

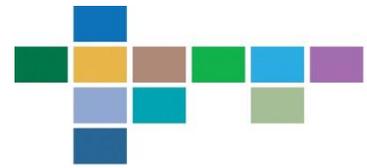


# **Mental health Systems in the European Union Member States, Status of Mental Health in Populations and Benefits to be Expected from Investments into Mental Health**

*European profile of prevention and  
promotion of mental health  
(EuroPoPP-MH)*



**EuroPoPP**  
**Mental Health**



the institute of  
**mental health**

Nottingham

Research Excellence **for Innovation**



Funded by  
the Health Programme  
of the European Union

## **Executive summary**

**July 2013**

**Prepared by: Chiara Samele, Stuart Frew and Norman Urquía**

**Full project title: Mental Health Systems in the European Union Member States, Status of Mental Health in Populations and Benefits to be Expected from Investments into Mental Health**

**Short title and acronym: European profile of prevention and promotion of mental health (EuroPoPP-MH)**

**Prepared for the: Executive Agency for Health and Consumers Tender (EAHC/2010Health/04)**

**Service contract no: 2010 62 01 – Mental Health**

**Project Lead: Gerry Carton**

**Project Coordinator: Dr Chiara Samele**

# Executive summary

---

Many people are affected by mental health problems and the impact and consequences are considerable. Prevention of mental illness and promotion of mental health have become important areas of focus among European Union (EU) policy makers. In December 2010, the Executive Agency for Health and Consumers (EAHC) of the European Commission's Directorate General for Health and Consumers commissioned this project to provide an up-to-date profile of mental health systems across European Member States and other countries, with a focus on prevention of mental illness and mental health promotion activities. The report comprises:

- a review of the relevant European literature;
- a series of 29 country profiles (EU Member States and other countries, Croatia<sup>1</sup> and Norway), and analyses of these;
- suggestions for strengthening systems to support prevention and promotion;
- economic and social benefits of investments in prevention and promotion;
- existing monitoring indicators to assess the quality of mental healthcare;
- future plans for prevention and promotion in Member States and other countries;
- discussion and policy recommendations for Member States and the European Commission.

Data were collected on the types of prevention of mental illness and mental health promotion activities in each participating country and focused on three settings: schools, the workplace and long-term residential facilities for older people.

## Status of mental health in the European Union

Recent estimates of the prevalence of mental illness show that this remains high. Mental illness accounts for 26.6% of total ill-health and is associated with a three-fold increase in the number of work days lost compared to not having a mental illness over the past 12 months (Wittchen et al., 2011; Wittchen & Jacobi, 2005).

## Organisation of mental health care in the EU

The literature documents the shift from institutional-based (or long-stay) mental healthcare to community-based services. The evidence suggests that community mental healthcare is a more effective form of care (Caldas de Almeida & Killaspy, 2011; Semrau et al., 2011).

---

<sup>1</sup> The report was completed prior to Croatia's accession to the EU (which took place 1 July 2013) and so referred to as a candidate country given this was its status at the time.

## **Prevention and promotion in the EU**

Significant developments in mental health promotion and prevention of mental illness have taken place over the past decade in Europe. There are several important sources of information for effective prevention of mental illness and mental health promotion programmes (e.g. DataPrev<sup>2</sup>). Recent publications demonstrate the cost savings that can be made following investments in preventing mental illness and mental health promotion programmes (Czabała et al., 2011, McDaid & Park, 2011, Knapp et al (2011), Matrix Insight, 2012). There is, however, a notable gap in the literature on cost-effective interventions for older people generally and for those in long-term care facilities.

### **Analysis of country profiles – key findings**

- Eleven countries continue to provide long-stay hospital care, some of which are still in transition towards community based mental health services.
- The number of inpatient psychiatric care beds and admissions varies considerably between countries.
- Community mental health services in different forms were present in almost all countries. However, only eight countries had a comprehensive range of community-based services, including specialist services such as early intervention or assertive outreach.
- Variations and gaps in mental health services were found. The uneven distribution of services was a particular problem for several countries with relatively well-developed community based services. Other countries reported a lack of even basic community services such as outpatient clinics, and child and adolescent psychiatric services.
- All participating countries provided examples of prevention of mental illness and promotion of mental health initiatives; 381 initiatives were reported, 62.7% of which were prevention programmes mostly in schools (41.8%). There were relatively fewer mental health promotion activities (16.8%), of which 62.5% were also in schools. Work-based programmes mostly combined prevention and promotion (28.2% of 78 combined programmes). Only 6.6% of all reported initiatives targeted older people.

### **Strengthening systems to support prevention and promotion**

The key issues emerging from the survey of 81 prevention and promotion experts centred on the implementation of initiatives including the lack of political commitment, clear action plans or mandates for implementation, availability of financial resources and trained personnel to deliver programmes.

---

<sup>2</sup> <http://dataprevproject.net/>

## **Feasible and practical indicators**

There are many key indicators and minimum datasets currently maintained across participating countries. The most commonly reported mental health indicators were: type and number of healthcare facilities (17 countries), diagnosis of people using psychiatric facilities, usually inpatient services (16 countries), and workforce or numbers of mental health professionals (15 countries). Service use/activity data was the next most frequent indicator (14 countries).

## **Future plans for prevention and promotion activities**

All participating countries have to some extent implemented prevention and mental health promotion activities. Some are more advanced than others, depending on their policy commitment and investments, infrastructures and resources.

## **Conclusions**

Our findings show the variety of activity in mental health across Europe over the past decade. The implementation of prevention of mental illness and promotion of mental health initiatives has progressed since the EU and WHO policy initiatives launched in 2005. Investment in prevention and promotion activities is essential, together with improvements in the access and quality of mental healthcare for the people who need it.

## **Key policy recommendations**

### **Recommendations for Member States**

1. Ensure commitment and leadership to population mental health and well-being
2. Strengthen mental health promotion and prevention of mental illness
3. Promote mental health and well-being partnership action
4. Promote the transition towards mental health services that are integrated into the community and ensure a better distribution of and access to services
5. Promote quality of care, data collection and defining indicators
6. Empower users, informal carers and civil society

### **Recommendations for the European Commission**

1. Continuing a leadership role on mental health and well-being
2. Promoting exchange and cooperation between Member States
3. Integrating mental health into the EU's own policies
4. Working with stakeholders
5. Improving the availability of data on the mental health status in the population and defining, collecting and disseminating good practices

## References

- Caldas de Almeida, J., & Killaspy, H. (2011) *Long term mental health care for people with severe mental disorders*. Retrieved from:  
[http://ec.europa.eu/health/mental\\_health/docs/healthcare\\_mental\\_disorders\\_en.pdf](http://ec.europa.eu/health/mental_health/docs/healthcare_mental_disorders_en.pdf)
- Czabała, C., Charzynska, K. & Mroziak, B. (2011) Psychosocial interventions in workplace mental health promotion: an overview. *Health Promotion International*, 26 (S1).
- EAHC (2013) Launch of the Joint Action on Mental Health and Well-Being, 21 February 2013. News & Events. Executive Agency for Health and Consumers (EAHC). Retrieved from: <http://ec.europa.eu/eahc/news/news216.html> (accessed 4 April 2013).
- Knapp, M., McDaid, & Parsonage, M. (Eds) *Mental health promotion and mental illness prevention: The economic case*. (2011). Report published by the Department of Health, London UK.
- Matrix Insight (2012) *Economic analysis of workplace mental health promotion and mental disorder prevention programmes and of their potential contribution to EU health, social and economic policy objectives*. Final Report. November.
- McDaid, D., & Park, A. (2011) Investing in mental health and well-being: findings from the DataPrev project. *Health Promotion International*, 26 (S1), i108-i139.
- Semrau, M., Barley, E.A., Law, A., et al. (2011) Lessons learned in developing community mental health care in Europe. Mental Health Policy Paper. *World Psychiatry*, 10, 217-225.
- Wittchen, H.U., & Jacobi, F. (2005) Size and burden of mental disorders in Europe - a critical review and appraisal of 27 studies. *European Neuropsychopharmacology*, 15,357-376.
- Wittchen, H.U., Jacobi, F., Rehm, J., et al. (2011) The size and burden of mental disorders and other disorders of the brain in Europe 2010. *European Neuropsychopharmacology*, 21, 655-679.