Joint Action Mental Health and Well Being

Brussels, 10 july 2013

Prevalence of mental disorders in Europe (WMHS)

Wang et al, 2010

COUNTRIES	12-MONTH PREVALENCE OF ANY DISORDER (%)	PREVALENCE OF SERIOUS DISORDERS (%)
BELGIUM	13.2	4.3
BULGARIA	11.2	2.3
FRANCE	18.9	3.5
GERMANY	11.0	2.4
ITALY	8.8	1.4
NETHERLANDS	13.6	4.2
NORTHERN IRELAND	23.1	6.7
PORTUGAL	22.9	4.0
SPAIN	9.7	1.9

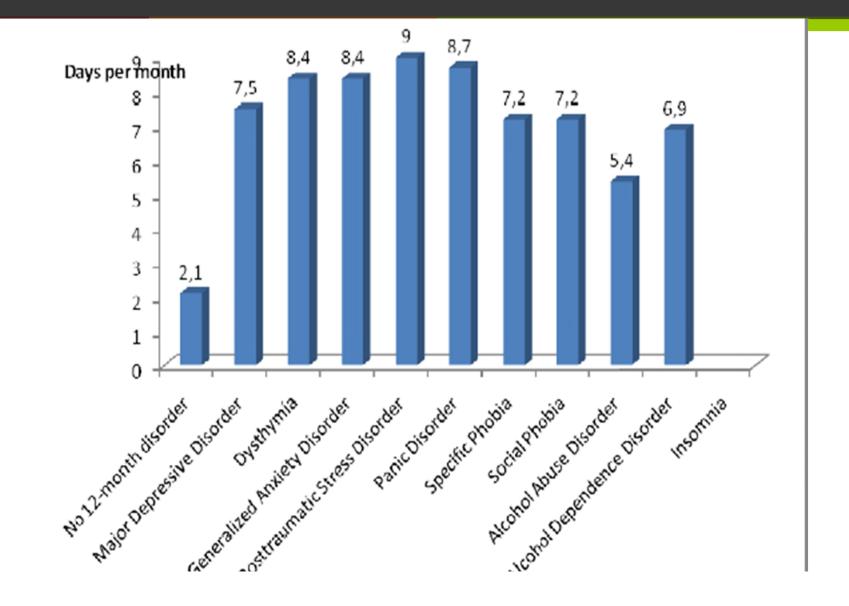
Burden of mental disorders in Europe

- Neuropsychiatric disorders are the second leading cause of disability-adjusted life years (DALYs) in the WHO European Region, accounting for 19.5% of all DALYs (WHO, 2008).
- neuropsychiatric disorders rank as the first-ranked cause of years lived with disability (YLD) in Europe, accounting for 39.7% of those attributable to all causes.
- Suicide rates are high in the European Region: the average suicide prevalence rate in Europe is 15.1 per 100 000 population (WHO, 2008).

EU surveys also revealed that there are substantial costs associated with mental disorders...

- ✓ such as higher presenteeism and absenteeism
- or significantly reduced earnings among those with a mental disorders
- which also are the leading cause for people receiving work disability benefits (27.5 % of cases).

Work loss days associated with 12-month mental disorders in Europe (Alonso et al, 2004)



Treatment gap in serious mental disorders (WMHS)

Wang et al, 2010

Countries	Proprotional treatment of serious 12- month disorders (%)
BELGIUM	60.9
BULGARIA	31.0
FRANCE	48.0
GERMANY	40.0
ITALY	51.0
NETHERLANDS	50.4
NORTHERN IRELAND	72.8
PORTUGAL	66.4
SPAIN	58.7

Quality of treatment (WMHS) Wang et al, 2010

COUNTRIES	% OF SERIOUS 12-MONTH DISORDERS THAT RECEIVED MINIMALLY ADEQUATE TREAMENT
BELGIUM	42.5
BULGARIA	33.3
FRANCE	57.9
GERMANY	67.3
NETHERLANDS	67.2
PORTUGAL	43.2
SPAIN	47.5

Treated prevalence of physical and mental disorders (Ormel et al, 2008)

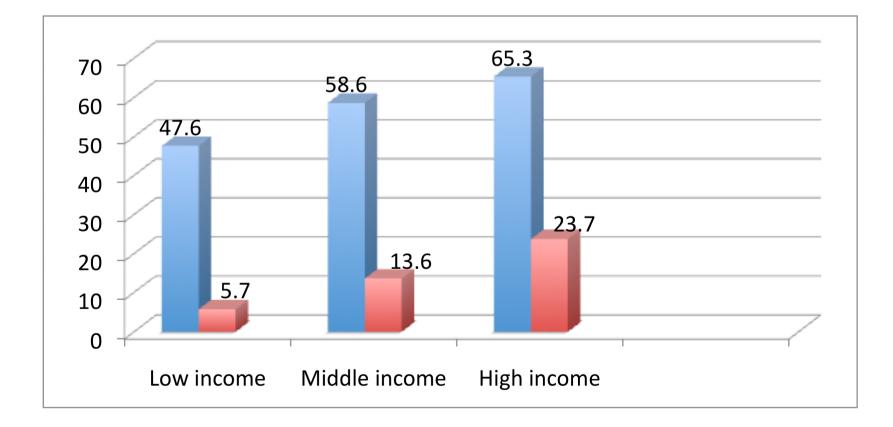
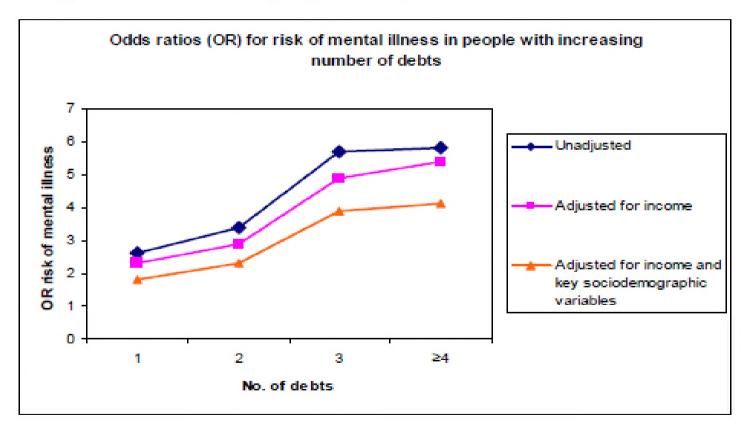


Fig. 3. The more debt people have, the worse their mental health



Objectives

- 1. The joint action will build on the work of 2009-2011 thematic conferences organized under the European Pact for Mental Health and Well-being, and will give sequence to the Council conclusions on the "European Pact for Mental Health and Well-being: results and future action", adopted in June 2011.
- 2. The main objective is 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.

Objectives

- 1. This objective will be attained by establishing a process for structured collaborative work, involving MS, EU, relevant stakeholders and international organizations, leading to the development of an endorsed framework for action.
- The joint action will address issues related to a) promotion of mental health at the workplaces and schools; b) promoting action against depression and suicide; c) developing community mental health care; and (f) promoting the integration of mental health in all policies.

Expected outcomes

- 1. A more rigorous and comprehensive knowledge on the situation of mental health and well-being in EU countries in areas related with the themes of WP's.
- 2. Creation of an inventory of existing evidence, best practices and available resources;
- 3. Strengthening of national and European networks;
- 4. Recommendations for action;
- 5. Building capacity of national mental health leaders and other stakeholders in mental health policy development;
- 6. Endorsement of a framework for action by MS and EU agencies, as well as their commitment for follow-up action;
- Establishment of a structured cooperation between MH WB and networks from other European projects, and the creation of mechanisms supporting a structured collaboration between key actors in the implementation of mental health policies in Europe.

Specific objectives

