

# Mental health and related issues statistics

Statistics Explained

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This article presents an overview of [European Union \(EU\)](#) statistics related to mental and behavioural disorders, Alzheimer's disease (which is a disease of the nervous system) and intentional self-harm (which is an external cause of morbidity and mortality). It focuses on four aspects:

- deaths from mental and behavioural disorders, Alzheimer's disease and intentional self-harm;
- the extent of depressive disorders;
- healthcare for mental and behavioural disorders and Alzheimer's disease; and
- the availability of specialist healthcare resources (beds and personnel).

Mental and behavioural disorders include, for example, dementias (chronic or persistent mental disorders characterised by memory disorder, personality change and impaired reasoning), schizophrenia, and lifestyle influenced disorders (such as alcohol use or drug dependence).

Note that this article generally does not cover diseases of the nervous system, but because Alzheimer's disease may be linked to mental disorders, that particular disease is combined with the data for dementia in Tables 2 and 5 concerning causes of death and the average length of in-patients stays in hospital. Like dementia, Alzheimer's disease is a brain disorder; it can be difficult to distinguish these two disorders as their symptoms are often quite similar. The aetio-pathological difference between vascular dementia (when dementia symptoms occur because of problems with the brain's blood supply, for example through a stroke) and brain disorders caused by Alzheimer's disease can be made post-mortem, through an [autopsy](#).

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](#).

## Deaths from mental and behavioural disorders, Alzheimer's disease and intentional self-harm

In 2016, there were 165 000 deaths in the [EU-27](#) resulting from mental and behavioural disorders, equivalent to 3.7 % of all deaths. Table 1 shows that, in 2017, the proportion of deaths in the Netherlands (8.5 %) from mental and behavioural disorders was more than twice as high as the EU-27 average (2016 data), while mental and behavioural disorders also accounted for at least 1 in 20 deaths in Sweden, Denmark, Ireland, Germany, Luxembourg, Malta, Belgium and Spain. Among the non-member countries shown in Table 1, 9.3 % of all deaths in the United Kingdom were also attributed to mental and behavioural disorders as were 8.6 % in Switzerland and 7.6 % in Norway. By contrast, less than 1.0 % of all deaths were from mental and behavioural disorders in four of the EU Member States, with this share as low as 0.1 % in Romania and Bulgaria; a share of 0.1 % was also recorded in Turkey.

**Causes of death — mental and behavioural disorders, residents, 2017**

	Number of deaths (number)	Share of all deaths			Standardised death rates (per 100 000 inhabitants)				
		Total	Males	Females	Total	Males	Females	Persons aged < 65 years	Persons aged ≥ 65 years
		(% )							
EU-27 (*)	165 383	3.7	2.8	4.5	36.9	38.5	34.3	4.0	172.7
Belgium	5 647	5.2	3.9	6.4	49.2	50.3	47.6	4.7	233.3
Bulgaria	77	0.1	0.1	0.1	1.2	1.5	0.9	0.5	4.0
Czechia	1 736	1.6	1.2	1.9	21.8	23.6	20.2	1.4	105.6
Denmark	3 614	6.8	5.3	8.3	72.1	71.2	69.9	7.9	337.3
Germany	52 658	5.6	4.3	6.9	59.1	61.1	55.3	6.1	278.1
Estonia	150	1.0	1.1	0.8	11.9	16.2	7.9	4.7	41.6
Ireland	1 756	5.8	3.8	7.8	61.7	52.1	65.3	0.9	313.1
Greece	1 822	1.5	1.0	1.9	13.8	11.4	15.4	1.5	64.4
Spain	21 709	5.1	3.5	6.8	41.3	40.3	40.9	0.8	208.7
France (*)	26 031	4.4	3.5	5.3	35.0	39.2	31.1	5.6	156.6
Croatia	1 196	2.2	1.8	2.6	33.4	35.5	30.8	4.1	154.3
Italy	24 350	3.8	2.6	4.8	31.6	30.1	31.6	1.3	156.6
Cyprus	199	3.3	2.6	4.1	40.1	37.3	41.6	0.5	203.8
Latvia	530	1.9	1.7	2.0	29.0	37.0	23.0	7.1	119.7
Lithuania	279	0.7	0.5	0.9	10.6	9.3	10.3	1.2	49.6
Luxembourg	227	5.6	4.1	7.0	51.0	46.7	51.6	3.7	246.2
Hungary	3 816	2.9	2.2	3.6	45.8	47.7	43.2	5.4	212.9
Malta	193	5.4	3.7	7.2	56.7	51.4	58.4	0.8	287.2
Netherlands	12 603	8.5	6.1	10.6	87.8	83.5	88.4	4.0	433.5
Austria	2 957	3.6	2.9	4.3	34.8	34.9	32.3	4.4	160.5
Poland	3 746	0.9	1.4	0.4	10.3	16.8	4.4	7.6	21.3
Portugal	4 030	3.7	2.8	4.6	36.6	39.3	34.6	1.1	183.3
Romania	354	0.1	0.2	0.1	1.9	3.1	0.9	1.2	4.6
Slovenia	376	1.8	3.0	0.7	17.6	30.2	6.5	10.6	46.4
Slovakia	708	1.3	1.1	1.5	20.4	22.3	18.2	2.9	92.4
Finland	2 360	4.4	3.4	5.4	44.4	48.8	39.8	3.8	212.1
Sweden	6 560	7.2	5.2	9.0	65.1	61.8	65.4	1.8	326.4
United Kingdom	56 829	9.3	6.7	11.8	92.4	88.2	93.4	2.1	465.5
Iceland	84	3.8	3.3	4.4	35.0	34.7	34.2	3.4	165.9
Liechtenstein (*)	2	0.8	1.5	1.7	8.3	18.2	11.6	0.0	42.4
Norway	3 073	7.6	5.5	9.6	68.2	64.9	68.3	2.4	340.0
Switzerland	5 711	8.6	6.0	11.0	70.7	67.4	71.0	3.6	347.9
Serbia	1 518	1.5	1.4	1.6	26.1	28.1	23.9	4.5	115.1
Turkey	533	0.1	0.1	0.1	1.7	1.9	1.6	0.2	7.9

(\*) 2016.

(\*) Males: 2016.

Source: Eurostat (online data codes: hlth\_cd\_aro and hlth\_cd\_asdr2)

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**Table 1: Causes of death — mental and behavioural disorders, residents, 2017** Source: Eurostat (hlth\_cd\_aro) and (hlth\_cd\_asdr2)

A higher share of women (than men) in the EU-27 died from mental and behavioural disorders: 4.5 % of deaths among women in 2016 compared with 2.8 % among men. This pattern was repeated in 2017 across most of the EU Member States and was most pronounced in the Netherlands where the difference between the sexes in these shares was 4.5 [percentage points](#). By contrast, a higher share of the total number of deaths among men (rather than women) was attributed to mental and behavioural disorders in Slovenia, Poland, Estonia and Romania; there was no difference between the shares for men and women in Bulgaria.

The EU-27's [standardised death rate](#) for mental and behavioural disorders was 36.9 deaths per 100 000 inhabitants in 2016; the death rate for men was only slightly higher than that for women — see Table 1. This pattern was repeated in 2017 in most EU Member States, with the largest difference in Slovenia, where the gender gap was 23.7 more deaths per 100 000 inhabitants for men than for women. Standardised death rates for mental and behavioural disorders were higher for women (than men) in Spain, Lithuania, Italy, Sweden, Greece, Cyprus, the Netherlands, Luxembourg, Malta and most notably Ireland (where the difference between the rates was 13.2 more deaths per 100 000 inhabitants for women).

Deaths in younger ages can be considered as premature. Indeed, Table 1 also shows clearly that mental and behavioural disorders were a particularly common cause of death at advanced ages. The EU-27's standardised death rate from mental and behavioural disorders for those aged 65 years and over was 44 times as high in 2016 as the standardised death rate for persons aged less than 65 years; this can be compared with the same ratio for all causes of death, where the death rate for those aged 65 years and over was 20 times as high.

**Among mental and behavioural disorders, dementia and Alzheimer's disease were the most common causes of death in the EU-27, although deaths due to the use of alcohol were more common among men in Slovenia and Poland**

A more detailed analysis of causes of death is presented in Table 2 for a selection of mental and behavioural disorders, including data for Alzheimer's disease combined with the data for dementia. As can be seen, the leading causes of death from mental and behavioural disorders among both men and women were dementia and Alzheimer's disease ( [International Statistical Classification of Diseases and Related Health Problems \(ICD\)](#) codes F00-03 and G30). Nevertheless, the standardised death rate for mental and behavioural disorders due to the use of alcohol (code F10) was also relatively high in 2017 in some EU Member States, notably among men in Slovenia, Denmark, Poland, Latvia, Austria, Germany and Estonia. In fact, among men, the standardised death rate for mental and behavioural disorders due to the use of alcohol was higher than for dementia and Alzheimer's disease in Slovenia and Poland.

**Standardised death rates — selected mental and behavioural disorders and Alzheimer's disease, residents, 2017**  
(per 100 000 male/female inhabitants)

	Dementia and Alzheimer's disease		Mental and behavioural disorders due to use of alcohol		Drug dependence, toxicomania		Other mental and behavioural disorders	
	Males	Females	Males	Females	Males	Females	Males	Females
EU-27 (*)	46.1	50.4	5.8	1.2	0.6	0.1	2.3	2.0
Belgium	60.8	65.9	6.1	1.9	0.6	0.1	3.6	3.8
Bulgaria (*)	2.2	2.1	0.5	0.1	0.0	0.1	0.4	0.3
Czechia	42.4	41.3	2.1	0.4	0.0	0.1	0.8	0.6
Denmark	79.4	88.4	14.6	4.2	1.0	0.3	2.9	3.1
Germany	55.6	58.9	9.4	2.3	1.3	0.3	3.1	2.4
Estonia (*)	12.3	12.0	9.2	1.2	0.3	:	1.9	0.9
Ireland (*)	68.2	84.7	0.5	0.4	0.1	:	1.1	1.4
Greece	13.1	19.7	0.6	0.1	0.1	:	1.3	1.5
Spain	60.9	71.7	0.9	0.1	0.1	0.0	1.1	0.9
France (*)	49.6	54.6	6.6	1.5	0.6	0.1	5.4	4.6
Croatia	29.4	31.0	6.9	0.9	0.8	0.0	9.2	9.7
Italy	41.3	46.9	0.5	0.1	0.4	0.1	2.3	1.9
Cyprus (*)	57.4	65.7	0.6	0.4	0.3	:	0.4	0.5
Latvia (*)	24.9	23.2	12.8	1.6	0.2	0.1	1.3	0.7
Lithuania	16.2	15.8	1.4	0.2	0.1	0.2	1.0	0.3
Luxembourg	56.9	64.5	4.0	3.5	0.6	0.3	2.2	2.5
Hungary	45.1	46.0	6.8	0.9	0.1	0.0	2.8	2.2
Malta (*)	49.4	61.8	2.0	0.4	0.4	:	1.2	1.2
Netherlands	98.7	112.7	4.7	1.4	0.4	0.1	3.6	3.9
Austria	35.6	43.9	9.7	2.2	1.4	0.7	0.3	0.4
Poland	8.8	10.7	14.6	2.0	0.1	0.0	0.2	0.1
Portugal	49.2	47.9	1.4	0.2	0.2	0.0	1.1	0.8
Romania (*)	13.1	15.4	2.4	0.3	0.0	0.0	0.7	0.5
Slovenia	13.7	12.1	29.2	5.5	0.3	0.1	0.5	0.7
Slovakia	29.8	32.9	4.8	0.8	0.1	0.1	0.4	0.3
Finland	174.3	172.0	6.3	1.5	0.8	0.3	2.9	2.5
Sweden	83.8	95.5	3.6	1.3	0.3	0.0	1.8	2.6
United Kingdom	113.2	128.9	2.2	0.9	0.4	0.1	0.9	0.9
Iceland	72.7	105.0	5.0	0.6	1.1	:	3.9	4.4
Liechtenstein (*)	18.2	11.5	:	:	4.4	:	9.5	4.4
Norway	77.7	90.1	4.6	1.1	0.5	0.2	4.5	3.7
Switzerland	73.5	83.7	3.6	1.1	1.3	0.4	5.7	6.2
Serbia (*)	31.2	39.8	7.1	0.4	0.3	0.1	5.6	6.7
Turkey (*)	54.5	52.6	0.1	0.0	0.0	0.0	1.0	0.7

(\*) 2016.

(\*) Drug dependence, toxicomania, females: 2016.

(\*) Drug dependence, toxicomania, males: 2015.

(\*) Mental and behavioural disorders due to use of alcohol, females: 2016. Drug dependence, toxicomania, males: 2016.

(\*) Drug dependence, toxicomania, females: 2015.

(\*) Mental and behavioural disorders due to use of alcohol, females: 2015. Drug dependence, toxicomania, males: 2016. Other mental and behavioural disorders, females: 2015.

(\*) Dementia and Alzheimer's disease, males: excluding dementia.

(\*) Dementia and Alzheimer's disease, males: 2016; excluding Alzheimer's disease. Dementia and Alzheimer's disease, females: 2016. Drug dependence, toxicomania, males: 2015.

Other mental and behavioural disorders, males: 2015. Other mental and behavioural disorders, females: 2016.

Source: Eurostat (online data codes: hlth\_cd\_asdr2)

**Table 2: Standardised death rates — selected mental and behavioural disorders and Alzheimer's disease, residents, 2017(per 100 000 male/female inhabitants)**Source: Eurostat (hlth\_cd\_asdr2)

Standardised death rates for other mental and behavioural disorders (codes F04-09, F17 and F20-99) were relatively low for men and women, with rates below 6.0 per 100 000 inhabitants for men and 5.0 per 100 000 inhabitants for women in 2017 in all but one of the EU Member States. The exception to this pattern was Croatia, where the rate for men stood at 9.2 per 100 000 inhabitants and that for women at 9.7 per 100 000 inhabitants.

Standardised death rates for drug dependence and toxicomania were even lower, with rates in most EU Member

States below 1.0 per 100 000 inhabitants in 2017. The only exceptions to this pattern were recorded for men in Austria (where the highest rate was recorded, at 1.4 per 100 000 inhabitants), Germany and Denmark.

### Men 3.8 times as likely as women to die from intentional self-harm

In 2016, the standardised death rate for intentional self-harm (codes X60-84 and Y87.0) was 10.8 per 100 000 inhabitants for the EU-27, with the rate for men 3.8 times as high as that for women (see Table 3). It should be noted that the comparability of data on intentional self-harm is thought to be limited due to an under reporting of suicides in some EU Member States (possibly due to cultural stigma and other reasons).

**Standardised death rates — intentional self-harm, residents, 2017**  
(per 100 000 inhabitants)

	Total	Males	Females	Persons aged < 65			Persons aged ≥ 65 years		
				Total	Males	Females	Total	Males	Females
EU-27 (*)	10.8	17.8	4.7	9.2	14.5	4.0	17.1	31.2	7.6
Belgium	15.4	23.0	8.6	14.4	20.9	7.8	19.7	31.7	11.9
Bulgaria	9.8	17.1	4.2	6.6	10.4	2.7	22.9	44.4	10.0
Czechia	13.2	22.3	5.3	11.9	18.9	4.7	18.6	36.3	8.0
Denmark	10.5	15.7	5.7	8.5	12.4	4.5	18.7	29.2	10.4
Germany	10.6	17.3	4.9	8.3	12.5	4.0	19.8	36.8	8.7
Estonia	17.3	30.4	7.3	15.8	25.6	6.3	23.3	50.3	11.6
Ireland	8.4	13.9	3.2	8.8	14.5	3.3	6.9	11.8	2.9
Greece	4.5	7.7	1.7	4.0	6.7	1.4	6.6	11.8	2.6
Spain	7.5	11.8	3.9	6.2	9.1	3.3	13.1	23.1	6.2
France (†)	13.2	22.0	5.9	11.4	17.9	5.1	20.9	38.7	9.2
Croatia	14.8	24.9	6.9	11.7	18.1	5.4	27.5	53.1	12.9
Italy	6.0	9.9	2.5	4.9	7.8	2.1	10.1	18.6	4.1
Cyprus	4.1	7.1	1.3	4.3	7.2	1.6	3.1	6.8	0.0
Latvia	17.9	33.2	6.0	16.5	29.9	4.1	23.8	46.6	13.9
Lithuania	25.8	47.2	9.1	24.0	42.1	7.4	33.5	68.3	15.8
Luxembourg	9.5	14.4	5.2	9.4	13.0	5.7	10.0	20.3	3.4
Hungary	16.7	29.3	7.2	13.1	20.7	5.6	31.7	64.9	13.8
Malta	5.3	8.7	2.0	5.2	8.2	2.0	5.9	10.8	2.1
Netherlands	11.3	15.7	7.0	10.8	15.0	6.6	13.1	18.9	8.8
Austria	13.9	24.0	5.6	10.1	15.7	4.4	29.8	57.9	10.5
Poland	11.7	21.3	3.1	11.5	20.3	2.8	12.3	25.4	4.0
Portugal	9.6	16.2	4.6	7.4	11.2	3.8	19.0	36.5	7.9
Romania	9.9	17.5	3.2	9.0	15.2	2.7	13.9	27.0	5.2
Slovenia	19.6	35.0	7.4	15.0	23.8	5.7	38.6	81.4	14.5
Slovakia	7.2	13.1	2.4	6.6	10.9	2.3	9.9	22.4	2.9
Finland	15.0	22.9	7.6	14.7	21.6	7.6	16.3	28.4	8.0
Sweden	12.2	17.6	7.0	10.9	14.7	6.8	17.5	29.3	7.9
United Kingdom	7.5	11.8	3.3	7.7	12.2	3.4	6.3	10.4	3.2
Iceland	9.8	18.0	1.3	10.8	19.6	1.6	5.8	11.6	0.0
Liechtenstein (‡)	14.2	28.6	20.9	17.6	35.5	25.9	0.0	0.0	0.0
Norway	11.6	15.9	7.5	11.6	14.9	8.1	11.6	20.0	4.9
Switzerland	12.4	19.4	6.3	10.2	14.5	5.7	21.4	39.3	8.6
Serbia	14.3	23.9	6.3	9.9	15.8	4.0	32.5	57.3	15.6
Turkey	3.8	6.1	1.6	3.5	5.5	1.4	5.0	8.9	2.2

(\*) 2016.

(†) Females: 2016.

Source: Eurostat (online data code: hlth\_cd\_asdr2)

**Table 3: Standardised death rates — intentional self-harm, residents, 2017(per 100 000 inhabitants)Source: Eurostat (hlth\_cd\_asdr2)**

The highest standardised death rate for intentional self-harm in 2017 among the EU Member States was recorded for Lithuania (25.8 per 100 000 inhabitants), followed at some distance by Slovenia, Latvia, Estonia and Hungary, each with rates within the range of 16.7-19.6 per 100 000 inhabitants. Rates between 7.2 and 15.4 per 100 000 inhabitants were recorded for most of the other EU Member States, with Italy (6.0 per 100 000 inhabitants), Malta (5.3 per 100 000 inhabitants), Greece (4.5 per 100 000 inhabitants) and Cyprus (4.1 per 100 000 inhabitants) below this range.

In all EU Member States, standardised death rates for intentional self-harm for men were higher than those for women in 2017, ranging from 2.2 times as high in the Netherlands to 7.0 times as high in Poland, with the largest absolute difference in Lithuania where the rate for women was 9.1 per 100 000 inhabitants and the rate for men was 47.2 per 100 000 inhabitants.

The standardised death rate for intentional self-harm in the EU-27 was higher for persons aged 65 years and over

(17.1 per 100 000 inhabitants) than for younger people (9.2 per 100 000 inhabitants) in 2016. This situation, a higher standardised death rate for older people, was observed in 2017 for all EU Member States except for Cyprus and Ireland, where the rates for younger people were higher than those for older people; this was also the case in the United Kingdom, Iceland and Liechtenstein (where there were no deaths in 2017 from intentional self-harm among people aged 65 years or over). For both of the age groups shown in Table 3, all of the Member States reported higher standardised death rates for intentional self-harm for men than for women.

## Extent of depressive disorders

### Women reported depressive disorders more often than men

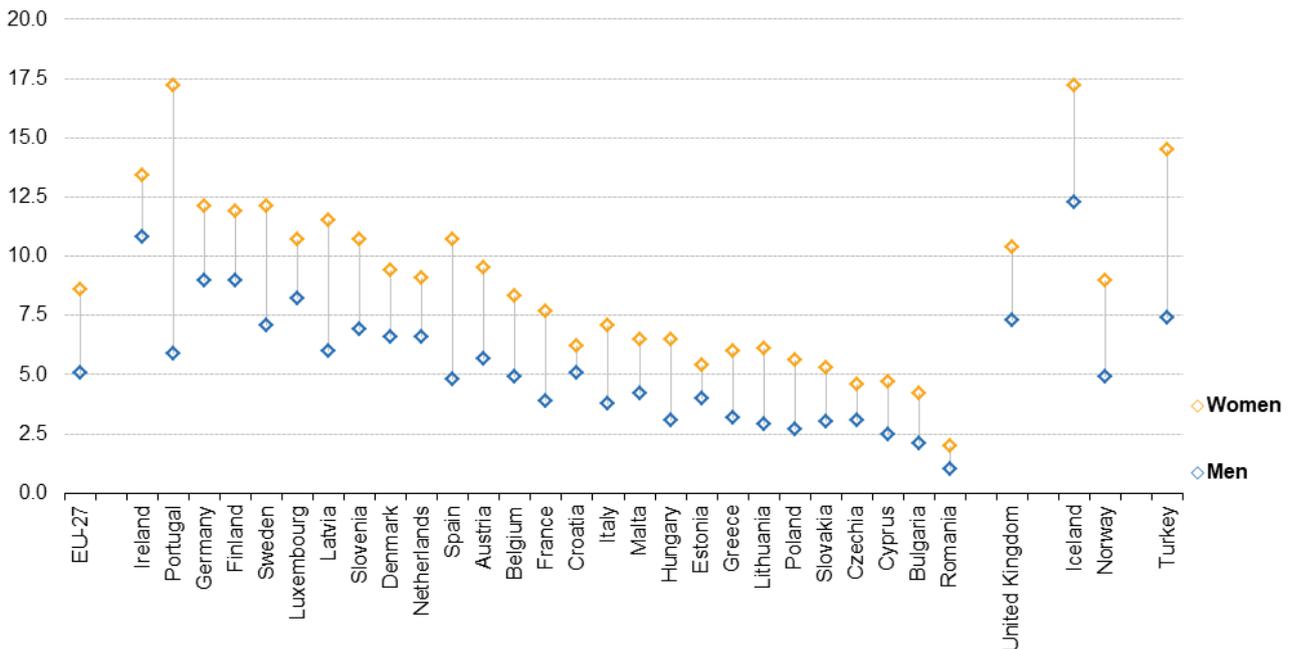
Depressive disorders cover single depressive episodes and recurrent depressive disorders (codes F32-33). In typical depressive episodes: the patient suffers from lowering of mood, reduction of energy, and decrease in activity; the patient's capacity for enjoyment, interest, and concentration is reduced, and marked tiredness after even minimum effort is common; sleep is usually disturbed and appetite diminished; self-esteem and self-confidence are almost always reduced and, even in a mild form, some ideas of guilt or worthlessness are often present.

The second wave of the [European health interview survey \(EHIS\)](#) was conducted between 2013 and 2015 and covers persons aged 15 years and over. The survey included questions on self-assessment of an individual's health and data on chronic diseases diagnosed by a medical doctor and which occurred during the previous 12 months. These data are available for all EU Member States, the United Kingdom, Iceland, Norway and Turkey. The next wave of the survey was conducted in 2019 and it will be run at regular five-year intervals afterwards.

In 2014, 6.9 % of the EU-27 population reported having chronic depression. With 12.1 %, Ireland topped the ranking for the share of its population reporting chronic depression, while double-digit shares were also recorded in Portugal, Germany and Finland; an even higher share was recorded in Iceland (14.8 %), while Turkey also recorded a double-digit share (11.0 %). The proportion of people reporting depression was less than 4.0 % in Czechia, Cyprus, Bulgaria and Romania.

## Share of the population reporting that they had chronic depression, 2014

(%)



Note: ranked on the share of the total population (both sexes combined) reporting that they had chronic depression.

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

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**Figure 1: Share of the population reporting that they had chronic depression, 2014(%)**Source: Eurostat (hlth\_ehis\_cd1e)

The proportion of people who had depressive disorders was higher for women than for men in each of the EU Member States; this pattern was also repeated in the United Kingdom, Iceland, Norway and Turkey. The share of women reporting chronic depression peaked in Portugal at 17.2 %, which contributed towards Portugal recording the largest gender gap: the share of Portuguese women reporting chronic depression was 11.3 percentage points higher than the corresponding share for Portuguese men. Gaps of at least 5.0 percentage points were also recorded in Spain, Latvia and Sweden; this was also the case in Turkey.

### 1 in 10 people in the EU-27 aged 75 years and over reported chronic depression

Looking across the age groups in Table 4 from youngest to oldest, within the EU-27 the share of people reporting depression generally increased with age; that said, there was a relatively low prevalence of chronic depression among the young (compared with most other diseases). The only exception to the pattern of increasing prevalence with age was for the class covering people aged 65-74 years, where the prevalence of depression was lower than for people aged 45-54 and 55-64 years.

## Share of the population reporting that they had chronic depression, 2017

(%)

	of which, by age class in years							
	Total	15-24	25-34	35-44	45-54	55-64	65-74	≥ 75
<b>EU-27</b>	6.9	3.6	4.8	5.6	7.9	9.0	7.7	10.4
Belgium	6.7	1.0	3.4	6.8	8.8	10.0	7.3	9.9
Bulgaria	3.2	1.1	1.5	3.4	2.3	3.4	4.7	6.9
Czechia	3.9	1.0	1.6	3.3	4.3	6.8	4.5	6.5
Denmark	8.0	8.3	8.6	9.8	7.4	8.1	5.8	7.2
Germany	10.6	8.7	9.9	10.0	12.5	13.7	8.1	9.1
Estonia	4.8	4.3	3.6	4.0	7.3	5.7	4.6	3.5
Ireland	12.1	12.4	10.1	11.0	12.5	17.0	12.3	9.6
Greece	4.7	1.5	2.1	3.7	3.7	5.0	7.6	10.0
Spain	7.8	1.7	3.6	5.2	8.3	11.8	12.5	15.1
France	5.9	2.7	4.2	5.9	7.1	7.7	4.8	8.7
Croatia	5.7	1.0	2.6	4.3	5.5	8.1	8.5	11.7
Italy	5.5	0.6	1.2	2.8	4.6	6.8	9.1	13.9
Cyprus	3.6	0.7	2.3	2.6	3.4	6.1	7.6	9.4
Latvia	9.1	7.0	6.2	7.2	9.9	11.8	10.9	11.6
Lithuania	4.7	1.8	1.8	2.4	5.0	5.7	7.9	10.6
Luxembourg	9.5	6.6	8.4	9.4	12.4	11.7	6.6	11.1
Hungary	4.9	1.1	2.1	2.6	6.1	8.1	6.9	9.8
Malta	5.4	2.1	1.8	3.5	6.6	9.8	6.9	9.2
Netherlands	7.9	6.1	8.0	8.5	10.0	8.2	5.7	7.0
Austria	7.7	2.1	5.2	6.8	9.5	9.1	9.6	13.1
Poland	4.2	1.2	2.2	3.0	4.9	6.3	5.7	8.8
Portugal	11.9	2.3	6.3	7.6	12.8	18.0	20.7	17.1
Romania	1.5	0.4	1.2	0.6	1.7	2.2	2.4	3.1
Slovenia	8.8	8.2	6.8	5.6	10.6	10.5	8.3	13.4
Slovakia	4.2	1.1	2.2	3.4	5.2	6.3	5.5	9.4
Finland (*)	10.5	10.8	13.5	9.9	9.3	10.1	6.5	13.8
Sweden	9.6	10.3	13.1	10.0	11.4	9.7	5.2	5.6
United Kingdom	8.9	6.7	8.3	8.5	11.3	11.6	7.6	6.9
Iceland	14.8	21.7	18.7	13.8	13.0	11.5	7.9	10.0
Norway	6.9	5.6	7.5	8.3	6.1	8.7	5.4	6.5
Turkey	11.0	6.6	9.5	12.1	15.2	13.2	12.7	10.7

(\*) 65-74 years and 75 years and over: low reliability.

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

eurostat 

**Table 4: Share of the population reporting that they had chronic depression, 2014(%)**Source: Eurostat (hlth\_ehis\_cd1e)

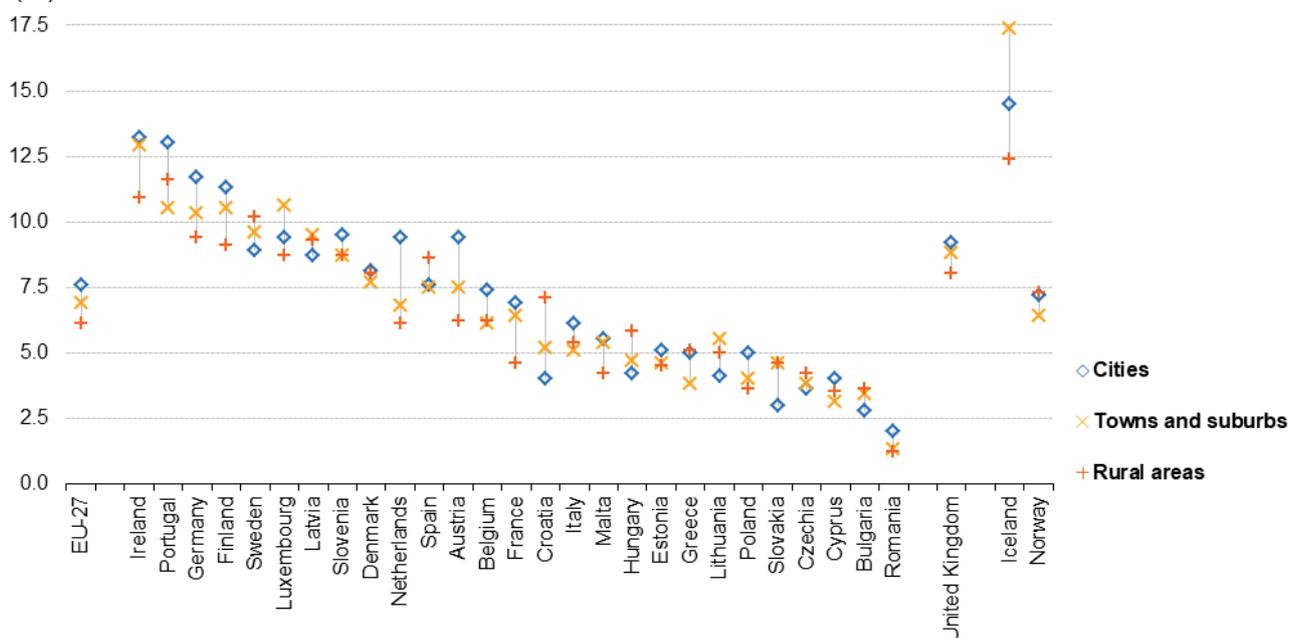
In 15 of the EU Member States, self-perceived chronic depression peaked within the age group covering people aged 75 years and over. In Portugal, more than one in every five people between the ages of 65 and 74 years reported having chronic depression. In another six of the Member States the share was highest among people aged 55-64 years and in three others it was highest between 45 and 54 years of age. By contrast, the highest share of people reporting chronic depression in Denmark was among those aged 35-44 years (9.8 %), while in Sweden it was among those aged 25-34 years (13.1 %). The pattern in Iceland was almost the reverse of the general situation witnessed for the whole of the EU-27 insofar as the highest proportion of the population reporting chronic depression was recorded among those aged 15-24 years (21.7 %), a share that fell with age to 7.9 % among those aged 65-74 years, before climbing to 10.0 % for those aged 75 years and over.

### People living in EU cities were most likely to report chronic depression disorders

Except for the demographic factors analysed so far, the prevalence of chronic depression is also related to the [degree of urbanisation](#) . Figure 2 reveals that people living in cities were more likely to suffer from chronic depression. In 2014, 7.6 % of people living in cities in the EU-27 reported depression. This share was higher than the shares for people living in towns and suburbs (6.9 %) or in rural areas (6.1 %).

## Share of the population reporting that they had chronic depression, by degree of urbanisation, 2014

(%)



Note: the figure is ranked on the share of the total population reporting that they had chronic depression.

Source: Eurostat (online data code: hlth\_ehis\_cd1u)

eurostat

**Figure 2: Share of the population reporting that they had chronic depression, by degree of urbanisation, 2014(%)**Source: Eurostat (hlth\_ehis\_cd1u)

Concerning the analysis by degree of urbanisation, the majority of EU Member States can be classified into two distinct groups displaying opposite patterns: those in which the chronic depression rate was higher among those living in cities and those in which rural areas accounted for the highest rates of chronic depression. In the first group, the highest proportions were recorded in Ireland (13.2 %), Portugal (13.0 %), Germany (11.7 %) and Finland (11.3 %). Among the eight Member States composing the second group, Sweden (10.2 %) and Spain (8.6 %) recorded the highest rates within rural areas. Only in Luxembourg, Latvia and Lithuania (as well as Iceland among the three non-member countries shown in Figure 2), were the rates for chronic depression highest for people living in towns and suburbs; they ranged from 5.5 % in Lithuania to 10.6 % in Luxembourg, with the rate in Iceland even higher (17.4 %).

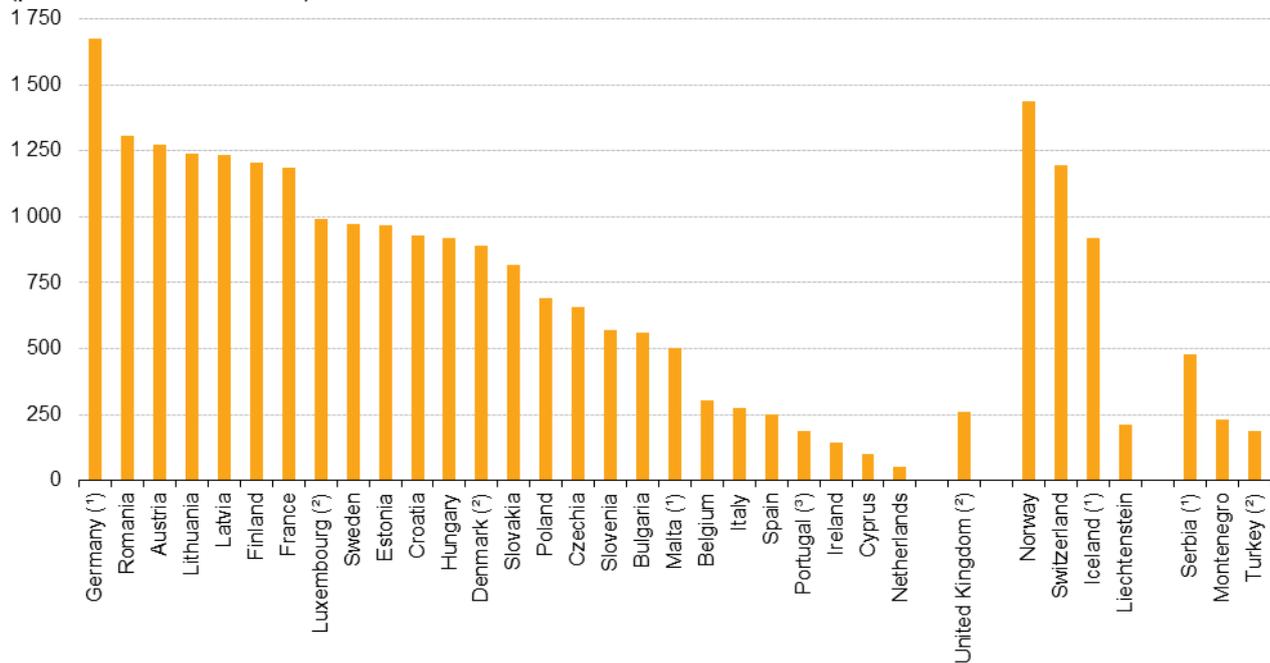
## Mental healthcare

In 2018, there were 3.8 million in-patients with mental and behavioural disorders who were discharged from hospitals in the EU (2017 data for Germany and Malta; 2016 data for Denmark and Luxembourg; 2015 data for Portugal; no recent data for Greece). In-patient discharges of people treated for mental and behavioural disorders accounted for 7.7 % of the total number of in-patient hospital discharges in Luxembourg (2016 data), 7.6 % in Latvia, 7.5 % in Finland and 7.0 % in Sweden, while these diseases accounted for less than 1.0 % of all in-patient discharges in the Netherlands.

Relative to population size, Germany (2017 data), Romania, Austria, Lithuania, Latvia, Finland and France recorded the highest number of in-patient discharges for those treated for mental and behavioural disorders in 2018, from 1 200 to 1 700 per 100 000 inhabitants. This is more than 10 times as high as the equivalent ratios for Cyprus and the Netherlands, where the lowest ratios were recorded.

## Hospital discharge rates for in-patients with mental and behavioural disorders, 2018

(per 100 000 inhabitants)



Note: Greece, not available.

(\*) 2017.

(²) 2016.

(³) 2015.

Source: Eurostat (online data code: hlth\_co\_disch2)

eurostat

**Figure 3: Hospital discharge rates for in-patients with mental and behavioural disorders, 2018 (per 100 000 inhabitants)** Source: Eurostat (hlth\_co\_disch2)

### Particularly long average length of stay for in-patients with mental and behavioural disorders

Across the EU-27, [in-patients](#) with mental and behavioural disorders (ICD codes F00-F99) spent a total of 95.0 million days in hospital (2018 data except: 2017 data for Germany and Malta; 2016 data for Denmark and Luxembourg; 2015 data for Portugal; no recent data for Greece).

Table 5 presents an analysis of the average length of hospital stays for in-patients treated for mental and behavioural disorders in 2013 and 2018. In 2018, this ranged from 9.3 days in Belgium up to 41.0 days in Czechia and 56.4 days in Spain. In nearly all of the EU Member States, these were the longest average lengths of stay of all the categories in the [International Shortlist for Hospital Morbidity Tabulation](#).

**In-patient average length of stay for mental and behavioural disorders and Alzheimer's disease, 2013 and 2018**  
(days)

	Mental and behavioural disorders		Dementia and Alzheimer's disease		Mental and behavioural disorders due to use of alcohol		Mental and behavioural disorders due to psychoactive substance use		Schizophrenia, schizotypal and delusional disorders		Mood (affective) disorders		Other mental and behavioural disorders	
	2013	2018	2013	2018	2013	2018	2013	2018	2013	2018	2013	2018	2013	2018
Belgium	10.1	9.3	20.8	17.9	7.5	6.6	8.6	6.1	11.9	10.1	13.2	14.9	8.4	7.1
Bulgaria	26.0	29.4	17.1	23.6	26.0	26.3	19.6	23.1	33.7	36.9	21.1	23.4	18.1	23.2
Czechia	40.9	41.0	66.7	65.3	32.1	32.8	29.0	29.3	71.4	72.5	38.9	39.4	33.5	33.1
Denmark (*)	18.0	17.7	15.0	11.9	3.1	3.0	12.4	11.7	29.7	29.3	25.3	24.3	14.6	14.1
Germany (†)	24.2	25.5	14.8	15.8	12.7	13.9	15.1	16.8	32.0	35.2	34.5	35.9	23.6	24.0
Estonia	16.6	16.9	.	.	.	.	.	.	.	.	.	.	.	.
Ireland	10.9	12.1	31.8	31.2	5.1	6.2	10.5	9.8	23.1	25.6	10.3	14.6	11.4	12.1
Greece	110.4	.	79.1	.	62.8	.	54.9	.	163.3	.	43.0	.	130.1	.
Spain	25.3	56.4	50.1	66.7	12.5	23.6	11.4	25.6	32.1	87.0	18.3	33.5	25.9	56.1
France	5.8	23.0	12.2	17.2	3.2	10.4	4.7	15.8	4.5	37.1	5.8	25.2	7.0	20.2
Croatia	33.1	28.0	30.9	28.0	23.0	20.8	29.3	18.9	50.4	40.6	27.4	23.9	27.8	22.5
Italy	13.9	13.6	14.3	15.4	10.8	11.5	9.6	9.8	16.1	15.1	15.3	15.3	11.6	11.7
Cyprus	10.9	16.2	7.7	5.0	4.3	4.7	16.8	9.8	14.6	24.8	13.0	15.9	9.5	10.2
Latvia	19.6	29.5	35.9	33.0	4.6	6.3	8.9	13.2	32.7	46.6	26.2	25.3	21.3	30.3
Lithuania	18.2	17.7	21.7	21.6	7.4	8.3	6.2	9.3	29.3	28.0	22.7	19.9	14.9	15.3
Luxembourg (*)	26.7	26.8	23.9	23.5	25.2	22.8	32.4	36.5	46.2	49.4	22.0	21.9	21.6	21.5
Hungary	27.1	33.0	40.6	58.2	29.2	31.7	31.2	40.1	37.7	43.4	23.1	27.8	16.3	18.7
Malta (†)	57.0	31.6	73.0	56.1	28.1	7.3	34.6	21.4	77.1	66.4	56.2	39.2	65.2	29.8
Netherlands	20.8	9.6	13.4	12.3	6.7	3.4	7.6	3.2	31.0	27.4	33.2	24.7	17.3	9.0
Austria	21.5	24.1	32.0	45.3	17.2	19.0	22.3	18.6	29.4	32.1	19.7	22.1	19.1	22.0
Poland	29.1	34.8	22.8	36.2	19.6	21.0	21.9	31.4	42.8	57.8	38.3	44.5	28.0	34.5
Portugal	16.6	.	16.5	.	12.0	.	12.7	.	21.5	.	17.6	.	13.1	.
Romania	16.5	17.5	19.0	23.1	10.2	9.3	8.7	8.0	30.1	31.0	13.0	12.0	13.2	14.0
Slovenia	35.0	33.3	25.9	25.3	28.2	28.4	27.5	27.2	52.0	49.4	44.3	43.4	25.0	23.1
Slovakia (*)	27.3	27.0	23.0	23.9	26.8	26.2	28.9	26.6	34.6	35.6	26.7	26.3	23.8	23.6
Finland	36.6	21.8	81.8	39.7	7.7	5.3	12.6	10.1	59.4	42.0	23.2	17.9	20.3	15.3
Sweden	14.7	15.7	11.6	10.9	3.9	4.0	6.3	6.6	38.5	46.9	17.6	17.8	14.6	14.2
United Kingdom (†)	42.3	37.6	48.7	46.7	6.4	6.0	17.8	15.0	109.4	100.4	46.1	44.1	34.6	29.8
Iceland (†)(*)	11.8	11.2	25.8	28.0	6.6	6.9	6.7	7.3	16.2	17.2	13.0	12.5	9.2	7.9
Liechtenstein (*)	9	4.8	7.6	8.4	9	4.9	7	7.0	5	1.7	8	6.5	11	3.7
Norway	20.0	17.5	13.7	12.0	15.0	15.3	23.2	22.4	26.4	21.1	22.3	18.4	15.9	13.3
Switzerland	29.4	27.0	33.4	24.4	20.1	18.7	23.0	24.2	42.5	36.0	33.2	31.7	25.9	23.5
Montenegro (*)	45	39.6	11.2	11.1	32	34.8	29	55.9	61	49.5	28	29.1	30	19.9
Serbia (*)	35.8	39.4	39.1	40.7	29.0	31.4	19.9	29.1	49.7	53.2	35.2	39.1	27.0	30.6
Turkey (†)(*)	20.3	22.0	10.1	13.5	19.1	20.4	11.9	14.9	29.1	32.0	18.1	20.0	12.0	12.4

(\*) 2016 instead of 2018.

(†) 2017 instead of 2018.

(\*) 2014 instead of 2013.

(†) 2015 instead of 2013.

Source: Eurostat (online data codes: hlth\_co\_inpst, hlth\_co\_disch1 and hlth\_co\_hosday)



**Table 5: In-patient average length of stay for mental and behavioural disorders and Alzheimer's disease, 2013 and 2018(days)Source: Eurostat (hlth\_co\_inpst), (hlth\_co\_disch1) and (hlth\_co\_hosday)**

Among 10 of the 25 EU Member States for which data are available (no comparison available for Greece or Portugal), the average length of a hospital stay for people treated for mental and behavioural disorders fell between 2013 and 2018; the largest reductions were recorded in Finland and Malta (2013-2017), down 14.8 and 25.4 days respectively. In Luxembourg (2013-2016) and Czechia there was hardly any change in the average length of stay, both up 0.1 days. Of the 13 Member States that recorded larger increases in the average time spent in hospital for these disorders, increases were generally under 6.0 days, although much larger increases were observed in Latvia (9.9 days), France (17.2 days) and Spain (31.1 days).

The remainder of Table 5 provides a more detailed analysis of the average length of hospital stays for in-patients diagnosed with six different types of mental and behavioural disorders; data for in-patients treated for Alzheimer's disease are again combined with the data for dementia. Generally, in-patients with schizophrenia, schizotypal and delusional disorders (codes F20-29) and with dementia and Alzheimer's disease (codes F00-03 and G30) spent the highest average number of days in hospital, whereas those with disorders related to the use of alcohol (code F10) or psychoactive substances (codes F11-19) generally spent less time in hospital.

## Healthcare beds and personnel

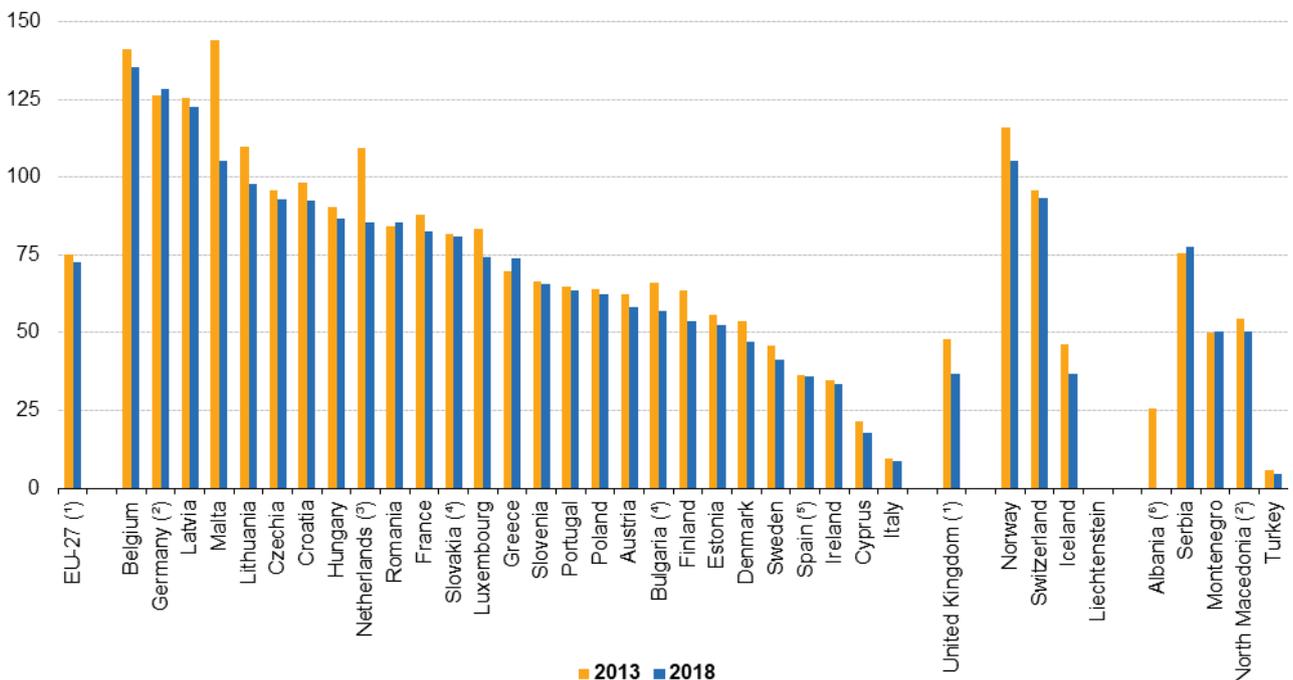
Falling numbers of psychiatric beds in hospitals but increasing numbers of psychiatrists

In 2018, there were 324 000 psychiatric care beds in hospitals in the EU-27, equivalent to 13.5 % of all hospital beds. This share exceeded one quarter in the Netherlands (27.0 %), and exceeded one fifth in Malta (24.4 %), Belgium (24.1 %) and Latvia (22.3 %). By contrast, it was below one tenth in Poland (9.5 %), Austria (8.0 %), Bulgaria (7.5 %), Cyprus (5.4 %) and Italy (2.8 %).

Figure 4 shows the number of psychiatric care beds in hospitals relative to the size of population and this shows a similar list of EU Member States with particularly high or low values, ranging from 8.9 per 100 000 inhabitants in Italy to 135.2 per 100 000 inhabitants in Belgium. Between 2013 and 2018 the number of psychiatric care beds in hospitals relative to the size of population fell in most EU Member States with the notable exception of Greece where there was relatively fast growth, as well as the exceptions of Germany (2013-2017) and Romania where the growth rate was more subdued.

### Hospital beds — psychiatric care beds, 2013 and 2018

(per 100 000 inhabitants)



(1) 2018: estimate.  
 (2) 2017 instead of 2018.  
 (3) Break in series. 2013: estimate. 2018: provisional.  
 (4) Break in series.  
 (5) 2018: provisional.  
 (6) 2018: not available.  
 Source: Eurostat (online data code: hlth\_rs\_bds)

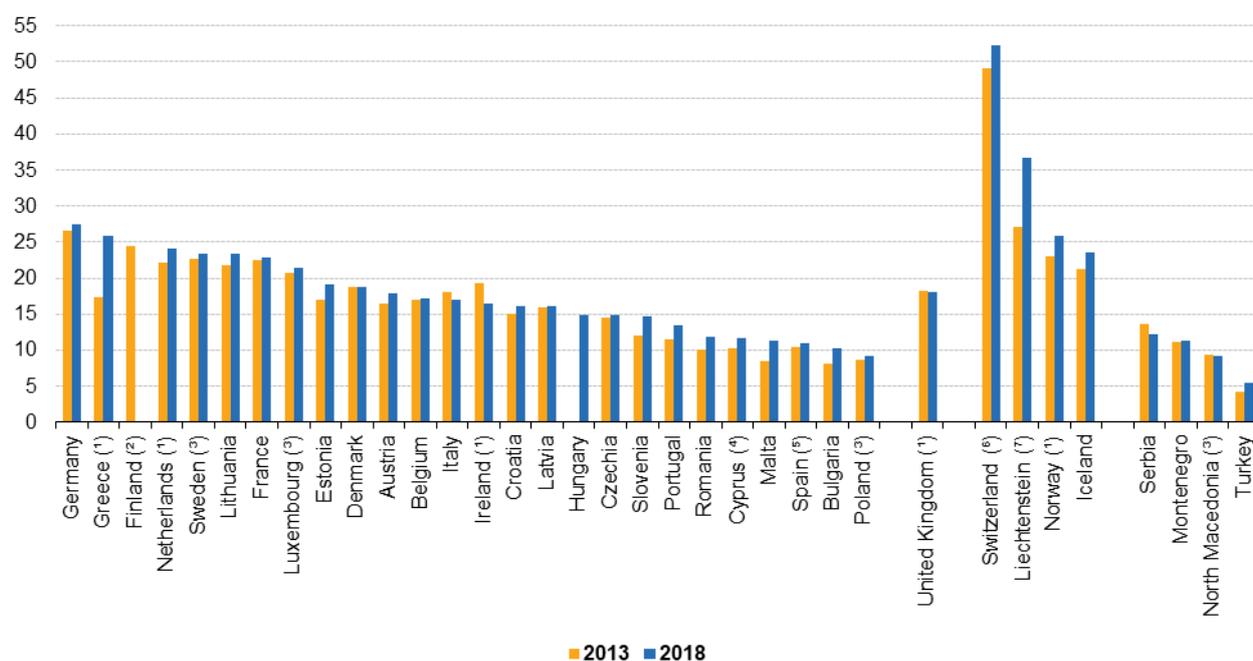


Figure 4: Hospital beds — psychiatric care beds, 2013 and 2018(per 100 000 inhabitants)Source: Eurostat (hlth\_rs\_bds)

Psychiatrists are medical doctors who specialise in the prevention, diagnosis and treatment of mental illness. They have post-graduate training in psychiatry and may also have additional training in a psychiatric speciality, such as neuropsychiatry or child psychiatry. In 2018, there were around 83 000 psychiatrists in the 26 EU Member States for which data are available (2017 data for Luxembourg, Poland and Sweden; 2015 data for Finland; no recent data for Slovakia). There were between 9.2 and 27.5 psychiatrists per 100 000 inhabitants across those EU Member States for which data are available (see Figure 5), with the highest numbers of psychiatrists relative to the size of population in Germany and Greece and the lowest in Poland (2017 data) and Bulgaria.

## Number of psychiatrists, 2013 and 2018

(per 100 000 inhabitants)



Note: Slovakia, not available.

(\*) Break in series.

(\*) Professionally active. Estimate. 2018: not available.

(\*) 2017 instead of 2018.

(\*) 2014 instead of 2013.

(\*) Only includes physicians working in hospitals.

(\*) Excludes physicians in training.

(\*) Physicians licensed to practise.

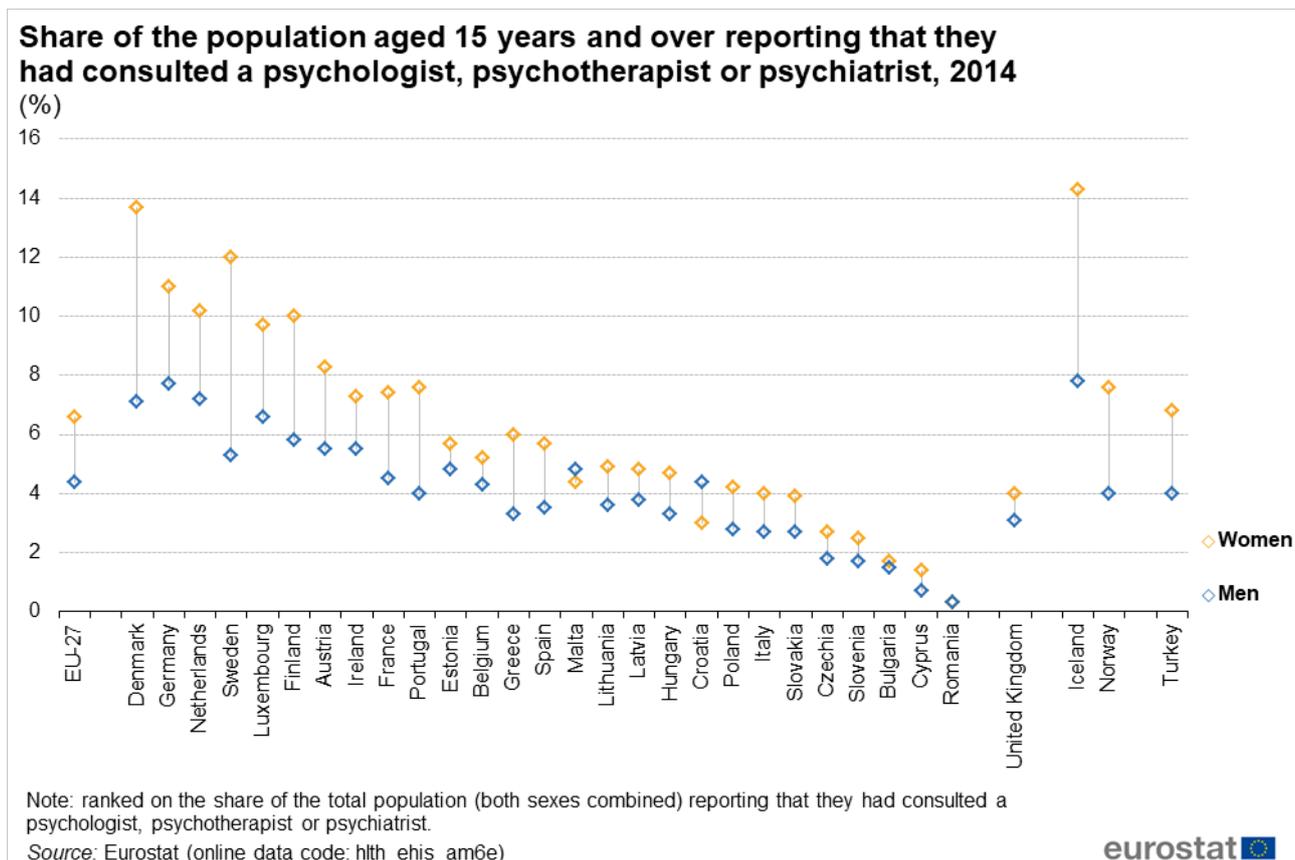
Source: Eurostat (online data codes: hlth\_rs\_spec)

eurostat

Figure 5: Number of psychiatrists, 2013 and 2018 Source: Eurostat (hlth\_rs\_spec)

Psychologists study the mind and its functions, in particular in relation to individual and social behaviour. The second wave of the EHIS included questions asking respondents about their medical consultations with various specialists, including psychologists, psychotherapists or psychiatrists; the survey's coverage was persons aged 15 years and over.

On average, the percentage of persons who reported having consulted a psychologist, psychotherapist, or psychiatrist in the 12 months prior to the 2014 EHIS survey was higher among women (6.6 %) than men (4.4 %). This pattern was apparent across almost all EU Member States (see Figure 6), the exceptions being: Croatia and Malta, where the proportion was higher for men than for women; Romania, where the proportions for the two sexes were the same. The largest gender differences were in Sweden (6.7 percentage points), Denmark (6.6 p.p.) and Finland (4.2 p.p.); a similar situation was observed in Iceland (where the difference between the sexes was 6.5 percentage points).



**Figure 6: Share of the population aged 15 years and over reporting that they had consulted a psychologist, psychotherapist or psychiatrist, 2014(%)**Source: Eurostat (hlth\_ehis\_am6e)

Overall (men and women combined), the proportion of the population aged 15 years and over that had consulted a psychologist, psychotherapist or psychiatrist in the 12 months prior to the survey was between 2.1 % and 8.1 % in most EU Member States: the shares in Sweden (8.6 %), the Netherlands (8.7 %), Germany (9.4 %) and Denmark (10.4 %) were above this range; the shares in Bulgaria (1.6 %), Cyprus (1.1 %) and Romania (0.3 %) were below it. Iceland also recorded a high proportion (11.0 %).

## Source data for tables and graphs

- [Mental health and related issues: tables and figures](#)

## Data sources

### Key concepts

An in-patient is a patient who is formally admitted (or 'hospitalised') to an institution for treatment and/or care and stays for a minimum of one night or more than 24 hours in the hospital or other institution providing in-patient care. An in-patient or day care patient is discharged from hospital when formally released after a procedure or course of treatment (episode of care). A discharge may occur because of the finalisation of treatment, signing out against medical advice, transfer to another healthcare institution, or because of death.

The number of deaths from a particular cause of death can be expressed relative to the size of the population. A standardised (rather than crude) death rate can be compiled which is independent of the age and sex structure of a population: this is done as most causes of death vary significantly by age and according to sex and the standardisation facilitates comparisons of rates over time and between countries.

## Healthcare resources and activities

Statistics on healthcare resources (such as beds and personnel) and healthcare activities (such as information on hospital discharges) are documented 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.

For hospital discharges and the length of stay in hospitals, the [International Shortlist for Hospital Morbidity Tabulation \(ISHMT\)](#) is used to classify data from 2000 onwards; Chapter V covers mental and behavioural disorders and Chapter VI covers diseases of the nervous system (which includes Alzheimer's disease):

- Dementia (0501);
- Mental and behavioural disorders due to alcohol (0502);
- Mental and behavioural disorders due to use of other psychoactive substances (0503);
- Mood [affective] disorders (0504);
- Schizophrenia, schizotypal and delusional disorders (0505);
- Other mental and behavioural disorders (0506);
- Alzheimer's disease (0601).

For country specific notes on this data collection, please refer to this [background information document](#) .

## Health status

Self-reported statistics covering the health status of the population for a range of chronic diseases is provided by the European health interview survey (EHIS). 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 data presented in this article refer to the share of the population aged 15 years and over reporting to have been diagnosed by a medical doctor with depression which occurred during the 12 months prior to the survey.

## Causes of death

Statistics on causes of death provide information on [mortality](#) patterns, supplying information on developments over time in the underlying causes of death. 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.

Causes of death are classified according to the [European shortlist](#) (86 causes), which is based on the [International Statistical Classification of Diseases and Related Health Problems \(ICD\)](#) . Chapter V of the ICD covers mental and behavioural disorders, Chapter VI covers diseases of the nervous system (including Alzheimer's disease) and Chapter XX covers external causes of mortality (including intentional self-harm):

- F00-F09 Organic, including symptomatic, mental disorders;
- F10-F19 Mental and behavioural disorders due to psychoactive substance use;
- F20-F29 Schizophrenia, schizotypal and delusional disorders;
- F30-F39 Mood [affective] disorders;
- F40-F48 Neurotic, stress-related and somatoform disorders;
- F50-F59 Behavioural syndromes associated with physiological disturbances and physical factors;
- F60-F69 Disorders of adult personality and behaviour;
- F70-F79 Mental retardation;
- F80-F89 Disorders of psychological development;

- F90-F98 Behavioural and emotional disorders with onset usually occurring in childhood and adolescence;
- F99 Unspecified mental disorder;
- G30 Alzheimer's disease;
- X60-X84 and Y87.0 Intentional self-harm.

For country specific notes on this data collection, please refer to this [background information document](#) .

## Symbols

Note on tables:

- a colon ':' is used to show where data are not available;
- a dash '-' is used to show where data are not applicable/relevant.

## Context

Mental and behavioural disorders make up one of the largest categories of diseases in the EU. In 2018, the number of in-patient bed days for mental and behavioural disorders in the EU was 95.0 million (2017 data for Germany and Malta; 2016 data for Denmark and Luxembourg; 2015 data for Portugal; no recent data for Greece), which was the largest number among all categories of diseases and conditions, just ahead of [diseases of the circulatory system](#) . An additional 1.5 million in-patient bed days were recorded for patients diagnosed with Alzheimer's disease (2017 data for Germany and Malta; 2016 data for Denmark and Luxembourg; 2015 data for Portugal; no recent data for Estonia or Greece). Nevertheless, it is believed that many mild to moderate mental disorders are under-diagnosed and consequently untreated and not reported within these official statistics.

As well as being important for individuals, good mental health is important for society. Mental health issues impact on economic performance through productivity losses and increased work-disability costs and may also create a burden for educational and justice systems.

In November 2005, the European Commission published a Green paper [Improving the mental health of the population — towards a strategy on mental health for the European Union](#) . Subsequently, the [European pact for mental health and well-being](#) was launched, identifying five priority areas:

- prevention of depression and suicide;
- mental health in youth and education;
- mental health in workplace settings;
- mental health of older people;
- combating stigma and social exclusion.

In 2009 and 2011, the pact was implemented by way of five conferences, one for each priority; two further conferences were held on 'Mental health: challenges and possibilities' (October 2013) and 'Youth mental health' (December 2014). In 2013, a joint action on mental health and wellbeing was launched. This action built on previous work developed under the European pact and was carried out until 2018. Its objective was to contribute to the promotion of mental health and well-being, the prevention of mental disorders, and the improvement of care and social inclusion of people with mental disorders in Europe.

The joint action resulted in the [European Framework for Action on Mental Health and Wellbeing](#) , which supports EU Member States to review their policies and share experiences in improving policy efficiency and effectiveness. It aims to:

- develop mental health promotion and prevention and early intervention programmes;
- ensure the transition to comprehensive mental health treatment and quality care;
- strengthen knowledge, evidence and best practice sharing in mental health.

## Other articles

### Online publications

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

### Causes of death

- [Causes of death](#)
- [Causes of death of the elderly](#)

### Healthcare activities

- [Hospital discharges and length of stay](#)

### Methodology

- [Healthcare non-expenditure](#)
- [European health interview survey](#)
- [Causes of death statistics](#)

### General health statistics articles

- [Health statistics introduced](#)
- [Health statistics at regional level](#)
- [The EU in the world — health](#)

## Main tables

- [Health](#) (t\_hlth), see:

Health care (t\_hlth\_care)

Causes of death (t\_hlth\_cdeath)

## Database

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

Health status (hlth\_state)

Self-reported chronic morbidity (hlth\_srcm)

Persons reporting a chronic disease, by disease, sex, age and educational attainment level (hlth\_ehis\_cd1e)

Health care (hlth\_care)

Health care resources (hlth\_res)

Health care staff (hlth\_staff)

Health care facilities (hlth\_facil)

Health care activities (hlth\_act)

Hospital discharges and length of stay for inpatient and curative care (hlth\_co\_dischls)

Hospital discharges - national data (hlth\_hosd)

Length of stay in hospital (hlth\_hostay)

Consultations (hlth\_consult)

Self-reported consultation of mental healthcare or rehabilitative care professionals by sex, age and educational attainment level (hlth\_ehis\_am6e)

Causes of death (hlth\_cdeath)

General mortality (hlth\_cd\_gmor)

Causes of death - deaths by country of residence and occurrence (hlth\_cd\_aro)

Causes of death - standardised death rate by residence (hlth\_cd\_asdr2)

## Dedicated section

- [Health](#)

## Publications

### Atlas

- [Health statistics — Atlas on mortality in the European Union](#)

### News releases

- [Deaths due to intentional self-harm: 77% are men](#)
- [Mental health care – psychiatric hospital beds](#)
- [Number of psychiatrists: how do countries compare?](#)

## Methodology

- [Causes of death statistics](#) (ESMS metadata file — `hlth_cdeath_esms`)
- [European health interview survey](#) (ESMS metadata file — `hlth_det_esms`)
- [Healthcare activities](#) (ESMS metadata file — `hlth_act`)
- [Healthcare resources](#) (ESMS metadata file — `hlth_res`)
- [European Health Interview Survey \(EHIS wave 2\) — Methodological manual — 2013 edition](#)

## External links

- [European Commission — Directorate-General for Health and Food Safety — Public health](#)
- [European Commission — Directorate-General for Health and Food Safety — European core health indicators \(ECHI\)](#)
  - [European Commission — Directorate-General for Health and Food Safety — Mental health](#)
  - [European Commission — Directorate-General for Health and Food Safety — Non-communicable diseases](#)
- [OECD — Health policies and data](#)
- [OECD — Health policies and data — Mental health](#)
- [World Health Organisation \(WHO\)](#)
- [WHO Global Health Observatory \(GHO\) — Mortality and global health estimates](#)
  - [World Health Organisation \(WHO\) — Health system governance](#)
  - [World Health Organisation \(WHO\) — Mental health](#)