Mental Health

Mental disorders are one of the most significant public health challenges in the European Region as measured by prevalence, burden of disease or disability. Investing in mental health, consequently, is essential for the sustainability of health and socioeconomic policies in the European Region (1). Key reasons for the inclusion of mental health and well-being in the Sustainable Development Goal (SDG) agenda include the intrinsic value of good mental health, the wide-ranging consequences of mental disorders and the multisectoral nature of a comprehensive approach to its formation, preservation and restoration. Indeed, there is no health without mental health. Action is necessary across sectors to promote mental health and well-being.

Overview

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community (2,3). Mental disorders, by contrast, represent disturbances to a person’s mental health that are often characterized by some combination of troubled thoughts, emotions, behaviour and relationships with others. Examples of mental disorders include depression, anxiety disorder, conduct disorder, bipolar disorder and psychosis (4).
Mental health and SDGs: facts and figures

As the main cause of disability and early retirement in many countries, mental health problems are also a major burden to economies.

- The annual direct cost of depression in the European Union (the 27 Member States in 2007) was estimated in 2013 to be €617 billion overall, with costs to employers (absenteeism) of €272 billion, to the economy (lost output due to lost employment) of €242 billion, to the health sector (treatment of depression) of €63 billion and to the social welfare systems (disability benefits) of €39 billion (5).

Promote mental health and well-being: the annual prevalence rate of mental disorders in the European Region was estimated to be more than 15% in 2015 (6).

- The most common mental disorders in the Region are depression and anxiety, with a prevalence of 5.1% (44.3 million) and 4.3% (37.3 million), respectively, in 2015 (6,7).

- Mental ill health is also strongly related to suicide. In 2015, the age-standardized suicide rate in the European Region was 11.9 per 100 000 population for both sexes combined. However, rates vary greatly within the European Region, as well as by sex and age (Fig. 1) (8).

Strengthen the prevention and treatment of substance abuse: 5.6% of men and 1.3% of women have substance use disorders in the European Region (1). Drug and alcohol use disorders together are responsible for 3.6% (or 1.8% each) of the disability burden (years lived with disability) in Europe (9).

Strengthen tobacco control: tobacco consumption is twice as common among those with mental health conditions than in the general population; yet only a minority of people from this group receives effective smoking cessation interventions (10).

Achieve universal health coverage: mental health conditions are often highly treatable, but owing to poor service availability and access, a large proportion of people with mental disorders either receive no treatment at all or experience long delays (4). The health workforce needs strengthening and health financing increased.

- The WHO World Mental Health Survey showed that only one in five people in high-income and one in 27 in low-/lower-middle-income countries received at least minimally adequate treatment for major depressive disorder (11).

- One of the main reasons for the treatment gap in mental health is the lack of a skilled workforce. In the WHO European Region as a whole, there are close to 50 mental health workers per 100 000 population, but large variations exist; for example, the number of psychiatrists per 100 000 population within a country ranges from less than three to more than 30 (8,12).

- Appropriate health financing is crucial. The most well-funded mental health systems in Europe, such as in Germany and England, allocate around 10% of their health system budgets to mental health, but in other European Union countries spending is well below 5% of total public sector health expenditure (13).

Mental health issues prevent students from focusing on their education. About half of all mental disorders start before the age of 14 and suicide is the number one cause of death in adolescents (4).
Mental disorders affect men and women differently: depression is up to twice as common in women (4), while men are almost five times more likely to commit suicide than women (Fig. 1) (1).

The built environment can positively or negatively affect mental health. Contact with green areas can improve cognitive function, social cohesion and recovery from stress (14,15).

The aims of SDG 16 can only be achieved if countries adopt, implement and enforce policies and legislation according to ratified conventions and endorsed declarations guaranteeing human rights and protection against discrimination associated with mental health problems in areas such as benefits, employment, education and housing (1).

Commitment to act

At the Sixty-sixth World Health Assembly in May 2013, all WHO Member States adopted the Comprehensive mental health action plan 2013–2020 and thereby committed to work towards achieving WHO’s vision of “a world in which mental health is valued, promoted and protected, mental disorders are prevented and persons affected by these disorders are able to exercise the full range of human rights and to access high quality, culturally-appropriate health and social care in a timely way to promote recovery, in order to attain the highest possible level of health and participate fully in society and at work, free from stigmatization and discrimination” (Box 1) (16).

**Box 1. Leaving no one behind...**

**Access to mental health for migrants and refugees:** refugees, asylum seekers and irregular migrants are at heightened risk for certain mental disorders, including post-traumatic stress, depression and psychosis. Since 2015, over 1.3 million refugees and migrants have arrived in European countries by crossing the Mediterranean. In addition, almost 3 million Syrian refugees are living in Turkey. According to a study by the Swedish Red Cross, a third of Syrian refugees suffer from depression, anxiety and symptoms of post-traumatic stress disorder. Moreover, rates of depression, anxiety and poor well-being are at least three times higher among refugees than the general population (17). Leaving no one behind means mental health and well-being must be ensured for all.

The action plan identifies WHO’s global objectives and respective targets to be achieved by the year 2020 (16).

**Global objective 1:** to strengthen effective leadership and governance for mental health

Global target 1.1: 80% of countries will have developed or updated their policies/plans for mental health in line with international and regional human rights instruments

Global target 1.2: 50% of countries will have developed or updated their laws for mental health in line with international and regional human rights instruments
Global objective 2: to provide comprehensive, integrated and responsive mental health and social care services in community-based settings

Global target 2: service coverage for severe mental disorders will have increased by 20%

Global objective 3: to implement strategies for promotion and prevention in mental health

Global target 3.1: 80% of countries will have at least two functioning national, multisectoral promotion and prevention programmes in mental health

Global target 3.2: the rate of suicide in countries will be reduced by 10%

Global objective 4: to strengthen information systems, evidence and research for mental health

Global target 4: 80% of countries will be routinely collecting and reporting at least a core set of mental health indicators every two years through their national and social information systems.

At the Sixty-third Regional Committee for Europe in September 2013 (18), Member States of the WHO European Region adopted the European mental health action plan 2013–2020 (1), which reflects the specific priorities and needs of the Region. Member States were urged:

“(a) to improve the mental health and well-being of the entire population and reduce the burden of mental disorders, ensuring actions for promotion and prevention, and intervention on the determinants of mental health, combining both universal and targeted measures with a special focus on vulnerable groups;

(b) to respect the rights of people with mental health problems, promote their social inclusion and offer equitable opportunities to attain the highest quality of life, addressing stigma, discrimination and isolation;

(c) to strengthen or establish access to and appropriate use of safe, competent, affordable, effective and community-based mental health services.”

For each of its seven objectives, the European action plan proposes concrete actions for Member States to consider that would achieve measurable outcomes in policy and/or implementation. Actions should be prioritized according to needs and resources at national, regional and local levels and take in all relevant sectors (Box 2).

Box 2. Intersectoral action

A comprehensive and coordinated response for mental health requires partnership with multiple public sectors such as health, education, employment, judiciary, housing, social welfare and other relevant sectors, including the private sector, as appropriate to the country situation.

For example, an economic crisis can produce mental health effects that may increase suicide and alcohol death rates (19). However, those effects can be offset by social welfare and other policy measures, such as:

• active labour market programmes aimed at helping people retain or regain jobs;

• enhanced family support programmes;

• available debt relief programmes;

• accessible and responsive primary care services to support people at risk and prevent mental health effects; and

• increased alcohol prices and restricted alcohol availability to reduce the harmful effects on mental health and save lives.

Monitoring progress

The WHO Regional Office for Europe is developing a joint monitoring framework for the SDG, Health 2020 and noncommunicable diseases indicators1 to facilitate reporting in Member States and to provide a consistent and timely way to measure progress. Mental ill health will compromise all Health 2020 targets (20). The following, as proposed in the global indicators framework of the United Nations Economic and Social Council (ECOSOC), will support monitoring progress in the promotion of mental health and well-being (21). In addition, to measure

progress towards the objectives and targets of the Comprehensive mental health action plan 2013–2020, the Mental health atlas series (12) provides a baseline of data against which progress is to be measured.

**ECOSOC indicators**

3.4.2. Suicide mortality rate
3.5.1. Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and after-care services) for substance use disorders
3.5.2. Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol
3.6.1. Age-standardized prevalence of current tobacco use among persons aged 15 years and older
4.2.1. Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex
10.3.1. Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

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<th>Health 2020 core indicators</th>
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<td>1.1.c. Total (recorded and unrecorded) per capita alcohol consumption among people aged 15 years and older within a calendar year</td>
<td>1.3.d. Age-standardized mortality rates from suicides (ICD-10 codes X60–X84 (22))</td>
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<td>1.1.b. Age-standardized prevalence of current tobacco use among people aged 18 years and over</td>
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<td>2.1.a. Life expectancy at ages 1, 15, 45 and 65 years, disaggregated by sex</td>
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Fig. 1. Age-standardized suicide mortality rate per 100,000 population in the WHO European Region, 2015

![Graph showing age-standardized suicide mortality rate per 100,000 population in the WHO European Region, 2015.](image)

**Source:** Global Health Observatory (8).
WHO support to its Member States

WHO has evaluated evidence for promoting mental health and is working with governments to disseminate this information and to integrate effective strategies into policies and plans (2). Activities carried out in Member States of the WHO European Region (23) include:

- assessment of national mental health systems;
- assistance with the development, implementation, revision and strengthening of national mental health action plans, strategies and policies;
- capacity-building of the mental health workforce;
- developing and strengthening community mental health services;
- assessment of identification practices and care of people with intellectual disabilities;
- assessment of conditions for disabled people in institutions; and
- supporting de-stigmatization processes linked to mental health disorders and care.

Partners

- European Joint Action for Mental Health and Well-being
- European Union
- Organisation for Economic Co-operation and Development
- United Nations High Commissioner for Refugees
- WHO collaborating centres, civil society including patient organizations, and other partners and technical experts.

Resources

- Comprehensive mental health action plan 2013–2020
  http://apps.who.int/iris/bitstream/10665/89966/1/9789241506021_eng.pdf?ua=1
- European mental health action plan 2013–2020
- Improving health systems and services for mental health
  http://apps.who.int/iris/bitstream/10665/44219/1/9789241598774_eng.pdf
- WHO QualityRights Tool Kit: assessing and improving quality and human rights in mental health and social care facilities
- mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings
  http://apps.who.int/iris/bitstream/10665/250239/1/9789241549790-eng.pdf?ua=1
- Assessing mental health and psychosocial needs and resources: toolkit for humanitarian settings
  http://www.who.int/mental_health/resources/toolkit_mh_emergencies/en/
- Preventing suicide: a community engagement toolkit

Key definitions

- Community-based service delivery for mental health. Recovery-based approach that puts the emphasis on supporting individuals with mental disorders and psychosocial disabilities to achieve their own aspirations and goals. The core service requirements include listening and responding to individuals’ understanding of their condition and what helps them to recover; working with people as equal partners in their care; offering choice of treatment and therapies, and in terms of who provides care; and the use of peer workers and supports. Services support individuals through the life-course, facilitating access to services beyond the health sector and being responsive to the needs of vulnerable and marginalized people (16).

- Mental disorder prevention. Focuses on reducing risk factors and enhancing protective factors associated with mental ill health with the aim of reducing the risk, incidence, prevalence and reoccurrence of mental disorders (24).
• **Mental health services.** The means by which effective interventions for mental health are delivered. Typically, includes outpatient facilities, day treatment facilities, psychiatric wards in a general hospital, community mental health teams, supported housing in the community, and specialized hospitals (24).

• **Mental health promotion.** Actions to create living conditions and environments that support mental health and allow people to adopt and maintain healthy lifestyles. These include a range of actions to increase the chances of more people experiencing better mental health (2).

References


