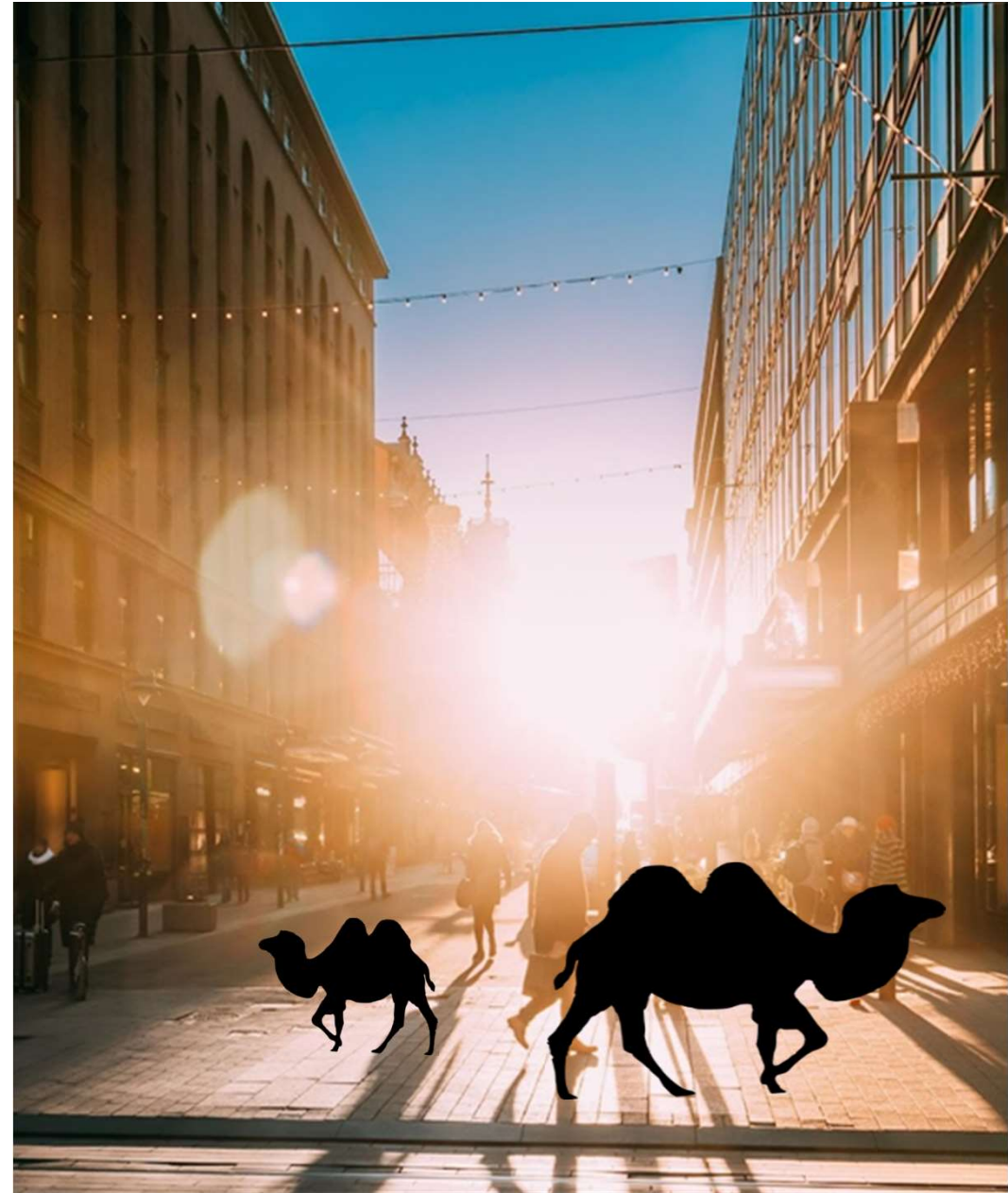


Miksi ihmiset suojautuvat?

Näkökulmia käyttäytymisen
muutosjohtamiseen

Matti T.J. Heino | www.mattiheino.com



Täydentävä näkökulma käyttäytymis- ja kompleksisuustieteistä

- *“Torjuntatoimien kerrannaisvaikutukset”*
 - Kompleksisten interventioiden kehittäminen
- *“Tärkeintä on, että pääsee lääkäriin kun siihen on tarve”*
 - Ennaltaehkäisyn merkitys
- *“Vaikka pitäisi, ketään ei jaksa enää kiinnostaa korona”*
 - Mitä oikeastaan tiedämme eri väestöryhmien suhtautumisesta ja voiko siihen vaikuttaa?



"Give your throat a vacation..."

Smoke a FRESH cigarette™

If the cigarette you have been smoking stings or burns your throat, switch to Camels and see the difference. It's the peppery dust left in tobacco by inefficient drying methods that makes you cough. It's the scaldingly hot smoke of hard, dried-out tobacco that burns and irritates your throat. There is no peppery dust in Camels—that's whisked away by a special vacuum-drying process.

There are no stale, crumbly, packed tobaccos—the fine Turkish and mild Domestic tobaccos of which Camels are blended come to you in perfect, factory-fresh condition, thanks to the Humidor Pack.

This scientific, granule wrapping—not plain ordinary Cellulose, but moisture-proof Cellulose which coats evenly like a smooth—made in all the natural steam and fresh-air smoke it is right that we wonder you can't smoke Camels, damp, wet, drought weather make them dry. Camels are milder and more throat-friendly because they are drier, fresher and fresher. Give your throat a vacation, switch to Camels for just one day. Then leave them—if you can.

There is Camels' moisture 100% Humidor Pack and Humidor Pack in Camels' moisture 100% Humidor Pack.

CAMELS MILD... NO CIGARETTE AFTER-TASTE

WHISPER PACK

SMOKE FRESH!

It's the moisture the conventional way of drying that makes the throat sting and burn. The Humidor Pack in Camels' moisture 100% Humidor Pack and Humidor Pack in Camels' moisture 100% Humidor Pack. This is the dry, crisp, factory-fresh condition that makes Camels' moisture 100% Humidor Pack and Humidor Pack in Camels' moisture 100% Humidor Pack. This is the dry, crisp, factory-fresh condition that makes Camels' moisture 100% Humidor Pack and Humidor Pack in Camels' moisture 100% Humidor Pack.



How mild can a cigarette be?



“NOT ONE SINGLE CASE OF THROAT IRRITATION due to smoking CAMELS!”

According to a **Nationwide survey**—

MORE DOCTORS SMOKE CAMELS than any other cigarette

Money-Back Guarantee!

Smoke Camels and you'll see them in your own "I Smoked" — I feel better, I feel throat, I feel dry, I feel better, you see we're convinced that Camels are the mildest cigarette you have ever smoked, we're the package with the award Camels and we will refund to full guarantee your full purchase. (Award guaranteed by the American Tobacco Company, Winston-Salem, North Carolina.)

Doctors smoke for pleasure, too! And when three leading independent research organizations asked 18,375 doctors what cigarette they smoked, the brand named most was Camels!



Ennakointi

NOW...Scientific Evidence on Effects of Smoking!

"Believe me, kids, you'll want to read this important new evidence on the effects of smoking. Then you'll say, as I do... MUCH Milder CHESTERFIELD IS BEST FOR ME!"

Winston Churchill

A **MEDICAL SPECIALIST** is making regular bi-monthly examinations of a group of people from various walks of life. 45 percent of this group have smoked Chesterfield for an average of over ten years.

After ten months, the medical specialist reports that he observed...

no adverse effects on the nose, throat and sinuses of the group from smoking Chesterfield.

MUCH Milder CHESTERFIELD IS BEST FOR YOU

First and Only Premium Quality Cigarette in Both Regular and King-Size



CONTAINS TOBACCOS OF BETTER QUALITY AND HIGHER PRICE THAN ANY OTHER KING-SIZE CIGARETTE

Copyright 1953, Liggett & McCay, Inc.

Ennaltaehkäisystä

“An existential risk needs to be killed in the egg, when it is still cheap to do so”



International Journal of
Forecasting

Volume 38, Issue 2, April–June 2022, Pages 413–422

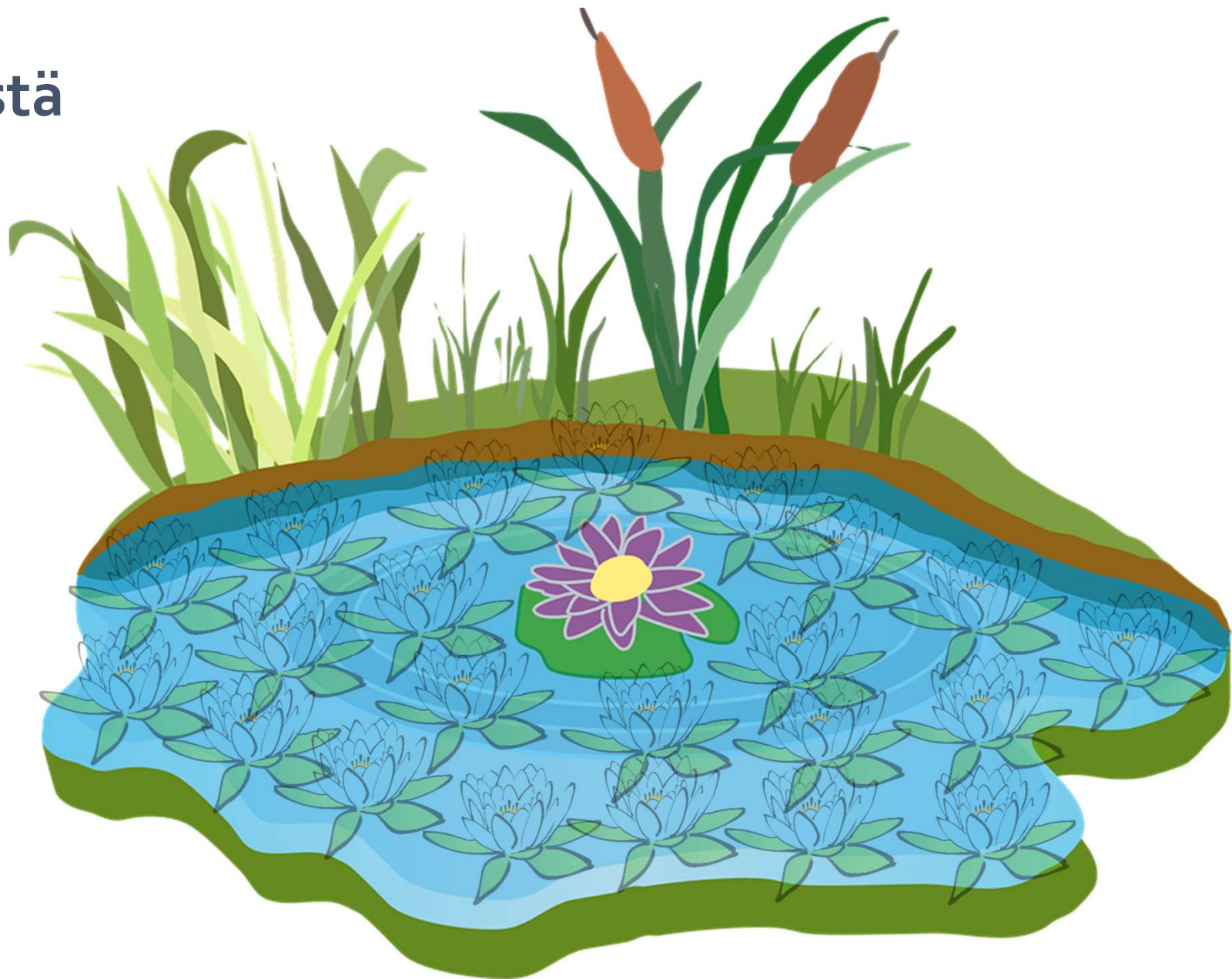


On single point forecasts for fat-tailed variables

“Parhaiten ja kustannustehokkaimmin yhteiskunnan turvallisuutta ylläpidetään **ennalta estävin** toimenpitein”

HYVÄ ELÄMÄ – TURVALLINEN ARKI


VALTIONEUVOSTON PERIAATEPÄÄTÖS
SISÄISEN TURVALLISUUDEN STRATEGIASTA
5.10.2017



[nature](#) > [articles](#) > article

Article | [Open Access](#) | [Published: 03 November 2022](#)

A multinational Delphi consensus to end the COVID-19 public health threat

[Jeffrey V. Lazarus](#) , [Diana Romero](#), [Christopher J. Kopka](#), [Salim Abdool Karim](#), [Laith J. Abu-Raddad](#), [Gisele Almeida](#), [Ricardo Baptista-Leite](#), [Joshua A. Barocas](#), [Mauricio L. Barreto](#), [Yaneer Bar-Yam](#), [Quique Bassat](#), [Carolina Batista](#), [Morgan Bazilian](#), [Shu-Ti Chiou](#), [Carlos del Rio](#), [Gregory J. Dore](#), [George F. Gao](#), [Lawrence O. Gostin](#), [Margaret Hellard](#), [Jose L. Jimenez](#), [Gagandeep Kang](#), [Nancy Lee](#), [Mojca Matičič](#), [Martin McKee](#), [The COVID-19 Consensus Statement Panel](#) [+ Show authors](#)

[Nature](#) **611**, 332–345 (2022) | [Cite this article](#)

PRIORITY RECOMMENDATIONS TO END COVID-19 AS A PUBLIC HEALTH THREAT

HEALTH SYSTEMS

1. **Pandemic preparedness and response planning** should adopt a whole-of-society approach that includes multiple disciplines, sectors, and actors (e.g., business, civil society, engineering, faith communities, mathematical modelling, military, media, psychology).
2. **Preparedness and response strategies** should adopt whole-of-government approaches (e.g., multi-ministry coordination) to identify, review, and address resilience in health systems.
3. **Governments should remove economic barriers to SARS-CoV-2** tests, personal protective equipment, treatments, and care.
4. To reduce the burden on hospitals, **primary care should be strengthened to include testing, contact tracing**, the monitoring of mild symptoms, and vaccination.
5. **Healthcare organisations** should support their workers' physical, mental and social well-being.
6. **Governments and global health organisations** should support the development of regional hubs for the manufacturing of COVID-19 supplies, treatments, and vaccines.
7. **Public health policy should take better account of the potential long-term impact of the unchecked spread of COVID-19**, given ongoing uncertainties about the prevalence, severity, and duration of post-COVID-19 morbidity ("Long COVID").
8. Because the global marketplace has not satisfied demand for vaccines, **treatments and supplies, countries and regions should consider legislative and regulatory reforms to address these market failures** (e.g., nationalising manufacturing capacity, negotiating global and regional trade agreements, adjusting intra-country intellectual property rights).
9. In the absence of a new multilateral organisation focused on pandemic control, **Member States should authorise WHO to lead a large, inclusive, multi-stakeholder, global effort to provide public health and clinical targets pertaining to the pandemic**, with an emphasis on cases, vaccination, morbidity and mortality.

PREVENTION

1. **All countries should adopt a "vaccines plus" approach** that includes a combination of COVID-19 vaccination, prevention measures, treatment and financial incentives.
2. Prevention of SARS-CoV-2 transmission in the workplace, **educational institutions and centres of commerce should remain a high priority, reflected in public health guidance** and supported through multiple social measures and structural interventions (e.g., remote work/schooling policies, ventilation, air filtration, facemask wearing).
3. **Governments should regulate and incentivise the development and deployment of structural prevention measures** (e.g., ventilation, air filtration) to mitigate airborne transmission of SARS-CoV-2, with an early emphasis on high-risk settings.

COMMUNICATION

1. **Community leaders, scientific experts, and public health authorities** should collaborate to develop public health messages that build and enhance individual and community trust and utilise the preferred means of access and communication for different populations.
2. **Public health authorities should partner with individuals and organisations** that are trusted within their communities to provide accurate, accessible information about the pandemic and inform behaviour change.
3. Public health professionals and authorities **should combat false information proactively based on clear, direct, culturally-responsive** messaging that is free of unnecessary scientific jargon.
4. **Institutions and individuals that wish to advance public trust should:** (i) draw on evidence about how trust is created and restored; (ii) provide training and professional development emphasising skills and competencies that convey trustworthiness; and (iii) develop, implement, and assess communication strategies that are highly likely to create or restore trust.
5. **Governments should determine which agencies** are or should be accountable for monitoring health information and develop monitoring tools to identify false information.

PANDEMIC INEQUITIES

1. **Pandemic preparedness and response** should address pre-existing social and health inequities.
2. **Global trade and health organisations should coordinate with countries to negotiate the transfer of technologies** enabling manufacturers in low- and middle-income countries to develop quality assured and affordable vaccines, tests, and therapeutics.
3. **Recognising that local and regional contexts are important for equitable responses to the pandemic**, governments should engage communities and multidisciplinary experts who understand the local context when developing operational plans for ending COVID-19 as a public health threat.
4. **In addition to current vaccine equity efforts**, governments and global health organisations should better coordinate to make COVID-19 tests and treatments affordable for all people in all countries.
5. **High-income countries should refocus the distribution of vaccines** to countries with low rates of vaccination and inadequate access to vaccines.

TREATMENT AND CARE

1. **Promote multi-sectoral collaboration** to accelerate the development of new therapies for all stages of COVID-19 (e.g., outpatient, hospitalisation and Long COVID).
2. **Prioritise research funding for Long COVID to develop diagnostic tools**, treatment and care, and knowledge about extrinsic factors (e.g., stigma and discrimination).
3. **Global case definitions for SARS-CoV-2 and for COVID-19 morbidity and mortality** should be standardised.

VACCINATION

1. **Government, philanthropic and industry funding** should include a focus on developing vaccines that provide long-lasting protection against multiple SARS-CoV-2 variants.
2. In settings where individuals have lower levels of trust in government, **vaccination efforts should engage trusted local leaders and organisations**.
3. **Vaccination messaging should clearly explain the efficacy and limitations of current vaccines** in preventing SARS-CoV-2 transmission and reducing the severity of COVID-19.

nature

Lazarus JV, Romero D, Kopka CJ, Karim SA, Abu Raddad IJ, Almeida G, et al. A multinational Delphi consensus to end the COVID-19 public health threat. *Nature*. 2022.

www.nature.com/articles/s41586-022-05398-2



PREVENTION

(myös) tartuntatautiennaltaehkäisy
koostuu käyttäytymistoimenpiteistä!



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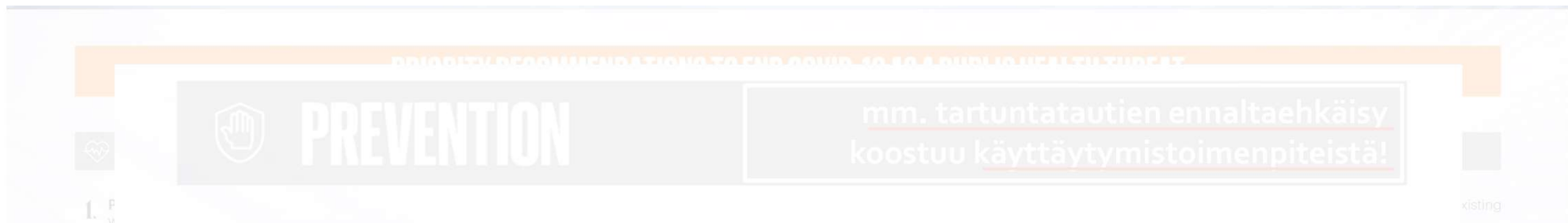
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The *Lancet* Commission on the future from the COVID-19

[Prof Jeffrey D Sachs, PhD](#) • [Prof](#)

[Prof Lara Akinin, PhD](#) • [Joseph Allen, DSc](#)

[Francesca Colombo, MSc](#) • [et al.](#) [Show all authors](#)

Published: September 14, 2022 •

DOI: [https://doi.org/10.1016/S0140-6736\(22\)01585-9](https://doi.org/10.1016/S0140-6736(22)01585-9) •

4.10.2023

Room ventilation

Ensure proper ventilation in classrooms, canteen and other rooms.



- Provide **natural ventilation** by opening windows and doors when possible and safe.
- When using **mechanical systems** (heating, ventilation, and air conditioning), ensure they are serviced regularly.
- When feasible and appropriate, encourage **outdoor activities**.

Updated September 2023

Adapted from materials developed by WHO Regional Office for Europe

#Back2School #SafeSchools #COVID19



[Sandra Calmy](#) • [Dominique Costagliola](#) •

[Catherine Tuckerle](#) • [Heidi J Larson](#) • [et al.](#) [Show all authors](#)

[/S0140-6736\(23\)01012-7](#) •

s. To account for age we can compare this side of this one in any source. This one

airborne
sis on high-risk

mission and reducing the severity of COVID-19.

**Mikä vaikuttaa ihmisten
käyttäytymiseen?**

Photo by [Carolyn Christine](#) on [Unsplash](#)





Massapsykoottiset hysteerikot vai itseohjautuvat toimijat?

- **Katastrofimyytit:** "Olen itse rationaalinen, mutta muut ihmiset menettävät itsekontrollinsa kriiseissä, minkä vuoksi heidän huolestuneisuuttaan tulee kontrolloida riskikäsityksiä vähentävin viestein"
- **Kriisitutkimukset:** Tositilanteissa ihmiset tapaavat käyttäytyä järkevästi ja muita auttaen
- **Pienimmän haitan viestintästrategia:** maksimaalinen *faktuaalisuus* ja *uhan torjuntakeinojen tarjoaminen* (→ itseohjautuvuus)

How important do you think it is to protect yourself and others from the spread of the coronavirus (e.g. by wearing a mask and distancing from other people) after both doses of COVID vaccine?

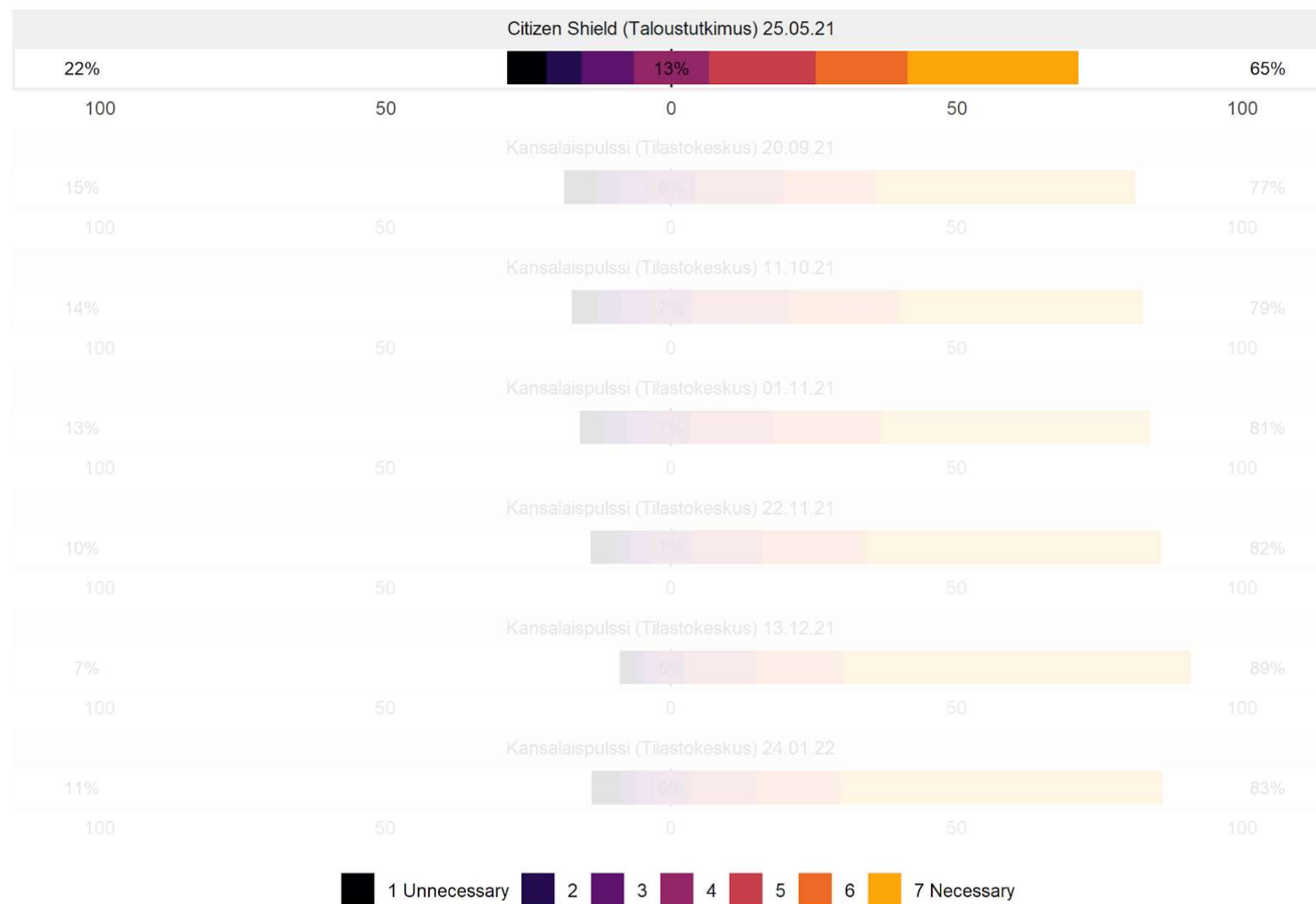


Figure source:
<https://mattiheino.com/let-me-be-your-deja-vu/>

In the Citizen Shield data collection, options were inverted (1 Necessary - 7 Unnecessary)
 Question changed 2022-24-01: "after 2-3 doses"

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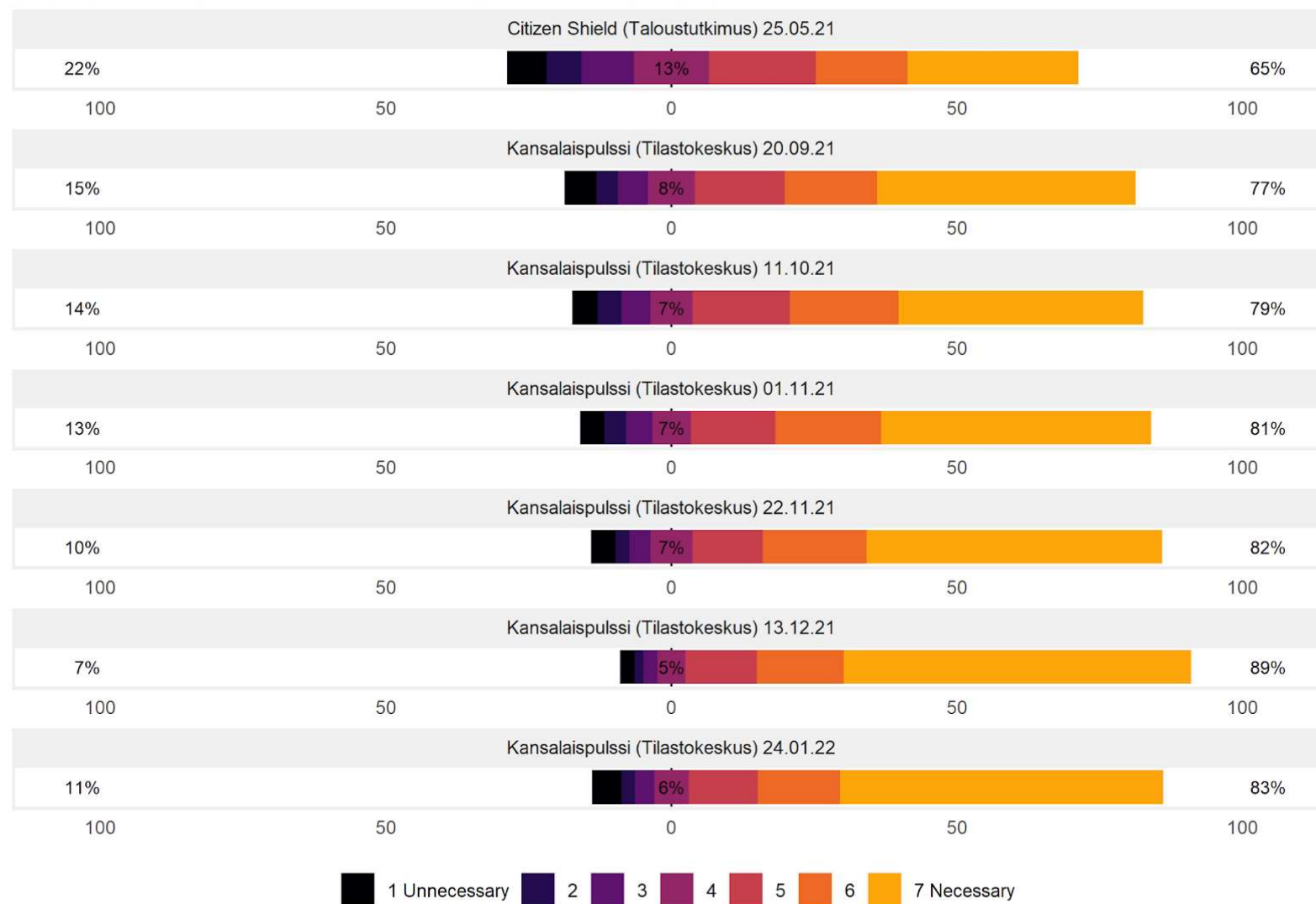
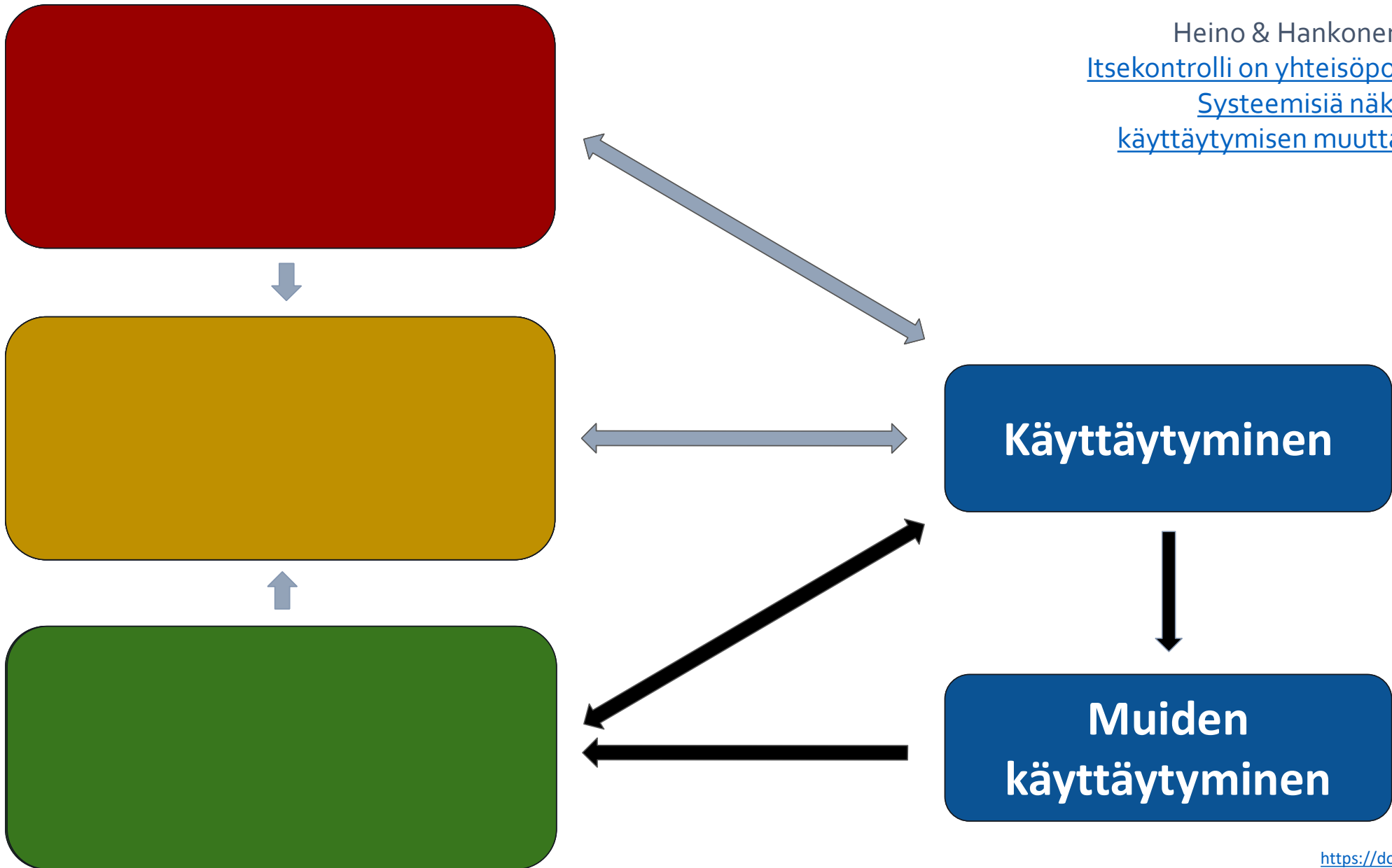


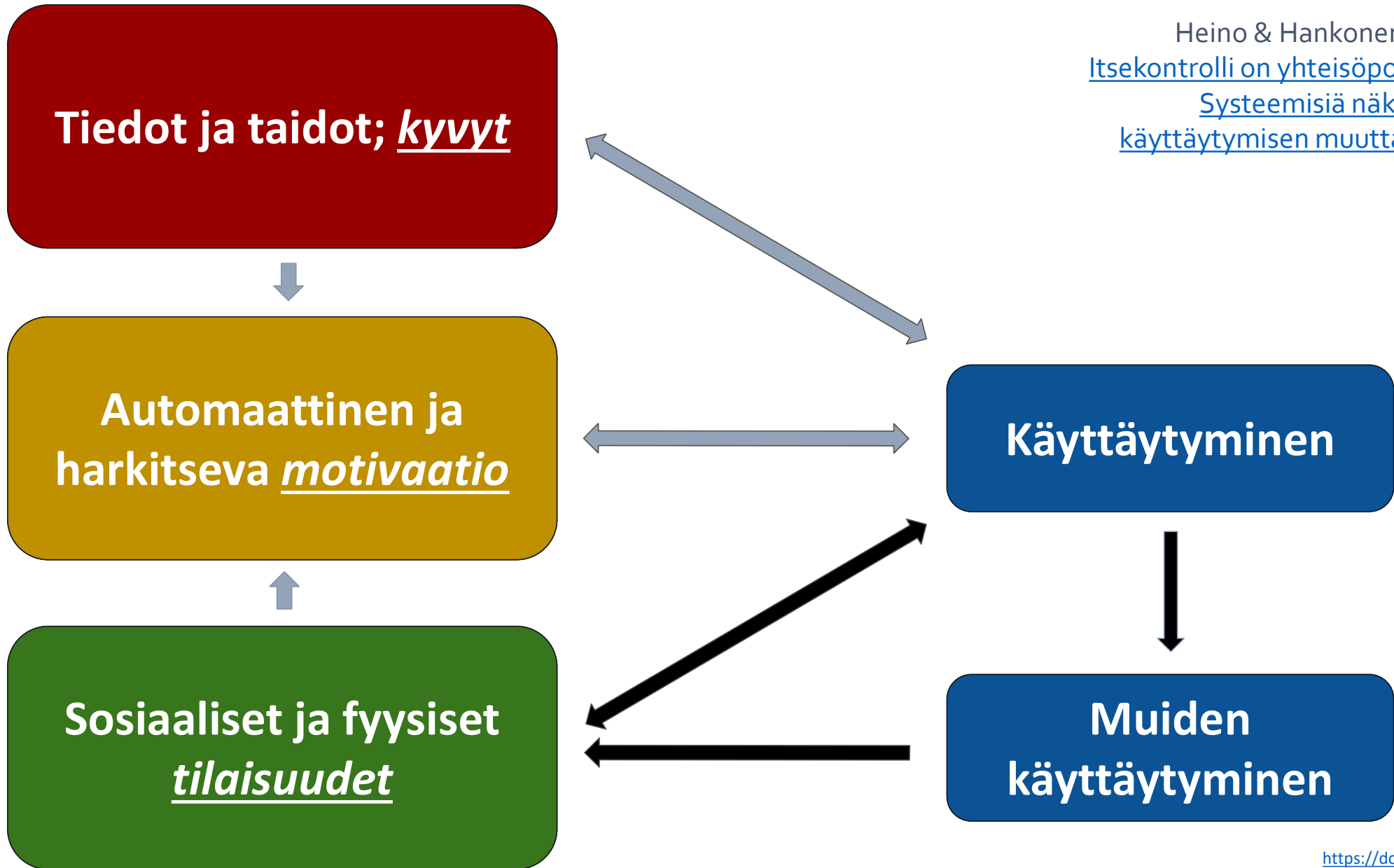
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Heino & Hankonen (2022):
Itsekontrolli on yhteisöponnistus:
Systemisiä näkökulmia
käyttäytymisen muuttamiseen



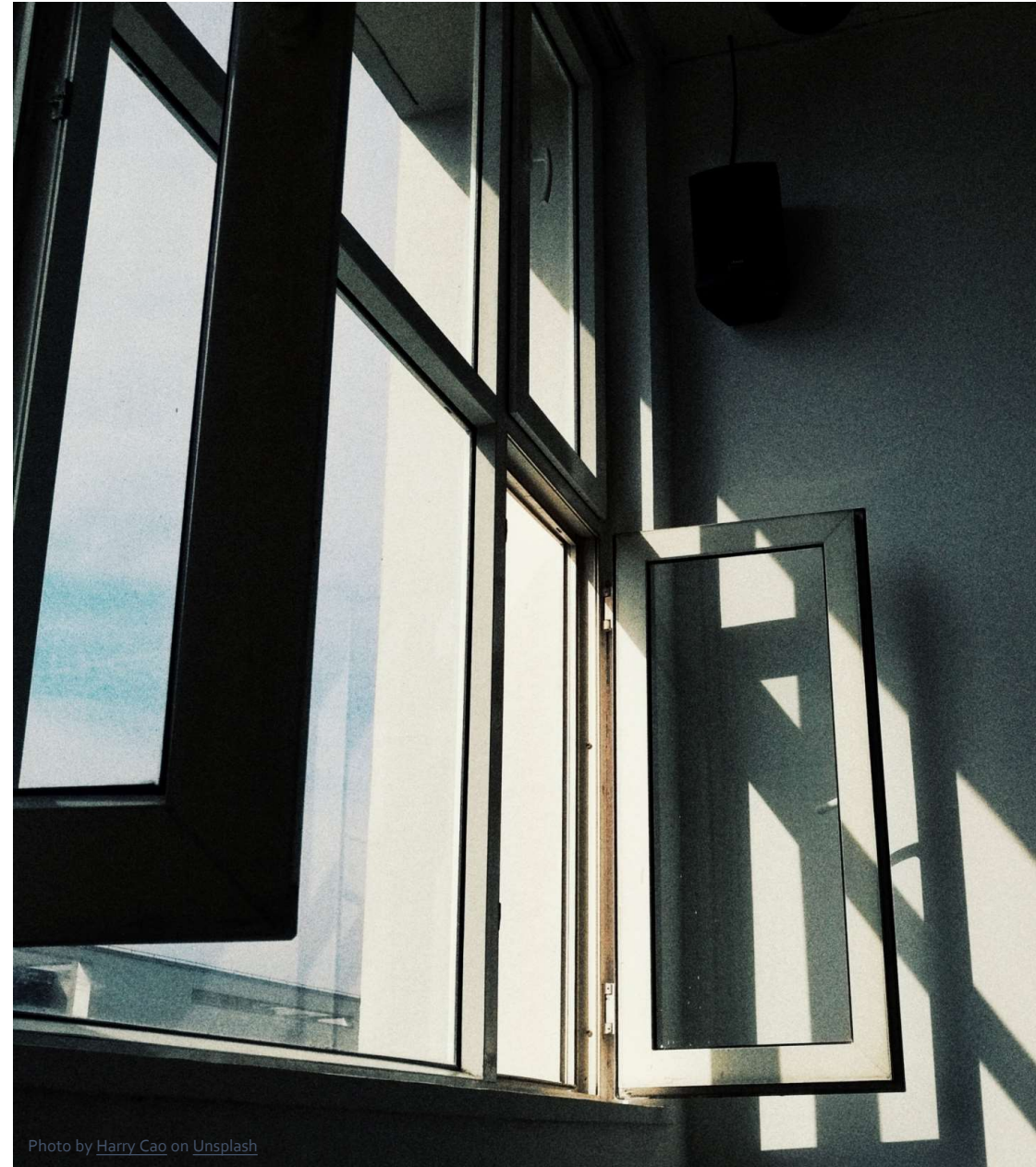
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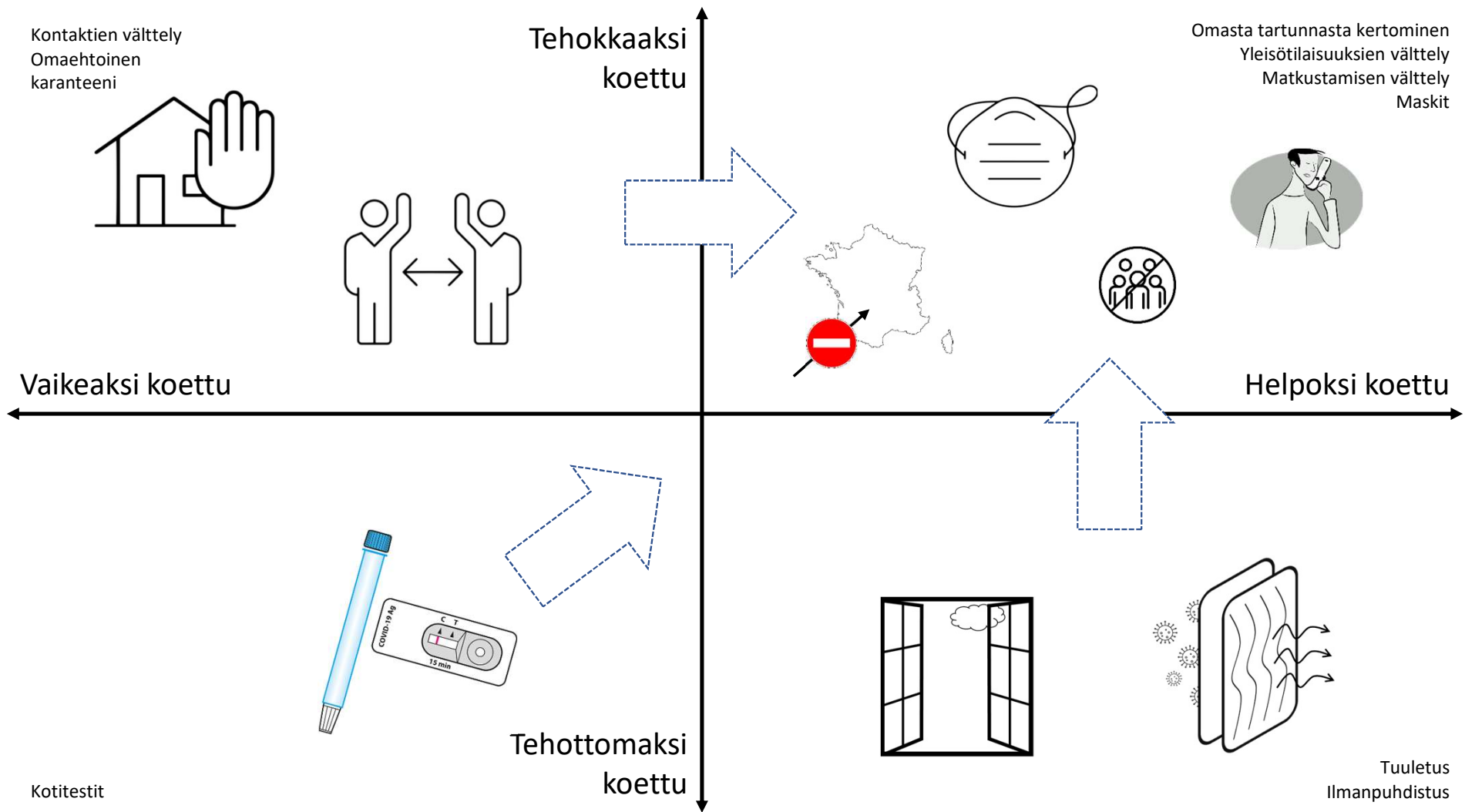


Saurio, K., Peters, G.-J. Y., Twose, J., Hankonen, N., & Heino, M. T. J. (2023). *Exploring key Determinants of Face Mask Use During the COVID-19 Pandemic: Comparing Results From CIBER Plots and a Machine Learning Approach.* [Manuscript submitted for publication.]

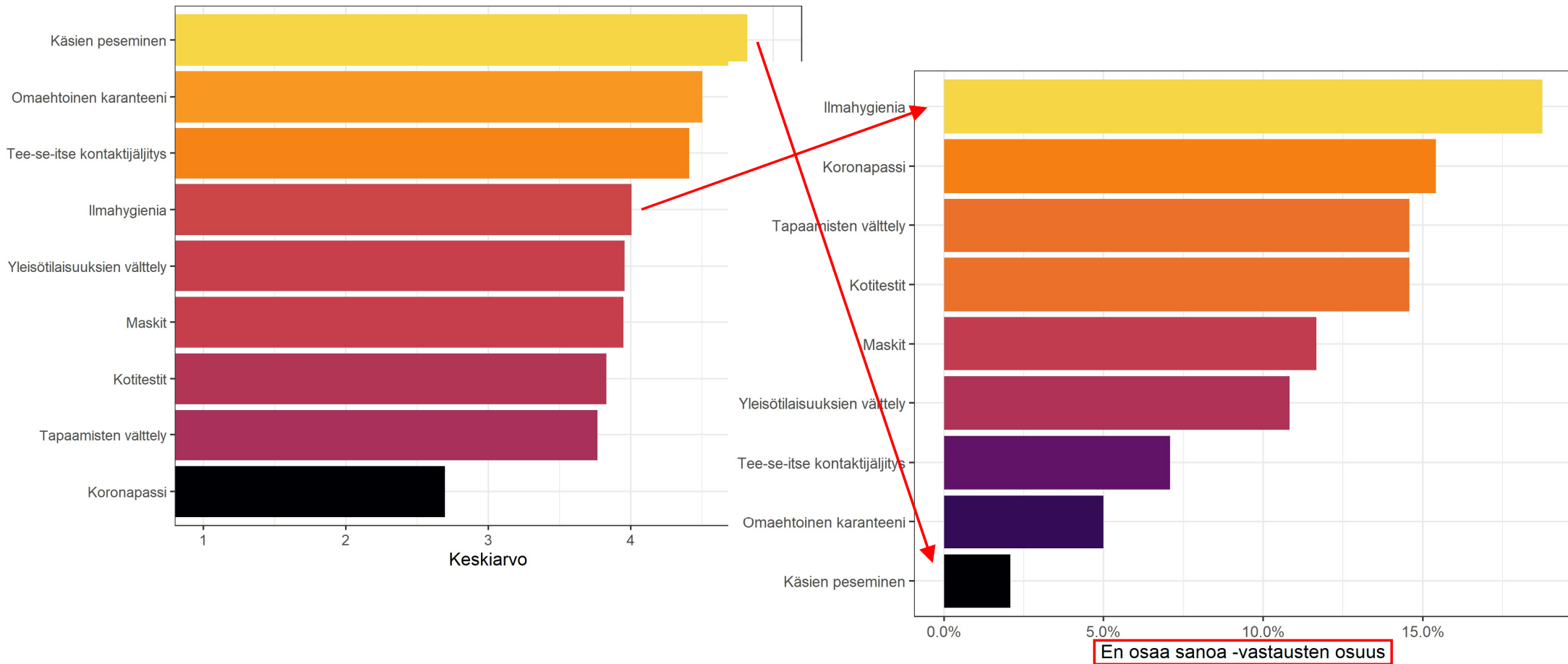


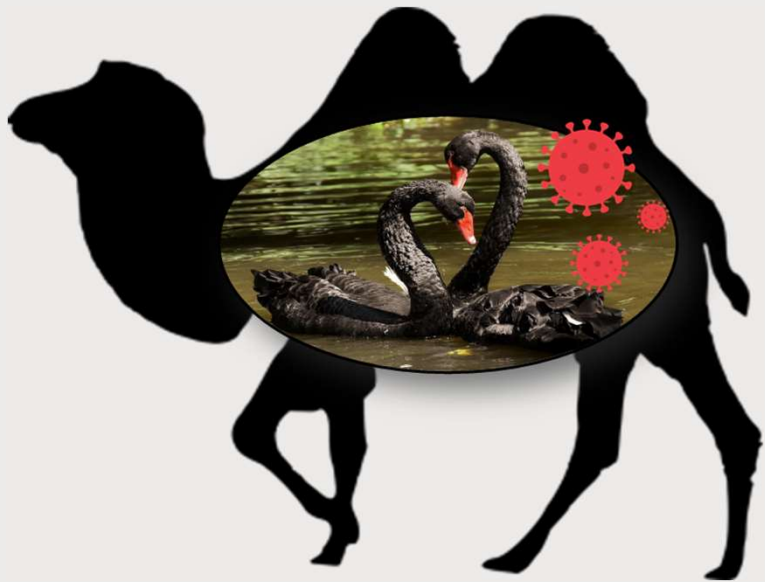
**Case:
Suomalaisten
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suoja-toimiin**





Toimenpiteiden koettu hyödyllisyys koronaviruksen torjunnassa





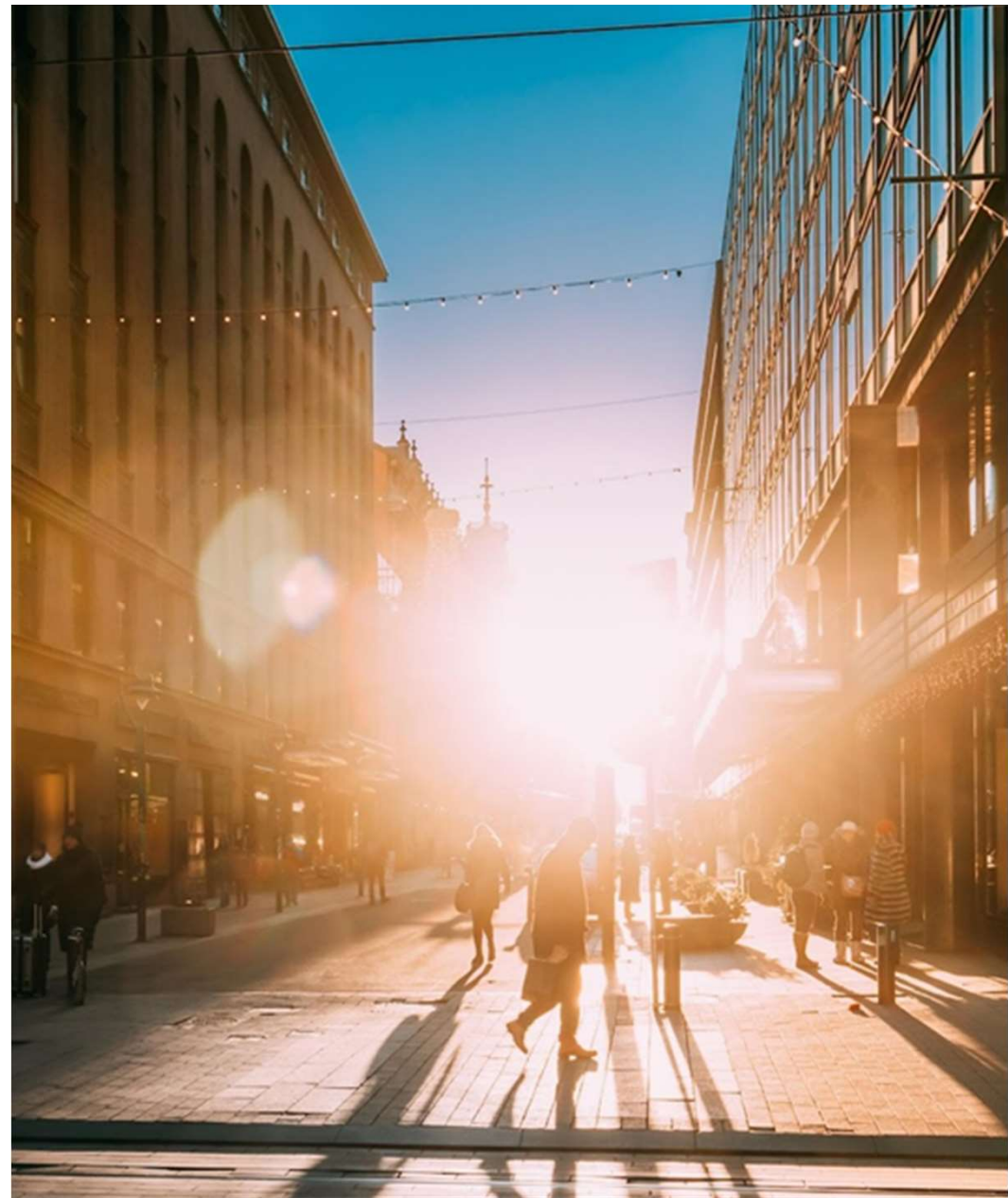
Kiitos!

Attractor landscapes: A unifying conceptual model for understanding behaviour change across scales of observation.

Behavioural public policy in complex systems: From a false sense of security to decision making under uncertainty

Miksi ihmiset suojautuvat?

Kaisa Saurio
kaisa.saurio@tuni.fi



"Yesterday, the Emergency Committee met for the 15th time and recommended to me that I declare an end to the public health emergency of international concern. I have accepted that advice.

It is therefore with great hope that I declare COVID-19 over as a global health emergency.

However, that does not mean COVID-19 is over as a global health threat.

Last week, COVID-19 claimed a life every three minutes – and that's just the deaths we know about.

As we speak, thousands of people around the world are fighting for their lives in intensive care units.

And millions more continue to live with the debilitating effects of post-COVID-19 condition.

This virus is here to stay. It is still killing, and it's still changing. The risk remains of new variants emerging that cause new surges in cases and deaths.

The worst thing any country could do now is to use this news as a reason to let down its guard, to dismantle the systems it has built, or to send the message to its people that COVID-19 is nothing to worry about."



WHO Director-General's opening remarks at the media briefing – 5.5.2023

"Yesterday, the Emergency Committee met for the 15th time and recommended to me that I declare an end to the public health emergency of international concern. I have accepted that advice

suomi [svenska](#) [English](#) [русский](#)

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Korona ei enää ole yleisvaarallinen tartuntatauti

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Koronaviruksen tapausmäärät ja kuolemantapaukset ovat globaalilla tasolla laskeneet vuodenvaihteen jälkeen. Covid-19-

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Maaailman terveysjärjestö WHO on 5.5.2023 luopunut covid-19-taudin luokittelusta kansainväliseksi kansanterveysuhaksi. Myös Euroopan unioni, sen jäsenvaltiot ja Euroopan tautien ehkäisy- ja valvontakeskus (ECDC) ovat luopuneet covid-19-pandemian johdosta käyttöön otetuista poikkeusjärjestelyistä. Terveyden ja hyvinvoinnin laitos ehdotti 6.4.2023, että korona säädetäisiin valvottavaksi tartuntataudiksi.

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WHO Director-General's opening remarks at the media briefing – 5.5.2023

"Yesterday, the Emergency Committee met for the 15th time and recommended to me that I declare an end to the public health emergency of international concern. I have accepted that advice.

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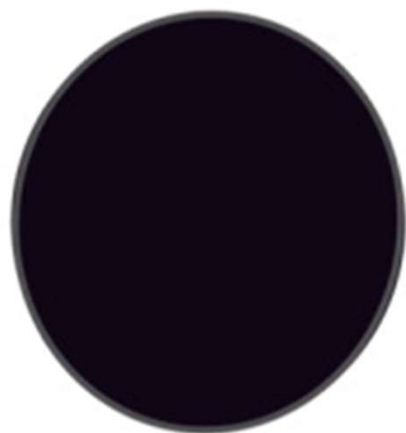
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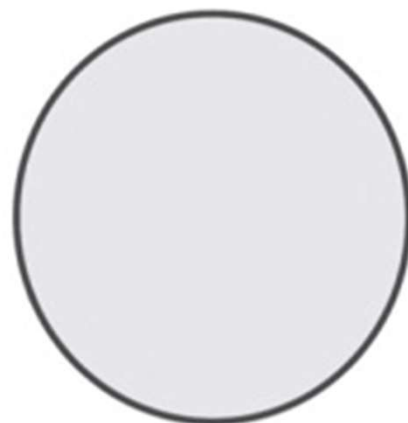
WHO Director-General's opening remarks at the media briefing – 5.5.2023

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FALSE DICHOTOMIES

Escandón et al. *BMC Infectious Diseases* (2021) 21:710
<https://doi.org/10.1186/s12879-021-06357-4>







BMC Infectious Diseases

REVIEW

Open Access

COVID-19 false dichotomies and a comprehensive review of the evidence regarding public health, COVID-19 symptomatology, SARS-CoV-2 transmission, mask wearing, and reinfection



Kevin Escandón^{1*} , Angela L. Rasmussen^{2,3}, Isaac I. Bogoch⁴ , Eleanor J. Murray⁵ , Karina Escandón⁶ ,
Saskia V. Popescu^{3,7}  and Jason Kindrachuk^{2,8} 

Abstract

Scientists across disciplines, policymakers, and journalists have voiced frustration at the unprecedented polarization and misinformation around coronavirus disease 2019 (COVID-19) evidence. Several false dichotomies have been

[Linkki](#)



HEALTH-LIVES

VS

ECONOMY-LIVELIHOODS



**INDEFINITE
LOCKDOWN**

VS

**UNLIMITED
REOPENING**



Room ventilation

Ensure proper ventilation in classrooms, canteen and other rooms.



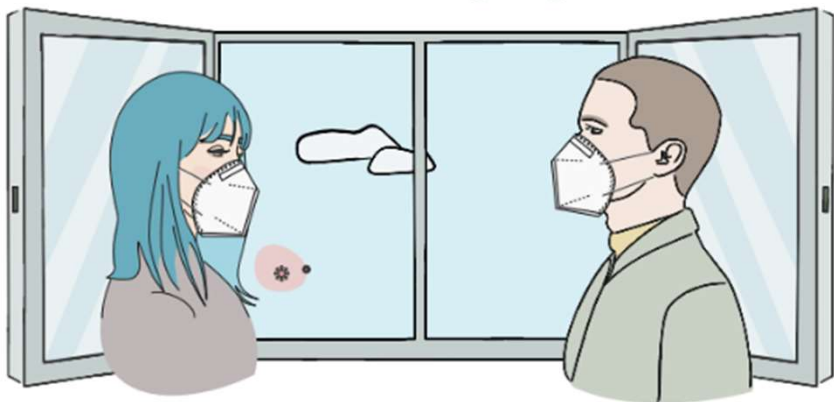
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- When feasible and appropriate, encourage **outdoor activities**.

Updated September 2023

Adapted from materials developed by WHO Regional Office for Europe

#Back2School #SafeSchools #COVID19





Torjuntatoimet
vs.
mielenterveys



YLIOPISTO-OPISKELIJAT OVAT TAVALLISTA UUPUNEEMPIA KORONAKEVÄÄNÄ

Mediassa on keskusteltu paljon peruskoulujen ja lukioiden etäopetuksen vaikutuksista, mutta yliopisto-opiskelijat ovat jääneet näkymättömiin. Kasvatustieteen professori Katariina Salmela-Aro on mukana kansainvälisessä tutkimuksessa, johon osallistuu 28 maata. Tutkimuksessa kysytään, miten opiskelijat ovat jaksaneet ja motivoituneet uusissa, epävarmoissa olosuhteissa.



European Child & Adolescent Psychiatry (2023) 32:995–1013
<https://doi.org/10.1007/s00787-022-02060-0>

ORIGINAL CONTRIBUTION



A systematic review of the mental health changes of children and young people before and during the COVID-19 pandemic

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Received: 31 March 2022 / Accepted: 27 July 2022 / Published online: 12 August 2022
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Abstract

There is increasing knowledge that the COVID-19 pandemic has had an impact on mental health of children and young people. However, the global evidence of mental health changes before compared to during the COVID-19 pandemic focusing on children and young people has not been systematically reviewed. This systematic review examined longitudinal and repeated cross-sectional studies comparing before and during COVID-19 pandemic data to determine whether the mental health of children and young people had changed before and during the COVID-19 pandemic. The Web of Science, PubMed, Embase and PsycINFO databases were searched to identify peer-reviewed studies that had been published in English and focused on children and young people between 0 and 24 years of age. This identified 21 studies from 11 countries, covering more than 96,000 subjects from 3 to 24 years of age. Pre-pandemic and pandemic data were compared. Most studies reported longitudinal deterioration in the mental health of adolescents and young people, with increased depression, anxiety and psychological distress after the pandemic started. Other findings included deteriorated negative affect, mental well-being and increased loneliness. Comparing data for pandemic and pre-pandemic periods showed that the COVID-19 pandemic may negatively impact the mental health of children and young people. There is an urgent need for high-quality research to address the impact, risks and protective factors of the pandemic on their mental health, as this will provide a good foundation for dealing with future health emergencies and other crises.

YLIOPISTO-C UUPUNEEMI

Mediassa on keskusteltu paljon näkymättömiin. Kasvatustieteer 28 maata. Tutkimuksessa kysytää

KOTIMAA

Nuorten ahdistuneisuus jatkaa kasvuaan – THL: "Olemme hieman yllättyneitä"

Peruskoulun 8.- ja 9.-luokkalaisten ahdistuneisuus on jopa korona-aikaa suurempaa.



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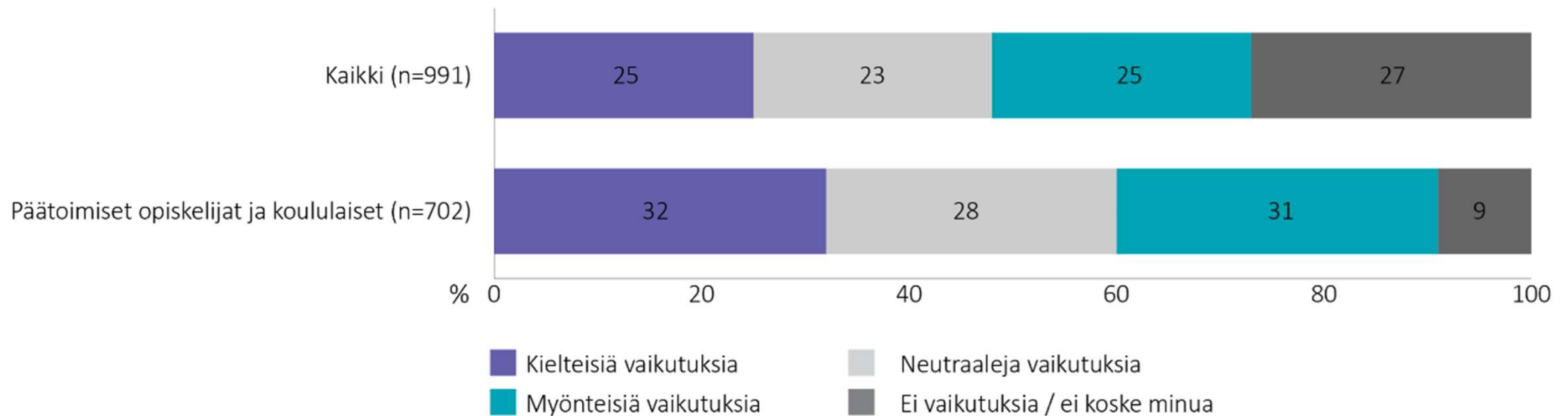
for dealing with future health emergencies and other crises.

”Etäkoulu oli mukavaa ja sai enemmän vapaa-aikaa, yksinäisyys oli huono puoli” – Nuorten kokemukset etäopetuksesta korona-ajan alussa

[Linkki](#)

26.1.2021

Jenni Lahtinen, Lotta Haikkola, Eila Kauppinen



”Etäkoulu vapaa-aika – Nuorten korona-aj

26.1.2021

Jenni Lahtinen, Lot

Päätoimiset opiskelij



COVID-19 PANDEMIC AND CHILD MENTAL HEALTH: AN INVITED DISCUSSION SECTION

Commentary: School closures, the pandemic, and pediatric mental health: Scrutinizing the evidence

This is an invited peer-reviewed commentary by Tyler R Black, MD, FRCPC¹, with scientific consultation and contribution by Punit Virk, MSc²; Melissa L Woodward, PhD⁴; Jonathan N. Stea, PhD, RPsych³; and Quynh Doan, MDCM, PhD⁴

Abstract

The COVID-19 pandemic arrived with significant hardship. The secondary impacts of the pandemic and our response with respect to pediatric mental health has been a subject of significant discussion in the lay public, media, and decision-maker groups. The initiatives to control SARS-CoV-2 have become politicized. A narrative emerged early that strategies to mitigate the spread of the virus were harming children's mental health. Position statements from professional organizations in Canada have been used to support this claim. The aim of this commentary is to provide a reanalysis of some of the data and research methodology used to support these position statements. Some of the direct claims such as "online learning is harmful," should be supported by a strong evidence base with significant consensus that speaks directly to causality. We find that the quality of the studies and the heterogeneity of the results does not support the strength of the unequivocal claims made by these position statements. In a sample of the current literature examining the issue, we find that outcomes range from improvements to deteriorations. Earlier studies relying on cross-sectional surveys typically have shown stronger negative effects than longitudinal cohort studies, which often have also shown groups of children experiencing no changes to measured mental health characteristics or groups that have experienced improvements. We argue it is imperative that policymakers use the highest quality evidence in making the best decisions. We as professionals must avoid discussing only one side of heterogeneous evidence.

Key Words: *pandemic, mental health, children, psychiatry, moral panic, adolescent*



80 100

BREAKING

Teen Suicide Plummeted During Covid-19 School Closures, New Study Finds

Mary Whitfill Roeloffs Forbes Staff

I am a Boston-based reporter covering breaking news.

Follow

Jul 19, 2023, 11:00am EDT

TOPLINE Rates of suicide and suicide attempts among teenagers were at their lowest when schools were closed for the Covid-19 pandemic, a new study published Wednesday shows, pointing to an overall pattern that shows mental health in children and teenagers is at its worst while school is in session.

Original Investigation | Public Health



July 19, 2023

Trends and Seasonality of Emergency Department Visits and Hospitalizations for Suicidality Among Children and Adolescents in the US from 2016 to 2021

Youngran Kim, PhD¹; Trudy Millard Krause, DrPH¹; Scott D. Lane, PhD²

» [Author Affiliations](#) | [Article Information](#)

JAMA Netw Open. 2023;6(7):e2324183. doi:10.1001/jamanetworkopen.2023.24183

Key Points

Question Did trends and seasonal patterns of suicidality among children and adolescents change after the onset of the COVID-19 pandemic in March 2020?

Findings This cross-sectional study of 73 123 emergency department (ED) visits and hospitalizations for suicidality found that the incidence of ED visits and hospitalizations increased from 2016 to 2021, with a temporary decline in 2020. Prior to the pandemic, monthly incidences were typically higher during the school year, but during the spring of 2020, coinciding with school closures, they were substantially lower.

The Number of Children Orphaned by COVID Keeps Rising

HIV has taught us how to care for children who have lost a parent, but more countries need to step up

By Juliette Unwin on September 7, 2022



Psychological Responses to U.S. Statewide Restrictions and COVID-19 Exposures: A Longitudinal Study

Rebecca R. Thompson¹, Nickolas M. Jones¹, Apphia M. Freeman¹, E. Alison Holman^{1, 2},
Dana Rose Garfin^{2, 3}, and Roxane Cohen Silver^{1, 3, 4}

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² Sue & Bill Gross School of Nursing, University of California, Irvine

³ Program in Public Health, University of California, Irvine

⁴ Department of Medicine, University of California, Irvine

Objective: The COVID-19 pandemic has generated debate as to whether community-level behavioral restrictions are worth the emotional costs of such restrictions. Using a longitudinal design, we juxtaposed the relative impacts of state-level restrictions and case counts with person-level direct and media-based exposures on distress, loneliness, and traumatic stress symptoms (TSS) during the COVID-19 pandemic in the United States. **Method:** From March 18, 2020 to April 18, 2020 and September 9, 2020 to October 16, 2020, a representative probability sample of U.S. adults ($N = 5,594$) completed surveys of their psychological responses and personal direct and media-based exposures to the COVID-19 pandemic. Survey data were merged with publicly available data on the stringency of state-level mitigation policies (e.g., school/business closures) during this period and longitudinal case/death counts for each state. **Results:** Three multilevel models (outcomes: distress, loneliness, TSS) were constructed. Measurements of dependent variables (Level 1) were nested within respondents (Level 2) who were nested within states (Level 3). State-level mitigation, cases, or deaths were not associated with any dependent variables (all p 's $> .05$). However, person-level exposures, including having contracted COVID-19 oneself (distress $b = .22, p < .001$; loneliness $b = .13, p = .03$; TSS $b = .18, p = .001$), knowing others who were sick (distress $b = .04, p < .001$; loneliness $b = .02, p < .001$; TSS $b = .05, p < .001$) or died (distress $b = .10, p = .001$; loneliness $b = .10, p = .003$; TSS $b = .16, p < .001$), and exposure to pandemic-related media (distress $b = .12, p < .001$; loneliness $b = .09, p < .001$; TSS $b = .16, p < .001$), were positively associated with outcomes. **Conclusions:** Personal exposures to COVID-19 are more strongly associated with psychological outcomes than statewide mitigations levied to stop disease spread. Results may inform public health response planning for future disease outbreaks.

Keywords: COVID-19, pandemic, statewide restrictions, media, psychological symptoms

Supplemental materials: <https://doi.org/10.1037/hea0001233.supp>

Psykologiset perustarpeet

Autonomia

Omaehtoisuuden,
mielekkyuden ja
omistajuuden
kokemus

Minä päätän

Kykenevyys

Aikaansaamisen ja
hallinnan kokemus

Minä osaan

Yhteenkuuluvuus





Vastavuoroisen
välittämisen ja
ihmistenvälisen
yhteyden kokemus

Minä kelpaan

“Sexual health education and services have traditionally promoted safer sex practices by focusing on risk reduction and preventing disease, without acknowledging how safer sex can also promote intimacy, pleasure, consent, and well-being,” said Dr Lianne Gonsalves, WHO/United Nations Special Programme HRP. **“This research provides a simple message: programmes which better reflect the reasons people have sex – including for pleasure – see better health outcomes. The hope is that these results galvanize the sexual and reproductive health and rights community to promote services that educate and equip users to engage in sex that is safe, consensual, and pleasurable.”**



Basic psychological needs, quality of motivation, and protective behavior intentions: a nationally representative survey study

Meri Pietilä ^{a,b}, Kaisa Saurio ^a, Frank Martela ^c, Mia Silfver ^b and Nelli Hankonen ^{a,b}

^aFaculty of Social Sciences, Tampere University, Tampere, Finland; ^bFaculty of Social Sciences, University of Helsinki, Helsinki, Finland; ^cDepartment of Industrial Engineering and Management, Aalto University, Aalto, Finland

ABSTRACT

Objective: Building on the Self-Determination Theory, this study examines how basic psychological need satisfaction related to COVID-19 behavioral measures is associated with motivation quality and whether motivation quality is associated with intention to wear a face mask and to avoid meeting others.

Methods: Cross-sectional survey study involving a nationally representative sample of Finnish adult population aged 18–70 (N = 1,000).

ARTICLE HISTORY

Received 29 March 2023

Accepted 4 September 2023

KEYWORDS

COVID-19; protective behaviors; self-determination theory;

Basic psychological needs, quality of life, and protective behavior intentions: A cross-sectional survey study

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Nelli Hankonen ^{a,b}

^aFaculty of Social Sciences, Tampere University, Tampere, Finland; ^bFaculty of Social Sciences, University of Helsinki, Helsinki, Finland; ^cDepartment of Industrial Engineering and Management, Aalto University, Aalto, Finland

Koen, että noudattamalla
koronaviruksen leviämisen
estämiseksi annettuja suosituksia
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välittämistä muita kohtaan ja
muut minua kohtaan

Koen, että noudattamalla
koronaviruksen leviämisen
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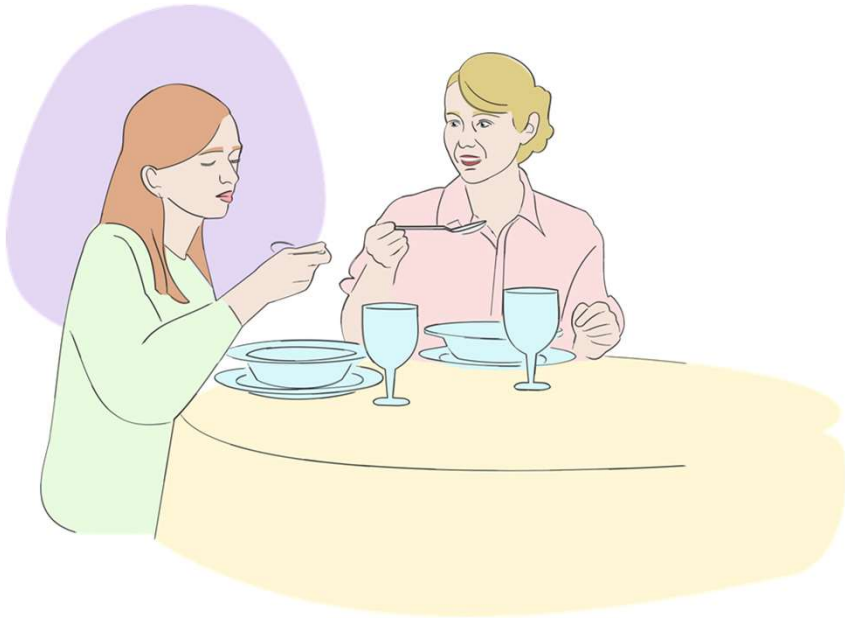
Methods: Cross-sectional survey study involving a nationally
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Haastatteluissa kuvattiin maskin käyttöä mahdollisuutena tehdä oma osuutensa koronan leviämisen estämisessä



“...jos pystyy vaikuttamaan siihen, että mahdollisimman vähän ihmisiä sairastuu ja altistuu.”

Toisaalta haasteina maskien epämukavuus, epäekologisuus ja maskit muistutuksena pandemiasta



“...sillon kun niit ystäviä näkee
naamatusten, niin sillon haluaa olla
miettimättä tätä vallitsevaa
maailmantilannetta...”



Kiitos!

