

Mental impact of the COVID-19 pandemic: an initial exploration of scientific literature

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Executive summary

Health Council of the Netherlands



There have long been concerns about the mental health of the Dutch population, which was identified as one of the biggest health risks for the future by the Public Health Foresight Study. The COVID-19 pandemic may have placed further pressure on many people's mental health by imposing severe restraints on their social lives in order to prevent the spread of the coronavirus and reduce the risk of infection and hospitalisation or death.

The State Secretary for Health, Welfare and Sport has asked the Health Council of the Netherlands to review scientific knowledge about the impact of the COVID-19 pandemic on mental health and resilience at both the national and the international level, and about groups that are potentially at higher risk. He has also requested advice on low-threshold interventions. A committee of experts from a range of disciplines has been put together to answer these questions.

Initial exploration of mental impact

This advisory report is an initial exploration of the scientific literature on the impact of the COVID-19 pandemic. The majority of current scientific studies on the mental health impact of the COVID-19 pandemic relate to the first months or the first year of the pandemic.

The scientific evidence therefore provides a provisional insight into changes in mental health during the COVID-19 pandemic. Further research is required to give a more complete overview of the impact of the COVID-19 pandemic on the mental health of the Dutch population.

Increase in mental health problems

National and international research shows that the start of the COVID-19 pandemic was accompanied by an increase in mental health problems. A number of specific groups give cause for concern. There are indications that

symptoms of anxiety and depression have increased among children and adolescents. The first half of 2021 saw a considerable increase in poor mental well-being among young adults. Emotional loneliness (due to a lack of a close emotional attachment with another person) was highest in this group compared to other age groups. There was a significant increase in emotional loneliness among the elderly. Healthcare workers (a relatively frequently studied professional group) has reported experiencing more symptoms of stress and burnout. There are also indications of poorer mental well-being in COVID-19 patients who have been admitted to ICU (as in other patients following ICU admission). In addition, the socially vulnerable groups in which mental health problems are already more prevalent are also likely to have been affected by the pandemic. They include people with a low socioeconomic status, migrants,



people with debts and people who lost their income, in some cases suddenly. On top of this, there are concerns that children have been placed at an educational disadvantage and exposed to unsafe home or social situations. There are also people who have experienced positive effects during the pandemic, such as more rest and more time with family.

Risk that some problems will be long term

For some people, problems are likely to be temporary. One example is the fear of serious illness experienced by people in the period when vaccines were not yet available and there was a shortage of personal protective equipment. For an as yet unknown percentage of the population, there is a risk that problems will be long lasting. However, it is clear or suspected that certain factors that contribute towards reduced mental well-being have been intensified during the pandemic. This includes unsafe family or social circumstances experienced by children (domestic violence, child abuse, bullying), loneliness particularly

among the elderly, educational or learning disadvantages in the case of children and adolescents, financial insecurity in groups severely affected by lockdown measures and a heavy workload in professional groups such as healthcare workers.

Recommendation: improve monitoring, accessibility and continuity

The initial scientific data on trends in mental health and known risk factors for long-term problems give cause for concern. However, much is still unclear, as there is some delay in the availability of scientific data.

The Committee recommends to continue monitoring all data relevant to mental health on a structural basis. Besides, it is also important to identify whether initiatives taken to improve mental health are effective and adequate.

The Committee also recommends that no new interventions be developed, but that existing effective and low-threshold interventions be implemented. It is also important to provide accessible aid to vulnerable groups and to

ensure continuity in the assistance on offer, supported by long-term funding. Promoting mental health requires an integrated, cross-domain approach that focuses on the broad social context.



The Health Council of the Netherlands, established in 1902, is an independent scientific advisory body. Its remit is “to advise the government and Parliament on the current level of knowledge with respect to public health issues and health (services) research...” (Section 22, Health Act).

The Health Council receives most requests for advice from the Ministers of Health, Welfare and Sport, Infrastructure and Water Management, Social Affairs and Employment, and Agriculture, Nature and Food Quality. The Council can publish advisory reports on its own initiative. It usually does this in order to ask attention for developments or trends that are thought to be relevant to government policy.

Most Health Council reports are prepared by multidisciplinary committees of Dutch or, sometimes, foreign experts, appointed in a personal capacity. The reports are available to the public.

This publication can be downloaded from www.healthcouncil.nl.

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