

Are Czechs on the brink of depression, and what can we do about it?

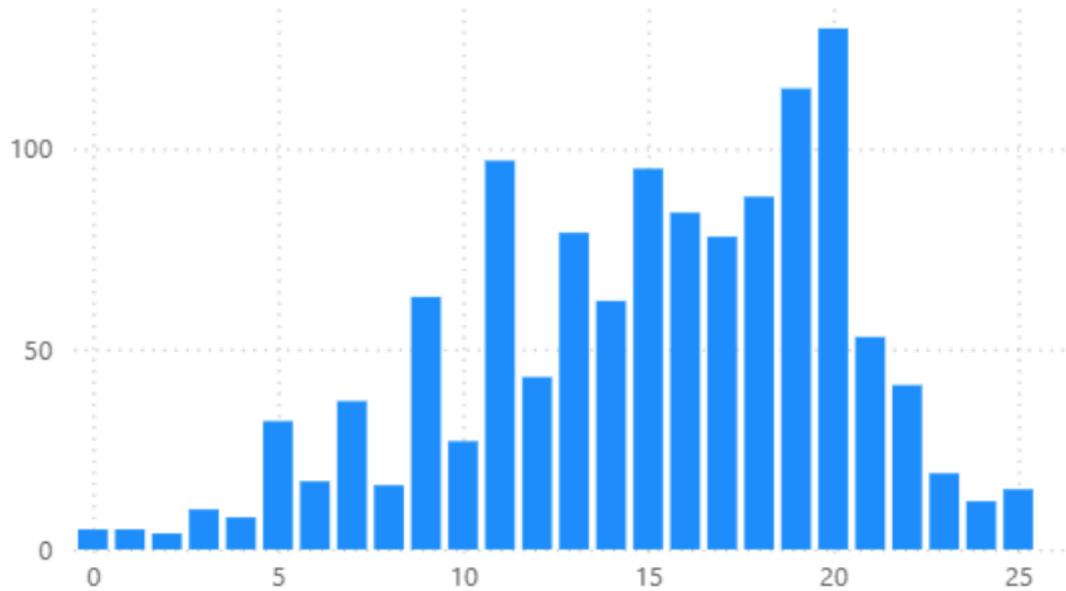
Policy Paper #5: Mental Health as a Key Component of Individual Resilience

Mental health is currently a highly prominent topic and represents one of the key dimensions of individual resilience, as it is a fundamental indicator of a person's ability to cope with stress, adapt to uncertainty, and maintain stable functioning over the long term. Within the Individual Resilience Index (IIR), the mental health dimension is included precisely because psychological well-being influences nearly all other components of resilience—from physical health and social relationships to the ability to make decisions in crisis situations.

Data from the Solvo Institute, derived from research conducted in cooperation with the agency SC&C and from the online questionnaire Odolnost.cz, constitute the primary source for this article, that allows us to look beneath the surface and describe the real situation in the population.

Subjective well-being is inherently difficult to measure: feelings cannot be weighed or precisely quantified in the same way as kilograms of body fat. The WHO-5 Well-being Index offers one of the simplest yet most rigorously validated ways to carry out such measurement. A systematic review of the WHO-5 encompassing more than two hundred studies has demonstrated its high sensitivity, specificity, and applicability across populations and clinical contexts, thereby confirming its credibility for population research and mental health screening (Topp et al., 2014).

The results of the Solvo research reveal marked polarization. Nearly one quarter of respondents achieve a score of 20 points or higher, indicating that over the past two weeks they have felt predominantly well, energetic, and psychologically stable. By contrast, one third of the population falls below the threshold of 13 points. These individuals exhibit clearly reduced emotional well-being, and it would be beneficial for them to pay attention to their mental state, understand the causes of their difficulties, and, if appropriate, seek professional support.



Survey results obtained in the Czech Republic (N = 1,235; CAWI 620, CAPI 615; data collection May 23–29, 2025, by the agency SC&C): 22% of the population scores between 20–25 points, while 30% score below 13 points. Average score: 15 points.

Methodology

Within the IIR, the mental well-being dimension accounts for 11%, but its actual impact significantly exceeds its numerical weight—psychological state influences nearly all other components of resilience. In an environment of growing social tension, uncertainty, and chronic stress, mental health therefore becomes one of the most reliable indicators of individual and collective resilience. In a number of research studies, resilience is even almost exclusively equated with psychological resilience, which is considered its core component, where resilience is understood as the process of successfully coping with stress and returning to a functioning state after adversity (Southwick et al., 2014).

To measure subjective psychological well-being, we use a set of five questions based on the internationally recognized WHO-5 Well-Being Index. Respondents evaluated how often the following statements applied to them:

“I felt good.” / “I have felt cheerful and in good spirits.”

“I felt calm and relaxed.”

“I felt full of energy and healthy.” / “I have felt active and vigorous.”

“I woke up feeling fresh and rested.”

“During the day, I did many things that interested me.” / “My daily life has been filled with things that interest me.”

The WHO-5 is a short self-assessment tool developed by the World Health Organization (WHO), consisting of five positively worded statements focused on current psychological well-being over the past two weeks. Responses are rated on a Likert scale ranging from “never” to “always.” The resulting score (0–25) is simple, easy to understand, and comparable across different studies and populations.

These items make it possible to construct a profile of everyday psychological well-being and to identify differences between population groups (by age, gender, education, socioeconomic status, and life situation). A value below 13 points on the WHO-5 indicates low emotional well-being and represents the recommended cut-off for screening depressive symptoms.

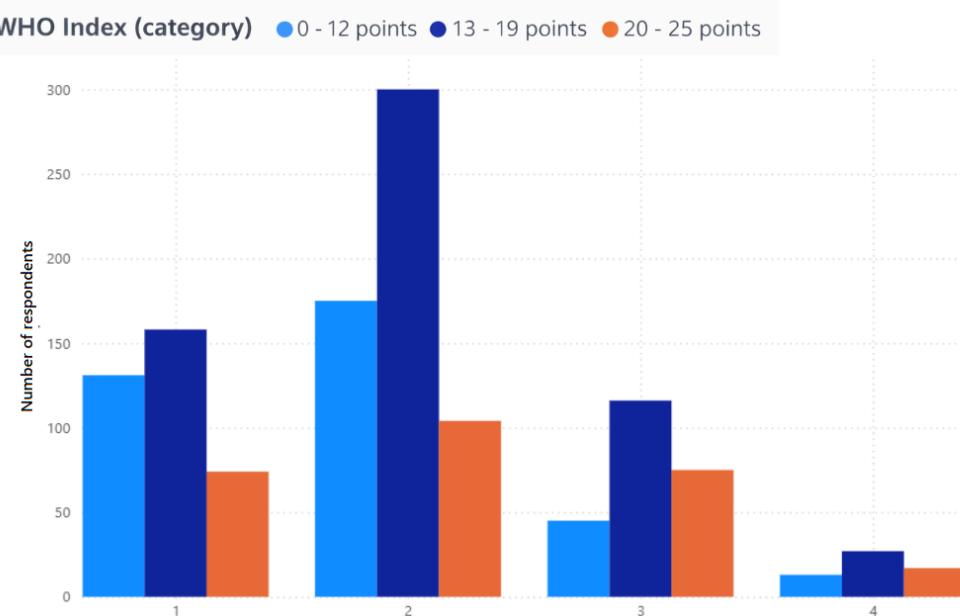
What increases the likelihood of good mental health?

Data analysis highlights several significant factors that are strongly associated with the mental health dimension:

1. Financial situation

- Mental well-being increases with higher income.
- A pronounced turning point appears around a gross monthly income of approximately CZK 40,000.

This is not surprising: financial stability reduces stress and supports a sense of control over one's life.

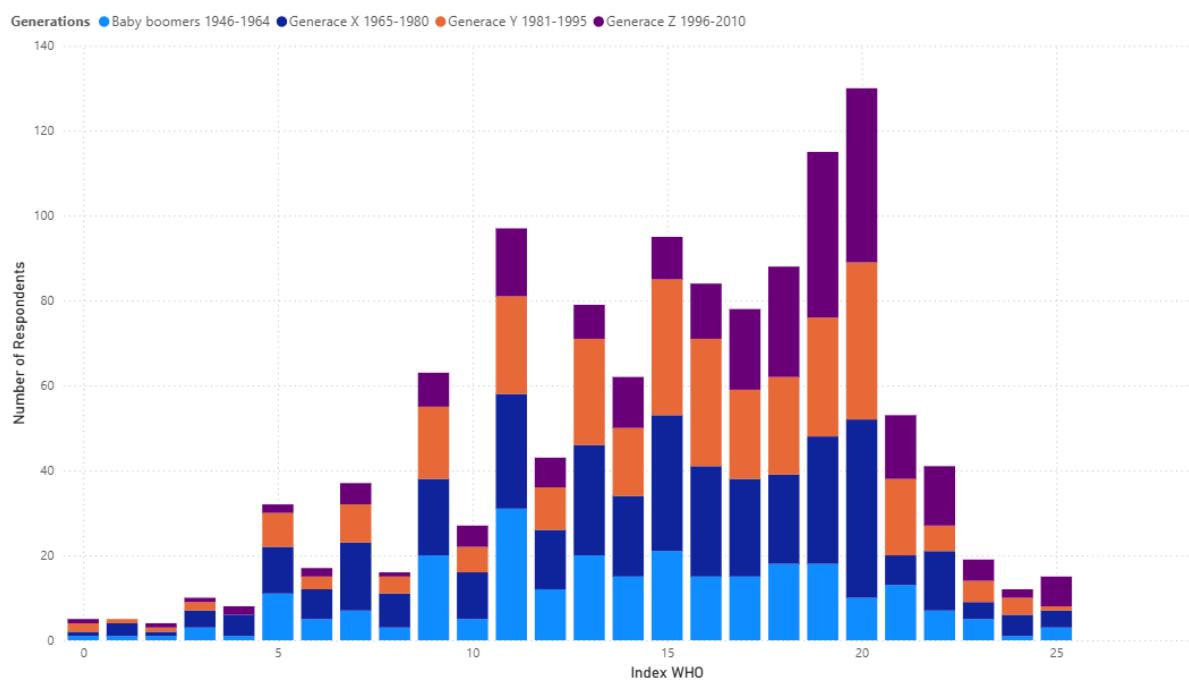


WHO Index by Categories (0–12 points, 13–19 points, and 20–25 points) by Income Level (Group 1: up to CZK 20,000; Group 2: CZK 20,001–40,000; Group 3: CZK 40,001–60,000; Group 4: above CZK 60,000)

2. Age

Younger people show higher levels of well-being.

Despite the public debate about mental health difficulties among the younger generation, their average emotional well-being remains higher than that of older age groups.

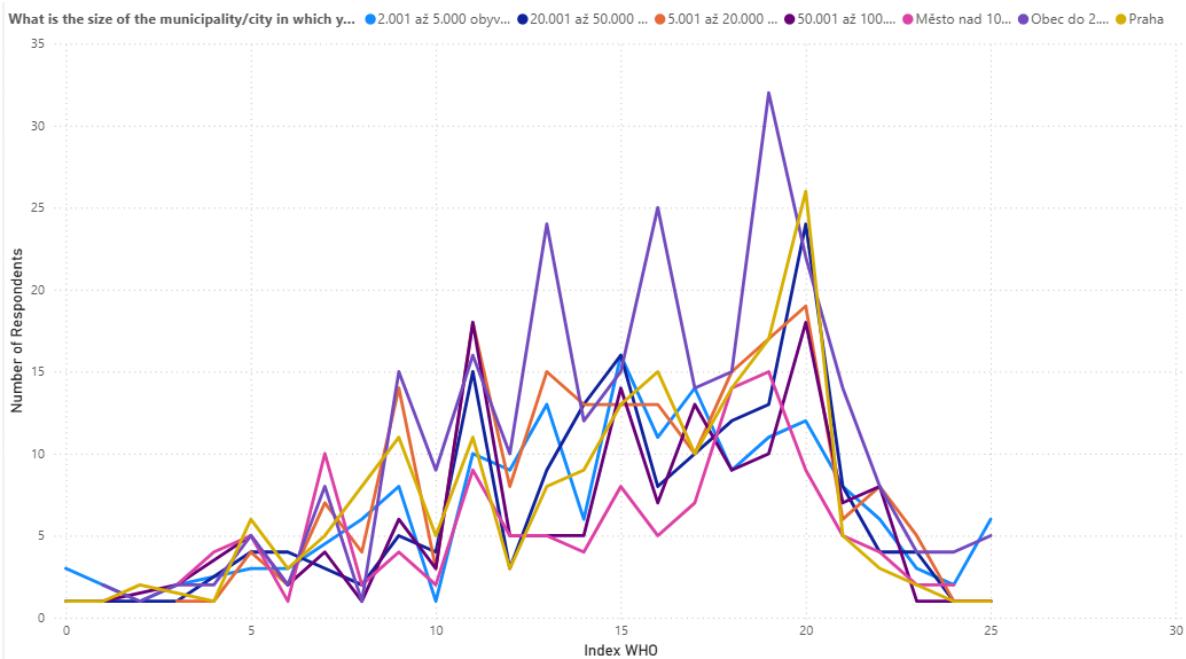


WHO Index by respondents' generation

3. Size of Municipality

Respondents from smaller municipalities report better psychological well-being than residents of large cities.

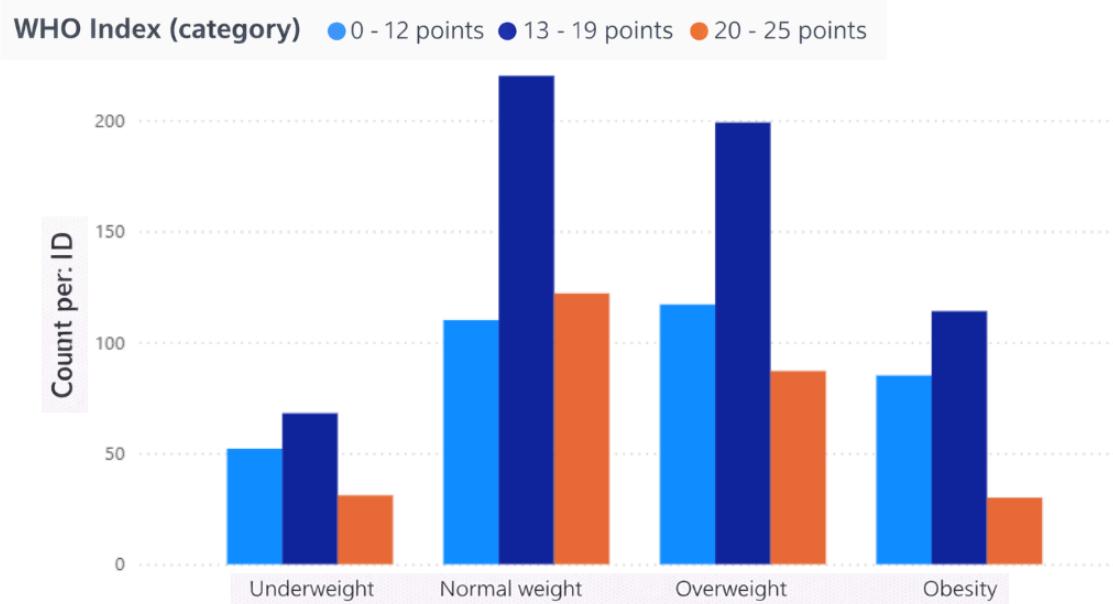
Possible factors include a slower pace of life, stronger social ties, or lower living costs.



WHO Index by size of respondents' municipality

4. BMI

Lower BMI (i.e., a higher level of physical fitness) correlates with better mental health.



These Factors Are Not the Whole Explanation

Improving income, changing one's place of residence, or reducing body weight can contribute to better mental well-being, but they explain only part of the story. The other, often more important half takes place in our minds: optimism, subjective life satisfaction, a sense of meaning and direction, and one's internal mindset when coping with uncertainty.

This indicator is therefore not merely a technical measure. It can be interpreted as an indicator of broader dynamics of mental resilience described in modern psychological and sociological literature.

A. Antonovsky: Why Some People “Swim” While Others “Sink”

In his seminal book *Unraveling the Mystery of Health* (1987), Aaron Antonovsky introduced the concept of salutogenesis and the “sense of coherence” (SOC) - comprehensibility, manageability, and meaningfulness. According to his theory, mental resilience emerges when a person:

- understands the world (comprehensibility) – events are perceived as understandable and predictable,
- has resources to cope with situations (manageability) – believes they possess the means to meet demands,
- finds meaning in their actions (meaningfulness) – perceives life as worth investing effort in.

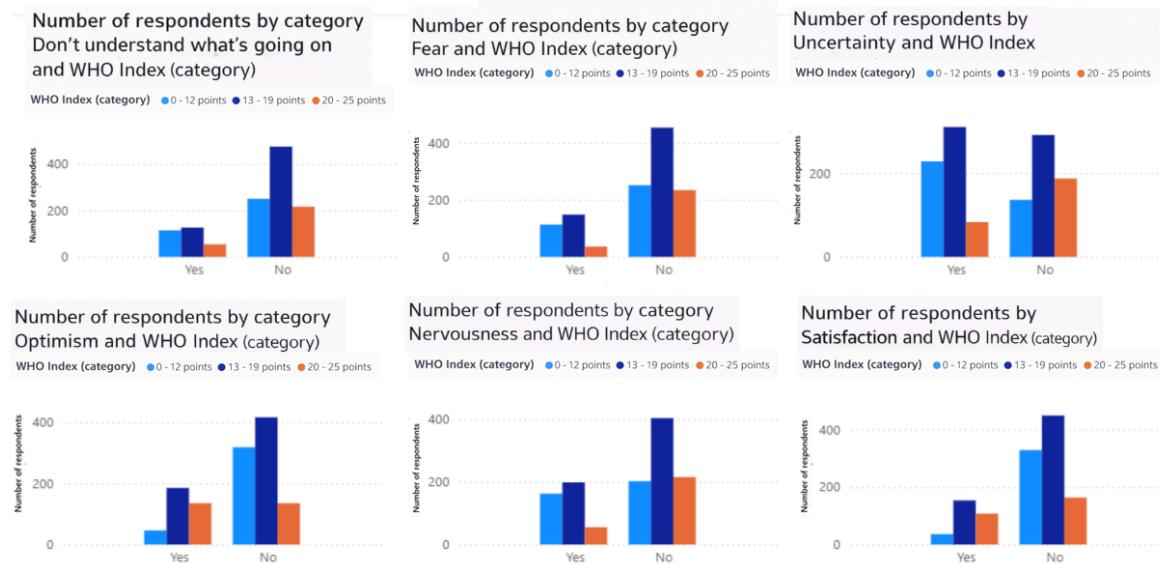
Antonovsky shifted attention from the question “Why do people get sick?” to “What enables people to remain healthy, resilient, and functional despite stress and adversity?” Salutogenesis is therefore a resource-oriented model, focused not on risks but on sources of health. These resources include, among others, meaningful social ties, positive emotions, identity stability, and access to support.

This theoretical framework closely aligns with the empirical findings of the Solvo Institute research. Analysis of the WHO-5 Index across the population shows that higher psychological well-being is indeed associated with factors Antonovsky described as key general resistance resources.

Empirical data from Solvo thus confirm that mental well-being is not an isolated variable but an integral part of a broader ecosystem of individual resilience. The lowest WHO-5 scores appear where comprehensibility of the world is low (high uncertainty), manageability is weakened (financial stress, health limitations), and meaningfulness is disrupted (low life satisfaction). Conversely, where people report higher optimism, satisfaction, or a sense of life direction, well-being rises significantly.

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Respondents answered the question: When you think about the world around you, which words describe it best? Multiple answers were allowed. Results are shown for the following terms: I don't understand what is happening; fear; uncertainty; optimism; nervousness; satisfaction.

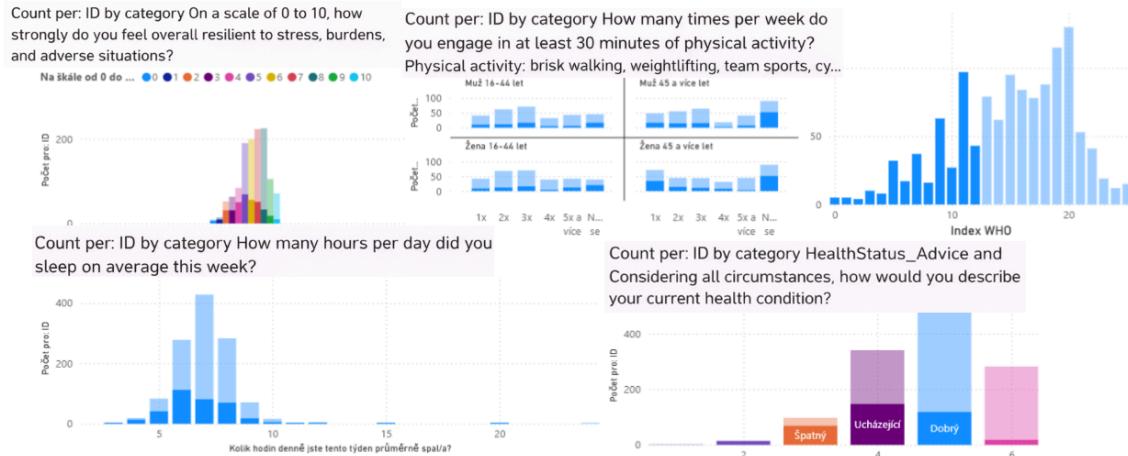
Bessel van der Kolk: The Body Keeps the Score — The Link Between Physical and Psychological Distress

In The Body Keeps the Score (2014), Bessel van der Kolk demonstrates that:

- trauma and chronic stress are “stored” in bodily processes,
- mental state is inseparable from bodily regulation (sleep, energy, tension),
- the capacity to experience joy and vitality is biologically conditioned.

The WHO-5 items directly reflect these mechanisms:

- “I woke up feeling fresh and rested” — sleep quality is one of the main markers of trauma-related dysregulation,
- “I felt full of energy” — energy depletion is the most common somatic manifestation of psychological overload.



In the survey, respondents answered questions about how many hours they sleep on average per day, how often they engage in sports activity per week, how resilient they feel to stress overall, and how they would describe their current health status. Highlighted are the responses of respondents with a WHO index below 13 points.

Correlations

Correlation analysis confirms that the mental health dimension (WHO index) behaves very consistently across generations. In all age cohorts, the mental health dimension shows a moderately strong positive association with the overall Individual Resilience Index (IIR), with a correlation coefficient of approximately 0.5. Similarly consistent relationships are observed with other dimensions.

Discussion: Individual Resilience, but a Problem for All of Us

The results of the Solvo Institute research show that the mental health of the Czech population is at a critical point: a significant proportion of people exhibit signs of reduced emotional well-being corresponding to the recommended cut-off for screening depressive symptoms. The polarization between “high well-being” and the “borderline of depression” appears across age, education, and socioeconomic groups, confirming that this is not a marginal phenomenon but a structural characteristic of Czech society.

Although the analysis identifies several key socioeconomic factors (income, size of municipality, BMI), it is confirmed that only part of the variability in mental health can be explained by

“external” variables. The remainder lies within—what Antonovsky calls the sense of coherence: the ability to understand the world, feel competent to manage it, and find meaning in life.

This internal dimension of resilience becomes decisive at a time when Czech society faces increasing uncertainty, economic pressure, and chronic stress. In this context, WHO-5 serves not only as a screening tool but also as an indicator of deeper psychosocial tensions: fatigue, frustration, loss of orientation, or diminished vitality—phenomena also described by Bessel van der Kolk in relation to the effects of chronic stress on the body and mind.

The overall picture is dual. First, the Czech Republic has a substantial group of people (approximately 22%) with high psychological well-being, representing an important reservoir of individual resilience. Second, nearly one third of the population lives with low well-being, which—without adequate support—may develop into more severe mental health difficulties. This represents not only a health issue but also a social and economic challenge.

The findings indicate that strengthening mental resilience must become a systematic priority—not only in healthcare, but also in education, the labor market, and community life. Investments in prevention, accessible psychosocial support, and programs that strengthen meaning, social cohesion, and coping strategies can significantly reduce the number of people in vulnerable groups while increasing society’s capacity to face future crises.

Conclusion

Nearly one third of Czechs fall below the WHO-5 threshold (<13), corresponding to the recommended cut-off for screening depressive symptoms. This level of risk appears across all age, income, and education groups, suggesting that low mental well-being is not a marginal phenomenon or the problem of a single demographic group, but a structural feature of contemporary social reality. Factors such as income, size of municipality, or BMI have a significant but limited effect: they explain only part of the variability in mental health.

In a situation where almost one third of the population exhibits low emotional well-being, this is not merely an individual health issue but a potential economic and social burden—reduced productivity, higher morbidity, poorer coping with uncertainty, and a weakened capacity of society to respond to stressful situations. On the other hand, approximately 22% of the population shows high well-being—a group that represents a significant reservoir of individual and community resilience.

The central question, therefore, is not whether the state of mental health is a problem—the data show that it is. The question is how to transform this polarization into a trajectory of growing resilience. Research suggests that improving socioeconomic conditions alone is not sufficient. The key lies in a combination of structural support and the strengthening of internal resources.

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Korelace: