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A gap remains between what could be done and what is being done. I sincerely hope that these serious shortcomings will be largely overcome in the year 2001, thanks to the efforts of the United Nations and the World Health Organization to promote mental health, to alleviate mental disorder and to fight stigma by spreading knowledge and increasing awareness.

Arvid Carlsson
Nobel Prize Laureate, 2000

Health is defined in the WHO Constitution as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'
Message from Her Majesty the Queen of Sweden

Mental distress and disorder result in terrible suffering and a huge burden for many individuals, their families and children, their relatives and friends. But also society as a whole is affected.

This burden is too often unrecognized. Silence and fear prevail – even though mental health is one of a human being's most important resources.

It is essential to break down this climate of silence and fear – in which people behave as they do in other situations in which they are afraid, by avoiding them, fighting them or making fun of them. These responses, which respectively isolate, frighten and belittle people with mental health problems, must be changed through education, raising awareness and information.

Therefore no individual and no society can afford not to promote and protect mental health.

I have seen and experienced the suffering and pain associated with mental distress in families and individuals on all levels in society. I have also had the privilege to appreciate the possibilities of development.

The work being done this year to relieve the burden of suffering related to mental ill health by the WHO and its many collaborators and supporters around the world is of great importance. WHO can help spread knowledge, raise awareness, challenge stigma and discrimination, improve the quality and humanism of mental health services, and empower people in the societies around the world.

In this year of Mental Health everyone – private and public decision-makers, organizations and religious groups, individuals and families – can help support human rights and work against discrimination and exclusion.

Let's all dare to care.

Silvia
mental health problems should be minimal. Such restrictions should only be applied for reasons of patients’ health or safety, or the safety of others and should be reviewed frequently.

Promoting mental health to prevent problems and end discrimination
• Mental health education should be part of all education and health programmes.
• Community initiatives that increase tolerance should be encouraged, to foster an atmosphere in which people can talk about their difficulties and differences will be accepted.
• Misconceptions about mental ill health should be challenged at all opportunities.
• The media should be encouraged to reflect positive images of people overcoming mental health problems and achievements in mental health care today.

WHO has national mental health counterparts, focal points for suicide prevention, task forces and a network of collaboration centres across Europe. Local contact details are available from the WHO Regional Office for Europe.

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WHO Task Force on Destigmatization
Professor Lars Jacobsson, Sweden (Chairperson)

WHO European Network for Suicide Prevention
Professor Armin Schmidtke, Germany (Secretary)
A PERSONAL STATEMENT

Kjell Magne Bondevik, Former Prime Minister, Norway

It was some time before I discovered that I had a depression. I felt terribly worn out and wasn't functioning properly, without knowing why. For a while I thought it was ordinary “wear and tear” and stress. I wanted to try and overcome it.

My mind didn’t work as it should any more; the same thoughts kept running through my head over and over again. Small problems became huge. I began having sleeping problems and woke up earlier and earlier in the night without being able to fall asleep again. Gradually I became worried and anxious.

The symptoms kept getting worse until one weekend my wife and I realized that it could not go on. We called friends and a doctor. The diagnosis was made swiftly, and I accepted it. It wasn’t all that difficult really, on the contrary it was a blessing to put a name to the problem I felt I had.

The people around me reacted with a combination of astonishment, grief and concern. Family and friends were wonderful. They encouraged and supported me. My colleagues in the government offered their understanding and support.

I discussed what to tell the public with my doctor, close colleagues and friends. We quickly agreed to make a press statement. A Prime Minister cannot be absent for a long time without an explanation. I soon decided that the best thing would be to name the illness, both to dispel speculation about what was wrong with me, and to make a positive contribution to the “de-mystification” of mental health problems.

The response to the fact that I spoke so openly was very positive, although a couple of negative and unsympathetic comments were reported in the press. I received around a thousand letters during my sick leave, which was encouraging and supportive.
INTRODUCTION

Marc Danzon, WHO Regional Director for Europe

Most of us know someone with mental health problems, if we haven’t experienced them ourselves. Anyone who has seen someone go through depression, a psychotic episode, acute anxiety or stress will know the personal distress it causes. On a wider scale, one in four of us is likely to experience mental health problems, at a sizeable cost to society at large.

On World Health Day, 7 April 2001, WHO is launching a year-long campaign to focus on mental health and end discrimination against people who have mental health problems. Discrimination is the biggest obstacle to getting treatment for mental ill-health. It is now possible for the Prime Minister of Norway to speak about his mental health problems, yet in other parts of Europe mental distress is hidden; a subject of silence and shame. This prevents access to treatment, denies people basic human rights, encourages discriminatory employment practices and isolates people from their friends and families.

Just as anyone is at risk of mental health problems, so everyone can join to create communities that promote good mental health. It is important to address the factors that increase the risk of mental breakdown: poverty, unemployment, loneliness, loss of identity, helplessness and hopelessness, when we seem unable to affect the world around us. The consequences of these feelings are often acute mental health crises, depression, stress-related disorders, suicidal feelings and dependency on drugs and alcohol. Often people lose the will to live. They have shorter, unhappier, lives.

Prompt treatment of mental health problems can ensure that people are able to recover and use their talents and passion to contribute fully to society. This is possible through a variety of modern medications and social, psychological and community therapies, often complementing each other. Although access to services varies enormously across Europe, the trend is towards treatment in community settings where social support networks exist and people can feel at home.

In this WHO year of mental health, and beyond, I invite each and every one of you, whether in your private or professional role, to work to stop exclusion and dare to care.
Europe is a kaleidoscope of contrasts. The continent encompasses some of the richest, most developed countries and several very poor ones. Incomes in the wealthiest are 300 times those in the poorest. Across the WHO European Region, 60% of people live in urban communities. Some are well established and stable, others are still in transition. Much of the Region is feeling the impact of social and economic upheaval, population movements, and increasing urbanization.

Mental health problems are found in all European societies, and in all social and economic strata. Today they are among the most important contributors to the burden of disease and disability in all countries in the Region. The causes and impact of mental health problems vary with differing social and economic factors.

In eastern Europe, mental health problems underlie the dramatic decreases in life expectancy over the last ten years related to the severe economic recession and extreme social changes over the same period. Men appear particularly vulnerable, in times of stress and upheaval, to depression and feelings of helplessness and hopelessness. Women seem better able to cope with stress by maintaining social networks and support.

The impact of mental health problems is far reaching, affecting not only individuals but also their social and family relationships. Mental illness often affects a person’s earning capacity and that of carers. In addition to lost income, the state incurs costs in medical care, support services, lost taxes and additional income support. The true costs of mental ill health are enormous and – if current trends persist – set to grow significantly over the next 20 years.

The standard of mental health care differs greatly across Europe. Very large hospitals or ‘asylums’, where patients are secluded from the rest of society can still be found in eastern countries. Many such institutions are poorly resourced, have high mortality rates and lack respect for their patients’ rights. Western countries are moving away from this type of care, but the model of treatment in the community has also encountered problems. Sometimes professional help is not easily accessible and people face discrimination.

Communities are not always prepared to accept people with mental health problems. People often fear such people and hold unfounded expectations that they will be violent. They may not realise that mental health problems can afflict anybody and can be treated and managed. Their wrong assumptions lead to discrimination.

Those planning mental health services have to deal with the objections of local people who often have a ‘not in my backyard’ attitude to the provision of services in their neighbourhood. These same people may not realize that one in four of us will have mental health problems – and might appreciate help closer to home.

Zoltan P., a 32-year old taxi driver living in Budapest, was found unconscious in his car, after trying to take his life with an overdose of sleeping pills. Two years before, the factory where he had worked as a technician closed down because it could not survive in Hungary’s hardening economic climate. To support his wife and daughter, Zoltan began working as a taxi driver, but his earnings were meagre. The hardship led to his marriage breaking down. When his wife divorced him, he was forced to leave their home and live in a rented room. To drown his sorrows, he began drinking heavily with a new circle of acquaintances. His small income could not pay for his drinking habit, and Zoltan became deeply indebted. Finally he could no longer afford the rent for his room, and was reduced to sleeping in his car. After a few weeks, he could no longer contain the feeling of total hopelessness and, overwhelmed, decided to end his life.

When he was revived in hospital, Zoltan was still intent on ending his life. Fortunately, help was available. Zoltan was treated with medication and persuaded to participate in cognitive behavioural therapy for six weeks. During this period he visited his daughter and stayed away from his drinking friends. He began to feel more optimistic about life, and started looking for a new job as a technician.
The Challenge

The causes of mental ill health in Europe

Mental health problems can be caused by a combination of circumstances: biological, social and psychological factors and stressful events. They are usually associated with difficulties either in our personal lives or due to the wider environment in which we live.

The point at which this stress becomes profoundly disturbing varies from person to person. At this point it can even distort our grasp of the world and of ourselves beyond recognition, affect our reasoning and memory, and cause physical ill health.

Particular risks occur when we face difficult circumstances in our personal lives: the loss of loved ones, family breakdown and unemployment. The environment around us also affects our state of mind. Extreme changes can damage our identities, sense of dignity and make us feel anonymous, unvalued and marginalized.

In today’s Europe, the high prevalence of mental health problems can be linked with rapid changes in societies. Unemployment, underemployment, job insecurity, poverty, homelessness, war, economic and political upheaval make it difficult for people to meet basic needs, and challenge everyone’s capacity to believe that hopes and aspirations are achievable. In short, many begin to despair.

Newer forms of living, working and communicating can reduce opportunities for interpersonal interactions. Wide gaps between rich and poor, divergent values and norms, unplanned urbanization, loss of personal contact due to modern information technologies and the scattering of families may erode the network of support which helps us face the challenges of life.

People living in such communities show higher rates of suicide, depression, anti-social behaviour, violence and the use of tobacco, alcohol and illicit drugs.

Economic recession and mental health

Soon after the collapse of the USSR and the establishment of the newly independent states (NIS), premature mortality began increasing dramatically. Faced with severe economic recession, previously unknown levels of unemployment, loss of social protection and reduced standards of living, large sections of the population were overcome by feelings of helplessness and disillusion. To relieve despair, many turn to alcohol, which increases rates of accidents, violence and suicide. Because of the loss of their traditional role as breadwinners and providers for the family, men appeared more vulnerable to such turbulent changes. In some NIS, life expectancy for men decreased by almost ten years in the period 1985-95, while the figures for women remain relatively stable.

Increasing social inequality: Ireland

Ireland has undergone a dramatic transition in the last four decades. Traditionally characterized by farming in family units and small-scale industries, where the influence of the church provided normative values in society, Ireland has in a short span of time passed through a period of rapid industrial growth, urbanization and secularization. The old way of life, in which individuals were tightly bound together by shared morals and a communal way of life, is giving way to an increased division of labour and a multitude of competing values. Today, Ireland is one of the fastest growing economies in western Europe, but the gap between those who profit from the current economic development and those who fall hopelessly behind is ever widening. The number of people taking their lives has risen sharply in the last two decades. Last year suicide was the most common cause of death in young men under 30 years of age, a large proportion of whom were working in the agricultural sector.

“If you notice, there’s more boys commit suicide than girls around. A lad would think he’s showing a weakness if he said to one of his mates how he’s feeling, but a wee girl – they talk about it freely.”

(15-year-old boy)
Mental health problems can be prevented, treated and managed. With the right support or treatment, the vast majority of people who have experienced difficulties can recover, live fulfilling lives and play a valuable role in their families and communities.

Good mental health depends on good communication, openness and support between individuals, in families and within communities.

Unfortunately, stigma and discrimination against people with mental health problems often prevent their seeking help before their problems reach crisis point. Embarrassment, prejudice and lack of information can lead friends, family and community to avoid people who develop mental health problems, rather than supporting them to regain their health. Employers are still reluctant to recruit people with a history of mental health problems. In addition, mental health services are often poorly resourced. People face difficulties finding treatment, accommodation and social support.

It is essential to break down the culture of silence surrounding mental distress so that anyone concerned about his or her mental health will feel able to talk about it, to contact services, and obtain the diagnosis and treatment that could help.

Ending discrimination is a challenge in which everyone can play a part:

Policies
Politicians and policy advisors can use the law to protect the human rights of people with mental health problems, ensure that services are accessible to them and outlaw discrimination by employers.

All new policies should be assessed to ensure that they hold no hidden costs for the mental health of citizens.

Health promotion and advocacy
Governments, health services and voluntary agencies can work together on health promotion and education, to ensure that everyone understands the causes of mental health problems, what people are likely to experience, and how to get help.

Media
The mass media often perpetuates many negative myths about mental health. In particular it reinforces a belief that mentally ill people will be violent. In fact, studies show that people experiencing mental ill health tend to be less violent towards others than the general population and are often the victims of violence by others. The media can play an important role providing accurate information about mental health.

Role models
People with a high public profile – from political leaders to media celebrities – can take the lead, either by sharing their own experiences or by raising awareness about mental health.

Strengthening mental health throughout life
Throughout life, a series of critical transitions starting from early childhood can affect our mental health. Among them the move from primary to secondary education, starting work, leaving home and starting a new family, changing jobs and facing possible redundancy, retirement and the frailty of old age. Each of these changes can affect mental health.

Many social institutions can help people prepare for those transitions. In childhood, schools can shape appropriate attitudes and behaviour by providing the necessary information that, together with experience, becomes the basic means to face the challenges of life.

Later on, stable work settings have a positive effect on mental well being by enabling adults to be socially productive and by providing job security.

Communities can buttress the mental health of older persons by offering quality of life, social cohesion, and a sense of control over their own lives.
SOLUTIONS

Improving mental health

If mental health problems are addressed quickly and effectively, the chances of reintegrating in the community, maintaining a home, working and keeping family and friends are very high.

Recent developments in medication and management strategies enable mental health services to provide care in the community. Although people still might need periods of intensive care in psychiatric units in general hospitals, these are now recognized as short-term solutions.

Different models for mental health care have been developed across Europe. Most use some combination of the following methods together with regular supervision from a general practitioner (GP), a mental health specialist or both.

**Medication**
- Can help control moods, sleeping patterns and hallucinations.
- Traditional values influence the rate of registered suicides, which is low in countries where religious faith is widespread. The most alarming rates of suicide are found in the NIS and countries of central and eastern Europe.
- Men are more likely to commit suicide than women, reflecting the likelihood that women tend to gain more support from family and friends and to make greater use of health services, and that male depression is under-diagnosed. More work needs to be done to understand these gender differences and to develop programmes that encourage men to ask for help in time.
- If health workers are trained to recognize mental health problems earlier and provide appropriate treatment, increases in the suicide rate can be reversed.

**The Gotland experience**
- In the 1980s, the Swedish island of Gotland had a high suicide rate. One project tackled this by intensive education about depression and suicide for the island’s GPs. This led to a 50% decrease in sick leave due to depression and in the number of patients in inpatient care. Suicide decreased by about two thirds (mainly in females), and prescriptions of antidepressants increased significantly.
- Because men generally use health services less, GPs did not often see depressive and suicidal males. Those who presented themselves to GPs tended to be aggressive, abusive and non-compliant.
- After a few years the initial positive effects began to fade.

**Continuous education**
- was introduced in the 1990s, focused on identifying the ‘atypical’ masculine depressive syndrome, with the aid of a symptom profile developed locally. This resulted in a further decline in male suicide.

**The psychiatrist imposed nothing. He offered a hospital bed, which I declined, but I accepted an antipsychotic. After a fortnight, the voices and paranoia had gone. After eight years, I recently stopped taking medication, and I feel fine’**

**Medication**
- Can help control moods, sleeping patterns and hallucinations.

**Social support**
- Help with practical living, for example meals, transport and personal care, can help one regain control over one’s life.

**Caring and nursing**
- Can give security at times of extreme crisis.

**Different talking therapies**
- For example psychotherapy and cognitive behavioural therapy can help improve understanding of one’s own behaviour and reasoning, develop positive thinking and teach new strategies for facing problems.

**Self-management strategies**
- Health and fitness routines can empower people to manage stress and other problems.

**Social activities and creative expression**
- Can improve one’s outlook on life.

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**Preventing suicide**

The numbers of people taking their own lives are growing. Today suicide is among the 5 leading causes of death for people aged 15-24 years. This tragic increase seems to be linked to increasing levels of depression and stress in society. Where depression is not properly diagnosed or treated, suicide levels are particularly high.

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**Trieste Mental Health Service**

The Italian city of Trieste has created an impressive network of community-based services, protected apartments and cooperatives employing mentally ill people. The psychiatric hospital in Trieste was closed down and replaced by community mental health centres operating 24 hours a day. These centres provide medical care, psychosocial rehabilitation, social assistance and, when necessary, treatment of acute episodes. A number of protected apartments were created to provide a nonmedical and friendly environment for the most severely and chronically ill.

Finally, work opportunities have integrated many patients in community life.
Mental health is the most valuable capital in societies. It has to be protected and promoted and mental ill health must be prevented and treated. No society, even the poorest, can afford not to invest in mental health. For this reason, the impact of all policies on the mental health of society should also be assessed.

Objectives
WHO has identified three action objectives in Europe. It has created task forces to collect cases of good practice, develop and disseminate guidelines on mental health policies and services:

1. Preventing premature death due to helplessness and stress
Mental health problems and stress-related disorders are the biggest overall cause of early death in Europe. Finding ways to reduce this burden is a priority.

2. Fighting stigma
Discrimination prevents people with mental health problems accessing services, which can mean they do not recover and reintegrate with society. This means that countries often lose out on the talents of these people. Discrimination is a major contribution to the burden created by untreated mental health problems, and must be tackled.

3. National assessment & planning
Europe is diverse, and mental health services should be planned and funded to meet the needs of each society.

National mental health audits are needed to facilitate countries’ planning of and investment in mental health and to evaluate the impact on mental health of changes in social policies.

Priority Areas
Promoting social inclusion
- Reduced income inequalities and social exclusion can lead to greater cohesion and better mental health.
- Special attention should be given to the particularly vulnerable: refugees, people with learning disabilities, long-term illnesses and physical disabilities, young people, single and older people, and people involved in violence and abuse.
- The social environment in the school, the workplace and the community in general should be improved to encourage people to feel supported and valued.

Recognizing and treating mental health problems promptly in community settings
- Mental health care should be decentralized and integrated with primary health care, as far as possible.
- Professional help should be easily accessible, of good quality and integrated with the community.
- Patients should be met with full respect and be offered care and treatment in a safe and friendly environment.
- Patients should be accorded a full set of human rights.

Restrictions on people with
mental health problems should be minimal. Such restrictions should only be applied for reasons of patients' health or safety, or the safety of others and should be reviewed frequently.

Promoting mental health to prevent problems and end discrimination

- Mental health education should be part of all education and health programmes.
- Community initiatives that increase tolerance should be encouraged, to foster an atmosphere in which people can talk about their difficulties and differences will be accepted.
- Misconceptions about mental ill health should be challenged at all opportunities.
- The media should be encouraged to reflect positive images of people overcoming mental health problems and achievements in mental health care today.

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Key Words
Mental Health
Health Promotion
Mental Disorders – prevention and control
Prejudice
Europe

Target 6 - Improving mental health

By the year 2020, people’s psychosocial wellbeing should be substantially reduced. People should have an increased ability to cope with stressful life events; in particular:

6.1 The prevalence and adverse health impact of mental health problems should be minimal. Such restrictions should only be applied for reasons of patients’ health or safety, or the safety of others and should be reviewed frequently.


WHO Mental Health Programme
Mental ill health and disorders are among the major health concerns in Europe today. In particular, depression, suicide and other stress-related conditions together with destructive lifestyles and psychosomatic diseases, cause immense suffering to people and their families, as well as placing a great economic cost on society.

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