

## The Future of Mental Health

16 November 2018  
from 09:00-13:00

at the *European Economic and Social Committee*  
Rue Van Maerlant 2 • 1000 Bruxelles

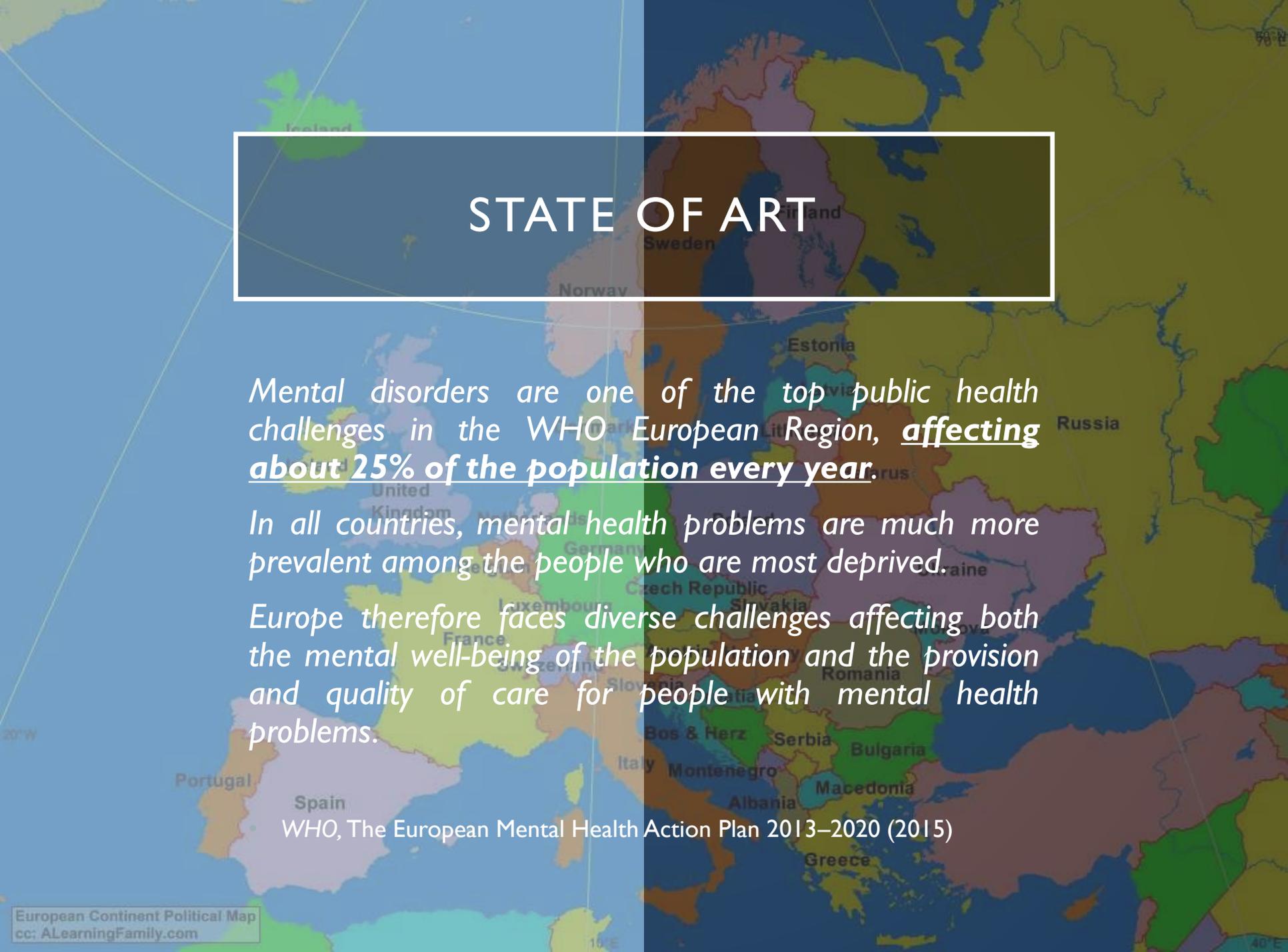


#futureMH2018

# SETTING THE SCENE: THE PANORAMA OF MENTAL HEALTH IN EUROPE

RAUL CORDEIRO  
RMN, MSc, PhD

POLYTECHNIC INSTITUTE OF  
PORTALEGRE  
PORTUGAL



# STATE OF ART

*Mental disorders are one of the top public health challenges in the WHO European Region, affecting about 25% of the population every year.*

*In all countries, mental health problems are much more prevalent among the people who are most deprived.*

*Europe therefore faces diverse challenges affecting both the mental well-being of the population and the provision and quality of care for people with mental health problems.*

WHO, The European Mental Health Action Plan 2013–2020 (2015)

# STATE OF ART

The most common are depression and anxiety

Depressive disorder is twice as common in women as in men

About 1–2% of the population are diagnosed with psychotic disorders, men and women equally

5.6% of men and 1.3% of women have substance use disorders

The ageing population is resulting in increasing prevalence of dementia, typically 5% in people over 65 and 20% of those over 80.

## STATE OF ART

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Across Europe, neuropsychiatric disorders are **the second largest** contributor to the burden of disease (disability-adjusted life years – DALYs), accounting for 19% of the total.

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There is considerable variation across the Region **associated with the different socio-economic conditions.**

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In terms of burden of disease, mental disorder **ranks highest in many high income Western European countries,** while it takes fourth or fifth place in some low income countries due to the high prevalence of perinatal and cardio-vascular diseases.

# DISEASE BURDEN IN EUROPE

<b>DALYs by causes</b>	<b>%</b>
<b>Cardiovascular diseases</b>	<b>22.9</b>
<b>Neuropsychiatric conditions</b>	<b>19.5</b>
<b>Malignant neoplasms</b>	<b>11.4</b>
<b>Unintentional injuries</b>	<b>9.6</b>
<b>Digestive diseases</b>	<b>4.9</b>
<b>Respiratory diseases</b>	<b>4.5</b>
<b>Intentional injuries</b>	<b>4.3</b>
<b>Sense organ diseases</b>	<b>4.1</b>
<b>Infectious and parasitic diseases</b>	<b>3.8</b>
<b>Musculoskeletal diseases</b>	<b>3.7</b>
<b>Respiratory infections</b>	<b>2.1</b>
<b>Perinatal conditions</b>	<b>1.8</b>

## STATE OF ART

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An important indicator of the disease burden on society and health systems is the contribution of specific groups to all chronic conditions (years lived with disability – YLDs).

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**Mental disorders are the most significant of the chronic conditions affecting the population of Europe, accounting for just under 40%.**

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Unipolar depressive disorder alone **is responsible for 13.7%** - leading chronic condition in Europe.

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Alcohol-related disorders (**6.2%**) in second place,

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Alzheimer's and other dementias in seventh (**3.8%**),

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Schizophrenia and bipolar disorders in eleventh and twelfth position, each responsible for **2.3%** of all YLDs.

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Ranking 1 <sup>st</sup>	Unipolar depressive disorders	13.7%
Ranking 2 <sup>nd</sup>	Alcohol use related disorders	6.2%
Ranking 7 <sup>th</sup>	Alzheimer and other dementias	3.8%
Ranking 11 <sup>th</sup>	Schizophrenia	2.3%
Ranking 12 <sup>th</sup>	Bipolar disorders	2.2%

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Mental Health Programme

**NEURO-PSYCHIATRIC CONDITIONS  
 EUROPE:  
 YEARS LIVED WITH DISABILITY (YLDS)**

## STATE OF ART

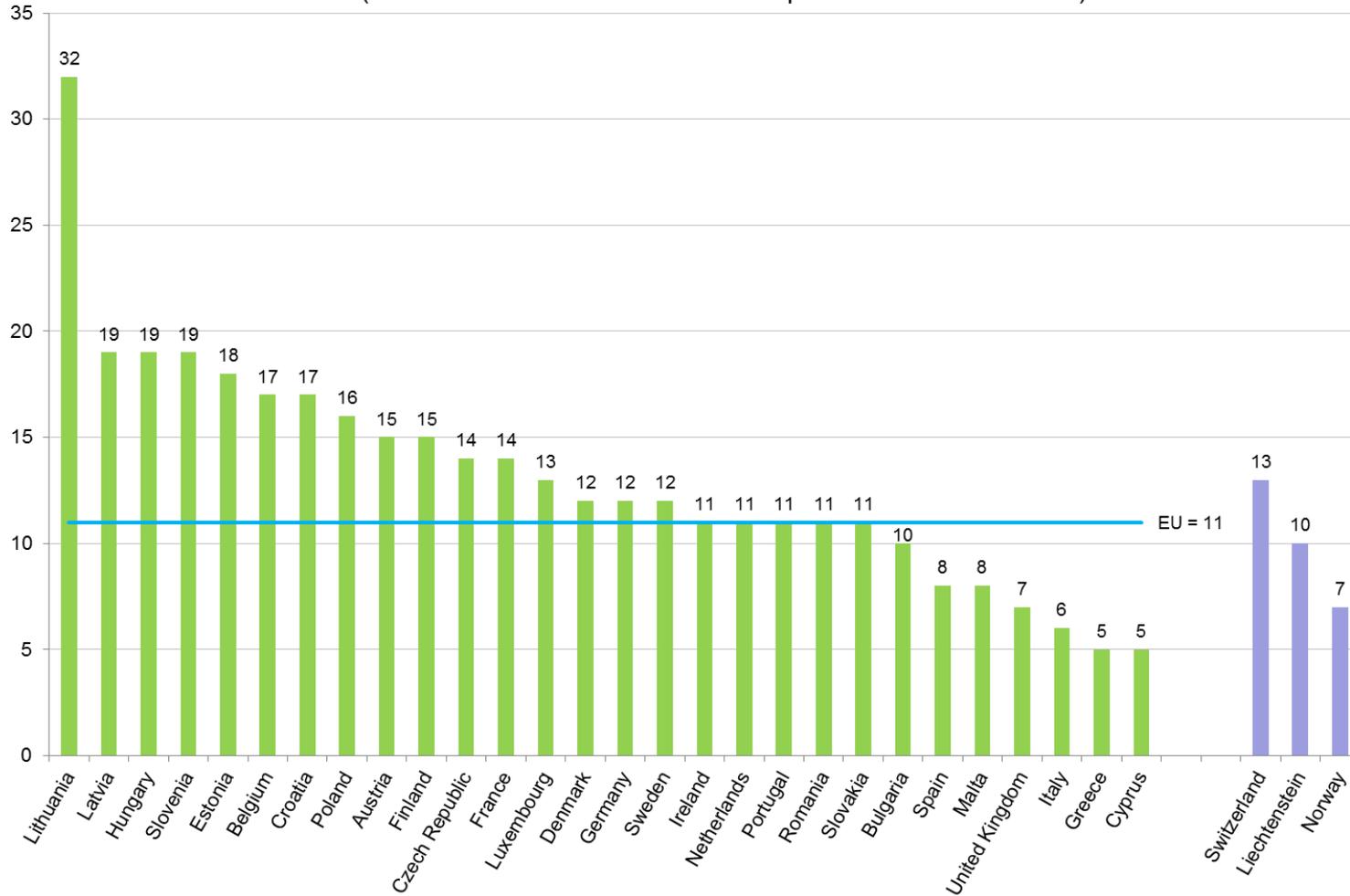
Suicide rates in the European Region are very high compared with other parts of the world.

The average annual suicide rate in the European Region is 13.9 per 100 000, but there is a wide variation.

The 9 countries with the highest suicide rates in the world are all in the European Region.

# Suicide rate in the EU Member States, 2014

(number of deaths due to suicides per 100 000 inhabitants)



## STATE OF ART

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In several countries the number one cause of death of adolescents is suicide.

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Men are almost 5 times more likely to commit suicide than women in Europe.

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Depression, alcohol abuse, unemployment, debt and social inequality, are all risk factors and are all closely related.

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Changes in suicide rates coincide with changes in unemployment and the insecurity caused by anticipating job loss.

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**There are some reports that suicide rates have risen since 2008, with the greatest increases in those countries most affected by the economic recession.**

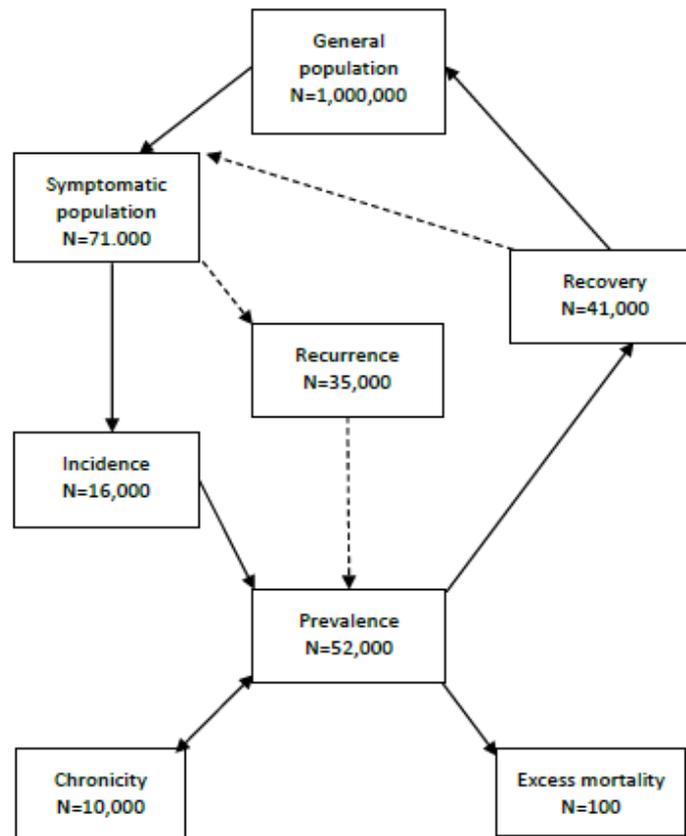


Figure 1. The epidemiology of depression per one million people aged 18-64 years

# NEW CHALLENGES TO MENTAL HEALTH CARE

ORGANIZATION

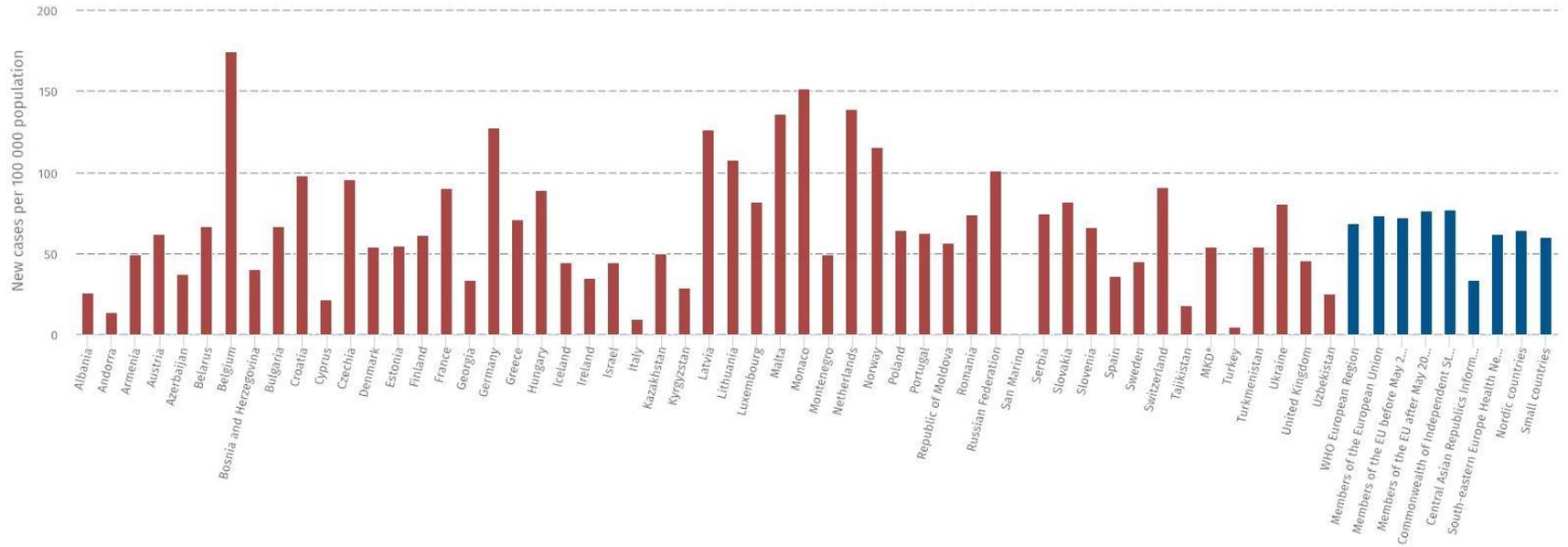
## **Mental health services**

The combined rate of psychiatric beds per 100 000 population in community psychiatric inpatient units, units in district general hospitals and mental hospitals ranges from 185 in Malta to 8 in Italy, with a median rate of 72.

Rates of admissions to inpatient units per 100 000 population vary from 1301 in Romania and 1240 in Germany to 87 in Albania. The median rate of admissions is 568 per 100 000 population.

The rate of visits to all outpatient facilities per 100 000 population (varies from 28 200 in Slovakia and 26 077 in Finland to 1083 in Albania and 1066 in the United Kingdom (Scotland)). The median rate is 6596.

## Psychiatric hospital beds per 100 000



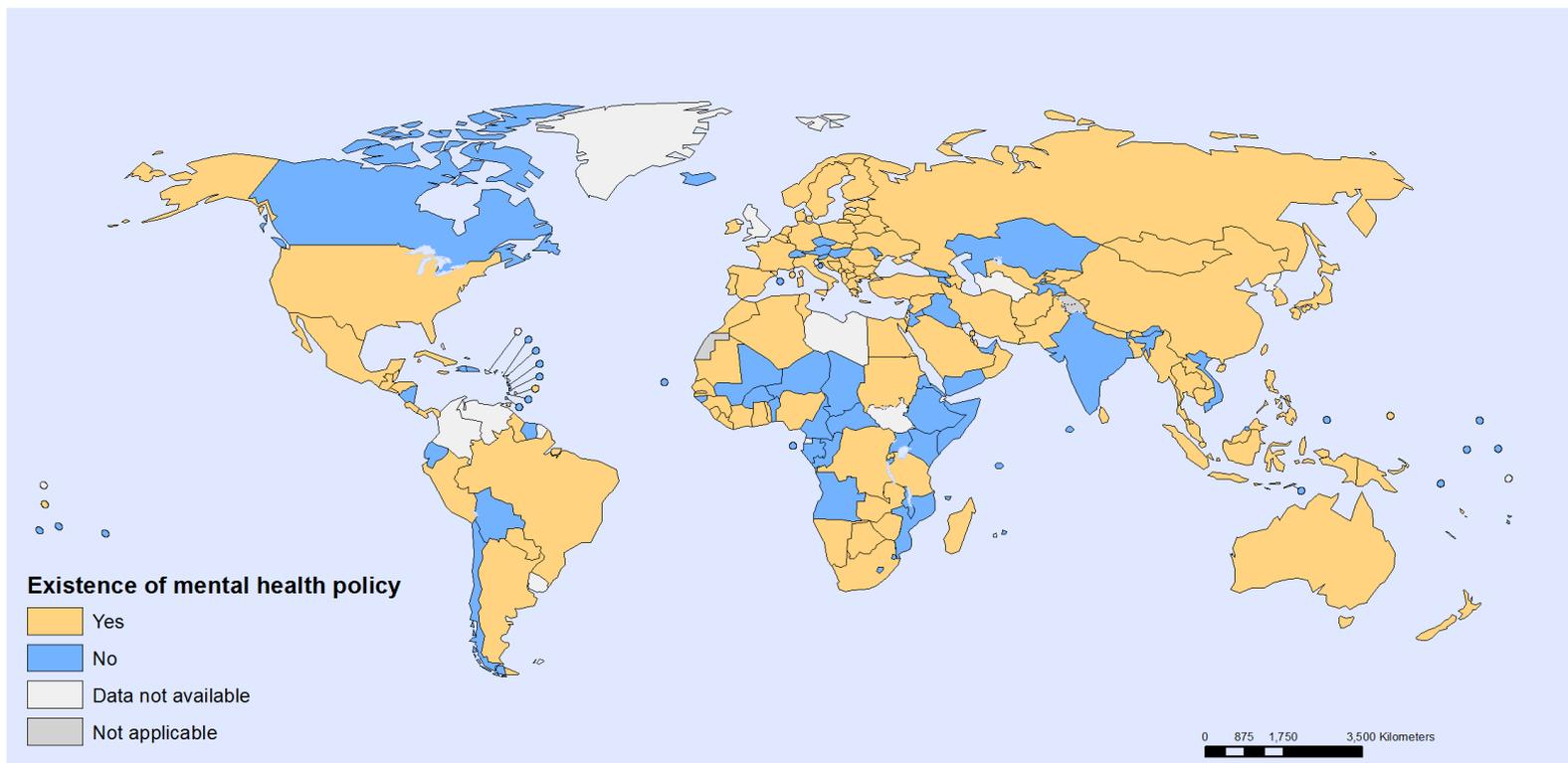
\* The former Yugoslav Republic of Macedonia (MKD is an abbreviation by the International Organization for Standardization (ISO))

# NEW CHALLENGES TO MENTAL HEALTH CARE

ORGANIZATION  
MENTAL HEALTH WORKFORCE

- **The number of psychiatrists per 100 000 population** ranges vary widely: from 30 per 100 000 in Switzerland and 26 in Finland to 3 in Albania and 1 in Turkey. The median rate of psychiatrists per 100 000 in the 41 countries that provided information is 9.
- The median rates of psychiatrists per 100 000 population in the different parts of the WHO European Region are:
  - EU15 – 12.9
  - Countries joining the EU since 2004 – 8.9
  - Countries in south-eastern Europe – 8
- **The rate of nurses working in mental health care** varies from 163 in Finland to 4 per 100 000 population in Bosnia and Herzegovina (Republika Srpska) and 3 in Greece. The median rate of nurses per 100 000 population is 21.7, more than twice the median rate of psychiatrists.

## Existence of a mental health policy, 2011



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization  
Map Production: Health Statistics and  
Information Systems (HSI)  
World Health Organization



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## NEW CHALLENGES TO MENTAL HEALTH CARE

ORGANIZATION  
MENTAL HEALTH IN PRIMARY CARE

Most countries report that general practitioners (GPs) deal with common mental health problems:

- identifying and referring people with problems (95% of countries);
- diagnosing problems (86%);
- regularly treating people with common disorders (86%).
- GPs play a major role in identification, diagnosis and referral for severe mental disorders, but in most countries specialists are expected to give treatment, with GPs playing a supportive role.
- 74% of countries report that GPs identify and refer people with severe and enduring mental health problems.
- 52% report that GPs diagnose such disorders: 11 of the 15 countries belonging to the European Union (EU) before May 2004 (73%) and 5 of the 12 countries that joined the EU afterwards (42%).
- 40% report GPs give treatment; this includes no countries in south-eastern Europe or newly independent states.

# ACTION PLAN

	Objective 1	Objective 2	Objective 3	Objective 4	Objective 5	Objective 6	Objective 7
Inequities and social determinants	✓	✓		✓	✓		✓
Governance			✓		✓	✓	✓
Life-course	✓		✓				
Empowerment		✓		✓		✓	
Health systems			✓	✓	✓		✓
Public health	✓				✓	✓	✓

# ACTION PLAN

## THE FOUR CORE OBJECTIVES ARE:

1. everyone has an **equal opportunity** to realize mental well-being throughout their lifespan, particularly those who are most vulnerable or at risk;
2. people with mental health problems are citizens whose **human rights** are fully valued, protected and promoted;
3. mental health services are **accessible and affordable**, available in the community according to need;
4. people are entitled to **respectful, safe and effective treatment**.

## THE THREE CROSS-CUTTING OBJECTIVES ARE:

5. health systems provide good **physical and mental health care** for all;
6. mental **health systems** work in well-coordinated partnerships with other sectors;
7. mental health governance and delivery are driven by **good information and knowledge**.

## ACTION PLAN- OBJECTIVE I

Everyone has an equal opportunity to realize mental well-being throughout their lifespan, particularly those who are most vulnerable or at risk

- a) strengthen awareness of the impact of the social determinants of health on mental health, the importance of mental health as an intermediary determinant, and the contribution of population mental health to public health;
- b) identify interventions and develop care pathways for prevention of and early intervention in harmful stress and its consequences at individual and population levels;
- c) support the promotion and dissemination of sound educational programmes, covering suicide prevention, stigma and discrimination, alcohol and drug use and dementia; and
- d) disseminate evidence of effective workplace interventions to Member States

## ACTION PLAN- OBJECTIVE II

People with mental health problems are citizens whose human rights are fully valued, respected and promoted

- a) work with intergovernmental partners to guarantee **human rights and social justice** for people with mental health problems;
- b) disseminate **good practice examples** of services and systems that support and promote recovery and social inclusion; and
- c) implement policies that promote **recovery and social inclusion**, and address inequalities and discrimination.

## ACTION PLAN- OBJECTIVE III

Mental health services are accessible, competent and affordable, available in the community according to need

- a) produce guidelines for the above actions applying the evidence base and experience, in partnership with professional associations;
- b) identify and disseminate good service models around the Region;
- c) bring together countries at subregional level on the basis of culture, resources and stage of development, and coordinate assessments, knowledge exchange and shared implementation;
- d) coordinate technical support to Member States to develop policies and implement services; and
- e) develop guidance on good management practices in mental health care.

## ACTION PLAN- OBJECTIVE IV

People are entitled to respectful,  
safe and effective treatment

- a) development and dissemination of curricula for primary care staff, incorporating principles of recovery;
- b) support the competencies and harmonization of postgraduate training and continuous medical education.

## ACTION PLAN- OBJECTIVE V

Health systems provide good  
physical and mental health care  
for all

- a) development of good practice guidelines for physical health assessments in mental health services;
- b) development of good practice guidelines for mental health assessments in physical health services; and

## ACTION PLAN- OBJECTIVE VI

Mental health systems work in  
well coordinated partnership with  
other sectors

- a) disseminate effective policies and  
practices

## ACTION PLAN- OBJECTIVE VI

Mental health systems work in well coordinated partnership with other sectors

- a) develop and publish a set of definitions of mental health terms in partnership with stakeholders; and
- b) monitor involvement of service users and their families.

# ACTION PLAN

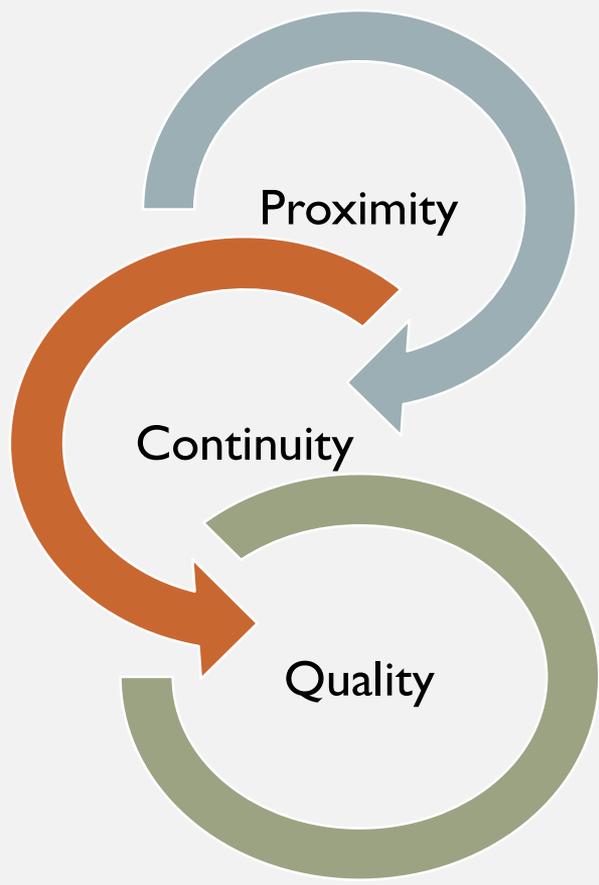
Proximity

Continuity

Quality

PREVENTION

TREATMENT



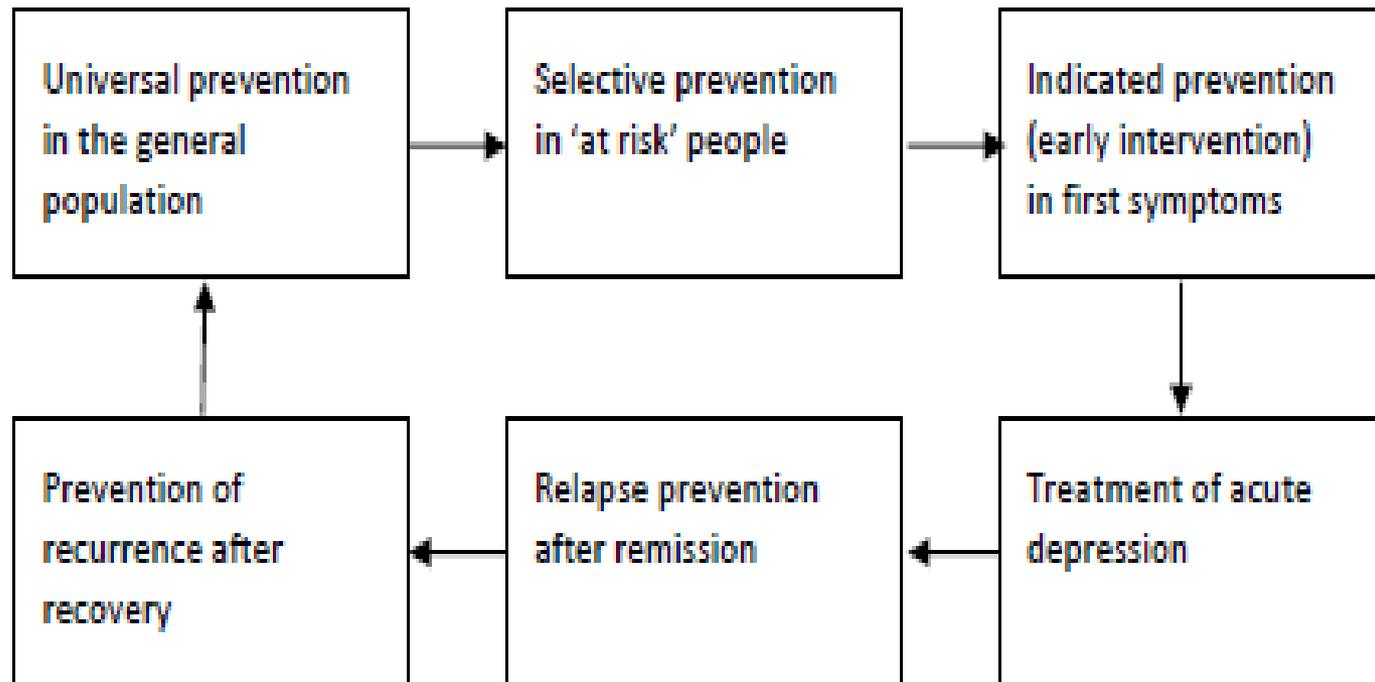


Figure 2. Types of prevention to sustain population health (adapted after Beekman et al., 2004)

# Special Scenarios

Mental health at school

Mental health at workplace

Mental health and transculturality /  
cultural competencies

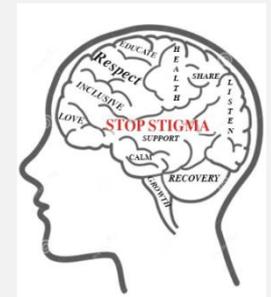
Mental health and migrations and  
minorities

Mental health on continuity care

Mental health and new medications

Stigma and discrimination

“The black dog – Depression and suicide”



**SOME IMAGES...**

# 10 Things you should know about Mental Health



Each of us has mental health. We all have ups and downs and may all experience mental distress at some point. It can happen to anyone.

People with severe mental health problems have an average reduced life expectancy of between



10 to 25 years.

30%

of people with mental health problems do not have access to mental health care.

This is why investing in prevention and early interventions can make a real difference to people's lives.

100%  Possibility of Recovery

for everyone. With the right support, recovery from mental ill health can happen. Recovery means living with and managing mental health problems, while having control over your own life.



€523.2 billion

Annual economic cost of mental ill health in Europe. Strategic investment in mental wellbeing can generate enormous economic and social returns.

9 of the 10 countries with the highest rates of suicide in the world are in the European Region.

Per centage of the EU Commission Health budget for 2008-2013 allocated to mental health according to our analysis:



Mental Health: 2,8% Overall budget

\*estimate based on publicly available data and data provided by Chafea

Adolescence is a time of great growth and development but for some this can bring significant challenges.



One in five

adolescents in Europe is affected by at least 1 psychological problem in any given year.



Good work

is positive for mental health. For many people employment is the solution not the problem.

# Depression

Every year, about **1 out of 15** people suffer from major depression in the WHO European Region



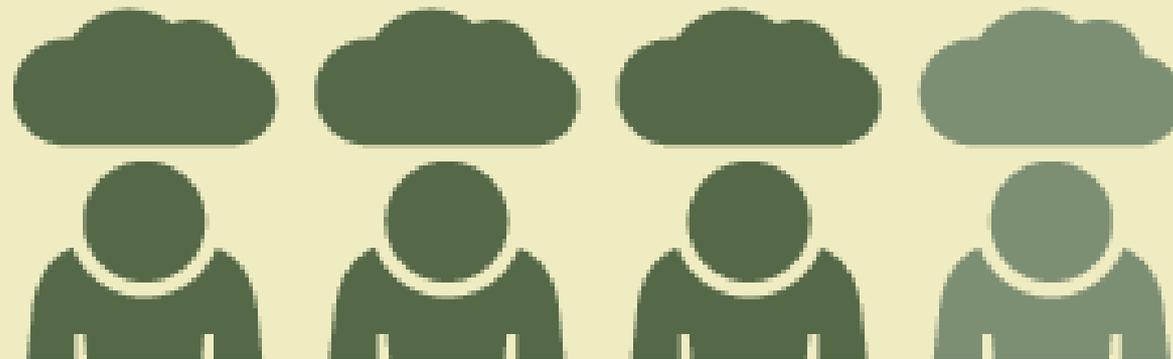
If anxiety and all forms of depression are included, nearly **4 out of 15** people are affected



[www.euro.who.int/mentalhealth](http://www.euro.who.int/mentalhealth)

© WHO 09/2013

In the WHO European Region,



3 out of 4 people suffering from  
major depression

**do not receive adequate treatment.**

# Return on investment of treating depression in the WHO European Region

Every

**US\$ 1**

invested in treating depression with therapy or antidepressants



leads to a return of

**US\$ 4**

in better health outcomes and work ability.



# DEPRESSION



**350 million**

people globally suffer from depression.

Globally, depression accounts for 41% of all the years spent living with mental or behavioral disorders.



**41%**

depression



**15%**

anxiety



**11%**

drug-use disorders



**10%**

alcohol-use disorders



**7%**

schizophrenia



Twice as many women typically develop depression than men, although in richer countries, three times as many men die by suicide than women.

SOURCES: Global Burden of Diseases, Injuries, and Risk Factors Study 2013; World Health Organization

# Antidepressants



11%

of Americans 12 years and over report taking antidepressants.

In 2010, antidepressants were the **second most commonly prescribed medication** in the USA (after drugs to lower cholesterol).



In the USA, about **254 million prescriptions** were written for antidepressants in 2010.

## Antidepressant consumption

(selected industrialized countries, 2011)

\*Defined daily dose/1,000 people

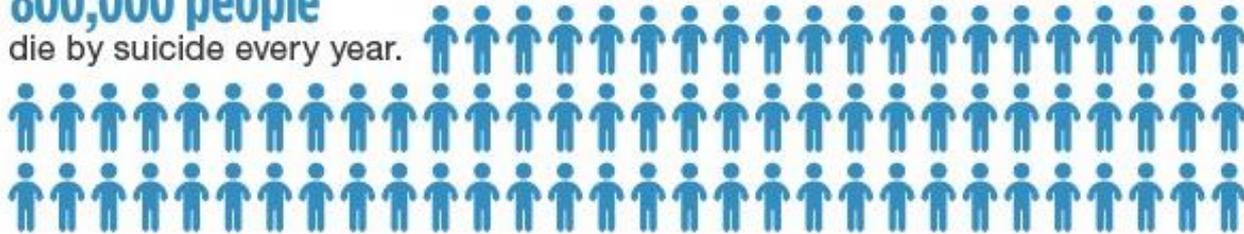


\*Defined daily dose is the assumed average maintenance dose per day for a drug used for its main indication in adults.

SOURCES: U.S. National Institute of Mental Health and OECD Health Statistics

# Suicide

Globally, more than  
**800,000 people**  
die by suicide every year.



Suicide is the **second leading cause of death** among 15-29 year olds, after road accidents.

Globally, suicide rates are **highest in people aged 70 years and over.**

Regionally, **East Africa and Eastern Europe** have the highest rates.

SOURCE: World Health Organization

# DEMENTIA

A public health priority

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Dementia is one of the major causes of disability and dependency among older people



World Health  
Organization

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