3.0 Introduction

Psychosocial environments and mental well-being

DAGMAR KUTSAR

KEY MESSAGES

1. In an increasingly complex and changing society, individuals' mental well-being depends on their ability to act both independently and together as a group.

2. Everyone's open and active participation and mutually respectful communication, at the community level (including family, school and work) and in society as a whole, is crucial for well-being and social cohesion.

3. Supportive childhood relationships in the family and at school, a lifelong ability to learn and adapt, and strong connections between generations support mental health and well-being into old age.

INTRODUCTION

In this chapter, we discuss mental health and subjective well-being in family, educational and work settings – that is, in psychosocial (relational) environments that people build every day with other people and society in general. According to the bioecological model (Bronfenbrenner and Morris 2006), individuals are both directly and indirectly related to the functioning of society at different levels, both contributing to it and being affected by it. For example, the subjective well-being of family members is related to their personal charac-
teristics (e.g. vitality, health and special needs) and the communication skills that help them cope with family situations, at school, at work and elsewhere. People's actions are influenced by government policy (e.g. family, employment and education policies), the general social situation (e.g. the labour market, family development trends, educational opportunities, IT capabilities, the pandemic and anxiety about war) and support systems (e.g. services, social benefits and programmes, or community and voluntary activities).

Well-being and social cohesion are created in psychosocial environments

People of all ages need supportive and caring people around them. According to Bowlby (1982), people need at least one close relationship for positive self-development to take place and to heighten their sense of security. However, it is even better to have more than one close relationship. An individual should also meaningfully identify with more than one psychosocial environment, because belonging to a family, school class, community, work collective, or a group of like-minded people or people who share the same hobby – that is, being connected to various parts of society – is a natural human need.

Humans have the ability to interpret and evaluate their experiences, but for this they need information, active participation and the opportunity to make choices within a framework of agreed rules and norms. In other words, people need to act together for common goals. This is critical with children: there is a widely held attitude that adults have the correct answers, so there is no need to ask children for their opinion. However, asking children may reveal unexpected and uncomfortable truths for adults. For example, as they get older, children in Estonian tend to say they like school less; Estonia is struggling to meet even the average level of liking school com-

It is good for well-being and mental health if the communicating parties are willing to cooperate for common goals and listen to and respect each other.

People's stress levels increase and their well-being decreases in situations where their opinion is not given enough consideration and their opportunities to contribute are limited.

pared with other countries. Studies show that students appreciate it when their opinions are heard and taken into consideration, but they say this rarely happens at school. The same occurs in the workplace, where employees have only a limited say in how work is organised. The articles in this chapter show that, on such occasions, the stress level of both students and employees increases while their subjective well-being decreases (see Valk et al. and Kovaljov et al. in this chapter).

Different perspectives, personal vulnerabilities and resilience come together in psychosocial environments. It is good for well-being and mental health if the communicating parties are willing to cooperate for common goals and listen to and respect each other. However, the outbreak of the COVID-19 pandemic and the related general decline in subjective well-being demonstrated that we are all vulnerable and the future is less and less predictable (see Märtsin et al., Valk et al. and Kovaljov et al. in this chapter).

Coping in an increasingly complex society

Maintaining social cohesion in the context of social inequality, growing global anxiety and unpredictability (e.g. the COVID-19 pandemic and war anxiety) tests people's ability to cope with and resist stress and increases the significance of caring

Caring relationships in the family make it easier to cope with difficulties both at work and at school.

relationships in the psychosocial environment. Although the family is the primary psychosocial environment for children and adults alike, primary psychosocial environments are not confined to relationships between household members but cover a wider network of relationships, and also relate to education and professional life. Caring relationships in the family make it easier to cope with difficulties both at work and at school. To cope with unexpected events in the labour market, people need to be motivated to engage in lifelong learning. Parents who separate must acquire new parenting skills in order to be good parents in the family's extended network of relationships. However, older people who have built and contributed to relationship networks over the course of their life may experience greater social connectedness and a higher level of subjective well-being (see Sakkeus et al. in this chapter). The pandemic blurred the boundaries between family, work and school and decreased overall life satisfaction (see Kovaljov et al. in this chapter). The patterns of behaviour during the pandemic hold lessons for the future, but the question remains: how can we use these sensibly and in ways that support well-being?

The rise of 'me' culture and external expectations of success is characteristic of a complex society.

Older people who have developed and contributed to relationship networks throughout life may experience greater social inclusion and a higher level of subjective well-being.

The rise of 'me' culture and external expectations of success is characteristic of a complex society. It is reflected in people's ability to act independently or as a group and a tendency to compare themselves with others, which is intensifying in different ways. An example of exercising agency is the increased competence for independent decision-making in the context of new, more diverse forms of work (see Kovaljov et al. in this chapter). During the COVID-19 pandemic, students with better self-management skills appeared to cope better with the sudden transition to distance learning (see Valk et al. in this chapter). The downside of 'me' culture is insufficient life skills for cooperation, including unequal treatment, non-inclusion, and bullying in the family, at school or at work, which threatens the well-being and mental health of those involved (see Märtsin et al., Valk et al. and Kovaljov et al. in this chapter).

Comparing oneself with others and expectations of success are conspicuous in education, where academic success is seen as an indicator of the social goodness of a future generation of adults. Thus the time the child spends studying (including homework and extracurricular activities) often exceeds the length of an adult's working day. Subjecting children to expectations of success from an early age is a threat to their mental health and well-being. Comparing academic achievement in general education, both at the national level and internationally, divides students, schools and countries hierarchically and emphasises

> A ten-year-old child: 'You don't have to be the best at everything, but you have to work to be the best at some things. I will be successful if I study and work hard.'
>
> An eight-year-old child: 'Some people need help to succeed.'
>
> **SOURCE:** Interviews with children at Edukonverents, 2015

Excessive management of children's time at the expense of free playtime limits the development of their agency and creativity.

The family acts as a life-long network, creating a safety net for the family members and helping them develop life skills

the inequality of students, while children's subjective well-being at school decreases with age, both in Estonia and internationally (see Valk et al. in this chapter).

Miller and Almon (2009) claim that excessive management of children's time in preschool education at the expense of free playtime limits the development of their future capacity for autonomy and creativity. They point to research showing that children who have free playtime have better linguistic and social skills, are more empathetic, have a more vivid imagination, and understand other people better than those who have no free playtime. They are also less aggressive, have better self-control and are sharper thinkers. Playing with peers also eases stress in anxious children. The stress-reducing effect of playing was evident during the state of emergency during the first wave of COVID-19. Both children and adults in families spent more time playing games together at home than before, increasing their sense of security and unity in the family (see Märtsin et al. in this chapter).

A couple relationship is the most important source of well-being in a person's life, and the presence of children adds to it. Expectations of closeness, safety and cooperation in the family are high despite the diversity of family structures in Estonian society and the subjective blurring of the definition of family, especially in the case of children. However, in an ageing society, children are highly valued, which challenges adults to be good parents even if they do not live with their children. According to children's self-assessment, girls are more sensitive to changes in the family structure than boys. Living in a family with a stepparent can affect subjective well-being, especially for girls (see Märtsin et al. in this chapter).

A normative shift has taken place in society: awareness of the importance of equal parenting is strengthening. Several family policy measures have been developed, including services that help reduce the burden of care within the family. Studies show that the older generation seeks to maintain their agency for as long as possible because it supports well-being. However, this tendency

Family networks more often extend beyond national borders, putting space between different generations and hindering intergenerational learning.

has highlighted a new aspect in couple relationships in old age – the need to care for a loved one, which affects well-being. Women living alone without the burden of caregiving report having higher levels of well-being than men living alone (see Sakkeus et al. in this chapter).

It is unusual for three generations in Estonia to live together in one household. Due to labour migration and diversifying cultural backgrounds, families are becoming more international. This means that family networks more often extend beyond national borders, putting space between different generations and hindering intergenerational learning. Fewer 'country grandmas' are at hand to share their wisdom, as more and more grandchildren live abroad and see them maybe once or twice a year. The importance of the older generation in children's lives

became particularly evident during the COVID-19 state of emergency, when children missed their grandparents and were concerned about their health (see Märtsin et al. in this chapter).

Diversifying work life creates new dilemmas to be solved

n a complex society, work life and work-related psychosocial environments of relationships and communication (e.g. virtual, physical, local, international and global) tend to diversify. Analysing the COVID-19 situation identified several dilemmas characteristic of this new era. These include remote work and independent decision-making versus an employee's reliability in the eyes of the employer, or increasing job insecurity versus a sense of belonging (see Kovaljov et al. in this chapter). Even with

Employment supports well-being: work keeps people connected to society and helps maintain social cohesion.

Back in the day, parents were probably not in the habit of weighing or analysing how one thing or another affected their child or what was going on deep inside their soul. It's a pity. Nowadays people are more aware, but the problems they face are also more numerous and complex.

My grandmother was simply a wonderful person. By setting an example, she taught me to work hard, have an optimistic and fair outlook on life and people, and help others. I think back at our time together with great fondness and gratitude.

SOURCE: notes from the University of Tartu lecture course 'Children and childhood'

In order to survive and exist, we need 'existential intelligence' in our private life, working life and social life – that is, the ability to find our way forward and navigate the choices arising from complex life situations. Lifelong learning is the reality of today. The school system does not pronounce final truths; personal, social and professional edification is a lifelong process. People learn in different contexts and new situations, through continual self-discovery, self-belief and self-valuing, and by communicating with others. They learn to live a healthy life in an unhealthy world and to contribute to creating a healthier society.

SOURCE: Hildebrandt 2009

the pandemic subsiding, more and more companies are adapting work arrangements to be more flexible, offering opportunities to work in the office or remotely. With hybrid work, the psychosocial work environment inevitably changes as well.

Studies show that, compared to not working, employment supports well-being: work keeps the individual connected to society and helps maintain social cohesion (see Kovaljov et al. in this chapter). The workplace also fosters self-development and increases everyone's self-efficacy. Changes in the labour market are obviously not limited to technological improvements but are also manifested in changing relationships and lifestyles. Every new generation adds diversity and builds richer psychosocial environments.

Lifelong learning supports subjective well-being and maintains social cohesion. This is especially important during times of rapid change when loneliness can start dominating a person's life.

Lifelong learning supports subjective well-being and social cohesion

People's motivation to learn stems not only from their innate curiosity but also from the demands on parenting skills in family life, the need to acquire new skills in work life and the expansion of educational opportunities in society. People learn by participating in different areas of life and contributing to various psychosocial environments. Learning takes place everywhere and in many forms: formal, non-formal and informal.

Lifelong learning supports subjective well-being and maintains social cohesion. This is especially important during times of rapid change when loneliness can start dominating a person's life (e.g. after losing a job, during self-isolation due to a pandemic, or as a result of diminishing intergenerational relationships and solidarity). A discourse of 'education for well-being' is gradually gaining currency, whereby academic achievement and interest in learning support both independent action and collective action towards common goals.

We must remember that in an unequal society, children and young people are in an unequal position in relation to one another, both in terms of their personal characteristics and in terms of how favourable the surrounding environment is for them. Glass ceilings and floors tend to perpetuate their social position and circumscribe their opportunities and well-being. Children and young people need support in creating and realising opportunities in their lives – breaking through the glass ceiling (e.g. achieving their goals) and avoiding falling through the glass floor (e.g. dropping out of school). The psychosocial environment of relationships at school is particularly important for mental health and well-being. Bullying, both among students and between students and teachers, threatens the well-being of all parties and has long-term consequences for mental health (Soo and Kutsar 2021).

Hobbies are accompanied by a psychosocial environment that supports children's well-being in addition to pro-

Hobbies are important for people's well-being at any age. They reinforce a sense of belonging to a community and a sense of cultural history and meaning, as well as providing opportunities for creativity.

viding a complex development challenge (see Valk et al. in this chapter). Hobbies are important for people's well-being at any age. They reinforce a sense of belonging to a community and a sense of cultural history and meaning, as well as providing opportunities for creativity. Hobbies are an example of cross-sectoral prevention work benefitting mental health, which does not qualify as mental health intervention.

Therefore, in contemporary society we are all artists – knowingly or not, willingly or not, whether we like it or not. We are life artists because we all are expected to give our lives purpose by using our own skills. I use the term 'artist' because being an artist involves having the capacity to give form and shape to what would otherwise be formless and shapeless; to impose order on what would otherwise be chaotic, haphazard and random.

SOURCE: Brierley 2012, p. 82

SUMMARY

We are connected to each other through psychosocial environments. As society becomes more complex and the future less predictable, these environments are increasingly sophisticated – families as functional networks, work relationships in their different forms and modes, and the diverse education landscape. Psychosocial environments are created collectively, acting together. In education, it is very important to focus on the learning environment and the respectful treatment of students just as much as on academic achievement, and to facilitate participation in educational life in general. For those who are absent from the labour market, new ways must be found to bring them back. It is also important to recognise the meaningful work done by people of different ages in terms of maintaining well-being and mental health.

In order to notice emerging social problems and find new solutions to reduce existing problems, it is important to monitor the well-being of people of different ages in psychosocial environments that are meaningful to them. Instead of intervening only after mental health problems have surfaced, greater emphasis must be placed on prevention, including the development of communities that support social cohesion. ●

REFERENCES

Bowlby, J. 1982. Attachment and loss: Retrospect and prospect. – American Journal of Orthopsychiatry, 52(4), 664–678. https://doi.org/10.1111/j.1939-0025.1982.tb01456.x.

Brierley, D. 2012. Educating the art of life: Resilience and creativity in contemporary education. – Clouder, C., Heys, B., Matthes, M. Sullivan, P. (eds.). Improving the Quality of Childhood in Europe, Volume 3. East Sussex, UK: ECSWE, 69–87.

Bronfenbrenner, U., Morris, P. A. 2006. The bioecological model of human development. – Damon, W., Lerner, R. M. (eds.). Handbook of Child Psychology, Volume 1: Theoretical Models of Human Development. New York: John Wiley, 793–828.

Hildebrandt, S. 2009. Multiple intelligences in the knowledge-based society. – Clouder, C., Heys, B., Matthes, M. (eds.). Improving the Quality of Childhood in the European Union. Current Perspectives. Belgium: Alliance for Childhood European Network Foundation, 142–151.

Miller, E., Almon, J. 2009. Crisis in the Kindergarten: Why children need to play in school. College Park (MD): Alliance for Childhood.

Soo, K., Kutsar, D. 2021. Minu lapsepõlve „õnn" ja „õnnetus" seoses hariduse ja õppimisega: üliõpilaste mälestusi kooliajast. – Mäetagused, 74, 99–124.

3.1

Family relationships and family members' self-reported mental health and well-being

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KEY MESSAGE

Estonian family structures have diversified over time. However, family members' mental health and well-being do not depend on family structure alone. The relationships between family members are more important than family composition. With its diverse family structures, Estonian society needs both formal and informal networks for families to ensure the availability of prevention and intervention strategies that support mental health and well-being for all families and family members.

INTRODUCTION

Every person is part of a family. We are connected with our family members through family relationships, even if we do not live with them or meet them every day. The family is a child's primary context for socialisation, where they learn the meaning of coexisting with others. From family members, the child learns how to participate in a relationship and how to recognise and share their joys and sorrows. Relationship patterns acquired from the family are tacitly passed down to future generations.

Today's families are characterised by diverse family structures – divorce and repartnering. The blended family, where at least one parent has previously been in a couple relationship and the family includes children from their previous and current relationships, is not an unusual family structure. A change in family structure leads to changes in the relationships between all family members and affects how they feel within and outside the family. At the same time, a change in family structure does not necessarily cause family relationships to deteriorate. It often leads to better-functioning relationships between family members (e.g. an abusive parent moving out). In any case, a change in family relationships requires adjustment and a conscious effort to function better.

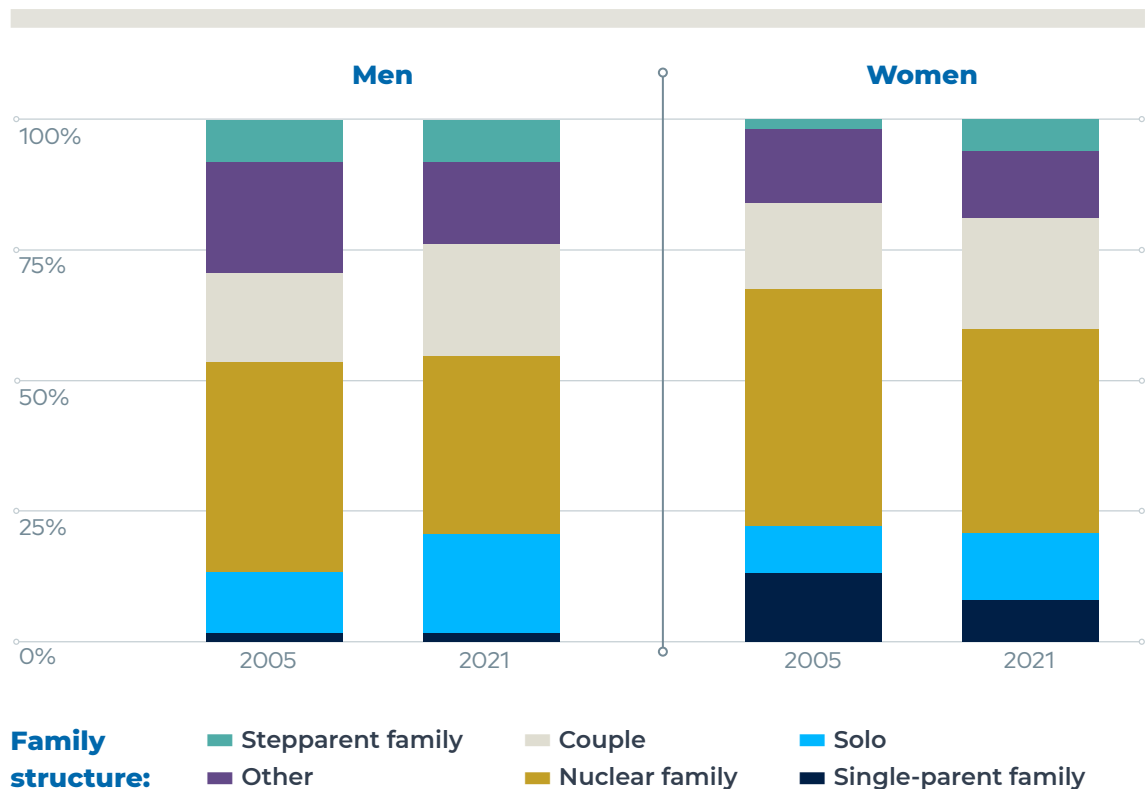**Today's families are characterised by diverse family structures, requiring adjustment and a conscious effort to function better.**

International studies show that family relationships significantly affect the well-being of adults and have a decisive role in life satisfaction in Estonia and other countries where individuals have a great deal of freedom when it comes to forming couple relationships, becoming a parent or deciding on the number of children they want to have (Margolis and Myrskylä 2013). Among the various aspects of life satisfaction, positive relationships with family members are not in the best shape in Estonia. Compared with other European countries, adults in Estonia have fewer people they can lean on in times of need (Ruggeri et al. 2020). Family relationships also have a significant impact on children's life satisfaction. If the child cannot understand why the parents are divorcing and forming a new family, and the child is not involved in decisions about their future, this can negatively impact the child's well-being (Nahkur and Kutsar 2021).
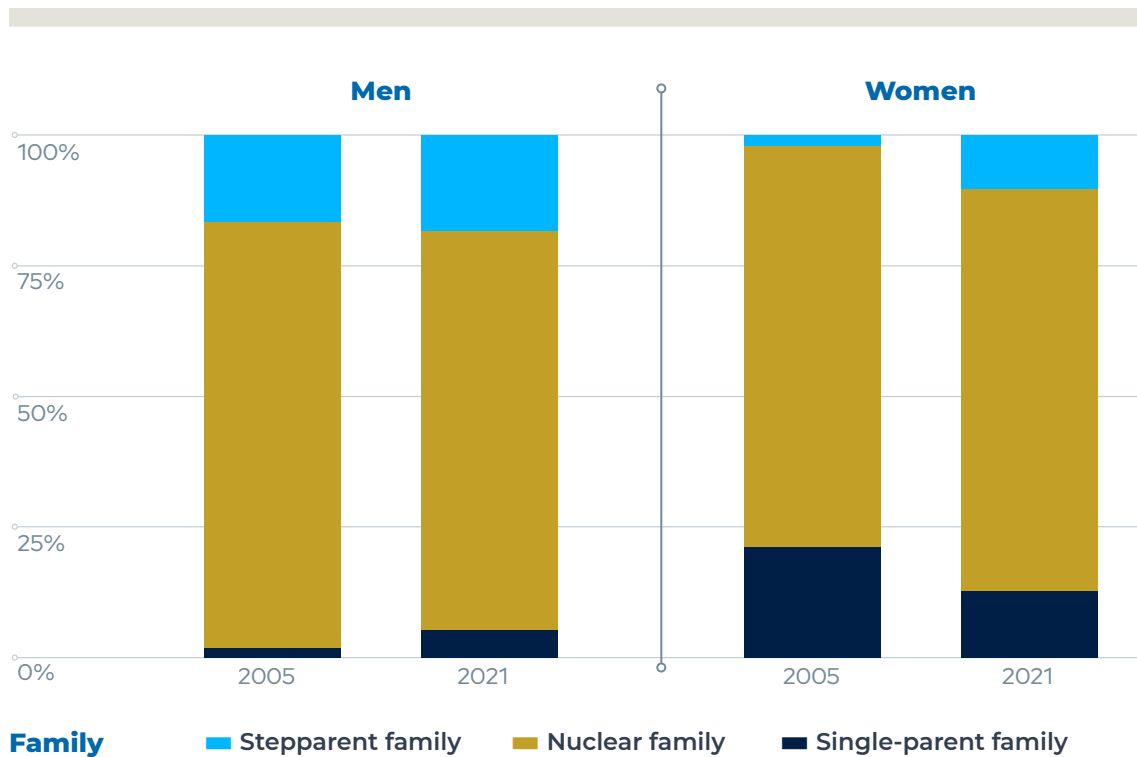
In this article, we seek answers to three questions: (1) How have Estonian family structures changed over time? (2) How are the mental health and well-being of children and adult family members in different family structures related to satisfaction with family relationships? (3) How do children and adults living in different family structures evaluate their mental health and well-being? We also discuss how the early stages of the COVID-19 pandemic affected the mental health and well-being of children and parents in Estonia. We look at mental health and well-being primarily in terms of overall satisfaction with life. Here we define family as people who live together and are in a couple relationship or parental relationship. This includes adults in a couple relationship with or without children, single parents living with one or more of their children but whose partner does not live with the family, as well as families with children and a stepparent.

Figure 3.1.1. Distribution and change of family structures among adults aged 18–60

Family structure: ■ Stepparent family ■ Couple ■ Solo ■ Other ■ Nuclear family ■ Single-parent family

Figure 3.1.2. Distribution and change of family structures among adults aged 18–60 living with children under 18

Men   Women

Family structure: ■ Stepparent family   ■ Nuclear family   ■ Single-parent family

Estonian family structures have diversified over time

To understand the changes in Estonian family structures in recent years, we used the 2005 (N = 5,642) and 2021–2022 (N = 9,088) data from the Estonian Generations and Gender Survey, which is a representative study of adult Estonian residents aged 18 to 60. The patterns of family formation in Estonia have changed significantly over time. At the beginning of the 20th century, 70% of young people started their unions by marrying, but among the birth cohorts of the 1960s and 1970s, more than 90% of couples started their unions with cohabitation (Puur and Rahnu 2011). The trend of childbearing not being confined to marriage appeared in Estonia already in the 1960s, when 14% of children were born out of wedlock. The same trend continues today as more than half of children are born to cohabiting parents.

The diversification of family structures can also be seen in the change in the share of single-parent and stepparent families. The majority of Estonian families consist of two parents and their biological child or children (Steinbach et al. 2016). At the same time, the share of people living alone and, to some extent, people living in families with a stepparent has increased in Estonia over time (see Figure 3.1.1). In 2021, 76.9% of all families with children (N = 3,488) in Estonia were those with two birth parents, 9.7% were single-parent families, and 13.4% were stepparent families. Compared to 2005, the share of both birth-parent and single-parent families has somewhat decreased (by 1.5% and 5.2%, respectively), while the share of people living in stepparent families has increased (6.7%),

especially among women, for whom the increase is almost tenfold (see Figure 3.1.2). In the same period, the share of families with a single mother decreased by more than one-third, while the share of families with a single father more than doubled. It appears that after a previous couple relationship or marriage ends, women who raise children alone may have less difficulty finding a new partner than men who raise children alone.

The proportion of stepparent and single-parent families in Estonia is one of the largest in Europe. With its high proportion of stepparent families, Estonia is similar to other Eastern European countries. And its high proportion of single-parent families makes Estonia similar to Northern European countries (Steinbach et al. 2016).

Family relationships affect children's and parents' life satisfaction

n evaluating adult family members' satisfaction with life and family relationships (18–64 years old; N = 2,466), we relied on the 2003–2016 data from the European Quality of Life Survey (EQLS), which is a representative study of the Estonian adult population, using the indicators of overall life satisfaction[1] and satisfaction with family life[2] respectively. We also studied the quality of the relationship between children and parents[3] and

the support provided to one another in the family,[4] including how these aspects of family relationships affect overall life satisfaction.

The analysis indicates that family relationships play an important role in the life satisfaction of adult family members. The more satisfied one was with family relationships, the higher their evaluation of life satisfaction. This positive association is more apparent in the case of single parents but also applies to parents in a couple relationship. It appeared that across the different aspects of family relationships, only the parents' desire to devote more time to their child was linked to life satisfaction. Again, this was more apparent in the case of single parents than parents in a couple relationship. The greater the single parent's desire to devote time to their child, the lower their overall life satisfaction. Such results suggest that single parents realise the importance of and value their role in raising children but also feel that by themselves they cannot do everything they want to do. This perceived imbalance between their abilities and society's expectations affects the overall life satisfaction of single parents.

When analysing children's satisfaction with life and family relationships, we relied on the 2018 data from the International Survey of Children's Well-Being[5] (ISCWeB) for 10- and 12-year-old children, using the indicators of overall life satisfaction[6] and satisfaction with family members[7] respectively. For 11-, 13- and 15-year-old children, we used the 2018 data from the study of Health Behaviour in School-Aged Children (HBSC), where life satisfaction was evaluated on a 10-point ladder[8] and satisfaction with family relationships was measured as an overall assessment of the frequency of nine joint family activities.[9] In addition, we studied the quality of the relationship between child and parent,[10] the safety of the family environment[11] and family members' support for one another,[12] including how these affect life satisfaction. Both studies have a representative

sample for the respective age group in Estonia (ISCWeB 10-year-olds N = 1,013 and 12-year-olds N = 1,079; HBSC 11-year-olds N = 1,570, 13-year-olds N = 1,607 and 15-year-olds N = 1,550).

Satisfaction with family relationships impacts children's life satisfaction differently depending on age, gender and family structure. We compared children living in a family based on whether they were living with two birth parents, a birth parent and a stepparent, or a single parent. Although there are some age-related differences among family structures, the general trend is that family relationships play a more critical role in life satisfaction for children living in a family with a stepparent. Gender comparisons also show that, by age, the impact of family relation-

People in a couple relationship, either with or without children, are significantly more satisfied with family life than single parents or people living alone, especially men. A person in a couple relationship is significantly more likely to get help from a family member or relative in case of mild depression and a need to talk.

ships on life satisfaction differs somewhat across family structures. However, the general trend is that family relationships are tied to life satisfaction more among girls, who become vulnerable to poor family relationships as they get older.

1   All things considered, how satisfied would you say you are with your life these days? 1 – very dissatisfied … 10 – very satisfied.

2   How satisfied are you with your family life? 1 – very dissatisfied … 10 – very satisfied.

3   As measured with the following two questions: (1) On average, how many hours per week are you involved in any of the following activities outside of paid work? Caring for and/or educating your children. (2) Could you tell me if you spend as much time as you would like to in each area, or if you wish you could spend less time or more time in that activity? Caring for children or grandchildren: 1 – spend less time; 2 – spend as much time as I currently do; 3 – spend more time.

4   From whom would you get support in each of the following situations? For each situation, choose the most important source of support. If you were feeling a bit depressed and wanting someone to talk to: 1 – a member of your family / relative; 2 – a friend, neighbour or someone else who does not belong to your family or relatives; 3 – a service provider, institution or organisation; 4 – nobody (only options 1 and 4 were used in the analysis).

5   See https://isciweb.org/ Data collection and the analysis presented here were supported by the Estonian Research Council grant (PRG700).

6   How satisfied are you with the following in your life? Satisfaction with life as a whole: 0 – not at all satisfied … 10 – totally satisfied.

7   How satisfied are you with the people that you live with? 0 – not at all satisfied … 10 – totally satisfied.

8   In general, where on the ladder do you feel you stand at the moment? 0 – worst possible life … 10 – best possible life.

9   Overall frequency of joint family activities: 1) watching TV or videos together; 2) playing indoor games together; 3) playing computer games together; 4) eating together; 5) going for a walk together; 6) visiting different places together; 7) visiting friends or relatives together; 8) doing sports together; 9) sitting down and having discussions together. 1 – every day; 2 – most days; 3 – about once a week; 4 – less often; 5 – never.

10 ISCWeB: 'There are people in my family who care about me'; 'My parents/carers listen to me and take what I say into account'; HBSC: 'How easy is it for you to talk to your (step)mother/(step)father about things that really bother you?'

11 ISCWeB: 'I feel safe at home'; HBSC: 'Have you ever argued or fought with your parent when he/she was drunk?'; 'Have you ever heard your parents fighting when at least one of them was drunk?'

12 ISCWeB: 'If I have a problem, people in my family will help me'; HBSC: arithmetic average of the following statements: 'My family really tries to help me'; 'I get emotional support from my family'; 'I can talk about problems with my family'; 'My family is willing to help me make decisions'.

The importance of family relationships in children's life satisfaction is also evident when looking at various aspects of the quality of family relationships. Among 12-year-old children, the importance of these aspects is greater in the life satisfaction of children raised in a family with two birth parents or a stepparent, and somewhat less in the case of children raised by a single parent. For 12-year-old children living in a family with two birth parents, life satisfaction is most strongly related to satisfaction with the people they live with. For children living with a stepparent, the strongest factor is feeling safe, and for children living with a single parent, it is the child's perception of care in the family. Among 13- and 15-year-old children, aspects of the quality of family relationships best explain the life satisfaction of girls and 15-year-old children living with a stepparent.

Girls' greater sensitivity and vulnerability in the context of family relationships is most likely due to the persistence of traditional gender roles in child-rearing. Such findings raise questions about girls' vulnerability in family relationships vis-à-vis their role as future mothers and the possibilities for boys as future fathers to shift towards more open relationships with their future partners and children.

Adults in a couple relationship have higher life satisfaction

The existence of a couple relationship and parenting relationship plays an important role in adults' life satisfaction. Out of all family structures, parents in a couple relationship have the highest life satisfaction, and people living alone and single parents have the lowest, especially women (see Figure 3.1.3). However, compared to other countries in the European Union, the life satisfaction of Estonian parents in a couple relationship is rather low or average, while the life satisfaction of Estonian single parents is average.
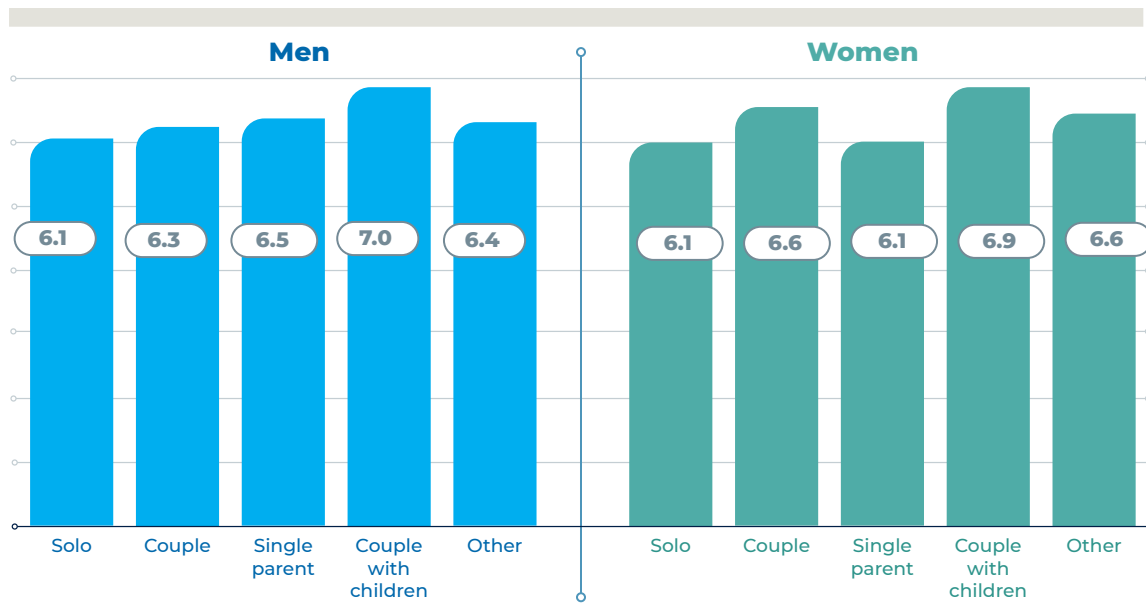
Having a couple relationship and/or being parents also plays a role in adults' satisfaction with family life. People in a couple relationship, either with or without children, are significantly more satisfied with family life than single parents or people living alone, especially men

BE AWARE OF THE SIGNS OF POSTPARTUM DEPRESSION
Becoming a parent is usually seen as something joyful and fulfilling. Yet studies estimate that 8–17% of new mothers and 7–9% of new fathers experience postpartum depression during the first year of their child's life, which puts both the child's and the parent's health, well-being, and development at risk. Typically, a parent suffering from postpartum depression experiences anxiety, irritability, guilt, fatigue, and a lack of energy and interest. All this makes it difficult to take care of the newly born child and oneself. One of the biggest predictors of postpartum depression in fathers is postpartum depression in the mother. Lack of a support network to help new parents is also among the risk factors. Therefore, it is important to pay special attention to family relationships before and after the birth of a child – to improve strained relationships, offer help to one another, and be ready to accept and rely on others for help.

SOURCE: Pedersen et al. 2021

Figure 3.1.3. Average life satisfaction (on a scale of 1–10) in adults by family structure and gender

	Men					Women			
Solo	Couple	Single parent	Couple with children	Other	Solo	Couple	Single parent	Couple with children	Other
6.1	6.3	6.5	7.0	6.4	6.1	6.6	6.1	6.9	6.6

SOURCE: figure by the authors, based on the 2016 data from the European Quality of Life Survey (EQLS)

(see Figure 3.1.4). Moreover, it is significantly more likely that a person in a couple relationship can get help from a family member or relative in case of mild depression and a need to talk.

Regardless of the presence of children, Estonian adults aged 25–34 in a couple relationship are significantly more satisfied with life than adults living alone. This suggests that creating and maintaining a relationship in young adulthood supports life satisfaction. At the same time, among 35-to-49-year-olds, parents in a couple relationship are significantly more satisfied with life than people in any other family structure. This indicates the importance of having children in mid-life.
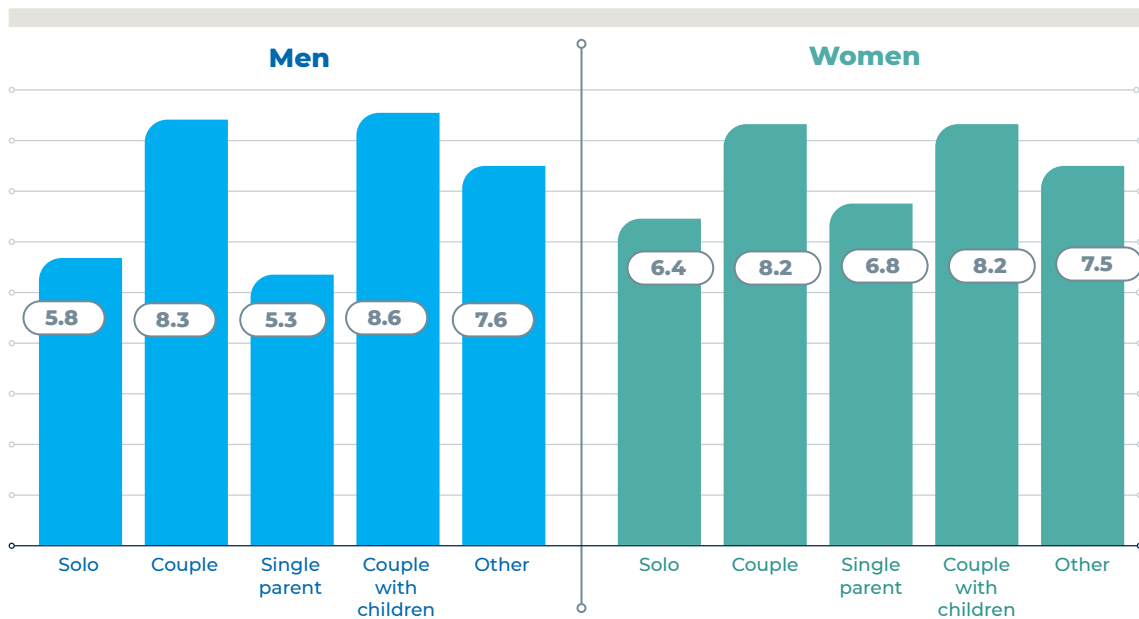
A comparison of men's and women's life satisfaction shows that parenthood increases life satisfaction for men in a couple relationship more than for women in a couple relationship. At the same time, women who are in a couple relationship and have children are significantly more satisfied with life than single mothers. Women's life satisfaction is also higher if they are in a relationship without children than if they are living alone without children.

Satisfaction with family life decreases with age, and women's satisfaction with family life is generally somewhat higher than men's. Women aged 35–49 are the exception: they are significantly less satisfied with family life compared to men of the same age. Moreover, in case of mild depression and a need to talk, they estimated the likelihood of receiving help from a family member or relative to be significantly lower than men did. On the one hand, this finding may indicate a discrepancy between women's expectations and the reality regarding equal parenting. On the other hand, it may indicate a discrepancy between women's self-esteem and society's expectations about them handling motherhood.

Women's perceived lack of support from family is concerning. It indicates that many adult family members in Estonia may not get support from their family during the most difficult periods of their lives.

Figure 3.1.4. Average satisfaction with family life (on a scale of 1–10) in adults by family structure and gender

Men

Solo	Couple	Single parent	Couple with children	Other
5.8	8.3	5.3	8.6	7.6

Women

Solo	Couple	Single parent	Couple with children	Other
6.4	8.2	6.8	8.2	7.5

Women's perceived lack of support from family is concerning. It indicates that Estonian adult family members may not get support from their family during the most difficult periods of their lives.

Living with or separately from parents plays a role in adolescents' satisfaction with life and family relationships

Family structure also has an impact on children's satisfaction with life and family relationships; it becomes especially important when the child reaches adolescence. This trend is more pronounced in Estonia than in other countries in Eastern and Northern Europe (see Figures 3.1.5 and 3.1.6). Among 10-year-olds, life satisfaction is not significantly related to family structure. However, after reaching adolescence, children living with two biological parents are more satisfied with their lives and family relationships than children living with a stepparent or a single parent. Compared to children living with both of their birth parents, 12-year-old children living with a single parent or a stepparent were significantly less satisfied with the people they live with. Also, they significantly less agree that parents listen to them and take their opinions into account or provide support in case of a problem. Twelve-year-old children living in a family with a stepparent perceive their family members as caring significantly less often than children living in a family with two birth parents or a single parent, and they consider their home less safe than children living with birth parents.[13] Both 13- and 15-year-old children living with stepparents take part in joint activities with their family significantly less than children living with two birth parents. However, children living with two birth parents feel they have a more supportive atmosphere at home than do children living in other family structures. These findings clearly indicate the need to create and maintain a supportive environment and support net-

13 See the findings based on the same analysis in detail here:
https://arenguseire.ee/pikksilm/laste-heaolu-tulevik/.

work for children, even when the family structure changes. Opportunities to express their joys and sorrows and spend time with family are especially critical when children reach adolescence.
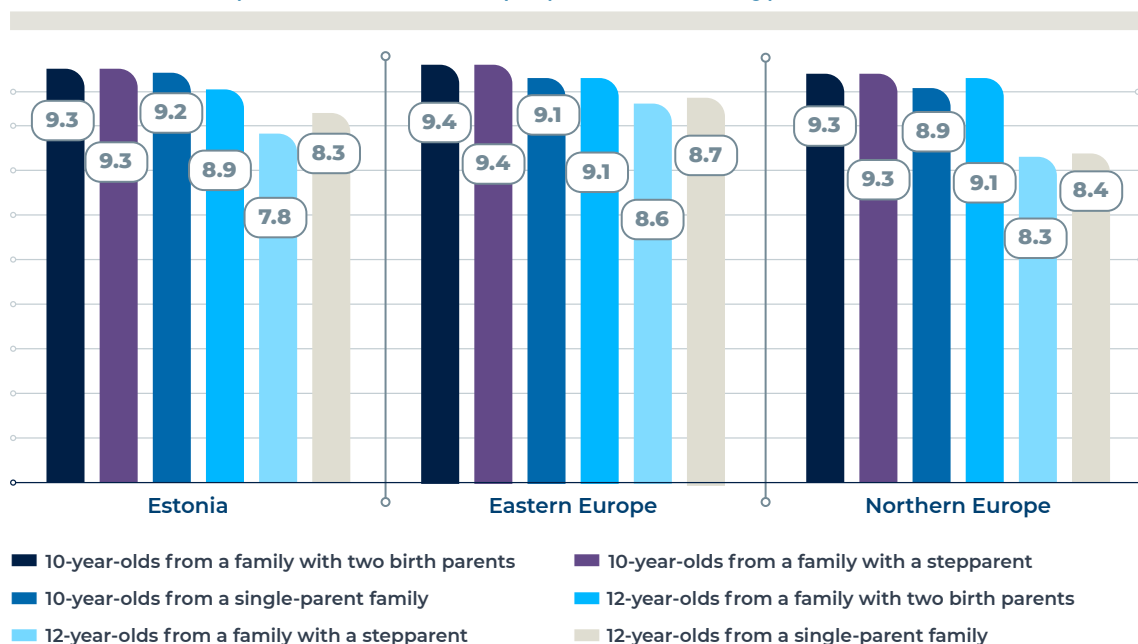
As age increases, satisfaction with life and family relationships decreases the most among girls living in a family with a stepparent or a single parent. Almost 73% of 10-year-old girls living with a stepparent and 72% of girls living with a single parent gave their life satisfaction maximum points (10 on a 0–10 scale). However, among 12-year-olds, only 29% and 39%, respectively, gave their life satisfaction the highest assessment. The study of Health Behaviour in School-Aged Children (HBSC 2018) also confirms that family structure plays a more important role in girls' life satisfaction. As age increases, the assessments related to family relationships decrease the most among girls living in a family with a stepparent.

Recent in-depth studies show that losing their home and friends and adjusting to a new place of residence – including having to find new friends, losing and gaining family members, navigating new family

Family structure affects children's life satisfaction and satisfaction with family relationships. It becomes particularly significant in adolescence, as children living with two biological parents are more satisfied with their lives and family relationships than children living with a stepparent or single parent.
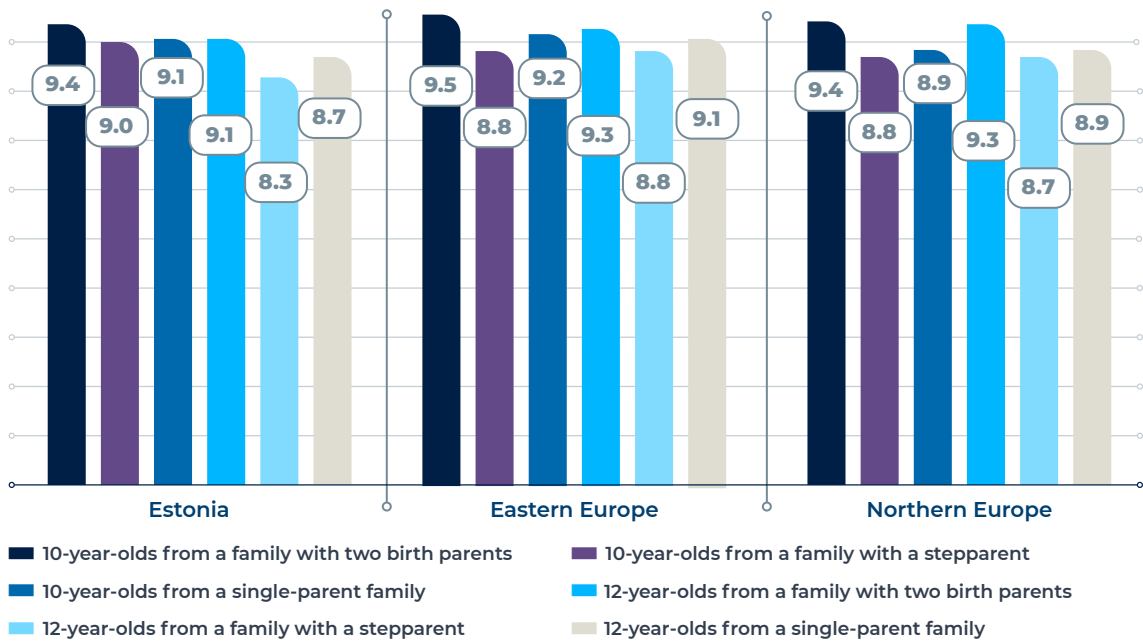
relationship patterns and dealing with changes in family traditions – are some of the challenges that children face after their parents separate (Ilves 2021). Diversifying family structures create the need to support parents in adjusting with the role of a single parent or stepparent and in creating family networks that support the relationships and well-being of children and parents. One option is what is known as bird's nest parenting, which allows children to continue living in their home and maintain contact with both parents, who take turns living with them in their former family home (Lehtme and Toros 2019).

Figure 3.1.5. Average assessment of overall life satisfaction (on a scale of 0–10) for 10- and 12-year-old children by family structure in Estonia, Eastern Europe (Hungary, Poland, Romania) and Northern Europe (Finland, Norway)

Estonia: 9.3, 9.3, 9.2, 8.9, 7.8, 8.3
Eastern Europe: 9.4, 9.4, 9.1, 9.1, 8.6, 8.7
Northern Europe: 9.3, 9.3, 8.9, 9.1, 8.3, 8.4

■ 10-year-olds from a family with two birth parents
■ 10-year-olds from a family with a stepparent
■ 10-year-olds from a single-parent family
■ 12-year-olds from a family with two birth parents
■ 12-year-olds from a family with a stepparent
■ 12-year-olds from a single-parent family

SOURCE: figure by the authors, based on the 2018 data from the International Survey of Child Well-Being (ISCWeB)

Figure 3.1.6. Average assessment of satisfaction with family members (on a scale of 0–10) for 10- and 12-year-old children by family structure in Estonia, Eastern Europe (Hungary, Poland, Romania) and Northern Europe (Finland, Norway)

Legend:
- 10-year-olds from a family with two birth parents
- 10-year-olds from a family with a stepparent
- 10-year-olds from a single-parent family
- 12-year-olds from a family with two birth parents
- 12-year-olds from a family with a stepparent
- 12-year-olds from a single-parent family

SOURCE: figure by the authors, based on the 2018 data from the International Survey of Child Well-Being (ISCWeB)

> **Diversifying family structures create the need to support parents in adjusting with the role of a single parent or stepparent and in creating family networks that support the relationships and well-being of children and parents.**

A CHILD BETWEEN TWO HOMES

It was a difficult moment when I had to leave my home, it was a very difficult moment for me … I cried every day. I still had to get my things. I can't be there every day anymore, so, yeah … moving out was very difficult for me.

This is how Kira (not her real name), a girl interviewed by Eliise Ilves in 2021 as a part of her master's thesis, describes her experience of living between two homes.

SOURCE: Ilves 2021

Figure 3.1.7. Average assessment of overall life satisfaction (on a scale of 0–10) in 10- and 12-year-old boys and girls before the COVID-19 pandemic and during COVID-19, by family structure

Family with two birth parents
10-year-olds: 9.2, 8.8, 9.4, 8.7
12-year-olds: 8.9, 8.6, 8.8, 8.2

Stepparent family
10-year-olds: 8.7, 8.2, 9.4, 8.1
12-year-olds: 8.1, 8.5, 7.6, 5.9

Single-parent family
10-year-olds: 9.0, 8.1, 9.3, 7.9
12-year-olds: 8.7, 8.5, 7.9, 7.0

■ Boys before COVID-19   ■ Boys during COVID-19
■ Girls before COVID-19   ■ Girls during COVID-19
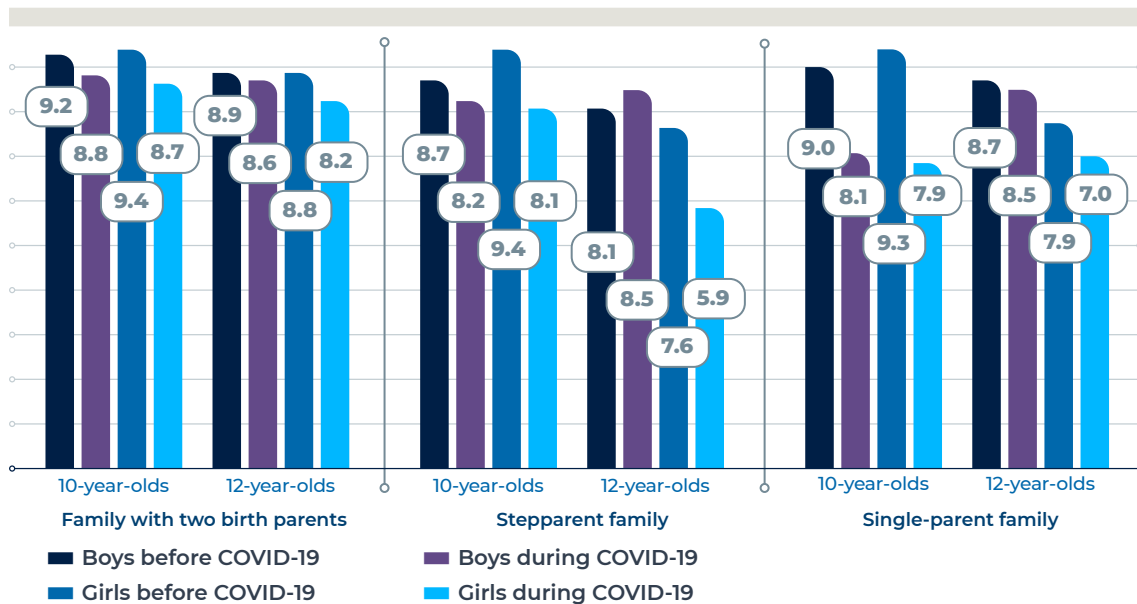
SOURCE: figure by the authors, based on data from the International Survey of Child Well-Being (ISCWeB 2018) and the ISCWeB Supplement Survey (spring 2021)

Adults experienced more stress, and children's satisfaction with life and family relationships decreased, during the coronavirus pandemic

The COVID-19 pandemic increased the perceived stress levels among Estonian adults. In October 2020, according to the Government Office's study on COVID-19, 25% of those surveyed had been under great or very great stress or tension; in March 2021, that percentage increased to 33%. According to some analyses, the percentage of the Estonian adult population who experienced stress increased to as much as 52% (Reile et al. 2021). According to a survey conducted by Turu-uuringute AS on behalf of the Ministry of Social Affairs, interviewing people who have children in preschool, primary school or lower secondary school, 44% of parents considered the living arrangements resulting from the state of emergency following

the COVID-19 outbreak to be stressful and burdensome. Families with children of preschool or primary school age and families with three or more children perceived living arrangements during the emergency as especially burdensome. According to in-depth studies, families perceived social isolation as the most difficult aspect of the COVID-19 pandemic period. It caused misunderstandings in families and led to conflicts (Kopõtin 2021). The state of emergency made it difficult for parents to coordinate remote work and children's distance learning and to set limits for various activities, especially the use of smart devices (see also Kovaljov et al. in this chapter and Siibak et al. in Chapter 4). Uncertainty about the future, in some cases also the family's deteriorated economic situation, and the long, intensive time that families were forced to spend together caused frustration in both parents and children.

A special survey on the well-being of fourth- to sixth-grade children (N = 1,310) conducted in the spring of 2021 revealed that children's life satisfaction decreased during the COVID-19 period, especially among girls (see Figure 3.1.7). Children

During the pandemic, children's satisfaction with family relationships generally decreased. The time spent with family helped bring children and their parents closer, but it also caused tensions between family members.

living with a stepparent or a single parent experienced a greater decrease in life satisfaction during the pandemic than did peers of the same age and gender living with two birth parents.

During the pandemic, children's satisfaction with family relationships decreased. The changes were more apparent in children living in a family with a stepparent and, to a lesser extent, in children living with a single parent. Girls' satisfaction with family relationships decreased noticeably. Above all, during the pandemic, girls living with a stepparent or a single parent missed their relatives (e.g. grandparents or a parent who lives or works away from home) more than boys did. How well children and young people adapted to the new

situation largely depended on how close they were with their family before the emergency and how well their family coped with the effects of the pandemic (Kutsar et al. 2022). The time spent with family helped bring children and their parents closer, but it also caused tensions between family members (Kopõtin 2021). The analysis by Kutsar et al. (2022) revealed that about half of 10-to-13-year-old children were very strongly attached to their family, feeling great care and consideration for one another, and there was an increase in closeness within family relationships during the pandemic. About a fifth of 10-to-13-year-old children had a weak attachment to their family. During the second wave of the pandemic (spring 2021), children felt more secure and feared the pandemic less than in the first wave. At the same time, fatigue from being around family members all the time and concern about not seeing friends worsened (Kutsar and Kurvet-Käosaar 2021). Movement restrictions created challenges and were an additional source of stress for children moving between their parents based on visitation arrangements (Ilves 2021).

THE COVID-19 PANDEMIC STRAINED FAMILY RELATIONSHIPS
The COVID-19 pandemic was difficult for families. The long, intensive time that families were forced to spend together during the state of emergency created new strains on family relationships. In addition to increasing stress levels, physical and psychological domestic violence occurred slightly more often during the pandemic period. In April 2020, 4% of the participants' former or current family members had engaged in physical or psychological violence the month before. In April 2021, it was 7% of the participants. It is worth noting that among respondents aged between 15 and 24, this figure was twice as high (14%).
SOURCE: report on the 28th survey round of the COVID-19 study commissioned by the Ministry of Social Affairs

SUMMARY

Estonian family structures have diversified over time. The share of adults who live alone, and the share of children who live with one birth parent or in a family with a stepparent, has increased. These kinds of living arrangements may create challenges in terms of self-reported mental well-being. However, the family members' mental well-being does not depend on family structure alone. The quality of the relationships between family members is also important. A change in a family's structure can put family relationships under strain as their established relationship patterns no longer work. Family relationships therefore require conscious work and care, so they can be relied on in times of need. Parents are not born; people grow into parenthood. While traditional parenting requires effort, becoming a step or single parent also requires purposeful and informed action.

Many results presented in this article are not surprising. The importance of human relationships, including the importance of open family relationships and emotional closeness, is often discussed in the context of mental health and well-being. It is worrying that Estonian children and adults are not always satisfied with their family relationships and don't have people in their families to share their joys, fears and sorrows with. Today we know that adolescence can be a challenging period of development that can impact the mental health and well-being of young people. However, this knowledge does not seem to help families to consciously prepare for periods that put family relationships under greater pressure, or to pay special attention to rethinking family relationships when children become independent.

In order to build and maintain family relationships that support the well-being of children and adult family members, conscious action is necessary at the individual, family, institutional and national level. In order for today's children to be able to pass on the experience of a well-functioning family to their children, regardless of the family structure, it is necessary to contribute to the development of an informal and a formal support network for families. This will ensure the availability of prevention and intervention methods that support mental health and well-being for all family members and all families in Estonia. ●

REFERENCES

Ilves, E. 2021. Mitme koduga lapsed: Kes, kus, mis on minu kodu? Suhtluskorra retoorika ja praktika. MA thesis. Tartu: University of Tartu.

Kopõtin, K. 2021. Perede toimetulek distantsõppe, kaugtöö ja igapäevaelu ühildamisega Covid-19 tingitud eriolukorra ajal. MA thesis. Tallinn: Tallinn University.

Kutsar, D., Beilmann, M., Luhamaa, K., Nahkur, O., Soo, K., Strömpl, J., Rebane, M. 2022. Laste heaolu tulevik. Tallinn: Arenguseire keskus. https://arenguseire.ee/pikksilm/laste-heaolu-tulevik/

Kutsar, D., Kurvet-Käosaar, L. 2021. The impact of the COVID-19 pandemic on families: Young people's experiences in Estonia. – Frontiers in Sociology, 6. https://doi.org/10.3389/fsoc.2021.732984.

Lehtme, R., Toros, K. 2019. Bird's nest parenting as a child-centered solution in the context of shared parenting. – Wolfe, B. (ed.). The Child Welfare System: Perspectives, challenges and future directions. New York: Nova Science Publishers, 1–46.

Margolis, R., Myrskylä, M. 2013. Family, money, and health: Regional differences in the determinants of life satisfaction over the life course. – Advances in Life Course Research, 18(2), 115–126. https://doi.org/10.1016/j.alcr.2013.01.001.

Nahkur, O., Kutsar, D. 2022. Family type differences in children's satisfaction with people they live with and perceptions about their (step)parents' parenting practices. – Social Sciences, 11 (5), 223. https://doi.org/10.3390/socsci11050223.

Pedersen, S. C., Maindal H. T., Ryom, K. 2021. 'I wanted to be there as a father, but I couldn't': A qualitative study of fathers' experiences of postpartum depression and their help-seeking behavior. – American Journal of Men's Health, 15(3), 1–13. https://doi.org/10.1177/15579883211024375.

Puur, A., Rahnu, L. 2011. Teine demograafiline üleminek ja Eesti rahvastiku nüüdisareng. – Akadeemia, 23(12), 2225–2272.

Reile, R., Kullamaa, L., Hallik, R., Innos, K., Kukk, M., Laidra, K., Nurk, E., Tamson, M., Vorobjov, S. 2021. Perceived stress during the first wave of COVID-19 outbreak: Results from nationwide cross-sectional study in Estonia. – Frontiers in Public Health, 9, 716. https://doi.org/10.3389/fpubh.2021.564706.

Ruggeri, K., Garcia-Garzon, E., Maguire, Á., Matz, S., Huppert, F. A. 2020. Well-being is more than happiness and life satisfaction: A multidimensional analysis of 21 countries. – Health and Quality of Life Outcomes, 18(1), 192. https://doi.org/10.1186/s12955-020-01423-y.

Steinbach, A., Kuhnt, A.-K., Knüll, M. 2016. The prevalence of single-parent families and stepfamilies in Europe: Can the Hajnal line help us to describe regional patterns? – History of the Family, 21(4), 578–595. https://doi.org/10.1080/1081602X.2016.1224730.

3.2

The well-being of older men and women throughout the life course in relation to living arrangements

LUULE SAKKEUS, UKU RUDISSAAR AND LIILI ABULADZE

KEY MESSAGE

The relationship of well-being with forms of living arrangements is different for older men and women. Living alone tends to have a positive effect on women's well-being. For other forms of living arrangements, well-being is impaired by the burden of caregiving that falls on women, which is considerably increased when several generations live together. Men's well-being is the highest when they live with a partner and the lowest when they live alone or with a partner and someone else (children and/or parents). Social capital (level of education and employment) and economic capital (income and property) accumulated throughout the life course increase well-being in older age, especially for women living alone.

INTRODUCTION

Various experiences affect people's health and well-being throughout their life course. The life course approach (Elder 1998) consists of four principles. First, people's lives are part of a certain historical period that affects them throughout their lives. Second, the impact of various life events on a person's life course depends on the age at which the events are experienced. Third, as people's lives are interdependent, social and historical influences are manifested through shared relationships. Fourth, people have agency – they shape their life course with choices and actions within on historical and social constraints and opportunities. In the case of Estonia, it is important to recognise how the social upheavals caused by the Soviet occupation and subsequent societal transformations have affected the level of well-being of people over 65 years old today and the extent to which their current choices help mitigate past negative events and enhance their sense of well-being.

Living arrangements are important in the context of relationships and well-being. Research has shown that older men and women are affected by different patterns of well-being – while women seek assurance in partnerships, in the case of men, women's greater social activity in older age helps to maintain the couple's significant social relations and thereby maintain men's good health (Liu and Waite 2014; Abuladze and Sakkeus 2013). Middle-aged people often live with their parents for economic support (Grundy 2005). However,

that means they may be obligated to take care of their parents as the parents become more limited in their daily activities (Seltzer and Bianchi 2013). In both cases, being stressed about insufficient resources can reduce well-being significantly. Conversely emotional support can increase well-being considerably. Parents and children have more frequent interactions and more commonly live together in countries with weak social welfare (Hank 2007). Due to recent demographic changes (e.g. the decreasing number of children), the well-being of the older population in such countries may deteriorate as the corresponding national institutions and services are not (yet) developed enough to counterbalance the effects of demographic changes (Reher 1998).

This article explores the gender differences in assessments of well-being in relation to forms of living arrangements and accumulated social and economic capital of people over the age of 65 (the birth cohorts born before the economic crisis of the 1930s, during the crisis of the 1930s and the Era of Silence (a period of authoritarian rule in Estonia) until the outbreak of World War II, and during the war and up until 1946).

Women tend to seek assurance in partnerships; for men, women's greater social activity in older age helps to maintain the couple's significant social relations.

In this article, we use the SHARE (Survey of Health, Ageing and Retirement in Europe) survey's 2011–2013 data of Estonians over 65 years old (1,880 respondents, including 506 or 26.9% men). Regarding forms of living arrangements, we focused on people living alone (solo) or with a partner (couples). In both cases, we also identified the presence or absence of children and/or parents in the household. Due to the small sample size, we grouped all the remaining types of living arrangements under 'other'. We defined socioeconomic position by four childhood characteristics (number of books per person, number of rooms per person, parents' highest level of education and economic situation in childhood household) and four adulthood characteristics (respondent's level of education, last occupation according to ISCO,[1]

CAPITAL ACCUMULATED OVER THE LIFE COURSE PLAYS A ROLE IN THE EVENTS OF LATER LIFE

According to the life course approach, the capital accumulated in childhood and that accumulated later in life both play an important role in subsequent life events. These conditions shape the general standard of living, access to economic resources, social prestige, and educational and cultural capital in old age. The circumstances of living arrangements, both in childhood and adulthood, can enhance well-being (if the accumulated capital is large) or reduce it.

[1]   ISCO – International Standard Classification of Occupations.

and income and value of net wealth adjusted to household size), which were integrated into a composite index between 0 and 1 for childhood and adulthood respectively (Niedzwiedz et al. 2015). A higher value indicates a higher socioeconomic position.

We also used the health-related Global Activity Limitation Index (GALI[2]). We adjusted the analysis for the number of living children (people who have no (living) children cannot have children living with them or providing them support). After the Second World War, as Estonia was annexed by the Soviet Union, many people of foreign (mostly Russian) origin settled here; they had lived outside Estonia during their childhood and often much of adulthood. In our analysis, we considered origin (born in Estonia or not) as a possible factor related to the level of well-being.

We measured subjective well-being with the CASP-12[3] index (Hyde et al. 2003), which consists of 12 questions about feelings and situations on a four-point frequency scale. Scores can range between 12 and 48. Then we measured life satisfaction (Brown et al. 2004) on a scale of 0–10. For comparability, in both cases we converted the score to a scale of 0–100 (a higher score indicates higher subjective well-being or life satisfaction). In the case of older people, these two indicators measure different aspects of well-being and relate differently to forms of living arrangements. The overall indicator of subjective well-being is more forward-looking, while life satisfaction is more of a retrospective appraisal of life. We will use the general term 'well-being' when discussing both perspectives together.

Living arrangements and well-being in later life

People's well-being is firstly affected by what happens in the family. In the last century, the development of Estonian family structures has seen a decrease in the number of children and an increase in the number of divorces, but it has also seen an increased frequency of forming new relationships. The long-standing gender gap in life expectancy has most impacted women living alone in old age. A general obligation to work and compulsory secondary education, introduced in Estonia in the mid-20th century, have increased individualisation and women's emancipation. For the same reasons, opportunities have expanded, especially for women, for managing on one's own in old age. In this development, Estonia has kept pace with other developed countries. However, the social arrangements, which should support the needs of older people as their number increases, have not caught up with the changes. Therefore, we assume that, all things considered, the various patterns of familial living arrangements will continue to be essential for our well-being.

Older people in Estonia evaluated their subjective well-being at 71.3 points

The long-standing gender gap in life expectancy has most impacted women living alone in old age. In addition to increased individualisation and women's emancipation, opportunities for managing on one's own in old age have expanded, especially for women.

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2 GALI – Global Activity Limitation Index.

3 CASP – Control, Autonomy, Self-realisation and Pleasure.

Table 3.2.1. VAverage subjective well-being and life satisfaction of older people (over 65) by country (0–100 scale)

SUBJECTIVE WELL-BEING		LIFE SATISFACTION	
COUNTRY	(CASP-12)	COUNTRY	
Switzerland	84.5	Denmark	85.2
The Netherlands	84.3	Sweden	84.6
Denmark	84.2	Switzerland	84.5
Austria	81.1	Austria	82.0
Sweden	80.4	The Netherlands	80.1
Germany	79.7	Germany	77.0
Slovenia	78.5	Belgium	76.7
France	76.3	**AVERAGE**	**75.5**
Belgium	75.6	Italy	73.9
AVERAGE	**75.7**	Spain	73.9
Spain	71.4	Poland	73.0
ESTONIA	**71.3**	Slovenia	72.7
Czechia	71.2	Czechia	71.9
Poland	70.5	France	70.7
Hungary	69.5	Portugal	68.4
Italy	67.4	**ESTONIA**	**66.6**
Portugal	65.3	Hungary	66.3

SOURCE: table by the authors, based on data from SHARE 2011 (N = 20,688)

on average (Table 3.2.1). In terms of average scores, Estonia ranks in the last third among SHARE countries, together with Czechia, Poland, Hungary, Italy and Portugal. Older adults in Estonia evaluate their life satisfaction on average at 66.6 points. Among the SHARE countries, only Hungary has a lower score. When comparing both indicators with other countries, it is notable that the average assessments of well-being for older people are lower in Eastern and Southern Europe than in Western and Northern Europe.

Two forms of living arrangements prevail among older people in Estonia: people living without a partner (solos) and people living with a partner. Solo people are more likely than couples to live with others, such as their children or parents (Table 3.2.2). In life satisfaction and well-being, couples living together have the highest average score, followed, in life satisfaction, by people living alone. In mental well-being, the highest average is for people in 'other' forms of living arrangements, followed by people living alone.

When analysing the associations between living arrangements and subjective well-being, certain differences

Both subjective well-being and life satisfaction are highest in couples living together.

Table 3.2.2. Average subjective well-being and life satisfaction of older people (over 65) by forms of living arrangements in Estonia (0–100 scale)

LIVING ARRANGEMENTS	(%)	SUBJECTIVE WELL-BEING	LIFE SATISFACTION
Solo	45.9	72.1	66.6
Solo with children and/or parents	8.7	67.3	65.4
Couple	37.2	73.9	69.3
Couple with children and/or parents	3.7	70.9	65.8
Other	4.6	72.5	63.8
TOTAL	100.0		

SOURCE: table by the authors, based on data from SHARE 2011 and 2013

Table 3.2.3. Subjective well-being (forward-looking appraisal of life) and its associations with different forms of living arrangements in relation to childhood and adulthood socioeconomic conditions for men, women and the total population[4]

		MEN			
		Model 1	Model 2	Model 3	Model 4
Living arrangements	Solo	-2.3***	-2.1**	-0.9	-0.9
	Solo with children and/or parents	-4.6 *	-5.1**	-3.5	-3.9*
	Couple with children and/or parents	-3.0**	-3.0**	-2.7*	-2.8**
	Other	-1.3	-2.4	-1.5	-2.0
Gender	Men				
Conditions in childhood	Index (0...1)		7.7***		3.8*
Conditions in adulthood	Index (0...1)			14.4***	13.4***
Constant		79.9***	76.6***	72.1***	71.0***

SOURCE: table by the authors, based on data from SHARE 2011 and 2013

4 Tables 3.2.3 and 3.2.4 show linear regression coefficients. A positive or negative value of the independent (explanatory) variable indicates whether each independent variable has a positive or negative relationship with the dependent variable (well-being or satisfaction). If the independent variable is positive, this indicates that as the variable increases, the mean of the dependent variable also increases. If the independent variable has a negative value, the mean of the dependent variable decreases as the independent variable increases. The value of the coefficient indicates how much the mean of the dependent variable changes in case of a one-unit change of the independent variable while all the other variables are held unchanged.

between genders appear regardless of birth cohort, health-related activity limitations, birth origin and number of children (Table 3.2.3). Men appear to thrive when living as a couple or in living arrangements labelled as 'Other', while all other forms of living arrangements significantly reduce their subjective well-being. This association also stands when considering the socioeconomic conditions in childhood. When adjusting for adulthood socioeconomic position, there is a significant change in the association between living arrangements and well-being: the negative impact of living alone or living alone with children and/or parents on men's well-being becomes insignificant (when compared to living with a partner). In the final model for men, where both men's childhood and adulthood conditions are considered, it appears that adulthood conditions have a bigger influence on the association between living arrangements and well-being. However, the combined effect of these conditions on the well-being of men who live with children and/or parents, whether alone or with a partner, is negative.

For women, living alone (compared to living with a partner) has a positive effect on subjective well-being, if we also consider their socioeconomic situation in childhood and adulthood.

	WOMEN				TOTAL POPULATION
	Model 1	Model 2	Model 3	Model 4	Model 5
	-0.1	-0.1	2.6***	2.5***	1.3***
	-4.5***	-4.4***	-1.8**	-1.8**	-2.7***
	-2.1	-2.1	-1.2	-1.3	-2.3**
	0.1	0.1	2.5**	2.5*	0.9
					-0.4
		8.4***		1.5	2.2*
			21.3***	20.8***	18.4***
	77.8***	73.7***	66.6***	66.1***	68.1***

NOTES:

Statistical significance:
*** $p < 0.001$ ** $p < 0.01$ * $p < 0.05$

Model 1: living arrangements and socio-demographic factors

Model 2: living arrangements, sociodemographic factors and conditions in childhood household

Model 3: living arrangements, sociodemographic factors and conditions in adulthood

Model 4: living arrangements, sociodemographic factors, and conditions in childhood household and adulthood

Model 5: total population (women and men combined) with all factors

Reference groups: couples, women

In the case of women, the statistical associations are different. For women, living alone with children and/or parents is the only form of living arrangements that reduces women's subjective well-being compared to living with a partner after adjusting for birth cohort, health-related activity limitations, birth origin and number of children. The associations of all other forms of living arrangements and well-being do not statistically differ from the associations between well-being and living with a partner. When considering the conditions in their childhood household, the relationships between forms of living arrangements and subjective well-being remain the same for women over 65. If we consider the socioeconomic position in adulthood only, then in the case of women, compared to living with a partner, living alone has a positive effect on well-being, and so does living with someone who is not a partner, parent or child ('other'). Conditions experienced in

adulthood increase well-being when living alone with children and/or parents. Similar associations remain between living arrangements and well-being after adjusting for childhood and adulthood socioeconomic position simultaneously. Similarly, life satisfaction, which is on average lower than the overall indicator of subjective well-being, reveals differences between men and women in relation to forms of living arrangements (Table 3.2.4). Unlike with subjective well-being, women have a higher average life satisfaction than men. For men, any living arrangements other than living with a partner reduce life satisfaction. Only the life satisfaction of solo men living with children and/or parents is the same as that of couples. When considering socioeconomic position in childhood, dissatisfaction increases among men who live in 'other' forms of living arrangements or with a partner and children and/or parents. Compared to living with a partner, men's

Table 3.2.4. Life satisfaction (retrospective appraisal of life) and its associations with different forms of living arrangements in relation to childhood and adulthood socioeconomic conditions for men, women and the total population

		MEN			
		Model 1	**Model 2**	**Model 3**	**Model 4**
Living arrangements	Solo	-4.3***	-4.1***	-3.2**	-3.2**
	Solo with children and/or parents	-4.1	-4.4	-3.2	-3.7
	Couple with children and/or parents	-4.3*	-4.4**	-4.0*	-4.1*
	Other	-4.9*	-6.5**	-5.0*	-6.2**
Gender	Men				
Conditions in childhood	Index (0...1)		11.9***		9.2***
Conditions in adulthood	Index (0...1)			11.5***	9.2**
Constant		77.0***	71.8***	70.8***	68.0***

SOURCE: table by the authors, based on data from SHARE 2011 and 2013

life satisfaction increases slightly in all other forms of living arrangements only after adjusting for socioeconomic position in adulthood. But their life satisfaction is still significantly higher when living with a partner. When adjusting for socioeconomic position in adulthood as well as childhood, both turn out to have almost equal effect on the relationship between life satisfaction and living arrangements: men over 65 have a lower life satisfaction in all living arrangements other than living with a partner.

When we look at the relationship between women's life satisfaction and living arrangements, after adjusting for birth cohort, health-related activity limitations, birth origin and number of children, there is no difference in satisfaction between women living with only a partner and women living with a partner and children and/or parents. All other living arrangements are less satisfying for women. A similar pattern persists when socioeconomic position in childhood is considered. If we adjust for socioeconomic position in adulthood, then neither women living with a partner and children and/or parent nor women living alone are any different in terms of life satisfaction when compared to women living with a partner. A better socioeconomic position in adulthood slightly increases women's life satisfaction in all forms of living arrangements. If socioeconomic position in both childhood and adulthood is considered, the previously described pattern stands, because adulthood socioeconomic position, in particular, plays a significant role in the associations between women's life satisfaction and living arrangements. Childhood conditions lose their significance when it comes to the associations between women's life satisfaction and living arrangements, while the significance of adulthood conditions increases.

	WOMEN				TOTAL POPULATION
	Model 1	Model 2	Model 3	Model 4	Model 5
	-1.9**	-1.8**	-0.3	-0.4	-1.1
	-4.1***	-4.0***	-2.4**	-2.5**	-3.0***
	-3.0	-3.0	-2.3	-2.3	-3.0*
	-4.4**	-4.5**	-3.0*	-3.1*	-3.7**
					-1.0
		6.8***		3.0	4.6**
			12.7***	11.7***	10.7***
	79.4***	76.1***	72.7***	71.8***	71.5***

NOTES:

Statistical significance:
*** p < 0.001 ** p < 0.01 * p < 0.05

Model 1: living arrangements and socio-demographic factors

Model 2: living arrangements, sociodemographic factors and conditions in childhood household

Model 3: living arrangements, sociodemographic factors and conditions in adulthood

Model 4: living arrangements, sociodemographic factors, and conditions in childhood household and adulthood

Model 5: total population (women and men combined) with all factors

Reference groups: couples, women

SUMMARY

There has been a significant development in family formation since the 1960s, which has changed the roles of women and men in the family, as well as in society. As we age, more life events accumulate that, in the context of societal development, have an impact on our well-being in older age. As a result of these changes, we see that living arrangements affect the well-being of older women and men differently.

People born in the early 20th century had relatively few children on average, and over the years, their children had a higher mortality rate than children of subsequent generations. Among the generations we analysed, in almost a third of the cases, living alone was caused not by the partner passing away but by separation. After a couple relationship ends, men start a new life with a new partner more often than women do. The long-standing high mortality rate of men in Estonia has meant that many women have been left living alone, especially in old age. Women deciding to stay solo has a great deal to do with their level of education – which has been higher than men's since the generations born in the 1930s – and paid employment, which ensures an independent income even in old age. As a result of this objective development, as well as expanded opportunities, more than half of women over 65 now live alone, while only a little over a quarter of men in that age group live alone. However, if they live with a partner, then, due to men's lower average life expectancy and healthy life years, the man is usually the first to have activity limita-tions due to health problems and thus need support. In this case, the female partner living with him often becomes the first helper (Tammsaar et al. 2012).

Our analysis revealed that for people over 65, living arrangements are associated with well-being in opposite directions depending on gender. Men's subjective well-being is the highest when they live with a partner; it is the lowest when they live with children and/or parents, either alone or with a partner. The subjective well-being of solo women is similar to the well-being of couples when adjusting for the socioeconomic conditions in childhood and adulthood. Men living in any other form of living arrangements have lower life satisfaction than when living with a partner. Women living alone have a higher level of subjective well-being and a more positive retrospective appraisal of life than women in any other form of living arrangements (although the life satisfaction of women living with a partner is the same). At first glance, it seems paradoxical that older solo women have higher well-being scores and the same level of

The positive effect that living alone has on well-being may be due to the greater burden of care placed on women in other forms of living arrangements.

life satisfaction as women living with a partner. However, there is a pragmatic explanation for this result in the Estonian context. The positive effect that living alone has on well-being may be due to the greater burden placed on women to provide caregiving in other forms of living arrangements. Even socioeconomic resources acquired in adulthood do not ease that. Several studies in Estonia have revealed that the informal burden of care is borne in particular by women over the age of 65 (Tammsaar et al. 2012), that relieving the burden of informal caregivers improves their well-being (Bleijlevens et al. 2015), and that the need for that has significantly increased (Government task force for reducing burden of care 2017).

The positive effect that living with a partner has on men's well-being suggests that their partner acts as a safety net, providing support in old age. Older women have larger social networks, and men living with a partner can be a part of that. As several previous studies have revealed, men living alone have the highest risk of health-related activity limitations (Abuladze and Sakkeus 2013), and their significantly lower life satisfaction testifies to that. Among our research subjects – men and women over 65 – the difference in life expectancy has clearly visible effects. Thus, for men, the need for support arises earlier than for women, which is an additional reason why men value living with a partner (Hank 2007). Due to the usual age difference between men and women, when older women live with a partner, they often shoulder the responsibility of care when their partner's health deteriorates. This can mean years of constant caregiving, in addition to stress from not having enough knowledge in the field of caregiving and emotional stress from the bad mood of the partner needing care. Living with parents, however, can often mean that the burden of care increases significantly for both genders, which is associated with decreasing well-being for both women and men. This may be more likely when

The long-neglected need in Estonia to organise caregiving in a more egalitarian manner – and not allow the burden of care in old age to fall solely on women – has resulted in women's well-being being best supported by different living arrangements than those that best support the well-being of men.

they also have adult children living with them. The latter could increase the burden of caregiving and especially emotional or relational stress, which reduces well-being and satisfaction (Seltzer and Bianchi 2013). In Estonia, as in other Eastern European countries, caregiving is mainly left to the family. Thus the well-being of women can deteriorate significantly due to forced caregiving obligations, which in turn can generate future health problems.

The analysis highlights that the social and economic capital accumulated throughout the life course is important. Childhood socioeconomic capital (number of books per person, number of rooms per person, parents' highest level of education and economic situation in childhood household) is connected to increased well-being for men living with a partner far more than it is for men living in any other living arrangements. However, better socioeconomic conditions in adulthood can compensate for this disadvantage, and the negative relationships between different living arrangements and well-being decrease among older men. Men's greater dissatisfaction with life in living arrangements other than with a partner is explained by the fact that life satisfaction is assessed retrospectively: the conditions in childhood household and adulthood have equal

influence. There is a significant positive relationship between the well-being of older women and living alone (there is also a slightly lower positive relationship among women who live with others) compared to living with a partner. This positive relationship is supported by the socioeconomic conditions in adulthood, in which case we assume that women, as the main caregivers and supporters of other family members in old age (Tammsaar et al. 2012), are able to purchase the necessary services with better available resources and free themselves from related obligations. The long-term social pressure on women to be the main caregivers has led to a situation where women living alone in old age have the highest level of subjective well-being.

In conclusion, the long-neglected need in Estonia to organise caregiving in a more egalitarian manner – and not allow the burden of care in old age to fall solely on women – has resulted in a situation where women's well-being is best supported by different living arrangements than those that best support the well-being of men. ●

REFERENCES

Abuladze, L., Sakkeus, L. 2013. 27 social networks and everyday activity limitations. – Börsch-Supan, A., Brandt, M., Litwin, H., Weber, G. (eds.). Active Ageing and Solidarity between Generations in Europe: First results from SHARE after the economic crisis. Berlin, Boston: De Gruyter, 311–321.

Bleijlevens, M. H., Stolt, M., Stephan, A., Zabalegui, A., Saks, K., Sutcliffe, C., … Zwakhalen, S. M. 2015. Changes in caregiver burden and health-related quality of life of informal caregivers of older people with dementia: Evidence from the European RightTimePlace-Care prospective cohort study. – Journal of Advanced Nursing, 71(6), 1378–1391. https://doi.org/10.1111/jan.12561.

Brown, J., Bowling, A., Flynn, T. 2004. Models of quality of life: A taxonomy, overview and systematic review of the literature. Project report. – European Forum on Population Ageing Research.

Elder Jr, G. H. 1998. The life course as developmental theory. – Child Development, 69(1), 1–12. https://doi.org/10.1111/j.1467-8624.1998.tb06128.x.

Government task force for reducing burden of care 2017. Hooliva riigi poole 2017. Hoolduskoormuse vähendamise rakkerühma lõpparuanne. Tallinn: Riigikantselei. https://www.elvl.ee/documents/21189341/22261833/07_+Pkp+7+Hoolduskoormuse_rakkeruh-ma_lopparuanne.+Riigikantselei+2017.pdf/61c41a54-b73f-4d4a-ab5a-99926002ac4c.

Grundy, E. 2005. Reciprocity in relationships: Socio-economic and health influences on intergenerational exchanges between third age parents and their adult children in Great Britain. – British Journal of Sociology, 56(2), 233–255. https://doi-org.ezproxy.tlu.ee/10.1111/j.1468-4446.2005.00057.x.

Hank, K. 2007. Proximity and contacts between older parents and their children: A European comparison. – Journal of Marriage and Family, 69(1), 157–173.

Hyde, M., Wiggins, R. D., Higgs, P., Blane, D. B. 2003. A measure of quality of life in early old age: The theory, development and properties of a needs satisfaction model (CASP-19). – Aging & Mental Health, 7(3), 186–194.

Liu, H., Waite, L. 2014. Bad marriage, broken heart? Age and gender differences in the link between marital quality and cardiovascular risks among older adults. – Journal of Health and Social Behavior, 55(4), 403–423. https://doi.org/10.1177/0022146514556893.

Niedzwiedz, C. L., Pell, J. P., Mitchell, R. 2015. The relationship between financial distress and life-course socioeconomic inequalities in well-being: Cross-national analysis of European Welfare States. – American Journal of Public Health, 105(10), 2090–2098. https://doi.org/10.2105/AJPH.2015.302722.

Reher, D. S. 1998. Family ties in Western Europe: Persistent contrasts. – Population and Development Review, 24, 203–234.

Seltzer, J. A., Bianchi, S. M. 2013. Demographic change and parent-child relationships in adulthood. – Annual Review of Sociology, 39 (1), 275–290. https://doi-org.ezproxy.tlu.ee/10.1146/annurev-soc-071312-145602.

Tammsaar, K., Leppik, L., Tulva, T. 2012. Omastehooldajate hoolduskoormus ja toimetulek. – Sotsiaaltöö, 4, 41–44.

3.3
Mental health and well-being in the learning environment

AUNE VALK, KADRI SOO AND MAI BEILMANN

KEY MESSAGE

A sense of well-being at school begins with close relationships at home that consider the child's autonomy, complemented by teachers' caring attention and the togetherness of fellow students. In addition to good relationships, students' well-being is supported by a contemporary approach to learning that stimulates learning motivation. Well-being is most at risk for children in lower secondary school and university students, as well as those who have experienced bullying or have a chronic illness or special educational needs. Participating in extracurricular education is an opportunity to improve one's well-being.

INTRODUCTION

n Estonia, people often ask why children lose interest in learning at school and what aspects of our school environment[1] helps children learn and feel good about learning. According to self-determination theory (Ryan and Deci 2000), one of the most influential theories in this field, (learning) motivation and well-being are supported by the satisfaction of three universal psychological needs: autonomy (the ability to act independently), competence or self-efficacy (the success of actions) and relatedness (the existence and quality of relationships). To support students' autonomy, they must be able to take responsibility for their own learning, which requires information, meaningful choices and interesting tasks. The exercise of autonomy is hindered by a controlling environment (both marks and punishments can serve as a means of control), where the teacher cannot understand the student. Contributing to self-efficacy is the student's desire to develop in a supportive environment where students can test themselves and receive constructive feedback on their performance. Positive relationships with fellow students and teachers help create and maintain a sense of relatedness at school.

Internationally, it has been estimated that 10–20% of students suffer from mental health problems and poor well-being (Kieling et al. 2011) and that one in two adult mental health problems started before the age of 14 (Choi 2018). The OECD Programme for International Student Assessment (PISA) has revealed that anxiety and depressiveness have increased, while bullying at school and suicides have decreased internationally among 15-year-olds in the past few decades (Burns and Gottschalk 2019).
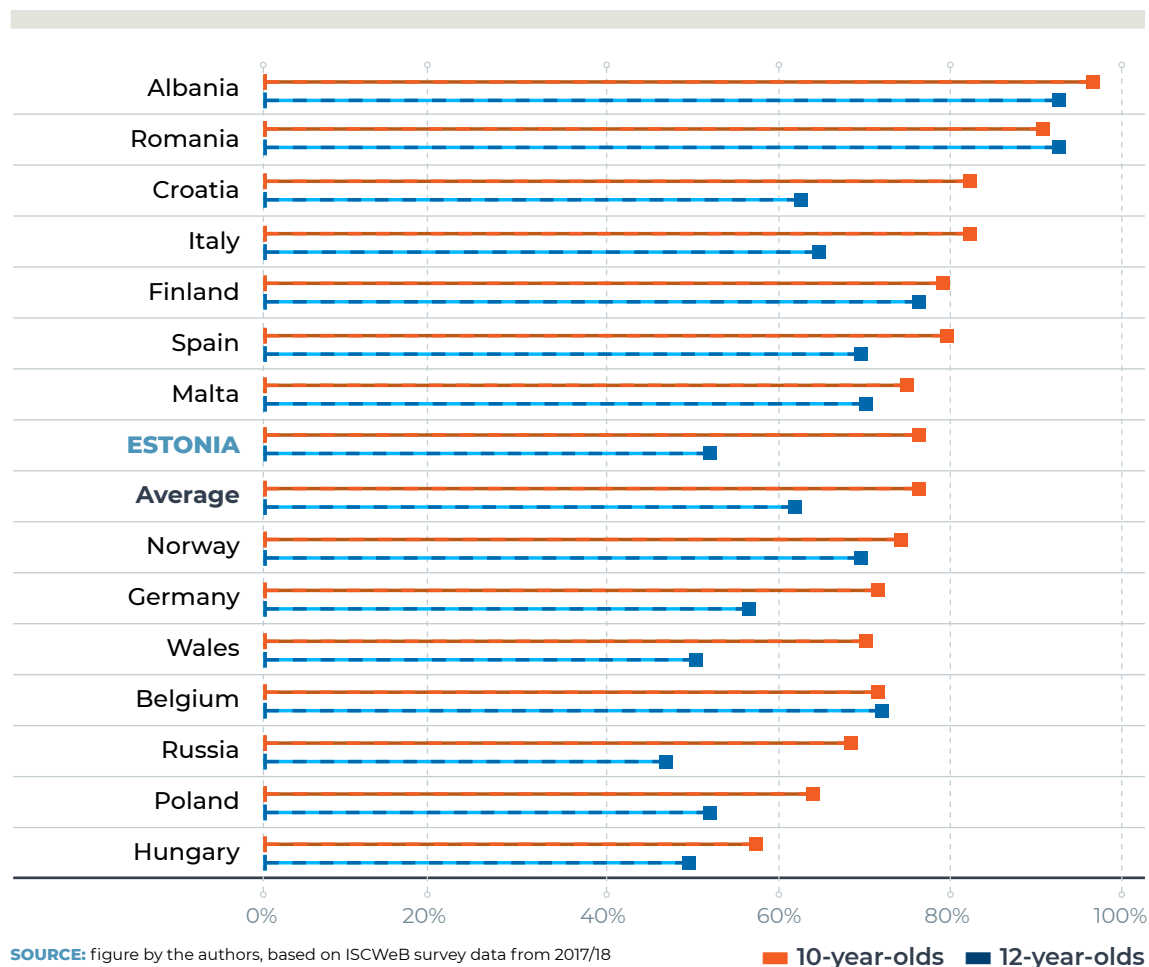
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[1] The terms 'school environment' and 'learning environment' are both used in this article. The former is a broader concept, covering the physical environment in the school and objective indicators, such as the size of the school and the language of instruction, in addition to psychosocial aspects.

Well-being at school is not just about having fun and feeling comfortable. It is a subjective experience that comes with self-realisation and meaningful development and is related to learning motivation.

Along with the home, the school environment plays a key role in children's well-being, as well as in promoting mental health and agency. We proceed from the understanding of self-determination theory that there is a connection between learning motivation and well-being and that well-being at school is about more than just having fun and feeling comfortable. It is a subjectively perceived experience that comes with self-realisation and meaningful development. A learning environment that supports learning and well-being – described in Estonia as a modern approach to learning – was among the goals of the lifelong learning strategy for 2020 and was emphasised in the vision document for education Smart and Active Estonia 2035. Its implementation is monitored, among other ways, through the National Satisfaction and School Environment Survey (referred to below as the national satisfaction survey).[2]

Figure 3.3.1. Proportion of students in European countries who are very satisfied with their life as a student (8, 9 or 10 points on a scale of 0–10)

SOURCE: figure by the authors, based on ISCWeB survey data from 2017/18

■ 10-year-olds ■ 12-year-olds

2   The results presented here are based partly on analyses made by a TalTech research group (Kaja Lutsoja, Marit Rebane and Jelena Matina). We thank Merit Kangro for mediating and interpreting the data and results. In 2021, the survey was taken by 11,365 fourth-grade students, 9,460 eighth-grade students and 5,193 11th-grade students, as well as 937 adults studying in upper secondary school.

The decline in Estonian lower-secondary-school students' well-being is among the largest in Europe

Children's well-being as students reflects their subjective school experience, relationships and sense of well-being at school. According to the International Survey of Children's Well-Being (ISCWeB),[3] a majority (77%) of 10-year-old children in Europe are very satisfied with their life as a student (more than 8 points on a scale of 0–10, (Figure 3.3.1). The well-being of 10-year-old Es-tonian children is close to the average of the studied European countries. As a general trend, children's subjective well-being decreases with age: among 12-year-olds, about one-tenth fewer respondents are very satisfied with their life as a student than among 10-year-olds. Compared to other countries, Estonia's decline in well-being ratings is one of the largest: nearly 20%. Twelve per cent of 10-year-olds and 19% of 12-year-olds report low levels of satisfaction with their life as a student in Estonia (ratings of 0–4 on the same scale).

In Estonia, one of the reasons for the decline in school-related well-being may be that children in this age range are moving to a higher school level. There,

Figure 3.3.2. Estonian students' average assessments (on a scale of 0–4) of their well-being at school and aspects that support and hinder well-being

■ 4th grade   ■ 8th grade   ■ 11th grade   ■ Upper secondary school for adults
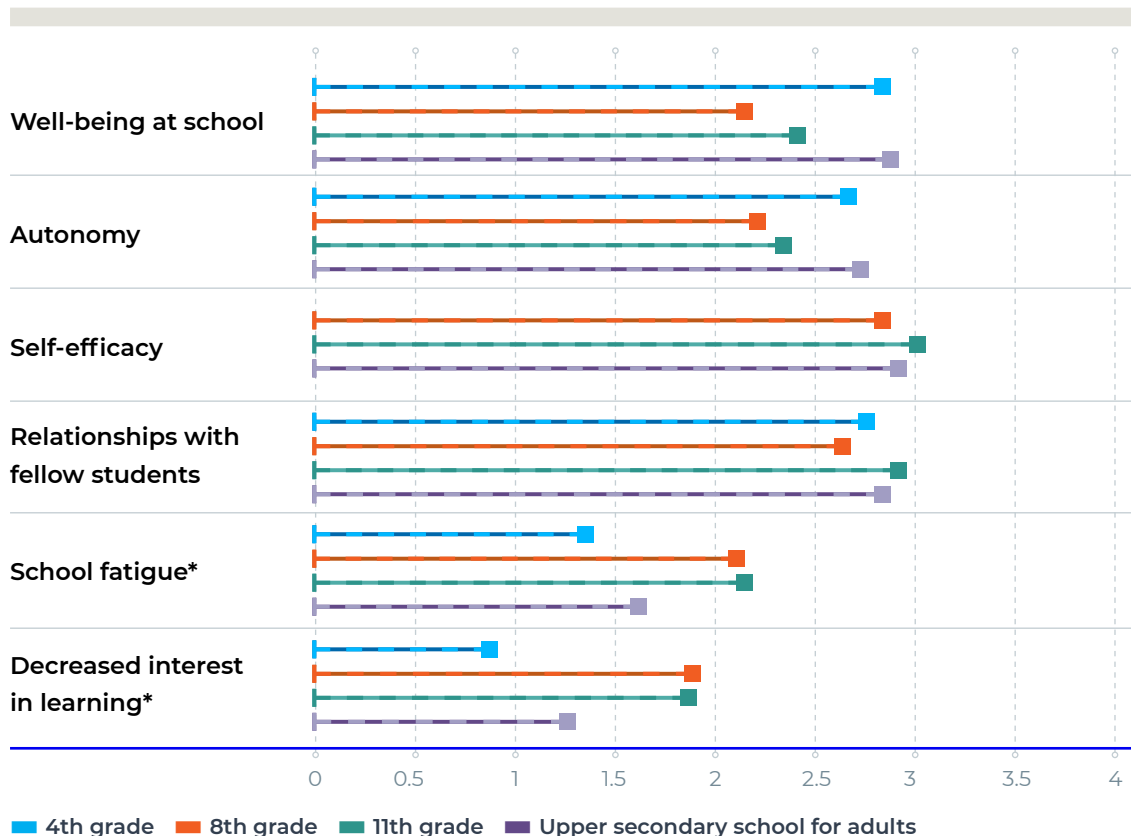
SOURCE: graph by the authors, based on national satisfaction survey data from 2021

NOTE: School fatigue and decreased interest in learning, marked with an asterisk, are negative indicators, i.e. a lower score indicates a better situation. Most of the apparent differences (greater than 0.1 point) are also statistically significant..

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3 Based on the responses of 10- and 12-year-old students from the 2018 survey. Data collection and the analysis presented here were supported by the Estonian Research Council grant (PRG700).

The change in students' school-related well-being, when mapped out, is U-shaped: subjective well-being is higher in the fourth grade, bottoms out in the eighth grade, increases in upper secondary school, and is again higher among adult students in upper secondary school.

instead of one class teacher, the student has several different subject teachers, and the contact (relatedness) between the student and the teacher decreases. Furthermore, the formative assessment that was used in primary school is not being used at higher school levels, but marks are becoming important, and many students find this stressful. The amount of homework is also changing. According to the national satisfaction survey, this is a problem for almost every third student in the 8th and 11th grades but only for 13% in the 4th grade. Perception of the amount of homework is related to well-being at school.

The results of the national satisfaction survey in 2021 (Figure 3.3.2) reveal that the change in students' school-related well-being,[4] when mapped out, is U-shaped: subjective well-being is higher in the fourth grade, bottoms out in the eighth grade, increases in upper secondary school, and is again higher among adult students in upper secondary school. The increase in well-being estimates at the upper secondary school level can be explained by an increase in conscious learning and appreciation for learning by that time. Moreover, significantly less bullying has been observed at the upper secondary school level.

A modern approach to learning supports students' well-being
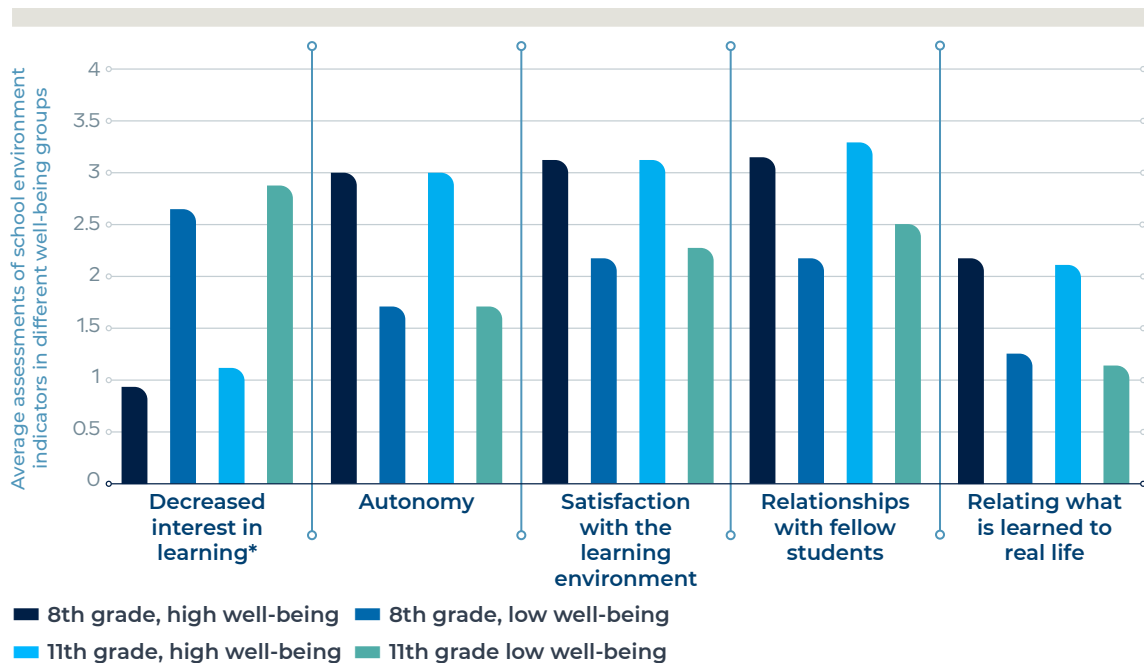
According to the national satisfaction survey, students are most satisfied with the physical aspects of the school environment (including the timetable, classrooms, and learning materials) and the valuing of learning in the classroom. Conversely, opportunities for movement (the opportunity to be physically active during breaks and during lessons) received the lowest scores at all age levels. Among the various aspects of modern approaches to learning, students most value receiving constructive feedback but feel that teachers should do more to help them relate what they are learning to real life. Children in the fourth grade, where formative assessment is mostly used, are most satisfied with the feedback they receive. Both 8th- and 11th-grade students are more critical about the extent to which the school supports their autonomy, and they value self-efficacy and relationships with fellow students relatively highly (Figure 3.3.2).

To find out which aspects of the learning environment have the greatest impact on students' well-being at school, we use the responses of 8th- and 11th-grade students to the national satisfaction survey. Figure 3.3.3 shows the factors most strongly related to students' well-being, which (for the sake of simplicity) are presented as averages, with a comparison between students of low and high subjective well-being. Well-being is most strongly related to interest in learning, followed by autonomy and relationships. For eighth-grade students in particular, interest in learning is boosted if the teacher knows how to relate what is being taught to real life. All this supports a modern approach to learning, which

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4   Overall well-being at school is assessed by a sum of the respondents' agreement with three statements: 'School is interesting', 'I feel good at school' and 'I usually enjoy going to school'.

Figure 3.3.3. The relationship between indicators describing the learning environment (on a scale of 0–4) with students' well-being at school (8th- and 11th-grade students)

■ 8th grade, high well-being ■ 8th grade, low well-being
■ 11th grade, high well-being ■ 11th grade low well-being

SOURCE: figure by the authors, based on national satisfaction survey data from 2021

NOTE: Decreased interest in learning, marked with an asterisk, is a negative indicator, i.e. a lower score indicates a better situation. The results presented in the figure are based on a regression analysis, which examined the relationships between school satisfaction and 13 indicators describing the school environment. The model also included the gender of the respondent, the language of instruction in the class, an assessment of the family's financial status, and the presence of a special need or disease that prevents learning.

prioritises solving vital tasks in a cooperative learning environment that takes into account the individuality of learners.

Among girls, there are more children who are very satisfied with their school life compared to boys; this difference disappears in the 11th grade. Girls of different ages complain more about school fatigue than boys, which may mean, among other things, that they feel more social pressure to achieve better results. Trying to meet expectations makes them anxious and stressed. Students with special needs rate their well-being and the learning environment at school lower than students without special needs do. The analysis showed that well-being does not vary according to the language of instruction, except in the 11th grade, where students studying in Estonian are slightly more satisfied with various aspects of the school environment and have higher well-being than students studying in Russian. While eighth-grade students are generally the most critical

in their evaluations, students from small schools (up to 20 students per year) are more positive when evaluating various aspects of school life. In lower secondary schools with fewer children, the students are likely to have a closer relationship with the teacher (more personal contact and attention). In upper secondary school, the quality of education and the choices available at a large school are valued. Thus, students' well-being and satisfaction with various aspects of the school environment are greater, according to the evaluations of the 11th-grade students at large schools (those with three or more parallel classes).

Relationships with fellow students and teachers form the core of the learning environment, which is continuously influenced by the student's relationships at home.

Figure 3.3.4. Average evaluations (on a scale of 0–4) of support at home and at school in the groups of satisfaction with life as a student (12-year-old Estonian children)

Satisfaction with life as a student: ■ Very satisfied ■ Moderately satisfied ■ Not really satisfied
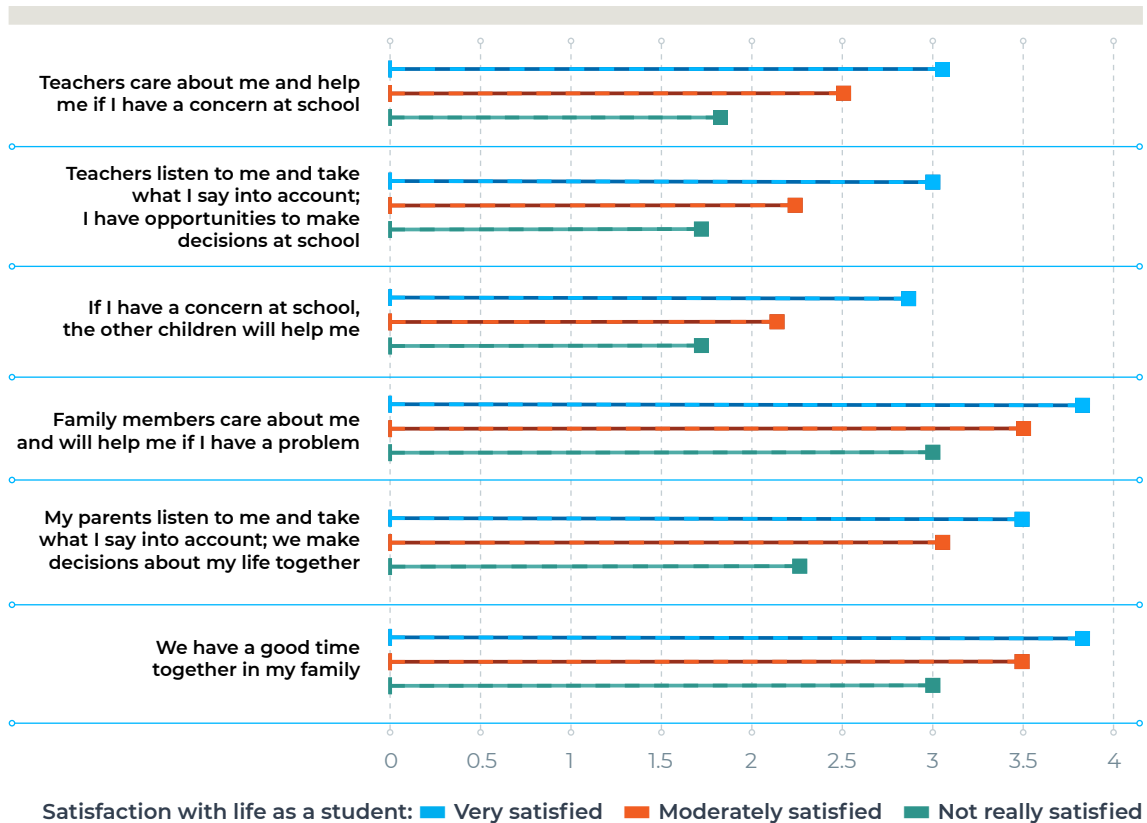
NOTE: The figure shows the average results, while the analysis is based on a multinomial regression analysis, in which the relationships between groups who had different levels of satisfaction with life as a student and indicators of school and home well-being were evaluated. In addition, the model included the respondent's gender, family structure, language of instruction and the number of students in the class. Statistically significant differences are presented in the figure.

Relationships with fellow students and teachers form the core of the learning environment, which is continuously influenced by the student's relationships at home. We compared groups of 12-year-old students who had low, medium and high satisfaction with their life as a student (ISCWeB). The comparison showed that children who are very satisfied with student life consider their teachers to be caring and helpful and the school to be a very safe place (Figure 3.3.4). These children grow up in homes where they experience both autonomy (parents consider their opinion) and relatedness (the students perceive their parents as being very caring and spending a lot of time with them). Children who are not satisfied with their student life do not rate their relationships with teachers and

fellow students particularly highly. Moreover, they experience less closeness and acceptance at home; in particular, they perceive little positive relatedness.

Bullying at school threatens students' mental health and well-being

Although a general decline in school bullying has been noted internationally (Burns and Gottschalk 2019), bullying is still widespread among students in Estonia, judging by the national satisfaction survey results. According to the PISA study, Estonia has slightly more bullying among 15-year-olds than OECD

countries do on average. Nearly a quarter (23%) of fourth-grade students have experienced repeated bullying (including other students hitting them, mocking them, taking their things, insulting them and/or threatening them online). By the 8th grade, this proportion has shrunk to 13%, and by the 11th grade, it has shrunk to 5%. Compared to students who are not bullied, students who have experienced repeated bullying give a lower evaluation of both the learning environment and their well-being at school. Their relationships with peers often deteriorate, and their interest in learning decreases. For example, eighth-grade students are twice as likely to have little interest in learning and nearly four times as likely to be dissatisfied with their relations with other students if they have been repeatedly bullied. If the child does not feel safe at school or welcome among peers, and if the teachers do not notice and help the child in case of bullying, the child no longer wants to go to school. If no help is received at home, the child's vulnerability and risk of developing mental health problems increases.

Table 3.3.1. The proportion (%) of eighth-grade students participating in extracurricular activities (both in and outside their school) and its relationship with the level of well-being at school

		WELL-BEING AT SCHOOL		
		High	Medium	Low
Participates in extracurricular activities at school	yes	60.4	48.7	39.6
	no	39.6	51.3	60.4
Participates in extracurricular activities outside of school	yes	78.1	73.7	65.3
	no	21.9	26.3	34.7

SOURCE: table by the authors, based on national satisfaction survey data from 2021

Participation in extracurricular education is associated with higher well-being

According to the national satisfaction survey, almost half of eighth-grade students (48%) participate in the school's extracurricular activities (e.g. hobby clubs, organising events), and nearly three-quarters (71%) are involved in extracurricular activities outside the school (e.g. attending a hobby school, a youth centre or camp).

Those who participate in extracurricular activities feel they have greater autonomy, self-efficacy and positive relatedness and are usually more satisfied with their relationships with classmates. They have less school fatigue and more interest in learning. Extracurricular education can help compensate if, for example, a student who feels uneasy or is bullied at school finds friends and supporters in extracurricular activities instead. A comparison of the groups of students with high, medium and low levels of well-being at school shows that 60% of students with high well-being participate in extracurricular activities at school, and the same proportion of students with low well-being do not (Table 3.3.1). However, extracurricular education outside of school is more uniformly supportive of children's well-being

Student well-being during the COVID-19 crisis

The COVID-19 pandemic and the state of emergency in the spring of 2020 was a major change in the lives of all people. Students and teachers had to quickly adapt to distance learning, which tested students' ability to self-manage and threatened their well-being. According to the 2021 national satisfaction survey, students' well-being at school (a composite of the assessments 'School is interesting', 'I feel good at school' and 'I usually enjoy going to school') has not changed compared to 2019 and 2020 (all surveys were conducted in February). Fourth- and eighth-grade students' sense of autonomy has decreased, which is why in 2021, children responded that they could not learn as they wished and be 'themselves' at school. This result was expected in the

EXCERPTS FROM INTERVIEWS WITH STUDENTS DURING THE COVID-19 PANDEMIC

A sixth-grade girl: 'I miss my friends. I feel like I haven't seen them in years. I miss school. I wish the virus would go away and I could go back to school.'
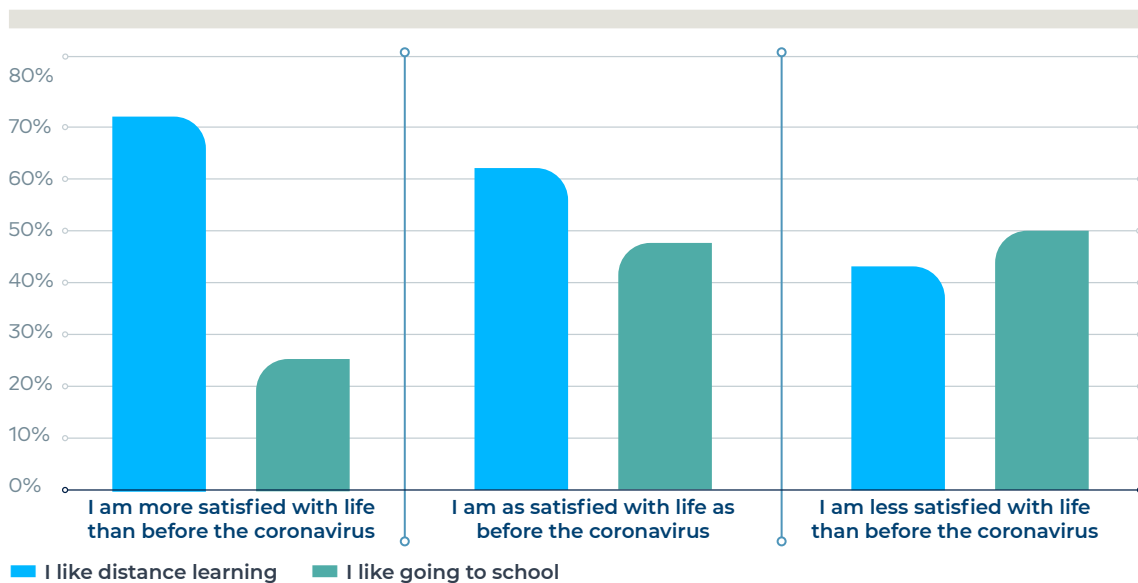
A sixth-grade boy: 'I really want to go back to school because there is nothing to do at home.'

A sixth-grade boy: 'I miss school and especially my friends. Schoolwork also goes faster at school.'

A 12th-grade girl: 'Life without friends between these walls is a disaster.'

SOURCE: Kutsar and Kurvet-Käosaar 2021

Figure 3.3.5. Students' contact and distance learning preferences and life satisfaction before and during the COVID-19 pandemic (students who completely or somewhat agreed with the statements, %)

Legend: ■ I like distance learning ■ I like going to school

Categories:
- I am more satisfied with life than before the coronavirus
- I am as satisfied with life as before the coronavirus
- I am less satisfied with life than before the coronavirus

context of the pandemic and the various restrictions associated with it. Additionally, school fatigue and decreased interest in learning are more of a problem for 8th- and 11th-grade students than for 4th-graders and adult learners. Children who receive little support from parents and teachers also experience greater fatigue and decreased interest in learning. However, loss of interest in learning is a risk factor for dropping out.

The results of an ISCWeB Supplement Survey conducted during the COVID-19 pandemic[5] show that students' overall satisfaction with life in retrospect fell from an average of 8.4 points to 7.2 points on a 10-point scale during the pandemic period. Life satisfaction decreased more in girls than in boys, and not all children experienced a decline in life satisfaction or did not experience it to the same degree. While slightly more than half (52%) of the children reported

Students' overall subjective satisfaction with life in retrospect fell during the COVID-19 pandemic, but not all children experienced a decline or did not experience it to the same degree.

that their life satisfaction was lower than it was before the pandemic, 33% of the children perceived no change in their life satisfaction level, and 15% of the children reported an improved satisfaction level. There was an especially large increase in satisfaction among students who tend to prefer distance learning (Figure 3.3.5).

Comparing the feedback of these groups on home and school, the group whose satisfaction remained the same before and during the pandemic seems to be the most balanced. Despite the

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5 The COVID-19 Children's Worlds Supplement Study (ISCWeB) was conducted among fourth- to sixth-grade students in the spring of 2021 in various parts of the world. More than 1,300 Estonian students participated in the survey (Russian-speaking and immersion classes did not participate). Most of the respondents were in distance learning at the time of the survey.

restrictions, these students continued to cope well both in everyday activities (playing sports, reading and spending free time outdoors) and in schoolwork. They felt more supported by teachers and perceived greater autonomy at school, especially compared to children whose satisfaction increased during the pandemic. They could see the positive aspects of the pandemic period. For example, they appreciated more than others the fact that they were able to spend more time with their family, sleep longer, and make their own schedule. They also learned new ways to do schoolwork online.

Children whose satisfaction level increased during the pandemic admitted that they had not been particularly satisfied with their relationships, school or teachers' support before the pandemic. They missed their classmates less and were less likely to want to go back to school, because during the lockdown, they had more free time at home and fewer responsibilities; they played computer games more often, met their friends online, spent less time outdoors and participated in sports less. They also missed the teachers' guidance less and worried less about getting bad marks at school because of COVID-19. They liked distance learning more than other students did, and almost half said that they never felt like going to school during the pandemic.

Students whose satisfaction decreased during the pandemic worried about their studies and missed their friends. During distance learning, they spent more time doing schoolwork and less time playing, being physically active and socialising with friends. Compared to the other two groups, they missed the teachers' advice more often and studied more with their parents. They liked distance learning less than contact learning. They were more worried about the changes to their life as a student and that, due to the lockdown, they might get bad marks at school. They also had significantly more other pandemic-related concerns, such as worries about

family finances or about family members becoming infected.

Overall, 16% of students felt anxiety due to the pandemic. Girls felt this way more than boys. Able and coping students felt COVID-19-related anxiety the most, which may have been partly due to their greater awareness and general tendency to worry. Compared to less anxious children, they received more information about the virus and felt less safe in general – at home, at school and near the home. They also worried about themselves and family members getting infected and about family finances, marks and other issues related to school.

Data from the national satisfaction survey (collected in February 2021, before distance learning) show that older students were more affected by the pandemic than younger ones. Eleventh-grade students and adult learners admit to being tense during the COVID-19 crisis significantly more often (42–43% of them often felt tense) than fourth-graders (14%) or eighth-graders (33%).

Mental health of university students

While young and highly educated people generally have better mental health than older and less educated people, students' mental health is significantly worse during university studies. The analysis by Käosaar and Purre (2021) explains the mental health situation of university stu-

While about 9% of all those of university age experienced a significant level of stress, this indicator was 49% among university students.

dents. The survey data were collected in 2019 within the framework of the international Eurostudent survey, to which an abbreviated Estonian emotional state questionnaire was added. This was the basis for calculating the emotional distress (referred to below as 'stress') score (with subscales for depressiveness, anxiety, mental exhaustion and sleep disorders). A total of 2760 students from all Estonian higher education institutions responded to the survey. While 9% of students feel that they have some kind of mental health problem (3% in 2015), a significantly larger proportion of students have a high level of emotional stress. According to a 2014 health survey by the National Institute for Health Development, while about 9% of all those of university age experienced a significant level of stress, this indicator was 49% among university students. This seems like an exceptionally high proportion, but similar results have been obtained in previous studies from other countries (Sharp and Teiler 2018). The stress level is higher among female students, students with special needs, Russian-speaking students, students with financial difficulties and students who have experienced bullying at university. Interestingly, the stress level is higher among those bachelor's degree students who have entered university immediately after completing the previous level of study, as well as those who do not work and do not have children. This result differs from several previous studies (see Sharp and Teiler 2018 for an overview), in which working and family responsibilities are associated with higher stress in students. Among school-related factors, low motivation, limited communication with fellow students and a lack of clarity regarding the requirements for completing the curriculum predict greater stress. Support from the teaching staff improves well-being.

The biggest predictors of school-related stress in university students are low motivation, limited communication with fellow students and a lack of clarity regarding the completion of the curriculum. Support from the teaching staff improves well-being.

The same phenomenon was analysed using data from the 2021 Estonian National Mental Health Study,[6] comparing students and employees aged 20 to 29. The analysis also revealed that students have higher levels of anxiety and depressiveness than working people do. The difference in the levels of depressiveness is fully explained by background characteristics, including income and gender. In other words, among students there are more people with financial difficulties and more women, who are also more depressed. However, differences in general anxiety remain even after matching based on background characteristics. Since it is a cross-sectional study, we cannot definitively assess whether more anxious young people are more likely to study or whether the increase in anxiety stems from the learning environment. However, previous long-term studies (e.g. Andrews and Wilding 2004) show an increase in both anxiety and, to a lesser extent, depressiveness during university studies and relate this to student lifestyles. Among the causes of these problems are academic and time pressure, dissatisfaction with studies and lack of support from teaching staff, low self-efficacy and unclear career prospects, as well as financial difficulties. The importance of moderation is reinforced by the fact that those who

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6 More information on the study appears in Chapter 1 of this report. The analysis was prepared by Kenn Konstabel and is available as a manuscript from the first author.

study very little or very much have more problems (Larcombe et al. 2016). A high level of stress is, in turn, associated with poor academic results, dropping out and risky behaviour (smoking, alcohol and drug use, suicidal thoughts).

SUMMARY

By international comparison, Estonian students' well-being at school is at an average level. According to the PISA study, Estonia is one of the few countries where students' academic results are outstanding while their life satisfaction is average or above average. A comparison of children of different ages within Estonia shows that eighth-grade students are in a relatively difficult situation. This is probably related to age characteristics, as well as the fact that their relationship with teachers remains more distant than that of fourth-grade students, who mainly have one teacher. By the eighth grade, interest in learning has also decreased significantly. Compared to upper secondary school students, eighth-grade students also feel they have less autonomy, or the ability to make choices, and poorer relationships with fellow students. They also have poorer self-management skills, which could help them solve problems and stay motivated. Students with special needs generally rate their well-being lower.

Well-being at school depends on good relationships at home and the support of teachers and fellow students. Speaking of relationships, it is crucial to reduce bullying and provide support for students with special needs. In addition to relationships, it is important that the learning environment allows for shaping the learning process autonomously and offers instruction that encourages learning and is related to real life. These three factors – good relationships, choices in learning, and learning that offers real-life tasks and experiences of success – are the three foundations for maintaining and developing students' interest in learning. Interest in learning, in turn, means both enhanced well-being and better academic results.

As to the schools where students are happier, there is no systematic difference in well-being between counties or concerning the language of instruction. However, in upper secondary school, the well-being of Russian-speaking students is lower, which points to problems in what is known as the '60+40 system' (at least 60% of teaching in upper secondary school must be in Estonian), where students are likely to have coping difficulties and unclear prospects. Younger students' well-being is higher in smaller schools, and upper secondary school students' well-being is higher in larger schools. This should be taken into account when designing the school network reform. While relationships are crucial at a younger age, the need to make learning-related decisions becomes more important at higher levels of school. Well-being in education is fostered by students' participation in extracurricular activities both at school and outside of school. It is important to emphasise the wide spectrum of influence that extracurricular education has on the development of children's autonomy, self-efficacy and social connectedness, which is why students should have enough choices and access to extracurricular education.

Younger students' well-being is higher in smaller schools, and upper secondary school students' well-being is higher in larger schools.

University students' mental health indicators are of concern, as nearly half of the students have high levels of emotional stress. Like school students, university students with special needs and/or economic difficulties experience more stress. Problems are caused or amplified by unclear learning goals, low motivation and a lack of support from the higher education institution and fellow students. Those who perform multiple roles – working students and students with family responsibilities – do surprisingly well. This shows that lifelong learning works – that higher education institutions can offer flexible learning opportunities. But it also shows that greater time pressure is compensated by a better economic situation and clearer learning motivation.

In summary, well-being is not just a nice addition to learning, which is the main goal at school. Improving well-being is an important task that keeps students functioning and healthy both during school and later in life, and supports their interest in learning. School cannot take away children's special needs or change the family's difficult economic situation, but it is these groups that need special support. At the same time, the school holds at least three keys to creating well-being: good relationships (including reducing bullying), supporting learners' autonomy (including offering decisions and choices) and creating an environment that supports an interest in learning. ●

Well-being at school is not just a nice addition to learning, which is the main goal, but it also keeps students functioning and healthy both during school and later in life, and supports their interest in learning.

REFERENCES

Andrews, B., Wilding, J. 2004. The relation of depression and anxiety to life-stress and achievement in students. – British Journal of Psychology, 95, 509–521. https://doi.org/10.1348/0007126042369802.

Burns, T., Gottschalk, F. (eds.). 2019. Educating 21st Century Children: Emotional well-being in the digital age. Paris: Educational Research and Innovation, OECD Publishing. https://doi.org/10.1787/b7f33425-en.

Choi, A. 2018. Emotional well-being of children and adolescents: Recent trends and relevant factors. – OECD Education Working Papers, No. 169. Paris: OECD Publishing. https://dx.doi.org/10.1787/41576fb2-en.

Käosaar, A., Purre, M. 2021. Eurostudent VII: fookus Eesti üliõpilaste vaimsel tervisel. Tallinn, Tartu: University of Tartu, Tallinn University. https://www.hm.ee/sites/default/files/eurostudent_vii_vaimse_tervise_raport.pdf.

Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O., Rohde, L. A., Srinath, S., Ulkuer, N., Rahman, A.2011. Child and adolescent mental health worldwide: Evidence for action. – Lancet, 378/9801, 1515–1525. https://doi.org/10.1016/S0140-6736(11)60827-1.

Kutsar, D., Kurvet-Käosaar, L. 2021. The impact of the COVID-19 pandemic on families: Young people's experiences in Estonia. – Frontiers in Sociology, 6 (732984), 1–12. https://doi.org/10.3389/fsoc.2021.732984.

Larcombe, W., Finch, S., Sore, R., M. Murray, C., Kentish, S., Mulder, R., Lee-Stecum, P., Baik, C., Tokatlidis, O., Williams, D. 2016. Prevalence and socio-demographic correlates of psychological distress among students at an Australian university. – Studies in Higher Education, 41(6), 1074–1091. https://doi.org/10.1080/03075079.2014.966072.

Ryan, R. M., Deci, E. L. 2000. Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. – American Psychologist, 55, 68–78.

Sharp, J., Theiler, S. A. 2018. Review of Psychological Distress Among University Students: Pervasiveness, implications and potential points of intervention. – International Journal for the Advancement of Counselling, 40, 193–212. https://doi.org/10.1007/s10447-018-9321-7.

Soo, K., Kutsar, D. 2019. Minu lapsepõlve „õnn" ja „õnnetus" seoses hariduse ja õppimisega: üliõpilaste mälestusi kooliajast. – Mäetagused, 74, 99–124. https://doi.org/10.7592/MT2019.74.soo_kutsar.

3.4

The labour market, the working environment, and mental health and well-being

AVE KOVALJOV, LIINA RANDMANN, MARIT REBANE AND AARO HAZAK

KEY MESSAGE

As an essential part of a person's well-being, identity and use of time, work is closely related to mental health. The COVID-19 pandemic led to significant changes in the labour market and working environment. The changes in the organisation of work and workload and the related mental health implications affect work performance, which in turn has an impact on the employee's salary, success in the labour market and well-being. In the changed situation, mental health indicators were, as expected, worse for people not participating in the labour market. However, they also worsened among many employees, whose occupational identity and sense of security were shaken. Women, who have more difficulties reconciling work and family life, as well as employees burdened with new urgent tasks (frontline workers, managers), were hit harder than others.

INTRODUCTION

Work is an essential part of an adult's life, affecting their economic, cultural, social and psychological coping abilities. Working takes up a large part of a person's time, and the working hours often cannot be freely chosen. According to Eurostat (2022), in 2021, the average working week in Estonia was 39 hours for men and 36 hours for women, while 21% of men and 15% of women had the benefit of flexible working hours.

Compared to being away from the labour market, for reasons such as unemployment or parental leave, working is associated with a greater sense of well-being.

Compared to being away from the labour market for various reasons (e.g. unemployment, parental leave), working as such is associated with a greater sense of well-being. Work is an important source of self-development and self-determination and has a wider positive impact on well-being, because work provides social connectedness. However, there are a number of risks in the working environment and the organisation of work that affect well-being and mental health.

Working often requires physical and mental, as well as emotional, effort. The nature of work and working conditions are important for both the worker and their family members. Harvey et al. (2017) divide the work-related risk factors for well-being into three groups: imbalanced job design (e.g. working time is not enough to fulfil work tasks, effort-reward

imbalance), occupational uncertainty (e.g. temporary work) and a lack of value and respect in the workplace (e.g. a low level of autonomy at work, i.e. unfair treatment or bullying and the exclusion of employees from decision-making). According to Eurostat (2021), 41% of women and 34% of men in Estonia considered their working environment harmful to their mental health in 2020, while 48% of respondents reported that health problems arising from work affect their daily activities. The main causes of stress were high workload, time pressure, and interaction with difficult colleagues and clients. A survey conducted in Estonia in 2020 (Eurofound 2020) showed that people also worry about a lack of savings and possible hardships in the event that they or a family member loses their job.

How one copes with work in times of rapid and unexpected changes, and how this affects mental health and well-being, depends not only on the person but also on factors such as the workplace, working conditions, family-related factors, and opportunities to reconcile work and family life. Recent international studies show that the mental health impact of the COVID-19 pandemic, which strongly shook the entire occupational sphere, has not been uniform across the entire population. Women, young people, frontline workers, and the infected and people close to them, as well as people who isolated themselves completely, suffered more mental health problems (Reile et al. 2021).

This article aims to show how the mental health and well-being of Estonian employees coming from different socioeconomic groups and working under different conditions have changed during the COVID-19 pandemic and how these changes are related to differences in working environments vis-à-vis other European countries.

The COVID-19 pandemic led to major changes in working environments

For Estonia, the COVID-19 crisis that began in 2020 was unprecedented, giving rise to a state of emergency, excess mortality, an overload in the hospital system, and restrictions on movement and activities. There were also major changes in the usual working environments and working conditions. Many studies (e.g. Kumar and Nayar 2021) have confirmed the negative impact of the pandemic on people's mental health and well-being, including through changes in working conditions.

The pandemic has significantly changed the forms and ways of working for some people and threatened job

SHARE OF REMOTE WORK DURING THE COVID-19 PANDEMIC
The pandemic accelerated changes in the ways, times and places of working. The number of people involved in platform work and especially remote work increased. In the EU, the share of people working from home increased from 5% in 2019 to 12% in 2020. According to Statistics Estonia, the share of employees in remote work was 9% in 2015 and 18% in 2019; it reached 31% in 2020. Most of them worked from home for all their working hours, while 11–15% worked from home for only a small fraction of the working time. By the beginning of 2021, the share of remote working had dropped to 21%.
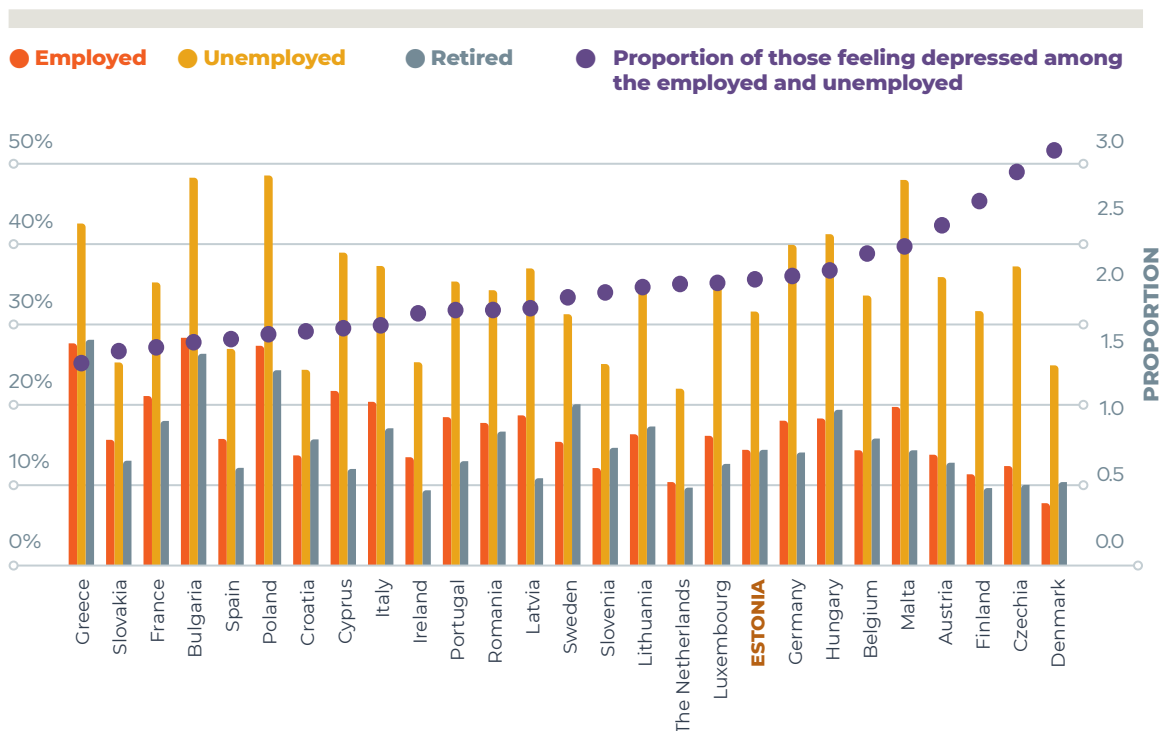
SOURCE: Eurofound 2020

stability for others, causing issues with coping and self-identification. The labour market impacts of the pandemic are more wide-ranging than just the absence of certain workers from work or the reduction or increase of workloads during the crisis. Changes in the organisation of work affect the types of workers participating in the labour market. The organisation of work and the workers' mental health affect work performance, which in turn affects the workers' income and success in the labour market. Changes in the organisation of work and workload ultimately affect mental health.

The increase in remote working during the pandemic required both employees and managers to be able to implement and coordinate hybrid forms of work despite having no previous experience or norms for doing so. During the pandemic, the share of employment relations based on civil law contracts rather than employment contracts increased. In connection with remote working, employees felt changes in both their men-

tal and physical health, which prompted greater public attention to the issue of employees' well-being. According to the Eurofound (2020) survey, 3–4% of respondents stated that remote work caused them stress, and 12% attributed the stress to an increased workload. According to the same survey, overall life satisfaction in Estonia, on a 10-point scale, decreased from 6.8 points in 2019 to 6.0 points in 2021. The decrease was somewhat more for men than for women. With the expansion of flexible forms of work, the need for additional competencies grew. ICT knowledge, risk management and analysis, product development, communication and management skills became more important. Everyone's self-management skills, including the ability to independently plan and organise their work and take responsibility, became important. Employees became more aware of the significant impact of the working environment on their mental health.

Figure 3.4.1. The proportion of people who had felt depressed more than half of the time in the previous two weeks, by labour market status, and the ratio of the proportion of depressed people among the unemployed and the employed

3.4 | The labour market, the working environment, and mental health and well-being

Having a job as a factor supporting mental health

Employment as such can have a beneficial effect on mental health. The 2020 Eurofound survey reveals that the percentage of people who have experienced depression is more than twice as high among people who are unemployed than among those who are employed. The respective figures for Estonia are 33% among the unemployed and 15% among the employed (Figure 3.4.1). Compared with other European countries, Estonia falls in the middle range in terms of the difference in the percentage of people who felt depressed during the previous week among the unemployed compared to the employed.
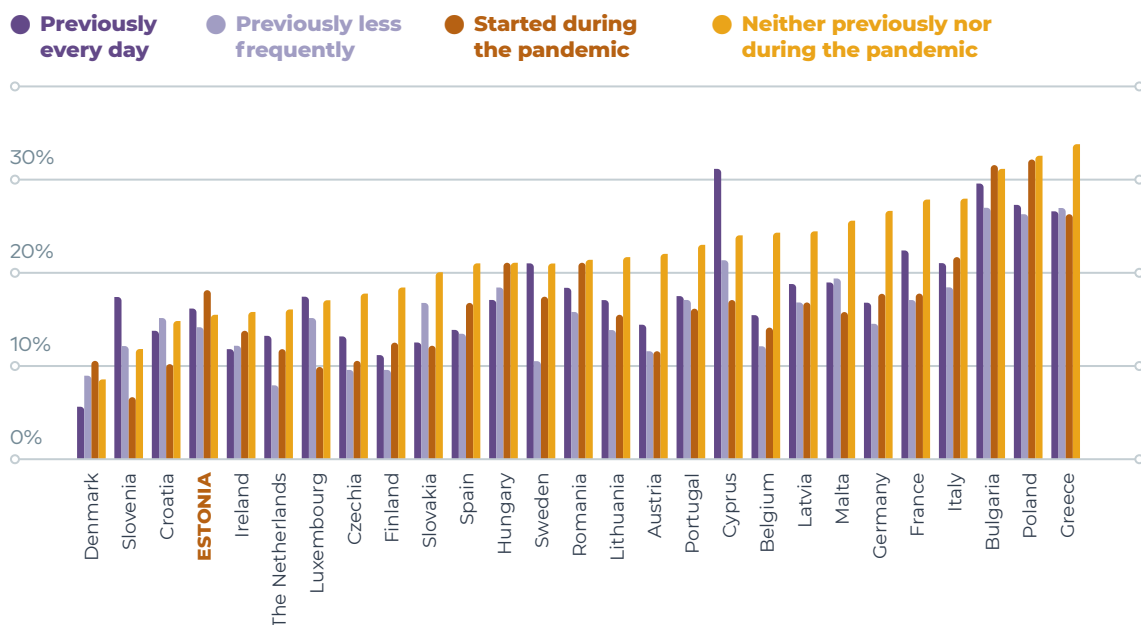
The proportion of people who have experienced depression is more than twice as high among people who are unemployed.

Working from home has its advantages and disadvantages

A new aspect of work during the COVID-19 pandemic was the fact that many people were working from home. The Eurofound 2020 survey shows that in Estonia the proportion of those who were depressed most of the time in the previous two weeks did not differ significantly between those who worked from home (including those who had already been working from home before the pandemic) and those who did not work from home (Figure 3.4.2). However, it seems that the change in work organisation due to remote working has

The change in work organisation due to remote working has slightly increased the proportion of depressed people.

Figure 3.4.2. The proportion of people who felt depressed more than half of the time in the previous two weeks by remote working status

● **Previously every day** ● **Previously less frequently** ● **Started during the pandemic** ● **Neither previously nor during the pandemic**

SOURCE: figure by the authors, based on Eurofound data from 2020

slightly increased the proportion of depressed people. This may be due to the fact that they may not have had the necessary tools or space to work from home, or they may have lacked the skills to do so (e.g. using video meeting tools) or were unable to get immediate help from colleagues when it was needed (Ainsaar et al. 2021). In addition, Estonia stands out among European countries in that it had a large share of depressed people among those who did not have the opportunity to work from home. A direct risk of infection makes them a vulnerable group.

The COVID-19 pandemic led to mental-health-threatening changes in workload

For many people, the pandemic led to changes in workload. There were those who suffered from a sudden increase in workload due to additional tasks related to the pandemic (e.g. frontline workers and managers dealing with crisis management and the coordination of frontline workers). However, there were also those whose workload decreased (e.g. people working in the service sector). Depression was widespread in Estonia, as well as in the majority of other European countries. This was especially noticeable among those whose workload decreased significantly during the pandemic (Figure 3.4.3), so that having a job no longer gave them the customary sense of security.

Figure 3.4.4 also shows that having a job is very clearly related to mental health, apparently through financial security. The figure shows that the share of depressed people in Estonia was highest among those who lost their jobs either temporarily or permanently. Nevertheless, among those who permanently lost their jobs, there were more depressed people in most other European countries than in Estonia.

Figure 3.4.3. The proportion of people who felt depressed more than half of the time in the previous two weeks by workload during the pandemic
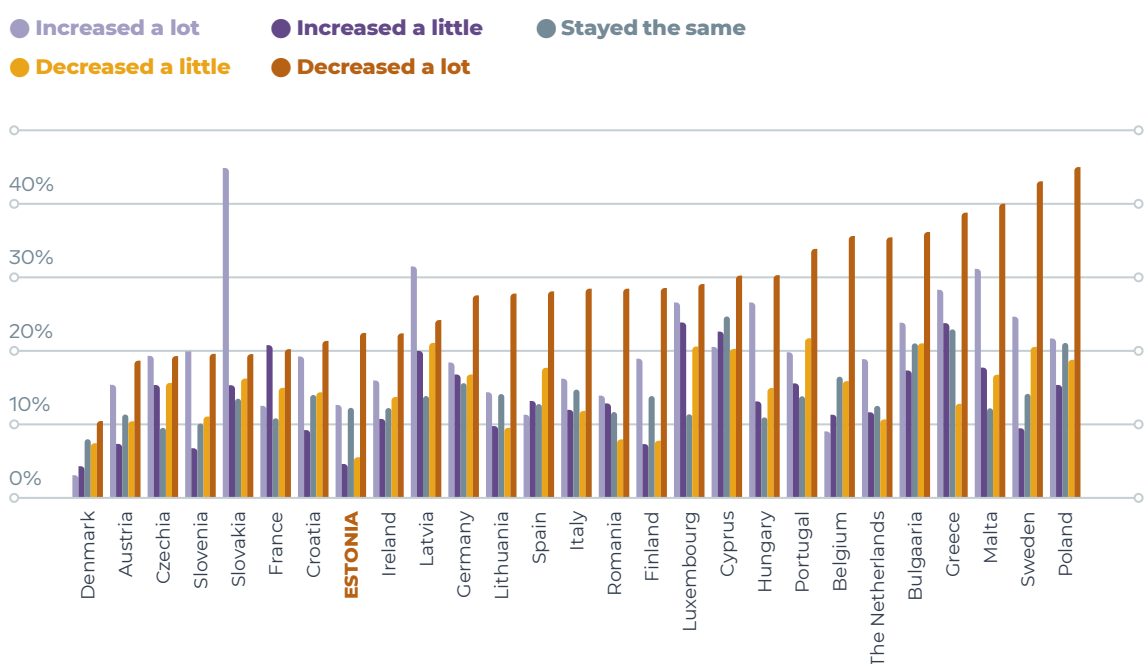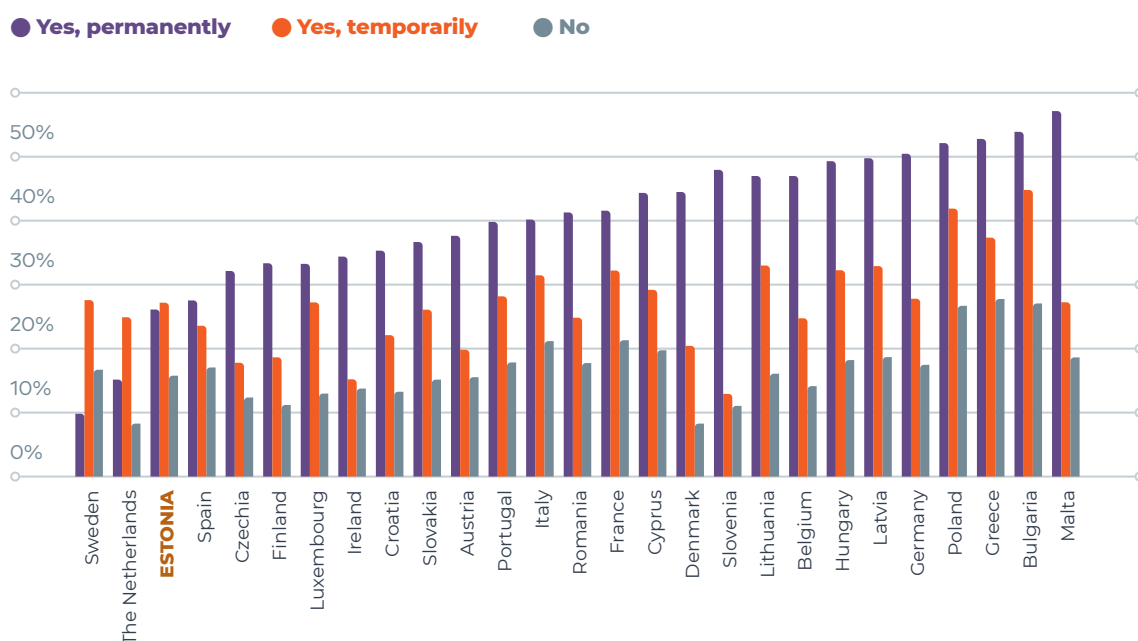

SOURCE: figure by the authors, based on Eurofound data from 2020

> *There was basically no time off work. When I went out of the house for the first time, I went to visit my sister. I think that by then, more than a month had already passed, or maybe one and a half months – it was quite a long time. There wasn't like … While others shared on social media how they were able to look inside themselves, so to speak, and watch Netflix and read and enjoy the outdoors, we on the crisis team were in a completely different situation.*

EXCERPT FROM AN INTERVIEW, SOURCE: Ainsaar et al. 2021, p. 62

Figure 3.4.4. The proportion of people who felt depressed more than half of the time in the previous two weeks: people who lost their job during the pandemic and those who did not

● **Yes, permanently** ● **Yes, temporarily** ● **No**

SOURCE: figure by the authors, based on Eurofound data from 2020

The impacts of the COVID-19 health crisis on mental health are greater among the non-working working-age population

Since 2008, a survey of the health behaviour of the Estonian adult population has been conducted every two years among people aged 16–64. The total sample size from 2008 to 2020 was over 19,000 individuals, of whom just over 1,000 completed the questionnaire during the first wave of the pandemic, from 12 March to 17 May 2020. The state of emergency in Estonia was not as severe as in more densely populated regions of the world, but it still amplified people's fears and emotional vulnerability. The survey showed that during the first wave of COVID-19, there was an increase in feelings of depression and sleep disorders, as well as the use of sleeping pills, sedatives and antidepressants among

people belonging to different socioeconomic groups. The increase in tension and depression during this period was felt the most among the working-age population in Estonia. The survey also revealed that persons participating in the labour market have significantly fewer mental health concerns than persons who are not participating in the labour market (those who are inactive, unemployed, on parental leave, studying or in military service). This finding is in line with the trends in other countries (Figure 3.4.5; cf. Figure 3.4.1).

The impacts of the health crisis manifested themselves differently in different groups. Some population groups may have benefitted from social isolation, for example, by having more flexible working hours and spending less time commuting. According to the analysis, managers, above-average salary earners, men and people in a couple relationship benefitted from the lockdown, as these groups reported less anxiety and sleep problems than in previous periods. On the other hand, women, workers in technical jobs (including nurses), workers in the tourism and service fields, and people with lower salaries experienced more mental health problems during the state of emergency at the beginning of the COVID-19 pandemic than they had in previous years.

The conditions of the working environment have varied effects on the mental health and well-being of different groups of employees

The quality of the working environment and its impact on employees' well-being can be assessed in terms of the job demands on the employees and the job resources available to them. The balance of job demands and resources is expressed in how complex, varied and intensive the work is, what

Figure 3.4.5. A selection of mental health indicators of the Estonian working-age population during the first wave of the COVID-19 pandemic

● **Participating in the labour market**   ● **Without work**
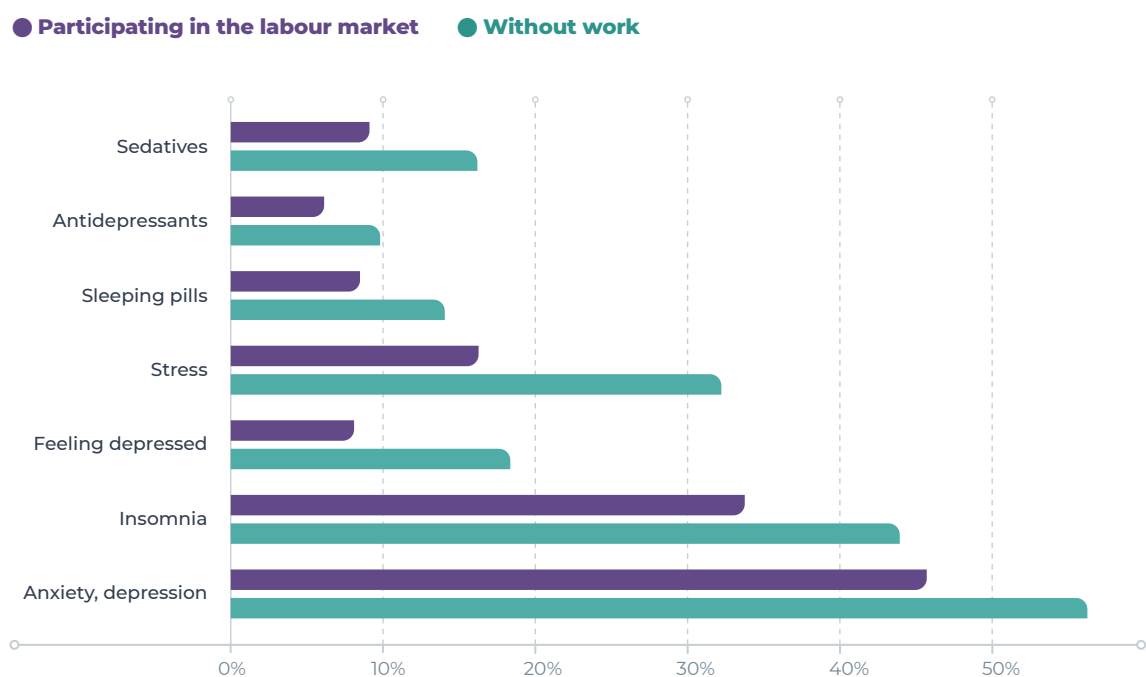
SOURCE: figure by the authors, based on Estonian adult population health behaviour survey data from 2020
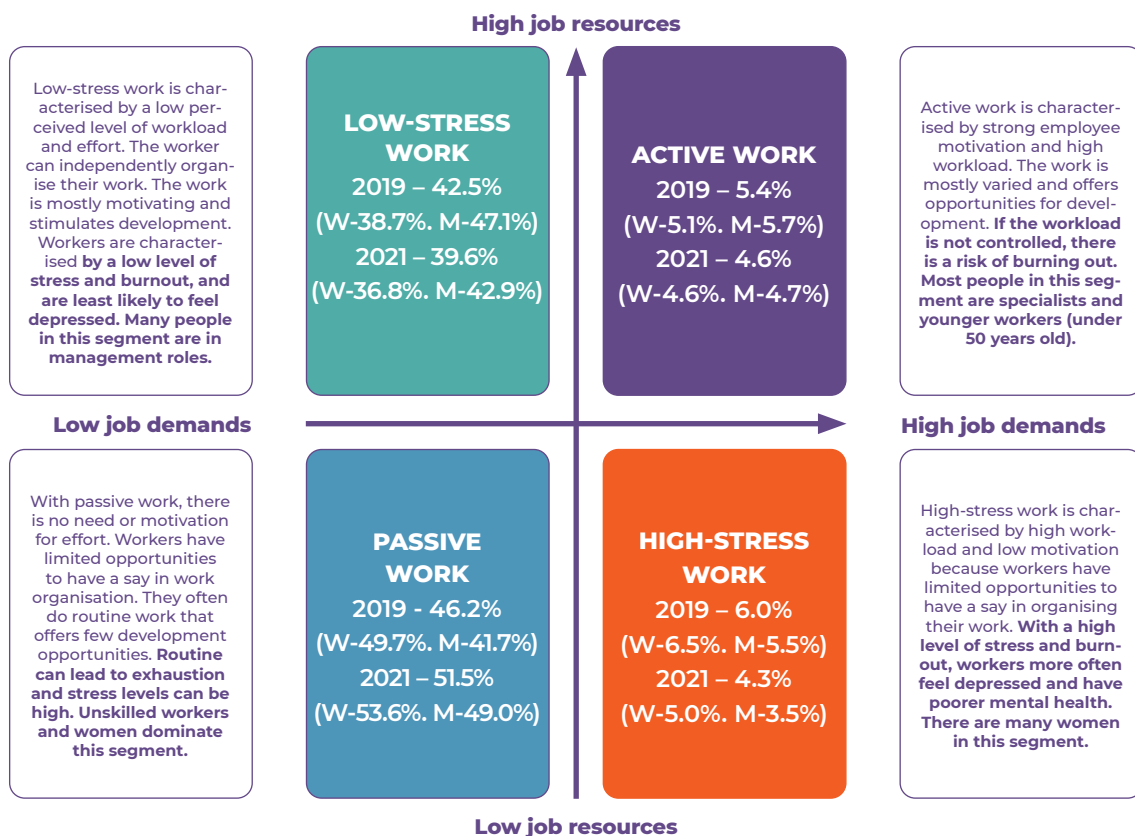
opportunities it offers for personal and professional development, and the extent to which the employee can have a say in matters concerning their work and organise their activities independently.

In 2019, TalTech and Qvalitas Arstikeskus AS began a study to assess the psychosocial quality of the working environment, using the Copenhagen psychosocial questionnaire COPSOQ III.[1] The sample consisted of employed people visiting Qvalitas clinics for occupational health checks. The data collected from nearly 26,000 respondents in 2019 and 2021 are used below to compare pre-pandemic and post-pandemic assessments of people's working environment and well-being.

For a more general assessment of the nature of work, we used the job demands and resources model created by Bakker and Demerouti (2007), which gives insight into employees' work motivation and performance and helps predict their work stress and burnout (Figure 3.4.6).

Figure 3.4.6. Job demands and resources model with the impact of various types of work on mental health

High job resources

Low-stress work is characterised by a low perceived level of workload and effort. The worker can independently organise their work. The work is mostly motivating and stimulates development. Workers are characterised **by a low level of stress and burnout, and are least likely to feel depressed. Many people in this segment are in management roles.**

LOW-STRESS WORK
2019 – 42.5%
(W-38.7%. M-47.1%)
2021 – 39.6%
(W-36.8%. M-42.9%)

ACTIVE WORK
2019 – 5.4%
(W-5.1%. M-5.7%)
2021 – 4.6%
(W-4.6%. M-4.7%)

Active work is characterised by strong employee motivation and high workload. The work is mostly varied and offers opportunities for development. **If the workload is not controlled, there is a risk of burning out. Most people in this segment are specialists and younger workers (under 50 years old).**

Low job demands   **High job demands**

With passive work, there is no need or motivation for effort. Workers have limited opportunities to have a say in work organisation. They often do routine work that offers few development opportunities. **Routine can lead to exhaustion and stress levels can be high. Unskilled workers and women dominate this segment.**

PASSIVE WORK
2019 - 46.2%
(W-49.7%. M-41.7%)
2021 – 51.5%
(W-53.6%. M-49.0%)

HIGH-STRESS WORK
2019 – 6.0%
(W-6.5%. M-5.5%)
2021 – 4.3%
(W-5.0%. M-3.5%)

High-stress work is characterised by high workload and low motivation because workers have limited opportunities to have a say in organising their work. **With a high level of stress and burnout, workers more often feel depressed and have poorer mental health. There are many women in this segment.**

Low job resources

SOURCE: Bakker and Demerouti's (2007) model; figure by the authors, based on COPSOQ survey data from 2019 and 2021

NOTE: Results of the COPSOQ study in bold below the description of each model; comparison between 2019 and 2021 and the percentage of men and women at the centre.

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1 Both the International Labour Organisation and the World Health Organisation recognise the COPSOQ III questionnaire as a tool for occupational risk assessment (ILO 2016; Leka and Jain 2010). The 2019 version of the questionnaire was used in this study.

Job demands are the physical, cognitive and emotional factors of the working environment which are associated with tension and stress. These have a negative impact on the employee's mental and physical health, reduce work engagement and productivity, and increase the risk of burnout. Job resources are the physical, social and organisational factors related to work motivation helping employees to achieve goals, increase well-being, reduce stress, and deepen their engagement with their work and the organisation. Employees with high levels of job resources can cope with their daily job demands significantly better and also have potentially lower levels of stress.

Different types of work have different effects on the employees' mental and physical health, as well as motivation and engagement. Therefore, it is important to know how employees perceive their work. Four types of work can be distinguished based on different combinations of job demands and resources: passive, active, low-stress and high-stress work. The survey revealed that in a

two-year comparison, the share of those who perceived their job as low-stress decreased by nearly 3 percentage points, while the number of people in passive jobs increased by 5 percentage points. These two types of work are also the most widely represented. A considerably smaller percentage of respondents rated their jobs as active or high-stress. The share of people in high-stress jobs decreased by approximately 2 percentage points during the period. Changes in the share of people in active jobs were less than one percentage point (Figure 3.4.6). The changes in the two-year comparison are small, suggesting that working during the pandemic did not significantly change people's perceptions of their jobs.

Low-stress work and active work are most conducive to employee well-being. These types of work involve higher job resources; employee well-being and work motivation are likely to be the highest, regardless of the job demands. High-stress work has a different effect on employees' mental health than passive work does. In high-stress jobs, the workload often re-

Figure 3.4.7. Share of different types of work across job positions, comparison between 2019 and 2021

● **Passive work**   ● **Low-stress work**   ● **Active work**   ● **High-stress work**

quires great effort and self-control, while independence, involvement and opportunities for development are limited. Passive work often consists of simple and routine tasks, with limited opportunities for development and little independence or involvement in decision-making.

There were significant differences in how men and women assessed the types of work they do. The share of women doing low-stress work is significantly smaller than the share of men, while women more frequently report doing passive or high-stress work. Women rated their job demands higher than men, feeling that their work pace was faster and workload higher than they would like. More women are engaged in both mentally and physically taxing work, and there are fewer women among employees whose work is varied and motivating and stimulates development. The greater representation of women in passive and high-stress jobs is related to their higher levels of stress and burnout. Women also experience more mood disorders than men do.

There were also differences between job positions (Figure 3.4.7). Among specialists, 40% of respondents were in passive and low-stress jobs. Around 5% of specialists were in high-stress jobs, while specialists formed the largest group among the people in high-stress jobs. They rated their work as varied but found the pace of work fast and the workload high. They also had little say in work organisation matters and time planning.

The greater representation of women in passive and high-stress jobs is related to their higher levels of stress and burnout. Women also experience more mood disorders than men do.

Enabling flexible working hours and remote working is generally positively correlated with work performance and employees' subjective well-being, including fewer sleep problems and feelings of fatigue. However, flexible work arrangements require considerable self-discipline from the employee.

More than 70% of unskilled workers perceived their jobs as routine, offering little variety and opportunities for development, as is characteristic of passive jobs. They had very little say in matters of work organisation and time planning, and they lacked flexibility in terms of working time and place. The smallest proportion of these workers were in active jobs. The proportion of unskilled workers who rated their job as high-stress increased during the pandemic. During this period, many of the unskilled workers were frontline workers, whose work became more stressful due to the COVID-19 pandemic.

About 60% of managers rated their work as low-stress, their job demands as moderate or low, and their job resources as high. This means that their jobs are varied and offer opportunities for development, and they can organise their work and time use independently. By being able to organise their tasks and plan their time, the employee can distribute their workload and adjust their work pace. Jobs of this type are versatile and motivating, as well as the most beneficial for mental and physical health.

In 2019, there were more people in high-stress jobs among managers than in other positions: 9% of mid-level and top-level managers rated their work as high-stress and their mental and physical health worse than other

employees. By 2021, the proportion of those in high-stress jobs decreased to 6% among mid-level managers and to 3% among top-level managers.

As seen in Figure 3.4.8, employees in high-stress jobs had the worst mental health indicators in both 2019 and 2020. They reported having moderate stress and burnout, as well as a higher rate of occurrence of mood disorders than others. They also rated the degree of work-life conflict as moderate, and their work engagement as somewhat lower than representatives of other types of work. Those in high-stress jobs are at risk of transferring the tensions arising at work to their family life, which can worsen their mental health.

The situation is similar with people in active jobs. Their mental health indicators are somewhat better but also indicate moderate levels of stress and burnout. In contrast to people in high-stress jobs, they have fewer mood disorders and their subjective assessment of their health is higher. They have a moderate level of work-life conflict, although their work engagement is very high. People in active jobs usually have the highest work motivation and satisfaction with personal and professional development.

The mental health indicators of those in passive jobs continue to border on critical levels, reflecting a moderate level of burnout and a critical stress level. Their level of mood disorders is low and similar

Figure 3.4.8. Assessments of the psychosocial factors of the working environment by people doing different types of work, and their mental health indicators

● **2019** ● **2021**
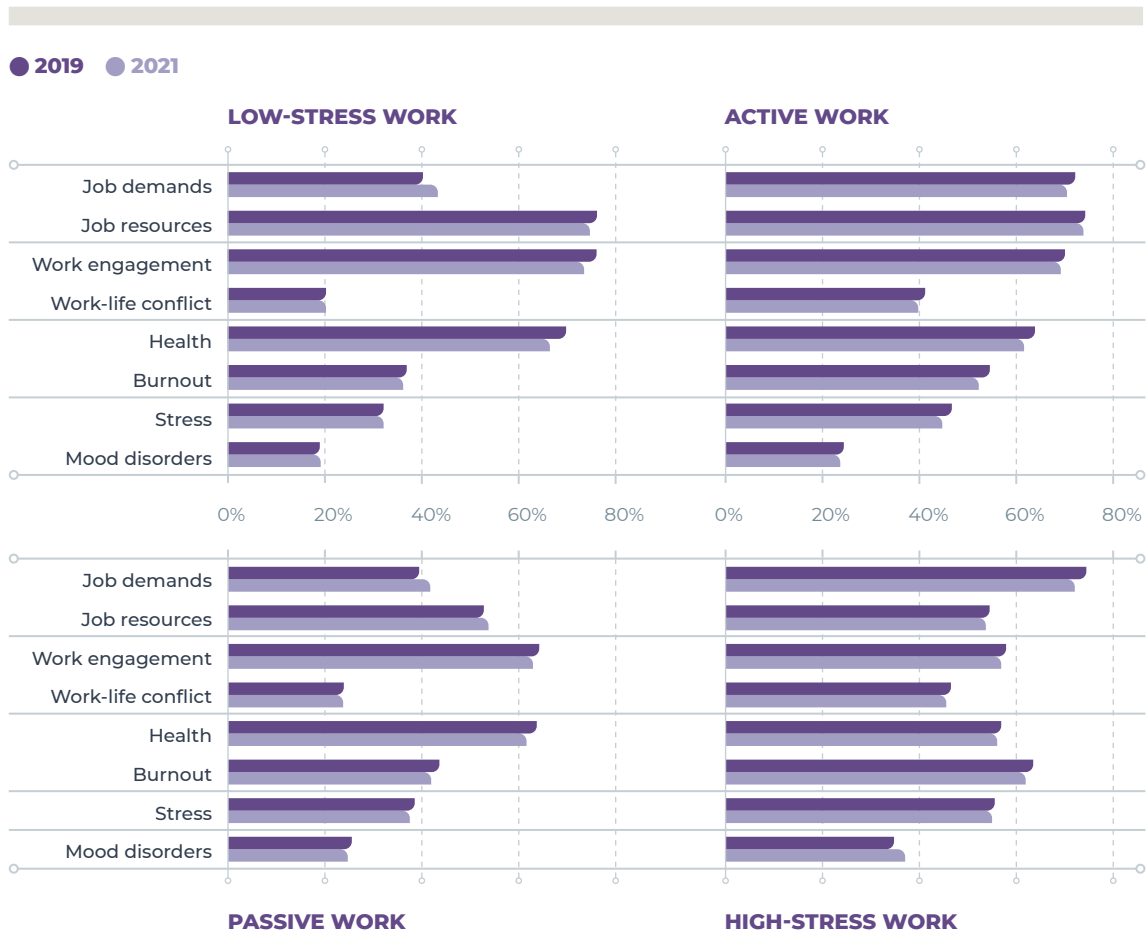
SOURCE: figure by the authors, based on COPSOQ survey data from 2019 and 2021

NOTE: All psychosocial factors are rated on a 100-point scale, in which 100 means the factor is fully present and 0 means it is absent.

to those in active jobs. The level of work-life conflict is also low, which allows us to assume that tensions arising at work do not necessarily disturb family life.

Those in low-stress jobs have the best mental health indicators. Their stress and burnout indicators are below critical levels. Their subjective assessment of their health is higher than that of people doing other types of work. They have the lowest mood disorder and work-life conflict indicators out of respondents in any category of jobs. Their mental health is good and their work engagement indicators are very high, suggesting that people in this type of job can enjoy both their work and their family life.

In a two-year comparison, people doing all types of work subjectively assessed their health as having worsened somewhat, while mental health indicators improved. The exception is people in high-stress jobs, whose mood disorder indicators somewhat increased. At the same time, all the differences are marginal, and their discriminatory power is weak. The results allow us to assume that the mental health of employees is primarily influenced by the type of job they have and less by external events.

Flexible working time and place as a component of subjective well-being

n a qualitative study on mental health and COVID-19, interviews were conducted with frontline workers, parents and older people in November and December 2020 (Ainsaar et al. 2021). The study shows that for many employees, both the working time and the pace of work increased because, especially for managers and frontline workers, urgent tasks were added to their regular tasks and unexpected events occurred often. The continuously changing information and the overload caused by being constantly available through various communication channels (e.g. telephone, email, Skype, Messenger and Zoom) added stress for managers.

The interviews revealed that flexible working time and place can lead to additional stress due to the context (e.g. working from home). When working from home, people may not have enough opportunities to be isolated from other family members, or work tools may have to be shared. If primary-school children at home need help with schoolwork, the mother's working hours are especially

I was only able to [work] on weekends. It is not realistically possible to instruct primary school children at home and work at the same time. So, when the school day ends, the work day only begins, and it lasts until midnight if you actually have to get anything done. It would have been different only if the workload had not been so big at that moment and I could have somehow managed it in less time. Well, during the day I managed to answer some emails but not do any thorough, time-consuming things that require concentration and silence and so on.

EXCERPT FROM AN INTERVIEW, SOURCE: Ainsaar et al. 2021, p. 62

fragmented and tend to shift to sleep time. During the pandemic, traditional gender roles were reinforced, which increased stress levels, especially among mothers working from home. While their home- and work-related roles were previously separated in time and place, role conflicts now emerged as both roles had to be fulfilled simultaneously, contributing to psychological tension. Also, women with school-age children had to take on the role of home teacher, which further intensified the role conflict. Those who did not have children found themselves working all the time. Thus, there were several reasons for the time shortage stress: problems related to juggling work and family life, especially for women, on the one hand, and the intensification of work on the other. At the same time, mothers learned to plan time in a new way, making use of all the available gaps (such as children's sleep time). They began to set boundaries between work and free time and to review the expectations arising from the job. Paradoxically, remote workers learned to enjoy and value what they used to take for granted, such as working in an office (and being able to focus only on work) and having schools and kindergartens available for children.

Thus, as the crisis unfolded, people learned to cope with increased stress and tension in a number of different ways. They began to consciously take time for themselves (art, crafts, reading) and left for places with limited access (such as a summer house). Discussing problems

Among the workforce, special attention should be paid to women who have children in primary school, to workers for whom the pandemic brought many new urgent tasks, and to those whose workload was significantly reduced during the pandemic.

Just going to the office has an entirely therapeutic effect at times – imagine that there is silence, you take your coffee and you just work. When I went to the office at some point, even if it was after lunch, it had such a 'wow!' effect – I can just work here without anyone interfering. What a luxury! Before then, going to the office and working there just seemed like a routine.

That's the way things are. You can appreciate ordinary things much more, like being able to go to the gym or, wow, I'm here in the office and I can work in silence. Yes, it doesn't relate to the scale; rather, I think that the whole state of emergency and the current situation has also taught me a lot, to be grateful for things that otherwise seemed to be taken for granted. I think this is the positive side of this whole thing. To believe, to believe, to appreciate things that you otherwise took for granted.

EXCERPT FROM AN INTERVIEW, SOURCE: Ainsaar et al. 2021, p. 78

with colleagues using different communication tools, but also limiting communication channels, helped people to cope professionally.

Various studies (including Estonian studies on creative workers in the research and development sector) suggest that enabling flexible working hours and remote working is generally positively correlated with work performance and employees' subjective well-being, including fewer sleep problems and feelings of fatigue. Offering flexible forms of work also often means improved competitive advantages for the employer, as the human resources are used more optimally. However, flexible work arrangements require considerable self-discipline from the employee, who must take control of not only the time of starting work but also the time of finishing work and balance the activities and goals of work and private life.

SUMMARY

Several changes have occurred in the mental health of Estonian people due to the COVID-19 pandemic. Working people continue to have a higher level of subjective well-being compared to non-working people. Our analysis shows that among the workforce, special attention should be paid to women who have children in primary school, to workers for whom the pandemic brought many new urgent tasks, and to those whose workload was significantly reduced during the pandemic. Attention should also be paid to frontline workers and those who lost their jobs due to the pandemic.

In broader terms, the starting points for a redistribution of labour market advantages can be seen in the pandemic-related changes in working life. People who functioned best in a labour market with fixed working hours, working in a workplace and having a stable working life may now be at a disadvantage vis-à-vis those who perform best with flexible working hours and remote working and who can better adapt to and cope with mental health challenges in changing circumstances that require high self-discipline. It is important to understand that the differences between people in terms of these advantages are formed through the combined effects of both natural (including genetic) factors and factors arising from the living and developmental environment. Some of these factors are under the person's control, while others are not. This means that it is crucial to take into account the individual characteristics of people both in the organisation of work at the employer's level as well as in the design of labour market measures on the national level. More attention should be paid to ensuring different but equal opportunities for different groups of

More important than salary is a sense of belonging and security and the opportunity to take time for self-realisation, which also supports mental health.

the working-age population (e.g. working mothers with young children, the unemployed and those whose workload was considerably reduced during the pandemic) to ensure their optimal involvement in the labour market and their work contribution and to improve their subjective well-being.

Overall, people learned new coping mechanisms (time management, choice of communication channels, taking time off and physical separation) due to new situations of tension and stress during the COVID-19 pandemic. More important than salary is a sense of belonging and security and the opportunity to take time for self-realisation, which also supports mental health. The COVID-19 pandemic era has rapidly provided new solutions to enable various social groups to work more flexibly and for management to trust employees to work remotely. Such solutions include flexible options to switch between working from home and in the office, and the development and widespread use of online collaboration tools. ●

REFERENCES

Ainsaar, M., Bruns, J., Maasing, H., Müürsoo, A., Nahkur, O., Roots, A., Tiitus, L. 2021. Vaimne tervis, seda mõjutavad asjaolud ja toimetuleku strateegiad lastega perede, eakate ja eesliinitöötajate näitel Eestis 2020–2021. Tartu: Tartu Ülikool. https://www.yti.ut.ee/sites/default/files/www_ut/vaimseterviseuuring_rap1.pdf.

Bakker, A. B., Demerouti, E. 2007. The job demands-resources model: State of the art. – Journal of Managerial Psychology, 22, 309–328.

Eurofound 2020. Industrial relations and social dialogue. Estonia: Working life in the COVID-19 pandemic 2020. Working paper. https://euagenda.eu/upload/publications/wpef21013.pdf, 16.05.2022.

Eurostat 2021. Self-reported work-related health problems and risk factors – key statistics. https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Self-reported_work-related_health_problems_and_risk_factors_-_key_statistics#Exposure_to_mental_risk_factors_at_work.

Eurostat 2022. Average number of actual weekly hours of work in main job, by sex, age, professional status, full-time/part-time and economic activity (from 2008 onwards), NACE Rev. 2. https://ec.europa.eu/eurostat/databrowser/view/LFSQ_EWHAN2__custom_2671904/default/table?lang=en.

Harvey, S. B., Modini, M., Joyce, S., Milligan-Saville, J. S., Tan, L., Mykletun, A., Bryant, R. A., Christensen, H., Mitchell, P. B. 2017. Can work make you mentally ill? A systematic meta-review of work-related risk factors for common mental health problems. – Occupational and Environmental Medicine, 74(4), 301–310.

ILO 2016. Workplace stress: A collective challenge. Labour Administration, Labour Inspection and Occupational Safety and Health. Geneva: International Labour Office.

Kumar, A., Nayar, K. R. 2021. COVID 19 and its mental health consequences. – Journal of Mental Health, 30(1), 1–2.

Leka, S., Jain, A., WHO 2010. Health impact of psychosocial hazards at work: An overview. – World Health Organization. https://apps.who.int/iris/handle/10665/44428.

Reile, R., Kullamaa, L., Hallik, R., Innos, K., Kukk, M., Laidra, K., Nurk, E., Tamson, M., Vorobjov, S. 2021. Perceived stress during the first wave of COVID-19 outbreak: Results from nationwide cross-sectional study in Estonia. – Frontiers in Public Health, 9, 1–6.