

# Future scenarios

## Estonia's mental well-being in 2040

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### KEY MESSAGES

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**1. Crises that are inevitable in a globally networked society constantly test people's mental well-being.**

Crises such as climate change, the threat of war, global pandemics and migration are a major threat to human development. They raise people's stress levels, and coping requires people and ecosystems to be more resilient, in terms of both individual action and collective action in communities. A key factor in socioeconomic development is a mentally healthy population in an everyday living environment that supports well-being, backed by a value system of care – for each other and for oneself.

**2. The need and demand for mental health care and support will increase as limited resources require smart solutions.**

Several factors cause this increasing demand. People's awareness of mental health determinants is increasing substantially while stigmatising attitudes towards mental health problems are subsiding. To meet these needs and demands, the structure of mental health care and support resources must change so as to reduce the pressure on specialist care services (psychiatrists, psychologists) and improve accessibility. Therefore, early recognition of and greater attention to preventing mental health problems are necessary. Self-care (mental health hygiene and mental health first aid), community care and services are increasingly important. While preventive digital solutions and a self-care-supporting wellness industry introduce a multitude of new options, these may not always be evidence-based or accessible to everyone in society.

## A THOUGHT EXERCISE: THE WORLD 20 YEARS AGO

- Estonia's first foundational document on mental health policy has been completed.
- According to the World Health Organization (WHO), Estonia is among the countries with the highest risk of suicide.
- The most popular phone model is the Nokia 6610. It will be another five years before the first iPhone is introduced to the public.
- Estonia issues its first electronic identity cards.
- The Eurovision Song Contest is held in Tallinn.
- The euro comes into cash circulation.
- In 2004, Estonia joins the EU and NATO.
- The first Estonian freestyle skiing world champion, Kelly Sildaru, is born.

## INTRODUCTION

The previous chapters of this report describe the changes in the mental health and well-being of Estonians over the past couple of decades – in terms of general life satisfaction, subjective well-being and the prevalence of mental health problems – and how these have been influenced by socio-economic development, changes in the psychosocial environment and the living environment, and people's lifestyle choices. But what challenges do the mental health and well-being of Estonians face over the next couple of decades in terms of human development? This article describes the Estonian population's prospects regarding mental health and well-being, based on global, regional and local trends and policies, and outlines four future scenarios based on these factors.

The future trends and scenarios in this article describe different possible realities, providing a shared platform for making sense of the challenges lying ahead. With the help of these scenarios, we invite the reader to think about the kind of future world we wish to inhabit and the kinds of future we seek to avoid. How can we adapt to both global developments and future challenges within Estonia? The article consists of three parts. First, we provide an overview of the methodology and principles of scenario planning. Next, we describe the factors affecting the mental health and well-being of Estonian people, which we group into eight main trends. We conclude the article with four future scenarios outlining the possible development of the field of mental health in the coming decades.

# SCENARIO PLANNING

Scenario planning is one of the methods used in futures thinking. Its purpose is to understand the possible impact of changes and decisions taking place in the present on the formation of future worlds. Scenarios are used as a tool when preparations and decisions must be made despite uncertainty. Scenario-building methods vary in terms of technical complexity, including big data analysis and models that produce highly complex scenarios (Bishop et al. 2007). The scenarios outlined here are based on the intuitive logics method, which uses existing predictions and data to create stories about the future that illustrate the consequences of various developments (Ramirez and Wilkinson 2016). The scenarios are essentially tools to support futures thinking that illustrate possible changes taking place in Estonia and around the world, along with their consequences. As stories about the future, they help us understand the choices and decisions that lead to different futures<sup>1</sup> and to find a shared frame of reference for discussing the future.

Mental health and well-being is a special topic in scenario planning, as crises and unexpected events have immediate consequences on people's subjective well-being and mental health, which can turn into long-term effects. The role and impact of various trends and factors in shaping the future are difficult to predict. Sectoral changes are measured quantitatively, which does not provide a cohesive picture of the changes in the field of mental health as a whole. Changes in mental health are related to changes in the world around us and our ability to adapt to these changes. The factors that affect the way our communication environment develops include climate change, international corporations and

policies, and new technologies and services. It is often difficult to estimate which of these factors will have the most weight or will open up new opportunities to maintain and protect mental health. For this reason, the factors shaping our future are described on two levels – as forecasts and as weak signals. Sectoral forecasts (e.g. population forecasts) are prepared by extrapolating from existing (past and present) trends. Such forecasts give us an idea of what the future might look like if the status quo continues or an idea of how current sectoral trends might unexpectedly interact to shape the future world. However, they cannot predict factors that might change the direction of existing trends (Thomas 1994).

Therefore, the concept of weak signals has been adopted in future studies, which means that in addition to forecasts, smaller changes that have the potential to shift future trajectories are also considered. Weak signals include various emerging technologies that caught on well after they were created. For example, mini-screens were first invented in the 1930s but only recently found their way into everyone's pockets in the form of smartphones. Weak signals can be reflected in the values of the young generation: with their current communication and lifestyle preferences, young people will direct the behavioural patterns of the future. Picking up weak signals is important because, although there is no evidence to confirm their wider impact, they help us discuss future changes whose real impact may appear only years later (e.g. the long-term impact of the COVID-19 crisis). The future scenarios in this article rely on both types of factors – the more probable predictions and weak signals.

We prepared the scenarios in three stages:

**(1)** We aggregated sectoral trends,<sup>2</sup> identified the most likely or influential of these, and used future scenarios to illustrate their consequences. Sectoral trends were determined using forecasts, reports and scenarios from Estonia and elsewhere. While we included some global scenarios and forecasts (e.g. [HDR 2022](#); [OECD 2021a](#); [WHO 2022c](#)), most of the developments described in the chapter are based on the Western (European, Northern European, Estonian) context and values ([Foresight Centre 2020, 2022](#); [Demos Helsinki 2016](#); [Estonia 2035](#); [OECD 2021b, 2022](#); [OECD/EU 2018](#); [Ministry of Social Affairs 2020a, 2020b](#)). When defining significant changes, we excluded the possibility of extreme shifts, such as the disintegration of the European Union (EU), and assumed the continued existence of an independent Estonian state in 2040.

**(2)** As a second point of departure, we used the trends in psychosocial and living environments over the past 20 to 30 years, which are discussed in the previous chapters, and the possible future prospects suggested by the authors of the articles. Co-creation workshops were held with chapter editors and sectoral experts to identify the most likely and influential factors. In the workshops, we selected the most important trends affecting the future, defined the axes of the scenarios, and

drafted the points to be covered in the scenarios, focusing on psychosocial and living environments and providers of mental health support and services in each possible future world.

**(3)** Based on what was discussed in the workshops, we synthesised eight main trends that will have a significant impact on (re)shaping the field of mental health in the coming decades. We then refined the descriptions of the trends with the greatest impact and rewrote the sketched scenario into future stories with a clearly defined structure.

We chose the time frame (the year 2040) based on three main factors:

**(1)** The mental health field is rapidly changing due to global challenges, such as the threat of war and climate change, and technological innovations. A medium-term view of the future is enough to describe important changes.

**(2)** Within the next couple of decades, a generational shift will happen. By 2040, today's children will be young people starting an independent life, holding slightly different values (as every new generation should).

**(3)** People with serious mental health disorders have a life expectancy that is, on average, 10 to 20 years shorter ([WHO 2022c](#)). This adds another dimension to the future scenarios outlined in this report – un-lived lives, or people who will never live to experience this future.

<sup>1</sup> UNESCO defines 'futures literacy' as the ability to understand and imagine the role our actions play in the formation of different futures.

<sup>2</sup> Mapping sectoral trends requires aggregating them into at least six categories: social, economic, political, environmental, technological and value trends. Both local trends in Estonia and international trends in Europe and the world must be taken into account.

# MAIN TRENDS

## 1.

### Living in an era of crises inevitably places a great responsibility on society to mitigate their impact and keep people mentally healthy and capable of functioning despite the high overall stress levels

This era of crises – such as the climate crisis, pandemics and military conflicts – is characterised by uncertainty, which introduces a great deal of volatility into people's lives (HDR 2022; WHO 2022c). In 2021, 84 million people were forced to flee and relocate to escape global conflicts, and 274 million people needed humanitarian aid (WHO 2022c). According to UN data, approximately 7.8 million people had fled from the war in Ukraine as of December 2022. Approximately 64,000 of them, according to the Social Insurance Board, arrived permanently in Estonia.

In addition to migration flows from unstable nearby regions, there will be an increase in forced migration due to the climate crisis (Estonia 2035; WHO 2022c, 2022a). In the European Union, 81% of people (63% in Estonia) consider climate change the biggest challenge facing humanity in the 21st century (EIB 2022). Climate change causes both extreme events (storms, floods, heat waves, etc.) and gradual events (an increase in average temperatures, loss of ecosystem diversity, etc.), both of which are impactful (WHO 2022c, 2022a). The living environments of people and animals are changing, and water and food reserves are shrinking. People are losing their homes or seeing their living areas transform beyond recognition. Communities are being torn apart, social bonds are disintegrating, and loneliness, instability and violence are on the rise.

Crises have a multifaceted effect on mental health, the direct effect being the increase in mental health problems. During the COVID-19 pandemic, anxiety and depression increased by more than 25% worldwide (OECD 2021b; WHO 2022c,

2022b). One in five people who have fled war conflicts suffers from mental health disorders such as depression, anxiety or PTSD (HDR 2022; WHO 2022c). During crises, funding may increase for certain priority areas, such as security, while being withdrawn from education (thus leading to health inequality) and mental health services. Especially during the first year of the COVID-19 crisis, mental health services were severely disrupted (WHO 2022c).

The indirect effect of crises is manifested through mental health determinants (environmental, social, economic), although simply being a silent witness to climate change can also be very stressful (WHO 2022c, 2022a). This report uses the example of climate concern to illustrate how a global concern that is taken seriously and shared among communities does not have to lead to apathy but can instead increase agency within communities.

The media and opinion-makers talk about a compound crisis and emphasise the need to constantly be on guard. In this stressful situation, the resilience of people and ecosystems becomes crucial (HDR 2022). The mindset and social values adapted to future trends must reject the previous rhetoric of a welfare society aimed at stability and continuous growth. Supporting and maintaining individual and social agency requires the state and the media to refrain from feeding into insecurity and instead provide support and a sense of security in a situation where individuals feel they lack control.

# 2.

## The quality of the living environment is increasingly recognised for its role in reducing health risks and supporting mental health and well-being

A safe, comprehensively planned and accessible living environment (artificial and natural environment, built environment) that responds to people's needs provides opportunities for maintaining health and experiencing mental well-being and happiness (Bonava 2022; Estonia 2035; WHO 2022c).

Estonians are slightly less concerned about environmental health effects than the average respondent in the European Union, but awareness is increasing. According to Eurobarometer, in 2005, 47% of Estonian residents believed that health damage from environmental pollution was highly likely or quite likely, but by 2010, this figure had risen to 51%, and by 2020 it had risen to 70%. People's environmental awareness, easily accessible information about environmental health risks (e.g. noise, radiation, indoor and outdoor air) and ways to reduce them, and attitudes and behaviours that support health and the living environment are among Estonia's top development priorities (Estonia 2035; Ministry of Social Affairs 2020a).

Thus far, developments in Estonia's living environment have been shaped by suburbanisation and multilocality, which facilitate individuals spreading their living arrangements among multiple dwellings and relying on car-based mobility (EHDR 2020; Kruuse et al. 2020). The built living environment in Estonia

has not been designed with the deliberate aim of supporting (mental) health and well-being or promoting community interaction. The future urban environment, one that supports health and freedom of choice, should be based on new economic models and a culture of health behaviour that values mobility, healthy eating, low stress levels and fulfilling social relationships, thereby shaping a happier life (Demos Helsinki 2016).

The living environment helps shape healthy lifestyle choices by making some choice easier and others harder for people (Demos Helsinki 2016; Ministry of Social Affairs 2020a). For instance, access to different types of green and blue spaces has been proven to allow our minds to rest and recover (Bonava 2022; Tuhkanen et al. 2018). For some groups of residents, such as old and young people, urban green spaces are the main place of contact with the natural environment (EHDR 2020). At the same time, satisfaction with green spaces is a regional problem, especially in the urban context: areas richer in nature also tend to have lower population density and higher real estate prices, making them more accessible to people with better income and education. Therefore, the task of the future is to design a living environment that supports mental health and is accessible to everyone, both in urban and rural Estonia.

# 3.

## In the everyday psychosocial environments of a complex and changing society, people have a greater need for skills necessary to take individual or collective action

Developed societies are complex and changeable, and members of such societies are in danger of being isolated and feeling lonely. In Europe, an estimated 21% of the population

(95 million people) are socially isolated, and 9% (40 million people) report feeling lonely (d'Hombres et al. 2021). Estonia has among the highest levels of social isolation – 35% of adults (approx.

37,000 people) meet loved ones no more than once a month. The corresponding rate is only 8% in the Netherlands, Denmark and Sweden. Isolation and loneliness are known to be associated with poor (mental) health, and social isolation experienced during the COVID-19 pandemic may have long-term consequences (WHO 2022c).

The more complex and changeable society becomes, the more important people's individual agency and responsibility in taking daily care of their mental health. When it comes to making health-related decisions, people are increasingly expected to exercise their autonomy through health-conscious and sustainable individual action (Foresight Centre 2020; Demos Helsinki 2016; Estonia 2035; WHO 2022c). However, when faced with vast amounts of information and having freedom of choice, this may not always be easy. People need support in their decisions, but the emphasis should be on 'doing with' and not 'doing to', enabling people to take control of their lives and supporting them to do more for themselves (Better Mental Health For All 2016).

The rising need to improve people's individual agency is combined with the

need to further collective agency, which is based on community interaction and network-building (Estonia 2035). Even casual conversations with neighbours, not to mention meaningful joint activities, can have a long-term impact on well-being and increase one's sense of happiness (Bonava 2022). Daily psychosocial environments – homes, schools, workplaces – offer both risks and opportunities when it comes to mental health. By shaping these environments, it is possible to give everyone an equal opportunity to protect their mental well-being and prevent mental health problems, allowing them to function at their highest possible level of well-being (WHO 2022c).

Thus far, the values of the Estonian population have been marked by a lack of solidarity and tolerance, as well as a belief that everyone should independently find a way to cope with life and its difficulties. The last decade has seen positive change: especially among people under 30, there has been a shift from a market focus to new communalism, which values people's immediate surroundings, the environment and social relationships, promotes trust and tolerance, and makes it easier to spot those in need (Ainsaar and Strenze 2019).

# 4

## The gender gap and social attitudes and perceptions of gender roles significantly impact mental health

In 2021, Estonia's Gender Inequality Index was 61.6 out of 100 (EU average 68.0); the aim is to reach 70.7 by 2035 (Estonia 2035). According to the Equality Competence Center, we are three generations away from gender equality if we continue at this pace. Estonia has a large gender gap in indicators related to average life expectancy and health. Eurostat data indicates that in 2021, Estonian men's average life expectancy was 8.9 years shorter than women's (EU average: 5.6 years shorter). According to 2020

data, Estonian men live 4.1 years less than women (EU average: 1.0 years less).

According to the European Institute for Gender Equality (EIGE), men have better self-rated health than women, although they indulge in significantly more health-damaging behaviours (e.g. smoking and alcohol abuse). Estonian men commit suicide four times more often than women (Värnik et al. 2021). Overall, the prevalence of mental health problems is higher among women. Depression and anxiety are more common



in women, while attention and behaviour disorders and drug use are more common in men (OECD 2021a; WHO 2022c). The previous chapters of this report show that 31% of adult women are at risk of depression (compared to 24% of men) and 25% are at risk of an anxiety disorder (compared to 15% of men). Moreover, among young people, there are almost twice as many depressed girls as boys.

Gender and the social image of gender roles are important in solving mental health problems and understanding help-seeking behaviour. Women demonstrate greater solidarity and are expected to be more self-sacrificing and caring of others (Ainsaar and Strenze 2019). In Estonia, women make up 60% of all family caregivers and as much as 80% of those inactive in the labour market due to caregiving duties (Estonia 2035). The share of women in the Estonian healthcare system is remarkably high, standing at 74% among doctors (Habicht et al. 2018), not to mention nurses and caregivers.

When it comes to work and employment opportunities and possibilities for reconciling work and family life, the appreciation of gender equality in Estonian society has generally improved (Ainsaar and Strenze 2019). Even amid ongoing social changes, Estonian families continue to be quite traditional in their division of gender roles. For example, women of working age have a greater burden during crises, which increases their stress levels (when working in a home office during the pandemic, they were also responsible for the children), while older women have a very heavy burden of caregiving, which adversely impacts their mental well-being. Men, on the other hand, are less likely to seek help for mental health problems. This is because of the gender stereotype of a strong, self-sufficient man and the idea that seeking help is a sign of weakness (Sagar-Ouriaghli et al. 2019).

## 5.

### The life course perspective makes it possible to assess and understand the mental health impact of experiences from different life stages and time periods

The average life expectancy of Estonian residents has increased. The future society of Estonia will therefore contain a greater percentage of old people. According to a forecast by Statistics Estonia, by 2040, every fourth person will be over 65, and by 2060, every third person will be. There has been no significant change in healthy life years since 2009. If the same trend continues, the future will see people live longer but with various health problems. An ageing society presents new challenges in ensuring people's well-being (Demos Helsinki 2016; Estonia 2035).

The life course perspective helps to explain inequalities in health. Some periods are more critical to mental health than others, and people who experience more vulnerability early in life are sub-

ject to the accumulation of risk factors during the rest of their life, which in turn magnifies health inequalities in later life (Ministry of Social Affairs 2020b; WHO 2022c). This means that the vicious cycle of poverty and inequality in society has a clear impact on the occurrence of mental health disorders. The formative years are also when most values are shaped, and changes in social values occur mainly with the changing of generations (Ainsaar and Strenze 2019). Stronger cohesion between generations could help reduce age discrimination, or ageism (Estonia 2035).

The life course approach combines the individual level with the generational. At the individual level, the foundation for mental health and well-being is laid in childhood and further



developed through the social capital and lifestyle choices accumulated throughout life. The prenatal, infant and toddler years set the tone for the life stages that follow, with adolescence as the next sensitive period that introduces both greater mental health vulnerability and better options for prevention. About half of mental health disorders develop in adolescence and three-quarters in early adulthood (Better Mental Health For All 2016; OECD/EU 2018; WHO 2022c). The critical phases in adulthood include the period of starting a family, pregnancy and post-pregnancy, reconciling family and work life, and transitioning to retirement (Better Mental Health For All 2016; WHO 2022c). In old age, physical illness and decline introduce specific age-related stress, which is combined with the cumulative effects from earlier life stages (WHO 2022c).

At the generational level, the era and conditions in which a person is born are decisive (e.g. children of the COVID era). In the case of Estonia, it is important to recognise how the social upheavals caused by the Soviet occupation have affected the well-being of people who are now over 65 years old and the extent to which their current choices help mitigate the effects of past negative events and enhance their sense of well-being. The people who are currently aged 45 or over are the older people of tomorrow, and their values and choices will determine what older people will be like in 2040. Most likely, today's stereotypical image of 'retired people' will no longer apply to them. They are certainly more educated and also more conscious of mental well-being, suggesting that age-related mental well-being will improve.

# 6.

## While people have more mental health problems, life satisfaction in Estonia is on the rise

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Every eighth person in the world (13%, i.e. nearly 1 billion people) lives with a mental health problem; the most common ones are anxiety and depression (WHO 2022c). In 2016, one in six people in the European Union (17%, i.e. nearly 84 million people) and roughly the same share in Estonia (18%, i.e. nearly 240,000 people) had a mental health problem (OECD/EU 2018). The data of the Estonian Human Development Report also indicate that mental health problems are widespread among Estonia's population. Both the number of diagnosed cases and self-reported complaints are on the rise, with the latter indicating that one in four adults is at risk of depression and that one in five adults is at risk of generalised anxiety disorder. Continuing the disorder- and treatment-focused model will result in

even more diagnosed mental health disorders in the future, as improved awareness and decreased stigma will encourage more and more people to turn to the healthcare system for help. The rate of self-reported complaints is also likely to increase, with people becoming better at recognising mental health problems and daring to admit to experiencing them.

Mental health is not an either/or state, with people being either mentally healthy or mentally ill. Although people with mental health problems often experience lower levels of well-being, this is not always the case (WHO 2022c). Even a person diagnosed with a mental disorder can live a fulfilling life and experience life satisfaction and subjective well-being if awareness in society and their living environment support them. Paradoxically, in tandem with

the increase in mental health problems, people's general life satisfaction in Estonia has improved – even at a faster pace than in other countries. The level Estonia has reached puts it among the countries with the highest Human Development Index (HDR 2022). Daily subsistence con-

cerns brought on by economic hardship have eased, and in the future, people will seek to experience greater well-being in as many ways as possible, including achieving success through self-realisation, satisfying existential needs, and being mentally healthy.

# 7.

## Mental health interventions require restructuring as the need for them is high while resources are limited

The need for activities and services that support mental health is increasing. The unmet need for mental health treatment is nearly 70% in Estonia (due to financial reasons, waiting lists or lack of transport) – the highest in the EU (OECD 2021a; National Audit Office 2022). On average, the world's countries spend only 2% (in some welfare states, 10%) of their health budgets on mental health (WHO 2022c). With the current level of services, by 2035, the expenses of the Estonian Health Insurance Fund will grow almost 24% faster than the revenues (Estonia 2035).

Specialised or psychiatric and psychological treatment is hard to access in Estonia (OECD 2021a; National Audit Office 2022). Despite the increase in the number of those in training, there is a shortage of all specialists. There is a severe shortage of nurses per doctor (1.8 nurses per doctor in Estonia compared to 4.4 in Finland) (OECD 2021b), and few nurses practise independently, including mental health nurses (Foresight Centre 2020). Nurses as a resource should be managed much more effectively in the future.

Responding to the needs and demand requires changes to the structure of mental health interventions, which should ensure the optimal function of the pyramid of mental health services (see Randver et al. in Chapter 1).

Reducing the pressure on specialist services requires developing local primary-level interventions, community services and support and improving self-care (mental health hygiene, mental health first aid) (Ministry of Social Affairs 2020b). Currently, most countries spend less than 20% of their mental health budgets on community services and even less on prevention and promotion (WHO 2022c). Yet comprehensive and effective prevention and networking across various fields could curb the need for clinical intervention (Foresight Centre 2020; National Audit Office 2022; Ministry of Social Affairs 2020b, 2020a; WHO 2022c).

In shaping the future of the field, it is necessary to increase resources at all levels simultaneously, because each level supports the next with its activities (Ministry of Social Affairs 2020b). Looking forward, it is also important to strive for more specific targeting of mental health services. Not every concern calls for psychiatric or psychological intervention, but the treatment of a serious mental health problem cannot rely on self-help alone.

In the future, decreased stigma and improved awareness will build up demand for mental health support services outside the publicly funded system. For example, the wellness industry, which also offers lifestyle services for supporting mental health, has

a global market size of \$1.5 trillion and is projected to grow by 5–10% annually (McKinsey & Company 2022). In Estonia, folk and alternative medicine practices are popular. An overall better quality of life favours the rise of private sector services, but these may not be accessi-

ble to everyone; nor are they always evidence-based. Resorting extensively to unregulated and non-evidence-based treatment methods may increase subsequent treatment costs (Foresight Centre 2020).

# 8.

## Interventions supported by digital tools and health technologies and personalised medicine have great potential for improving both mental health treatment and prevention

The development of health-supporting digital solutions and health technologies has been progressive. The crisis triggered by the COVID-19 pandemic has accelerated the quest for innovative solutions to bottlenecks in the field of mental health (telemedicine, web portals, apps), with more and more attention paid to evaluating their (cost-)effectiveness (WHO 2022c). Estonia has stood out at the global level for its e-health solutions (Habicht et al. 2018; OECD/EU 2018). However, improving mental health care requires more effective integration of digital solutions into the overall healthcare system (OECD 2021a).

While there are many databases in Estonia containing health data collected by health service providers, these are often not standardised or properly structured, which makes a lot of data difficult to compare and link (OECD 2022). The problem in Estonia is not the lack of data but the difficulty in analysing it. The amount of data is set to increase in the future as the opportunities for using big data and health monitoring will rely more and more on apps, sensors and smart technology (Foresight Centre 2022; Demos Helsinki 2016).

Future decisions on treatment and prevention activities will allow service providers to rely on the person's genetic and health data for more personalised and cost-effective treatment, and da-

ta-based personal medicine solutions will be integrated into the healthcare system's daily processes (Foresight Centre 2022; Demos Helsinki 2016; Estonia 2035). A similar kind of personalisation will take place in pharmacotherapy, with combinations of psychotropic drugs and natural remedies developed for more specifically targeted medication therapy (Lake 2019).

Interest in artificial intelligence will continue to grow. Already, the use of machine learning methods enables the early recognition of mental health disorders such as depression and anxiety (OECD 2021a). In the future, decision support systems based on self-learning artificial intelligence will be able to give health recommendations to both the person and the healthcare staff (Foresight Centre 2020). The primary avenue for using artificial intelligence lies in implementing more effective background processes (sorting and preliminary analysis of health information), as well as describing treatment options to people (including self-diagnosis). Artificial intelligence and speech robots (avatar therapists) will assume a role in counselling activities, and traditional face-to-face therapy sessions will also continue to move online, becoming more accessible to, for example, people with mobility difficulties or phobias. In addition, there are experiments with VR (virtual reality) and

AR (augmented reality) technologies, which will make it possible to more effectively read people's facial expressions or use simulations in therapy (McKinsey & Company 2022). In the even more distant future, neuroimplants and brain-computer interfaces will enable non-invasive direct communication with various parts of the brain. Technologies such as these are crucial for patients with conditions that are resistant to medication therapy (e.g. depression and dementia).

The use and development of digital technologies for mental health comes with a set of risks and limitations. These can be related to the ethical and safety aspects of using digital tools, data protection and privacy, as well as accessibility and fairness (WHO 2022c). For example, due to the digital divide, reliance on these technologies may exclude many of the most vulnerable people, which makes improving digital competences especially important in the future (Estonia 2035; WHO 2022c). The more open society is about mental health, the more inclined people are to share their mental

health information through online applications. It is therefore necessary to develop people's data literacy and improve their understanding of how large corporations use their data (Foresight Centre 2022). With artificial intelligence, there is a risk that it will not work as expected and might start giving people the wrong recommendations (Foresight Centre 2020). On the other hand, positive scenarios predict that more accurate health data regulations and transparency of collected data will give people a better overview of healthcare providers, empowering them to make informed choices.

Amid the current technological optimism, we must not forget that although innovative and smart solutions are essential complements to the existing ones, when it comes to mental health, nothing can replace direct human contact. When developing health technologies, we cannot allow ourselves to overlook the social and behavioural scientific dimension – innovations will be useless if they are not embraced by users. ●

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# Estonia 2040 scenarios

KRISTI GRIŠAKOV AND MERIKE SISASK • TIINA JÕGEDA (SCENARIO TEXTS)

The four exploratory scenarios (Börjeson et al. 2006) illustrating very different possible future developments play out the impact of the main trends described in this chapter. The exploratory scenarios illustrate the possible extremes of each axis, which may not materialise exactly as described here. For example, health care is unlikely to become polarised in such a way that the focus will be solely on prevention or solely on treatment. However, leaning more in one direction or the other, investing more funds in it or communicating messages supporting it is entirely possible. We selected the axes for the scenarios so as to cover both the wide-ranging changes in social attitudes and health behaviour and developments in the healthcare sector more specifically. Global trends (e.g. climate change or the impact of artificial intelligence and other still-unknown technologies) were included selectively.

The main axes for the future scenarios represent the predominant type of action and the focus of mental health interventions. When the two axes intersect, four scenarios arise. We begin each scenario by outlining the main characteristics of the future story that distinguish it from the others. This is followed by a description of what life is like in this possible future world, based on the two axes. The future stories are illustrative, and the main characters are presented as caricatures, with their key characteristics deliberately exaggerated. In the Estonian version, the main characters of all four scenarios are intended as gender neutral. In English, we address them using 'she' in some scenarios and 'he' in others, although it could just as well be the other way around. The key factors in

each scenario apply equally to both men and women. It goes without saying that none of the scenarios appears in a pure form in real life, and none is good or bad in all its elements.

## AXIS 1 – TYPE OF ACTION

In a complex society, people's individual agency and their skills for collective action in various psychosocial environments (family, education and working life) are being put to the test more than ever before. Thus, our first axis focuses on the various ways in which the awareness and skills supporting mental health and well-being can develop in individuals and their psychosocial environments. One end of the axis represents a focus on individual action, which does not build strong community ties, and the other end represents collective action, which creates new and/or stronger support networks.

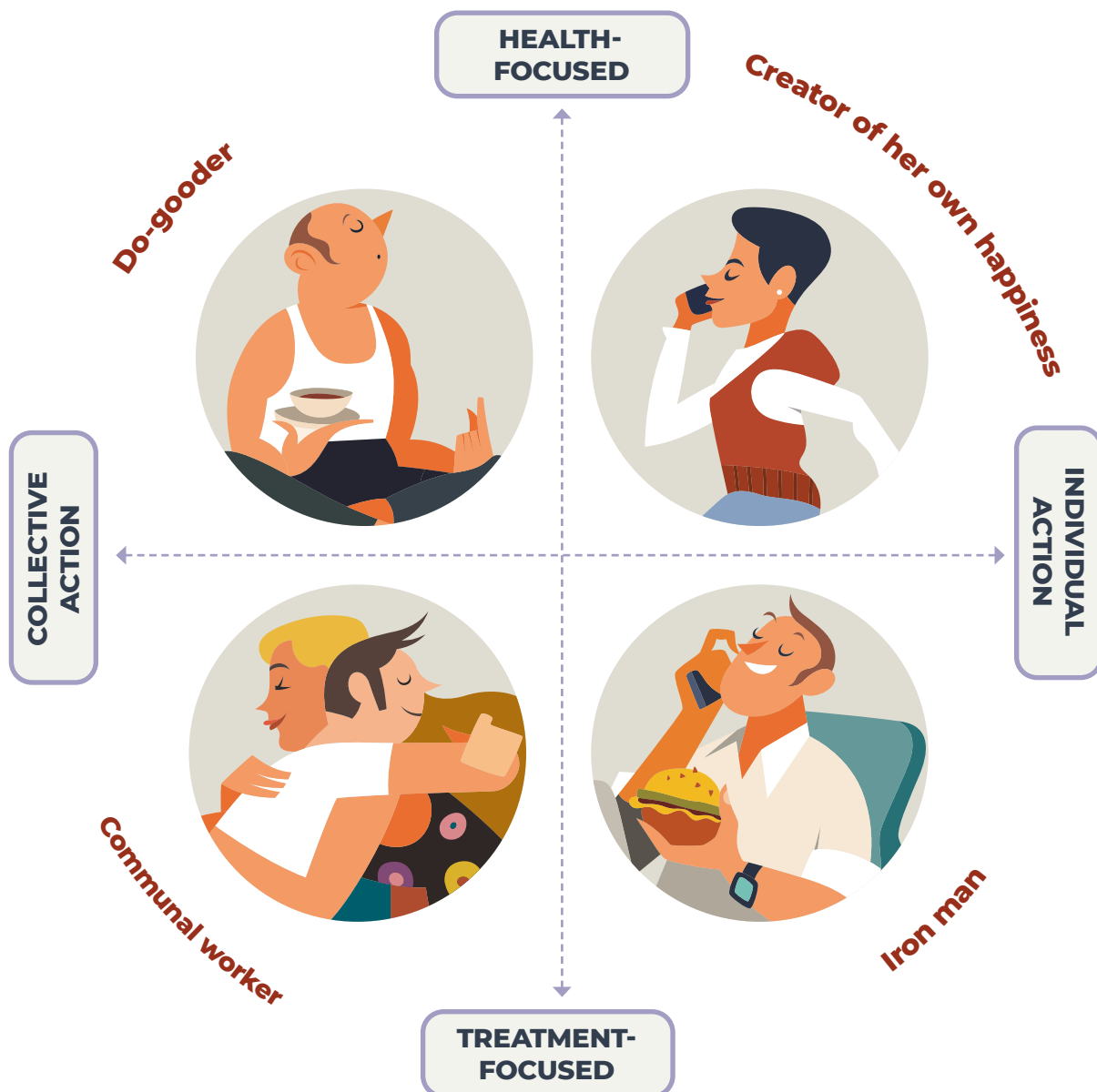
## AXIS 2 – FOCUS OF MENTAL HEALTH INTERVENTIONS

Although the prevalence of mental health disorders has increased and is likely to increase further, the availability of specialist care cannot grow indefinitely. The state and local governments have to do more with fewer resources – they have to find clever ways to strengthen mental health and organise help, including preventive measures to reduce the number of people in need of help. One end of the axis represents a focus on treatment, or dealing with the consequences. The other end represents a focus on health, or reducing the number of people in need of help with prevention. ●

# Future scenarios

The main characters – Margo, Robin, Kait and Karol – meet in 2040 in a popular cafe in a quiet tree grove in the centre of Tallinn. The gruelling years of crisis, natural disasters, wars, migration and economic recession have had a severe impact on people’s psyches. The government has realised that the medical system cannot cope with the nation’s ever-increasing mental health problems, and it is looking to commu-

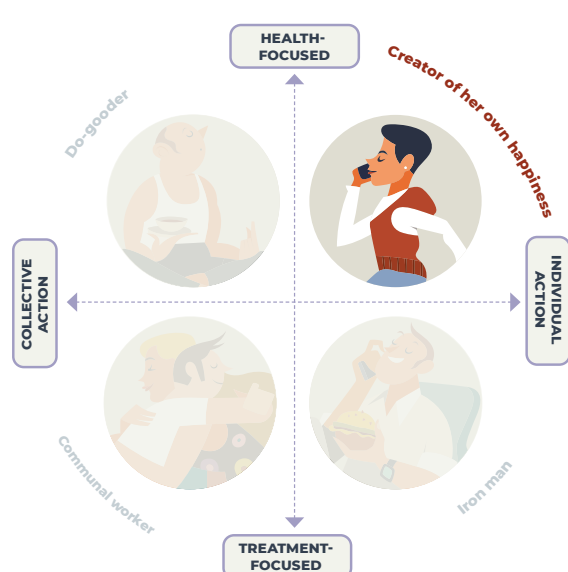
nities for support. The main characters are active people whose initiative has led to the creation of mental health centres in their communities. These functional models could be widely used in other regions of the country. Today, they must decide which model best supports people’s mental health and well-being and considers society’s values and options as well as people’s attitudes and needs.





# THE CREATOR OF HER OWN HAPPINESS

<b>RESPONSIBILITY FOR MENTAL HEALTH</b>	<b>Do it yourself. Acting on your own comes first</b>
<b>MAINTAINING MENTAL HEALTH</b>	<b>Lifestyle- and prevention-focused</b>
<b>FOCUS OF MENTAL HEALTH SERVICES</b>	<b>Wellness industry is booming. Services are expensive</b>
<b>MENTAL HEALTH PROBLEMS</b>	<b>Problems are a sign of failure</b>
<b>LIVING ENVIRONMENT</b>	<b>Green urban environment</b>
<b>DIGITAL ENVIRONMENT</b>	<b>An important part of life with lots of opportunities</b>
<b>SENSE OF COMMUNITY</b>	<b>Vague. Living alone is preferred</b>
<b>LIFESTYLE</b>	<b>Obsessively healthy</b>
<b>SELF-CARE TOOLBOX</b>	<b>Abundant, high awareness</b>



With a screech of her bicycle tyres, Margo stops in front of the cafe. At the table, she eats homemade salad out of a box, because she knows best what is good for her, and she believes that everybody creates their own happiness.

Margo was a teenager when the world was in lockdown due to the COVID-19 pandemic, and her generation adapted to the digital lifestyle quickly. When Margo has a problem with mental health, she looks to 'Dr Google' first for answers. For her, the physical world is slow and not very motivating. Pop-up relationships are her only form of close relationship. It is lonely sometimes, but living alone is comfortable.

Margo lives in the heart of the city. 'Even though, as a result of the green transition, many asphalt lots have been turned into parks in recent years and some Estonians have a garden, not everyone has such options and access to nature,' says Margo. The quality of housing, the size of living space and the access to green spaces are very different. 'That is why the primary goal of my mental health centre is reducing stress.'

The centre, located between office buildings, has spacious rooms for exercise, because sports and exercise are the foundations of mental health. The centre has nutritionists and body consultants. Body design has become a form of mass culture, or rather a plague, which sometimes goes to extremes. A community garden surrounds the centre because gardening has scientifically proven benefits for mental health. The centre has a lot of greenery and quiet



places. Various digital-based therapies and online counselling are offered.

Margo thinks that a person's mental health should not be anyone else's business. 'People use guidance materials and put together their own mental health journey,' explains Margo. 'And if you cannot manage your mental health, it is your personal failure!' At the centre, people can learn self-care and mental health first-aid techniques and consult with a life coach. These services

are expensive, and only the wealthiest people can afford them. It is hard to navigate the wellness industry and mental health gurus out there. Who is for real and who is just an extension of the world of entertainment?

Margo's motto is: 'The fishing rods are handed out, but you have to catch the fish yourself.' ●



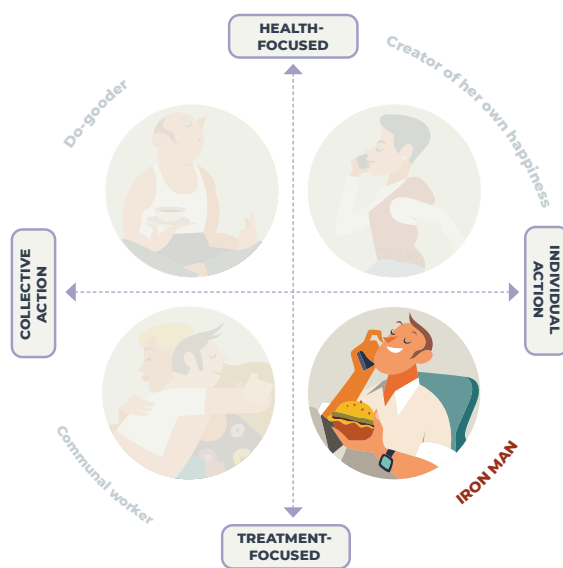
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**'The fishing rods are handed out, but you have to catch the fish yourself.'**

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# THE IRON MAN

<b>RESPONSIBILITY FOR MENTAL HEALTH</b>	<b>Do it yourself. Acting on your own comes first</b>
<b>MENTAL HEALTH</b>	
<b>MAINTAINING MENTAL HEALTH</b>	<b>Treatment- and services-focused</b>
<b>FOCUS OF MENTAL HEALTH SERVICES</b>	<b>Putting out fires, personalised medicine</b>
<b>MENTAL HEALTH PROBLEMS</b>	<b>Problems are not recognised until they are acute</b>
<b>PROBLEMS</b>	
<b>LIVING ENVIRONMENT</b>	<b>Commuting between city and country homes</b>
<b>DIGITAL ENVIRONMENT</b>	<b>Highly developed, rich in technology</b>
<b>SENSE OF COMMUNITY</b>	<b>Non-existent. Everyone for themselves</b>
<b>LIFESTYLE</b>	<b>Harmful to oneself</b>
<b>SELF-CARE TOOLBOX</b>	<b>Not considered valuable or important</b>



Robin the iron man orders a huge burger and a large mug of strong coffee. His fast-paced life, business projects and events, along with commuting between his city and country home, leave no time to think about self-development or mental health. 'Everyone fights for themselves,' he says as he introduces his mental health centre.

In recent decades, society has been thrown from one crisis to another, which has also increased economic instability. There is a great deal of inequality and little social cohesion. Well-being is unstable – constant instability exacerbates mental health prob-



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**'Everyone fights for themselves.  
Fires are being put out constantly.'**

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lems, but there is not enough time or money to treat them thoroughly. 'Fires are being put out constantly. People are withdrawn; they almost never share their problems with others. Everyday life requires a lot of attention, and it creates stress. You only go looking for help when you are in deep trouble. Because of all this, creating a network of mental health centres is essential.' When creating the centre, Robin felt that he might need such a place himself.

The centre is in the middle of the city, so it is easy to visit a psychiatrist or psychologist from your office, even during a lunch break. Numerous pocket parks and small green lots for relaxation surround the building. 'Most importantly, the centre treats people who come to us with their problems. We rely on the modern possibilities of personalised medicine, and we also use new health technologies that help guide and organise treatment effectively,' explains Robin.

The centre has a psychologist and a psychiatrist who prescribes pills, as well as babysitters so that parents can rest. 'We also have life coaches and counselors. For example, family therapists are in high demand because family relationships are superficial in today's success-oriented world, different generations do not really communicate with each other, there are many problems in blended families, and so on. Even personal relationships are contractual these days,' Robin sighs. The centre has many rooms for individual counselling, but most patients prefer remote therapy instead because they usually do not have time to come here.

Since everyone can only rely on themselves, Robin has also invested in individual health insurance. 'People need to realise that when trouble comes, they have to rely on their own savings,' Robin concludes. ●

# THE COMMUNAL WORKER

**RESPONSIBILITY FOR MENTAL HEALTH**

**Shared and communal. Acting together comes first**

**MAINTAINING MENTAL HEALTH**

**Community services-focused**

**FOCUS OF MENTAL HEALTH SERVICES**

**Problem-oriented community services, abundant options**

**MENTAL HEALTH PROBLEMS**

**Problems are dealt with when they arise**

**LIVING ENVIRONMENT**

**Urban environment with a community garden**

**DIGITAL ENVIRONMENT**

**Rich in technology, tight social networks**

**SENSE OF COMMUNITY**

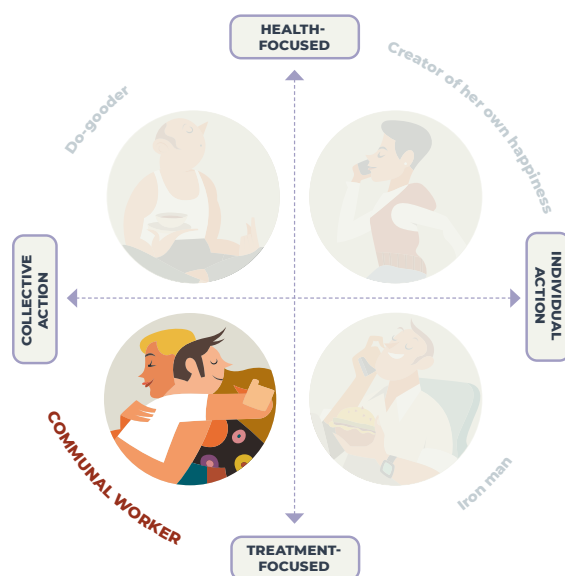
**Warm and welcoming**

**LIFESTYLE**

**Taking sufficient care of oneself, environmentally conscious**

**SELF-CARE TOOLBOX**

**Joint activities and self-care groups are popular**



Kait, in her long and colourful robe, is called the communal worker because she is always busy with this or that much-needed community project. She hugs everyone before taking a seat. Kait orders a berry juice because she knows it is made from berries grown in her friends' community garden.

In recent years, Estonia's happiness index has increased, which is attributed to the country's efforts towards sustainable development and a responsible economy. Society has learned from the crises that an active community is the basis for coping. 'The best medicine is caring for each other,' says Kait. She was born when war was raging in



Ukraine, and her parents told her that back then, people were careless and critical towards each other. Kait does not want that to be normalised again. She lives in the capital, in a district known for its wooden buildings. She works from home, and robots deliver everything she needs to her.

'The mental health centre was a joint effort – we raised the funds and built it ourselves! There is no need for state funding. We are managing with crowd-funding.' The centre is on the premises

of an abandoned shopping centre; people do not go shopping much anymore. Kait has been picking herbs and drying berries for the health centre all summer, and in the evenings she manages the various health-related groups on social networks. People in these groups share her views and are the creators, supporters and employees of the mental health centre.

In the centre, special attention is placed on group therapy sessions, where solutions to various problems are sought



and which are led by local peer-support counsellors. The centre also organises creative therapy workshops and hikes and has a backyard cafe. All these provide opportunities to socialise. 'Many people who come to us have phobias and social anxiety,' the centre's volunteers say. 'We do not rule out conventional medicine, but sometimes people are sceptical about mainstream help and digital technologies. People who have personal experience and are well-known or recommended are often trusted more,' says

Kait. The centre boldly experiments with psychedelic therapies, and the community mental health ambulance has worked very well. Although sometimes the grind makes Kait feel exhausted (she calls it 'the community work stress'), she says confidently: 'People contribute to the community and expect to get something in return. The responsibility for ensuring mental health and well-being lies with communities.' ●



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**'The best medicine is caring for each other.'**

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# THE DO-GOODER

**RESPONSIBILITY FOR MENTAL HEALTH**

**Shared and communal.  
Acting together comes first**

**MAINTAINING MENTAL HEALTH**

**Centred around ecology,  
prevention-focused**

**FOCUS OF MENTAL HEALTH SERVICES**

**Community support services**

**MENTAL HEALTH PROBLEMS**

**Problems should be prevented  
but are not to be ashamed of**

**LIVING ENVIRONMENT**

**Ecovillage on the outskirts of the city**

**DIGITAL ENVIRONMENT**

**Global, integrated into everyday life**

**SENSE OF COMMUNITY**

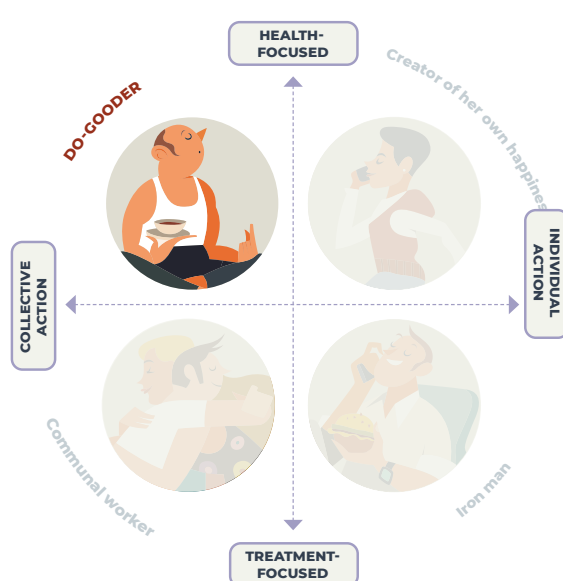
**Tight-knit and supportive**

**LIFESTYLE**

**Healthy, natural part of the daily routine**

**SELF-CARE TOOLBOX**

**Abundant, acquired from a young age**



Carol, known as the do-gooder among his friends, orders green tea and beetroot chips. He lives an hour's bike ride from the capital, in one of the many ecovillages on the outskirts of the city that became popular after the energy crisis ravaged the world.

'I interact with people from many different communities, and I know that the major crises and natural disasters of recent years have had a debilitating effect on people's mental health. For example, people often come to us with concerns about the climate and social phobias. People can find support from their communities, but our centre is focused on prevention. We have lectures



KOMPOST

KARL KOPP 2023

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**'Taking care of mental health has become a natural part of personal hygiene.'**

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and workshops. We also teach self-care techniques, yoga and proper nutrition,' he says.

Karol, who is retired, does not have a family, because starting a family is no longer a social norm. 'Our generation has fewer children than pets,' Karol admits. He has a strong sense of responsibility and is dedicated to repairing the broken world inherited from our ancestors. In the last 20 years, problems with face-to-face communication have reached epidemic proportions. Stress and anxiety disorders caused by isolation are even more common than they were immediately after the COVID-19 pandemic.

The centre founded by Karol and his partners has done a lot to ensure that the everyday living environment does not cause stress. Far from the din of the city, the centre is not affected by noise or light pollution, which is why it is favoured by patients with sleep disorders. As a sign of an ageing society, many of the centre's clients are older

people. 'We help a lot of older people who feel lonely. We create bridges between generations. Older people can teach the youth good old-fashioned communication skills, such as making eye contact and reading body language.'

Prevention campaigns and including self-care classes in school curricula have paid off: taking care of mental health has become a natural part of personal hygiene. People are aware of different support services. The state mainly allocates funds only to mental health support services because most of the prevention and support services are borne by the communities. People do not need to pay for community support services.

The private sector also contributes significantly to prevention because responsible and social entrepreneurship is seen as natural in society. More and more reasonably priced creative products that promote mental health are brought to the market. ●