

# TOWARDS A HEALTHY AND PRODUCTIVE WORKFORCE

MEASURING THE IMPACT OF COVID-19  
ON THE MENTAL HEALTH OF WORKERS IN MALTA

This report was commissioned by  
MCESD in view of the mental health  
impact of the Pandemic crises.



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# 1. Background

According to the United Nations Development Programme, the COVID-19 pandemic “is far more than a health crisis” due to its far reaching effect on societies and their economies.<sup>1</sup> The viral outbreak has been dubbed a human crisis<sup>2</sup> and it has furthermore been suggested that it has “the seeds of a major mental health crisis”.<sup>3</sup>

In Malta 62 per cent of persons who had a job were reported to have felt that their employment was affected with the onset of COVID-19; up to one third of the local workforce experienced a reduction in the number of working hours or complete absence from work.<sup>4</sup>

# 2. Aims

Despite these statistics, knowledge on the workers’ mental wellbeing in Malta is scarce, if not missing. The main objective of this study is precisely to start exploring the psychosocial situation of workers in Malta and Gozo, in order to enable a better understanding of the matter and to stimulate an informed debate on possible solutions that could be adopted by public actors, employers and employees.

The survey aims to gauge the extent or impact of COVID-19 on the mental health of the local workforce and, in so doing, investigate whether there are any groups which are more susceptible to mental disorders than others. The questions seek to identify whether gender, education, status and type of employment may determine a greater probability of facing mental health issues.

# 3. Methodological note

The survey was conducted in the month of September 2020. Telephone calls were used. The sample collected was 532 for a Confidence Level of 95% and Confidence Interval of 4%, among people aged 15 to 64 years who are presently in employment or were in employment in February 2020 before the outbreak of the pandemic.

Stratified Random Sampling was used.

<sup>1</sup> United Nations Development Programme, *Covid-19: Socio-economic impact*. Retrieved online on 10 August 2020 from: <https://www.undp.org/content/undp/en/home/covid-19-pandemic-response/socio-economic-impact-of-covid-19.html>.

<sup>2</sup> United Nations, Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19., March 2020. Retrieved online on 8 August 2020 on: <https://unsdg.un.org/sites/default/files/2020-03/SG-Report-Socio-Economic-Impact-of-Covid19.pdf>.

<sup>3</sup> United Nations, *Policy Brief: COVID-19 and the Need for Action on Mental Health*, 13 May 2020. Retrieved online on 9 August 2020 on: <https://unsdg.un.org/sites/default/files/2020-05/UN-Policy-Brief-COVID-19-and-mental-health.pdf>.

<sup>4</sup> NSO, *The Effect of COVID-19 on the Labour Market: A comparison between March and April 2020*, 26 June 2020, NR 107/2020. Retrieved online on 9 August 2020 from: [https://nso.gov.mt/en/News\\_Releases/Documents/2020/06/News2020\\_107.pdf](https://nso.gov.mt/en/News_Releases/Documents/2020/06/News2020_107.pdf).

## 4. Literature Review

### 4.1 Crises and Mental Health

It has been well documented that economic crises pose “major threats” to health.<sup>5</sup> General well-being, including people’s health, might be severely impacted in times of economic declines<sup>6</sup> and living standards are likely to drop due to rising unemployment, debt and deprivation. These characteristic features of financial crises are, in turn, likely to impinge significantly on mental health.<sup>7</sup> In the United States the economic crisis of 2008 led to a rise of “deaths of despair” mostly involving substance abuse and suicides against a backdrop of dwindling hope and job losses.<sup>8</sup>

The short-to-long-term impact of COVID-19 on the general wellbeing and mental health of the workforce and on society in general deserves due consideration as the socioeconomic aspects of the pandemic, with characteristics similar to other recent economic crises, are expected to have a significant effect on the general mental well-being.<sup>9</sup> By its very nature, the principal risks emanating from the pandemic, a public health emergency, are directly relating to people’s physical health. However, in a context of restrictions to the ordinary routine coupled with uncertainty surrounding long-term access to basic needs for an extensive period, there are elements that may lead to widespread issues of mental health unless attention is not drawn and timely measures are taken.<sup>10</sup>

The impact of mental health conditions on individuals, families and society should be likely to be stronger where this area is neglected or where very little investment is channeled towards it, particularly through community-based services.<sup>11</sup>

### 4.2 Psychological Impact of Economic Crises

Economic decline may often culminate in a rise in suicide rates among certain groups of society.<sup>12</sup>

The anticipation of job loss and job insecurity may, in fact, accelerate the effects of a crisis on mental health.<sup>13</sup> Rise in personal debt and mortgage foreclosures (which occur before rises in unemployment) have a similarly detrimental effect on mental wellbeing.<sup>14</sup> Even if not always to such severe extent, uncertainty surrounding one’s short to medium term maintenance of their material status, in other words financial insecurity, was found to have a significant bearing on mental health.<sup>15</sup> Financial or economic insecurity is not exclusively related to unemployment, but may possibly emerge in instances where a worker is stuck in part-time employment when in need of

<sup>5</sup> A. Odone, T. Landriscina, A. Amerio & G. Costa, The impact of the current economic crisis on mental health in Italy: evidence from two representative national surveys, *The European Journal of Public Health*, 2018, Vol. 28:3, 490-495.

<sup>6</sup> D. Frasilheiro, M. Gaspar Matos, F. Salonna, D. Guerreiro, C.C. Storti, T. Gaspar & J.M. Caldas-de-Almeida, Mental health outcomes in times of economic recession: a systematic literature review, *BMC Public Health*, 2016, 16:115.

<sup>7</sup> N.C. Christodoulou & G.N. Chirstodoulou, Financial Crises: Impact on Mental Health and Suggested Responses, *Psychotherapy and Psychosomatics*, 2013:82: 279.

<sup>8</sup> *Ibid.* UN, COVID-19 and the Need for Action on Mental Health, 2020, p. 7.

<sup>9</sup> *Ibid.*

<sup>10</sup> *Ibid.*, p. 2.

<sup>11</sup> *Ibid.*, p. 6.

<sup>12</sup> S.-S. Chang, D. Stuckler, P. Yip & D. Gunnell, “The impact of the 2008 global economic crisis on suicide: A time trend study in 54 countries”, *British Medical Journal*, 2013, 347.

<sup>13</sup> F. Perlman & M. Bobak, “Assessing the contribution of unstable employment to mortality in post transition Russia: prospective individual-level analyses from the Russian longitudinal monitoring survey”, *American Journal of Public Health*, 2009;99(10):1818–1825.

<sup>14</sup> Reeves A, Stuckler D, McKee M, Gunnell D, Chang SS, Basu S. Suicide, recession, and unemployment – authors’ reply. *Lancet*. 2013;381(9868):722.

<sup>15</sup> Eurofound, “Living, working and COVID-19”, COVID-19 series, *Publications of the European Union*, Luxembourg, 2020, p. 26.

full-time employment or when one is inadequately remunerated for the skills possessed.<sup>16</sup> Whilst the influence of unemployment on rises in depression can be detected,<sup>17</sup> job insecurity and the associated tension may induce existing conditions in the long-term,<sup>18</sup> as it directly impinges on autonomy and aspirations, essential elements to mental wellbeing.<sup>19</sup>

It is highly unlikely that the job market feels the brunt of an economic downturn when other sectors remain unaffected. Issues of housing payment and increased debt are common in such contexts and these may lead to a 'vicious cycle' accelerating the downwards spiral to economic difficulties and poor mental health.<sup>20</sup> The negative cycle resulting from the confluence of material deprivation and poor mental health is sufficiently documented as hardship magnifies chances of mental distress, whereas, in turn, the latter brings stigma and impacts employment stability.<sup>21</sup> The effective presence and availability of services to individuals in need is thus determining in a period of uncertainty to ensure vulnerable individuals' access to benefits and limit collateral crises.<sup>22</sup>

## 4.3 More susceptible categories

An assessment of the impact of an economic crisis on the mental well-being of society requires cognisance of any pre-existing prevalent employment dynamics and any socio-economic variables.<sup>23</sup> Certain employment categories have been found to be more susceptible to mental distress than others.

### 4.3.1 Gender

Studies of previous economic crisis conclude that males suffering from mental health conditions are more likely to become redundant and lose their financial stability in a crisis.<sup>24</sup> COVID-19 and the general situation it created is having a greater impact on women not only in medical terms but also due to unequal social structures that existed prior to the pandemic, women face more precarious employment situations and bear a larger share of caring responsibilities.<sup>25</sup>

The pandemic seriously threatens to induce gaps and inequalities between genders that predate it. Restrictions imposed globally following the outbreak, largely affected the services sector leaving a direct impact on types of jobs disproportionately occupied by women. Confinement measures and school closures continued to add to caring responsibilities, generally unevenly shouldered by women. In a context where both occurrences are compounded, the long-term risks of a major negative impact on female participation in the workforce is not to be discounted.<sup>26</sup>

<sup>16</sup> V. Momjian & K. Munroe, *Economic Insecurity, Mental Health & the economic crisis in New York City*, The Western Journal of Black Studies, 2011, Vol 35, No.3.

<sup>17</sup> A.L. Beautrais, P.R. Joyce & R.T. Mulder, "Unemployment and serious suicide attempts", Psychological Medicine, 1998;28:209-18.

<sup>18</sup> R. Wilkinson & M. Marmot, *Social Determinants of Health: The Solid Facts*, 2003, accessed online on: [https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0005/98438/e81384.pdf?ua](https://www.euro.who.int/__data/assets/pdf_file/0005/98438/e81384.pdf?ua).

<sup>19</sup> A. Economou & A. Nikolaou, "Are recessions harmful to health after all? Evidence from the European Union", Journal of Economic Studies, 2008;35:368-84.

<sup>20</sup> K. Hoe Ng, M. Agius & R. Zaman, The global economic crisis: effects on mental health and what can be done, Journal of the Royal Society of Medicine, 2013; 106: 211-214.

<sup>21</sup> The Lancet, Mental health care - the economic imperative, 22 October 2011, Vol. 378:9801, p. 1440.

<sup>22</sup> D. Gunnell, J. Donovan, M. Barnes, R. Davies, K. Hawton, N. Kapur, W. Hollingworth & C. Metcalfe, *The 2008 Global Financial Crisis: effects on mental health and suicide*, University of Bristol: Policy Bristol, Policy Report 3/2015.

<sup>23</sup> J.A. Cordoba-Dona, A. Escolar-Pujolar, M. San Sebastian & P.E. Gustaffson, How are the employed and unemployed affected by the economic crisis in Spain? Educational inequalities, life conditions and mental health in a context of high unemployment, BMC Public Health, 2016, 16:267

<sup>24</sup> S. Evans-Lacko, M. Knapp, P. McCrone, G. Thornicroft & R. Mojtabai, *The mental health consequences of the recession: economic hardship and employment of people with mental health problems in 27 European countries*, PLoS ONE. 2013;8(7):e69792.

<sup>25</sup> *Ibid.* Eurofound, *Living, working and COVID-19*, 2020, p. 27.

<sup>26</sup> World Bank, *The coronavirus is not gender-blind, nor should we be*, blog, 12 April 2020. <https://blogs.worldbank.org/voices/coronavirus-not-gender-blind-nor-should-we-be>

### 4.3.2 Age

The gender dimension of the pandemic's impact intensifies on young people. Youths are generally more at risk of suffering lasting negative effects from the pandemic,<sup>27</sup> but the pandemic's effect on younger youths, youths in less economically affluent states and young women is expected to 'deep and disproportionate'.<sup>28</sup>

Economic constraints due to limited working hours or outright unemployment lead to uncertainty surrounding the most basic needs for some young people, <sup>29</sup> further underlining the sizeable effect changes to the financial status of young people due to changes to their working conditions, have on their mental wellbeing.<sup>30</sup> This helps to explain the considerable discrepancy between the levels of loneliness and psychological difficulties reported by the younger age groups and older people early on after the pandemic outbreak.<sup>31</sup>

### 4.3.3 Status of employment

Reaffirming the point that periods of economic decline intensify pre-existing shortcomings and difficulties also in relation to mental wellbeing, it is suggested that in a situation characterised by economic uncertainty, persons who are considered previously vulnerable due to experience of financial difficulties or precarious employment, are the earliest to display mental health difficulties.<sup>32</sup> Evidently, employment stability and security yields more optimism in periods of uncertainty. In fact, international studies show employees feel better about the future when compared to self-employed individuals.<sup>33</sup>

### 4.3.4 Level of Education and income

A higher level of education may serve as a significant advantage and help individuals suffering from poor mental health when this is the result of economic insecurity or instability.<sup>34</sup> Over and above the correlation and cyclical nature of poverty and poor mental health, recent data suggests that the lower the education competence of the individual, the higher the probability for them to lose their job in a period of economic downturn.<sup>35</sup>

Higher income, however, saves lives.<sup>36</sup> Data emerging from past crises suggest that issues of mental health are more prevalent among the less educated, the unemployed and persons who consider themselves lacking adequate resources.<sup>37</sup>

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<sup>27</sup> Decent Jobs for Youth, *Youth and Covid-19: Impacts on jobs, education, rights and mental well-being*, August 2020, p. 2.

<sup>28</sup> *Ibid.*, p. 2.

<sup>29</sup> *Ibid.*, p. 3.

<sup>30</sup> D. Gunnell, J. Donovan, M. Barnes, R. Davies, K. Hawton, N. Kapur, W. Hollingworth & C. Metcalfe, *The 2008 Global Financial Crisis: effects on mental health and suicide*, University of Bristol: Policy Bristol, Policy Report 3/2015.

<sup>31</sup> *Ibid.* Eurofound, *Living, working and COVID-19*, 2020, p. 26.

<sup>32</sup> *Ibid.* Momjian & Munroe, *Economic Insecurity, Mental Health*, 2011.

<sup>33</sup> *Ibid.*

<sup>34</sup> *Ibid.*

<sup>35</sup> *Ibid.* Evans-Lacko et al, *The mental health consequences of the recession*, 2013.

<sup>36</sup> *Ibid.* Christodoulou & Christodoulou, *Financial Crises: Impact on Mental Health and Suggested Responses*, 2013, p. 280.

<sup>37</sup> *Ibid.* Odone et al, *The impact of the current economic crisis on mental health in Italy*, 2018, p. 491.

## 4.4 Summary of Findings

1. Mental health might be severely impacted in times of economic decline and living standards are likely to drop due to deteriorating conditions of employment.
2. Uncertainty surrounding long-term access to certain needs for an extensive period, may lead to widespread issues of mental health unless attention is drawn and timely measures are taken.
3. The impact of mental health decline is likely to be stronger where this area is neglected or where very little investment is channeled towards it, particularly through community-based services.
4. Job insecurity and the associated tensions may induce existing conditions in the long-term, as it directly impinges on autonomy and aspirations, essential elements to mental wellbeing.
5. Issues of housing payment and increased debt are common in such contexts and these may lead to a 'vicious cycle' accelerating the downwards spiral to economic difficulties and poor mental health.
6. The effective presence and availability of services to individuals in need is determining in a period of uncertainty to ensure vulnerable individuals' access to benefits and limit collateral crises.
7. In a context of crisis, unequal social structures see women face more precarious employment situations and bear a larger share of caring responsibilities. Confinement measures and school closures continued to add to women's caring responsibilities, meaning that the pandemic has presented longer-term risks of a major negative impact on female participation in the workforce.
8. Youths are generally more at risk of suffering lasting negative effects from the pandemic.
9. In a context of crisis, employees feel better about the future when compared to self-employed individuals.
10. The lower the education competence of the individual, the higher the probability for them to lose their job in a period of economic downturn. Data from previous crises suggest that issues of mental health are more prevalent among the less educated, the unemployed and persons who consider themselves lacking adequate resources.





## 5. Analysis of Survey Data

### 5.1 Key Findings

1. The majority of the local workforce (53%) has been less optimistic about the future since the outbreak of the pandemic, for reasons specific to Covid-19 (Figs 1A & 1B).
2. There appears to be a much lesser concern by the workforce about job loss (0.6%), than there is about earning less (16.4) (Fig 1C). An additional 20.5% cite “uncertainty” as the reason behind their reduced optimism, without specifying the cause. Fear of getting Covid-19 and health reasons were named by 16.5% of the respondents as the main reason for which they are feeling less optimistic.
3. Females in employment have a more pessimistic outlook than males: whilst 60.5% of the female respondents attributed this pessimism to Covid-19, this was only true for 47.7% of the males (Figs 2A). Moreover, as many 20% of the female respondents mentioned health reasons as the cause of their reduced optimism, against 14% of the male respondents (Fig 2B).
4. Pessimism due to the pandemic appears to be stronger among the less educated (Fig 3). In those categories there is also a higher concern for health than among the more educated.
5. As expected, optimism has reduced mostly among employers (60.7%) and self-employed individuals (83.1%); on the other hand, less than half of the employees (48.7%) have experienced the same sentiment (Fig 4). More than half of the employers and self-employed individuals have specified a fear of earning less, with health reasons appearing to be much less of a concern.
6. Employees on a definite contract were significantly less optimistic (67%) than employees on indefinite contracts (43%) (Fig 5). More importantly, 11.2% of those on a definite contract expressed a fear of losing their job.
7. When viewed by income category, results also indicate that reduced optimism is more prevalent in the middle-income categories (>€30,000) (Fig 6). In those same income brackets, respondents indicated a fear of earning less as the main reason behind their feeling. In the €10,000-€19,999 bracket, 1.2% of the respondents reported a fear of losing their job, indicating that concerns due to job losses are mostly prevalent among the lower-income categories.
8. The highest degree of uncertainty is present in the 15-24 age bracket, suggesting that the pandemic is having an intense effect on youth (Fig 7). The greatest concerns regarding income reduction are present in the middle aged groups, with health reasons being the largest cause of reduced optimism, along with uncertainty, among the 35-44 age group. Older age groups seem to have been least affected by the viral outbreak, although there is a significant degree of preoccupation on the state of their health.
9. Despite the general feeling of uncertainty, the number of employees who have sought psychological help remains very low (2.3%) (Fig 8). The pandemic seems, however, to have increased the demand for such services with 0.9% of the sample reporting that they had never sought such assistance until the start of the pandemic. The social taboo of mental health appears to remain relatively strong.

Moreover, all the respondents who sought psychological help hailed from the categories possessing a diploma, degree or masters qualification, indicating that professional mental health advice is mostly accessed by the more educated categories.

## 5.2 Analysis

The results of the survey illustrate two main contrasting trends in the outlook of the employed population. The first diverging trend is that between the **middle-income** and the **lower-income categories**, with the former being much less fearful of the health risks associated with the pandemic, and much more concerned about the eventuality of earning less in the longer term. Lower income categories, on the other hand, appear to be relatively more apprehensive about contracting the disease.

The results, therefore, reveal a reasonable concern with the prospect of reduced income which might affect the pre-Covid-19 spending power of middle-income households. This sentiment is closely related to such households' unease on whether they could maintain their quality of life, which, in turn, affects the general "feel good factor". This data seems to confirm the findings of international literature which underlined the effects of an economic slowdown on the autonomy and aspirations of employees, which might possibly result in a deterioration of their mental well-being.<sup>38</sup>

The second contrasting trend is that relative to **females** and **males**. The former display a much higher concern about the pandemic in general and a stronger fear of any health consequences. This might reflect the differing self-perception of both genders with women's dual-role as an income provider as well as a household manager being put at risk, simultaneously, by the contraction of the virus. The woman's temporary absence from her caring duties could impair her "gluing" role in the household nucleus and lead to reduced family support. This latter aspect appears to be less relevant for males who perceive their role as the primary economic provider of the household. This might also explain the higher rate of suicide among males in case of loss of em-



<sup>38</sup> Ibid. Economou & Nikolaou, *Are recessions harmful to health after all?*, pp. 368–84.

This point also converges with international literature which has underlined that the pandemic is likely to have a greater impact on women not only in medical but also in social terms, due to their caring responsibilities.<sup>40</sup> This is further accentuated by confinement measure and school closures which add onto the uneven burden that are made to carry in the household.<sup>41</sup> The failure to address this issue might also impact women's participation in the local workforce.

In the light of these findings, the need to restore trust in the economy acquires even more significance. This appears to be imperative for: male employees, middle- and higher-income earners especially those within the “stretched” middle classes, the better educated and the younger workers. At the same time, it is important to understand the diverse needs of the different segments of the employed population specifically: women and lower-income, lower-educated and older households, who are also significantly concerned about the health authorities' handling of the pandemic.

Emphasis should, therefore, be placed on both economic as well as mental health policy. Economic measure should seek to strengthen business and economic planning. In this regard, the 2021 Budget seems to be addressing this issue by attempting to sustain the supply of oxygen to the economy and provide peace of mind and encouragement to businesses. At the same time government should also send a clear, reassuring message by strengthening the health sector services. With particular regard to mental health, psychological support is also necessary in order to maintain confidence levels as high as possible. The recent opening of mental health clinics in local health centres and the implementation of the employee support programme in the public sector appear to be good examples of such policies, particularly in view of the increased demand for mental health services.

*See full list of recommendations in the next Section.*

<sup>39</sup> See *inter alia*: S.-S. Chang et al, *The impact of the 2008 global economic crisis on suicide*, p. 347.

<sup>40</sup> See: *Ibid.* Eurofound, *Living, working and COVID-19*, 2020, p. 27.

<sup>41</sup> See: *Ibid.* World Bank, *The coronavirus is not gender-blind, nor should we be*, 2020.

**Fig 1A**

How optimistic have you been about the future since the pandemic outbreak?

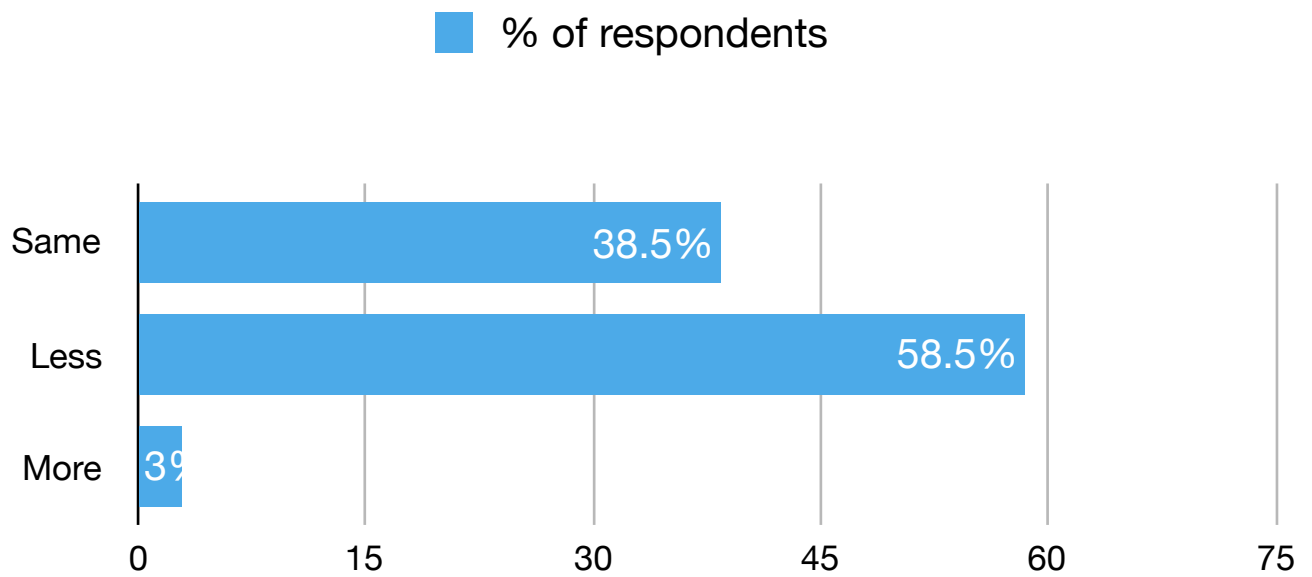


Figure 1A

**Fig 1B.**

If less optimistic about the future, is it due to Covid-19?

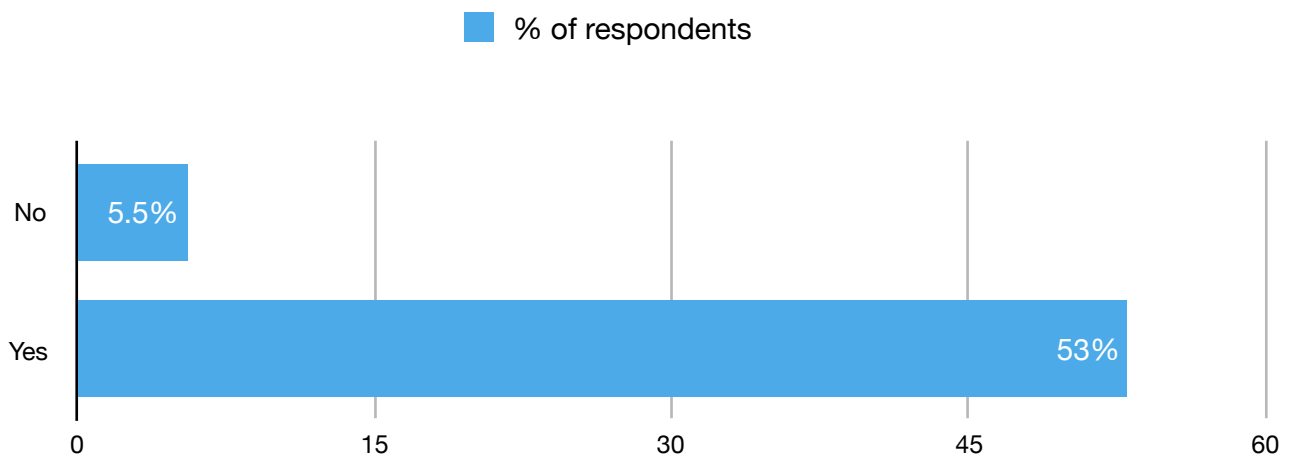


Figure 1B

**Fig 1C.**  
For which reasons are you feeling less optimistic?

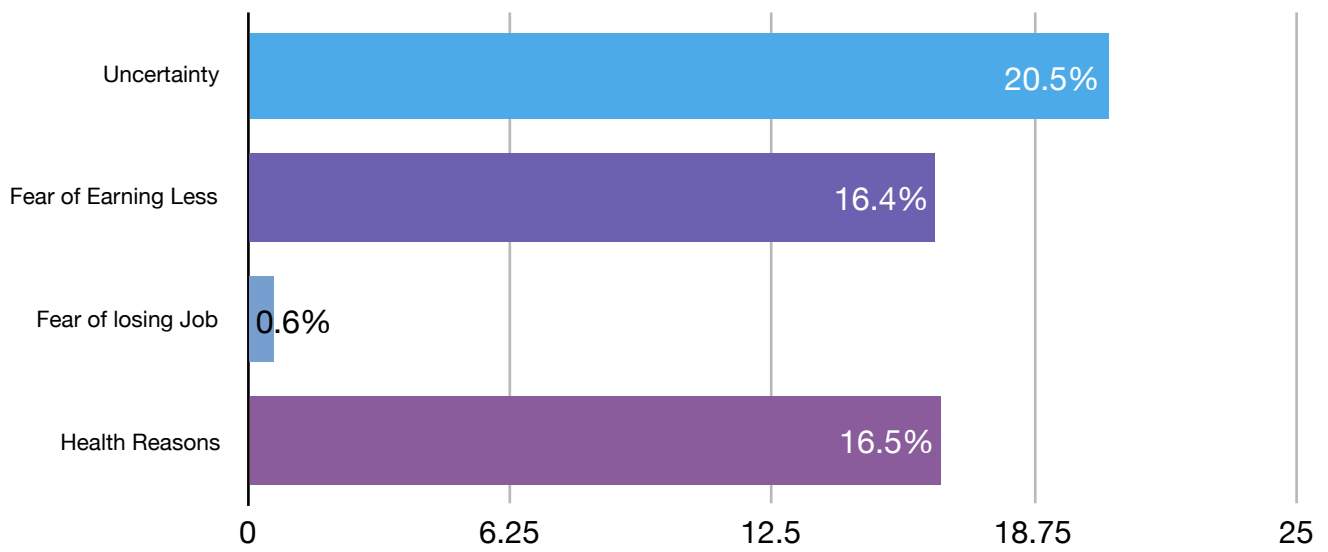


Figure 1C

**Fig 2A.**  
How optimistic have you been about the future since the pandemic outbreak? (by Gender)

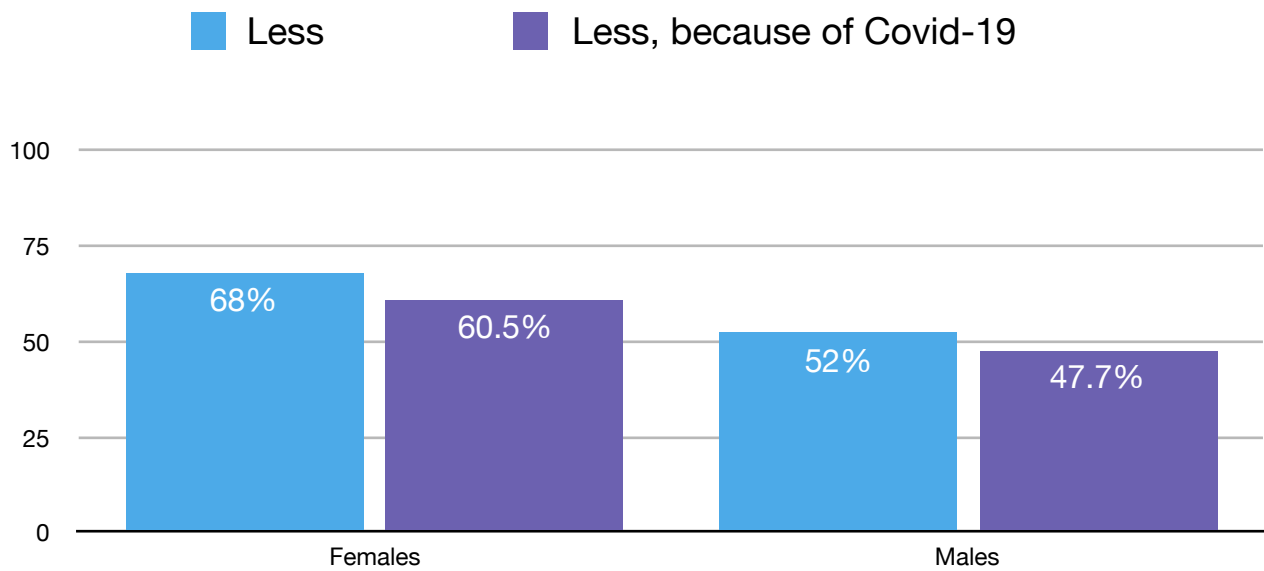


Figure 2A

**Fig 2B.**  
For which reasons are you feeling less optimistic?

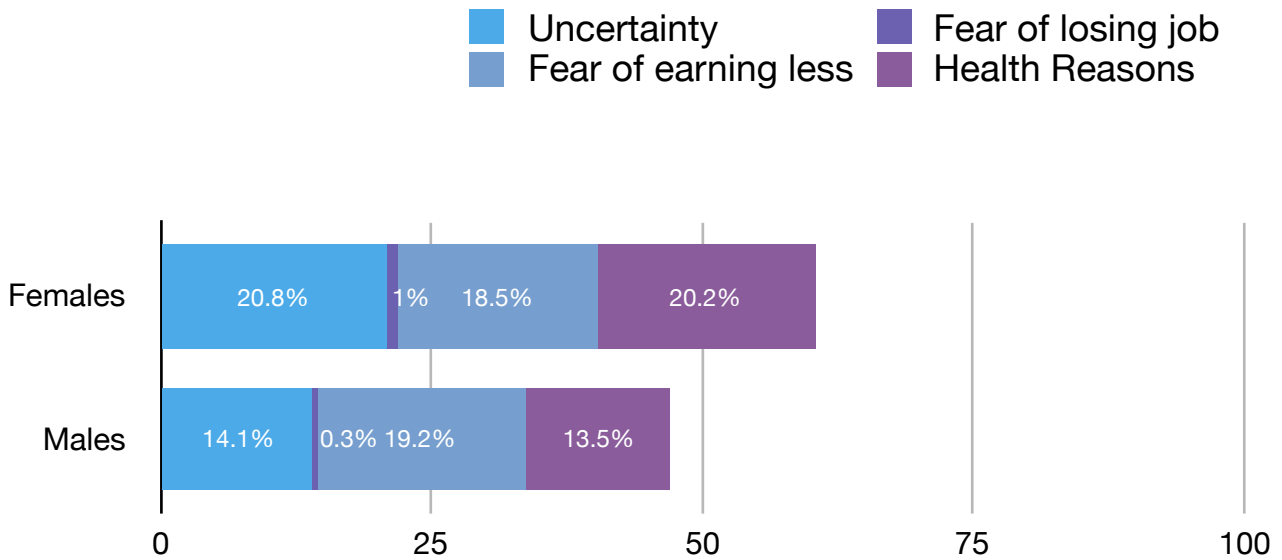


Figure 2B

#### Females

Uncertainty:	23.8%
Fear of losing job:	1%
Fear of earning less:	18.8%
Fear of getting Covid-19/Health Reasons:	20.2%

#### Males

Uncertainty:	18.1%
Fear of losing job:	0.3%
Fear of earning less:	20.2%
Fear of getting Covid-19/Health Reasons:	13.8%

**Figure 3.**  
If less optimistic about the future, due to Covid-19:  
For which reasons are you feeling less optimistic? (by Gender)

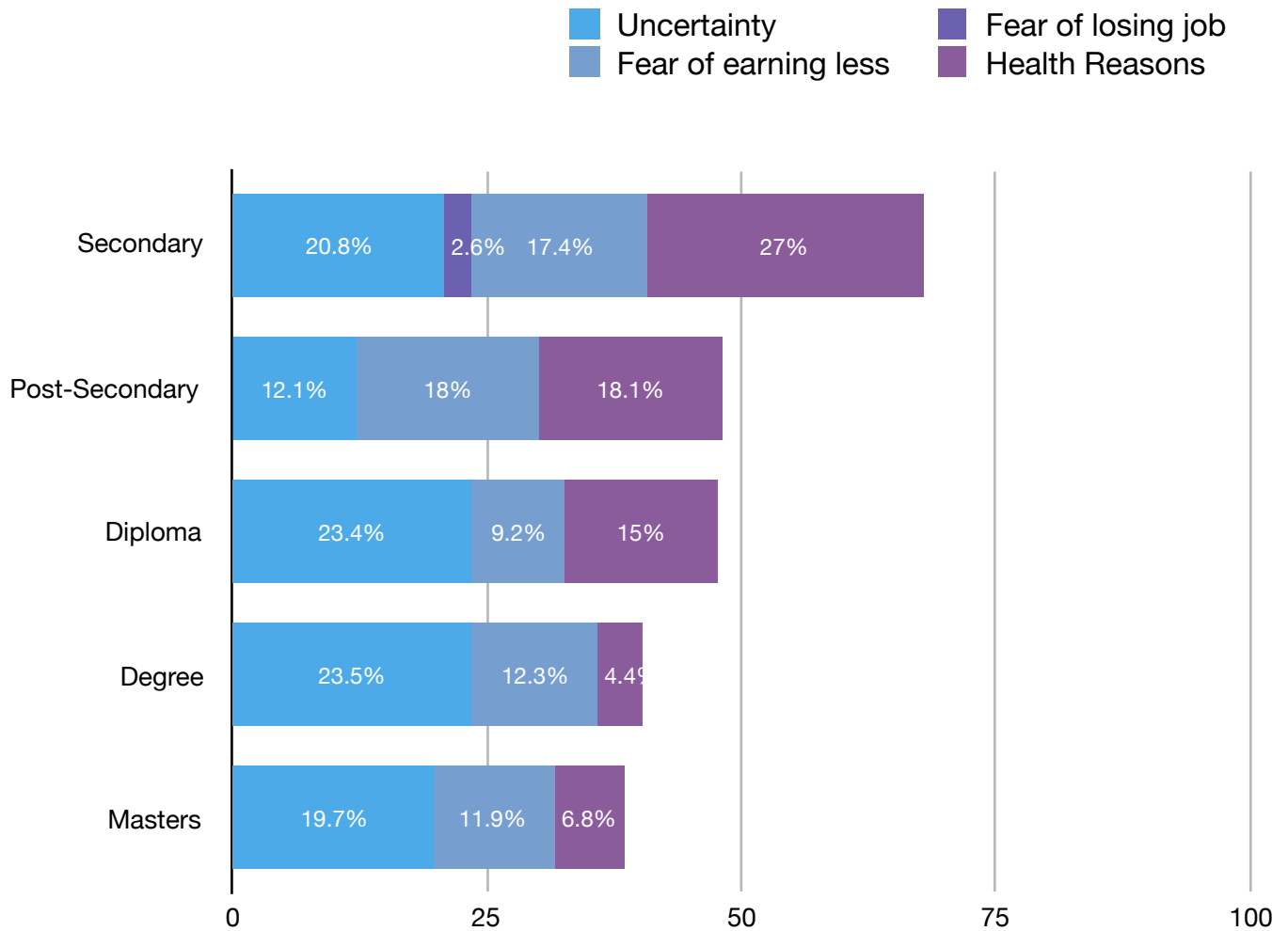


Figure 3

**Fig 4.**  
If less optimistic about the future, is it due to Covid-19? (by Professional Status)

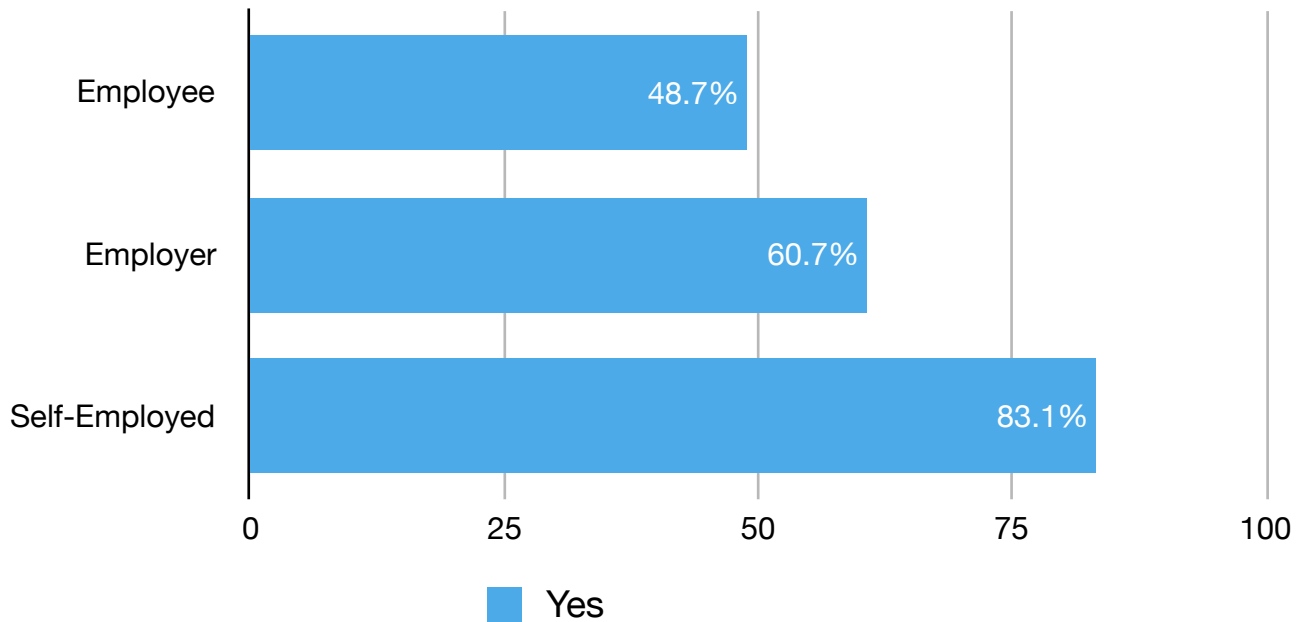


Figure 4

Employee:	48.7%
Employer:	60.7%
Self-Employed:	83.1%



**Fig 5.**  
If less optimistic about the future, is it due to Covid-19? (by Type of Contract)

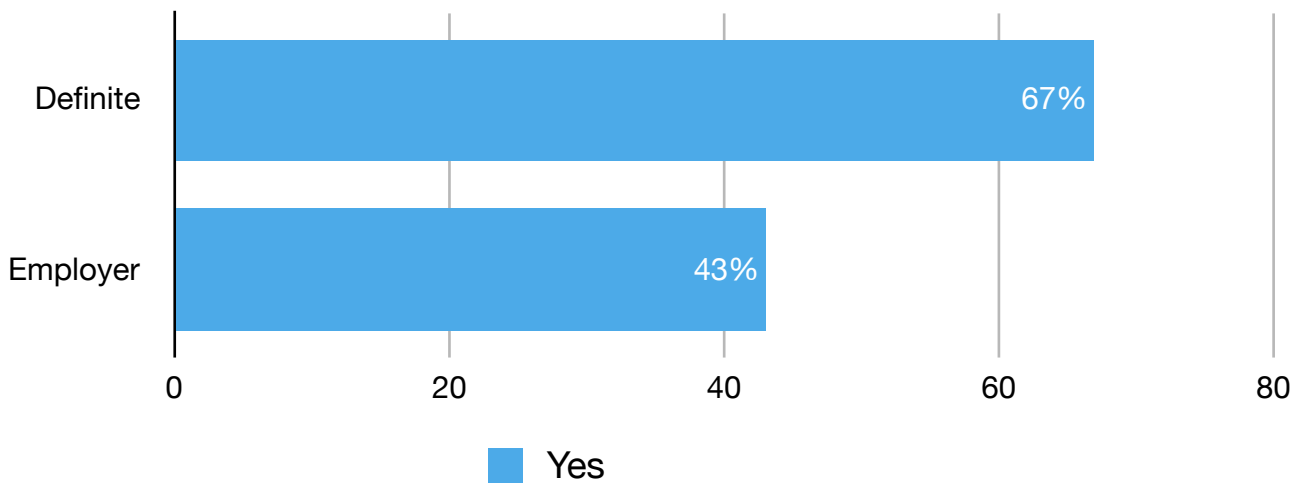


Figure 5

Definite: 67%  
Indefinite: 43%

**Fig 6.**  
If less optimistic about the future, is it due to Covid-19? (by Income Bracket)

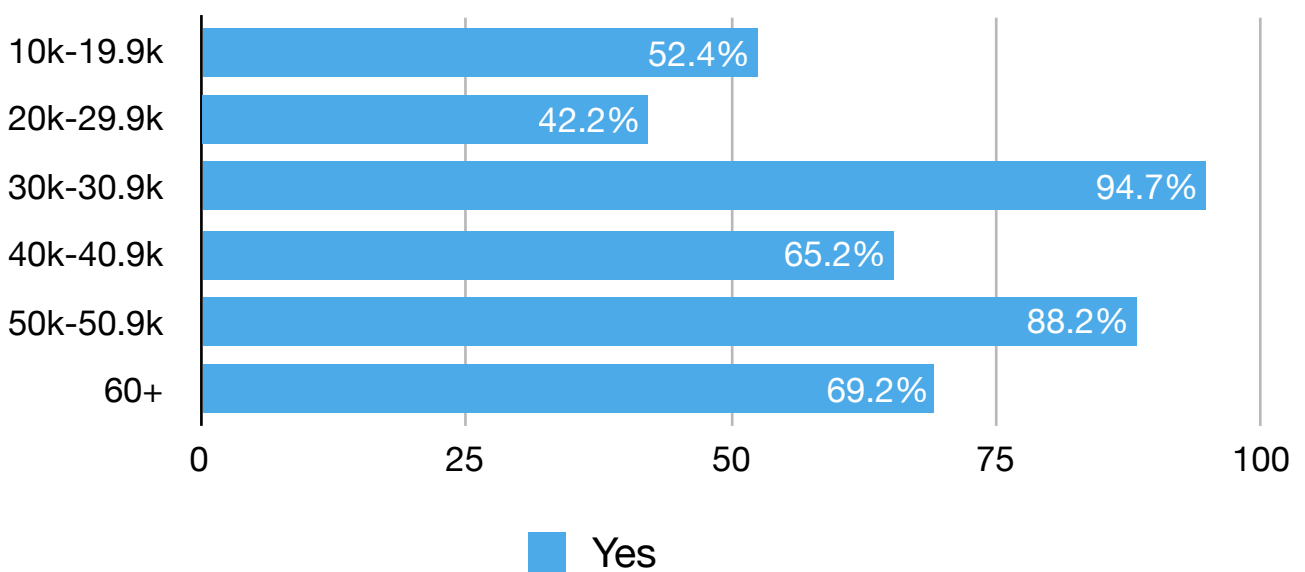


Figure 6

10k-19.9k	52.4%
20k-29.9k	42.2%
30k-39.9k	94.7%
40k-49.9k	65.2%
50k-59.9k	88.2%
60k	69.2%

**Figure 7.**  
If less optimistic about the future, due to Covid-19: For which reasons are you feeling less optimistic? (by Age Group)

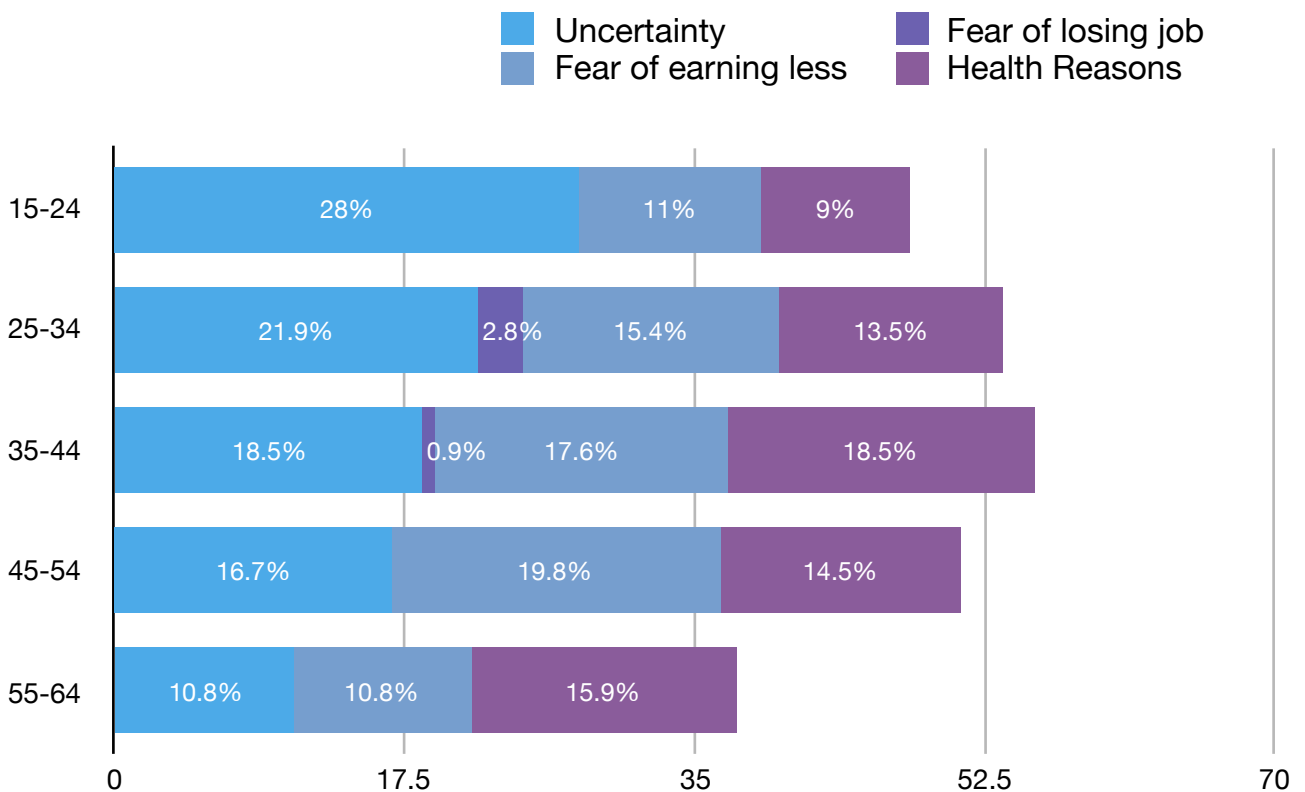


Figure 7

**Figure 8.**

Have you sought any psychological help since the start of the pandemic?: Have you sought any psychological help before the start of the pandemic?

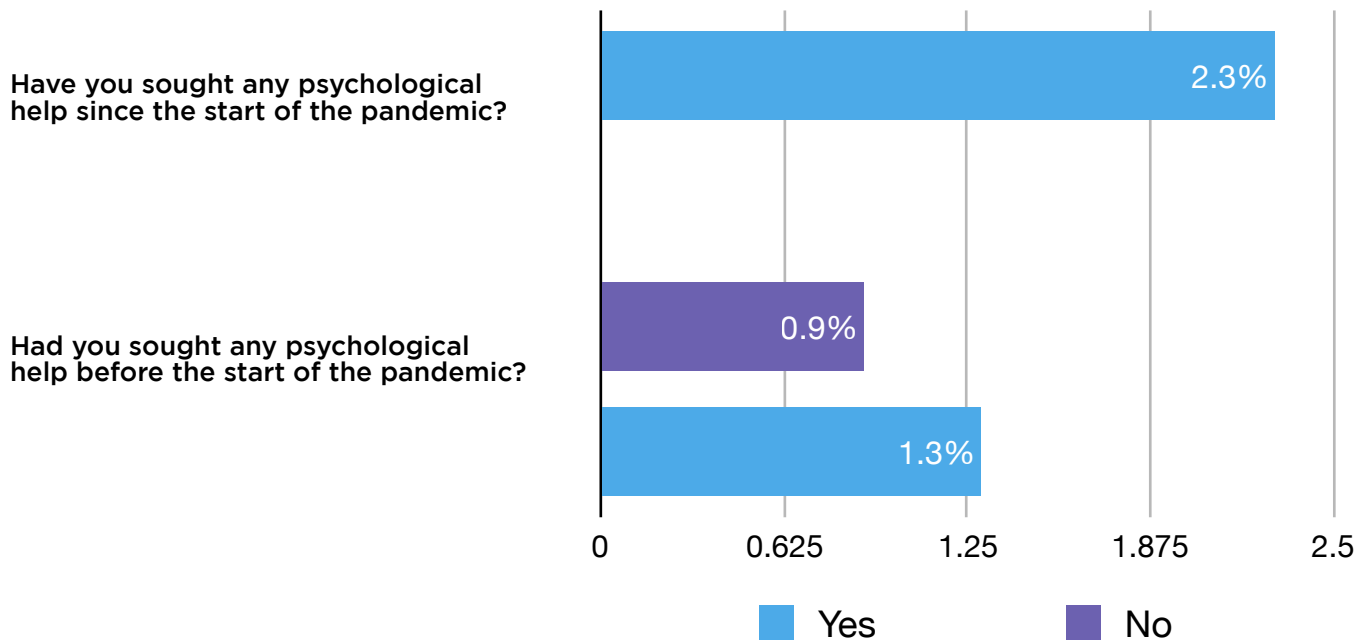


Figure 8

## 6. Recommendations

The following set of recommended policy actions is based on both the findings of the survey on Malta's workforce as well as global best practices emerging from an analysis of international research on the socio-economic repercussions of COVID-19 and its impact on the mental well-being of the workforce. It is rooted in the belief that a strong social policy and the investment in quality social services and their widespread availability, makes for a resilient and cohesive society whilst rendering quantifiable economic results.

### 6.1 A healthy society: ensuring readily available services

Continue to build and expand the existing mental health clinics in public primary healthcare bolstering general awareness of these professional psychosocial support services available free of charge for beneficiaries.

Reinforce communication efforts to normalise seeking professional psychosocial support services among all age groups.

Strengthen and expand collaboration between public social and medical service providers with civil society organisations to scale up access to rapid remote mental health support service. When people are forced to stay at home, support may be remote (e.g. through telephone, text or video), depending on the context and the person's needs. Psychological interventions tend to be equally effective whether they are delivered face-to-face or through phone or video.<sup>42</sup>

### 6.2 Sustainable economy: stimulating demand

Extend the use of positive stimulating measures inducing domestic demand, targeting select sectors to maintain a positive economic performance, supporting the small and medium sized enterprises ecosystem and safeguarding employment.

Based on a process of consultation with medical and epidemiological expert advice, explore widespread availability of reliable rapid testing techniques, the use of which may reduce the reliance on outright travel bans and mandatory quarantine.

### 6.3 Empathetic communication: fostering trust & compliance

Adopt a more empathetic government communication strategy in disseminating information relating to the spread of the disease, the state of medical services and the imposition of rules and restrictions promoting psychosocial wellbeing and encouraging compliance to changing rules.<sup>43</sup> Communicate government actions relating to COVID-19 in ways that promote mental health and psychosocial well-being.

Such communication should include advice on emotional well-being as undue anxiety caused by inconsistent, incomprehensible or threatening communication was found to be counterproductive in relation to compliance.<sup>44</sup>

Maintain constant consultation with frontline medical professionals and mental health workers. Mental health professionals may have a crucial role in promoting employment policies by

<sup>42</sup> *Ibid*: UN, COVID-19 and the Need for Action on Mental Health, 2020, p. 14.

<sup>43</sup>D. McGuire, J. E. A. Cunningham, . K. Reynolds & G. Matthews-Smith (2020) Beating the virus: an examination of the crisis communication approach taken by New Zealand Prime Minister Jacinda Ardern during the Covid-19 pandemic, Human Resource Development International, 23:4, 361-379.

<sup>44</sup> *Ibid*, UN, Covid-19 and the Need for Action on Mental Health, 2020, p. 14.

communicating to policy makers the evidence-based returns for society, thus justifying the investment.<sup>45</sup>

## 6.4 Disaggregated information: Intervening effectively

Gather information relating to the impact of the pandemic and its economic repercussions disaggregated by age group and gender allowing for more targeted and effective social and economic policy interventions.

## 6.5 Cohesive society: Addressing chronic issues

Introduce determining and decisive micro-economic and social policy actions to ensure a significant positive leap in gender equality. Findings suggest that prevalent fears and precariousness among the female population is a result of the pandemic and the imposed restrictions' intensification of pre-existing inequalities including in employment integration, income, and caring responsibilities.



<sup>45</sup> N.C. Christodoulou & G.N. Chirstodoulou, Financial Crises: Impact on Mental Health and Suggested 52 Responses, Psychotherapy and Psychosomatics, 2013;82: 281.

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