 11% of students and 15% of female students expressed dissatisfaction. Mental well-being is more often expressed by secondary school students in large cities - 18%, compared to their colleagues from rural areas - 12%.

The results of the study show very large differences in mental well-being depending on the financial status of the family. Pupils from the 2nd grade of primary school who assess that their family has enough money for all expenses, in 13% of them talk about a bad mental state. But their colleagues, who complain that the family lacks funds even for current needs, already in 46% feel dissatisfaction with their lives to the extent that they require specialist intervention. In the case of the 6th grade of primary school, students from poor families felt dissatisfied in 48% of cases, in 10% of cases from wealthy families. Young people from the second grade of high school and technical school showed dissatisfaction with life in 36% of families with financial problems and in 11% of families with sufficient income.

Taking into account the detailed results of research conducted among younger primary school students, experts indicate disturbing answers regarding: self-esteem - every tenth child evaluates himself/herself very critically, feeling sad - 17% often or always felt sad, and feeling lonely - 12% of primary school students of 2nd grade feel this way.

12 percent of 6th grade primary school pupils are not satisfied with their lives and 11 percent have rarely or never played. Nearly a third, 32 percent, describe the symptoms as at least quite frequent when they feel so bad that they didn't feel like doing anything, and 29 percent feel sad. As many as 27 percent often or always feel that they have had enough of everything. A quarter of younger teens (26 percent) want to change something about their body more than often, and a fifth (19 percent) worry about their appearance. A similar percentage of students - 18 percent - are not satisfied with themselves, with girls being much more critical about their self-assessment.

Significantly worse psychological well-being is shown by students from the 2nd grade of secondary school. As many as 44 percent of young people feel that they often or always have enough of everything, 37 percent feel lonely, and 45 percent are overwhelmed with problems. Nearly a third are unhappy with who they are, and 29 percent are worried about their appearance. 43 percent of young people very often or always want to change something about their body, while schoolgirls have lower self-esteem in terms of appearance.

- Report on the mental health of female and male students School 2.0 from students for students (Wąska J., Reda M., Kowal D., Lipińska Z. 2021) <https://www.szkoła20.com/wp-content/uploads/2021/03/Report-on-mental-health-of-children-and-adolescents-remote-learning.pdf>

The study was conducted on a randomly selected group of 20,363 students. The results show that 38% of respondents believe that their well-being during remote learning has changed for the worse. After counting the number of answers, it gives us over 7,000 students. According to the data available at dane.gov.pl, there are 3,412,575 students aged 10-19 in Poland. With 38% of the "Yes (for the worse)" answers, we would get over 1,200,000 children and adolescents whose well-being was negatively affected by remote learning. 31% of the respondents indicated that they are unable to determine whether their well-being has changed. The positive effect of isolation related to the COVID-19 pandemic is that in as many as 24% of cases, the well-being of children and adolescents has improved. 7% of respondents believe that remote learning did not affect their well-being. This shows how extremely different influence it has on the psyche of young people.

Factors determining the well-being of the respondents: the most frequently indicated factor was limited or no contact with peers. This was indicated by as many as 36.68% of the respondents. 2.22% of the respondents indicated that the fear of infection had a negative impact on their mental health. Some also lived with grandparents, grandmothers or other elderly people, so every time they left home, they were potentially exposed to



infection. The second factor, indicated by 25.37% of female and male students, was the material load. Many times, students were left alone with the topics to be covered, and in the younger grades, the role of the teacher was often taken over by the parent. In addition, students were often overloaded with the number of lessons and their duration. Remote lessons in secondary schools usually lasted as long as during stationary teaching - 45 minutes, with breaks between them, usually 10 minutes long. Unfortunately, this led to quick fatigue of the student, because they had to stare at a screen for 45 minutes, which often shows static information. Let's remember that in a school classroom there are many things around which students can focus their attention for a moment - things hung on the walls, what is happening outside the window, or even a friend or colleague from the bench. Unfortunately, spending so much time in front of the monitor, there are not so many stimuli around, which made the students bored faster and felt tired. 10.75% of the respondents believed that they did not have sufficient conditions for remote learning. Remember that not only a working computer or a microphone counts when learning remotely. The surrounding conditions are also important. Some of the young people shared a room with siblings who are also of school age, which may cause them to disturb each other during lessons. Access to a stable internet connection was also often a problem, because until the outbreak of the COVID-19 epidemic, the internet at home was often not at the highest level, because it did not play such a big role in the everyday life of household members. 5.73% of students indicate that their families experienced problems during remote teaching.

Specialist help: More and more students in Polish schools struggle with problems that are so serious that they need to consult specialists - psychologists and psychiatrists. In this study, participants were asked if they needed specialist help. Of course, this study does not give a 100% real answer, because it was young people who assessed themselves whether they needed help, and not a psychologist or psychiatrist. An interesting relationship is the fact that many people described their well-being as bad, and yet as many as 76.73% of girls and 87.12% of boys indicated that they did not need psychological help. 8.11% of boys and 16.95% of girls indicated that they needed help and did not use it. The genesis of this problem may be multi-level and in fact various factors may overlap here. First of all - shame and stigmatization of using the above-mentioned form of assistance. Many times, in open answers, researchers received signals that the use of psychological help is embarrassing, that such people are then "pointed at", that they are ridiculed for this reason. Secondly, the quality of the assistance offered. About 50% of students at every level of education, regardless of the type of institution, indicated that the help of a psychologist offered by the school is in the range of 0-5/10. This conclusion leaves much room for discussion.

In our survey, the researchers also left space for answers open. More than 8,000 people took advantage of this opportunity. The most frequently mentioned reason in the context of the deterioration of well-being was, of course, the lack of contact with peers, described in various ways. Students were hurt by the lack of trips, lack of school atmosphere, lack of daily socialization with peers, and sometimes even the lack of physically going to the school building. A frequently discussed problem was also great fatigue and monotony or routine, which crept in due to the fact that remote teaching was prolonged. In addition, a sedentary lifestyle has a negative impact on the health and well-being of students. Teenagers often paid attention to headaches, backaches or eyestrain. In addition, more and more stress was caused by oral answers, quizzes or tests, because teachers often accused students of dependent work, despite the lack of evidence. Fear was also caused by thoughts about the eighth-grader exam, final exams and other tests that students will be taking in the near future. Young people lacked motivation to learn, many people felt that they were stuck and could not move forward. The lack of understanding on the part of the teachers was also a problem. Pupils and students had too many tasks that they had to do on their own, so they had no time to rest. During the knowledge test, the teachers approached the students with distrust, as a result of which the young people did not have time to write the correct answers. Lessons were not conducted in an interesting way, which made it difficult to focus on them. Despite the fact that many students had learning problems, a small number of them indicated that their grades had improved. Remote learning was also not conducive to the home atmosphere, too much time spent with the family or mental and physical violence by the family. A lot of people shared a room with her siblings, so she couldn't focus on lessons. For financial reasons, not everyone could provide themselves with good equipment and a stable internet connection. The problem, which was additionally observed by the researchers, was the frequent dehumanization of schoolgirls and students. Teachers often approached them in a zero-one way. It was enough to be late for a lesson 2 minutes, due to real problems with the connection, and the student received "late", and often also "absence". Unfortunately, some teachers, referring to the fact that a lot of people used remote teaching to download or not go to lessons, treated all students through the prism of the former, forgetting that a microphone or webcam may not actually work for someone, or may be "thrown out" in inappropriate time of the lesson due to an unstable internet connection. As a consequence of the above-mentioned causes of malaise, many people develop mental problems. However, there



are also positive aspects of remote learning indicated by the respondents - instead of spending time commuting to school, you could spend it on sleep, rest and developing your passions.

Based on our own observations and information obtained by voivodeship consultants and heads of departments and clinics, it is known that from September 2021, an exponential increase in the number of patients reporting to hospital wards requiring emergency psychiatric hospitalization was observed (in some regions this number increased up to 300% ) and the number of psychiatric consultations at the Institute of Psychiatry and reports in outpatient care increased significantly. Undoubtedly, this is the result of the effects of the COVID-19 pandemic described above, but also the lack of adequate support in educational institutions for the return of children to stationary learning after several months of remote learning. In addition, due to the epidemiological situation in various regions, changes in the field of learning in schools continued: remote, hybrid, stationary form. The above adversely affected the sense of security of children and teenagers and significantly disorganized educational work and home life. Persistent stress, often associated with educational arrears and school problems, had a negative impact on the mental condition of students, which translated into a growing number of applications both in outpatient and inpatient care.

The analysis of health services in the public sector only, carried out by the National Consultant in the field of psychiatry of children and adolescents, showed a significant increase in the number of children and adolescents receiving care in the field of psychiatry of children and adolescents. The analogous periods were compared, i.e. September 2019 to March 15, 2020 - i.e. to the 1st Lockdown and the period when children and adolescents began to return to school after the remote learning period and when, as specialists, we observed an avalanche of patients in our area requiring specialist care, i.e. September 2021 to On March 15, 2022, data analysis showed that an additional 50% of children's patients under 13 years of age and nearly 63% of youth patients over 13 years of age came to the public sector. Comparison of 2019 to 2022 showed an increase in the number of children's patients by 87% and adolescents by 168%.

Studies conducted by other centers are available at the following links or compiled in the following publications:

- <https://fdds.pl/Resources/Persistent/0/1/7/a/017a96133ed22429143050d86c461f7d230760c6/Children%20si%C4%99%20count%C4%85%202022%20-%20COVID.pdf>
- Ambroziak Ewa. "The impact of the covid 19 pandemic on the functioning of the family." Voivodship Labor Office in Łódź. Accessed 02/12/2022. <https://wuplodz.praca.gov.pl/documents/1135458/4472799/Wp%C5%82yw%20pandemii%20Covid19%20na%20functioning%20family%20%28p.%20Ewa%20Ambroziak%29.pdf/1c3b682d-3d03-4667-b64a-6bd9cfe61fe2?t=1614858338028>
- Długosz, Piotr. Trauma pandemii COVID-19 w polskim społeczeństwie. Warszawa: Wydawnictwo CeDeWu, 2021. <https://ircenter.com/2020/09/28/duties-at-home-while-coronavirus>.
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- Zając, Dorota. "Domestic violence during isolation due to the epidemic." Posted on 04/06/2020 in Głos Pedagogiczny. <https://www.glospedagogiczny.pl/artikul/przemoc-domowa-w-czasie-izolacji-z-woduepidemii>
- Bilicki, T. (2020). How to work with a student in crisis during the COVID19 pandemic? In: J. Pyżalski (ed.), Education during the COVID-19 pandemic. With distance about what we are currently doing as teachers (pp. 16–19). Education. Downloaded from: <https://zdalnie.edu-akcja.pl>
- Buchnat, M., Wojciechowska, A. (2020). Siblings of people with disabilities in a crisis situation caused by the COVID-19 virus pandemic. Educational Studies, 57, 33–46.





	<ul style="list-style-type: none"> <li>- Buchner, A., Majchrzak, M., Wierzbicka, M. (2020). Remote education during a pandemic. Research report. Digital Center. Downloaded from: <a href="https://centrumcyfrowe.pl/edukacjazdalna/">https://centrumcyfrowe.pl/edukacjazdalna/</a></li> <li>- Domagała-Zyśk, E. (ed.). (2020). Remote learning and teaching and special educational needs. From the experience of the COVID-19 pandemic. Episteme Publishing.</li> <li>- Jaskulska, S., Jankowiak, B. (2020). Teachers' attitudes towards distance learning during the COVID-19 pandemic. Educational Studies, 57, 47–65.</li> <li>- Jaskulska, S., Jankowiak, B., Marciniak, M., Klichowski, M. (2021). Remote education during the COVID-19 pandemic in the experiences of students: Evaluation of school relations and its determinants. Upbringing in the Family, 2, 133–146.</li> <li>- Plebańska, M., Szyller, A., Sieńczewska, M. (2020). Remote education in the times of COVID-19. Test report. Pedagogical Faculty of the University of Warsaw <a href="https://files.librus.pl/articles/00pic/20/07/09/librus/a_nauczanie_zdalne_oczami_nauczycieli_i_uczniow_RAPORT.pdf">https://files.librus.pl/articles/00pic/20/07/09/librus/a_nauczanie_zdalne_oczami_nauczycieli_i_uczniow_RAPORT.pdf</a>. The situation of children and youth in the context of the Covid-19 pandemic experience 3 51 2022</li> <li>- Poleszak, W., Pyżalski, J. (2020a). Psychological situation of children and youth in the era of a pandemic. In: Poleszak, W. Pyżalski, J. (2020b). Relationships before everything - even if currently only mediated. In: J. Pyżalski (ed.), Education during the COVID-19 pandemic. With distance about what we are currently doing as teachers (pp. 28–36). Education. <a href="https://zdalnie.edu-akcja.pl">https://zdalnie.edu-akcja.pl</a></li> <li>- Przybysz, M. (2021). Youth online during a pandemic. Diagnosis, problems and challenges. Media Business Culture, 2(11), 97–108.</li> <li>- Pyżalski, J. (2020b). Changes in time devoted to selected activities during the pandemic.</li> <li>- Pyżalski, J. (2021b). Mental health and well-being of young people during the COVID-19 pandemic – an overview of the most relevant issues. Child Abused. Theory, Research, Practice, 20(2), 92–115.</li> </ul>
<b>Portugal</b>	<p>In Portugal straight after the beginning of the pandemic, there was an initiative by the National School of Public Health which is called the parameter of Covid-19 where it collects data on social media. We basically were trying to get the more people we could. They have done several surveys and I can see that the latest one has found 15% of depression in moderate or severe levels and 78% percent of the highest level four of the healthcare workers. This study is maintained and there is no similar activity in Portugal. <a href="https://barometro-covid-19.ensp.unl.pt/home/">https://barometro-covid-19.ensp.unl.pt/home/</a></p>
<b>Slovakia</b>	<ul style="list-style-type: none"> <li>• One of the way was using the questionnaire. The questionnaire included sections dedicated to psychical health of parents and children (Depression Anxiety and Stress Scale DASS-42 – Loribond &amp; Loribond, 1995).</li> <li>• All tools are described in National program of mental health. We havenational monitoring information system, we use trust lines for crisis situation etc.</li> <li>• Pupils and their parents, healthcare workers.</li> <li>• Home office, change of implementation rules of projects – including TCons etc.</li> <li>• Trust telephone lines, crisis centres, training of GPs, new programs in schools dedicated to suicide prevention.</li> </ul>
<b>Slovenia</b>	<ul style="list-style-type: none"> <li>• The primary approach for assessing the impact of the pandemic on mental health involves conducting cross-sectional surveys using mental health assessment instruments such as PHQ-8/9, GAD7, MHI, WHO-5, and MHC-SF. These surveys provide valuable data for monitoring the state of mental health during the pandemic, both through repeated cross-sectional surveys like SI-PANDA, and by making comparisons to pre-pandemic mental health states (with some limitations due to differences in sampling). Additionally, we collect and analyze data on healthcare service utilization using various indicators like hospitalizations, drug prescription claims, and referrals to specialist services. This helps us assess help-seeking behavior and evaluate the functioning of the healthcare system.</li> </ul> <p>During the initial two waves of the pandemic (from 2020 to 2021), we collaborated with a group of NGOs that represented disadvantaged population groups. They compiled weekly reports on the identified needs within the community. This qualitative assessment of needs served as a foundation for developing recommendations aimed at optimizing measures to limit the spread of the SARS-CoV-2 virus.</p> <ul style="list-style-type: none"> <li>• In surveys we mainly use instruments that are widely used in the international community (e.g. PHQ-8/9, GAD7, MHI, WHO-5, MHC-SF). We also use data from administrative databases (e.g. hospitalisations, drug prescription claims, referrals to specialist services, absenteeism). Those are two primary sources of data for conducting analysis on the mental health of the population. Additionally we use a Public Mental Health Surveillance Framework - an indicator framework consisting of three domains (mental health determinants, mental health systems and services, and mental health outcomes and risk</li> </ul>



	<p>protection) with several sub-domains. For gathering the indicators, we draw upon data from diverse sources, including the Statistical Office of the Republic of Slovenia, Health Insurance Institute of Slovenia, and other relevant entities. The framework serves as a monitoring tool for population mental health as well as an evaluation instrument for the implementation of the National Mental Health Programme.</p> <ul style="list-style-type: none"> <li>• Children, adolescents, and young adults, particularly those from low socioeconomic status (SES) families, experience the most pronounced impact. However, it is important to acknowledge that our current capacity does not extend to identifying specific subgroups that are exposed to compounding inequalities. Factors such as pre-existing mental health issues, disabilities, and unemployment have emerged as significant correlates of poor mental health outcomes.</li> <li>• The Psychological Support Task Force (PSTF) was established in Slovenia in 2020 as a direct response to the pandemic. A concise overview of its functioning can be found on page 69 of the publication available at this link: <a href="https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/e-publication_public_health_eng.pdf">https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/e-publication_public_health_eng.pdf</a>. To address the impact of the pandemic, the PSTF implemented specific measures, which are outlined in the evaluation report available in Slovenian at the following link: <a href="https://nijz.si/wp-content/uploads/2022/07/porocilo_osipp_koncno_3108.pdf">https://nijz.si/wp-content/uploads/2022/07/porocilo_osipp_koncno_3108.pdf</a>. During the pandemic, recommendations were prepared to support mental health during the gradual easing of measures aimed at limiting the spread of the virus. In 2022, a new action plan for the National Mental Health Programme was adopted, incorporating activities identified as most necessary through a Delphi study conducted in 2021. The details of the study can be found in the following article: <a href="https://www.frontiersin.org/articles/10.3389/fpubh.2021.732539/full">https://www.frontiersin.org/articles/10.3389/fpubh.2021.732539/full</a>. Currently, Slovenia is in the process of establishing a public health emergency operations centre (EOC), with mental health professionals playing a crucial role as core contributors to develop new protocols and terms of reference for the EOC.</li> <li>• Suicide prevention activities have a substantial continuity in Slovenia. Certain new interventions were introduced in recent years (such as guidelines for postvention in schools). Psychological first aid intervention has been developed and suicide prevention is one of the main themes (along with alcohol use, depression, panic attack). There is also an increased interest from stakeholders beyond health care to support mental health with various primary prevention measures - however we do not have sufficient insight to describe the state of the affairs in the whole country.</li> </ul>
<p><b>The Netherlands</b></p>	<ul style="list-style-type: none"> <li>• The behavioral unit of RIVM has investigated this (<a href="https://ggdghor.nl/actueel-bericht/onderzoek-ggden-gezondheid-jongvolwassenen/">https://ggdghor.nl/actueel-bericht/onderzoek-ggden-gezondheid-jongvolwassenen/</a>)</li> <li>• In April, RIVM delivered an opinion on how to monitor mental health in NL. For this they used several existing data sets: <a href="https://www.rivm.nl/publicaties/monitor-mentale-gezondheid-advies-voor-monitoren-van-mentale-gezondheid-als">https://www.rivm.nl/publicaties/monitor-mentale-gezondheid-advies-voor-monitoren-van-mentale-gezondheid-als</a>. RIVM will soon come up with a tender request to actually shape this monitor.</li> <li>• In the action plan (see below), there is a specific focus on youth and young adults, working people and residents in vulnerable positions. But this is separate from the pandemic.</li> <li>• A National Approach to Mental Health was launched by the Secretary of State just before the summer of 2022. Although the immediate cause might not be the pandemic, it does show that the topic has the attention of our policy makers. <a href="https://open.overheid.nl/documenten/ronl-84b80f0db5e565b19a1e8c782911202bcdcead7/pdf">https://open.overheid.nl/documenten/ronl-84b80f0db5e565b19a1e8c782911202bcdcead7/pdf</a>.</li> <li>• The Trimbos institute deals with this issue (monitors and also provides support. <a href="https://www.trimbos.nl/">https://www.trimbos.nl/</a>).</li> </ul>

