

# Mental well-being and social support statistics

Statistics Explained

*Data extracted May 2022. The data presented in this article refer to 2019.  
Planned article update: July 2027.*

## Highlights

In 2019, some 7 % of the EU population aged 15 years and over reported experiencing chronic depression. In 2019, a higher proportion of women (8.7 %) than men (5.5 %) aged 15 years and over in the EU reported chronic depression.

This article presents an overview of statistics relevant to mental well-being and social support across the [European Union \(EU\)](#). It focuses on the most frequent and serious mental health problem affecting well-being, depression, which is described through indicators reflecting its chronic presence (chronic depression) and its current incidence (current depressive symptoms). The second part of the article reflects on social support – considered as a means against the development of mental health problems – and describes respondents' overall assessment of the extent and ease of getting support from their social environment in difficult life situations.

This article is one of a set of statistical articles concerning [health status](#) in the EU which forms part of an online publication on [health statistics](#).

## Prevalence of chronic depression

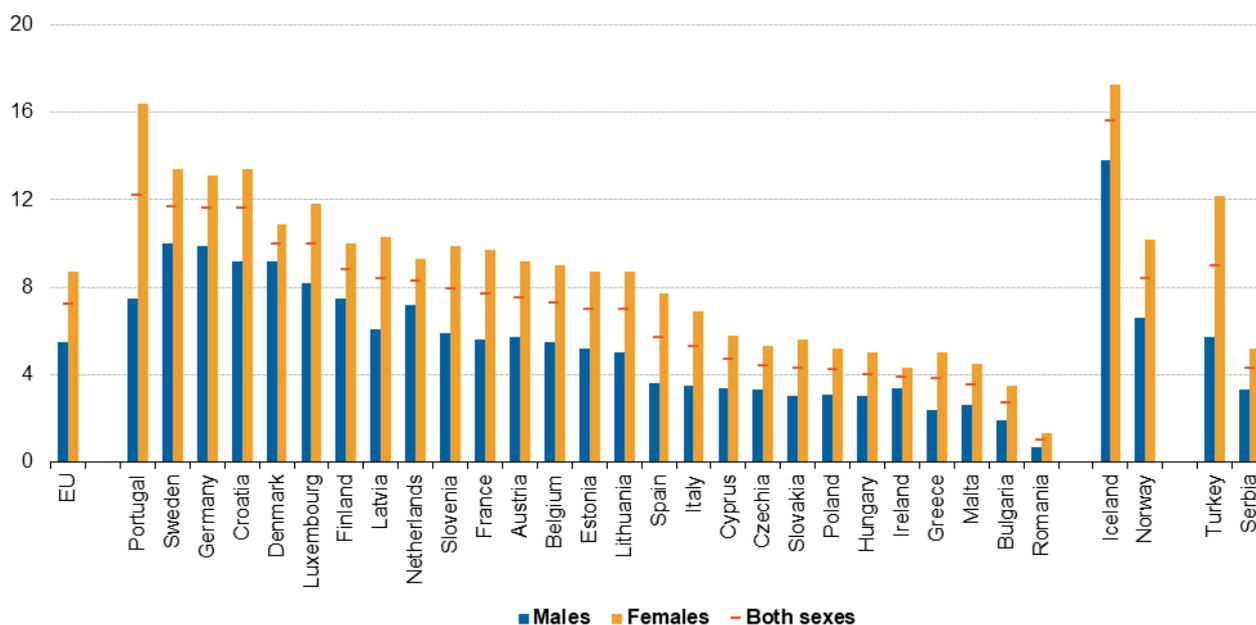
Depressive problems can be long-standing or intermittent. In particular, long-term depression when accompanied by severe symptoms may end up in a serious health condition. The third wave of the [European health interview survey \(EHIS\)](#) collected self-reported data on mental health (including depression) which occurred during the 12 months prior to the survey.

**Self-reported chronic depression was experienced by 10 % or more of persons aged 15 years and over in Luxembourg, Denmark, Croatia, Germany, Sweden and Portugal**

In 2019, 7.2 % of the EU population aged 15 years and over reported experiencing chronic depression in the 12 months prior to the survey. Among the EU Member States, the highest rates were recorded in Luxembourg, Denmark, Croatia, Germany, Sweden and Portugal, each with shares in the range of 10.0 % to 12.2 %; this share was even higher in Iceland (15.6 %). By contrast, chronic depression accounted for a share of 4.0 % or less of the population in Hungary, Ireland, Greece, Malta, Bulgaria and Romania – see Figure 1.

## Share of persons aged 15 and over reporting chronic depression in the previous 12 months, by sex, 2019

(%)



Note: ranked on both sexes combined.

Source: Eurostat (online data code: hlth\_ehis\_cd1e)

eurostat

**Figure 1: Share of persons aged 15 and over reporting chronic depression in the previous 12 months, by sex, 2019 (%)** Source: Eurostat (hlth\_ehis\_cd1e)

### Women were more likely to report chronic depression than men

Figure 1 shows a higher proportion of women than men in the EU experienced chronic depression in the 12 months prior to the 2019 survey: 8.7 % for women compared with 5.5 % for men. This pattern was observed across all EU Member States. The percentage points difference between the shares for women and men was relatively high (4.0–4.2 percentage points) in Slovenia, Spain, France, Latvia and Croatia, but peaked at 8.9 percentage points in Portugal. Turkey also recorded a relatively high gender difference, 6.5 percentage points. At the other end of the scale, the smallest gender differences were observed in Ireland and Romania, both narrower than 1.0 percentage points.

### In 2019, 8.5 % of older persons in the EU experienced chronic depression

Looking at the reference population (persons aged 15 and over), it seems that a relationship exists between the prevalence of self-reported chronic depression and age (Table 1). For the EU as a whole, persons aged 45–64 years and older persons (persons aged 65 years and over) were more likely to report chronic depression compared with younger age groups (between 15 and 44 years).

## Share of persons aged 15 and over reporting chronic depression in the previous 12 months, by age, 2019

(%)

	15 years and over	15–24 years	25–34 years	35–44 years	45–64 years	65 years and over
EU	7.2	4.6	6.5	5.8	8.2	8.5
Belgium	7.3	3.0	6.6	8.3	9.1	6.8
Bulgaria	2.7	0.7	1.2	2.2	3.1	4.2
Czechia	4.4	1.7	2.1	3.6	5.3	6.3
Denmark	10.0	14.7	14.3	9.9	8.1	7.1
Germany	11.6	9.6	14.1	11.4	13.8	8.0
Estonia	7.0	7.2	7.5	5.6	8.2	6.0
Ireland	3.9	3.4	3.9	3.1	4.9	3.3
Greece	3.8	0.4	2.3	2.1	4.5	6.1
Spain	5.7	1.5	2.7	3.4	6.5	10.3
France	7.7	4.1	5.9	7.6	9.7	8.3
Croatia	11.6	2.3	1.5	5.1	11.9	18.7
Italy	5.3	1.2	1.8	1.9	4.7	11.5
Cyprus	4.7	1.3	2.2	2.1	5.7	11.3
Latvia	8.4	6.8	9.3	8.2	8.6	8.5
Lithuania	7.0	3.1	4.5	5.4	7.3	11.4
Luxembourg	10.0	11.9	10.8	9.6	10.3	7.8
Hungary	4.0	2.7	4.3	3.0	4.9	4.2
Malta	3.5	1.9	3.1	1.4	5.5	4.2
Netherlands	8.3	7.3	10.5	8.7	8.8	6.3
Austria	7.5	3.6	5.3	5.6	9.4	9.7
Poland	4.2	1.1	2.4	3.0	5.4	6.7
Portugal	12.2	5.0	7.7	7.9	13.1	19.6
Romania	1.0	0.0	0.6	0.7	1.2	1.8
Slovenia	7.9	8.9	6.7	6.3	7.9	9.4
Slovakia	4.3	1.7	2.7	3.2	5.6	6.3
Finland	8.8	14.1	13.0	11.3	6.4	4.4
Sweden	11.7	15.2	17.3	14.3	10.1	6.1
Iceland	15.6	19.9	22.2	15.0	13.9	12.5
Norway	8.4	10.9	8.8	8.6	7.5	7.6
Serbia	4.3	0.6	1.6	2.7	5.2	7.6
Turkey	9.0	4.6	6.4	9.9	11.9	11.7

Source: Eurostat (online data code: hlth\_ehis\_cd1e)



**Table 1: Share of persons aged 15 and over reporting chronic depression in the previous 12 months, by age, 2019 (%) Source: Eurostat (hlth\_ehis\_cd1e)**

In 14 EU Member States, the share of persons who reported experiencing chronic depression in the 12 months prior to the survey in 2019 was highest among the oldest age group, those aged 65 years and over. In most of these Member States – Croatia and Slovenia were the only exceptions – the share was lowest in the youngest age group (15–24 years). In six EU Member States – Belgium, Estonia, Ireland, France, Hungary and Malta – the share of persons who reported experiencing chronic depression was highest among persons aged 45–64 years.

In Germany, Latvia, the Netherlands and Sweden, the share of persons who reported experiencing chronic depression in 2019 was highest among the second youngest group, persons aged 25–34 years. In Denmark, Luxembourg and Finland, the highest share was among the youngest age group (15–24 years) and all three of these Member States reported their lowest shares among people aged 65 years and over.

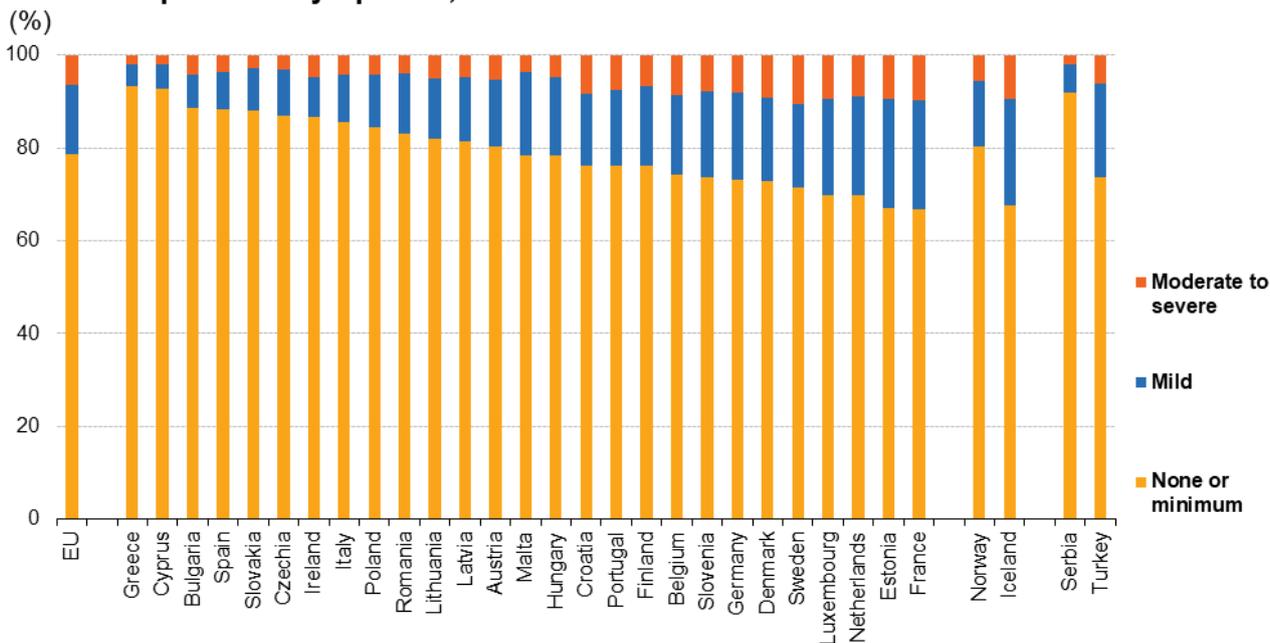
## Current depressive symptoms

The third wave of the EHIS used eight questions for screening symptoms through which depression is expressed. The indicator compiled from them is used as an instrument for assessing and monitoring the prevalence and severity of current depressive symptoms, symptoms that occurred during the two weeks prior to the survey.

### In Sweden, 10.6 % of the population aged 15 years and over experienced at least moderate current depressive symptoms

Within the EU, 15.1 % of the population aged 15 years and over experienced mild depressive symptoms over the two weeks prior to the 2019 survey, while another 6.3 % reported at least moderate symptoms of depression (Figure 2). As such, depressive symptoms, regardless of their severity, were experienced by slightly more than one fifth of the EU population during the two weeks before the survey.

## Distribution of persons aged 15 and over according to the severity of current depressive symptoms, 2019



eurostat

**Figure 2: Distribution of persons aged 15 and over according to the severity of current depressive symptoms, 2019 (%)** Source: Eurostat (hlth\_ehis\_mh2e)

More than one in four persons in Belgium, Slovenia, Germany, Denmark, Sweden, the Netherlands and Luxembourg reported at least mild symptoms of depression and this share reached close to one in three in Estonia and France. High shares were also observed in Turkey and Iceland. The lowest shares of persons with current depressive symptoms were in Cyprus and Greece, 7.3 % and 6.6 % respectively.

Turning to the severity of current depressive symptoms, the share of persons having only mild current depressive symptoms generally ranged among the EU Member States in 2019 from 7 % to 19 %. Higher shares were observed in Luxembourg, the Netherlands, Estonia and France; again, Cyprus and Greece reported the lowest shares, 5.2 % and 4.7 % respectively.

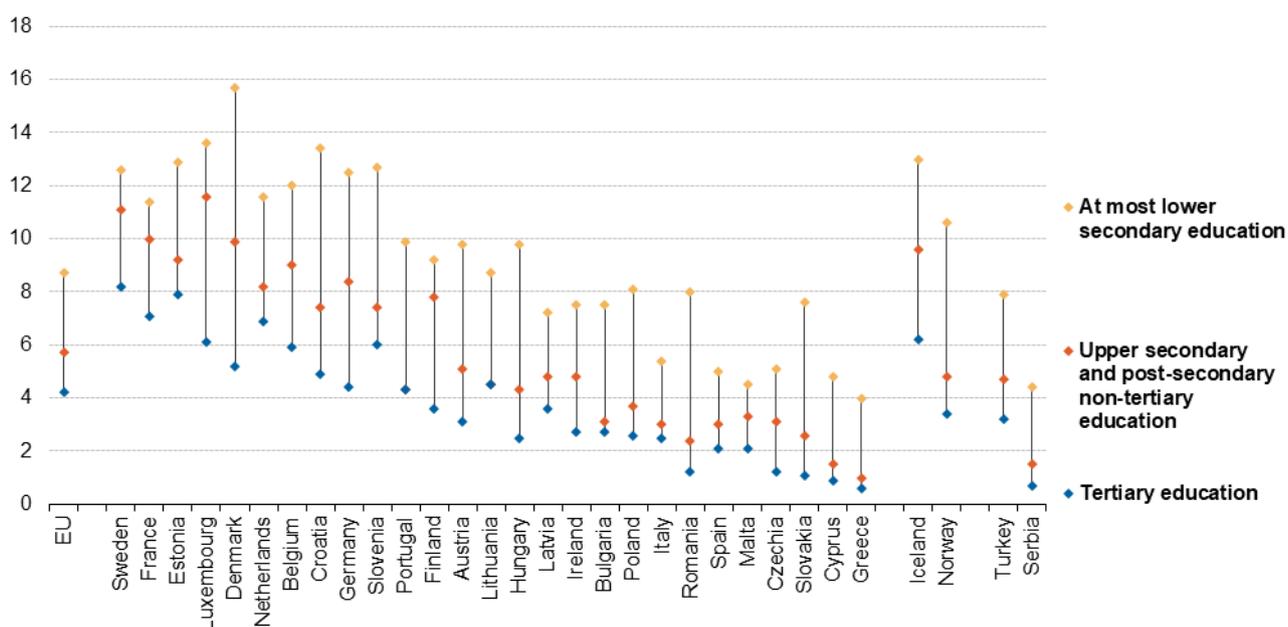
Experiencing at least moderate depressive symptoms (therefore including also moderately severe and severe) was most common – among the EU Member States in 2019 – in Sweden, as 10.6 % of people aged 15 years and over were in this category. France, Estonia, Luxembourg and Denmark all reported shares of moderate or more severe depressive symptoms in the range of 9.2 % to 9.8 %. In Czechia, Slovakia, Cyprus and Greece, 3.0 % or less of the reference population reported moderate or more severe depressive symptoms.

### Persons with tertiary educational attainment were less likely to report at least moderate current depressive symptoms across all EU Member States

Figure 3 shows the percentage of the population that reported at least moderate current depressive symptoms in 2019, analysed according to their highest level of educational attainment. For the EU as a whole, this share was 4.2 % among people with a higher (tertiary) level of educational attainment, whereas it was 8.7 % for people with a lower level of education (at most lower secondary education).

## Share of persons aged 15 and over with at least moderate current depressive symptoms, by level of educational attainment, 2019

(%)



Note: ranked on the total for all education levels.

Source: Eurostat (online data code: hlth\_ehis\_mh2e)

eurostat

**Figure 3: Share of persons aged 15 and over with at least moderate current depressive symptoms, by level of educational attainment, 2019 (%)** Source: Eurostat (hlth\_ehis\_mh2e)

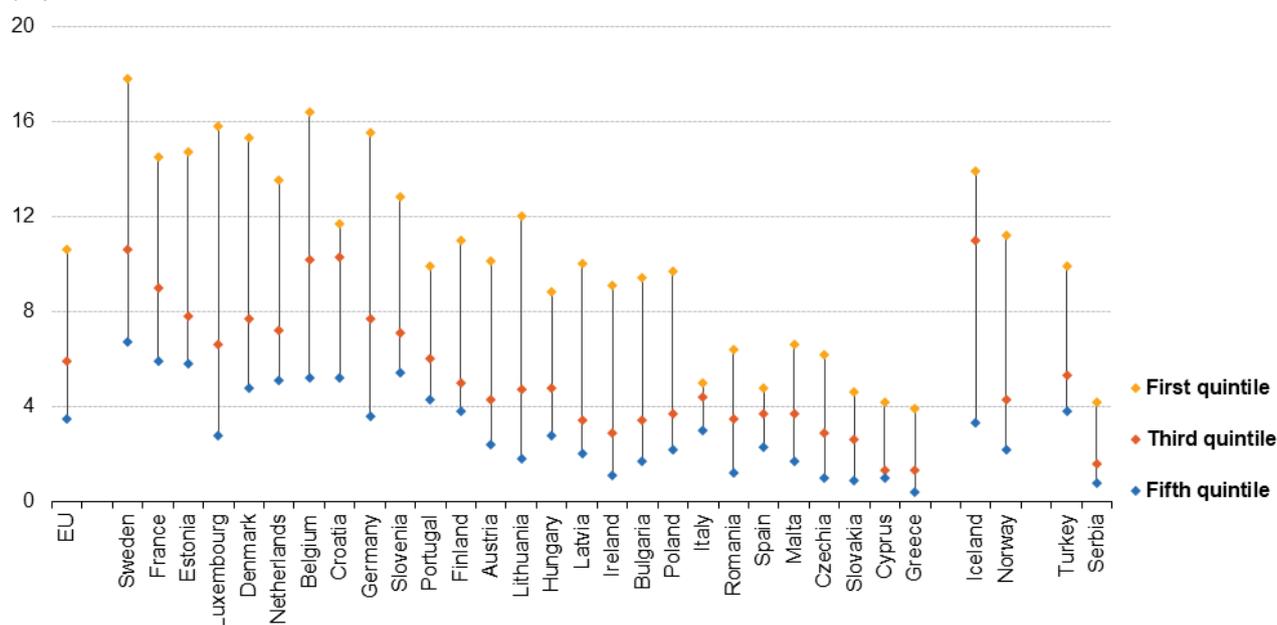
The pattern of a higher prevalence of at least moderate current depressive symptoms among people with a lower level of educational attainment was observed in 2019 in all EU Member States, as was the lower prevalence among people with a higher level of educational attainment. In percentage point terms, the gap between the lowest and highest shares ranged from less than 3.0 percentage points in Malta, Spain and Italy to 8.5 percentage points in Croatia and 10.5 percentage points in Denmark. In relative terms, the share of people with at least moderate current depressive symptoms in Slovakia was 6.9 times as high among people with a lower level of educational attainment as among those with a higher level; this ratio was also high in Romania (6.7), Greece (6.7) and Cyprus (5.3).

### The share of persons with at least moderate current depressive symptoms was higher among people with lower income

An analysis by level of income (focusing on the first/lowest, third and fifth/highest [income quintiles](#)) for the prevalence of at least moderate current depressive symptoms reveals that people in the first/lowest income quintile (the 20 % of the population with the lowest income) were most likely to report depressive symptoms (see Figure 4). In 2019, the share of people in the EU in the first income quintile who reported experiencing at least moderate depressive symptoms over the two weeks prior to the survey (10.6 %) was nearly twice as high as the respective share for those in the third income quintile (5.9 %) and just over three times as high as that for people in the fifth/highest income quintile (the 20 % of the population with the highest income; 3.5 %).

## Share of persons aged 15 and over with at least moderate current depressive symptoms, by income quintile, 2019

(%)



Note: ranked on the total for all income quintiles.

Source: Eurostat (online data code: hlth\_ehis\_mh2i)

eurostat

**Figure 4: Share of persons aged 15 and over with at least moderate current depressive symptoms, by income quintile, 2019 (%)** Source: Eurostat (hlth\_ehis\_mh2i)

This income gradient, with higher shares for people with at least moderate current depressive symptoms for people in the first/lowest income quintile and lower shares for people in the fifth/highest income quintile, was observed in 2019 in all EU Member States.

Among people in the first/lowest income quintile, at least moderate current depressive symptoms rates varied in 2019 from 3.9 % in Greece to 17.8 % in Sweden. Among people in the fifth/highest income quintile, the lowest and highest shares were reported by the same Member States, with the range from 0.4 % in Greece to 6.7 % in Sweden.

In percentage point terms, the gap between the shares for the first/lowest and fifth/highest income quintiles in 2019 ranged from 2.0 percentage points in Italy to 13.0 percentage points in Luxembourg. In relative terms, the share of people with at least moderate current depressive symptoms in Greece was 9.8 times as high among people in the first/lowest income quintile as among those in the fifth/highest income quintile; this ratio was also high in Ireland (8.3).

## Social support

Having a supportive social environment can be a preventive factor for health problems but it can also enhance mental well-being. Social support is conceptualised in different components, encompassing the quantity of the support, in other words the size of the network of close persons to rely on in difficult life situations, the degree of concern and interest shown by other people in everyday life matters, as well as the ease of obtaining practical help from neighbours when necessary.

Social support is also expressed through informal care provision, in other words care activities provided by non-professionals. This covers the provision of assistance to persons with age problems, chronic conditions or infirmity in order to cope with daily personal and household activities. The effectiveness of informal care provision depends mainly societal and cultural factors, such as family and extended family relations, or community relations.

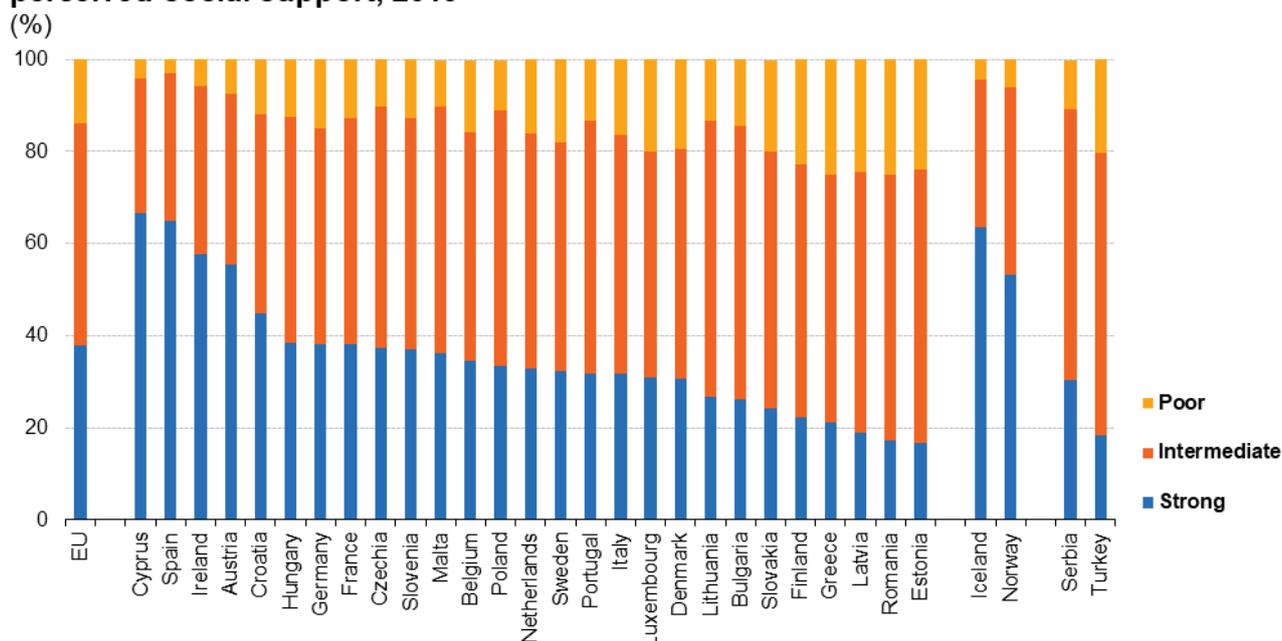
## Strong social support was most frequently reported in Cyprus and Spain'

In 2019, more than one third of the EU population aged 15 years and over perceived that they had strong social support, as shown in Figure 5. In four EU Member States, Cyprus, Spain, Ireland and Austria, more than half of the population indicated strong social support; this was also the case in Iceland and Norway. By contrast, less than one fifth of the population in Latvia, Romania and Estonia reported strong social support.

Nearly half of people in the EU reported an intermediate level of social support in 2019 (48.4 %), with the lowest values in Cyprus (29.3 %) and Spain (32.0 %); the highest share of people with an intermediate level of social support was 60.0 %, recorded in Lithuania.

In the EU, among the three levels of social support the share was smallest in 2019 for poor support, at 13.8 %. This share was below 5.0 % in Cyprus and Spain, but was close to or above 20 % in Denmark, Slovakia, Luxembourg, Finland, Estonia, Latvia, Romania and Greece.

### Distribution of persons aged 15 and over according to overall perceived social support, 2019



Note: ranked on the share of persons with strong overall perceived social support.

Source: Eurostat (online data code: hlth\_ehis\_ss1e)

eurostat

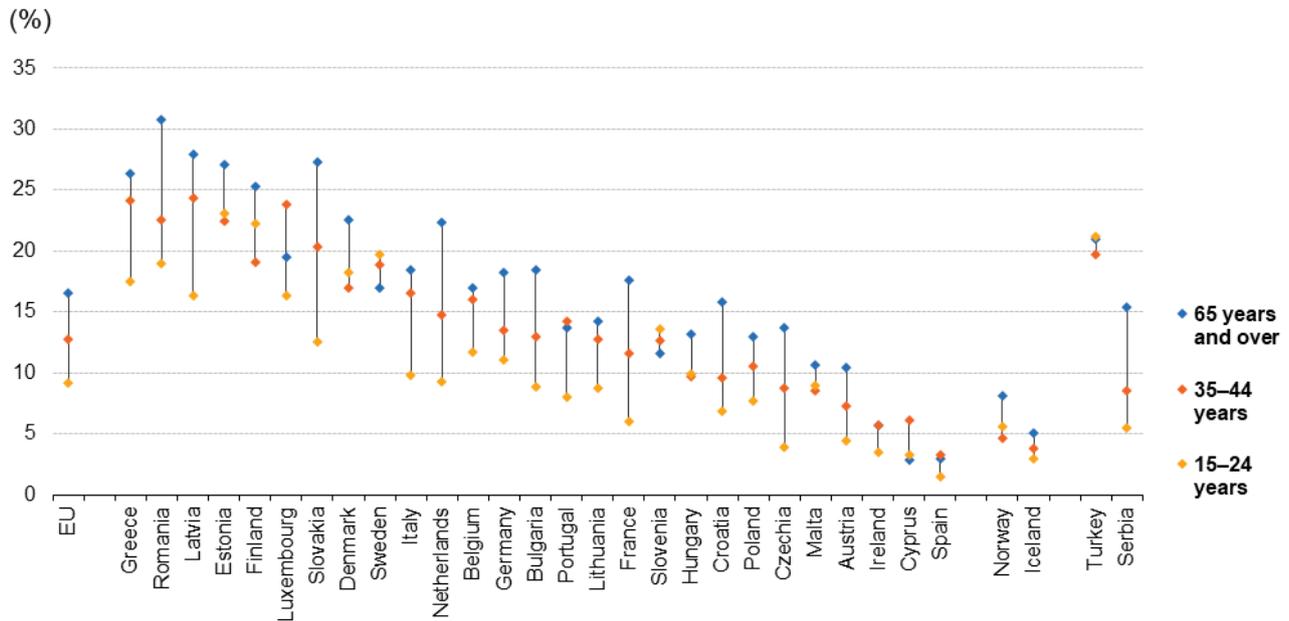
**Figure 5: Distribution of persons aged 15 and over according to overall perceived social support, 2019 (%)**  
Source: Eurostat (hlth\_ehis\_ss1e)

Looking at age group differences (Figure 6), more older Europeans (18.2 %; persons aged 65 years and over) than middle-aged (aged 45–64 years) and younger ones (age groups covering persons aged 15–44 years) perceived having poor social support in 2019. Among the EU Member States, the most prevalent pattern was similar to the one observed for the EU as a whole: the likelihood of poor social support increased with age. There were 16 EU Member States where the highest share of people with self-perceived poor social support was among people aged 65 years and over. Moreover, only in Cyprus, Slovenia and Sweden did a higher proportion of people aged 15–24 report poor social support than did those aged 65 years and more.

In Greece, Lithuania, Hungary, Malta and Portugal, self-perceived poor social support peaked among the middle-aged (those aged 45–64 years) in 2019. In Luxembourg and Cyprus, self-perceived poor social support was highest among people aged 35–44 years. In Spain, the share was joint highest in the age groups 35–44 years and 45–64 years.

Three EU Member States recorded their highest shares of self-perceived poor social support in 2019 among one of the two youngest age groups: Ireland for people aged 25–34 years and Slovenia and Sweden for persons aged 15–24 years.

### Share of persons with poor perception of social support, by age, 2019



Note: ranked on the total for all ages (persons aged 15 and over).  
 Source: Eurostat (online data code: hlth\_ehis\_ss1e)

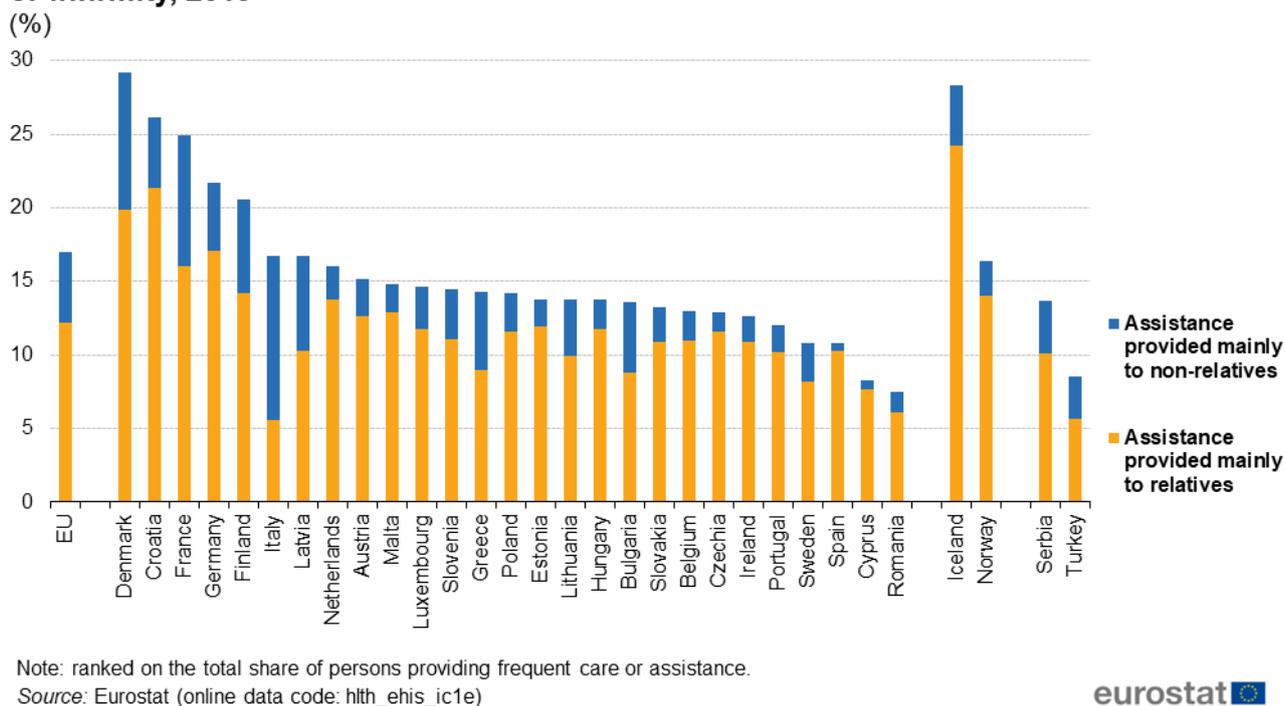


**Figure 6: Share of persons with poor perception of social support, by age, 2019 (%)** Source: Eurostat (hlth\_ehis\_ss1e)

### Nearly 3 in 10 people in Denmark provided regular informal care or assistance to persons with long-term age or health-related problems

Figure 7 presents the share of people providing informal care or assistance to persons with long-term age or health-related problems at least once a week. About 17.0 % of the EU population aged 15 years and over provided such care or assistance. The EU Member States with relatively high shares included Denmark (29.2 %), Croatia (26.1 %) and France (24.9 %); Iceland also reported a high share (28.3 %).

## Share of persons aged 15 and over providing frequent care or assistance to persons with an age problem, chronic health condition or infirmity, 2019



**Figure 7: Share of persons aged 15 and over providing frequent care or assistance to persons with an age problem, chronic health condition or infirmity, 2019 (%)** Source: Eurostat (hlth\_ehis\_ic1e)

As shown in Figure 7, informal assistance is more frequently provided mainly to relatives rather than non-relatives. In 2019, while informal care provision rates were 10.0 % or higher in 20 EU Member States as far as relatives are concerned, the respective rate for non-relatives exceeded 5.0 % in only six Member States: between 5.3 % and 9.3 % in Greece, Latvia, Finland, France and Denmark; 11.1 % in Italy.

## Source data for tables and graphs

- [Mental well-being and social support statistics: tables and figures](#)

## Data sources

The third wave of the [European health interview survey \(EHIS\)](#) is the source of information for the data presented in this article. The general coverage of the EHIS is the population aged 15 years and over living in private households residing in the national territory. This source is documented in more detail in this [background article](#) which provides information on the scope of the data, its legal basis, the methodology employed, as well as related concepts and definitions.

The third wave of the EHIS was conducted in all 27 EU Member States, as well as in Iceland, Norway, Serbia and Turkey. The data collection period was generally 2019. However, it was 2018 for Belgium, 2018–2019 for Austria, and 2019–2020 for Germany and Malta.

## Key concepts

In relation to mental well-being, the EHIS measures a range of indicators, which capture chronic depression and current depression symptoms.

- Data on chronic depression refer to people who reported having depression during the 12 months prior to the survey.

- Current depressive symptoms are characterised by problems such as loss of interest or pleasure in doing things, feelings of sadness or despair, feelings of tiredness, disturbed sleep or appetite, feelings of guilt or low self-worth, poor concentration, observable psychomotor agitation or retardation. The indicator stems from respondents who reported having such symptoms over the two weeks prior to the survey. The severity of depressive symptoms is determined by their number and frequency.

Concerning social support, the EHIS collects data on social relationships which are reflected through the indicators on the overall perceived social support and the provision of regular informal care or assistance.

- Data on overall perceived social support encompass the people to count or rely on in difficult life situations, the degree of interest and concern shown by other people, and the ease of obtaining practical help from neighbours. The indicator is constructed according to the Oslo-3 Social Support Scale (OSS-3) instrument.
- The indicator on the provision of informal care or assistance refers to people who reported providing frequent (at least once a week) care or assistance to persons suffering from an age problem, chronic health condition or infirmity. Care or assistance is defined as help provided to other persons in undertaking personal care or activities of household care.

### Limitations of the data

The indicators presented in this article are derived from self-reported data. Therefore, they are to a certain extent affected by respondents' subjective perception as well as by their social and cultural background. In particular, the self-assessment of an individual's health in terms of suffering from chronic depression may be subjectively reported.

## Context

Mental well-being is an important determinant associated with the quality of life of individuals, as well as the general situation of society; it is a contributing factor to improved social participation and economic growth.

The high prevalence of mental health problems in the EU and their associated burden on individuals, society and the economy make mental well-being a public health priority. Among the most widespread and serious mental health problems is depression.

For many years, actions for the adoption of practical measures for the treatment and prevention of mental health problems have been encouraged. These include:

- a ' [Green paper – Towards a strategy on mental health of the European Union](#) ' (COM(2005) 484 final), adopted by the European Commission in 2005;
- the [European Pact for mental health and well-being](#) ;
- the [Joint Action on Mental Health and Well-being](#) .

At the final conference of the joint action in January 2016, the [Framework for Action on Mental Health and Wellbeing \(PDF\)](#) was adopted. This supports EU Member States to review their policies and share experiences in improving policy efficiency and effectiveness. Its objectives are:

1. ensure the setup of sustainable and effective implementation of policies contributing to promotion of mental health and the prevention and treatment of mental disorders;
2. develop mental health promotion and prevention and early intervention programmes, through integration of mental health in all policies and multi-sectoral cooperation;
3. ensure the transition to comprehensive mental health treatment and care of high quality in the community that is accessible to all, emphasising the availability of mental health care for people with mental disorders, coordination of health and social care for people with more severe mental disorders as well as integrated care for mental and physical disorders;
4. strengthen knowledge, the evidence base and good practices sharing in mental health;
5. partnering for progress.

Indicators relevant to depression and social support are included in the health status and health determinants chapters of the [European core health indicators \(ECHI\)](#) .

## Explore further

### Other articles

#### Online publications

- [Health in the European Union – facts and figures](#)
- [Disability statistics](#)

#### Health status

- [Self-perceived health](#)
- [Medicine use](#)

#### Healthcare activities

- [Unmet needs for health care](#)

#### Methodology

- [European health interview survey](#)

#### General health statistics articles

- [Health statistics introduced](#)
- [Health statistics at regional level](#)

### Database

- [Health \(hlth\)](#), see:

Health status (hlth\_state)

Self-perceived health and well-being (hlth\_sph)

Self-reported chronic morbidity (hlth\_srcm)

Health determinants (hlth\_det)

Social environment (hlth\_senv)

### Thematic section

- [Health](#)

### Methodology

- [European health interview survey \(EHIS\) \(ESMS metadata file – hlth\\_det\\_esms\)](#)
- [European Health Interview Survey \(EHIS wave 3\) – Methodological manual – 2020 edition](#)

### External links

- [European Commission – Directorate-General for Health and Food Safety – European core health indicators \(ECHI\)](#)
- [European Commission – Directorate-General for Health and Food Safety](#), see:
  - [Public health](#)
- [European Commission – Mental health](#)
  - [EU Framework for Action on Mental Health and Well-being \(PDF\)](#)
- [OECD – Mental health](#)
- [World Health Organization \(WHO\) – Mental health](#)
  - [World Health Organization \(WHO\) – Mental Health and Substance Use](#)