



# The EU Mutual Learning Programme in Gender Equality

## Gender Equality, Mental Health and Gender Mainstreaming Health Policies

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Comments paper - Estonia



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# **Gender perspective in mental well-being and mental health policies in Estonia: short reflection on reports from Sweden and Czech Republic on the same topic**

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## **Abstract:**

To achieve gender equality it is essential to include a gender equality perspective in all stages of decision- and policymaking. Gender analysis provides added value in improving understanding of the epidemiology, decisions and treatment of mental health problems. To be successful interventions need to be gender responsive.

Reports on mainstreaming initiatives in Sweden and Czech Republic describe the status quo and the initiatives that were promoted, they also reflect on both the progress that was made and its limitations, and implications for mainstreaming as an approach transforming mental health services by promoting gender equality. The comparison of two reports brings out the importance of appreciating the context – Sweden and Czech Republic face very different challenges and therefore focus their efforts on different issues. Yet gender equality perspective is relevant in both cases. For Sweden, it is mainly about recognising the needs of different groups and addressing them accordingly. For Czech Republic gender analyses is even more important, as the systematic transformation they are in the middle of, impacts the society and different groups comprehensively and for a long time.

Estonian experience can be compared with both countries, as development-wise Estonia finds itself somewhere between Sweden and Czech Republic. The main challenge for Estonia is to fulfil the gap between the needs and the services available, to create more low-threshold and community services. To avoid future struggle, new services should be designed having gender equality and the need of vulnerable groups in mind.

# 1. Estonian context

## 1.1 Gender perspective in mental health

There are health inequalities manifested in Estonia in several aspects: gender, nationality, education and income level and region. Estonia has experienced gains in health status, but gaps between genders and socioeconomic groups are among the largest in the European Union (EU).

Since the year 2000, life expectancy in Estonia has increased more than in any other EU country. The health status of the Estonian people is now nearing the EU average. These gains are not experienced equally across gender, age or income groups. Women live, on average, almost nine years longer than men. This is the third largest gender gap in the EU. The inequalities are even more extreme among the low-educated population of Estonia. At age 30, low-educated women live on average 10 years longer than low-educated men. Furthermore, men with low levels of education live 8.5 years less, on average, than men who have obtained a university degree. And nearly half of all deaths in Estonia are induced by behavioural risks, this is 39 % above the EU average<sup>1</sup>.

Depression and other mental illnesses continue to be widespread in Estonia, and suicide rates have historically been high. In Estonia, suicide occurs 4-5 times more often among men than among women. In younger age groups, the opposite is true – among women the level is nearly twice as high as among men. By age group the highest rate of suicide is among persons aged 20-29 years (rate 20,0) and from the age of 55 and older (in age group 55-59 years the rate is 24,9).<sup>2</sup>

More repeated suicide attempts can be observed among women. By age groups suicide attempts occur most often among 15–19-year-olds (in 2019 rate 441), and in the younger age groups the rate among women is higher than among men<sup>3</sup>.

Results of the Health Behaviour in School-Aged Children (HBSC) study, mental health problem manifestations overlap mainly with other health complaints and complaints occur more often among girls than among boys. On average, in the past six months 36% of young people, among them 43% of girls and 28% of boys, had multiple health complaints (two or more) more than once a week. Boys and the members of the youngest age group rated their health and life satisfaction higher and reported less multiple health complaints.

Psychological complaints among boys and girls increase with age. Comparing the results of HBSC studies 2013/2014 and 2017/2018, it was found that in 2017-2018

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<sup>1</sup> [https://ec.europa.eu/health/sites/default/files/state/docs/2019\\_chp\\_et\\_english.pdf](https://ec.europa.eu/health/sites/default/files/state/docs/2019_chp_et_english.pdf)

<sup>2</sup> <https://apps.who.int/iris/bitstream/handle/10665/341893/WHO-EURO-2021-2573-42329-58594-est.pdf?sequence=1&isAllowed=y>

<sup>3</sup> [ibid](#)

there were more sadness, irritability and nervousness than it was found in the earlier study. The incidence of difficulty falling asleep increased among both boys and girls<sup>4</sup>.

Psychological symptoms were more prevalent among girls and the prevalence increased with age. Since the 2013/2014 study, feeling low, irritability, feeling nervous and difficulties in getting sleep had become more frequent both among girls and boys. Family affluence had some influence on the prevalence of psychological symptoms. Boys from more affluent families experienced less irritability and feeling low and girls experienced significantly less feeling low and irritability<sup>5</sup>

The mental health of younger age groups (15-34 years) has been significantly impacted by the COVID-19 crisis. Prevalence of symptoms of anxiety and depression has risen dramatically among young people (15-24 years) and remains higher than pre-crisis levels and in comparison to other age groups. The worsening of mental health can be attributed to disruptions in access to mental health services, the wide-ranging impacts of kindergarten and school closures, and a labour market crisis, which is disproportionately affecting young people.

### **1.1.1 Digital- and social media influences on girls' and boys' mental well-being**

Estonian youth are active users of the internet: there is no significant digital stratification among them, their online activities are diverse, and the assessment of their digital skills are good. The internet has become an integral part of the daily lives of Estonian children – in 2018, as many as 97% of 9- to 17-year-olds accessed the internet on at least one device every day<sup>6</sup>

Depression and anxiety disorders are closely linked to digital addiction as an unhealthy digital device use and problem gambling. Gambling Prevalence Surveys 2004-2019 refer to the existence of problems related to gambling in society.

The SEYLE study found that the more time is spent behind different screens, the higher is the level of depression. Predominant feeling of fatigue and poor psychological well-being among schoolchildren is related to few sleep hours on weekdays. About half of young people aged 11-15 spend five or more hours behind the screen on school days. A problem is both excessive internet use and internet addiction.

Gender differences in online time, both school and leisure days are small. Both 2010 and 2018 data show that boys spend online a little more time than girls

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<sup>4</sup> <https://www.tai.ee/et/valjaanded/eesti-kooliopilaste-tervisekaitumise-uuring-20172018-oppeaasta-tabelid-0>

<sup>5</sup> <https://www.tai.ee/sites/default/files/2021-03/Eesti%20Arst%20HBSC%20erinumber.pdf>

<sup>6</sup> [https://sisu.ut.ee/sites/default/files/euko/files/eu\\_kids\\_online\\_eesti\\_2018\\_raport.pdf](https://sisu.ut.ee/sites/default/files/euko/files/eu_kids_online_eesti_2018_raport.pdf)

Girls use more mobile and smartphones to go online than boys. Boys on the other hand, use more desktops or laptops than girls do<sup>7</sup>.

According to the EU Kids Estonian study, almost half (46%) of the children have interacted online with someone they have never come face to face. Boys interacted online with strangers more frequently than girls did. And 33% of Estonian children who have interacted with a stranger online have also met the person face to face. Girls are more likely to meet an online acquaintance than boys - according to themselves, 39% of girls and 29% of boys have done so.

Cyber violence happens to both girls and boys, girls are more often victims of cyber violence especially of gender-based cyber violence. Both girls and boys can play a role in online violence against girls, as a (potential) victim, perpetrator or bystander.

## 2. Comparison of the Estonian situation with Czech Republic and Sweden

Estonia is somewhere between the Czech Republic and Sweden in terms of its developments on these topics. While the Swedish mental health system has been developed according to the standards and principles of the free society for a long time and a lot has already been achieved, Swedish colleagues could concentrate on specific aspects of mental health from the gender perspective. Czech Republic is still struggling with the heritage of the communist area and the report therefore very adequately focuses how the transition of the system affects men and women, but also minority groups such as migrants and others.

Estonia has similar background of paternalistic medical system from soviet times as Czech Republic, but since the collapse of the old system was much steeper in the Baltic States than in WTO<sup>8</sup> countries, a lot of old heritage simply disappeared. Currently the biggest concern in mental health area is not that the available services are old-fashioned, but that there is limited amount of services available compared to the current increasing need. It is vital that when filling the gaps and reshaping the system, the gender aspect and the needs of vulnerable groups are addressed.

Estonia has an experience of a number of good and effective activities in the field. Many of the activities that have been carried out over the last 10 years have largely been possible through international fundings. These projects have been useful and of big help to safely pilot certain activities (e.g [Norway Grant](#), [EC fundings](#) )

Similar activities as in Sweden (The Swedish Media Council, The Youth Communication and its Action Plan; Ombudsman) more or less exist in Estonia, but

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<sup>7</sup> [Ibid](#)

<sup>8</sup> The Warsaw Treaty Organisation (WTO), commonly known as Warsaw Pact (WP). Former eastern bloc countries who were not members of USSR.

the activities take place on a smaller scale. And thus their impact is not always comparable to better focused and specific interventions.

As the good practices in the Czech Republic were mostly in Czech, the detailed information remained unavailable. We hope to hear more about these activities during the seminar.

One of the main issues we would like to point out is that a lot of activities are presumably good, but at the same time the question remains whether these actions are also evaluated or measured in any way so that we can say that they are effective and create change in the long term view? Ideally, interventions need to be evidence-based in order to have an impact and all activities should be evaluated.

In the case of Estonia, concerning mental health data, the gender aspect is considered and measured in numbers. However, the data is not analysed in depth and no gender-specific interventions have followed or conclusions drawn. In this aspect, we are not using the available data as well as we could.

Estonia is participating in several international studies, from which we expect to receive valuable and effective information for policy-making. Some of them are:

- [Research into the impact of technological transformations on the Digital Generation](#) - DigiGen is a European research project that is developing significant knowledge about how children and young people, a group growing up today often referred to as the Digital Generation, use and are affected by the technological transformations in their everyday lives
- [CORE – Children Online: Research and Evidence](#) - the aim is to create a comprehensive pan-European knowledge platform with the participation of international researchers, educators, policy makers and concerned dialogue groups. Providing an overview of the research situation, enabling access to empirical data, distributing policy recommendations and offering resources for education.
- [Building teachers competence about cyber violence against girls](#) (CYBERSAFE MOOC). The main objective of the project is to bring together experts in the field of online violence and gender inequalities to develop educational materials for educators/schools staff/professionals working with young people, mainly in primary and lower secondary education (pupils and students 13 – 16 years old). In the project the main focus will be on the following forms of online violence against girls: a) Non-consensual sharing of intimate images or/and videos, b) Exploitation, coercion and threats c) Unwanted sexualisation, and d) Sexualised bullying.

### 3. Conclusions and recommendations

We agree with the proposals presented in the Swedish and Czech Republic reports regarding opportunities and challenges - insufficient data and lack of gender specific research, improvement of data collection and many others.

It is important to collect experience about evidence-based activities where implementation leads to positive changes. More in-depth analyses are needed to enable proper targeting of actions. And at the same time, it is important to think about how to implement the results of research and analysis into practice or why existing knowledge has not been used? Member States certainly need a funding instrument to encourage and support cooperation and to improve the health policies.