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Mental Health in 2021

*A summary report of the track on Mental Health
at the 14th European Public Health conference 2021*

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The 14th European Public Health conference was held from 10 – 12 November 2021 virtually. This report contains the key messages from the Mental Health track as summarised by EUPHA fellows. As such, it is a mere reflection of what was presented during the conference. No additional literature was sought to substantiate statements made by the speakers whose presentations were included in this report. A list of the sessions that were summarized for the report can be found in the Annex. In addition to the sessions included in this report, there may have been other presentations and sessions at the conference that addressed the topic of the track. These are however not reflected in this track report.

| Key Messages

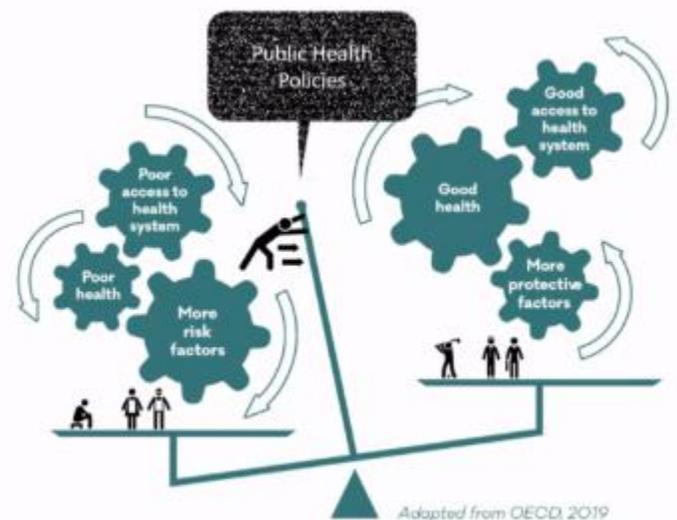
1. The COVID-19 pandemic has been largely detrimental to the mental health condition of many groups of people in Europe, with vulnerable and at risk groups, such as older people, adolescents, migrants, refugees, people with substance abuse problems and psychiatric patients, more seriously affected.
2. Mental health has largely been overlooked in many countries' health services. An EU joint action aims to aid in the implementation of mental health best practices across Europe.
3. During the lockdown, many mental health assistance services were provided online and provided help to people. Continuing to invest in telemedicine is a priority for the future.
4. Preventative approaches to mental health are needed, and should target those most at-risk of these conditions.
5. Innovative solutions such as architecture and city design can play a role in combating epidemics and improving the mental health of inhabitants.

| Introduction

The 14th edition of the European Public Health Conference, focussing on “public health futures in a changing world” was held from the 10th - 12th of November online. The mental health track included a broad range of topics articulated around this theme, ranging from substance abuse to ethics. Many sessions were dedicated to the impact of the COVID-19 pandemic on mental health.

The COVID-19 pandemic and accompanying public health measures have impacted many people’s daily lives. In some countries, extreme restrictions on social gatherings were implemented, leading to potential adverse effects on mental health. A number of sessions explored the effect of COVID-19 public health measures on young people and adolescents, as well as on the elderly, e.g. asking if lockdowns facilitated the development of mental health disorders. Similar sessions focussed on the impact of COVID-19 on health workers, and those working with at-risk groups such as migrants during the pandemic.

Mental health has chronically been underfunded and understudied in previous decades, and people who suffer from mental health conditions have for a long time experienced increased stigma and shame. Mental health conditions are most prevalent among the most deprived in society, who are at disadvantage to cope with these conditions, and among hard to reach groups such as migrants and people with substance abuse problems. We must make it our priority to improve access to mental health care and support,



Public health policies can act to improve access to health care, and implement protective and preventative policies

and to prevent the onset of these conditions in order to reduce the burden of mental health conditions among people living in Europe. Consequently, some sessions

discussed solutions to improve mental health in Europe. For instance, a workshop presented a joint action on the implementation of best practices in mental health in multiple European countries.

Theme 1 - Mental health in at risk groups

The first session¹ in the mental health track focussed on the topic of substance abuse in different population groups, and was chaired by Prof *Jakubauskiene* of Vilnius university and Prof *Lindert* of the university of Emden, respectively EUPHA Public Mental Health section president and vice-president. This session focussed on the mental health of people with substance abuse problems, and on the importance of using culturally sensitive methods to assess the extent of substance abuse.

A review conducted by *Ms Marth and others* assessed instruments used to measure substance abuse in migrant populations in refugee camps. They found that culturally sensitive instruments may be needed to assess substance abuse, and may help in the identification of more at-risk people. Cultural sensitivity of instruments used to assess abuse is important, due to cultural taboos or fear of stigma. They can also help as and that the concept of substance abuse may be less well understood among marginalised groups.

The second presentation, by Prof Lindert raised the question '*How do Syrian refugees in Germany perceive substance abuse?*' Among male Syrian refugees in Germany, there was a perceived high availability of legal and illegal substances. The study participants reported using substances in order to **“escape the past, and manage**

¹ 1.L. Workshop: Assessment of substance abuse in different populations. Available at: https://academic.oup.com/eurpub/search-results?f_TocHeadingTitle=1.L.+Workshop%3a+Assessment+of+substance+abuse+in+different+populations

the present”. When seeking help, participants reported feelings of shamed and stigma.

Finally, Prof Jakubauskiene presented a research on risky behaviour among intravenous drug users in Lithuania. The study included 369 participants over 5 cities, with different social settings. Most participants were using heroin and fentanyl multiple times per day, with the majority using sterile needles. A relatively high prevalence of HIV and hepatitis C was observed, and a large proportion of respondents reported not using condoms with sexual partners. Prof Lindert stressed that societies must overcome the **“stigma and shame”** regarding substance abuse, and that interventions should **“focus on influential factors in order to decrease use of harmful substances”**.

A session on mental health of older people², a population often classified as vulnerable, was chaired by Prof *Lindert* and Prof *Bilsen* (Vrije Universiteit Brussel and EUPHA Public mental health section vice-president). Presentations focussed on the activities performed by elderly people during the COVID-19 pandemic, finding that the perceived meaningfulness of activities impacted individuals’ resilience during the pandemic. Differences in the types of activities habitually undertaken, and their meaningfulness, possibly impacted on the differences in men’s and women’s resilience during the pandemic. The types of activities performed shifted during lockdown, however **men reported spending only 6 minutes more per day on household activities than before lockdown**. Lockdowns across Europe were observed to have a negative effect on the mental health of elderly people, with older women being more vulnerable. Elderly people also reported poorer financial situations than before the pandemic, and lower optimism and perceived well-being.

² 10.P. Workshop: Mental health of older people. Available here: https://academic.oup.com/eurpub/search-results?f_TocHeadingTitle=10.P.+Workshop%3a+Mental+health+of+older+people.

Theme 2 - Mental health during COVID-19

The impact of COVID-19 on mental health was a central theme in this track.

Wednesday afternoon's session focussed on mental health during a disaster, with a particular focus on the COVID-19 pandemic (Workshop: Disasters and mental health). This session was chaired by Prof *McKee* of The London School of Hygiene and Tropical Medicine. The first presentation, delivered by Dr *Campion* of South London and Maudsley NHS Foundation Trust discussed population mental health during the COVID pandemic. Dr *Campion* argued that COVID has created a “**disaster of lost opportunity**”. Only a minority of people with mental health problems currently receive effective treatment, and primary prevention could be beneficial in many cases. Furthermore, people with mental health problems are at an increased risk of COVID-19-related mortality, highlighting an implementation gap. Dr *Campion* closed his presentation stating that “**mental disorders and poor mental wellbeing have large impacts. We have effective interventions that are not implemented, made worse by COVID-19**”.

Prof *Lindert* then discussed the impact of COVID-19 on elderly people. Many countries implemented strict lockdown policies in order to protect the elderly, however this brought to light **widespread ageist attitudes** present in many countries. Often, elderly people were made to feel a burden, and countries commonly implemented discriminatory practices against them.

Finally, Prof *Mamo* of the University of Malta described his experience of being a clinician during the pandemic. Due to staff mobilisation, there was a **lack of specialist care available to patients**, and medical staff had to make up for this shortfall. **Clinicians commonly reported poorer mental health, and burnout.**

Thursday's morning session was centred on the impact of the pandemic on children and adolescents, chaired by Prof *Saxena* of Imperial College London (Workshop:

Children and adolescents' mental health during the corona pandemic). The session focussed on factors associated with trends in mental health during the pandemic. One key outcome of the discussions is that **trends in mental health rely on multiple factors, including sex and socioeconomic status**. For example, during the pandemic, poorer mental health was more observed in boys than in girls, and those with a lower socio-economic status also experienced poorer mental health outcomes compared to the individuals with a higher one. These findings support the evidence that **social inequalities may exacerbate mental health issues**. Finally, prevention strategies should take the complex social situations of people at-risk into consideration.

Dr Melchior presented research conducted in France on the health of children and adolescents (Workshop: Children and adolescents' mental health during the coronavirus pandemic). Clearly, the reduction of social contacts and physical activity during the lockdown have had a strong impact over younger people's mental health. Yet, it is unclear how family dynamics may have impacted mental health during the pandemic. Dr Melchior's research focused on these aspects and the study suggests that emotional and behavioural difficulties of children are associated with parental difficulties, sleep and screen use. Furthermore, she put forward an intergenerational transmission of mental health issues, not only by genetic factors, but also by the atmosphere at home: treating the mental health of parents may prevent mental health problems in young people. **Also in mental health, prevention is central.**

Dr Tullius stressed the importance of mental health literacy. She presented her team's work, that involved adolescents in secondary school in the Netherlands. This work found that children who want to talk about mental health at school face barriers. This suggests the necessity to normalize mental health, reduce shame and negative beliefs, train educators and improve their skills related to mental health.

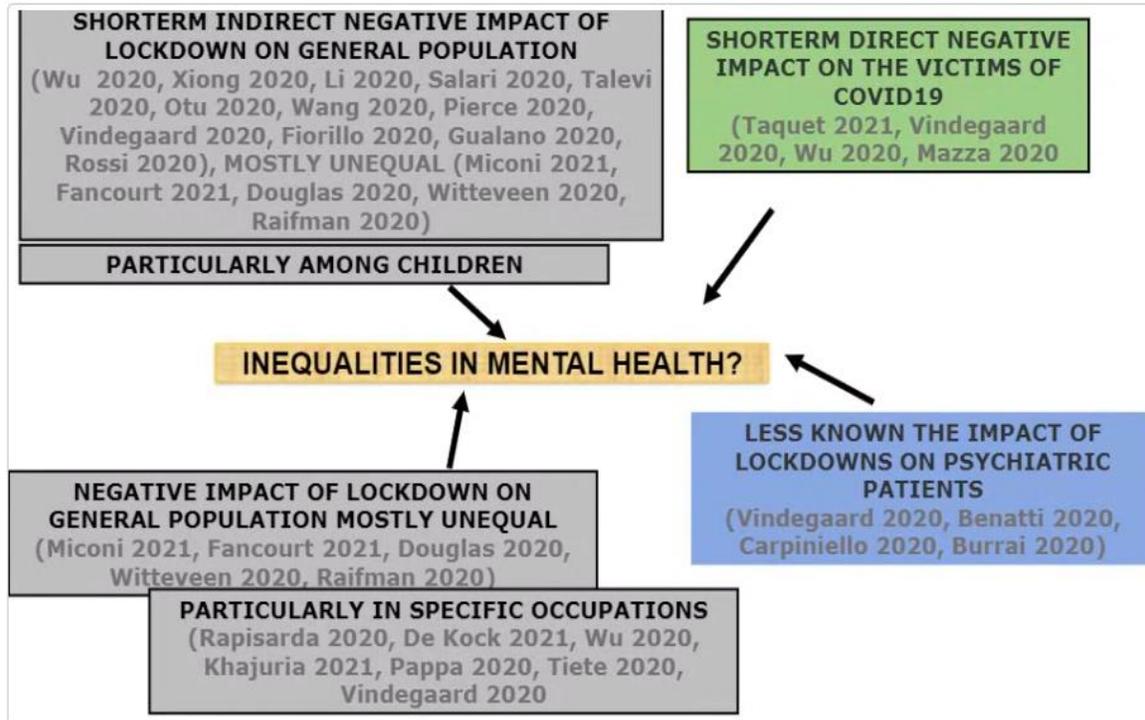
Dr Fothergill-Misbah, lecturer in Gerontology at the University of Southampton, described the situation in England and focused on the parents of children with mental health disorders, who impact the health of all family members. Her team provided online support groups for parents during the pandemic and from this experience, they suggested a hybrid model for support groups for the future, based on online and face to face meetings.

Dr Galéra presented a French study on children's mental health. Authors highlighted how the emotional difficulties of children (8-9 years old) were linked to COVID-19 infections in their parents, and their parents' economic difficulties. It is essential that policies balance the pros and cons of school closures, also taking into account the repercussions on children's mental health.



The workshop 'Mental health during the COVID-19 pandemic & corresponding national health promotion measures' covered examples of public mental health interventions applied during the pandemic in Germany, France and Italy. Examples of mental health interventions that were presented include the increase of counselling services and the development of communication campaigns aimed at the most vulnerable groups. The figure below explains the causes of inequalities in mental health.

Improving mental health literacy can act to increase the understanding of mental health disorders, and reduce stigma and shame



Tackling inequalities in mental health should focus on the highest-risk and most vulnerable groups. Figure presented at workshop 'Mental health during the Covid19 pandemic & corresponding national health promotion measures', EPH Conference 2021.

Theme 3 - Improving mental health

Mental health problems are more prevalent in deprived groups and have been **historically neglected** when compared to physical health. In order to improve mental health in Europe, large innovative projects are needed. One session on Thursday described one such project, a European Joint Action - ImpleMENTAL - aiming to **implement mental health best practices across multiple centres** (Workshop: The EU Joint Action on Implementation of Best Practices in the Area of Mental Health) in 21 European countries. Two best practices, identified in Belgium and Austria, focussing on

establishing local networks to strengthen community based prevention, and a suicide prevention strategy were chosen for implementation. It is expected that the project will **support member states to improve and promote mental health**, while reinforcing the capacity to deal with such issues at a national level, and embed the best practices in the country's health system. This ambitious project faces a number of challenges, for instance the implementation of the best practices in a large number of countries, all with different experiences with population mental health. Piloting of the best practices will be flexible, with limited time and resources available. However, such large scale projects are needed if Europe is to take action to improve mental health outcomes, and reduce the burden of these diseases on the European community.

An interesting and innovative workshop took place on Friday afternoon. Chaired by Dr Chrysikou (EUPHA-URB), Dr Muller, and Dr Rehn, this session addressed how hospital settings could be more welcoming and possibly more therapeutic for psychiatric patients (Skills building seminar: Co-design workshop on reducing institutionalisation in mental health facilities by everyday objects). Dr Chrysikou showcased photographs of different hospital departments, demonstrating what is currently the offer for a psychiatric patient in need of assistance. Often, it is agreed that hospital spaces should not allow certain objects for hygiene and sterility reasons, but she reflected on how other environments - such as nurseries – require higher standards in terms of hygiene than a ward psychiatry, and are yet characterized by the presence of numerous gifts (balloons and posters). It would therefore be useful to rethink in more suitable environments for other patients as well. In fact, Dr Muller underlined how uplifting the **environment surrounding a psychiatric patient could result in an improvement in terms of psychological well-being**. Dr Rehn then offered an activity to the audience. Some, impersonating psychiatry patients, presented objects to be introduced inside the rooms, while others, representing the health management, got to decide if the proposals were suitable. This activity stimulated a final discussion, and brought forward numerous reflections for the participants, by identifying with the figure of the patient, and by re-evaluating possible choices to be made as health directors.

Architecture and cities at large were introduced as “**generators of wellbeing, and health lifestyles**”, in a session chaired by Prof *Lindert* and Prof *Jevtic* (Skills building seminar: (Re)Forming cities due to the COVID challenge: Urban, Environmental & Public Mental Health outcomes). The “**city of proximity**”, introduced by Dr Capolongo, is an architectural plan aiming to increase wellbeing through small community hubs found inside cities. Whilst urban centres typically offer better health access and outcomes than rural ones, this was mainly not the case during the COVID-19 pandemic, with urban centres experiencing much higher rates of infection. Interestingly, **infections were seen to be higher in radial cities than in linear cities**. Radial cities have streets that extend outward from a defined centre, whereas the city plans of linear cities are formed in parallel sectors and along straight lines.

The round table “Strengthening refugee aid workers resilience during the pandemic and beyond” shed light on a little-known topic, namely the health of refugee aid workers (RAWs), who operate under great stress and whose difficulties and therefore mental health status were worsened by the pandemic context. Work presented by Dr Jachmann and Dr Karamagioli demonstrated that 65% of RAWs experienced a deterioration of their overall mental health during the COVID-19 crisis, 70% expressed feeling alone since the Coronavirus outbreak, and 33% felt overwhelmed. In fact, 60% felt the need for additional training during the current pandemic situation. They put forward coping strategies, in particular a mental health week, that showed a reduction in stress levels for participants, who gained more control over their working lives. They suggest organizing similar online sessions in the future, and peer-to-peer support more frequently.

Theme 4 - European perspectives

In European countries, successive lockdowns led to an increased number of anxious and depressive symptoms (Workshop: European Public Mental Health Responses to COVID-19).

Dr McDaid presented the Scottish situation, highlighting how those who had mental health problems before the pandemic suffered greater effects, which they still have, than those without mental health problems. This field is not exempt of inequalities, with groups at risk: women and girls, older people, people with bereavement, people in the criminal justice system, and children. In fact, immediate actions on children's mental health in school, with counselling, mentoring and teacher training are essential. Scottish mental health strategies aim to improve mental health services, with a focus on prevention for at-risk groups. The full impact of the Scottish commitments to mental health are still to be felt.

Dr Wilson highlighted how COVID-19 has widened economic and social differences, which are also partly responsible for the differences in mental health. Public health policies are central in order to reduce those differences. His team's study compared public mental health responses from different nations across Europe. Significant differences emerged in the amount of attention given to different "at risk" groups e.g. people from the LGBT+ community and homeless people were overlooked. There was also a significant increase in digital services, leaving behind people with no access to digital devices or insufficient digital literacy. Consequently, proposals including the upscaling of digital media for mental health must move away from crisis response and focus on early intervention, and take into account the needs of at risk groups. Mental health must be included in all national COVID-19 recovery plans.

Prof Wieber presented the situation in Switzerland, showing the monthly percentage of phone and crisis interventions and undoubtedly, telemedicine and online support need to be encouraged. The implications for the future mental system in Switzerland include

promotion and expansion of counselling platforms, improving accessibility of young people by adding further communication channels (e.g. Tik Tok), implementing digitization and targeted support for vulnerable groups.

Dr Begotaraj presented his experience from Albania (Workshop: Data collection during COVID-19 pandemic and its policy impacts), where elevated suicide cases were reported, in contrast to the rest of Europe where the suicide rate decreased during the pandemic.

Finally, a workshop on the COPERS longitudinal study was presented, chaired by Dr Ledia Lazeri and Prof Lindert (Workshop: COPERS - an international longitudinal study on coping and resilience during the COVID-19 pandemic). COPERS is a longitudinal study conducted in 8 European countries, with mixed method sampling, whose aim is to assess the impact of COVID-19 on mental health and resilience.

Mental health responses: Psychiatric-psychotherapeutic care



Percentage phone and crises interventions on the monthly volume



Zürich University of Applied Sciences

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A large increase in phone based interventions were observed during the COVID pandemic (adapted from Prof Wieber's talk)

Currently, the study has recruited 2'442 participants, mostly females, between the age of 18-80. Initial results suggest that **young adults are the most at risk of mental health problems**, with females reporting more depression risk and anxiety, and males reporting a higher risk of suicidal thoughts. However, the study is limited by its non-representative sample.

| Annex - List of the sessions at the EPH2021

- Workshop: Assessment of substance abuse in different populations
<https://doi.org/10.1093/eurpub/ckab164.054>
- Workshop: European Public Mental Health Responses to COVID-19
<https://doi.org/10.1093/eurpub/ckab164.079>
- Workshop: Disasters and mental health
<https://doi.org/10.1093/eurpub/ckab164.159>
- Workshop: The EU Joint Action on Implementation of Best Practices in the Area of Mental Health <https://doi.org/10.1093/eurpub/ckab164.239>
- Workshop: Children and adolescents' mental health during the corona pandemic
<https://doi.org/10.1093/eurpub/ckab164.234>
- Workshop: Data collection during COVID-19 pandemic and its policy impacts
<https://doi.org/10.1093/eurpub/ckab164.255>
- Workshop: Moral distress and moral injury in the public health community in times of COVID-19 <https://doi.org/10.1093/eurpub/ckab164.453>
- Round table: Strengthening refugee aid workers resilience during the pandemic and beyond <https://doi.org/10.1093/eurpub/ckab164.469>
- Skills building seminar: (Re)Forming cities due to the COVID challenge: Urban, Environmental & Public Mental Health outcomes
<https://doi.org/10.1093/eurpub/ckab164.492>
- Workshop: Mental health during the Covid19 pandemic & corresponding national health promotion measures <https://doi.org/10.1093/eurpub/ckab164.541>

- Workshop: Impact of COVID-19 pandemic and containment measures on the mental health in youth <https://doi.org/10.1093/eurpub/ckab164.689>
- Workshop: Mental health of older people
<https://doi.org/10.1093/eurpub/ckab164.790>
- Workshop: COPERS - an international longitudinal study on coping and resilience during the COVID-19 pandemic
<https://doi.org/10.1093/eurpub/ckab164.805>
- Skills building seminar: Co-design workshop on reducing institutionalisation in mental health facilities by everyday objects
<https://doi.org/10.1093/eurpub/ckab164.870>



The European Public Health Association, or EUPHA in short, is an umbrella organisation for public health associations in Europe. Our network of national associations of public health represents around 23'000 public health professionals. Our mission is to facilitate and activate a strong voice of the public health network by enhancing visibility of the evidence and by strengthening the capacity of public health professionals. EUPHA contributes to the preservation and improvement of public health in the European region through capacity and knowledge building. We are committed to creating a more inclusive Europe, narrowing all health inequalities among Europeans, by facilitating, activating, and disseminating strong evidence-based voices from the public health community and by strengthening the capacity of public health professionals to achieve evidence-based change.



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