

# **The Status of Mental Health in the EU**

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With the participation of national experts and referees

3th Mental Health WP

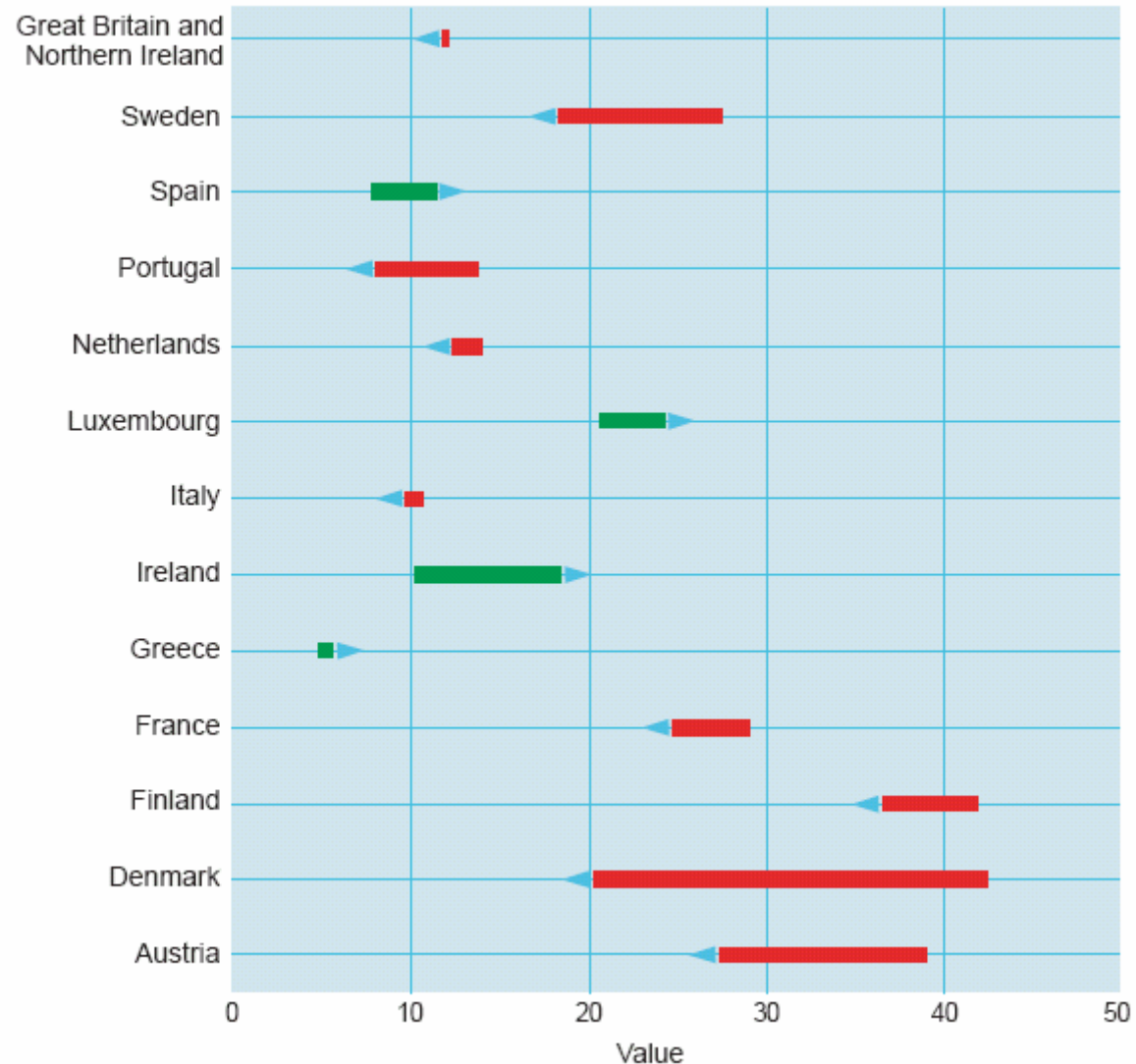
# Methodology of this report

- **This report has been prepared combining two main kinds of data:**
  - **Routinely collected statistics**
  - **Results from general population surveys**
- **Concerning mental health, it is important to note that most of the morbidity data is collected through general population surveys.**
- **This is because routinely collected statistics on deaths related to mental health problems, do not reflect mental health situation.**



<b>1</b>	<b>INTRODUCTION</b>
1.1	Why publish a European report on mental health?
1.2	Burden of mental illness
1.3	Mental health and mental illness
<b>2</b>	<b>COMPARING MENTAL HEALTH IN EUROPE</b>
<del>2.1</del>	<del>Context of mental health in Europe</del>
2.2	Methodology for comparing mental health in Europe
<b>3</b>	<b>MENTAL HEALTH STATUS IN EUROPE</b>
3.1	Positive mental health
3.2	Negative mental health: Psychological distress and psychiatric disorders
3.3	Suicide
3.4	Alcohol and drug related problems
<b>4</b>	<b>RISK FACTORS AND MENTAL HEALTH</b>
4.1	Gender and mental health
4.2	Age and Mental Health
4.3	Marital Status
4.4	Unemployment, Poverty and Deprivation
4.5	Rural-urban differences in Mental Health
4.6	Migration and Mental Health
<b>5</b>	<b>HEALTH CARE FOR MENTAL HEALTH</b>
5.1	Mental Health services across Europe
5.2	Seeking help for mental health problems
<b>6</b>	<b>Conclusions recommendations</b>

# Trends in male suicide by country. Standardised death rates, suicide and self inflicted injury, males all ages per 100,000, 1980-1999.



Green lines represent an increase

Red lines indicate a decrease

Source: WHO Health for All Database



# Sale of antidepressants (STAKES)

Antidepressants as defined by the ATC classification system by WHO

(Class N06A includes SSRIs, tricyclic and tetracyclic agents, triazolopyridines, aminoketons, MAO inhibitors, and other new antidepressants like mirtazapine, reboxetine, venlafaxine, nefazodone, etc.)

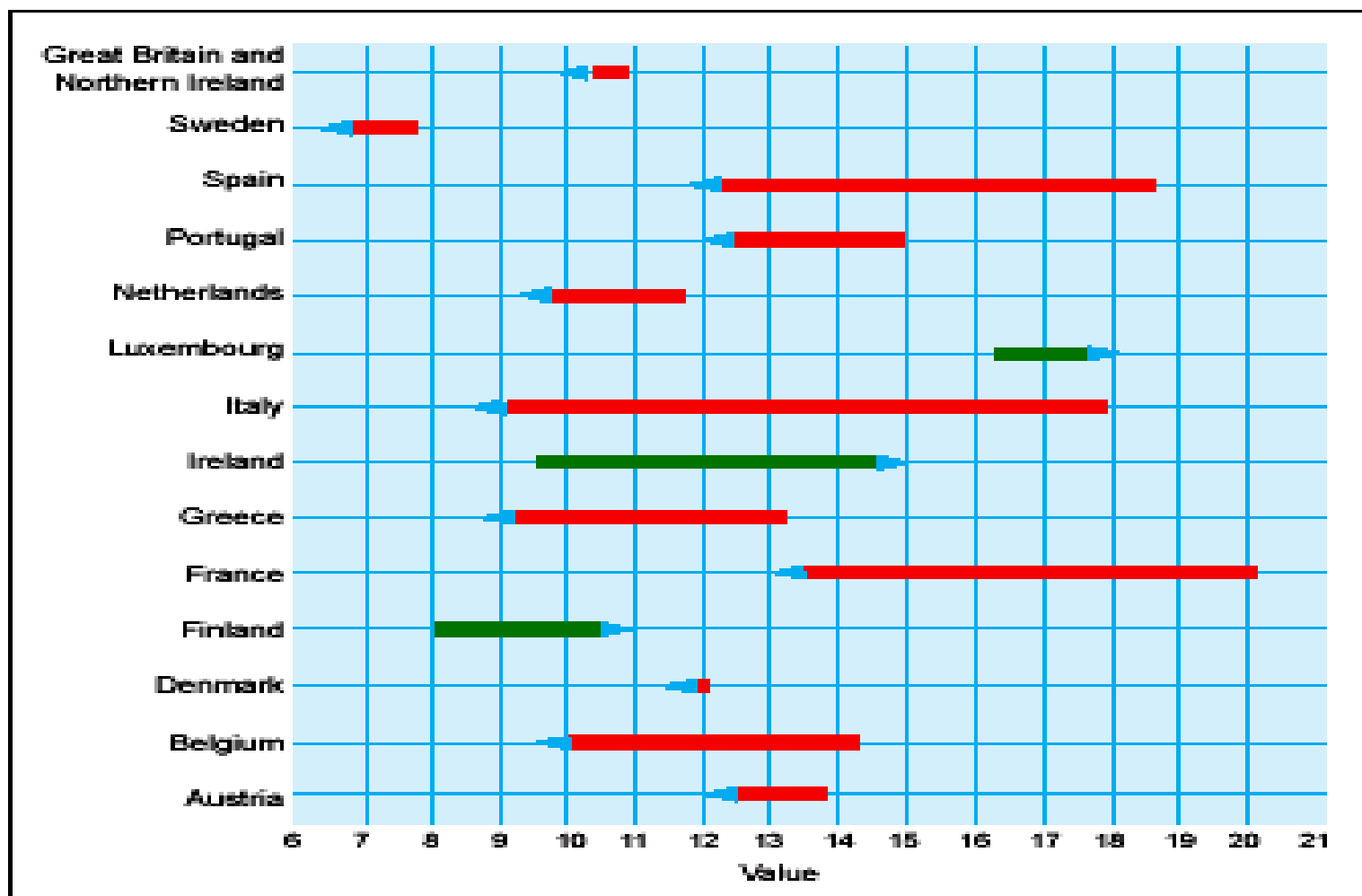
Calculation is based on the volume of sales to pharmacies and hospitals by wholesalers.

Number of 'defined daily doses'  
(DDD = assumed average dose per day for each drug)  
per 1,000 inhabitants per 365 days.

Country	Antidepressants	Trend/Year
AUS	6.2 (X)	...
BEL	---	...
DNK	30.3 (IV)	+0.2
FNL	35.5 (III)	+2.4
FRA	49,3(I)?	...
GER	12.6 (VII)	+0.7
GRE	---	...
IRE	10.4 (VIII)	...
ITA*	9.7 (IX)	...
LUX	---	...
NED	----	...
NOR	41.4 (II)	+2.1
POR	----	...
SPA°	19.4° (VI)	+1.1°
SWE	48.8 (I)	+2.8
UK	22.0 (V)	...

## Trend in Alcohol Consumption 1980–2001

*Pure alcohol consumption, litres per capita, both sexes. Red lines indicate a decrease and green lines represent an increase.*



*Source: WHO Health for All Database*



# Two European surveys available

- **The Eurobarometer Survey**

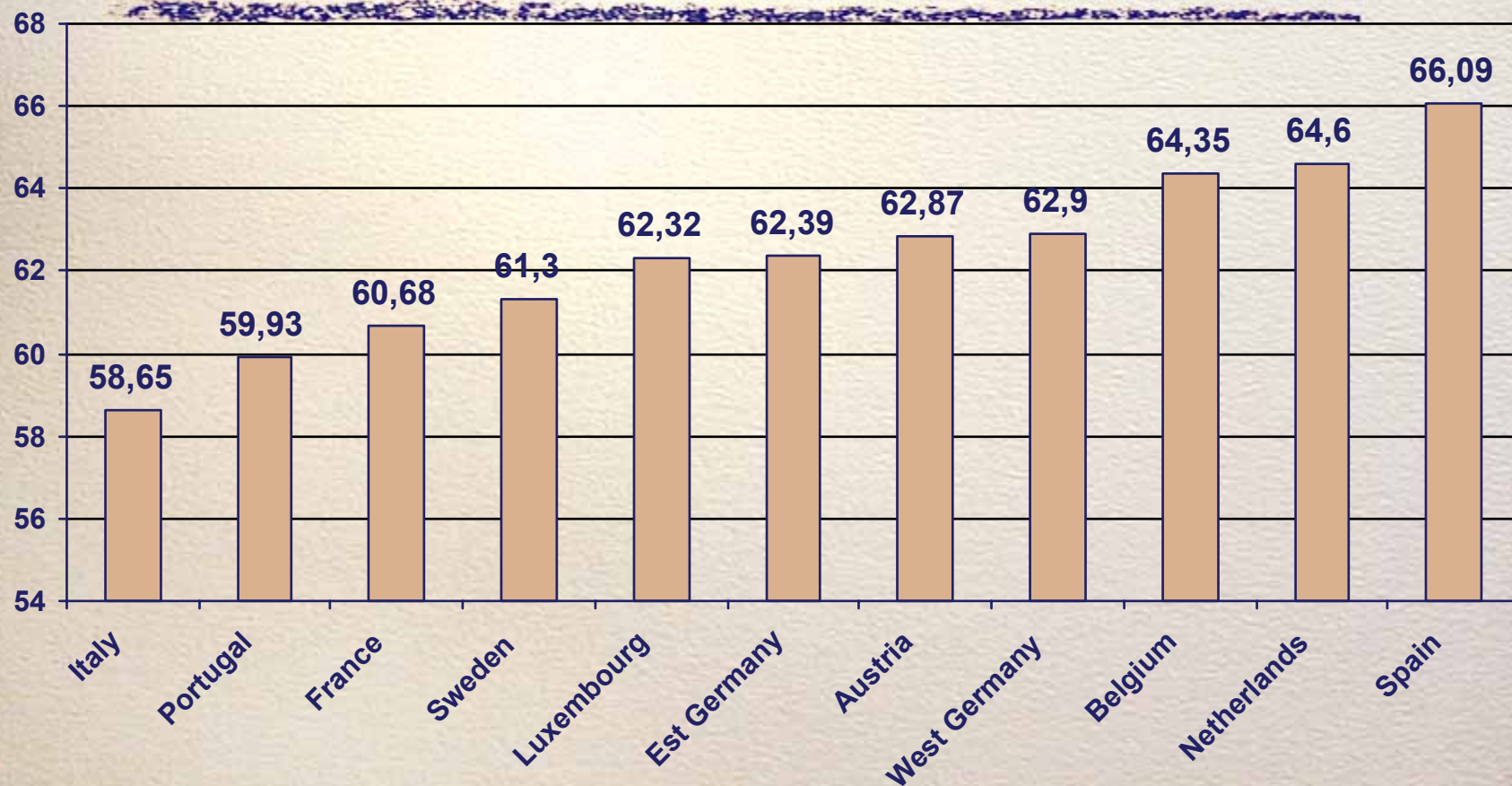
- **Two sub-scales of the SF-36:**

- MHI-5 (psychological distress measure) and EVA (energy and vitality which are positive mental health measures).
    - In all EU Member States (1000 interviews by country) **however some MS have to be deleted due to extreme low participation rates(<45%)**

- **The European Study of the Epidemiology of Mental Disorders (ESEMeD) 2000** comprised of six national surveys in Belgium, France, Germany, Italy, the Netherlands and Spain: **21425 subjects (61,2%)**

- The survey used the **CIDI** interview tool and the **SF-12 scale** to assess psychological distress, (for SF12 UK national survey was added)

# Positive mental health: Vitality subscale SF 36 (0 to 100) Eurobarometer

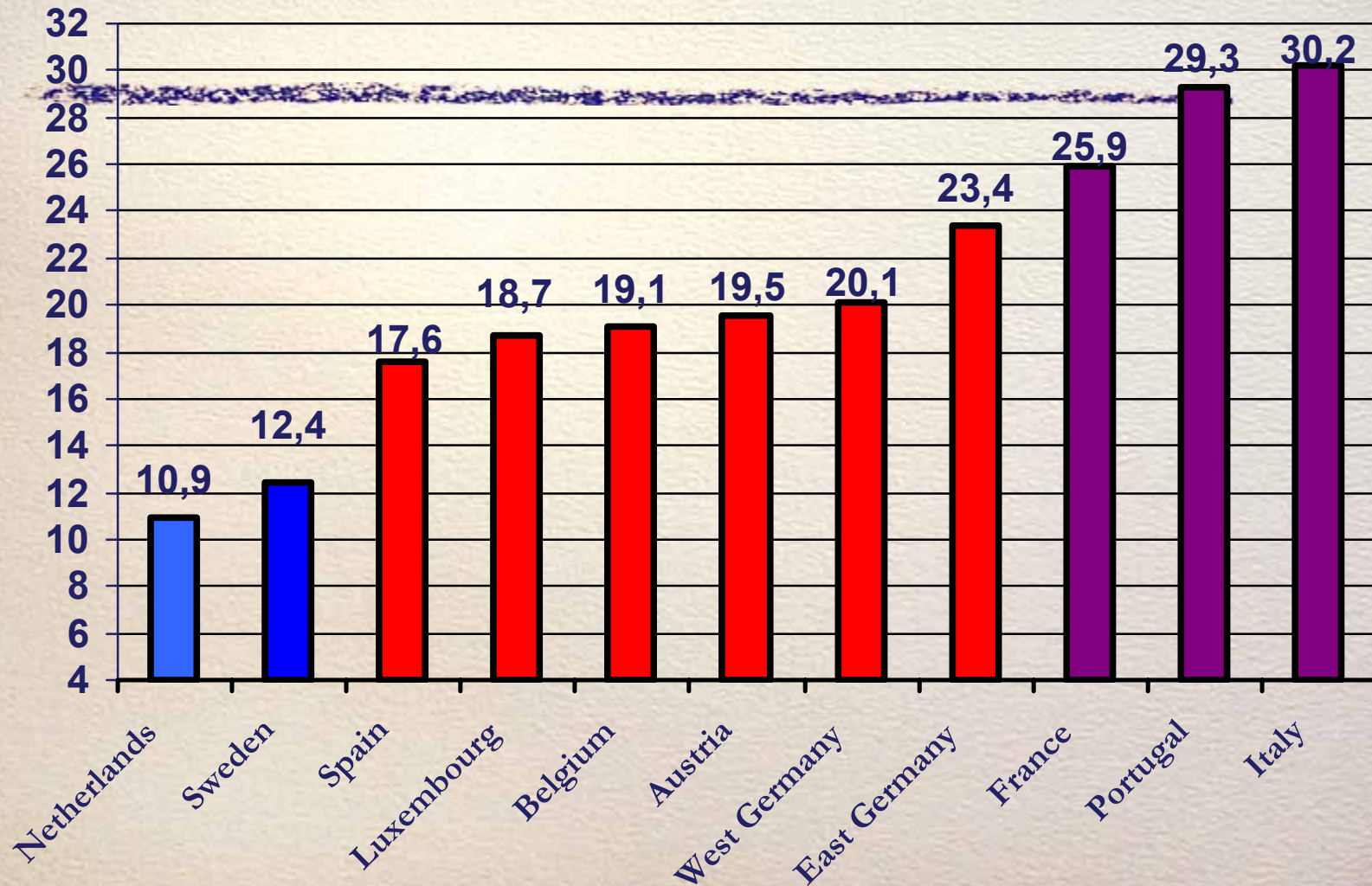


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Standardised again West Germany



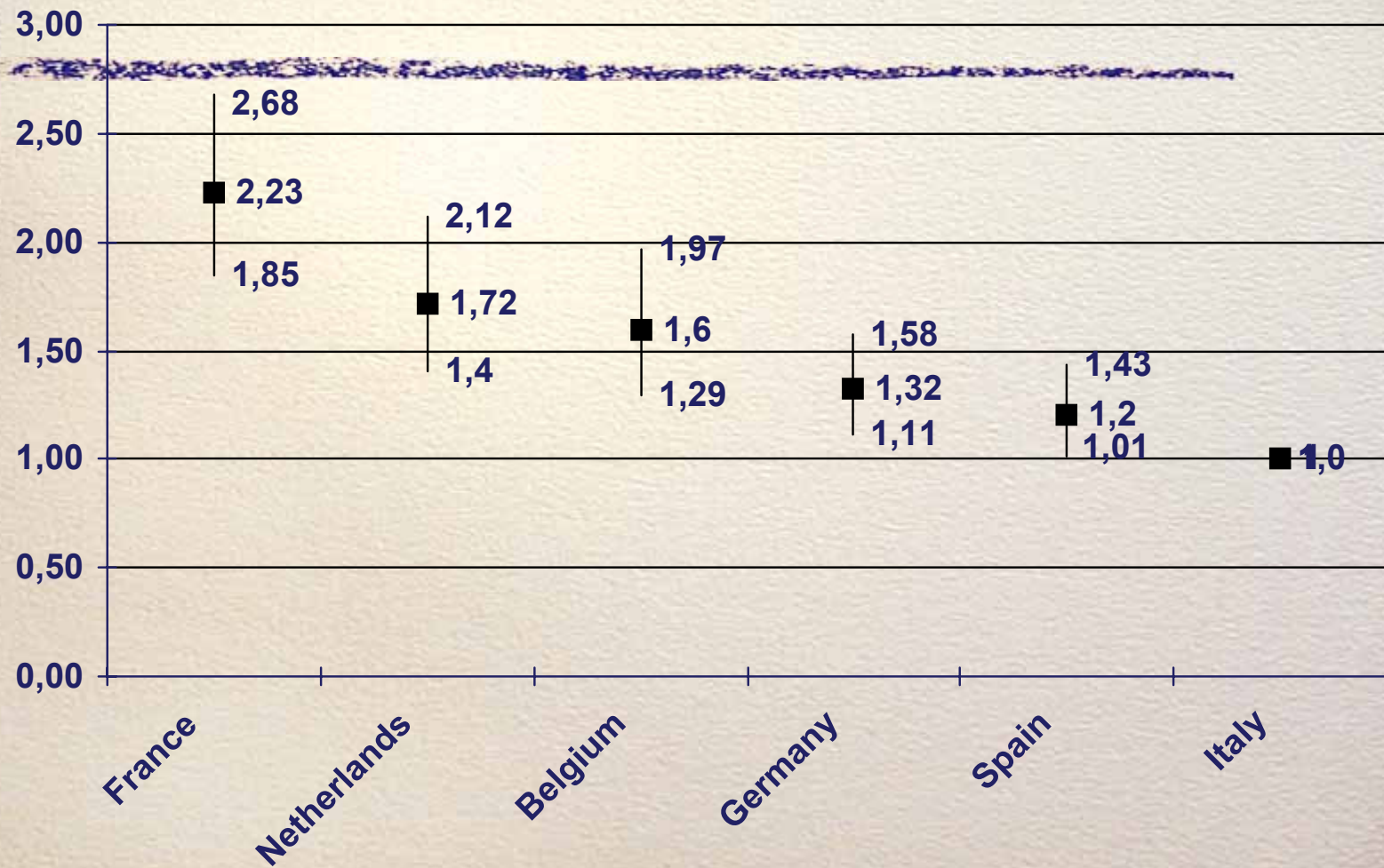
# Occurrence of MHI-5 cases (score=52 or less) by Country (%)



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# Relative risk of any disorder in the last 12 months



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Italy as reference Adjusted Rates



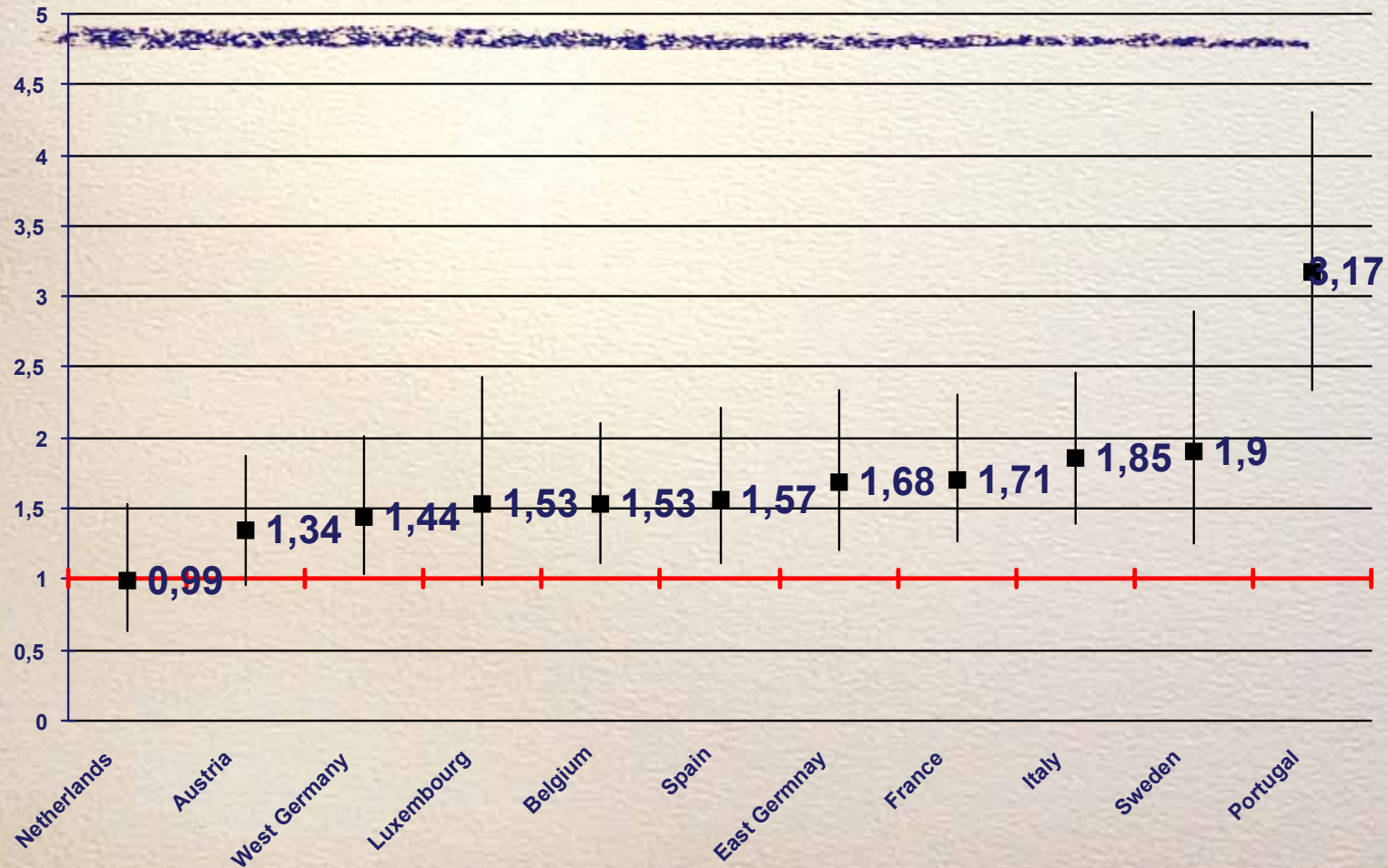
# Risk factors available

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For this report, analyses were carried out to **compare the risk of different disorders between countries**

- gender
- age,
- living arrangements (married or living with someone, previously married) ,
- employment status
- live in a urban or rural setting
- born in a different country

# Gender MH5 Caseness Eurobarometer

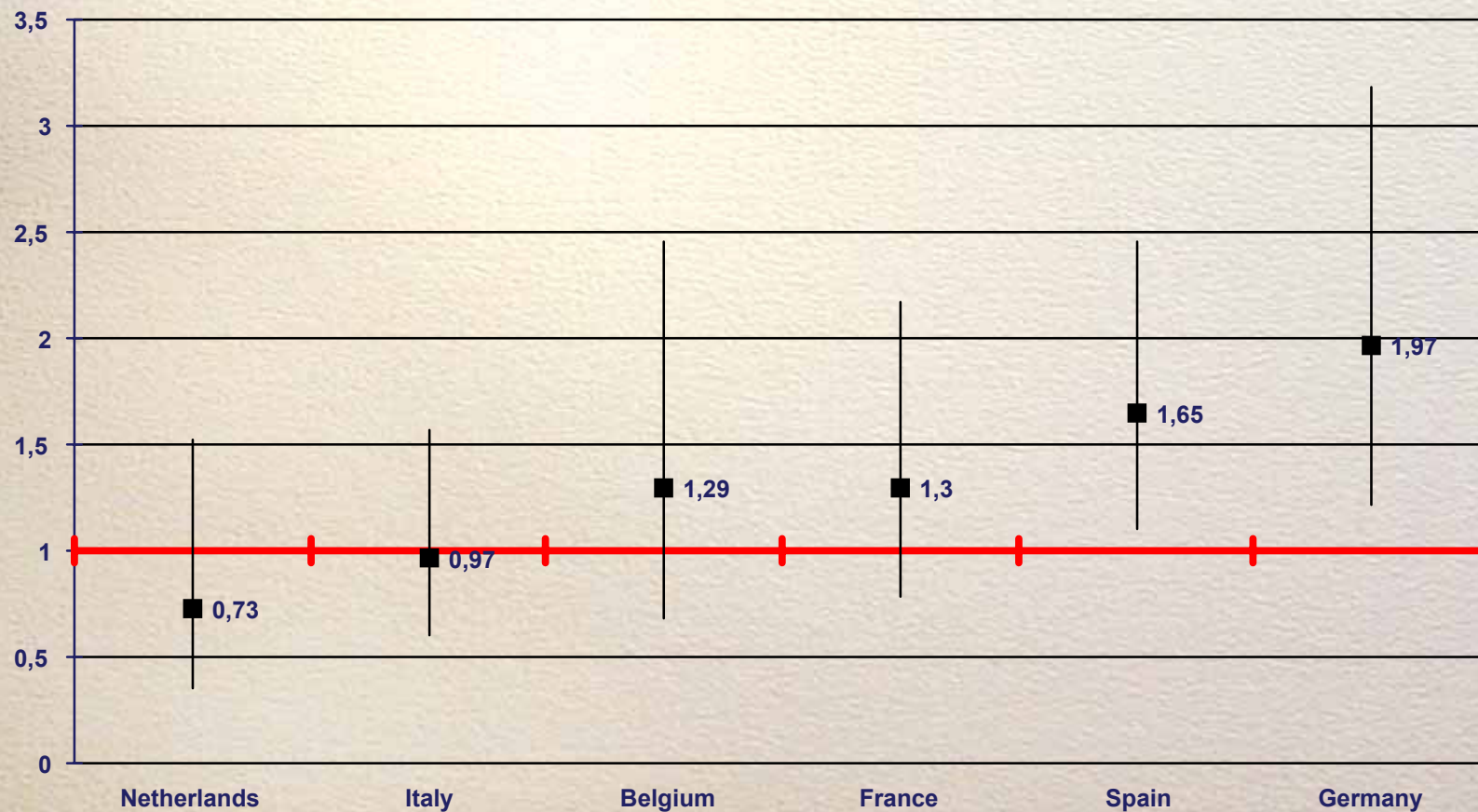


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MH5<=52 Female/male



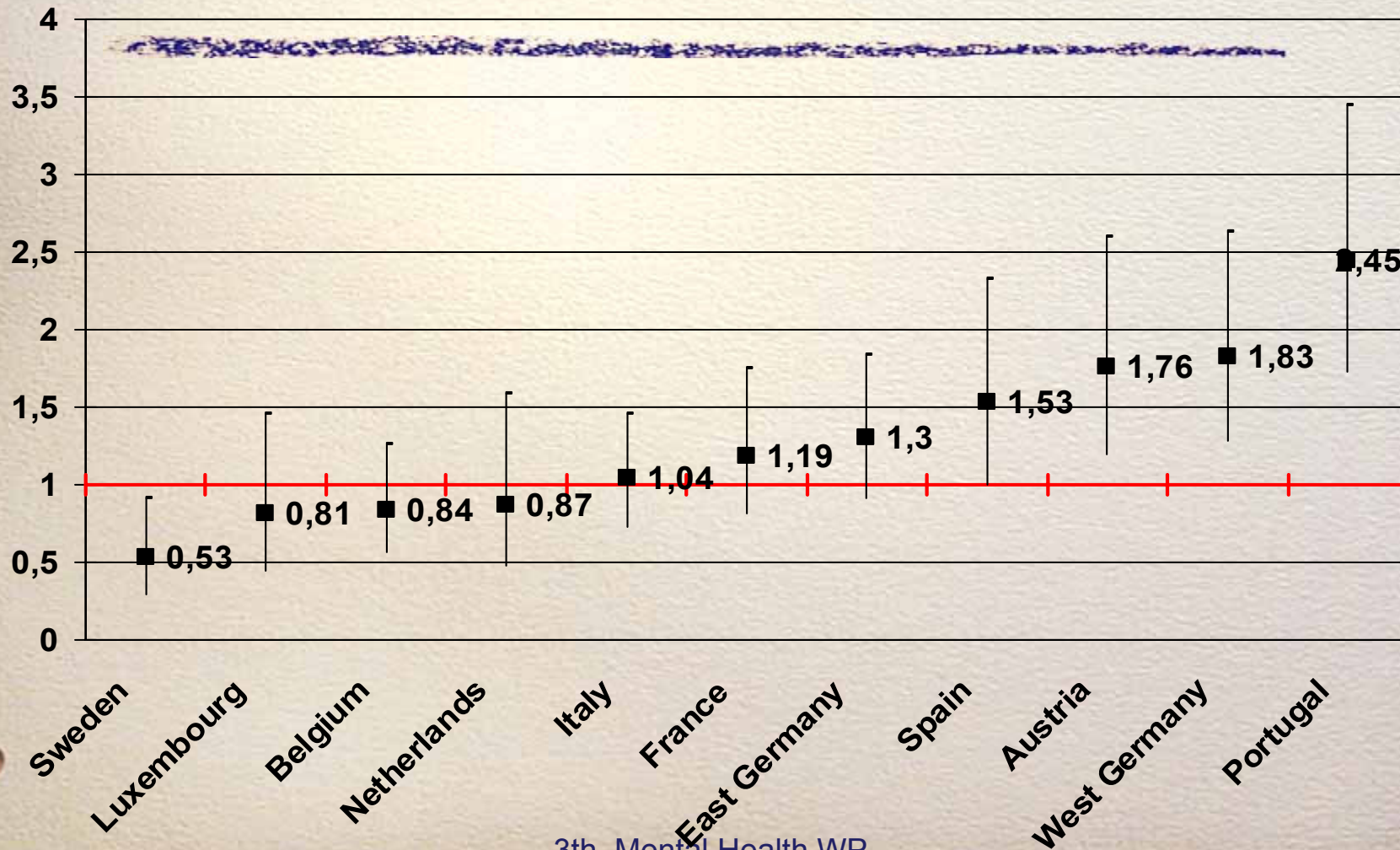
# Odds Ratio for any anxiety disorders in the last 12 months for 18-24/25-64 years old



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# Caseness for 65 years and over

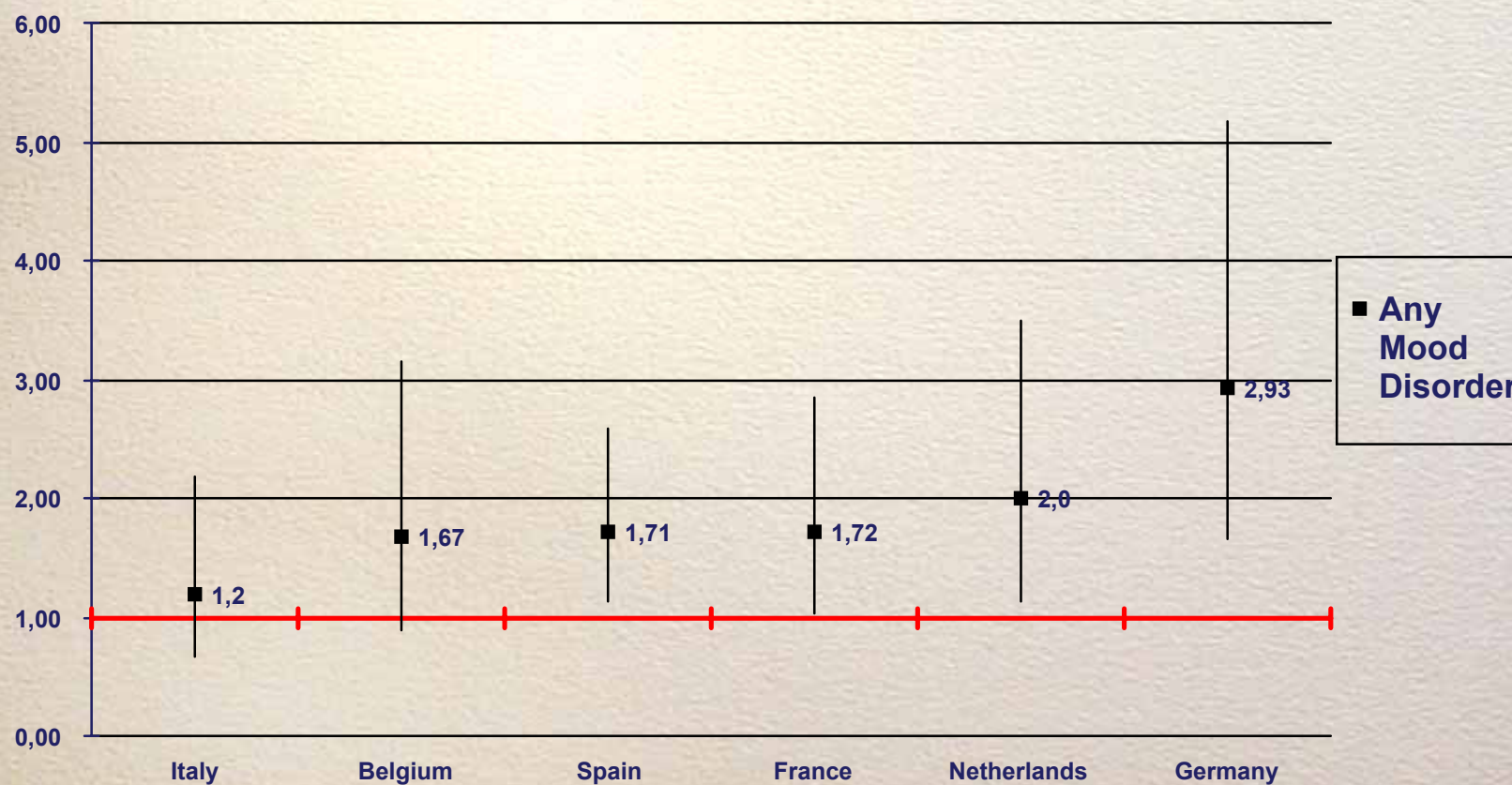


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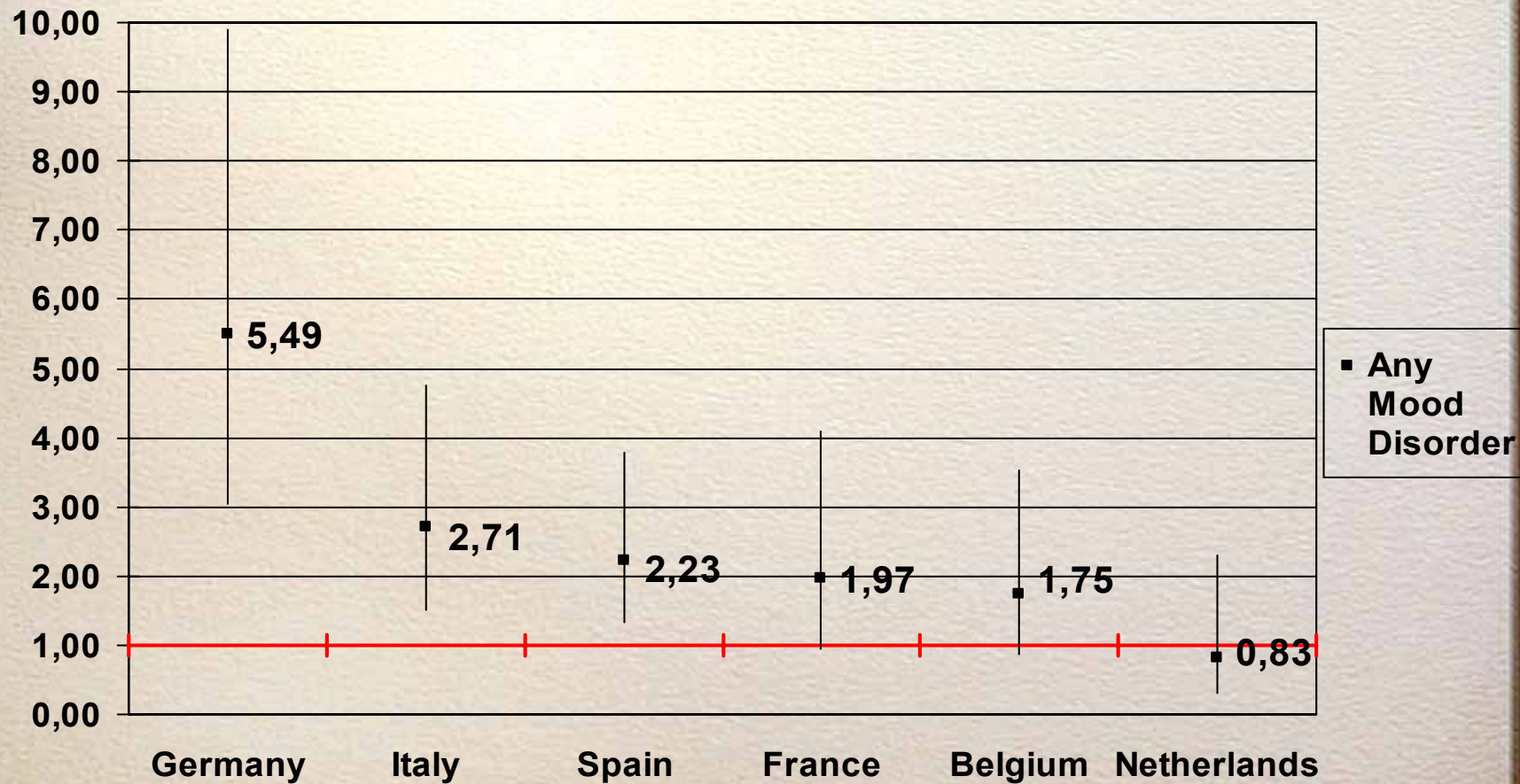
Eurobarometer; MH5≤52



## Relative risk of mood disorders for those separated, divorced, widowed/living in couple (12 Months)

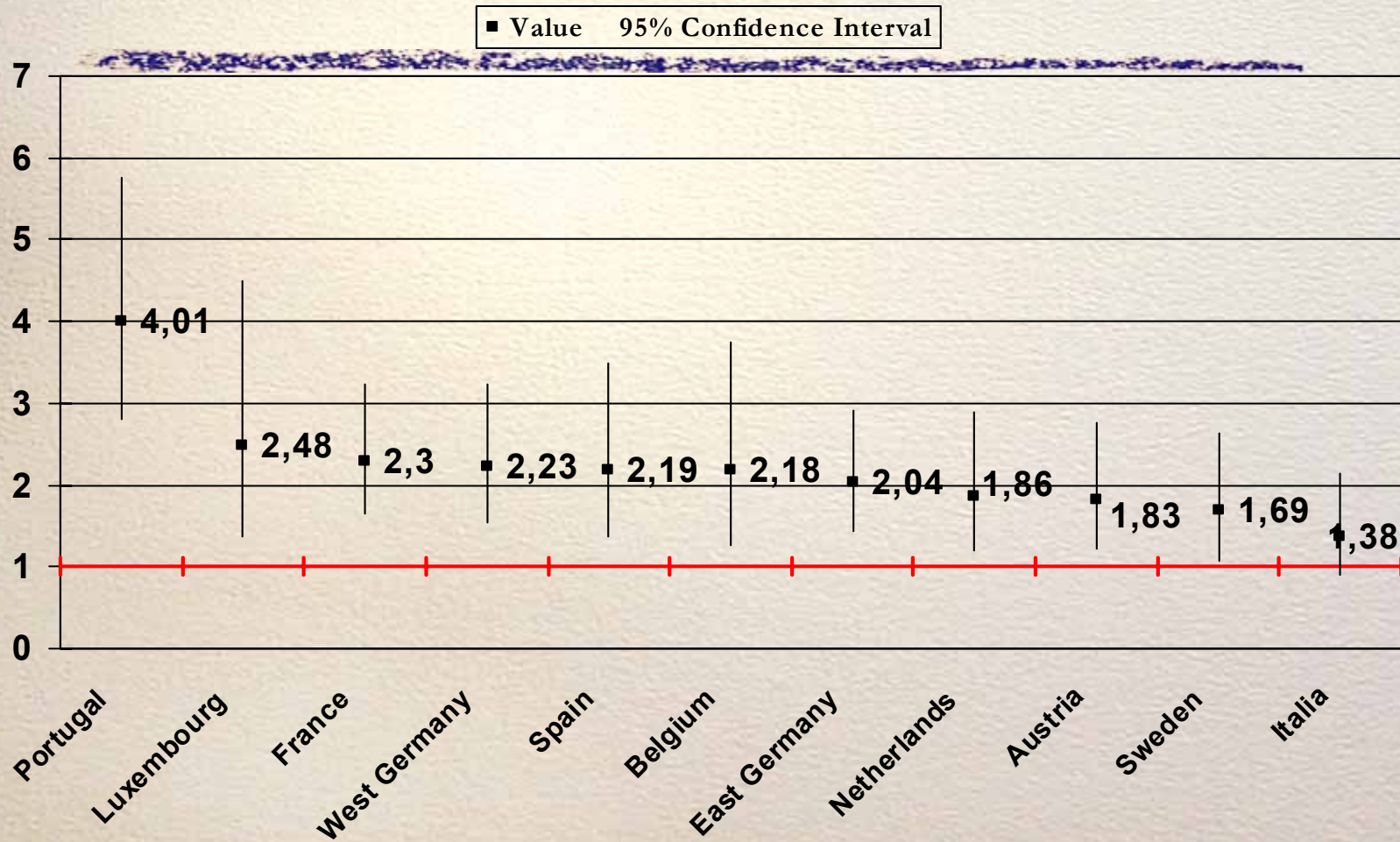


# Relative risk for any mood disorder (12 month) for unemployed /employed





# Caseness risk for low income



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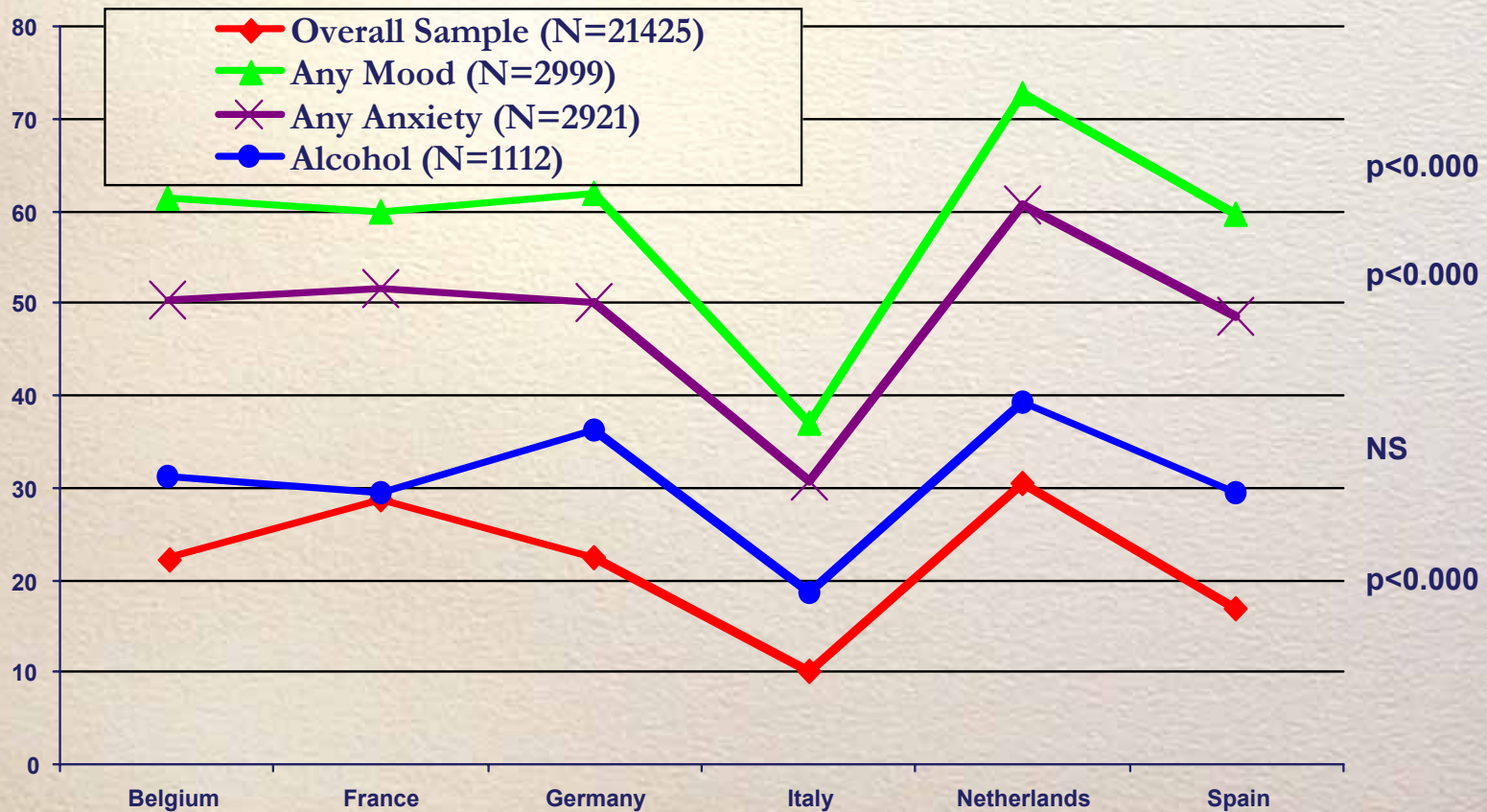
Eurobarometer; MH5<=52

# Use of care

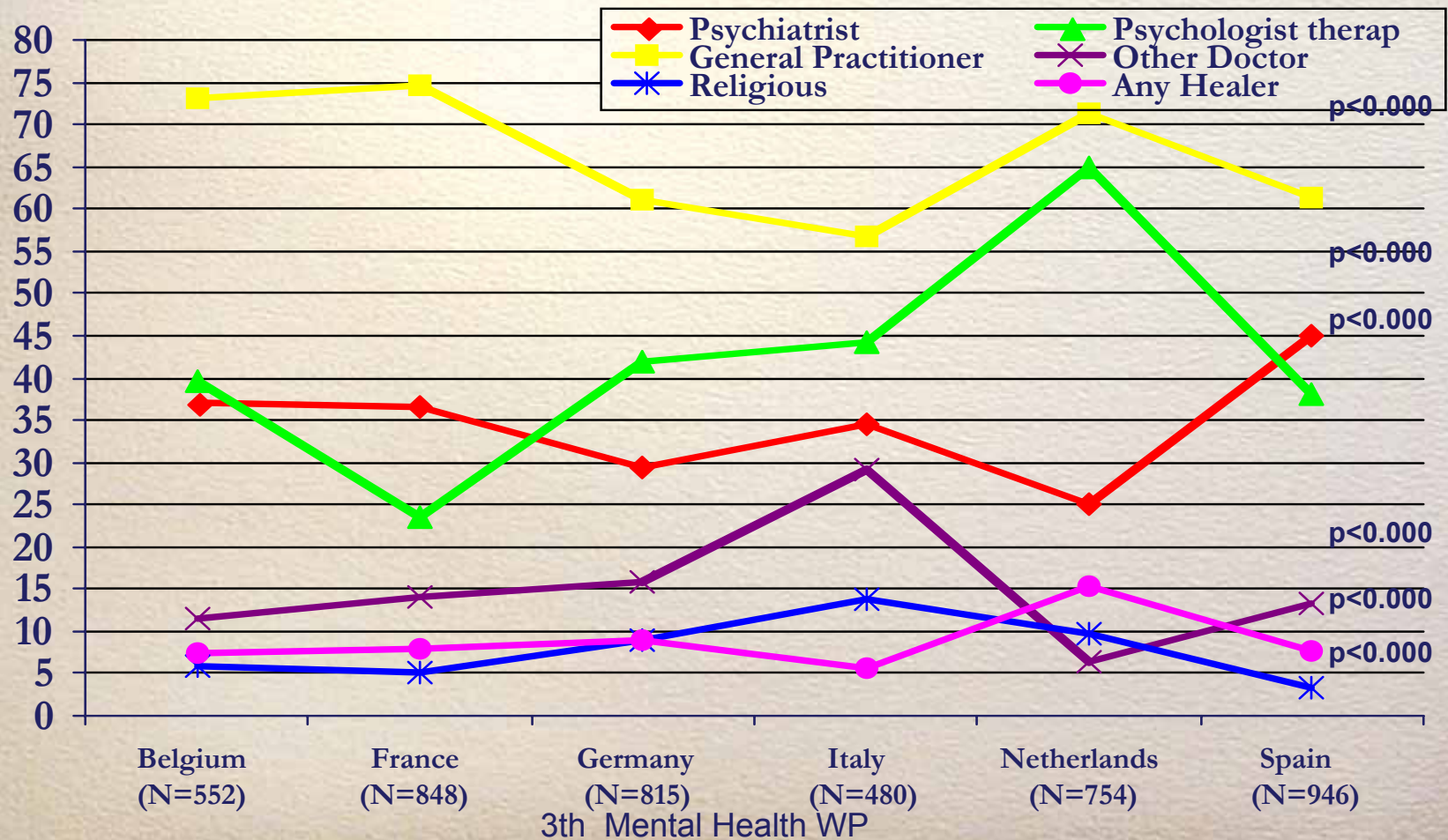
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# Individuals consulting any type of provider for Mental Health in ESeMED (“life time”)

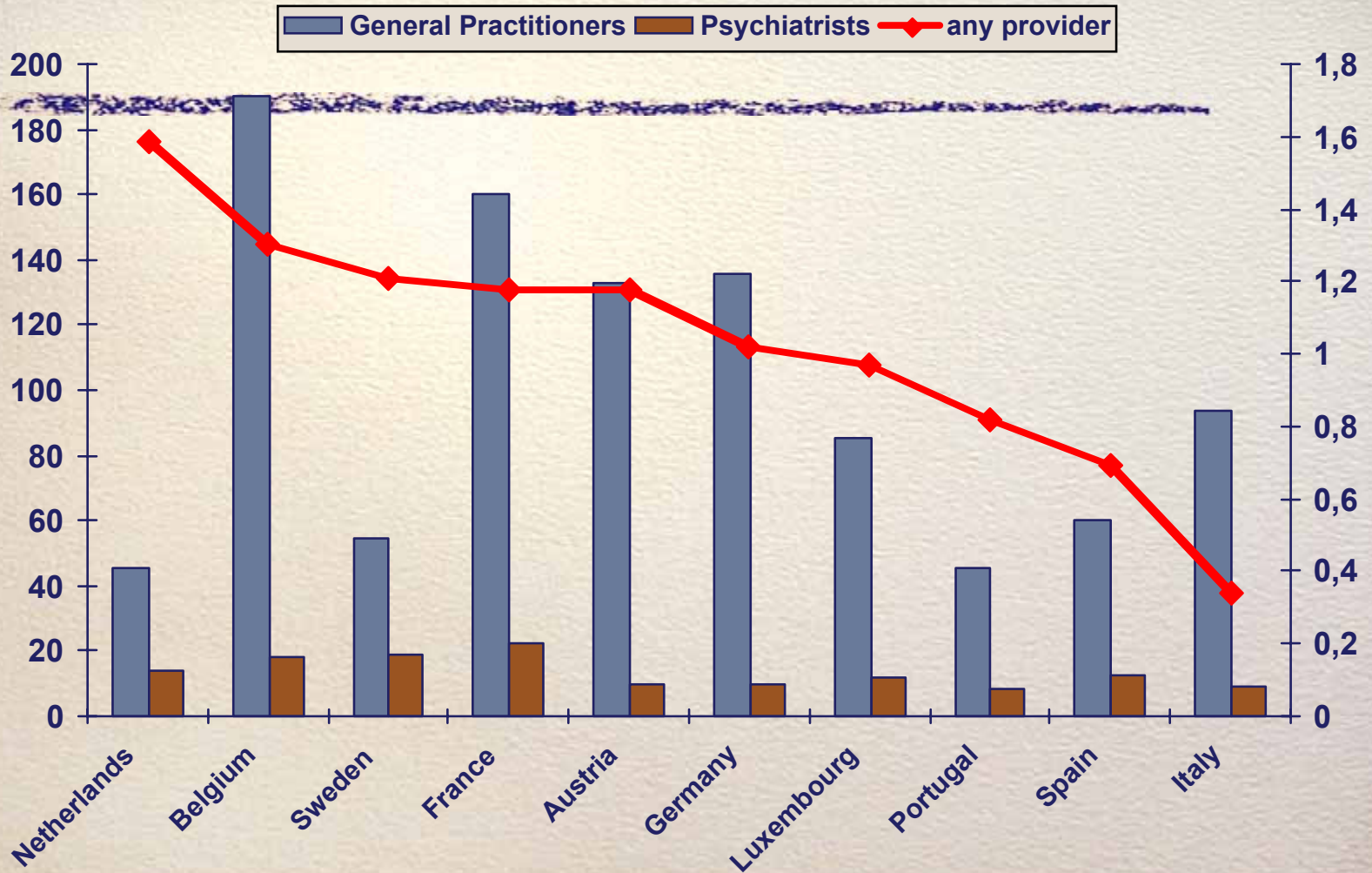


# Providers for any Mental Health Problems(LT) by Countries: All Users (not exclusive)

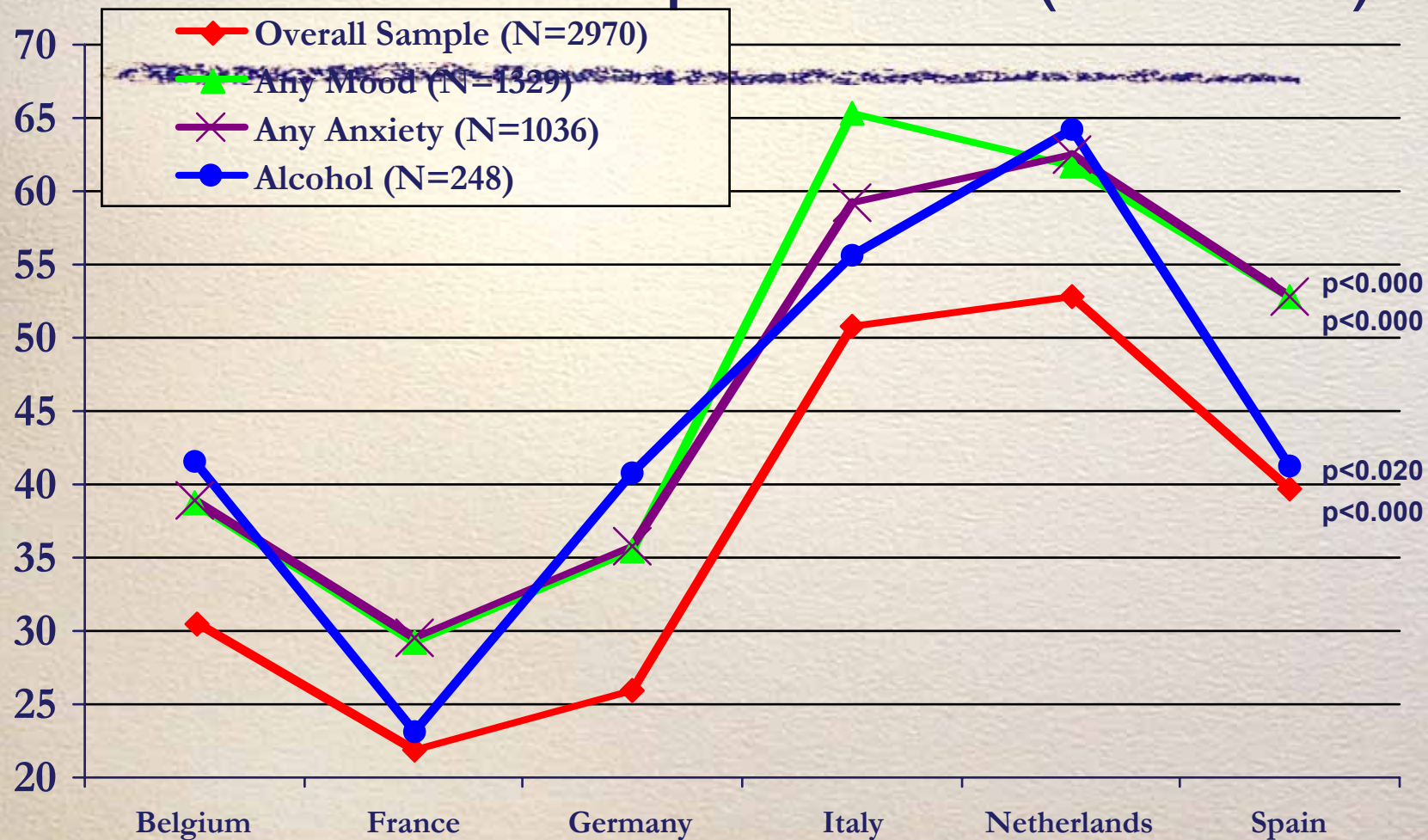




# Probability to seek help for a mental health problem

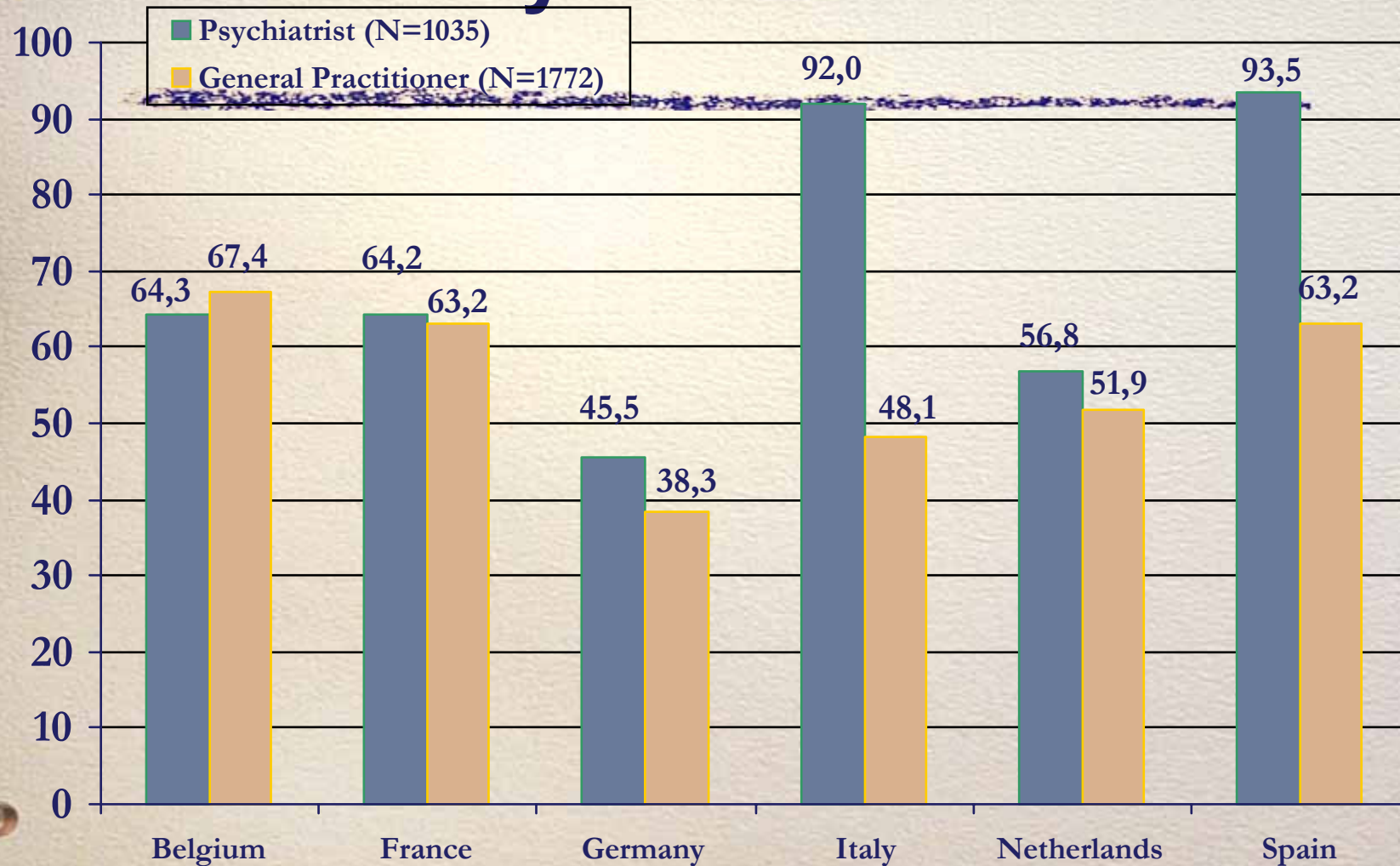


# Did a Family Doctor ever refer you to a Mental Health Specialist? (Lifetime)





# Prescription of Drug for individuals with any disorder lifetime



# Conclusion

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- **Comparisons between EU state members could be very useful to set up mental health policy in each MS**
- **Need for collection of information about mental health across the EU in an appropriate way to enable valid comparisons**
- **Importance to collect data on the 3 mental health dimensions , on the diverse risks factors and help seeking behaviour but on promotion/prevention as well**
- **Importance to disseminate mental health data in an easy to understand manner and to put the report in a adequate place on the EU web site**
- **Need to produce on a regular time period: 5 years, such a report on mental health collecting and comparing data from all sources with will include the enlarged Europe**



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