

# Mental health and integration

Provision for supporting people with mental illness:  
A comparison of 30 European countries

A research report by The Economist Intelligence Unit sponsored  
by Janssen

November 2014

**Dr Paul Kielstra**

Contributing Editor

Economist Intelligence Unit



# Objectives of the research

*Mental health and integration* explores the challenges of integrating Europeans with mental illness into society and employment.

- Few diseases are more poorly understood and more subject to prejudice than mental illness, and few impose the same magnitude of burdens on the afflicted and on society at large.
- Although a consensus has formed among caregivers, policy makers and patient advocates on the benefits of integrating affected individuals into society, few countries in Europe have come close to realising this ideal.
- With this as background, and with the aim of informing the debate on integration, the Economist Intelligence Unit, sponsored by Janssen, undertook a comparison of 30 European countries based on their commitment to integrate people with mental illness into their communities.



# About the research I: Benchmarking index

## A benchmarking index

At the core of this research is a benchmarking index ranking 30 countries—the EU28 plus Switzerland and Norway—based on their commitment to integrating those with mental illness.

The index compares the level of effort in each country based on performance on 18 indicators associated with integrating people with mental illness into society.

### The 18 indicators are grouped into four categories:

- **Environment** for those with mental illness in leading a full life
- **Access** for people with mental illness to medical help and services
- **Opportunities**, specifically job-related, available to those with mental illness
- **Governance** of the system, including human rights issues and efforts to combat stigma



### Definition: Mental Illness

This study defines “mental illness” as those disorders included in the WHO’s International Classification of Diseases ICD-10 list.

This includes depression, anxiety and schizophrenia.

It excludes mild depressive symptoms which do not meet the criteria for depressive episodes.

# About the research II: Advisory panel, Desk research

## Advisory panel

An panel of experts advised the EIU on selection of indicators and construction of the index. The panel consisted of:

- **Professor Peter Huxley**, Bangor University, Wales
- **Kevin Jones**, European Federation of Associations of Families of People with Mental Illness (EUFAMI)
- **Pedro Montellano**, Global Alliance of Mental Illness Advocacy Networks (GAMIAN) Europe
- **Dr Slawomir Murawiec**, European Mental Health Systems Network conference for the European Health Management Association (EHMA)
- **Stephanie Saenger**, president, Council of Occupational Therapists for the European Countries (COTEC)



## Desk research

Additional information was obtained from a variety of sources, including:

- World Health Organisation, OECD, other international organisations
- National and regional governments
- Academic studies, professional societies of caregivers
- NGOs, patient advocacy groups



# About the research III: In-depth interviews

## In-depth interviews

The EIU conducted a programme of in-depth interviews with experts in the topic. We would like to thank the following experts for their participation in the programme:



- **Mary Baker**, European Brain Council
- **Gregor Breucker**, BKK Federal Association
- **Jose Miguel Caldas de Almeida**, European Union Joint Action for Mental Health and Wellbeing
- **Johanna Cresswell-Smith**, National Institute for Health and Welfare, Finland
- **Angelo Fioritti**, Bologna Health Trust, Italy
- **Josep Maria Haro**, ROAMER (Roadmap for mental health research in Europe)
- **Thomas Insel**, US National Institute of Mental Health
- **Kevin Jones**, European Federation of Associations of Families of People with Mental Illness (EUFAMI)
- **Martin Knapp**, London School of Economics
- **Pedro Montellano**, Global Alliance of Mental Illness Advocacy Networks (GAMIAN), Europe
- **Massimo Moscarelli**, International Centre of Mental Health Policy and Economics
- **Christopher Prinz**, Mental Health and Work Project, OECD
- **Stephanie Saenger**, Council of Occupational Therapists for the European Countries
- **Kristian Wahlbeck**, National Institute for Health and Welfare, Finland
- **Hans-Ulrich Wittchen**, Technische Universitaet Dresden
- **Alina Zlati**, Open Minds: Centre for Mental Health research, Romania

# About the research IV: Country reports

## In-depth analysis of 12 countries

For 12 selected countries, the EIU conducted a detailed analysis of index results showing each country's strengths and weaknesses related to mental health integration, and supplemented the analysis with in-depth interviews with mental health experts in those countries.

In-depth reports were prepared on the following countries:

- Belgium
- France
- Germany
- Greece
- Hungary
- Ireland
- Italy
- Netherlands
- Poland
- Romania
- Spain
- United Kingdom





# Key findings

- Mental illness exacts a substantial human and economic toll on Europe, and has a substantial treatment gap.
- Germany's strong healthcare system and generous social provision put it at the top of the index. The UK and Scandinavian states are not far behind.
- The leading countries are not the only sources of best practice in integrating those with mental illness.
- Employment is the field of greatest concern for those with mental illness, but also the area with the most inconsistent policies across Europe.
- Real investment separates those addressing the issue from those setting only aspirational policies.
- Europe is only in the early stages of the journey from institution- to community-based care.
- Lack of data makes greater understanding of this field difficult.



# Key finding 1: A substantial human and economic toll

Mental illness imposes major burdens on the afflicted and on society at large.

- An estimated **38%** of residents of the EU, or around 165m people, are affected by a mental illness at some point in any given year (ECNP and European Brain Council)
- In the 30 European countries covered by this study, **12%** of all disability-adjusted life years (DALYs) were the direct result of mental illness. (World Health Organisation, 2012)
- On the economic front, mental illness is estimated to cut GDP in Europe annually by **3-4%**



## A disease group with a significant “treatment gap”:

- Only about **25%** of those affected in Europe get any treatment at all
- Just **10%** receive “notionally adequate” care

-- Hans Wittchen et al, in European Neuropsychopharmacology, 2011



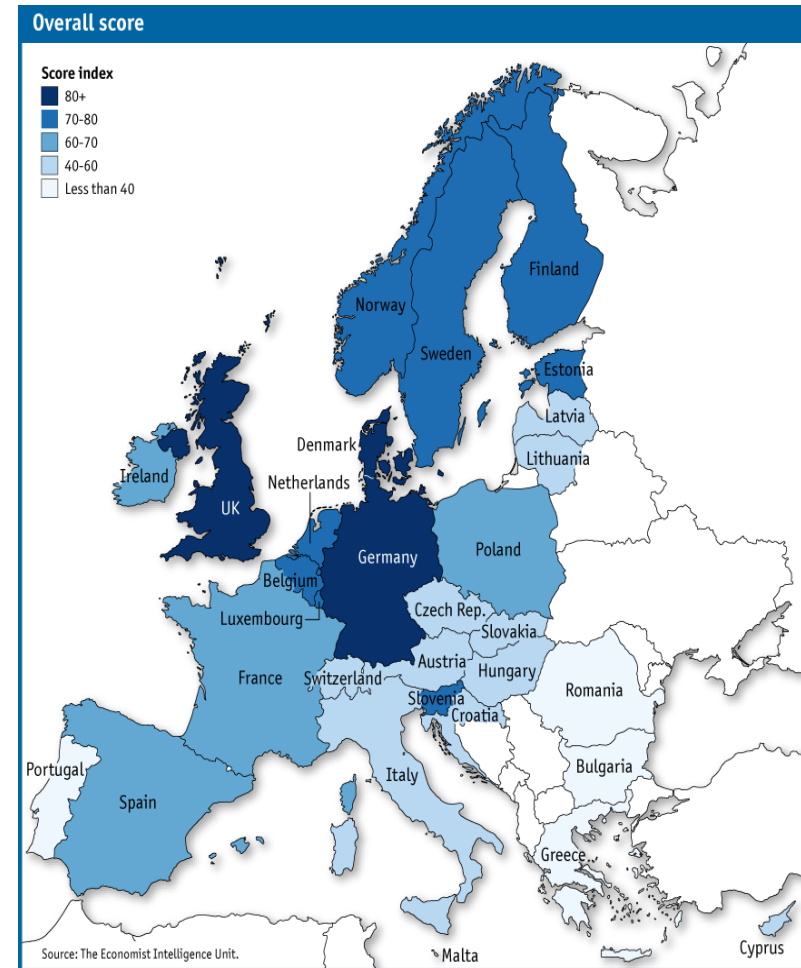
# Key finding 2: Germany, UK, Scandinavia in the lead

## Germany, UK, Denmark and Norway score highest overall on mental health integration

- Germany's strong healthcare provision and generous welfare provision help effective integration of those with mental illness
- The UK, Denmark and Norway are often named as having best practices in integration
- The lowest-scoring countries in the index are from Europe's south-east, where there is a long history of neglecting mental illness

**“Some countries have been very successful, others less so, and there are still places where the transition is only partial.”**

*- José Miguel Caldas de Almeida, EU Joint Action for Mental Health and Wellbeing*



# Key finding 3: The countries leading the index are not the only sources of best practice

- Experts from Germany and the UK point out flaws in their structures for promoting mental health integration
- Since mental healthcare is frequently organised by region, important **islands of excellence** exist within countries that rank in the middle of the index
- Examples of islands of excellence:
  - Trieste, Italy
  - Lille, France
  - Andalusia, Spain



“You can find interesting practice and pieces of the solution in every country.”  
-- Christopher Prinz, lead, Mental Health and Work project, OECD

# Key finding 4: Employment of the mentally ill is the area with the most inconsistent policies across Europe

## A critical area of integration

- Inability to find gainful employment is the biggest frustration for those with mental illness, interviewees say.

“The vast majority of employees see it as a high risk to go public to an employer with a mental health problem. He or she might be the next ‘victim’ of a reorganisation.”

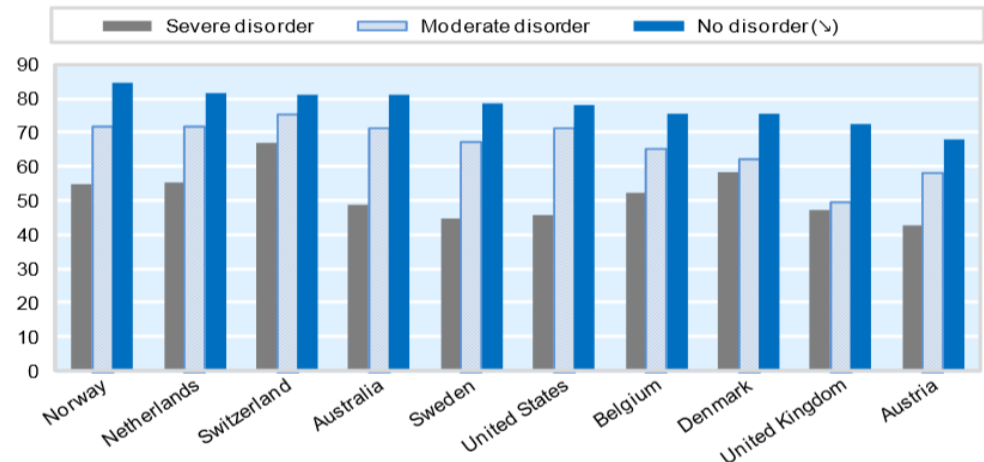
– Gregor Breucker, BKK Federal Association, a German occupational health insurers’ trade body

### Nonetheless...

- Policies vary markedly across Europe
- The relevant category of the index (Opportunities) sees the highest variation of any in the index
- Much direct assistance involves provision of sheltered employment, which has a poor record of helping affected individuals return to the mainstream world of work.

Figure 1.3. **People with a mental disorder face a considerable employment disadvantage**

Employment/population ratio (employed people<sup>a</sup> as a proportion of the working-age population), by severity of mental disorder, ten OECD countries, latest available year



Source: OECD, *Sick on the Job?*

# Key finding 5: Real investment marks the difference between actual commitment and mere aspiration

Country scores in the index correlate strongly with proportion of GDP spent on mental health.

## Hallmarks of success:

- The investment figure is a proxy for seriousness in establishing good policy and practice.
- Unfortunately, there are many examples of policies that are largely aspirational.
- Consistency across categories pays off: Those with the highest overall scores tend to do well across all four index categories.
- Consistency over time pays off as well: Of the top five countries in the index, Germany, Norway and the UK have consistently looked for ways to improve mental healthcare and integration since the 1970s and 1980s; for Denmark and Sweden, this started in the 1990s.



# Key finding 6: Europe is only at the start of the journey from institution- to community-based care

A consensus has emerged among policy makers, caregivers and patient advocates on the benefits of integrating affected individuals into society rather than sequestering them in institutions. Yet few countries have come close to realising this ideal.

- Even deinstitutionalisation is very much a work in progress
- Availability of therapy and medication is inadequate
- Medical services for the mentally ill are poorly integrated
- Integrated medical, social and employment services are rare, and government-wide policy in these areas is the exception
- Such integration as exists is typically accomplished through locally focused mental health teams
- Carers and families are an insufficiently supported resource



# Key finding 7: Lack of data makes greater understanding of this field difficult

Lack of availability of pertinent data hinders the process of improving structures for integrating those with mental illness into society and employment.

No Data

- Comparable information on outcomes, both clinical and patient-reported, still does not exist
- The dearth of data is rooted in under-resourcing of data collection and inconsistent definitions of key terms and concepts
- Even basic definitions are often contested, or at least not standardised, across national and professional boundaries
- The focus on policies/inputs into integration, rather than on outcomes of policies, is largely due to absence of data on outcomes.
- Qualitative data were developed largely because of the absence of quantitative data comparable across the 30 countries.

“You can’t just triple the number of psychiatrists and hope things will improve.”  
-- Professor Hans-Ulrich Wittchen,  
Technical University of Dresden



# Conclusion: Five areas requiring greater attention

The index and accompanying analysis show five areas on which many European countries need to focus to provide better integration of people living with mental illness into society:

- Obtaining better data in all areas of medical and service provision and outcomes
- Backing up mental health policies with appropriate funding
- Finishing the now decades-old task of deinstitutionalisation
- Focusing on the hard task of providing integrated, community-based services
- Including integrated employment services provision



# Thank you.

**Paul Kielstra**

Contributing Editor

Economist Intelligence Unit

London, UK