Mental health: Fact sheet

THE VALUE OF MENTAL HEALTH

Mental health should be seen as a valued source of human capital or well-being in society. We all need good mental health to flourish, take care of ourselves and interact with others, so it is vital to not only address the needs of people with defined mental disorders but also to protect and promote the mental health of all people and recognise its intrinsic value.
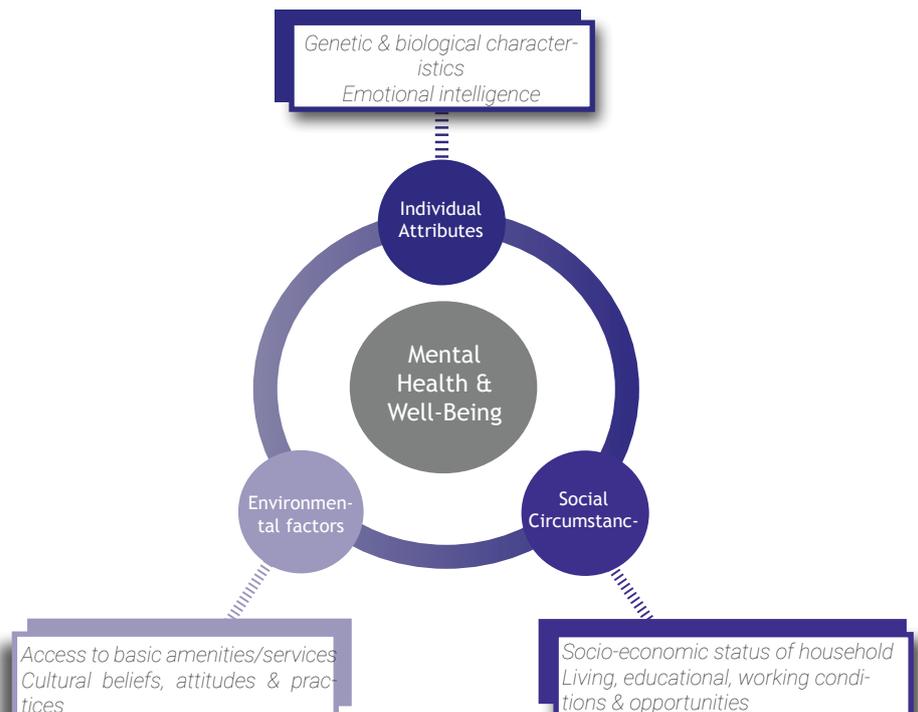
INFLUENCES ON MENTAL HEALTH

Mental health and well-being are influenced not only by individual attributes but also by the social circumstances in which people find themselves and the environment in which they live. These determinants interact dynamically, and may threaten or protect an individual's mental state.

DEFINITIONS

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.

Mental disorders 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.

Genetic & biological characteristics
Emotional intelligence

Individual Attributes

Mental Health & Well-Being

Environmental factors

Social Circumstanc-

Access to basic amenities/services
Cultural beliefs, attitudes & practices

Socio-economic status of household
Living, educational, working conditions & opportunities

Source: WHO (2012) *Risks to Mental Health*

*People with mental disorders **die***

20
YEARS

***younger** than the general population.*

Source: WHO and Fountain House (2015) *Excess mortality in persons with severe mental disorders.*

CO-MORBIDITY

The links between mental disorders and major non-communicable disease (NCDs) are well established. Mental disorders affect, and are in turn affected by, major NCDs: they can be a precursor or a consequence of chronic conditions such as cardiovascular disease, diabetes or cancer. Risk factors for these diseases, such as sedentary behaviour and harmful use of alcohol, are also risk factors for mental disorders and strongly link the two. In clinical practice, however, such interactions and co-morbidities are routinely overlooked. Premature mortality and disability could be reduced if there were a greater focus on addressing comorbidity.

People with mental disorders die 20 years younger than the general population. The great majority of these deaths are not due to a specific cause (such as suicide) but rather to other causes, notably NCDs that have not been appropriately identified and managed.

PREVALENCE OF MENTAL DISORDERS

Mental disorders are one of the most significant public health challenges in the WHO European Region, as they are the leading cause of disability and the third leading cause of overall disease burden (measured as disability-adjusted life years), after cardiovascular disease and cancers.

The estimated prevalence of mental disorders in the WHO European Region in 2015 was 110 million, equivalent to 12% of the entire population at any one time. Inclusion of substance use disorders increases that number by 27 million (to 15%), while inclusion of neurological disorders such as dementia, epilepsy and headache disorders increases the total by more than 300 million, to 50%.

The most common mental disorders in the WHO European Region

44.3
*million*
Depression

37.3
million
Anxiety
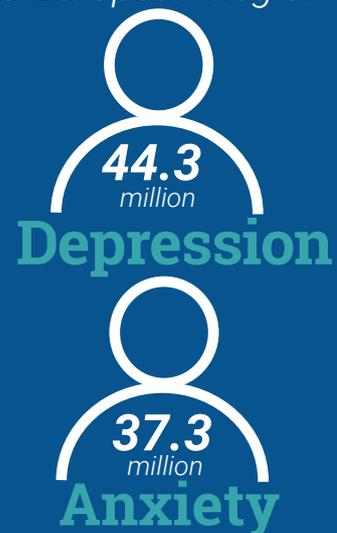
Source: GBD 2015 Disease and Injury Incidence and Prevalence Collaborators (2016) *Lancet.*

MENTAL HEALTH GOVERNANCE

Nearly all the countries in the European Region (94%) that responded to a recent survey for the Mental Health Atlas, conducted by WHO in 2017, stated that they had a stand-alone or integrated mental health policy or plan. Of these, two thirds stated that their policy complied fully with international human rights instruments. In contrast, a mental health plan or strategy for children and adolescents was available in only 77% of the countries.

Almost all countries reported having either a stand-alone law or a legislation for mental health that was integrated into general health or disability law. In approximately half the countries (45%), the law was enforced by a dedicated authority or independent body, which ensured regular inspections of mental health facilities and reported at least annually to stakeholders.

The new agenda for the Sustainable Development Goals poses additional challenges and opportunities for mental health governance. The promotion and protection of physical and mental health require a multi-sectoral response, which in turn requires a whole-of-government approach. A strategic vision for integrating mental and physical health care and prevention must be linked to and engaged with many constituencies in and beyond the government and in and beyond the health sector, including social care, education and the environment.

TARGET 3·4

REDUCE MORTALITY FROM NON-COMMUNICABLE DISEASES AND PROMOTE MENTAL HEALTH
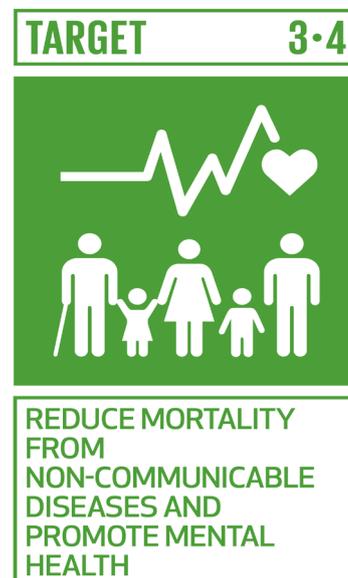
MENTAL HEALTH RESOURCES
Mental health workforce

The WHO European Region has the largest workforce in the world: 50 mental health workers are available per 100 000 population, comprising psychiatrists and nurses as well as social workers and speech therapists.

This median value hides wide variation among countries. For instance, the number of psychiatrists per 100 000 population ranges from 48 per 100 000 in Norway and 24 in Poland to 7 in Bulgaria and 1 in Tajikistan; the median number of psychiatrists is 1 per 10 000 population.

The situation is similar for nurses working in mental health care: the median rate per 100 000 population is 23.5, more than twice the median rate of psychiatrists. Other professions make up a minor proportion of the total workforce: child psychiatrists, social workers, occupational therapists and speech therapists together account for less than 2.5%.

50 MILLION YEARS

12 MILLION DAYS

US$ 1 TRILLION

is lost annually due to common mental disorders.

Source: Chisholm et. al (2016), *Return on investment analysis,* Lancet Psychiatry

Mental health spending

In the European Region, governments spent on average US$ 22 per capita on mental health programmes and services in 2016. Again, however, there is wide variation in expenditure, the median by country grouping stretching from <US$ 1 per capita in the Newly Independent States to nearly US$ 200 in the countries in the European Union (pre 2004).

Despite the massive global economic burden of mental health conditions, spending amounts only to 1% of total health expenditure by governments in the WHO European Region. Of this spending, 69% was dedicated to government mental hospitals.

MENTAL HEALTH SERVICES

The combined number of psychiatric beds in all types of inpatient facility - mental hospitals, psychiatric units in general hospitals, forensic inpatient units, community residential mental health facilities and mental health inpatient service specifically for children and adolescents - is 93 beds per 100 000 population.

Again, there are substantial differences in terms of the type and location of these beds: for example, in Azerbaijan, there are 38 mental hospital beds per 100 000 population and 5 beds per 100 000 population in community residential facilities. In France, there are 7 mental hospital beds per 100 000 population and 92 beds per 100 000 population in community residential facilities.

The number of outpatient facilities also vaires considerably around an overall median for the Region of 1.63 per 100 000 population, from more than 10 in Czechia and the Baltic countries to <1 in several countries in the Region.

WHAT IS WHO DOING?

The mental health programme at the WHO Regional Office for Europe works bilaterally with more than 20 countries. It assists them in developing and implementing national policies and plans in line with the European Mental Health Action Plan 2013 – 2020. The programme is pursuing a health system strengthening approach to address needs along the full spectrum of mental health services and delivery platforms, to move towards a person-centred, integrated approach for the prevention, management and treatment of mental health conditions.

The aims of the European Mental Health Action Plan 2013 – 2020 are: to improve the mental well-being of the population and reduce the burden of mental disorders, with a focus on vulnerable groups, exposure determinants and risk behaviour; respect of the rights of people with mental health problems and equal opportunities for attaining the highest quality of life and addressing stigma and discrimination; and establishment of accessible, safe, effective services that meet people's mental, physical and social needs and the expectations of people with mental health problems and their families.

To find more information on the work of WHO, visit:

www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health

KEY RESOURCES

The European Mental Health Action Plan 2013 – 2020
http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/
publications/2015/european-mental-health-action-plan-20132020).

Fact sheets on the Sustainable Development Goals: health targets - mental health
(http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/
publications/2016/fact-sheets-on-sustainable-development-goals-sdgs-health-targets-mental-
health-sdg-target-3.4).

Integrating the prevention, treatment and care of mental health conditions and other non-communicable diseases within health systems
(http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/
publications/2019/integrating-the-prevention,-treatment-and-care-of-mental-health-
conditions-and-other-noncommunicable-diseases-within-health-systems-2019).