



Original research

Incidence of mental disorders before, during, and after the COVID-19 pandemic in Southeastern Europe

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Abstract

Aim: The COVID-19 pandemic has posed unprecedented challenges to health systems worldwide, with significant implications for population mental health. The aim of this analysis was to compare incidence rates of mental disorders in countries of Southeastern Europe (SEE) before the pandemic (2018-2019), during the pandemic years (2020-2021), and in the post-pandemic period (2022-2023)

Methods: This analysis was based on the data from the Global Burden of Disease (GBD) 2023 Study. Age-standardized incidence rates of mental disorders were extracted for the period 2018-2023, expressed as percentages of the population at risk. Furthermore, age-standardized incidence rates of COVID-19 were extracted for the years 2020-2021 (expressed as percentages of the population at risk too). Interrupted time-series analysis using segmented regression was applied to assess temporal changes.

Results: There was evidence of substantial heterogeneity in COVID-19 infection incidence across SEE, with Albania and North Macedonia reporting the highest rates in 2020, and Montenegro reaching the peak in 2021. Parallel to infection dynamics, mental disorder incidence was stable before 2020, increased sharply during the pandemic, and declined thereafter. By 2023, most countries had returned to pre-pandemic levels, although Albania and Bosnia and Herzegovina exhibited persistently elevated rates. Regression analysis confirmed a significant increase in incidence during 2020-2021, followed by a decline in 2022-2023.

Conclusion: Findings from this analysis highlight both the vulnerability and resilience of SEE health systems, emphasizing the need for sustained investment in mental health infrastructure, workforce capacity, and integration into primary care to mitigate long-term consequences and strengthen preparedness for future public health crises.

Keywords: COVID-19; Global Burden of Disease (GBD) Study; incidence rate; mental disorders; Southeastern Europe (SEE)

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Data availability: All relevant data are publicly available at:

<https://vizhub.healthdata.org/gbd-results/>.

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Introduction

The COVID-19 pandemic has posed unprecedented challenges to health systems worldwide, with profound implications not only for infectious disease control but also for population mental health (1,2). Beyond the direct burden of COVID-19 infection, the pandemic has been associated with significant disruptions in social life, economic stability, and health service delivery, all of which are well-established determinants of mental health (3,4).

International evidence indicated that the pandemic period was accompanied by increased prevalence of anxiety, depression, and other mental disorders, though the magnitude and persistence of these effects varied across different countries and locations (5-7). Hence, according to the World Health Organization (WHO), COVID-19 pandemic triggered a 25% increase in the prevalence of anxiety and depression worldwide (5). Furthermore, a recent report argued that, during the COVID-19 pandemic, the global burden of mental disorders exceeded enormously the counterfactual predictions, with major depressive and anxiety disorders displaying the largest increases (6). Based on this analysis, the authors highlighted the pandemic's severe impact on mental health and the urgent need for enhanced global mental health services, including ongoing evaluation and support (6). Additionally, a recent systematic review of impacts of COVID-19 on depression and anxiety among general populations around the world concluded that the COVID-19 pandemic exacerbated mental health inequalities, disproportionately affecting specific groups and underscoring the interplay of social determinants of health (SDH) (7). In particular, low-resource settings, including Albania and other Western Balkan countries, faced worsened mental health burdens due to prolonged restrictions and limited medical access (7). According to this systematic review, unemployment, housing instability, and inadequate social support at both the individual and community levels contributed to increased risks (7). Also, temporal trends indicated a deterioration in mental health during prolonged lockdowns, with recovery trajectories varying across regions (7).

Southeastern Europe (SEE), a region characterized by diverse health system capacities and socioeconomic contexts, experienced substantial heterogeneity in the incidence of COVID-19 infection during the first two years of the pandemic (8). Early epidemiological data revealed marked differences across countries, with Albania and North Macedonia reporting some of the highest infection rates by the end of 2020, whereas Slovenia remained comparatively less affected (9-11). By 2021, however, successive waves of transmission led to dramatic increases in incidence across the region, with Montenegro, North Macedonia, and Albania reaching peak levels far above those observed in the initial year (9). Yet, in the first half of 2020, COVID-19 incidence and mortality rates were comparatively lower in Eastern European countries, including Albania, mainly due to the delayed onset of community transmission (10,11). In Albania, for example, this delay was attributed to the strict containment measures introduced in mid-March 2020 immediately after confirmation of the first cases (10). On the other hand, the subsequent excess COVID-19 death rate observed in 2021 in most of the Eastern European countries and especially in Albania has been connivingly attributed to inadequate regulation implementation and a lower vaccination coverage (10,11).



In SEE countries, where mental health services have historically faced structural limitations (12,13), the pandemic provided an important context to examine how external shocks influence mental disorder incidence at the population level. In this context, the aim of this analysis was to assess the impact of the COVID-19 pandemic on age-standardized incidence rates of mental disorders in SEE region between 2018 and 2023. More specifically, the objective of this analysis was to compare pre-pandemic incidence rates of mental disorders with the levels during 2020-2021 (pandemic years) and the subsequent rates during 2022-2023 (post-pandemic period).

Methods

This was a comparative epidemiological analysis of age-standardized incidence rates of mental disorders in SEE countries between 2018 and 2023. The primary objective was to compare incidence levels across three distinct periods: the pre-pandemic years (2018-2019), the pandemic years (2020-2021), and the post-pandemic period (2022-2023).

Regarding the data source, this analysis was based on secondary data obtained from the Global Burden of Disease (GBD) Study 2023 (14). The GBD study, led by the Institute for Health Metrics and Evaluation (IHME: <https://www.healthdata.org/>), generates standardized estimates of disease burden across countries and territories worldwide by applying a comprehensive analytical framework that integrates diverse data sources through advanced statistical modelling (14,15).

Regarding the outcome measures, age-standardized incidence rates of mental disorders were extracted from the GBD study for the period 2018-2023, expressed as percentages of the population at risk (14). Furthermore, age-standardized incidence rates of COVID-19 were extracted from the GBD study for the years 2020-2021 (expressed as percentages of the population at risk too) (14).

Regarding the design, an interrupted time-series analysis was applied, treating the onset of the COVID-19 pandemic (year 2020) as the “intervention” point. This design enabled assessment of both immediate changes in incidence of mental disorders and subsequent temporal trends.

Regarding the statistical analysis, descriptive statistics were used to summarize incidence rates of mental disorders by SEE country and year. Conversely, General Linear Models (GLM) with segmented regression were employed to estimate the effect of the COVID-19 pandemic period on incidence rates of mental disorders. The model included time (linear and quadratic terms) to capture both “long-term” trends and the trajectory of mental health disorders observed before, during, and after the COVID-19 pandemic. Intervention (pre- vs. post-COVID) and country were entered as fixed factors, with Slovenia (the best-established European Union [EU] country in the SEE region) serving as the reference category. Parameter estimates (B coefficients), standard errors, t-statistics, p-values, and 95% confidence intervals were reported. Statistical significance was set at $\alpha \leq 0.05$.

Results are presented in tables and figures to illustrate both cross-country differences and temporal dynamics.



All analyses were performed using SPSS (Statistical Package for the Social Sciences, version 27.0).

Results

Table 1 presents the age-standardized incidence rate of COVID-19 infection in SE countries. In 2020, the first year of the COVID-19 pandemic, SEE countries experienced substantial but heterogeneous incidence rates. Albania and especially North Macedonia had the highest levels (about 54% and 57%, respectively). Montenegro, Croatia, and Serbia had moderate incidence (ranging around 24%-30%), whereas Slovenia exhibited the lowest COVID-19 infection rate (about 13%).

In 2021, incidence rates increased considerably across the SEE region, reflecting the widespread transmission during successive pandemic waves. Montenegro reached the highest level at around 105%, followed by North Macedonia (91%) and Albania (88%). Bosnia and Herzegovina (79%), Croatia (64%), and Serbia (63%) also experienced sharp increases. Slovenia remained the least affected, though its incidence nearly doubled to around 21%. Overall, 2021 marked the peak of COVID-19 incidence in SEE, with most countries exhibiting two- to three-fold increases compared to 2020.

Table 1. Age-standardized incidence rate of COVID-19 infection in SEE countries, 2020-2021 (14)

COUNTRY	YEAR	
	2020	2021
Albania	53.5% (50.9%-58.8%)*	88.1% (77.9%-102.8%)
Bosnia and Herzegovina	40.2% (36.1%-45.1%)	79.0% (63.6%-107.9%)
Croatia	28.0% (26.7%-29.3%)	64.1% (58.4%-73.0%)
Montenegro	29.7% (24.1%-34.1%)	105.4% (82.5%-132.7%)
North Macedonia	57.0% (49.3%-62.8%)	90.8% (74.0%-126.0%)
Serbia	24.3% (21.7%-26.8%)	62.8% (52.1%-74.2%)
Slovenia	13.4% (11.5%-15.7%)	21.2% (17.4%-27.3%)

* Incidence rates and their respective 95% uncertainty intervals (in parentheses).

Figure 1 presents the age-standardized incidence rates of mental disorders in Albania during 1990-2023, separately in men and in women.

During 1990-2019, the age-standardized incidence rates of mental disorders was fairly stable in women (average: 3.5%) and especially in men (average: 2.7%).

Subsequently, there was evidence of a sharp increase in the incidence of mental disorders among both Albanian men and women during the COVID-19 pandemic (years 2020-2021), followed by a decline in 2022-2023 to pre-pandemic levels. Albanian women consistently had higher incidence rates than men, with a proportionally greater pandemic-related increase.



Figure 1. Age-standardized incidence rates of mental disorders in Albania by sex, 1990-2023 (14)

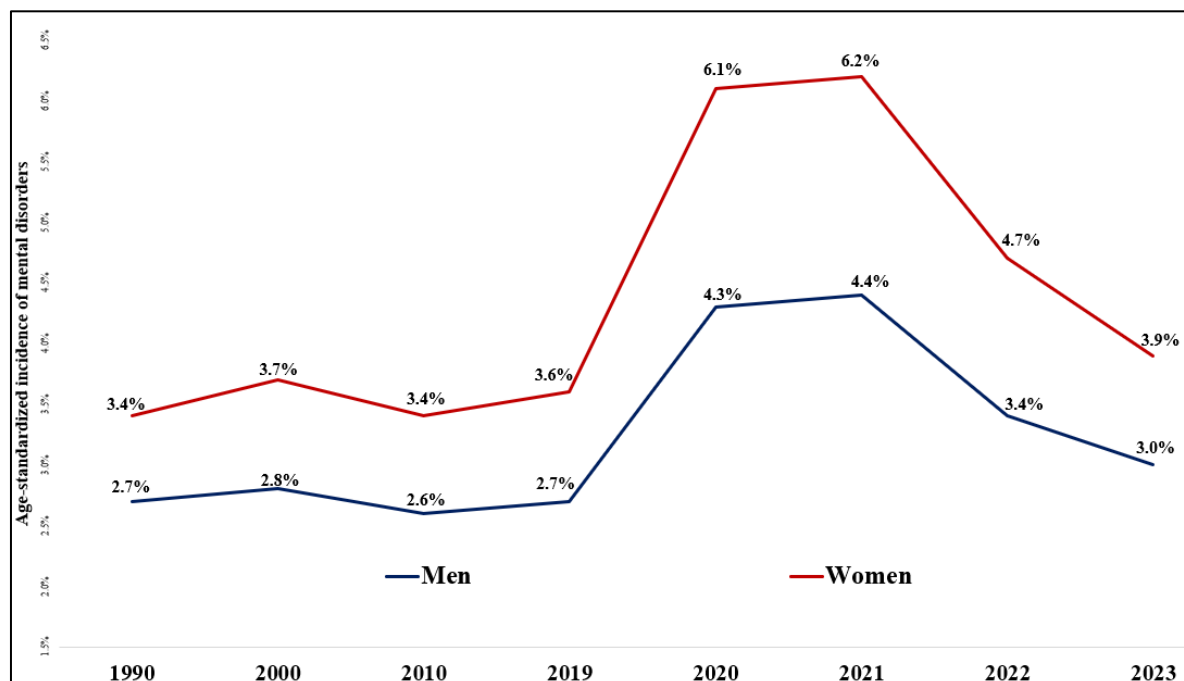


Table 2 presents the overall (sex-pooled) age-standardized incidence rates of mental disorders in SEE countries for selected years before and after COVID-19 pandemic.

The age-standardized incidence rates of mental disorders in SEE countries were stable before COVID-19 (years 2018-2019), increased sharply during the pandemic (years 2020-2021), and declined thereafter (years 2022-2023).

By 2023, most SEE countries had returned to pre-pandemic levels, with Bosnia and Herzegovina exhibiting the highest peak (4.0%), whereas Croatia displayed the lowest peak (3.1%).

Notably, most SEE countries experienced normalization in 2023 (compared to the years 2018-2019), whereas Bosnia and Herzegovina and Albania exhibited higher incidence rates of mental disorders in 2023 than before COVID-19 pandemic (an increase of about 0.4%).

Interrupted time-series analysis using segmented regression (Table 3) indicated that incidence rates of mental disorders in SEE countries were significantly lower in pre-COVID years compared to the COVID/post-COVID period ($B = -2.445$, $P < 0.01$).

A positive linear trend ($B=0.619$, $P<0.01$) combined with a negative quadratic effect ($B = -0.151$, $P < 0.01$) confirmed the sharp increase in 2020-2021 and the subsequent decline in 2022-2023.



Table 2. Age-standardized incidence rates of mental disorders in SEE countries, 2018-2023 (14)

COUNTRY	YEAR					
	2018	2019	2020	2021	2022	2023
Albania	3.1%	3.1%	5.2%	5.3%	4.1%	3.5%
Bosnia and Herzegovina	3.7%	3.6%	5.9%	6.2%	5.1%	4.0%
Croatia	3.1%	3.3%	5.0%	5.6%	4.0%	3.1%
Montenegro	3.6%	3.3%	5.7%	6.0%	4.9%	3.4%
North Macedonia	3.1%	3.2%	5.3%	5.6%	4.2%	3.2%
Serbia	3.6%	3.3%	5.4%	5.7%	4.6%	3.6%
Slovenia	3.6%	3.6%	5.8%	5.8%	4.5%	3.6%

Country effects indicated that Albania and especially Croatia and North Macedonia had significantly lower adjusted incidence compared to Slovenia (reference country), whereas Bosnia and Herzegovina, Montenegro, and Serbia did not differ significantly (all $P > 0.05$) [Table 3].

Table 3. Estimated effect of COVID-19 on age-standardized incidence rate of mental disorders in SEE countries, 2018-2023

VARIABLE*	B	SE	T	P	95%CI
Time period:					
2018-2019	-2.445	0.234	-10.445	<0.001	from -2.921 to -1.968
2020-2023	0	-	-		reference
Country:					
Albania	-0.433	0.171	-2.535	0.016	from -0.782 to -0.085
Bosnia and Herzegovina	0.267	0.171	1.560	0.129	from -0.082 to 0.615
Croatia	-0.467	0.171	-2.730	0.010	from -0.815 to -0.118
Montenegro	0.001	0.171	0.001	0.999	from -0.348 to 0.348
North Macedonia	-0.383	0.171	-2.243	0.032	from -0.732 to -0.035
Serbia	-0.117	0.171	-0.683	0.500	from -0.465 to 0.232
Slovenia	0	-	-	-	reference
Year (linear trend)	0.619	0.215	2.879	0.007	from 0.181 to 1.057
Year (quadratic term)	-0.151	0.025	-6.106	<0.001	from -0.202 to -0.101

* Interrupted time-series analysis using segmented regression in General Linear Models (GLM).

Discussion

This analysis provides comparative evidence on the impact of the COVID-19 pandemic on both infection incidence and mental disorder incidence across SEE countries. Essentially, the findings highlight substantial heterogeneity in COVID-19 infection rates during 2020-2021, with Albania and North Macedonia reporting the highest incidence in 2020, whereas Slovenia remained comparatively less affected.



Nonetheless, by 2021, successive pandemic waves led to dramatic increases across the region, with Montenegro, North Macedonia, and Albania reaching peak levels, consistent with regional surveillance data and international reports of uneven pandemic trajectories across Europe (16). Indeed, an authoritative statistical analysis of global, regional, and national infections through November 2021 documented substantial heterogeneity in COVID-19 trajectories across Europe, with marked increases in SEE countries during successive waves (16). Furthermore, a multi-country study including also SEE region reported that years of life lost and excess mortality were significantly higher in 2021 compared to 2020, reflecting the intensified pandemic burden during successive waves (17). Additionally, the WHO-supported intra-action reviews in Montenegro and North Macedonia highlighted how successive waves in 2020-2021 strained health systems and drove infection surges, confirming the uneven pandemic trajectories across the SEE region (18).

Therefore, overall, the available evidence has convincingly demonstrated that SEE countries were disproportionately affected during later COVID-19 waves, reflecting differences in health system capacity, public health measures, and vaccination rollout (16-18).

Parallel to COVID-19 infection dynamics, the incidence of mental disorders in SEE countries followed a distinct temporal pattern (19). Rates were stable before the pandemic (2018-2019), increased sharply during 2020-2021, and declined thereafter, returning to near pre-pandemic levels by 2023 (14,19). This trajectory mirrors global evidence that the pandemic triggered a surge in anxiety and depression prevalence, with WHO estimating a 25% increase worldwide in 2020-2021 (5). Our interrupted time-series analysis confirmed both a significant step increase in incidence during the pandemic and a quadratic trend reflecting rise and subsequent decline (Table 3). These findings align with international systematic reviews documenting short-term spikes in mental health disorders followed by partial normalization as restrictions eased and adaptation occurred (20). Hence, a narrative systematic review of changes in mental health symptoms from before to during the COVID-19 pandemic has reported an increased prevalence of anxiety, depression, and distress during the pandemic, with evidence of variability and partial normalization as restrictions lifted (20). Furthermore, a meta-analysis across 255 studies showed short-term spikes in anxiety (about 21%) and depression (18%) during COVID-19, with heterogeneity and evidence of decline as adaptation occurred (21).

Thus, overall, the available reviews and analyses demonstrate that mental health disorders surged during the COVID-19 pandemic's acute phases (2020-2021) but tended to decline as restrictions eased and populations adapted (19-21), which is compatible with the evidence from SEE countries presented in our study.

On another aspect, our analysis pertinent to the SEE region revealed some cross-country differences in mental disorder incidence, which may reflect differences in baseline mental health service coverage, socioeconomic resilience, and public health responses. As a matter of fact, prior studies have noted structural limitations in mental health systems across SEE, including underfunding, workforce shortages, and limited integration into primary care (12,22). These systemic constraints may have likely influenced both the detection and management of mental disorders during the COVID-19 pandemic.



On the whole, our analysis suggests that the COVID-19 pandemic exposed vulnerabilities in mental health systems in SEE region while also demonstrating resilience in the form of post-pandemic normalization. The persistence of elevated incidence in Bosnia and Herzegovina and Albania in 2023, compared to pre-pandemic levels, indicates that pandemic effects may have been more enduring in certain contexts. This issue underscores the need for targeted investments in mental health infrastructure and preparedness planning in SEE countries, consistent with broader calls for strengthening mental health systems globally (23). Our analysis has limitations as it relied on secondary data sources and modeled estimates of incidence rates, which may be subject to reporting biases, under-diagnosis, and differences in surveillance capacity across SEE countries. Also, cross-country comparability is constrained by heterogeneity in health system infrastructure, diagnostic practices, and data quality, which may influence observed differences in incidence rates of mental disorders. Additionally, the interrupted time-series approach captures broad temporal trends but cannot fully disentangle the effects of COVID-19 infection, public health restrictions, socioeconomic disruptions, and other contextual factors that may have contributed to changes in mental disorder incidence. On another aspect, our analysis did not account for individual-level determinants such as socioeconomic status, comorbidities, or access to mental health services, which could moderate the pandemic's impact. Finally, while the analysis documented normalization of incidence rates by 2023, longer-term follow-up is needed to assess whether residual effects persist, particularly in countries where incidence remained elevated compared to pre-pandemic levels.

Conclusion

This analysis demonstrated that the COVID-19 pandemic had a dual impact across SEE countries. First, there was a sharp increase in infection incidence during 2020-2021 and a parallel surge in mental disorder incidence, followed by partial normalization in 2022-2023. While most of SEE countries returned to pre-pandemic levels of mental disorders by 2023, Albania and Bosnia and Herzegovina exhibited persistently elevated rates, highlighting the uneven resilience of mental health systems in the SEE region and the importance of contextual health system capacity and socioeconomic conditions in shaping pandemic outcomes.

In conclusion, findings from this analysis indicate both the vulnerability and adaptability of SEE health systems, emphasizing the need for sustained investment in mental health infrastructure, workforce capacity, and integration into primary care. Strengthening health systems in SEE countries will be critical not only for mitigating the long-term consequences of COVID-19 but also for preparing for future public health crises.

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