

Brussels, October 2021



**HEADWAY**<sup>o</sup>  
**2023**

A new roadmap in Mental Health

«Headway 2023 – Mental Health Index»

*Report*

- This Report arises from the initiative “Headway 2023”, realized by **The European House – Ambrosetti**<sup>1</sup> in collaboration with **Angelini Pharma**<sup>2</sup>. The information contained in this publication do not necessarily reflect the opinion or the position of the individuals and institutions referred to within the report. Decisions regarding the final analysis were ultimately made by The European House – Ambrosetti.
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<sup>1</sup>The European House - Ambrosetti is a professional group of about 240 professionals active since 1965 that is assisted by an invaluable heritage of international relations at the highest level in the various fields of activity, including the heads of international Institutions and Countries. Again in 2021, for the eighth consecutive year, The European House – Ambrosetti was named — in the category “Best Private Think Tanks” — the no. 1 think tank in Italy, the no. 4 think tank in the European Union and among the most respected independents in the world out of 11,175 on a global level in the latest “Global Go To Think Tanks Report” of the University of Pennsylvania. The European House - Ambrosetti was recognized by Top Employers Institute as one of the 112 Top Employers 2021 in Italy. The European House - Ambrosetti has a long and consolidated experience in supporting companies in high-impact strategic projects, creating the optimal conditions so that policy recommendations and strategic guidelines for evolution are effectively implemented. The European House - Ambrosetti has specific expertise in the healthcare sector with a dedicated professional practice, which for over 15 years has been developing different types of projects for all the players - both public and private - in the health ecosystem of health.

<sup>2</sup>Angelini Pharma is the pharmaceutical division of Angelini Group. The Group started almost 100 years ago as a small pharmaceutical laboratory, and over the years has grown into a leading international group in healthcare, present in Pharmaceuticals and Mass-Market. Angelini Pharma is a leader in healthcare, with particular strength and expertise in the fields of Mental Health, including Pain, and Rare Diseases. The company is also a leading player in the Consumer Health segment, with highly successful OTC brands in Italy and abroad. Angelini products are marketed in about 70 countries. The company operates directly in 15 countries employing more than 2.700 people and commercializes its products in more than 50 countries through strategic alliances with leading international pharmaceutical groups. Current research focuses on Nervous System Diseases and Disorders, Pain and Inflammation and Rare Diseases, with a particular commitment to the research of new treatments for the pediatric population. The research embraces public-private partnerships with recognised academic institutions and centres of global importance. The Scientific Network and Partnerships both have an important role in creating innovation.

- The “Headway 2023” initiative has been made possible through the **collaboration with experts of the Mental Health sector**. The European House - Ambrosetti acknowledges the time and expertise provided and would like to thank them for providing valuable insights to the elaboration of the “Headway 2023 – Mental Health Index”. In particular:
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  - **Francesco Baglioni** (Director, Project Itaca Milan)
  - **Caterina Bianchi** (Directorate General for Health Prevention, Italian Ministry of Health)
  - **Jordi Blanch Andreu** (Director, Catalan Regional Program for Mental Health; Head of Department of Psychiatry, Parc Sanitari Sant Joan de Déu, Barcelona)
  - **Antonella Costantino** (Child and adolescent neuropsychiatrist, Director of the Child and Adolescent Neuropsychiatry Unit, Policlinico of Milan; President, Italian Society of Child Neuropsychiatry)
  - **Gemma Calamandrei** (Head of the Reference Center for Behavioral Sciences and Mental Health, ISS)
  - **Jorge F. del Valle** (Social psychologist, University of Oviedo)
  - **Roberta Famulari** (President of the Italian Association of Psychiatric Rehabilitation Technicians)
  - **Liliana La Sala** (Directorate General for Health Prevention, Italian Ministry of Health)
  - **Luis López Sánchez** (Former Member of the Working Group of the Euroempleo Programme, Mental Health Management, Murcian Healthcare Service)
  - **Maurizio Mandolini** (Social Services Manager, Union of Municipalities of Terre della Marca Senone; Representative of the National Association of Italian municipalities)
  - **José Martínez Olmos** (Professor at Escuela Andaluza de Salud Pública, Spain)
  - **Guadalupe Morales** (Director, Fundación Mundo Bipolar)
  - **Carmen Navarro** (Member of the Spanish Parliament)
  - **Marta Rosillo Herrero** (Director-Psychologist of the psychosocial rehabilitation Centre for people with severe and long-term mental illness "Los Cármenes"; Member of the Department of Social and Family Policies of the Community of Madrid)
  - **Fabrizio Starace** (Director of the Department of Mental Health and Pathological Addictions of the AUSL of Modena, President of the Italian Society of Psychiatric Epidemiology and Member of the Superior Health Council)
  - **Raffaele Tangorra** (former Secretary General, Ministry of Labor and Social Policies, Italy)

# Premise (1/2)



- "Headway" is an initiative on Mental Health that was conceived and launched in 2017 by the Think Tank The European House - Ambrosetti in partnership with Angelini Pharma with the aim of creating a **multidisciplinary platform for strategic reflection, analysis, dialogue and comparison between various European experiences** in the management of individuals affected by Mental Health disorders. The initiative, activated in continuity and in coherence with programs, activities and plans of the WHO, international and Institutions and organizations, has a European perspective.
- The "Headway 2020" initiative has been developed over the course of the year 2018 with a **work of analysis, study and dialogue between more than 40 experts** from the medical-scientific community, representatives of patient and family associations and health economists of the European Mental Health sector, **in 3 countries** - Spain, Italy and Poland – through the activation and organization of dedicated national working group tables and an international workshop aimed at sharing the different experiences. These meetings highlighted the main issues connected to the organization of Mental Health services and the management of individuals affected by Mental Health disorders, and the need for specific training programs dedicated to health and non-health professionals and for initiatives aimed at a better integration of individuals affected by these disorders into the education and working environment. Cases and virtuous experiences have also been identified and shared during a **high-level European Workshop** organized in Rome. In November 2018, the analyses and priorities of action elaborated by each Country were merged into a final report.
- The work of "Headway 2020" continued in 2019 with some specific activities at Country level, including the presentation of the results to national institutions, and with the creation of an important Forum in Brussels, which took place on October 9, 2019, the day before the World Mental Health Day. The "Headway 2020" Forum was primarily aimed at presenting the scenarios and impacts of Mental Health and existing challenges in the EU, at exposing the activities and results of "Headway 2020" and at offering an opportunity for discussion and debate on the centrality of the management patients with Mental Health disorders and priorities of **future actions in order to create a "new roadmap for Mental Health" in Europe.**

- Since the outbreak of the **COVID-19 pandemic in 2020**, the levels of anxiety and stress of the population have increased significantly, whereas the overwhelming loss of family members and fear of contagion has contributed to thorough sadness and fear within the society. In addition to the latter, necessary lockdown measures and social isolation have caused important socio-economic impacts, inducing shared anxiety as businesses struggle to survive and individuals become at risk of loss of income and employment. Moreover, the emergency has restricted daily routines and increased loneliness, triggering the numbers associated to social isolation. As highlighted by Director General Tedros in May 2020, the impact of the COVID-19 **pandemic on the Mental Health of the population is indeed extremely concerning**.
- Following the need to increase the awareness on mental health during these difficult times, in October 2020, The European House – Ambrosetti supported Angelini Pharma with the realization of the **“Headway 2023 – Mental Health Week”** – a week of events, debates and testimonials during which Mental Health experts, patient associations and citizens raised awareness on the issue of Mental Health to overcome the stigmatization that often accompanies mental illness.
- In 2021, the aim of “Headway 2023” has been to continue the work started in 2017 aimed at sharing knowledge and know-how to prevent, diagnose, manage, and find solutions that **reduce the burden of mental conditions not only in the healthcare sectors, but also in workplaces, schools and society in general**. The initiative keeps the trajectory of the programs, activities and strategies of Governments and International Organizations such as the WHO and the UN Sustainable Development Goals, as well as European Institutions with the objective of contributing to reducing the burden of Mental Health disorders in Europe and designing a **new roadmap for Mental Health in Europe**. In particular, The European House – Ambrosetti in collaboration with Angelini Pharma has elaborated an analysis on the responsiveness of European countries to Mental Health needs (**“Headway2023 - Mental Health Index”**) with particular focus in the areas of Health, Society, School and Work, realized an institutional event to present the "Headway 2023 - Mental Health Index" on the occasion of the Mental Health Day 2021 in Brussels and has reactivated **2 multidisciplinary platforms** in Italy and Spain, **involving experts of the Mental Health across various sectors**.

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# Definition of Mental Health



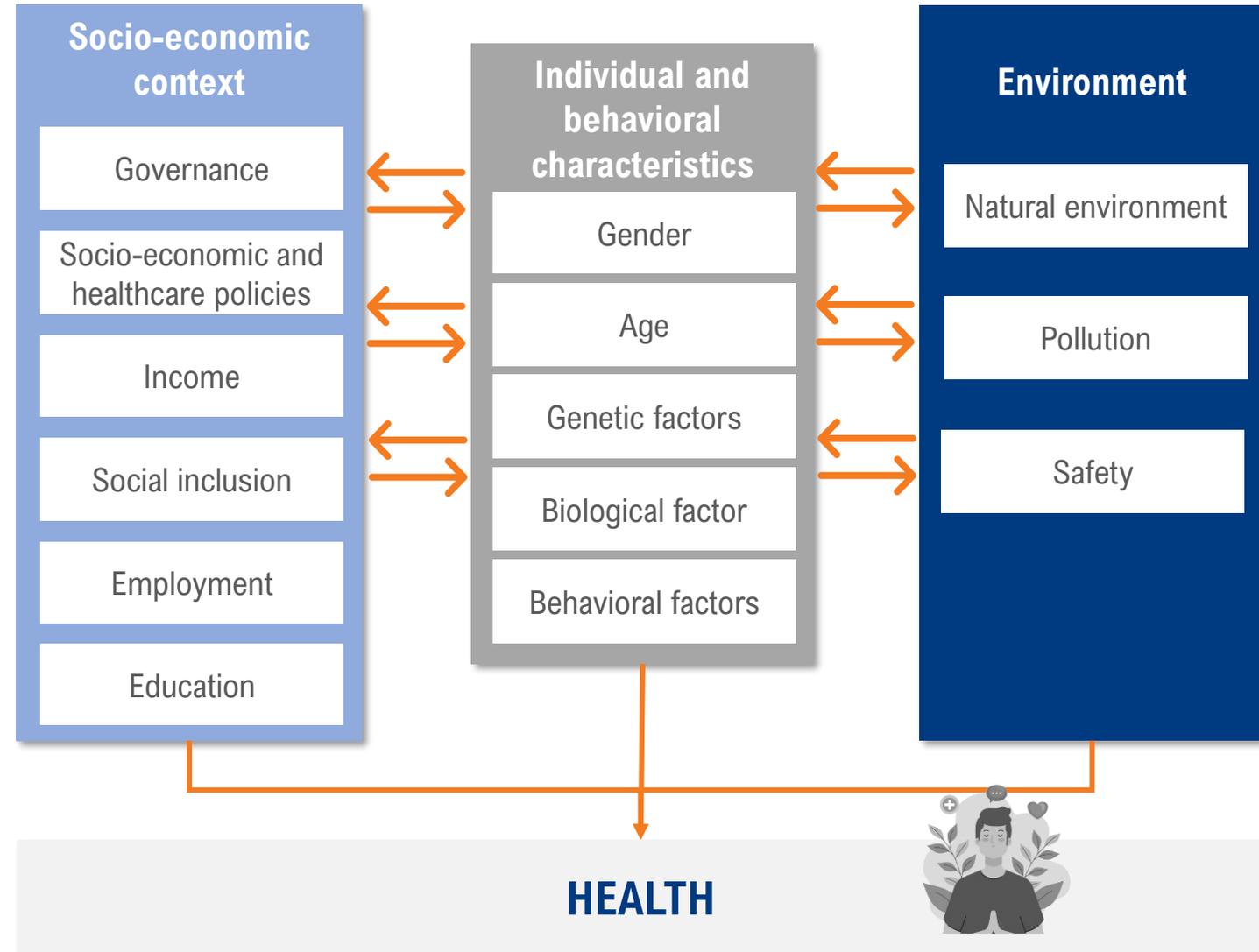
- The topic of Mental Health is of crucial importance, knowing that the **boundaries of Mental Health go beyond age, gender, social status and provenance** and that Mental Health disorders have an **important impact not only on individuals and their families, but on society as a whole, from both social and economic perspectives**. In fact, as other aspects of health, Mental Health can be influenced by environmental, socio-economic and evolutionary factors, which must be taken into account when planning for the integrated strategies of promotion, prevention, treatment and rehabilitation of Mental illness.
- Mental Health is an integral part of health and well-being, as defined also by the World Health Organization, namely *“a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”*.
- None with standing, Scientific Societies and researchers have pointed out how this definition may **cause a significant number of concerns and lead to possible misunderstandings**. In fact, how the concept Mental Health is perceived, also depends upon the differences in cultures, values and social background across Countries.
- Therefore, recent paper\* drafted as part of the activities of the **Committee on Ethical Issues of the European Psychiatric Association**, has tried to provide for a more complete definition of Mental Health:

*“Mental Health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of Mental Health which contribute, to varying degrees, to the state of internal equilibrium”*.

(\*) Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. “Toward a new definition of Mental Health”, 2015

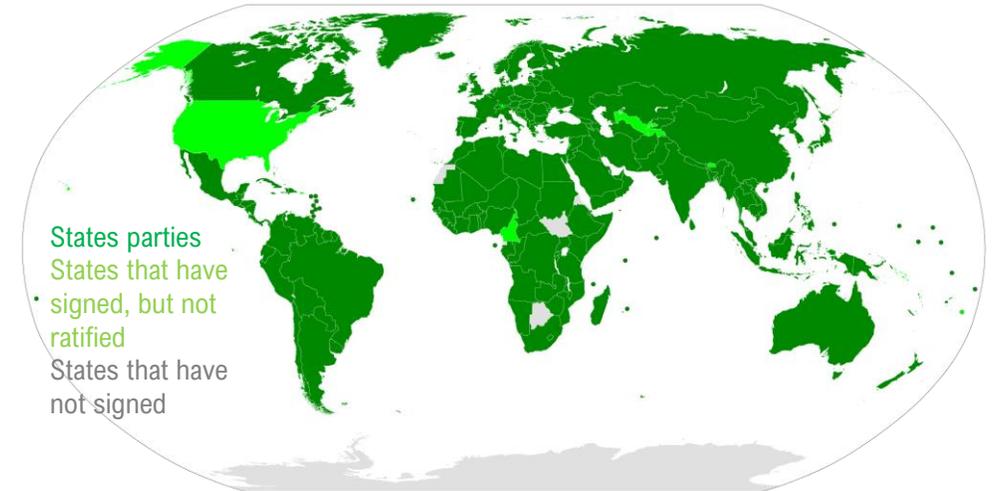
# Mental Health and health determinants

- The **determinants of health** include:
  - **individual and behavioral characteristics** (such as gender, age, genetic factors, biological factors and behavioral factors)
  - **Socio-economic context** (e.g. economic, social, political factors, etc.)
  - **Environmental context** (e.g. cultural and environmental factors, safety, etc.)
- In Mental Health, the **environment in which an individual** lives, **factors** such as poverty, unemployment, poor working conditions and poor school education and **some behavioral and individual factors, such as age and gender**, have particular importance.
- In this scenario, **Work, School and Society** are **3 fundamental areas in Mental Health** and have a significant impact on the latter.



# Convention on the Rights of Persons with Disabilities

- In 2006, the United Nations have adopted the “**Convention on the Rights of Persons with Disabilities**”, known as an international treaty.
- The Convention sets out a wide range of rights including, among others, **civil and political rights, the right to live in the community, participation and inclusion, education, health, employment and social protection**, in addition to reaffirming some specific Human Rights such as dignity and individual autonomy.
- As of July 2020, the treaty has received **163 signatories and 182 parties**, including 181 States and the European Union.
- The Convention aims to promote, formulate and evaluate “the policies, plans, programs and actions at the national, regional and international levels to further equalize opportunities for persons with disabilities”. The enforcement of the Convention at Member States level has marked a major milestone in **efforts to promote, protect and ensure the full and equal enjoyment of all human rights of persons with disabilities, including mental illness.**



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- The UN Convention on the Rights of Persons with Disabilities (UNCRPD) is the **first human rights convention to which the EU has become a party**. The main elements of the UN Convention are reflected in the **European disability strategy 2010-2020**.
  - For the EU, the convention entered into force on **22 January 2011**. **All EU Member States have signed and ratified the convention**. 22 EU countries have also signed and ratified its **optional protocol in January 2019**.

**Stigma and discrimination** are the **source of marginalization** of people with Mental Health disorders in schools, workplace and society



- **Accountability mechanisms** to protect people with Mental Health disorders exist and can be claimed by citizens. In fact, the **UN Convention on the Rights of Persons with Disabilities (CRPD)** is a **binding document** signed by Countries that **constrain them in their policy decision-making**. **Continuous reporting** and monitoring is conducted by the UN Committee, however:
  - **Monitoring mechanisms can be circumvented by Countries** by **slowing the process of change** and the **actual implementation** of policies may incur in **opposition by some** of the **stakeholders** involved.
  - **Citizens are often not aware of their rights** or **do not know how to claim them**.
- At the European level, by the end of 2018, the CRPD ratified in all EU Member States, some have taken steps to **increase availability and accessibility of services** with proper comprehensive action plans. The main weaknesses emerged are:
  - Lack of solid **legal basis** for the organizations in charge of monitoring, **insufficient funding** and **staff**
  - Lack of space for the **full involvement of people with disabilities giving them a voice**. In particular, the involvement of **people affected by Mental Health disorders** is **insufficient** (e.g., lack of peer-to-peer training and awareness campaigns involving people affected by a mental disorder).

The **UN Convention on the Rights of Persons with Disabilities (CRPD)** defines a new concept of **disability** and of **“discrimination on the basis of disability”**



DISABILITY



*An evolving concept that results from the interaction between people with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.*

DISCRIMINATION ON THE BASIS OF DISABILITY



*Any distinction, exclusion or restriction based on disability that results in impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.*

- A virtuous example of **successful awareness campaigns against discrimination** and of **successful peer-to-peer training in the context of people affected by bipolar disorders**, was conducted by the Spanish Foundation *Mundo Bipolar*, and selected by the European Commission as a best practice:
  - A person affected by such circumstances, with adequate training, can learn to handle his condition by himself and become **expert by experience**;
  - **Learning among** peers, based to a large degree on **empathy**, enables and promotes self management and, at the same time, a larger **political** and **social consciousness**;
  - In schools, trained students are encouraged to give lectures for high school students, and this fosters **inclusivity**.
- An issue reported in several Countries are the **reported cases of violence against women with psychosocial disabilities**:
  - **By their partners**, sometimes leading to homicide;
  - **In residential facilities**, in which women happen to be more exposed to **harassment, abuse and acts of violence, including sexual violence**. In fact, the **risk** of women with mental illness of **suffering abuse** is **2 or 3 times** with respect to the rest of women.



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- **Inequalities** against the population affected by Mental Health disorders is a **strong and rooted phenomenon of stigma**, the overcoming of which begins with a **greater involvement of those affected by Mental Health disorders in decision-making processes**, through a paradigm shift that sees **individuals as active citizens** and not as ill patients.
  - However, even though the **practical consequences** of the **international advocacy in favor of the rights of people with Mental Health disorders** are real, a **lot still needs to be done** to fully implement meaningful changes for the everyday life of people with Mental Health disorders.

# Mental Health in the UN Sustainable Development Goals

- In recent years, the World Health Organization, the European Union and many Member States have affirmed the need for action and have started to put in place **policies and programs to address mental illness at different ages**. Despite some important initiatives, there still exist critical issues, which require multidisciplinary interventions and programs aimed at improving prevention, quality of care and assistance of individuals affected by Mental Health disorders.
- In September 2015, for the first time, the United Nations General Assembly recognized the promotion of Mental Health and well-being, and the prevention and treatment of substance abuse, as **health priorities within the Global Development Agenda**. The inclusion of Mental Health and substance abuse in the Sustainable Development Agenda is likely to have a positive impact on communities and Countries where millions of people will receive much needed help:

- Specifically, **Goal 3** of the 17 Sustainable Development Goals (SDGs) focuses on ensuring healthy lives and promoting well-being for all at all ages, in by making world leader commit to *“prevention and treatment of noncommunicable diseases, including behavioral, developmental and neurological disorders, which constitute a major challenge for sustainable development”*.



## 3 GOOD HEALTH & WELL-BEING

Ensure healthy lives and promote well-being for all at all ages

- Within the health goal, 2 targets are directly related to Mental Health and substance abuse:
  - **Target 3.4** - requesting that Countries “by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and **promote Mental Health and well-being**”.
  - **Target 3.5** - requesting that Countries “strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol”.

# Mental Health promotion and protection according to the World Health Organization (1/2)

- The **work of the World Health Organization (WHO)** focuses on improving Mental Health of individuals and society at large through the promotion of mental well-being, the prevention of Mental Health disorders, the protection of human rights and the care of people affected by Mental Health disorders.
- Several **actions, activities, programs and interventions** have been enforced by the WHO in order to support Member States in dealing with Mental Health disorders in the most relevant manner, these include, among others the elaboration of the **Mental Health Action Plan** (last publication 2013-2020), which focuses on achieving equity through universal health coverage and stresses the importance of prevention and the introduction of Mind – Mental Health in Development, which assesses and supports Mental Health policy and service development of Member States.
- An important action was taken during the **WHO European Ministerial Conference on Mental Health**, held in Helsinki in January 2005, where the **Mental Health Declaration for Europe and the Mental Health Action Plan for Europe** were signed and endorsed on behalf of Ministers of Health of the 52 Member States. The signing symbolized a strong commitment by Governments to work to solve the existing and emerging challenges faced by individuals affected by Mental Health disorders in Europe. Member States, representatives of professional organizations and nongovernmental organizations all demonstrated a powerful and unique commitment to take the action set out in the Declaration and to work together in its spirit. A newer version of the Mental Health Action Plan for Europe (2013-2020) was published in 2013 and proposes effective actions to strengthen Mental Health and well-being.

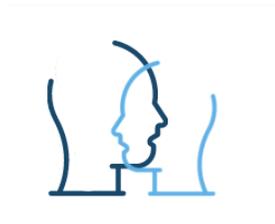
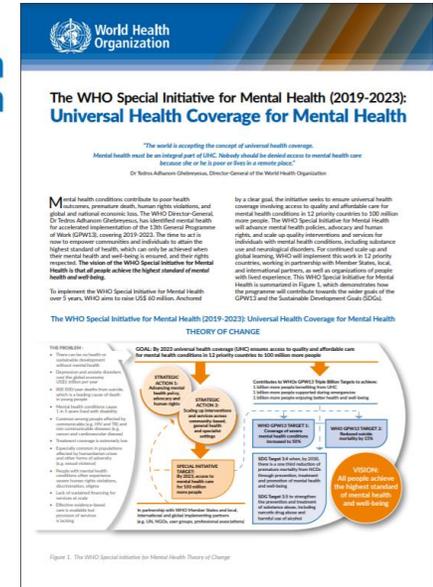
Source: The European House – Ambrosetti on WHO data, 2021



# Mental Health promotion and protection according to the World Health Organization (2/2)



- In 2019, WHO launched the **WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health** to ensure access to quality and affordable care for Mental Health conditions in 12 priority Countries to 100 million more people. The WHO Special Initiative for Mental Health will advance Mental Health policies, advocacy and human rights, and scale up quality interventions and services for individuals with Mental Health conditions, including substance use and neurological disorders.
- In WHO Region Europe, Mental Health was already identified as a key priority through the **European Programme of Work, 2020–2025 “United Action for Better Health”**, which sets out health priorities for the coming 5 years. To complement these priorities, WHO/Europe has identified 4 flagship initiatives. One of these flagships is the launch of a **Mental Health Coalition in 2021**, which will bring together countries of the European Region, as well as service users, providers and innovators, to mobilize investment in Mental Health and advocate for the reforms that are needed.
- Last but not least, in light of the COVID-19 pandemic, a renewed focus on Mental Health is particularly important. In 2021, WHO Region Europe activated the **WHO Technical Advisory Group on the Mental Health impacts of COVID-19** in the WHO European Region. The participants, drawn from across the Region, represent scientific experts in the field of COVID-19 and Mental Health, service providers and managers on the front line, Mental Health service users, family advocates, and COVID-19 survivors.



# Mental Health in the G20 under the Italian Presidency

- The 2021 G20, under the Italian Presidency, focused on 3 broad, interconnected pillars of action, namely People, Planet, Prosperity. Within these pillars, the G20 aims to take the **lead in ensuring a swift international response to the COVID-19 pandemic – able to provide equitable**, worldwide access to diagnostics, therapeutics and vaccines – while building up resilience to future health-related shocks.
- During the G20 Health Meeting 2021, hosted by Italy in October 2021, **for the first time a side event on Mental Health** was organized, during which it was stated how *“a combined and coordinated action of health and social interventions through a Mental Health in the policies for education, labor, housing and community inclusion approach”* is of crucial importance.
- In the Declaration the present Health Ministers acknowledged how “the COVID-19 pandemic has had **significant impacts on Mental Health and substance use and has underscored gaps in our Mental Health systems**”. In particular, G20 Health Ministers underlined the need for an effort to increase the **capacity of and improve access to Mental Health services**.
- In line with the WHO Comprehensive Mental Health Action Plan 2013-2030, recently endorsed at the 74<sup>th</sup> World Health Assembly, G20 Countries declared that they will seek to integrate **Mental Health into their broader health systems and promote equitable access to Mental Health services and psychosocial supports** as part of the pandemic response and economic recovery efforts.



15. We also acknowledge that the COVID-19 pandemic has had significant impacts on mental health and substance use, and has underscored gaps in our mental health systems. A dedicated effort is needed to increase the capacity of and improve access to mental health services, in particular in times of health emergencies and crises and raise the access to and quality of care. In line with the WHO Comprehensive Mental Health Action Plan 2013-2030, recently endorsed at the 74th World Health Assembly, we will seek to integrate mental health into our broader health systems and promote equitable access to mental health services and psychosocial supports as part of pandemic response and economic recovery efforts. We would like to thank the Italian Presidency for the Mental Health Side Event, which offered a unique and timely opportunity to share and discuss the lessons learnt during the pandemic, and take note the Policy Paper and the key recommendations for the G20 countries to strengthen mental health as a crucial element of the COVID-19 response and recovery. We also welcome the upcoming 3rd Global Ministerial Mental Health Summit, organized in Paris on 5 and 6 October 2021, with the support of the WHO.



# Mental Health policies at European level (1/2)

- In November 2005, the European Commission published a **Green paper** titled “Promoting the Mental Health of the population. Towards a Mental Health Strategy for the EU”. Subsequently, the European Pact for Mental Health and well-being was launched (2008), which identified **five priority areas** (Prevention of depression and suicide, Mental Health in youth and education, Mental Health in workplace settings, Mental Health of older people and Combating stigma and social exclusion). Between 2009 and 2011, the Pact was enforced through five conferences.
- In 2013, the “**Joint Action Mental Health and Wellbeing**” was launched with the objective of contributing to the promotion of Mental Health and well-being, the prevention of Mental Health disorders, and the improvement of care and social inclusion of people with Mental Health disorders in Europe. In 2016, the above-mentioned Joint Action converged to the “**European Framework for Action on Mental Health and Wellbeing**”, aimed at supporting European countries in reviewing their policies and share experiences in improving policy efficiency and effectiveness.
- In the same year, the “**EU Compass for action on Mental Health and well-being**” was activated in support of the framework by communicating the Joint Action's priorities. The latter had the scope of disseminating the information on the European Framework for Action and monitoring Mental Health and wellbeing policies and activities of EU countries, and non-governmental actors.

## TIMELINE OF THE MOST IMPORTANT EUROPEAN INITIATIVES ON MENTAL HEALTH



# Mental Health policies at European level (2/2)

- Today, the COVID-19 pandemic provides the opportunity to **improve European’s Mental Health services and policies** by putting in place the lesson-learnt from the emergency - it is the **occasion to set Mental Health into the spotlight and at the very top of the European Public Health Agenda**. Some European countries have already started to implement strategic steps towards a better Mental Health of their citizens.
- In 2020, following European Commission’s proposal for a **5.1-billion-euro** funding for the new “**EU4Health**” Program for 2021-2027, on July 19th, 2020, the European Parliament adopted a **resolution setting out the pillars of the new public health strategy** in the post-COVID-19 era. Within the resolution, the European Parliament emphasizes the importance to learn from the COVID-19 crisis and therefore to enforce a stronger collaboration in healthcare across the European Union. In fact, among many other positive requests, the resolution calls for the implementation of **Health in All Policies and adequate funding of European healthcare systems**. The resolution also recognizes “Mental Health” as a **fundamental human right and calls upon the elaboration of a European Action Plan on Mental Health 2021-2027**, in which equal attention paid to the psychosocial and biomedical factors of mental illness.
- In May 2021, the European Commission organized the “**Mental Health and the pandemic: living, caring, acting!**” conference, which gathered more than 1000 participants to highlight the Mental Health impact of COVID-19.



## EU4HEALTH 2021-2027 – A VISION FOR A HEALTHIER EU

- EU4Health is EU’s response to COVID-19, which has had a major impact on medical and healthcare staff, patients and health systems in Europe.
- Funding of **€5.1 billion** (largest health program in monetary terms) **to EU countries, health organizations and NGOs**
- **Areas of action**
  - **boost EU’s preparedness for major cross border health threats** by creating reserves of medical supplies for crises, a reserve of healthcare staff and experts that can be mobilized to respond to crises across the EU and increased surveillance of health threats
  - **strengthen health systems so that they can face epidemics** as well as long-term challenges by stimulating disease prevention and health promotion in an ageing population, digital transformation of health systems and access to health care for vulnerable groups
  - **make medicines and medical devices available and affordable**, advocate the prudent and efficient use of antimicrobials as well as promote medical and pharmaceutical innovation and greener manufacturing

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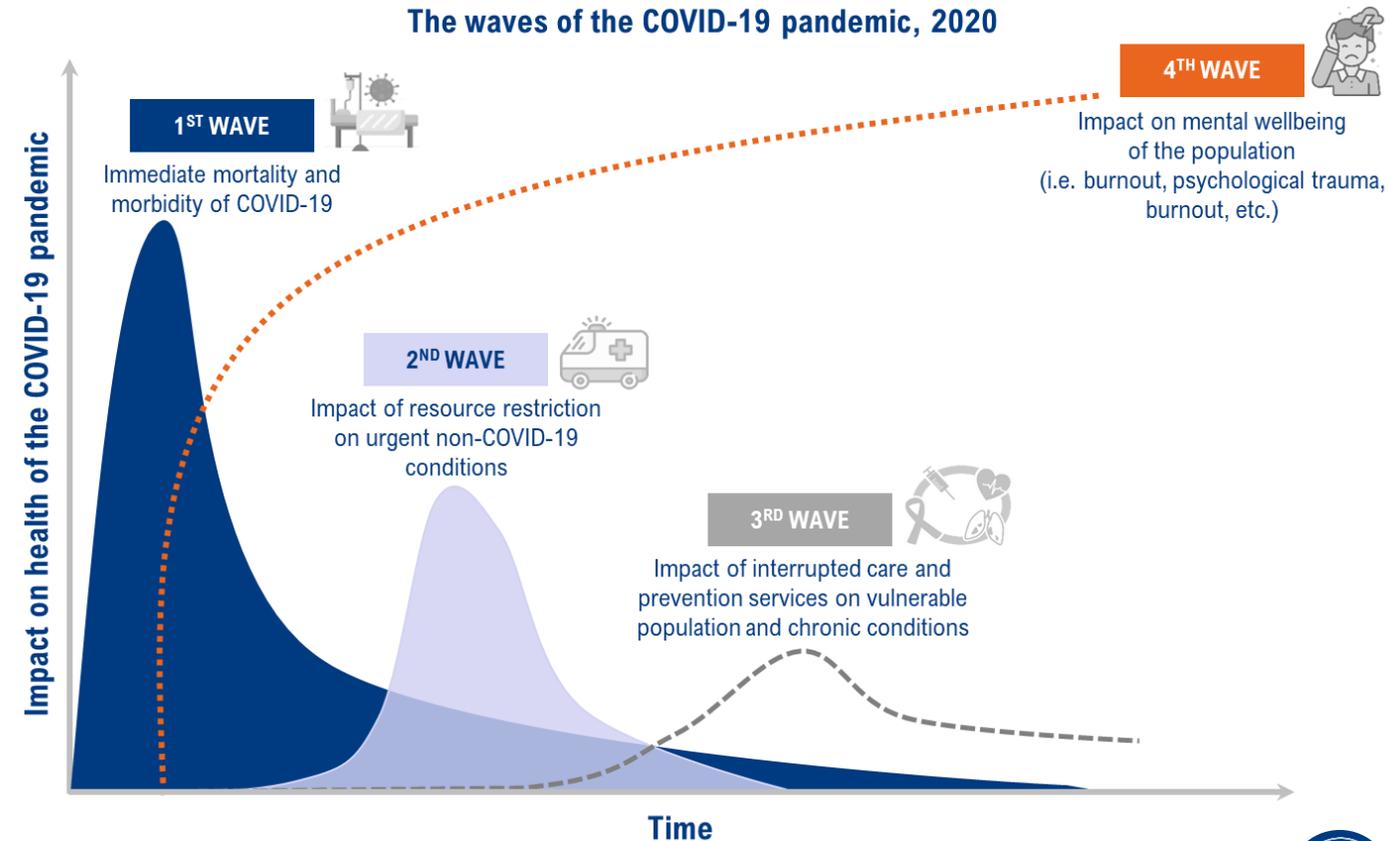


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- **Results and conclusion**

# The waves of the COVID-19 pandemic

- After the emergency wave caused by COVID-19, European Healthcare Systems will have to deal with **other waves** of the pandemic which will impact on the:
  - Management of **urgent non-COVID-19 conditions** and **backlog of non-urgent activities** that have been postponed (surgery, outpatient activities, etc.);
  - Management of chronic and/or vulnerable patients who have **interrupted diagnosis, treatment and prevention services** (vaccination and cancer screening programs). In fact, the **loss of healthcare access** can potentially trigger an increase in morbidity and mortality rates for chronic diseases;
  - Management of the **impacts on the mental well-being of the population** (certain conditions, like isolation, loss of income and fear **trigger Mental Health conditions or exacerbate existing ones**; pre-existing Mental Health disorders increase the risk of death, severe illness or long-term complications; COVID-19 itself is associated with neurological and mental complications; etc.).



In the current context, **renewed attention to the mental well-being of both fragile affected populations and the general population** must be provided through initiatives aimed at **promoting the protection of Mental Health in all policies**

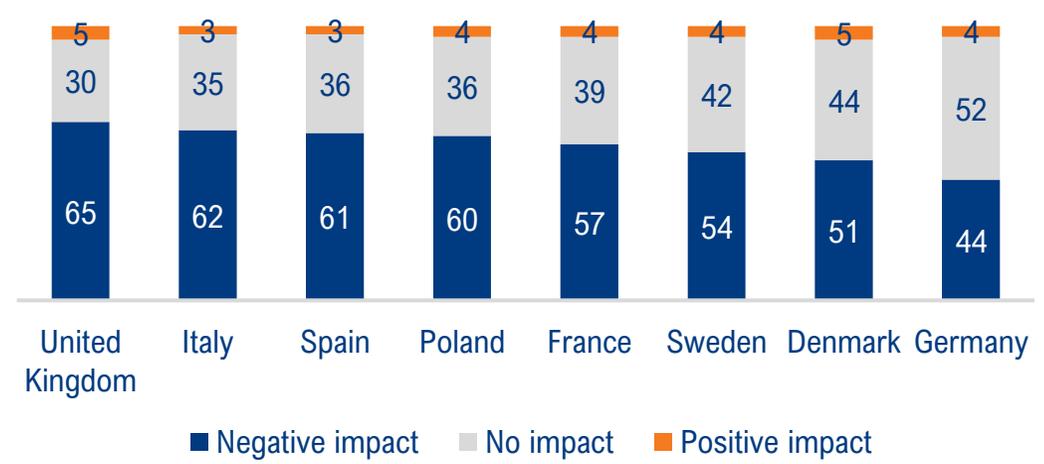
# The impact of the COVID-19 pandemic on the Mental Health of the general population

- The impacts of Mental Health on the general population can be **split into 3 main components**:
  - **direct effects of disease outbreak** (e.g., fear, anxiety);
  - **indirect effects of infection prevention and control measures such as lockdowns** (e.g., isolation);
  - **Induced effects of the socio-economic crisis and uncertainty of the future** (e.g., unemployment and impoverishment).
- In November 2020, a survey carried out in Europe proved the above-mentioned: in all countries, **above 40%** of those surveyed reported that **COVID-19 has had a negative impact on the state of their Mental Health** vs. **<5%** who said it had a positive impact.
- In general, the consequences of **Mental Health affect all ages, from younger generations** (disruption of schooling), **to adults** (unemployment, poverty, debt) **and elderly people** (isolation), but particularly concerning are the impacts on specific categories such as:
  - **Healthcare professionals;**
  - **Children and adolescents;**
  - **Women.**

## IMPACT OF COVID-19 ON MENTAL HEALTH



Impact of the COVID-19 pandemic on the Mental Health of the population (%)



# The impact of the COVID-19 pandemic on the Mental Health of healthcare professionals

- The COVID-19 pandemic has heavily burdened, and in many cases overwhelmed, healthcare systems and, in particular, healthcare workers. As the pandemic continues, healthcare workers' prolonged exposure to extremely stressful and potentially traumatic situations renders them particularly vulnerable to **experiencing reduced physical** (such as increased exposure to infections and other adverse physical health outcomes) **and mental well-being**.
- Considering the latter, particularly concerning are healthcare workers reporting anxiety, depression distress, and sleeping issues during the COVID-19 pandemic. Causes vary, but for those on the frontline in particular, **lack of personal protective equipment**, the **exceptionally high workload** and **psychological drain** have led to a considerable Mental Health burden, with possible long-term effects for their well-being.
- According to some surveys carried out in Italy, healthcare workers in March 2020 **found increased symptoms of stress, anxiety, depression and insomnia**. In Spain, research found that in April 2020, **57%** of health workers presented with symptoms of **post-traumatic stress disorder**.

Pandemic situations\* require **intense and immediate response in terms of healthcare**, with numerous healthcare workers, either directly (e.g., physicians, nurses) or indirectly (e.g., laboratory technicians) delivering care to patients. In this context, HCPs face critical situations that increase their risk of **psychological impact of dealing with several unfavorable conditions**. These include:

- **11% - 73.4%** reported **post-traumatic stress symptoms** during outbreaks, with symptoms lasting after 1–3 years in **10% – 40%** of the cases
- **27.5% – 50.7%** reported **depressive symptoms**
- **34% – 36.1%** reported **insomnia**
- **45%** reported **severe anxiety symptoms**
- **18.1% - 80.1%** reported **high levels of stress**



*Recommendations should include the **assessment and promotion of coping strategies**, **special attention to frontline HCPs**, **provision of adequate protective supplies** and **organization of support services***

# The impact of the COVID-19 pandemic on the Mental Health of women

- The COVID-19 pandemic has exacerbated gender-linked Mental Health challenges. Available data about gender-specific effects suggests that the **Mental Health consequences seem to disproportionately affect women, both at work and at home (53% of women vs. 37% of men report a significant negative impact on their Mental Health).**
- Especially at **high risk for developing Mental Health disorders during the pandemic** are women who are **pregnant, in the postpartum period, miscarrying or experiencing intimate partner violence.** Moreover, gender disparities may have been accentuated, particularly for employed women or single parents. The disparities keep **amplifying as the pandemic evolves.** Proactive outreach to these groups of women could lead to prevention, early detection, and prompt intervention.
- The above-mentioned is verified also by collected data: in fact, the WHO-5 **mental well-being scale (0–100) decreased from 51 to 44 among women between spring 2020 and spring 2021, while among men from 55 to 47 and young women between the age of 18 and 44 reported the lowest score (41).**
- Moreover, as the pandemic progressed, women with young children declared to often be **too tired to carry out household tasks:**
  - **44%** of **women** with children under 12 years old struggle with household chores, while only **20%** of **men** do (**-14 p.p.**).
  - The gap between the same categories **working from home** is **16 p.p.**



## PANDEMIC IMPACT ON MENTAL HEALTH OF WOMEN

- **83%** of women vs. 36% of men report a **significant increase in depression**
- **53%** of women vs. 37% of men report a **significant negative impact on their Mental Health**

## Proportion of parents declaring they are too tired after work to do household jobs in EU (%), 2020 and 2021

		Work from home	Summer 2020	Summer 2021
Men	No children under 12	No	25%	26%
		Yes	23%	23%
	Children under 12	No	27%	<b>20%</b>
		Yes	24%	24%
Women	No children under 12	No	30%	36%
		Yes	30%	30%
	Children under 12	No	38%	<b>44%</b>
		Yes	31%	39%

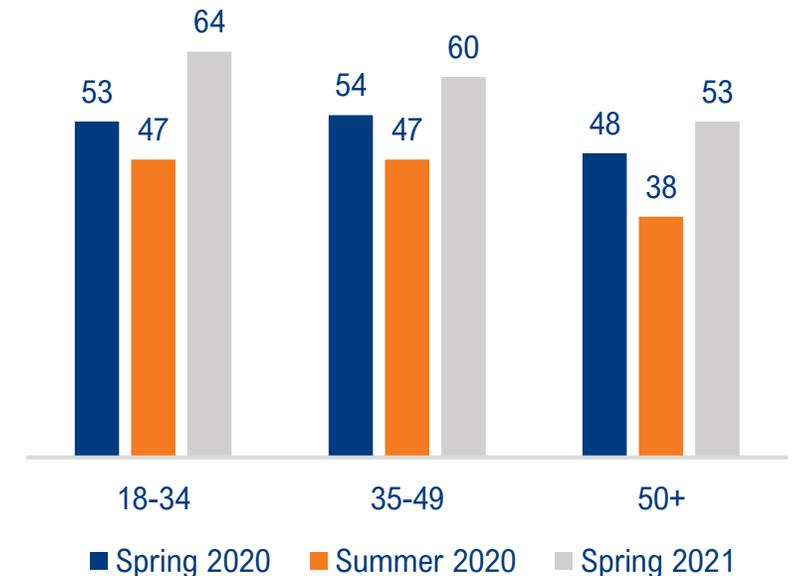
# The impact of the COVID-19 pandemic on the Mental Health of children and adolescents

- Feeling positive and being in good Mental Health are key aspects of quality of life. However, a **significant number of children in high-income Countries do not have good mental well-being**: according to WHO data, in **12** of **41** countries, **less than 75%** of children aged 15 years have a high **life satisfaction**.
- During 2020 and 2021, young people have been greatly affected by the COVID-19 pandemic through **prolonged periods of isolation** and **limited social interactions**, that have caused a severe worsening of their mental well-being.
- **Mental well-being indicators decreased across all ages** between spring 2020 and spring 2021. However, **people over 50 years have better mental well-being scores than younger groups**:
  - The **risk of depression** in the 18-34 y.o. population has been always higher across all age groups between Spring 2020 and Spring 2021, peaking to **64%** in the latest wave of the pandemic;
  - Before the outbreak of the pandemic, the risk of depression in young people was about **15%**;
  - **Psychological issues** are likely to stay, since the youngest generation, other than having to face the **mental struggles of the isolation**, also report **increasing concerns about their socio-economic future** and **job opportunities** due to the economic crises that followed the health pandemic and that will have long-term consequences.



**Almost 2 out of 3 young adults in Europe are at risk of depression**

**Risk of depression by age group in Europe (%)**, 2020 and 2021



# The impact of COVID-19 on people with Mental Health disorders

The COVID-19 pandemic has affected people **already affected by a Mental Health disorders** by **hampering Mental Healthcare services** and by inducing **more extreme symptoms** and acute episodes of crises



## DISRUPTION OF MENTAL HEALTHCARE SERVICES

- According to a WHO study, during the first wave of the pandemic **93%** of the countries reported a **paralysis of one or more services for patients with mental, neurological and substance abuse disorders**.
- **78%** and **75%** of the Countries reported the **complete or partial disruptions of Mental Health services in schools and workplaces**, respectively.
- **35%** signaled **complications in emergency interventions**, including those for people affected by prolonged seizures and severe withdrawal syndromes related to drug use.
- **30%** indicate the existence of **difficulties in accessing pharmaceuticals** for mental, neurological and drug-use disorders.
- **More than 60%** of the countries reported **disruptions in Mental Health services for vulnerable people**, including **children and adolescents (72%)** and **women (61%)**.



## IMPACT ON MENTAL HEALTH PATIENTS

- The impact of the COVID-19 pandemic on Mental Health in people with **pre-existing Mental Health disorders** is unclear and there is a need for research on this field.
- The few targeted studies suggest that, compared with pre-COVID-19 levels, symptoms of **depression, worry and loneliness** have increased and some of the pre-existing symptoms have been exacerbated.
- People with a Mental Health disorder are likely to be affected by the pandemic more than the general population:
  - They were often confined to **crowded living conditions**;
  - Their **family visiting** were **limited**;
  - They encountered an **increased risk** of having disorders accessing **testing and treatment**, and thus an **increased risk of negative physical and psychological effects** of the pandemic.

# Disruption of Mental Health services due to COVID-19

- The COVID-19 outbreak has had a **significant disruptive impact on people living with Mental Health conditions**. Social distancing and confinement measures and disruption of daily routines have worsened existing conditions and losing contact with Mental Health **services further aggravated symptoms\***.
- In particular, results of a recent WHO survey on the impacts of COVID-19 on Mental Health services showed that, during the first wave, **93% of Countries surveyed** had one or more services for patients with mental, neurological and substance abuse disorders **disrupted**. In Europe, **38%** of participating countries reported **disruption of mental, neurological and substance use related services due to COVID-19**.
- The main impact of COVID-19 on Mental Health services materialized as a dramatic **reduction in access to and availability of facility-based services and community-based supports**. Fortunately, some mitigation strategies have been put in place, including **retention of essential Mental Health services, switching to remote care, digital platforms and telemedicine** (hotlines, online consultations), an increased focus on **psycho-education and self-help**.

## Disruption of mental, neurological and substance use related services due to COVID-19 (%)



75-78%

**Workplaces and school Mental Health programs**



67%

**Psychotherapy and counseling services**



53%

**Overdose prevention and management programs**



30%

**Access to medications**



35%

**Emergency interventions**



72%

**Mental services for children and adolescents**



70%  
**Elderly**



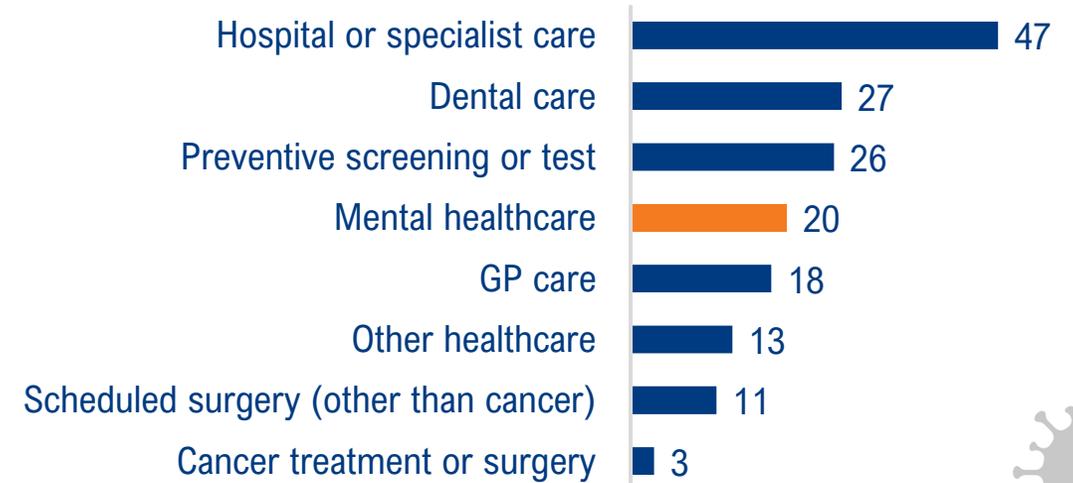
61%

**Women requiring antenatal or postnatal care**

# One year after the outbreak of the pandemic (1/2)

- The **recovery** after the **disruption of healthcare services** has been **heterogenous** across European Countries and healthcare services.
- On average, **21%** of **medical examinations or treatments have been disrupted during the pandemic**, but the percentage increases to **47%** when considering hospital or specialist care.
- **Mental Healthcare Systems reported 20% of needs unmet**, however, in many Countries there a severe **under-reporting of Mental Health needs** has emerged.
- Moreover, the legacy of the pandemic has left a significant number of individuals with **long-term COVID-19 symptoms**. Depression, anxiety, sleeping disorders, brain fog, fatigue, parosmia and many other disorders that the scientific community calls “**long COVID**”.
- People experiencing long-Covid would need treatment or support in their recovery process, however, so far little has been done, due to the **lack of knowledge about what causes long-Covid and how to treat it**. With no proven treatments or even rehabilitation guidance, long COVID affects **people's ability to resume normal life and their capacity to work**. The effect on society, from the increased health-care burden and economic and productivity losses, is substantial.

## Unmet needs for healthcare by type on average in Europe (%), Spring 2021



***Long COVID\*** is a condition characterized by long-term sequelae—appearing or persisting after the typical convalescence period—of coronavirus disease 2019 (COVID-19). Long COVID can affect nearly every organ system with sequelae including respiratory system disorders, nervous system and neurocognitive disorders, Mental Health disorders, metabolic disorders, cardiovascular disorders, gastrointestinal disorders, malaise, fatigue, musculoskeletal pain, and anemia*

(\*) Lancet, “Understanding long COVID: a modern medical challenge”, 2021.

# One year after the outbreak of the pandemic (2/2)

- As mentioned, the pandemic has had **widespread impact on people's Mental Health**, inducing, among other things, **considerable levels of fear, worry, and concern**. The growing burden on Mental Health has been referred to by some as the “silent” pandemic.

An e-survey by Eurofound showed that **mental wellbeing has reached its lowest level across all age groups** since the onset of the pandemic:

- frequency reported of positive feelings decreased from **53 to 45** (on the WHO-5 scale 0-100) on average between summer 2020 and spring 2021.
- Even though all age groups experienced a decrease in Mental Health, **people aged 50 years and above do better than the other age groups** (47 vs. 43 for 18–34 and 49 for 35–49). On top of that, **64%** of people in the youngest age group are at **risk of depression**.
- Depressive feelings increased especially among the age group 18-34 (+13 p.p.** for both men and women), while the **highest increase in loneliness** was recorded for **women over 50 (+13 p.p.)**.



**Reported negative feelings by age and gender in European Countries (%), EU average**

Categories		Summer 2020			Spring 2021		
		Tense	Lonely	Depressed	Tense	Lonely	Depressed
Men	18-24	34	25	21	46	35	34
	35-49	30	21	19	41	31	32
	50+	22	18	15	28	26	23
Women	18-34	45	30	28	52	38	40
	35-49	38	22	27	49	34	39
	50+	24	18	17	35	30	29



# Index



**HEADWAY**  
**2023**  
A new roadmap in Mental Health

- **Introduction on Mental Health**
- **The impact of the COVID-19 pandemic on Mental Health**
- **«Headway 2023 – Mental Health Index»**
  - **Mental Health status of the population**
  - Responsiveness to Mental Health needs in healthcare
  - Responsiveness to Mental Health needs in workplaces, society and schools
- **Results and conclusion**

# Introduction to «Headway 2023 – Mental Health Index»

Measuring the responsiveness of a Country, assessing its trend over time and comparing it to other systems, allows for a **dynamic and more complete picture of the effects of health, social, employment and educational policy interventions** on the Mental Health of the population



The "Headway 2023 - Mental Health Index" is designed to provide for a **multidimensional picture on Mental Health** across European Countries (EU-27 + UK). It is a framework **aimed at measuring** a limited number of indicators\* representing key aspects of Mental Health and selected based on the comparability and availability of data from the EU-27 + UK Countries.

The "Headway 2023 - Mental Health Index" consists of **3 sub-indices**

## 1 MENTAL HEALTH STATUS OF THE POPULATION

Analyzing **Mental Health outcomes** across European countries **KPIs:** prevalence of mental disorders, mortality rate (including suicide rate), years lived in disability, prevalence of risk factors (e.g. drug use, alcohol consumption, etc.)

## 2.1

## RESPONSIVENESS OF THE SYSTEM

## 2.2

### to Mental Health needs in healthcare

Analyzing the **ability of healthcare systems to improve** (or at least not worsen) in the near future the **Mental Healthcare outcomes achieved so far**

**KPIs:** availability of healthcare professionals specialized in Mental Health (e.g., psychiatrists, psychologists, nurses), economic resources for Mental Health, quality of care indicators (e.g., hospitalization rates, length of hospitalization, etc.)

### to needs in workplaces, schools and in the society

Analyzing the system's responsiveness to meet the **needs of people with mental disorders** in:

- **workplaces** (KPIs: employment rate, working days lost due to illness, etc.)
- **society** (KPIs: number of social workers, etc.)
- **schools** (KPIs: young people who drop out of school for Mental Health reasons, existence of day care centers, etc.)

(\*) **The realization of the "Headway 2020 - Mental Health Index" involves the use of the following databases:** World Bank, UN, WHO, OECD, Eurostat, Institute for Health Metrics and Evaluation (in particular Global Burden of Disease), as well as databases of Statistical Institutes and institutional sites of individual Member States (e.g., Ministries of Health sites), as well as secondary sources of scientific literature (e.g., papers, articles, reports, etc.).

- The "Headway 2023 - Mental Health Index" considers **43 Key Performance Indicators (KPIs)** related to two macro-areas: on the one hand, the Mental Health status of a population and on the other, the responsiveness of the Systems.
- While the macro-area on the state of Mental Health of the population measures the outcome of the quality of the healthcare system, the macro-area related to the responsiveness of the Systems takes into consideration the quality of health and social-care services provided and of the policies implemented to promote Mental Health wellbeing in workplaces, schools and society in general:
  - The **area of Mental Health status of the population** considers **18 KPIs**;
  - The **area of responsiveness to healthcare needs** **12 KPIs**;
  - The **area of responsiveness to needs in the workplaces, schools and society** in general, respectively **5 KPIs, 5 KPIs and 3 KPIs**.
- For each of the 43 KPIs, a **maximum score (10) and a minimum score (1) has been assigned to the best and worst performing Countries** respectively. For each country with an intermediate performance, on the other hand, a score from 1 to 10 was assigned depending on the relative result. The KPIs were then standardized on a 1-10 scale with respect to their point value, in order to make the relative performance comparable.
- The scale was assigned according to an **algorithm applied to all indicators**:
  - $scale = (best\ performer - worst\ performer) / (max\ score - min\ score)$
- After fixing the scale, the **score for each country is calculated as**:
  - $score = [(value\ of\ Country - worst\ performer) / scale] + 1$
- When the KPI is composed of multiple sub-indicators, the score is assigned to each sub-indicator. The final score is given by the average of the scores of the sub-indicators. After calculating the score for each KPI, a score is assigned for each area based on the average of the KPI scores, weighted by the assigned weights.

- In the following analysis, it is important to emphasize the difference between the Countries considered. Indeed, some important caveats should be taken into account:
  - The **methodological framework** of the “Headway 2023 - Mental Health Index” focuses on providing a multidimensional picture on Mental Health across the Countries considered. However, **structural differences** exist and create limitations in terms of data comparability between **different databases** and **health and social care systems**.
  - The choice of different KPIs and the design of the “Headway 2023 - Mental Health Index” aim at balancing between the application of **analytical principles** and **qualitative interpretation** of responsiveness in terms of Mental Health. Given that, the lack of available and reliable data might induce some biases.
  - **Mis-** and **under-reporting** can be identified as an area of improvement for many European Countries as well as the adoption of standardized approach to data collection and monitoring.

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- This area aims at evaluating the **outcomes related to the Mental Health of citizens** achieved by different European Countries by analyzing different **indicators**:

- Prevalence** (rate per 100,000 inhabitants) of depression, anxiety, schizophrenia, bipolar disorders, autism, attention deficit hyperactivity disorder - ADHD (for <20 years), conduct disorders (for <20 years) and intellectual disorders (for <20 years). It measures the proportion of a population with a specific characteristic in a given time period;
- Disability** measured in YLD (Years Lived in Disability) per 100,000 inhabitants of mental and behavioral disorders (general population and <20 years). It quantifies the burden of living with a mental disorder;
- Age-standardized mortality rate** of mental and behavioral disorders and suicide. It measures mortality net of the demographic structure of different European Countries;
- Risk factors**, including:
  - Smoking**: percentage of the population smoking more than 20 cigarettes per day;
  - Alcohol abuse**: percentage of young and adult population who report heavy episodic drinking in the previous 30 days;
  - Drug abuse**: percentage of the population having used any illicit drug over lifetime;
  - Bullying**: percentage of the young population who reported being bullied at least twice at school in the previous 2 months;
  - Sexual abuse**: YLDs per 100,000 inhabitants due to sexual abuse (<20 years)

KPI	Unit of measure	Source
<b>Prevalence</b> (depression, anxiety, schizophrenia, bipolar disorder, autism, ADHD, conduct disorders and intellectual disorders)	Rate per 100,000 inhabitants	Global Burden of Disease, databases of National Statistic Institutes of Member States, official platforms of scientific associations
<b>Disability - Years Lived with Disability</b> (mental and behavioral disorders for general population and <20 years)	Rate per 100,000 inhabitants	Global Burden of Disease
<b>Mortality</b> (mental and behavioral disorders and suicide)	Standardized rate per 100,000 inhabitants	Eurostat and databases of National Statistic Institutes of Member States, official platforms of scientific associations
<b>Risk factors</b> (smoking and drug use in adults and adolescents, alcohol abuse in adults, bullying in young people and sexual abuse)	% and Rate per 100,000 inhabitants	Eurostat, European Monitoring Center for Drugs and Drug Addiction, Global Burden of Disease and databases of National Statistic Institutes of Member States, official platforms of scientific associations

# Prevalence of Mental Health disorders in Europe

- The priority level of Mental Health was **already increasing before the COVID-19 pandemic**. According to the most recent estimates by the Global Burden of Diseases, more approximately **84 million people** (1 out of 6 people) are affected by some kind of **Mental Health conditions in Europe**, thus positioning Mental Health conditions among the **Top 10 most common non-communicable diseases**.

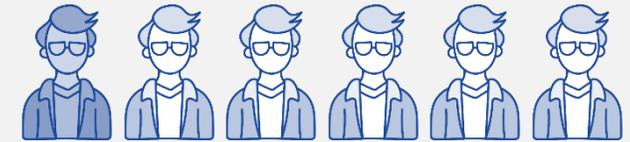
- The prevalence of Mental Health disorders **varies greatly among European countries**, with values ranging from approximately **15%** in **Eastern Europe**, to **18%** and above in **Central and Northern European** countries. Nevertheless, it has to be highlighted how **psychiatric disorders are substantially and consistently under-reported**, especially when compared with physical disorders. This seems to be particularly the case in **Eastern European countries**, in which **mental illness and its impacts have been underestimated by both the Governments and the public**, as suggested in recent papers\*.

- Among Mental Health disorders, **anxiety disorders** (5,529 cases per 100,000 inhabitants) and **depressive disorders** (4,367 cases per 100,000 inhabitants) are the **most common**, followed by bipolar disorder, Autism spectrum disorder and schizophrenia (337 per 100,000 inhabitants).

Source: The European House – Ambrosetti on OECD and Global Burden of Disease (GBD) data, 2021

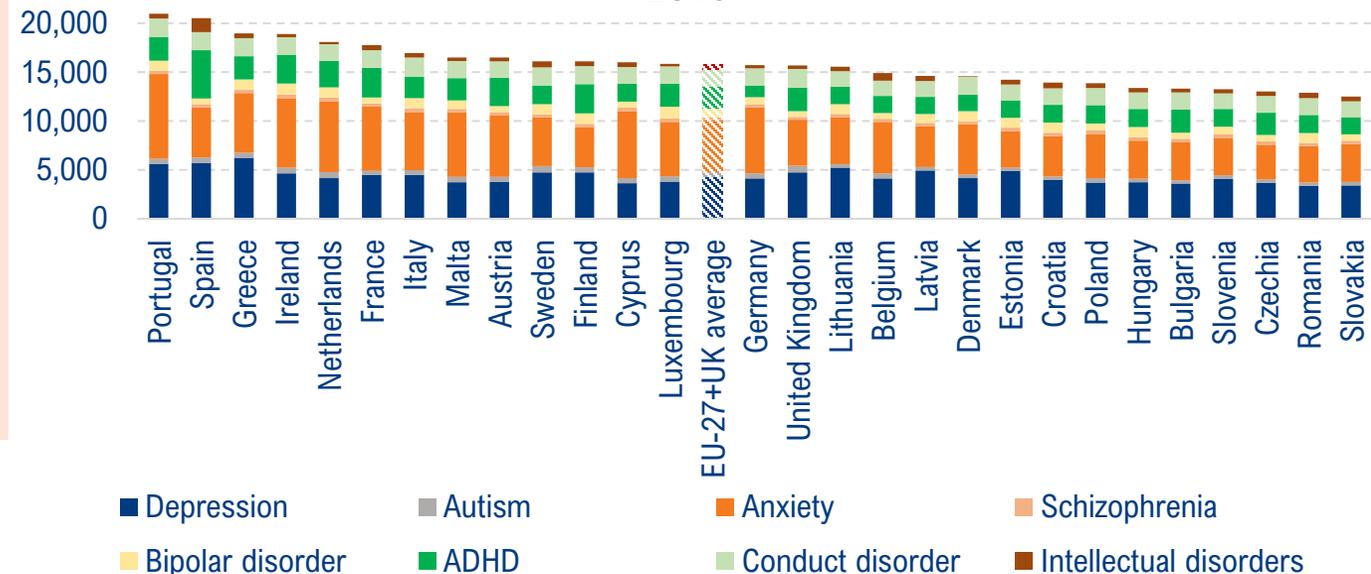
In Europe, **84 million individuals** have experienced a **Mental Health disorders**

**>1 out of 6 people**



**are affected by Mental Health disorders**

**Prevalence of Mental Health disorders in Europe (per 100.000 inhabitants), 2019\*\***



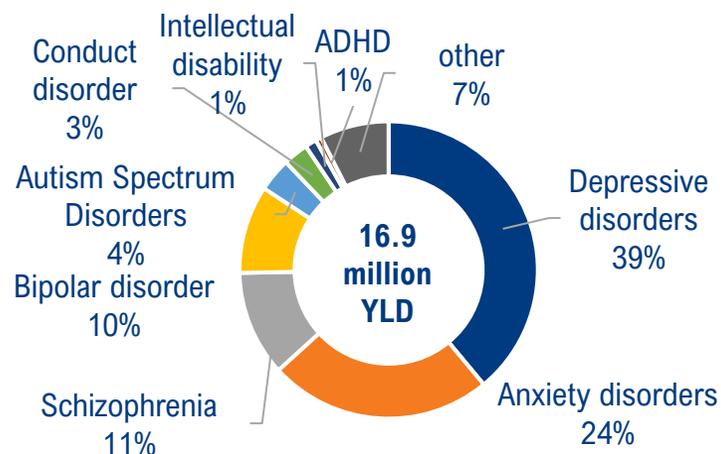
(\* ) Dlouhy, Martin, "Mental Health policy in Eastern Europe: a comparative analysis of seven Mental Health systems", 2014

(\*\*) For ADHD, conducts disorders and intellectual disorders, the prevalence among <20 years old is considered.

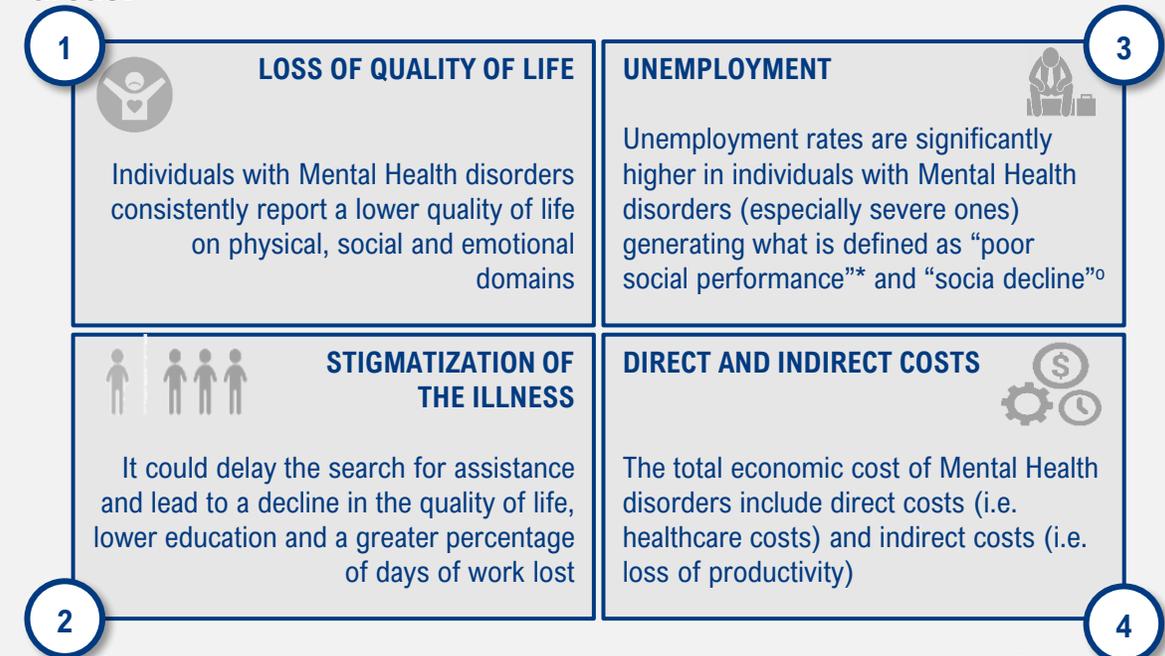
# The burden of Mental Health in Europe (1/2)

- Mental Health disorders are considered as one of the **largest contributors to chronic conditions** of the European population. In fact, Mental Health disorders are at the **2<sup>nd</sup> place** among the most **common disabling non-communicable diseases** (after musculoskeletal disorders) and represent **15%** of the **European's burden of disability** (in terms of years lived in disability - YLD), equal to **16.9 million YLD**.
- Depressive disorders alone led to **5.4%** of all YLD, making it the **4<sup>th</sup> leading cause of YLD** in the European Union, whereas Anxiety disorders and Schizophrenia are respectively ranked in the 6<sup>th</sup> and 19<sup>th</sup> position.

**Distribution of YLD by Mental Health disorders (%), 2019**



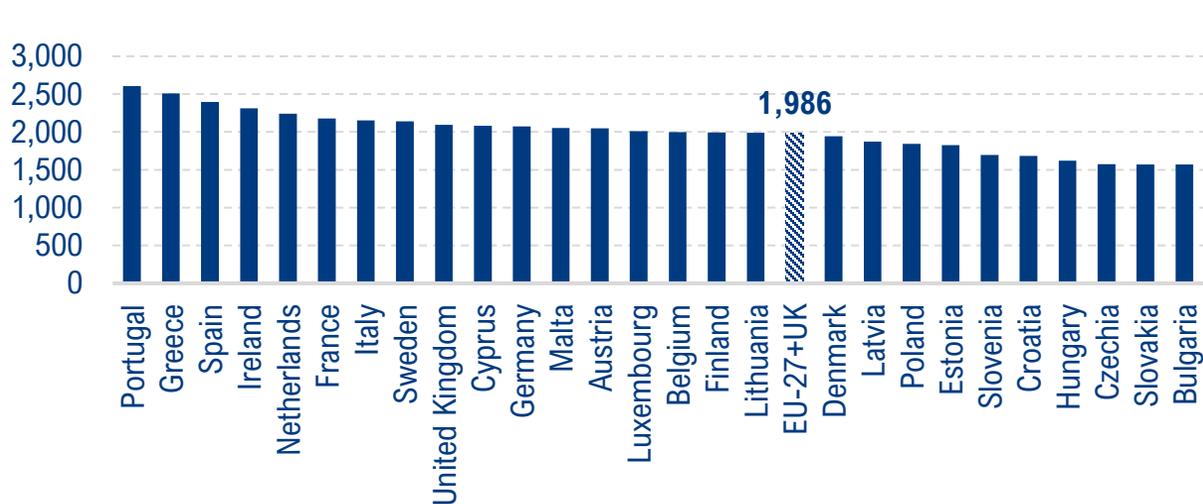
- The boundaries of Mental Health go beyond age, sex, social status and origin and have an **important impact not only on individuals and families but on society as a whole**. The burden of Mental Health disorders can be divided into four principal areas:



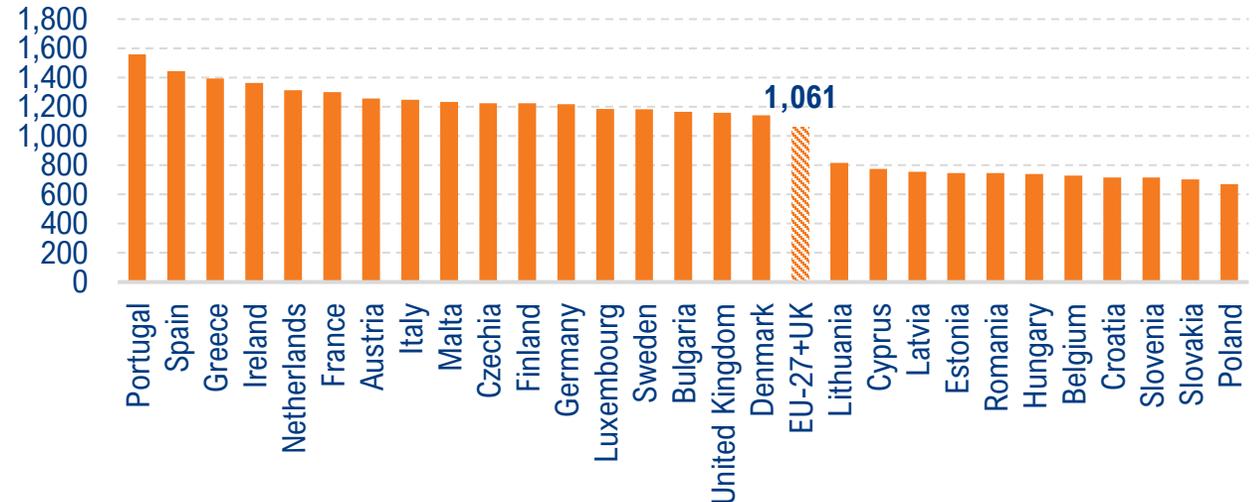
(\*) association between early-onset Mental Health disorders, impairment of academic performance and subsequent lower socio-economic status of adults  
 (o) loss of job and subsequent prolonged period of unemployment following the onset of a mental disorder and difficulty in returning to the labor market after total or partial remission

# The burden of Mental Health in Europe (2/2)

Years lived with disability of Mental Health disorders -  
total population (per 100,000 inhabitants), 2019



Years lived with disability of Mental Health disorders -  
<20 years (per 100,000 inhabitants), 2019



- The **burden of Mental Health disorders** amounts on average in the EU+UK area to **1,986 Years Lived with Disabilities per 100,000** inhabitants in the overall population. The worst performing Countries are Portugal, Greece and Spain and the Country that reports the lowest burden of Mental Health disorders is Bulgaria. However, the results are likely to be biased by mis- and under-reporting, especially in **those Countries where stigma and discrimination is widely spread**, and data related to Mental Health disorders are poorly collected and monitored. In fact, according to a study by researchers from Harvard T.H. Chan School of Public Health and King's College London\*, **the disability and mortality that results from mental illness may be underestimated by more than a third.**
- In the <20 years age group, regardless of their young age, **the burden of Mental Health disorders in terms of YLDs is lower on average than in the general population (1,061 YLDs per 100,000 inhabitants)**, suggesting that identifying and **treating Mental Health disorders at a young age prevents long-lasting and rooted disorders in adult age.**

(\* ) Vigo, Daniel, Graham Thornicroft, and Rifat Atun, "Estimating the true global burden of mental illness", 2016

# The mortality of Mental Health disorders in Europe

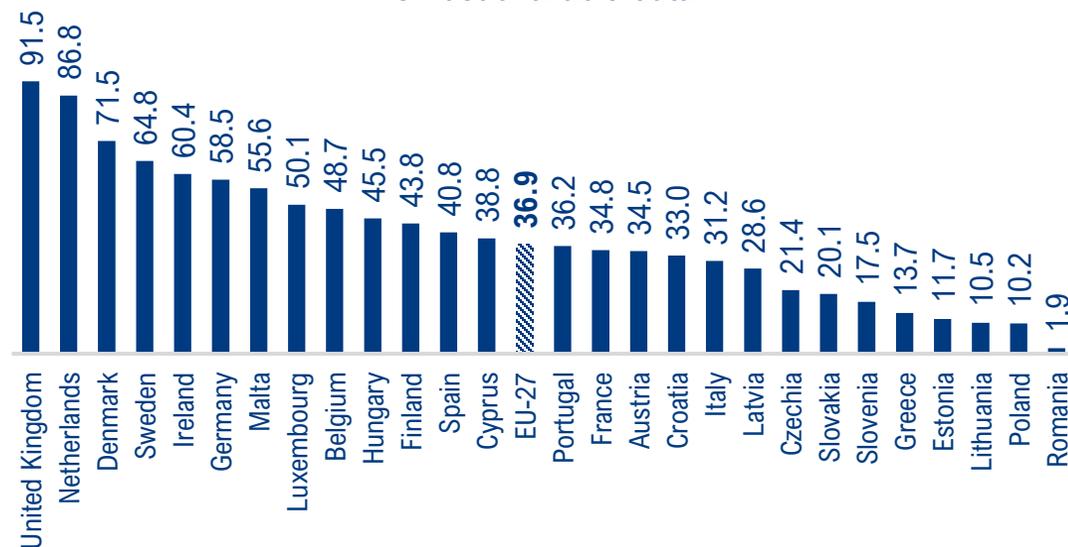
- According to the most recent Eurostat data, in 2017, there were **165,000 deaths in the EU-27** resulting from mental and behavioral disorders, equivalent to **3.7%** of all deaths.
  - The proportion of deaths in the Netherlands (8.5%) from mental and behavioral disorders was more than twice as high as the EU-27 and UK average, while mental and behavioral disorders also accounted for at least 1 in 20 deaths in Sweden, Denmark, Ireland, Germany, Luxembourg, Malta, Belgium and Spain. By contrast, less than 1.0 % of all deaths were from mental and behavioral disorders in 4 of the EU Member States, with this share as low as 0.1 % in Romania and Bulgaria. Again, this might be a **case of under- and mis-reporting in some countries.**

- A **higher share of women** in the EU-27 died from mental and behavioral disorders: **4.5%** of deaths among women vs. **2.8% among men.**
- Mental and behavioral disorders are particularly **common cause of death at advanced ages**: the EU average standardized death rate from mental and behavioral disorders for those aged 65 and over was 55 times as high as the standardized death rate for persons aged less than 65. Deaths in younger ages, on the other hand, can be considered as premature.

  
**165,000**  
 annual deaths due  
 to mental and  
 behavioral disorders

Even though this is an **under-estimation**, since a significant number of people affected by Mental Health disorders also **die prematurely** due to **higher rates of physical health disorders** and **chronic diseases** that are not properly treated

**Standardized death rate of mental and behavioral health disorders in European countries** (per 100,000 inhabitants), 2017 or last available data

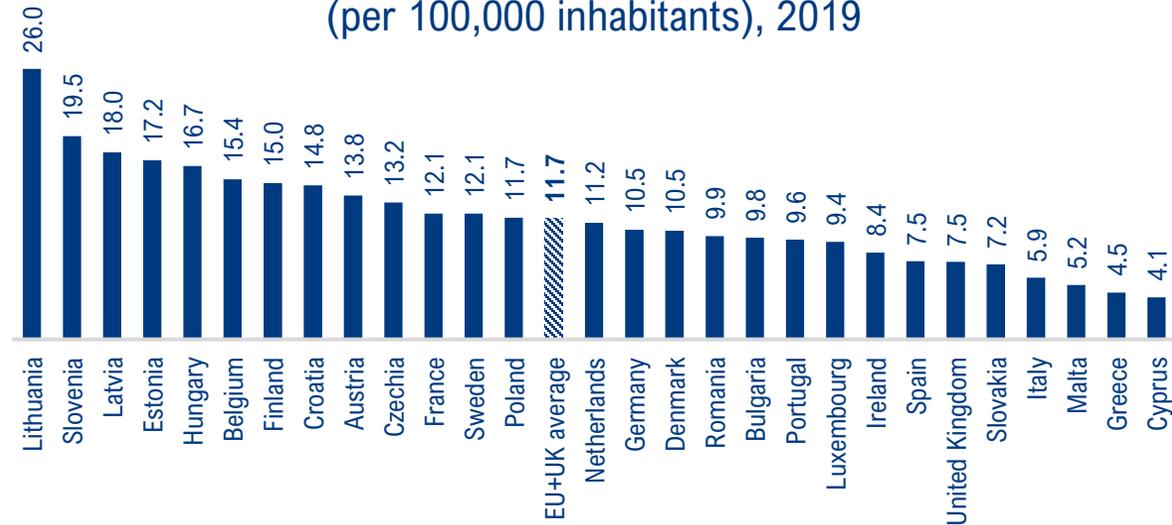


# 1 Focus on suicide rates

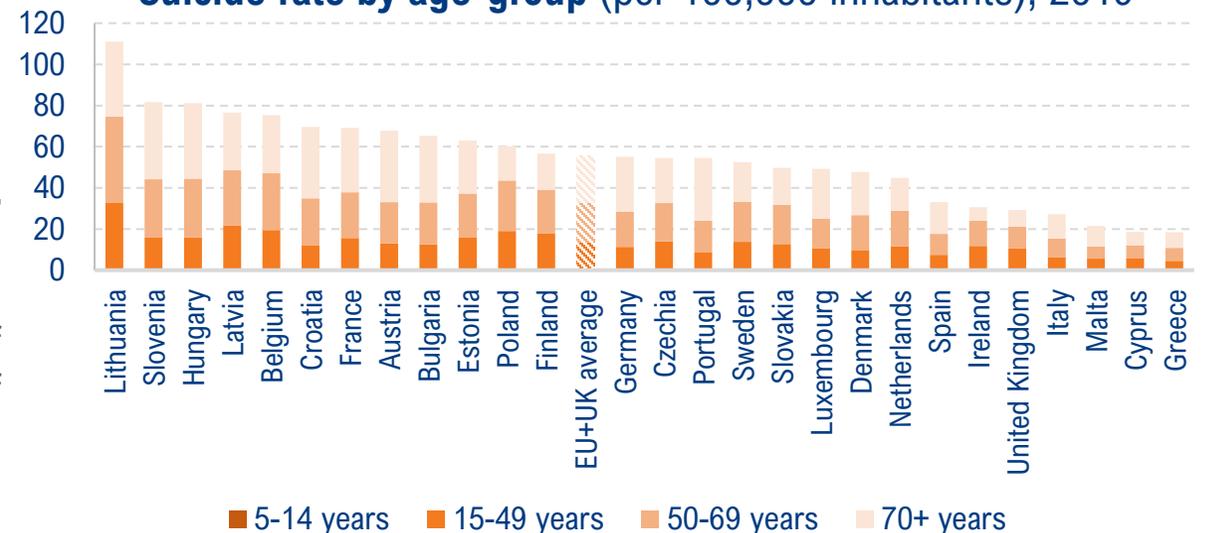
- Suicide is the **6<sup>th</sup>** cause of death in the European Union in the population aged less than 70 years and the **4<sup>th</sup>** cause of death in the population below <20 years. On average, in 2019, **11.7 people per 100,000 inhabitants** committed suicide. Mental Health disorders play a major role in suicide and suicidal behaviors. Given that, **the age-standardized suicide rate is heterogeneous across Europe.**

- Countries with the **highest suicide rate** are Lithuania and Slovenia (respectively **26** and **19.5 cases each 100,000 inhabitants**), while Countries reporting the **lowest suicide rate** are **Greece** and **Cyprus** (respectively **4.5** and **4 cases per 100,000 inhabitants**).
- Lithuania reports the **highest number of suicides per 100,000 in all the age-groups** (**0.8**; **32.2** and **41.7** each 100,000 inhabitants respectively) except for the **population 70 and above**, whereby Slovenia reports the worst results (37.4 cases per 100,000 inhabitants).
- According to recent data, in several European Countries a **worrying increase in the number of suicide cases since the start of the Covid-19 pandemic** is being observed, a trend also confirmed by the WHO: social isolation, fear of contagion, uncertainty, chronic stress and economic difficulties linked to the Covid-19 pandemic are just some of the conditions that can lead to the development or exacerbation of depressive disorders and increase suicide rates.

**Age-standardized suicide rate**  
(per 100,000 inhabitants), 2019



**Suicide rate by age-group** (per 100,000 inhabitants), 2019

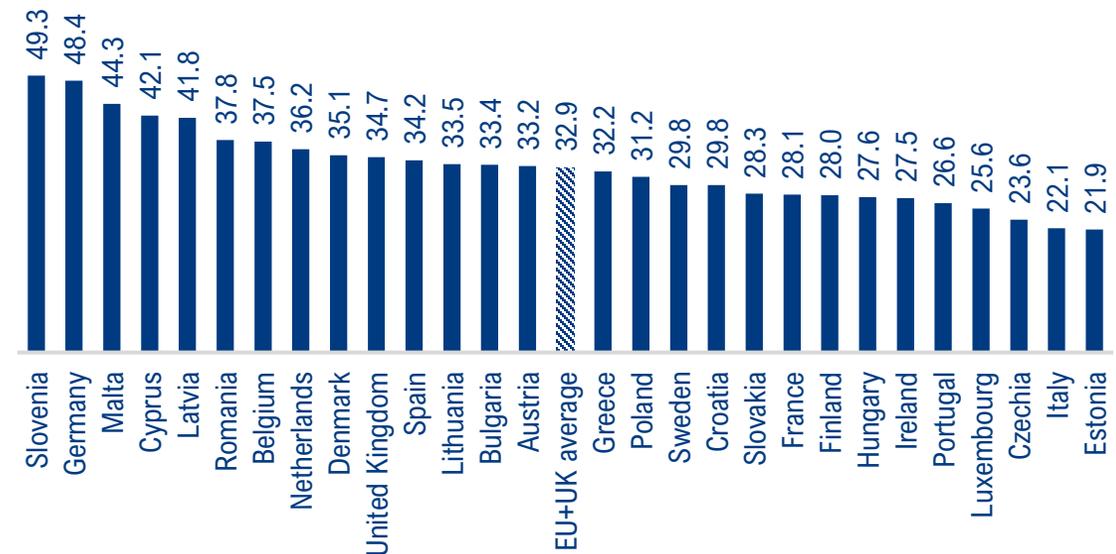


- **Addictive behaviors**, bingeing and episodes of abuse of **alcohol, tobacco and drugs** are frequently related and represent major signaling factors of incoming or ongoing Mental Health disorders.
- Alcohol-related harm is a **major public health issue** in the European Union. High alcohol consumption is associated with **increased risk of accidents and injuries, violence, homicide and suicide**.
- In 2020, more than **140 million** people in Europe (**32.9%** of the total population) reported having had **heavy episodic drinking** in the previous month. Almost half of the Slovenian and German population (**49.3%** and **48.4%**) reported alcohol abuse behaviors, more than **15 p.p.** than the EU+UK average. Italy and Estonia report the lowest percentage.
- During the COVID-19 pandemic, alcohol consumption increased between **10** and **40%** in EU Member States. This is a worrying figure, since **Alcohol Use Disorder (AUD)** is among the most common Mental Health disorders.
- **Men consume about 4 times more alcohol than women** on average across EU Countries. **51%** of European **male** adults reported having **had six drinks or more on a single occasion** in the previous month, whereas only **17%** of **women** did.

Almost **1 out of 3 people** in Europe experience **abusive behaviors related to alcohol consumption** in the previous month



**Alcohol abuse** (% of the population who report heavy episodic drinking in the previous 30 days), 2020



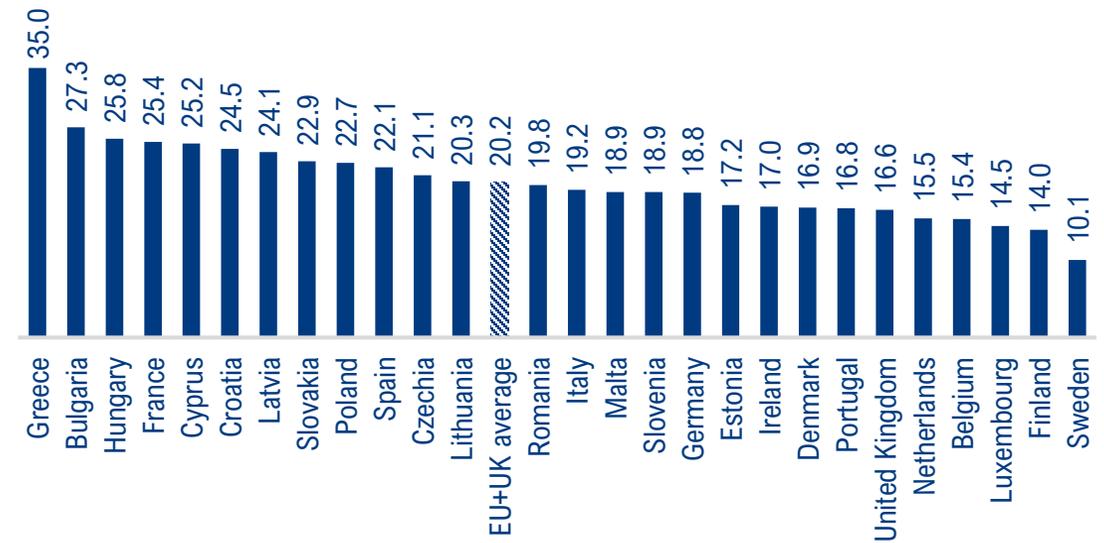
# 1 Risk factors: smoking

- **Tobacco consumption** is the first risk factor for deadliest diseases such as circulatory diseases and cancer. However, it is a **behavioral risk factor**, often associated with **addictive Mental Health disorders**.
- In 2020, almost **90 million** people in Europe (**20.2%** of the total adult population) reported smoking **more than 20 cigarettes per day**.
- The highest percentage of people smoking excessively is observed in Greece (**35%**), **15 p.p. higher with respect to the EU+UK average**, followed by Bulgaria, Hungary and France, where approximately **1 in 4 people** experience **regular excessive use of tobacco**. The best performing country is Sweden, which reports a percentage of **abusive smokers 10 p.p. lower than the EU+UK average (10.1%)**.
- **Nordic countries** both within the European Union (Sweden and Finland) report the **lowest prevalence of abusive behaviors related to smoking**.
- In general, tobacco consumption is **more common among men than women**, however the **gender gap is very low in some countries**, e.g., in UK. On average, approximately **25%** of men and **16%** of women report smoking daily.



Almost **1 out of 5 people** in Europe experience **abusive behaviors related to tobacco consumption**

**Smoking** (% of the population smoking more than 20 cigarettes per day), 2020



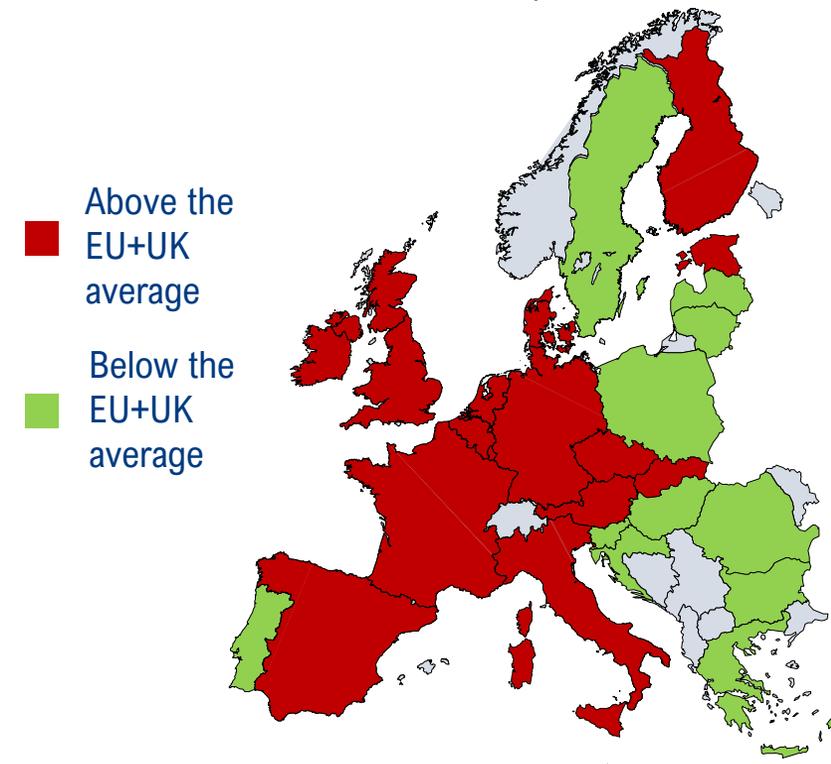
# Risk factors: drug use and addiction

- Around **83 million** of adults in the European Union are estimated to have used illicit drugs **at least once in their lifetime**.
- **Drug abuse** and **drug addiction** may be linked to Mental Health disorders. People abusing or being addicted to illicit drugs are often affected by addictive behaviors that might end up developing in a more serious mental disorder. On the other hand, people suffering from Mental Health issues might **consume drugs as a coping mechanism**. This phenomena, known as co-occurring disorders, in which both the Mental Health issue and the drug or alcohol addiction have their own unique symptoms that may get in the way of individual's ability to function at work or school, maintain a stable home life, handle life's difficulties, and relate to others.
- On average across the European Union and UK area, **22.3%** of the population report having used **illicit drugs** over lifetime. France and Denmark report the **highest consumption**, **45%** and **39%** respectively, while the **lowest percentage** is reported by Hungary and Malta, **9.9%** and **1.4%** respectively.
- Drug use is **largely concentrated** among **young adults** and higher in males compared to females. In 2020:
  - **17.4 million** young adults (aged 15-34) used drugs in the last year (**16.9%**)
  - **50.6 million** men used drugs against **32.8 million** women.

Almost **16.9%** of young adults make use of illicit drugs regularly

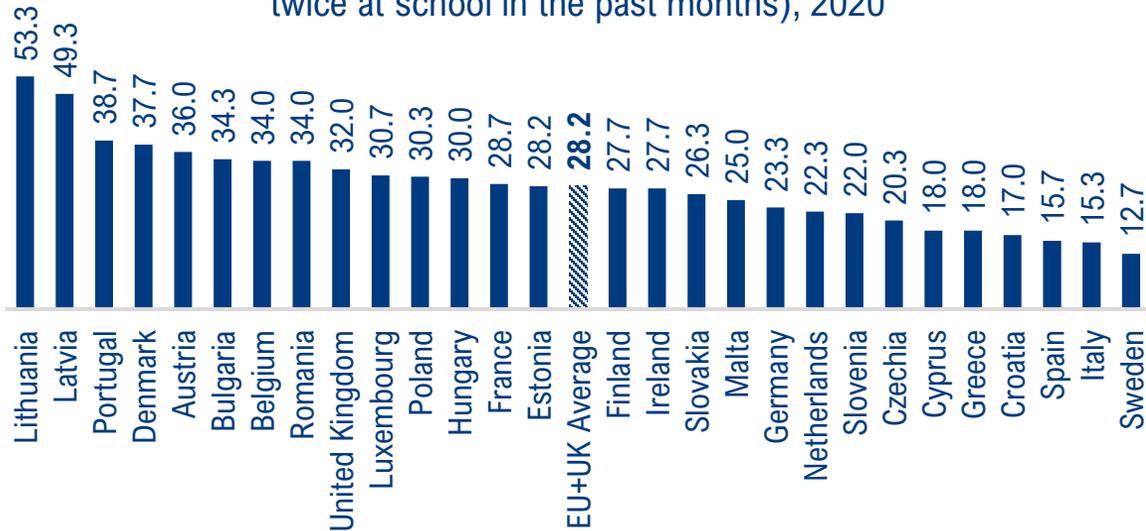


**Drug use** (% of the population having used any illicit drug over lifetime), 2020



## BULLYING

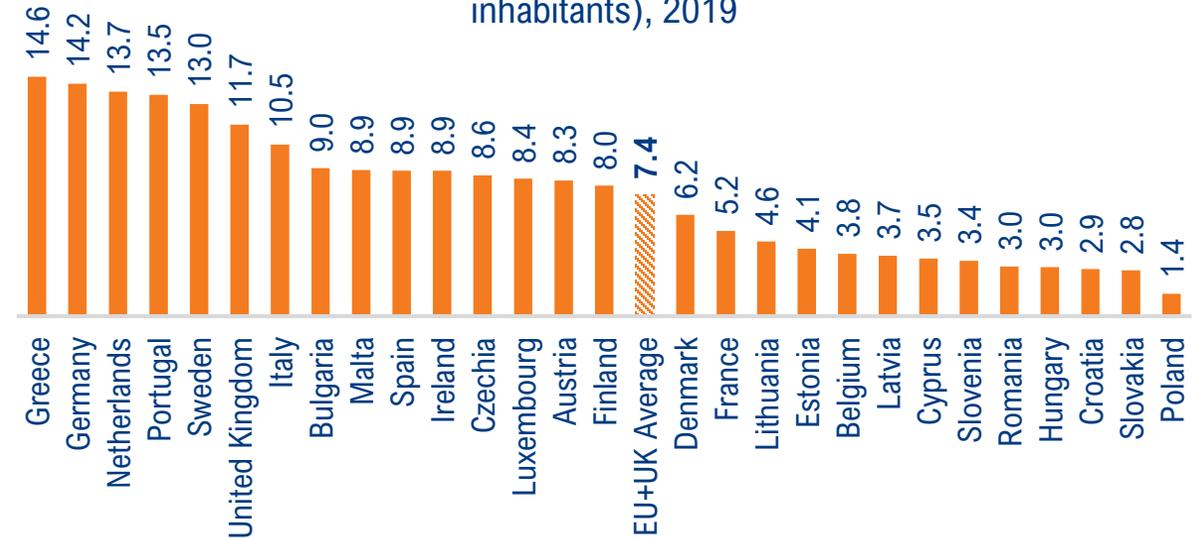
**Bullying** (% of young population reporting being bullied at least twice at school in the past months), 2020



- **Bullying** affects thousands of children and adolescents in the European Union and represents a major **risk factor for Mental Health disorders**. On average, **28.2%** of young people reported having **experienced bullying on a monthly basis**. However, the results of different Countries are likely to be affected by cultural variations in the definition and perception of bullying.
- Cyber bullying is also a major threat: according to the most recent data, in the European Union, among the 9–16-year-old population, **80% reported to be a victim of cyber-bullying**.

## SEXUAL ABUSE

**Burden of sexual abuse** (YLDs rate per 100,000 inhabitants), 2019



- **Sexual abuse** is considered a **risk factor** and most of the victims are at risk of developing a mental disorder. On average, in the EU+UK, the **burden of sexual abuse** in terms of its Mental Health consequences amounts to **7.4 Years Lived with Disability (YLDs)** each 100,000 inhabitants.
- Given that, the results of different Countries may be **biased by lack of available data** and heavy **mis- and under-reporting**.

# Index



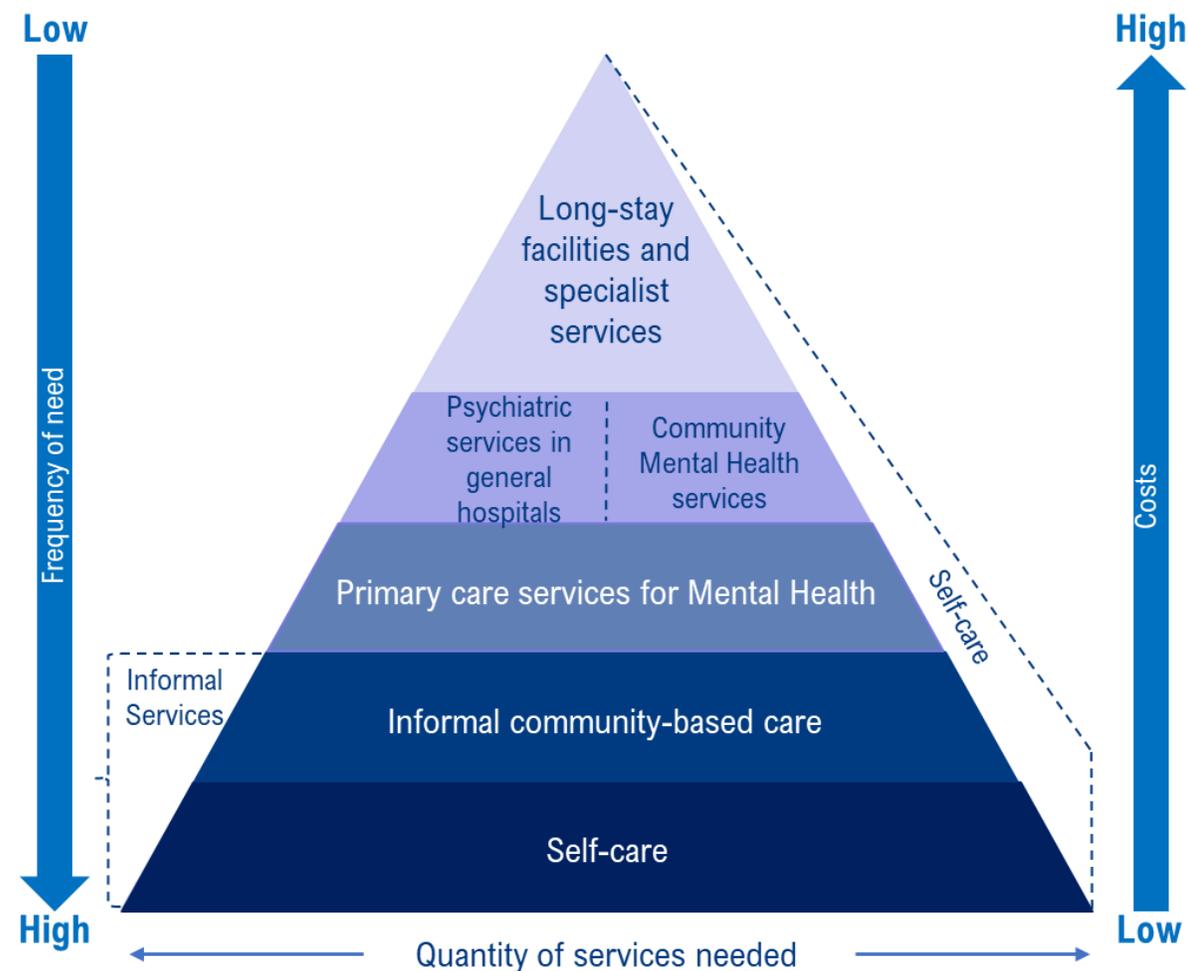
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- The aim of this area is to assess the **ability of healthcare systems to improve** (or at least not worsen) **current Mental Health outcomes** in the near future. The indicators considered are:
  - **Availability of healthcare professionals specialized in Mental Health** (rate per 100,000 inhabitants) such as psychiatrists, child neuropsychiatrists, psychologists and nurses;
  - **Availability of structural resources for Mental Health at hospital and community level** (rate per 100,000 inhabitants) such as hospital beds and number of facilities at community level;
  - **Appropriateness of Mental Healthcare** such as hospitalizations, length of stay and psychological/psychiatric consultations.
  - **Economic resources for Mental Health** measured as the % on total healthcare expenditure.
- Some of the European Countries **lack data** on some of the above-mentioned indicators, signaling a **major problem in monitoring** the capacity to respond to Mental Healthcare needs. Thus, in the analysis, **estimates** were made based on available knowledge of specific Countries and based on the average performance of the EU27+UK Countries.

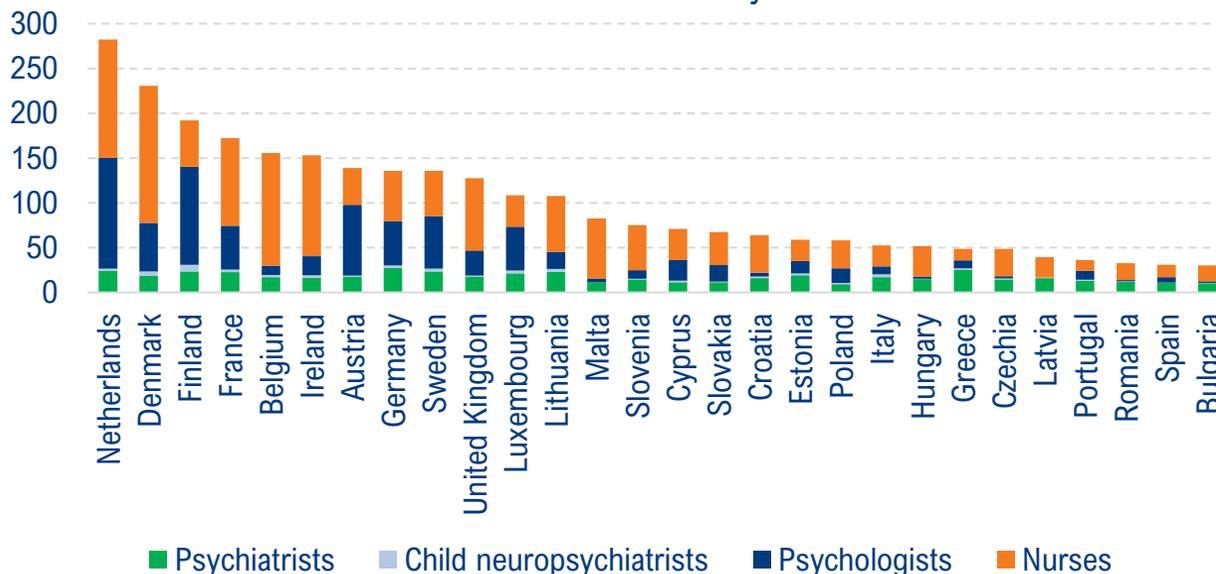
KPI	Unit of measure	Source
<b>Availability of healthcare professionals specialized in Mental Health</b> (e.g., psychiatrists, child neuropsychiatrists, psychologists, nurses)	Rate per 100,000 inhabitants	Eurostat, WHO and National Institutes of Statistics database and scientific articles
<b>Availability of structural resources for Mental Health at hospital and community level</b> (hospital beds, number of facilities at community level)	Rate per 100,000 inhabitants	Eurostat, WHO and National Institutes of Statistics database and scientific articles
<b>Appropriateness of Mental Healthcare</b> (hospitalizations, length of stay and psychological/psychiatric consultations)	Rate per 100,000 inhabitants Days %	OECD and Eurostat
<b>Economic resources for Mental Health</b>	% on healthcare expenditure	Eurostat, WHO and National Institutes of Statistics database and scientific articles

- The WHO has developed an **optimal mix of services framework providing Countries with a guidance** on how to organize and manage Mental Health services. As the figure on the right shows, the **plurality of services for Mental Healthcare should be self-managed or managed through informal community care**. Long-term facilities and specialist services should be used least. In addition, mental hospitals and specialist services are those encompassing the highest costs yet are the least frequently needed.
- At European level, most Countries have implemented Mental Health policies and legislation, whereas many are making progress with the **implementation of community-based Mental Health services**, though with significant difference across Europe. The difference in adopting Mental Healthcare strategies across European Countries is emphasized by the fact, that some Countries in the European Region provide a **comprehensive network of community-based Mental Healthcare**, whereas others still heavily rely on the use of large mental hospitals for their Mental Health services and are therefore struggling to implement their strategies.
- Due to the above-mentioned and due to the lack of reliable indicators and valid information, the **elaboration of meaningful comparisons of the provision of Mental Healthcare in Europe is hampered**. However, it is of crucial importance to try to **analyze and compare Mental Healthcare strategies and policies across European Countries**.



## Availability of healthcare professionals and infrastructures

**Healthcare professionals** (rate per 100,000 inhabitants), 2020 or most recent available year\*



(\* ) includes both private and public professionals. In case of Italy and Spain, data considers only healthcare professional working in the public sector

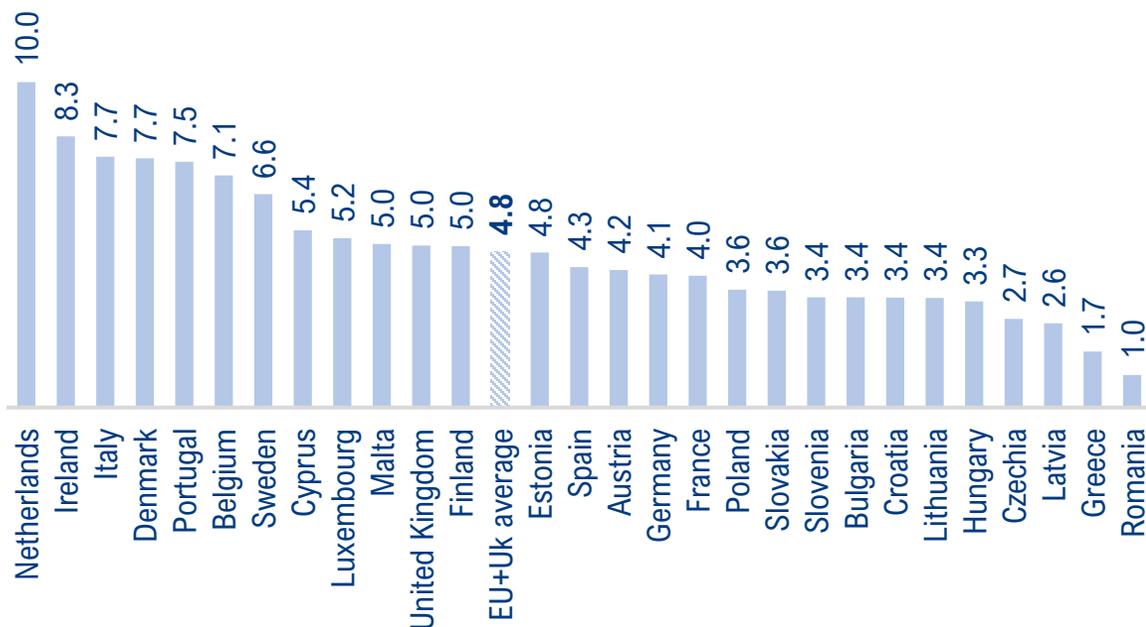
- **Healthcare professional availability varies significantly across the EU.** The **gap between the best and worst performing Countries** (Germany and Poland) in the rate of **psychiatrists** is equal to **18**; in **Child neuropsychiatrists** between Finland and Malta is equal to **7.2**; in the rate of **psychologists**, between The Netherlands and Latvia, is **123** and when it comes to nurses, between Denmark and Spain, the difference is **150**.

**Healthcare infrastructures** (rate per 100,000 inhabitants), 2020 or most recent available year

	Psychiatric hospital beds	Child and adolescent specific inpatient beds	Mental Hospitals	Mental Health units in general hospitals	Mental Health outpatient facilities
<b>EU+UK average</b>	0.7 per 100,000 inhabitants	3.4 per 100,000 inhabitants	0.2 per 100,000 inhabitants	0.5 per 100,000 inhabitants	3.9 per 100,000 inhabitants

- The **result of the EU+UK area** along the five dimensions considered to assess the availability of healthcare infrastructures is **medium to low**.
- The overall score is especially **low (3.4/10)** when it comes to the **availability of children and adolescents' specific inpatient beds**, signaling potential **mis- and under-treatment**.
- Moreover, the score is particularly **low (3.9/10)** in outpatient facilities, potentially signaling a **lack of adequate support** in low-intensity care and a poor development of community-based care in many European countries.

### Quality of care final score (min=1; max=10), 2020



- **Netherlands, Ireland, Italy and Denmark** achieved the highest score in **quality of Mental Healthcare**, while Latvia, Greece and Romania scored the lowest. The results of the worst performing Countries is **aligned to the European Average** when it comes to **hospital discharge rates** (738 per 100,000 inhabitants), but it is significantly below the average when considering **hospital average length of stays** and **frequency of Mental Health consultations**.

### Economic resources (% of total healthcare expenditure), 2020 or latest available year\*



- The **average expenditure for Mental Healthcare** with respect to total healthcare expenditure in the EU+UK is equal **5.5%**. However, some Countries invest more than or almost double with respect to the EU average, such as **Germany (11.3%)**, **Sweden (10.0%)** and **UK (9.5%)** widely exceed the overall average.
- The results are likely to be influenced by the overall Healthcare System design, **cultural factors** and varying data reporting across Countries.

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## Responsiveness to the needs of individuals with Mental Health disorders in workplaces, society and schools

The aim of this area is to assess the **responsiveness of the systems to the needs in work, schools and society** of people with Mental Health problem (MHP) through various KPIs:

- **Workplaces:**
  - Employment situation of people with MHP such as lost work productivity and employment rate;
  - People with MHP receiving illness and unemployment benefits;
  - Existence of Mental Health promotion programmes in the workplaces to raise awareness and fight stigma and discrimination.
- **Society:**
  - Social support evaluated through the number of social workers, social support received and availability of residential and semi-residential centres;
  - People receiving social disability benefits;
  - Existence of Mental Health promotion programmes outside of the working and educational environment.
- **Schools:** the overall responsiveness is assessed by monitoring the rate of day centres for young people with a mental disorder, the percentage of youth with mental disorders dropping out of school and the existence of Mental Health promotion programmes in the school environment.
- Some of the European Countries **lack data** on some of the KPIs taken into account.

### WORKPLACES

KPI	Unit of measure	Source
<b>Employment situation of people with MHP</b> (Lost work productivity and employment rate of people with MHP)	%	OECD (Report, Fit for the Job)
<b>Persons receiving employment benefits</b> (for illness and unemployment)	Rate per 100,000 inhabitants	OECD (Health at a Glance)
<b>Existence of Mental Health promotion programmes</b>	Number	WHO and EU Compass
<b>Social support</b> (number of social workers, social support received and availability of residential and semi-residential centres)	Rate per 100,000 inhabitants %	Eurostat and WHO
<b>Persons receiving social benefits</b> (for disability)	Rate per 100,000 inhabitants	OECD (Health at a Glance)
<b>Existence of Mental Health promotion programmes</b>	Number	WHO e EU Compass
<b>Day centres for youth with mental disorders</b>	Rate per 100,000 inhabitants	WHO
<b>Youth dropping out of school also having MHPs</b>	%	OECD (Report, Fit Mind, Fit Job)
<b>Existence of Mental Health promotion programmes</b>	Number	WHO and EU Compass

### SOCIETY

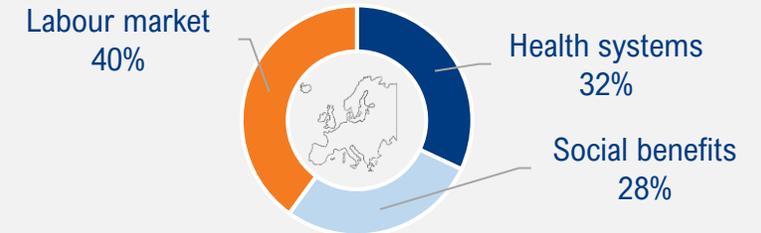
### SCHOOLS

## The economic burden of Mental Health disorders in Europe

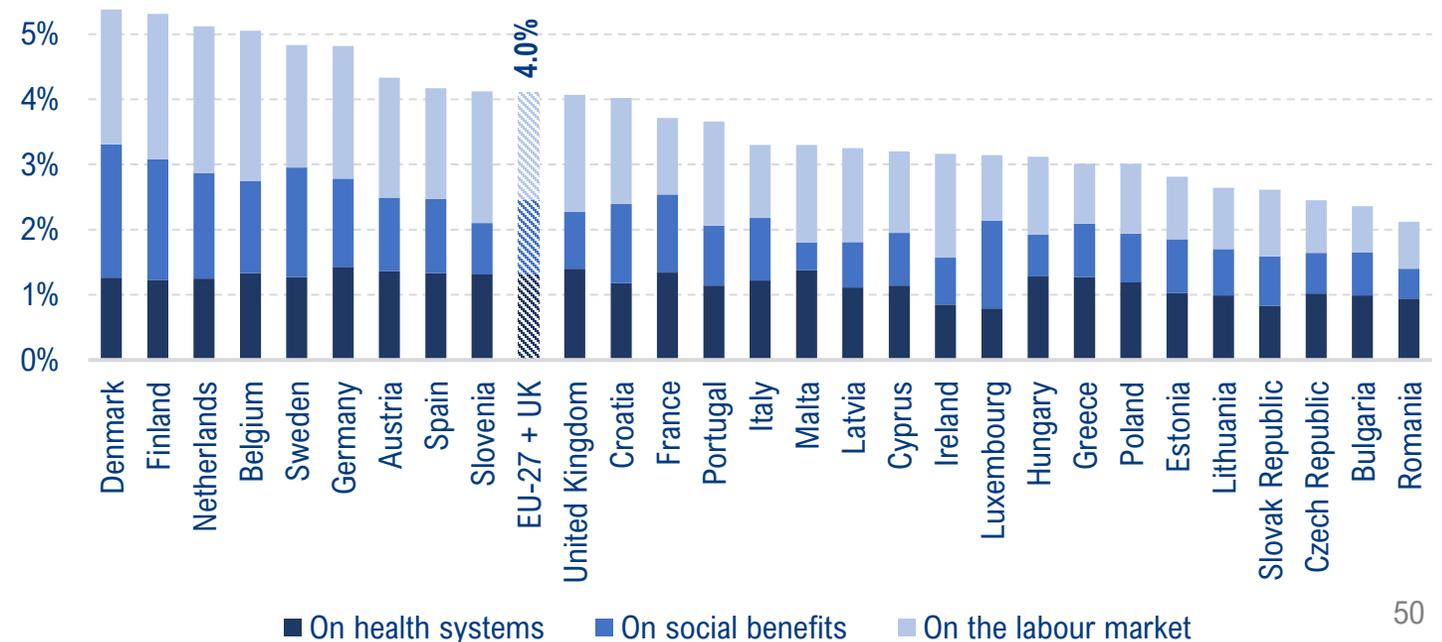
- The urgency to further improve mental well-being is supported by recent OECD studies that estimate **total costs related to mental ill-health** at more than **4% of GDP** (over 600 billion euro):
  - 190 billion euro** (or 1.3% of GDP) is **direct spending on health care**;
  - 170 billion euro** (1.2% of GDP) is **spending on social security programmes**;
  - 240 billion euro** (1.6% of GDP) is caused by **indirect costs in the labour market**, driven by lower employment rates and reduced productivity due to mental illness.
- As pointed out by the OECD, despite these costs being significant, they are **still significantly underestimated**, as several other costs have not been considered, such as social spending related to Mental Health disorders and the higher cost of treating a physical illness if the patient also has a mental illness.

The **total costs**, both direct and indirect, of **Mental Health disorders** are more than **600 billion euro (4% of GDP)** across Europe

**Distribution of direct and indirect costs of Mental Health disorders in EU (% of total)**



**Direct and indirect costs of Mental Health disorders in Europe (% of GDP)**





### RELATIONSHIP BETWEEN WORK AND Mental Health

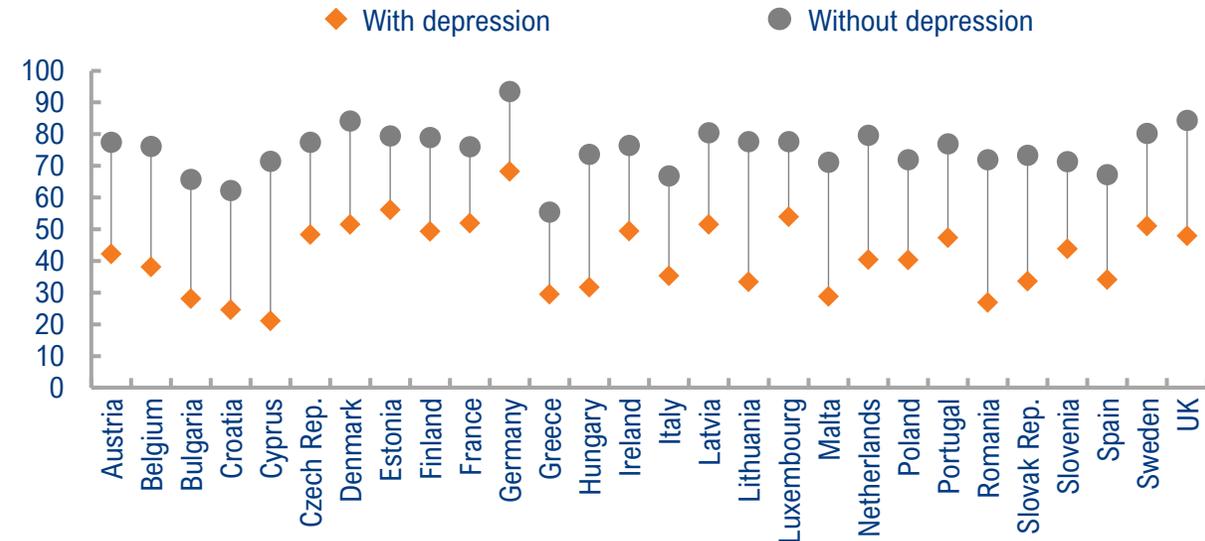


- **Good Mental Health is vital for people to be able to lead healthy and productive lives.** Mental Health disorders, in fact, significantly impact on people's everyday life, including their ability to work, and limiting their capacity to participate in the labour market.
- This can lead to a “vicious” circle whereby **the longer people are out of work, the more damaging the consequences are.** As of 2020, the negative impact of COVID-19 crisis on mental wellbeing can further deepen these consequences, especially amongst **young people** and **people with lower socio-economic status.**
- At European level, the Mental Health and well-being of workers is increasingly recognized as a relevant issue for stakeholders in the workplace:
  - for **employers**, there is increasing evidence of the costs incurred, which can be expressed in terms of **absenteeism**, **presenteeism** and **lower productivity**, and **less tangible aspects** such as low workforce morale and a poor reputation for the organization, which are more difficult to quantify. Other issues relate to how Mental Health and wellbeing can be managed: how risks can be mitigated, how Mental Health and wellbeing can be promoted, how return to work can be managed, and how recruitment procedures for people with Mental Health disorders can be managed;
  - for **workers**, the costs relate to loss of pay and the social and health effects of Mental Health disorders. Other aspects of stigma, recovery and reintegration into work are of particular significance.

## Responsiveness to the needs of individuals with Mental Health disorders in workplaces (2/3)

- According to OECD data, mental ill-health, especially of the mild-to-moderate kind, affects as much as **20% of the working-age population** at any given moment in their lives, while 70% of the employed population report mild to moderate forms of Mental Health disorders.
- Evidence suggests that there are two main issues concerning labour market: **employment and unemployment gaps** on the one hand, and **job quality and work performance** issues on the other.
  - Employment rates in people with common Mental Health disorders are 60-70%, compared with **45-55%** for those with severe Mental Health disorders. Data also suggests that 55% of people with Mental Health disorders make **unsuccessful attempts to return to work**, and of those who return, 68% have **less responsibility, work less hours** and are **paid less** than before (OECD, 2012).
  - On the other side, **mental ill-health can push individuals into poor quality jobs**. People with Mental Health issues tend to earn less per hour, have less secure jobs, are less satisfied with their jobs, report strain more often, and enjoy less respect or recognition for their work.

**Employment rate of people reporting chronic depression vs. without depression in EU27+UK (% of working age population aged 25-64), 2018**

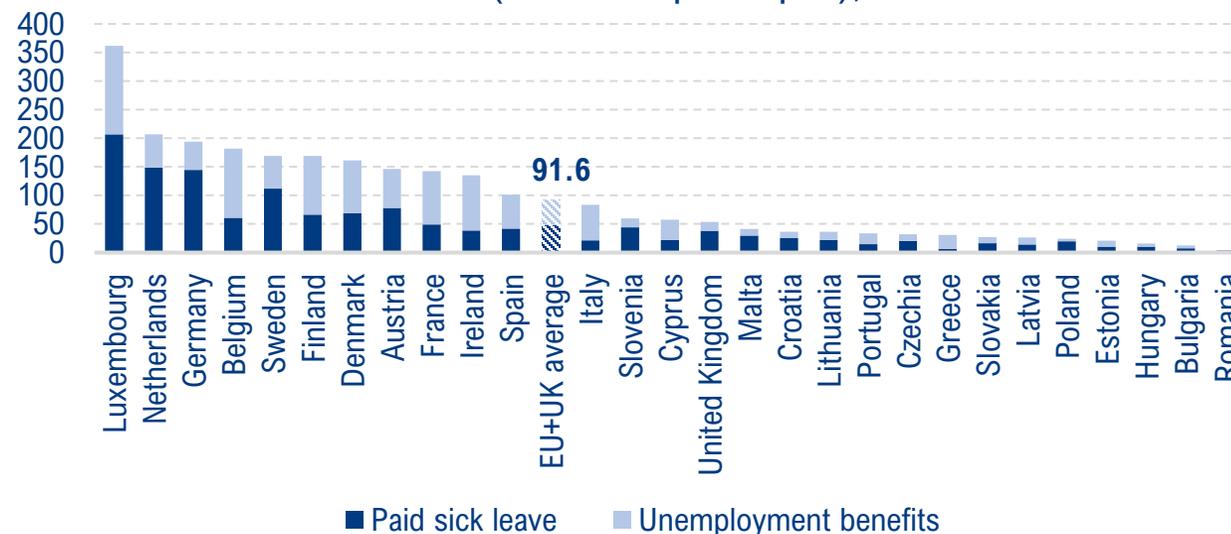


- 58%** Difference between the **wage/hour ratio** of workers with severe Mental Health disorders with the median value
- 13%** Of workers with moderate Mental Health disorders **are satisfied** with their job (vs. 34% of workers with no ill-health)
- 1 in 2** Workers with severe Mental Health disorders declare to receive the **respect and recognition at work** that their efforts and achievements deserve (vs. 85% of workers with no ill-health)

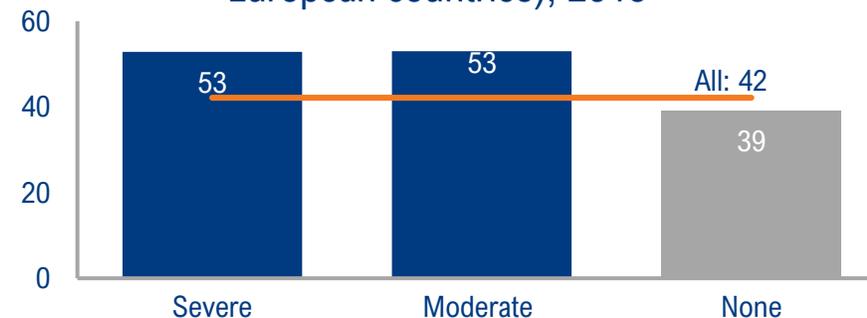
## Responsiveness to the needs of individuals with Mental Health disorders in workplaces (3/3)

- Employees' Mental Health disorders and their impact on an enterprise's productivity and **disability/medical costs are critical human resource issues.**
- Indirect measures based on employee responses suggest that productivity losses at work are substantial and the incidence of "**presenteeism**", i.e., being at work despite illness, is high. According to Eurobarometer 2010, **3 in 4 workers** who **have not taken sick leave despite their mental ill-health** report having accomplished less than they would have wished. The ratio is only **1 in 4** among their peers with no such health disorders.
- The other side of the coin is **absenteeism**. The shares of sickness absence and early retirement for Mental Health disorders have increased across Europe over the past few decades. The consequence is an increased burden of unemployed people that receive specific **unemployment benefits** that, however, are often **not enough to allow them to have an independent life as autonomous individuals.**

**Paid sick leave and unemployment benefits for Mental Health disorders (euro PPP per capita), 2018**

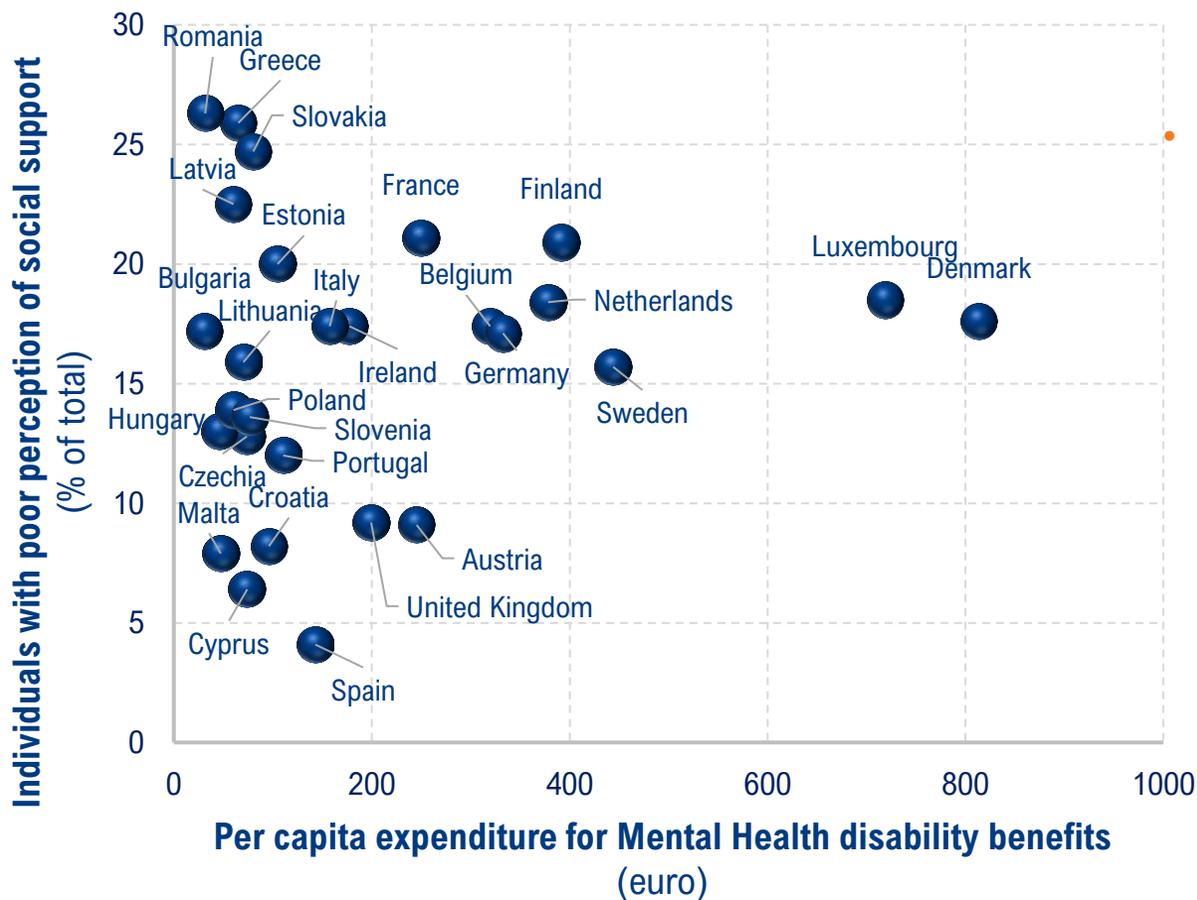


**Incidence of presenteeism for workers affected by mental ill-health in Europe (% , average incidence over a selection of European countries), 2015**



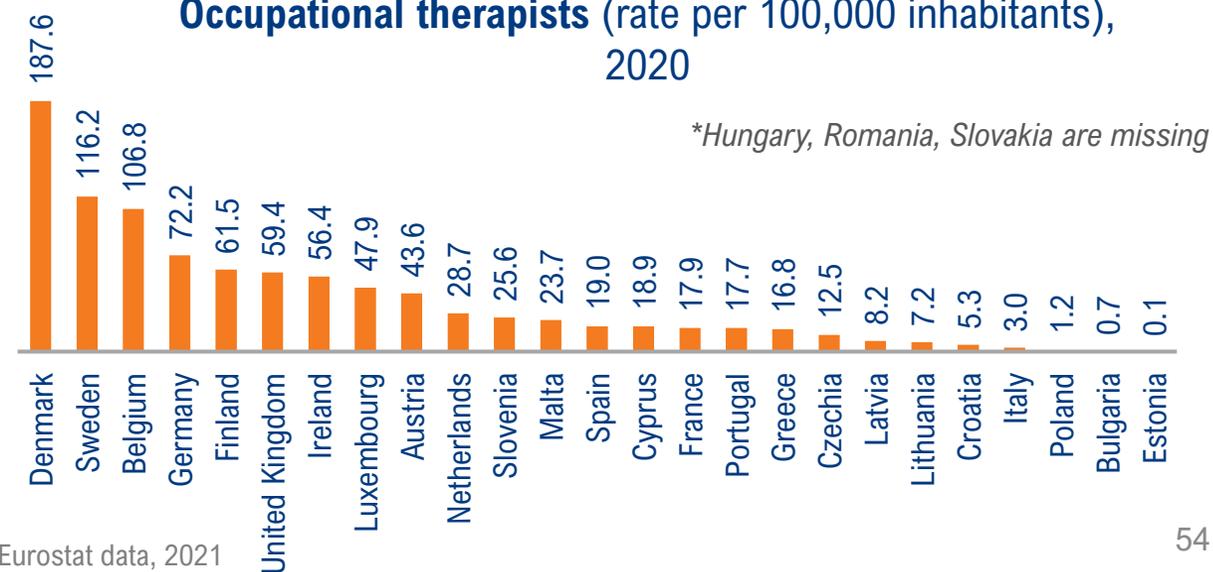
## Responsiveness to the needs of individuals with Mental Health disorders in society (1/2)

**Social support positioning,**  
2020 or most recent available year



- **Social support is mediated**, among others, by the **expenditure for Mental Health disability benefits**. The EU+UK Countries that **invest the least** in benefits to support people with Mental Health disorders report the **highest percentage of individuals with poor perception of social support**. This is **not a widespread trend** since some Countries investing little in supporting benefits also report a low percentage of social support (Cyprus, Malta, Croatia and Spain).
- Human resources also vary widely. For example, **occupational therapists per 100,000 inhabitants** are above 100 in Denmark, Sweden and Belgium, while are absent in other Countries like Bulgaria and Estonia. Other professional profiles exist such as **rehabilitation specialists, social workers** and **vocational therapists**. Those vary a lot from Country to Country depending on the design of the overall health-and social care System.

**Occupational therapists** (rate per 100,000 inhabitants),  
2020



## Responsiveness to the needs of individuals with Mental Health disorders in society (2/2)

Responsiveness of the System to Mental Health needs in society (%), 2018 or last available data

	AT	BE	BG	HR	CY	CZ	DK	EE	FI	FR	DE	GR	HU	IE	IT	LV	LT	LU	MT	NL	PL	PT	RO	SK	SI	SP	SE	UK								
<b>Awareness programs<sup>1</sup></b>	Yes	Yes	Yes	Yes	N.D.	No	Yes	Yes	Yes	Yes	Yes	No	No	N.D.	Yes	N.D.	N.D.	No	N.D.	Yes	No	Yes	Yes													
<b>Social inclusion<sup>2</sup></b>	Green	Yellow	Red	Yellow	Yellow	Yellow	Green	Yellow	Green	Yellow	Green	Yellow	Yellow	N.D.	Green	N.D.	Yellow	Yellow	N.D.	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Yellow	Green							
<b>Cooperation with employment services<sup>3</sup></b>	Yellow	Green	Red	Yellow	Yellow	Red	Green	Green	Yellow	Yellow	Green	Red	Red	N.D.	Green	N.D.	Yellow	Yellow	N.D.	Yellow	Yellow	Yellow	N.D.	Yellow	Yellow	Green	Yellow	Green								
<b>Social determinants<sup>4</sup></b>	Yellow	Yellow	Red	Yellow	Yellow	Red	N.D.	N.D.	Green	Yellow	Yellow	Red	Yellow	N.D.	Yellow	N.D.	Yellow	N.D.	N.D.	Yellow	Yellow	Red	Yellow	N.D.	Yellow	Green	Red	Yellow								
	Red						Not at all implemented						Yellow						Implemented to some extent						Green						Fully implemented					

- The **responsiveness to Mental Health needs in society** can be assessed by looking at the **existence of National Strategies** and other **relevant actions** focusing on **social inclusion**, **cooperation with employment services** and **social determinants**. According to the survey conducted within the framework of the EU Compass 2018, an analysis of the responsiveness was conducted along **3 levels of implementation**: “not at all implemented”, “implemented to some extent”, “fully implemented”. When possible, missing information were pieced together by Country by Country research.

<sup>1</sup> Existence of national programmes/strategies for Mental Health at schools

<sup>2</sup> Promote the social inclusion of people with long-term Mental Health disorders

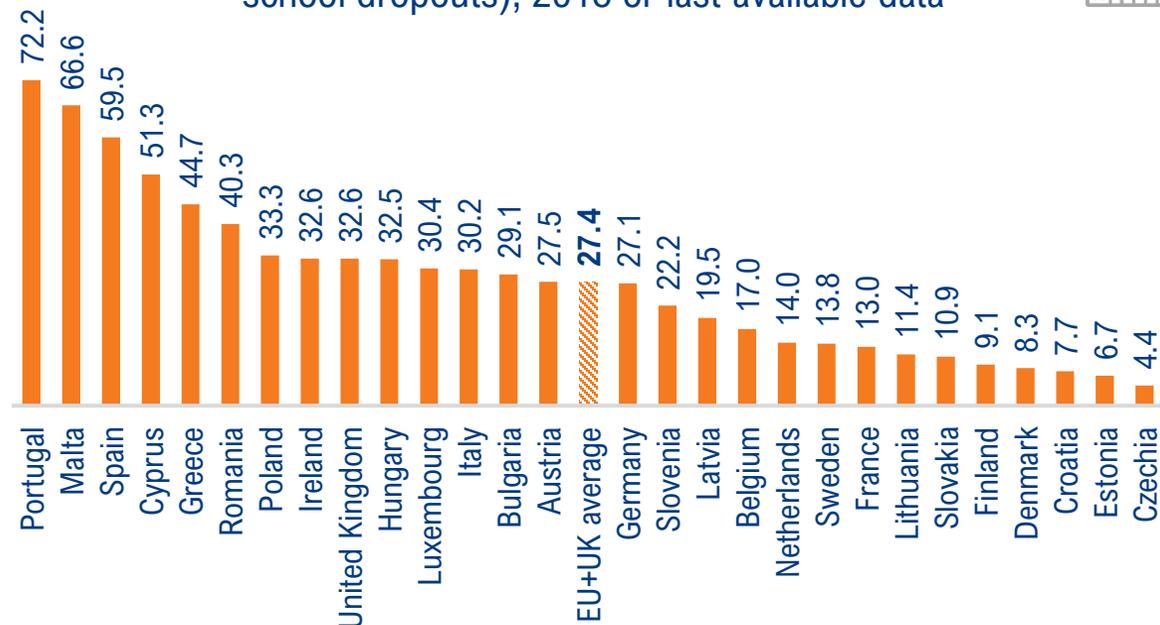
<sup>3</sup> Develop structured cooperation between Mental Health services, social services and employment services

<sup>4</sup> Action on social determinants of Mental Health

## Responsiveness to the needs of individuals with Mental Health disorders in schools (1/2)

- At least 50% of Mental Health disorders debut before the age of 15 and 80% of the latter happen before the age of 18. In this scenario, the school system becomes a **major player in the development of good mental-wellbeing of children and adolescents**.
- Children and adolescents spend most of their time in schools, so it is important to assess **whether Countries give adequate attention to Mental Health in educational settings** and whether the latter are well **connected with other facilities**, such as day centers (0.7 each 100,000 inhabitants on average in the EU+UK area; 5,4 each 100,000 inhabitants in the Netherlands, best performing Country, and 0.07 in Greece, the worst performing Country).
- In general, European Countries **widely diverge in the ability to organize awareness programs in schools**. Some European Countries such as Poland, Latvia and Estonia poorly use such programs, whereas other Countries like Finland and Germany make wide use of them.
- Moreover, it has been proven that there is a possible association between adolescent mental illness and scholastic performance: in fact, mental illness may cause some students to **perform poorly or drop out of school**. In the EU+UK area, almost **1 in 3 children** who drop out of school has also a mental disorder, suggesting that **more supportive tools are needed to prevent students dropping out of school when experiencing a mental distress**.

**School dropouts due to Mental Health disorders (% of total school dropouts), 2018 or last available data**



According to a recent international survey conducted on young students from 8 Countries, **35% reported at least one of the common Mental Health disorders**



## Responsiveness to the needs of individuals with Mental Health disorders in schools (2/2)

Responsiveness of the System to Mental Healthcare needs in schools (%), 2017 or last available data

	AT	BE	BG	HR	CY	CZ	DK	EE	FI	FR	DE	GR	HU	IE	IT	LV	LT	LU	MT	NL	PL	PT	RO	SK	SI	SP	SE	UK
Awareness programs <sup>1</sup>	Yes	Yes	No	Yes	N.D.	No	N.D.	N.D.	Yes	Yes	Yes	N.D.	N.D.	Yes	Yes	No	N.D.	No	N.D.	No	N.D.	Yes	Yes	N.D.	N.D.	Yes	No	Yes
Guidelines <sup>2</sup>													N.D.						N.D.			N.D.	N.D.	N.D.	N.D.			
Consulting children and families <sup>3</sup>					N.D.								N.D.						N.D.			N.D.		N.D.	N.D.			
Training <sup>4</sup>													N.D.						N.D.			N.D.		N.D.	N.D.			

Not at all implemented
  Implemented to some extent
  Fully implemented

- The **responsiveness to Mental Health needs in schools** can be assessed by looking at the **existence of National Strategies** and other **relevant guidelines** for the education sector to follow. Moreover, some **best practices** such as **consulting young individuals** and their **families** and **providing adequate training to school staff** and **teachers** is a good sign of responsiveness of the system. According to the survey conducted within the framework of the EU Compass 2017, an analysis of the responsiveness was conducted along **3 levels of implementation**: “not at all implemented”, “implemented to some extent”, “fully implemented”. When possible, missing information were pieced together by direct research Country by Country.

<sup>1</sup> Existence of national programmes/strategies for Mental Health at schools

<sup>2</sup> Preparing and sharing relevant guidelines for Mental Health and wellbeing promotion in schools jointly with other sectors, under the coordination of the education sector

<sup>3</sup> Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account

<sup>4</sup> Training for school staff on Mental Health: review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs

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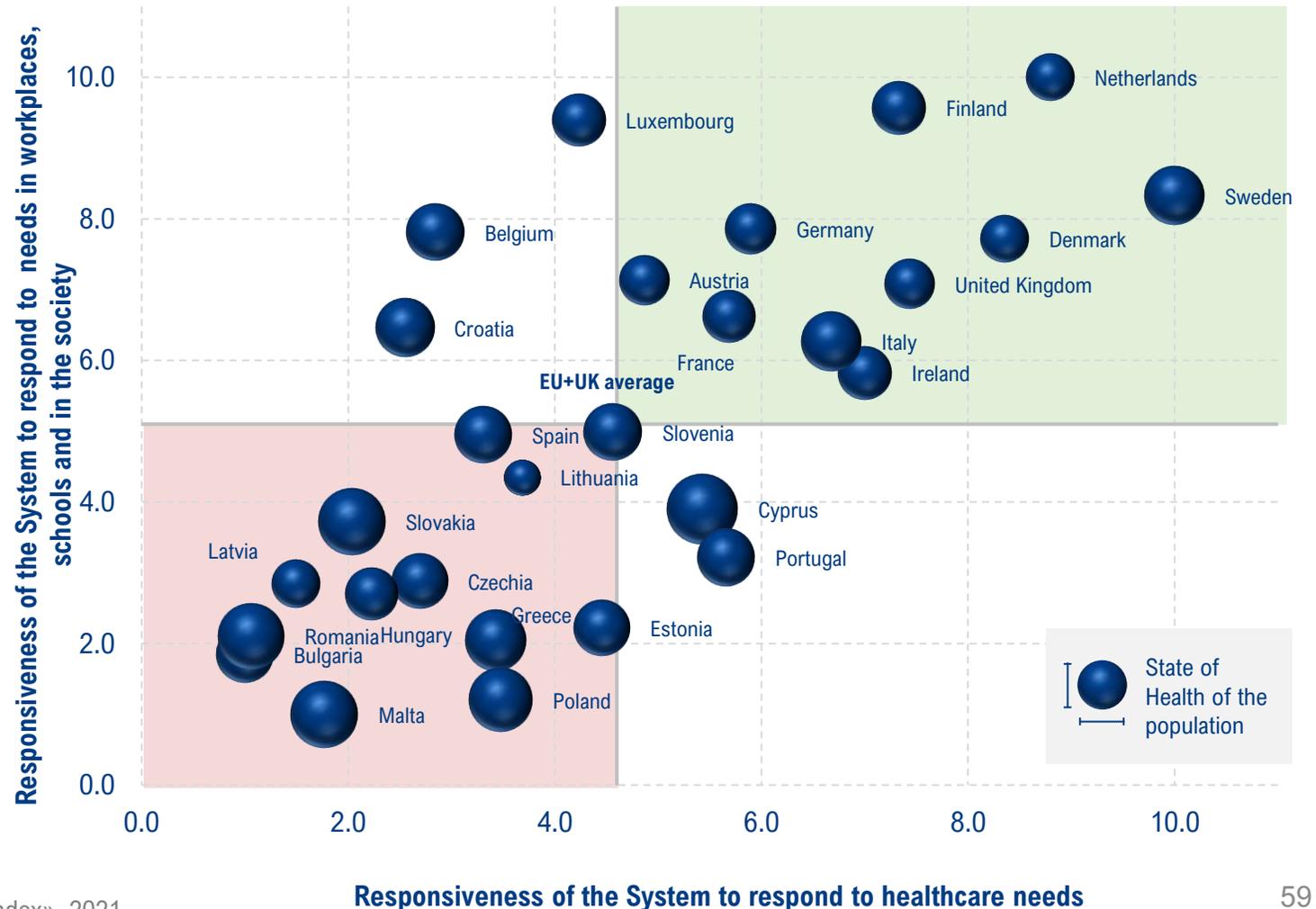
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# “Headway 2023 - Mental Health Index”: an overview

- The aim of the “Headway 2023 - Mental Health Index” is to provide a **multi-dimensional** and **holistic overview** of the support provided by different Countries to the Mental Healthcare needs of the population. The responsiveness of Countries in the EU+UK area is assessed along **3 dimensions**: the **Mental Health status of the population** and the **responsiveness of the system** to the **Mental Healthcare needs and needs in workplaces, schools and in the society** of the population.
- Within the continent, a **variety of health, social and economic systems** co-exist. That is why, during the analysis, standardizations have been conducted and estimates have been used when data were missing.
- Summary statistics are provided for each **Country along the 3 dimensions of the Mental Health Index**. As it can be observed, the results achieved by **Northern European countries are higher than the ones obtained by Eastern European countries**.

“Headway 2023 – Mental Health Index” matrix (score min=1; max=10), 2021



# Results of the “Headway 2023 – Mental Health Index” across European Countries (1/5)

Results of the “Headway 2023 – Mental Health Index” across European Countries (score 0-10 and %), 2021



**SWEDEN**



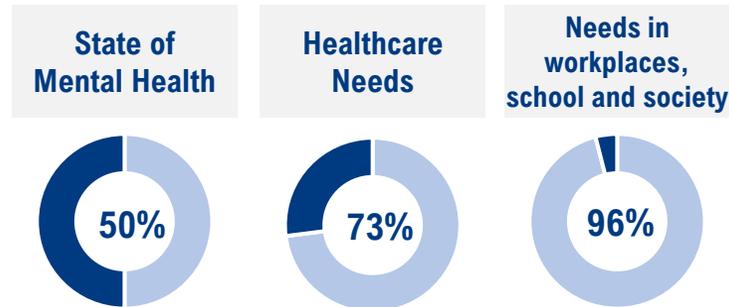
- 0-3
- 4-6
- 7-10



**FINLAND**



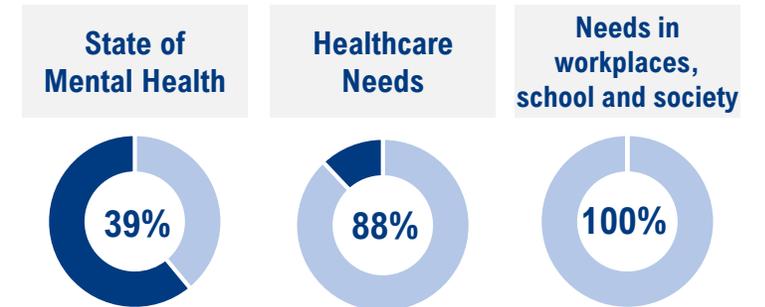
- 0-3
- 4-6
- 7-10



**NETHERLANDS**



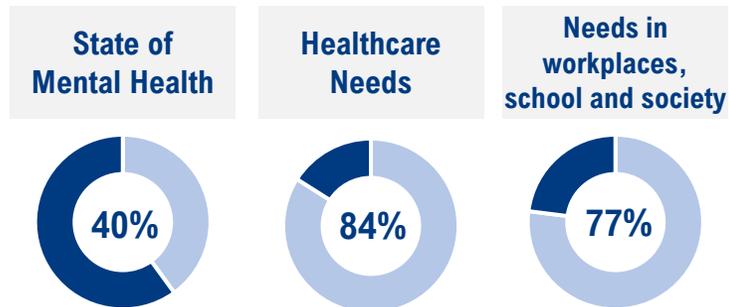
- 0-3
- 4-6
- 7-10



**DENMARK**



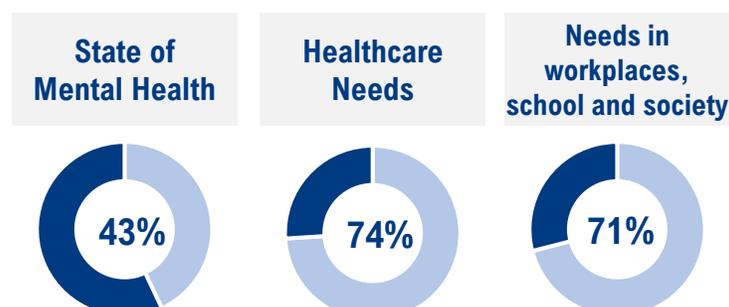
- 0-3
- 4-6
- 7-10



**UK**



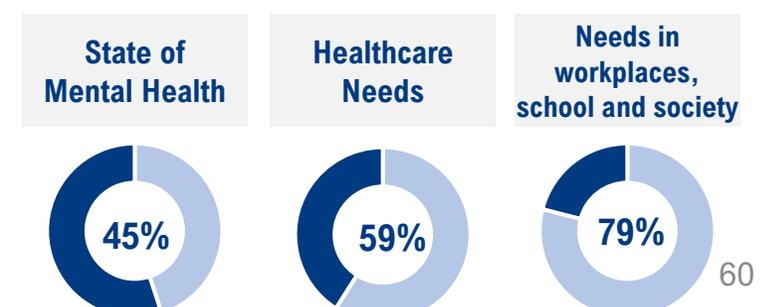
- 0-3
- 4-6
- 7-10



**GERMANY**

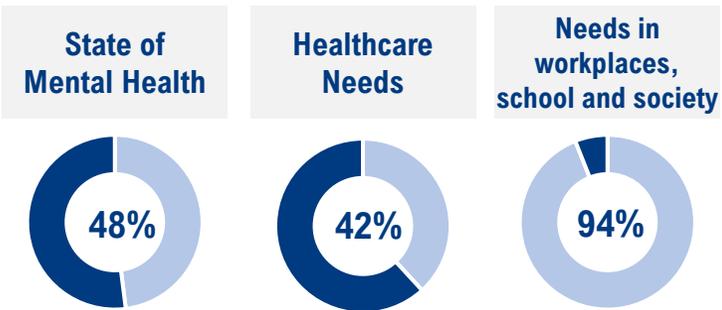


- 0-3
- 4-6
- 7-10

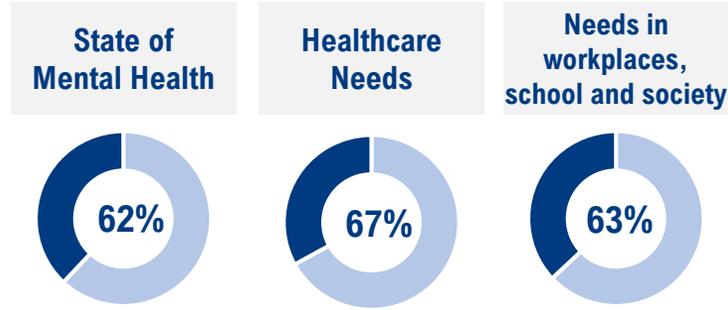


# Results of the “Headway 2023 – Mental Health Index” across European Countries (2/5)

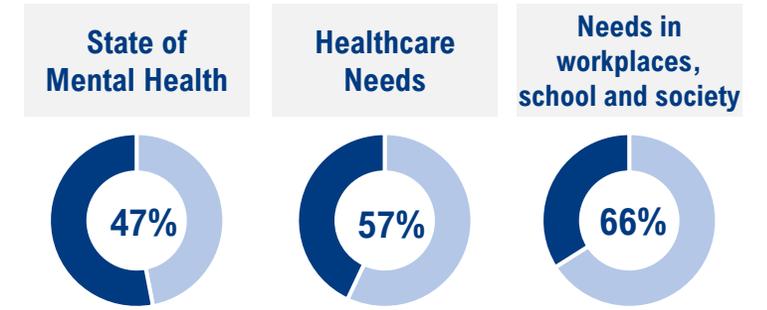
## LUXEMBURG



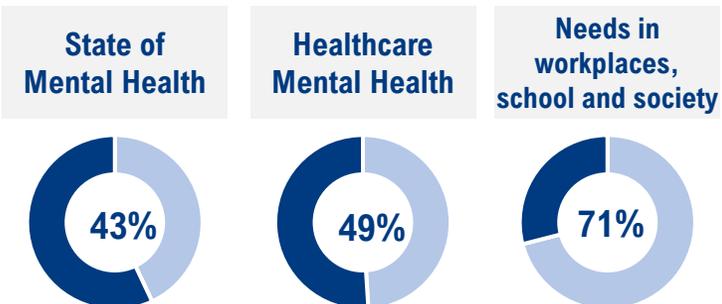
## ITALY



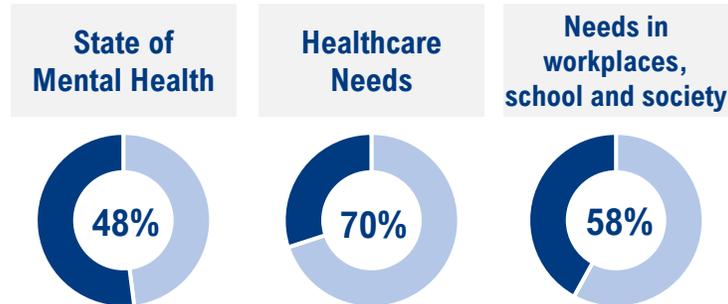
## FRANCE



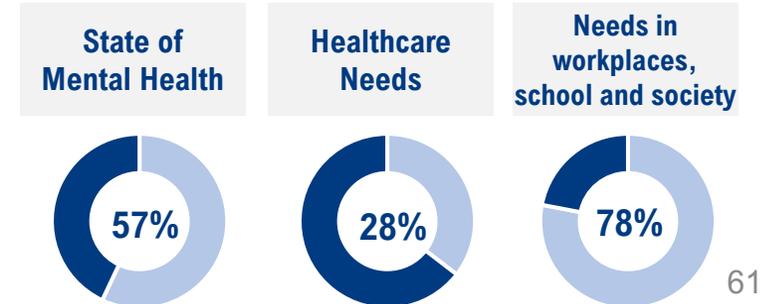
## AUSTRIA



## IRELAND

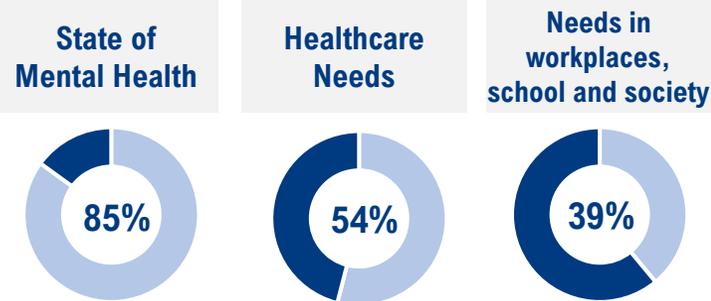


## BELGIUM

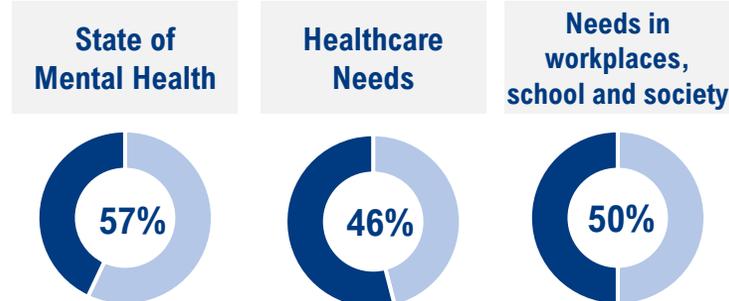


# Results of the “Headway 2023 – Mental Health Index” across European Countries (3/5)

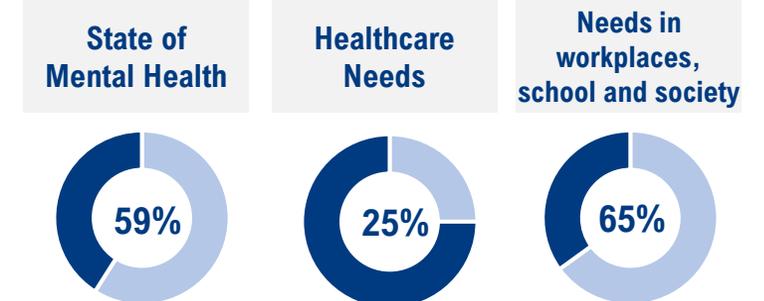
## CYPRUS



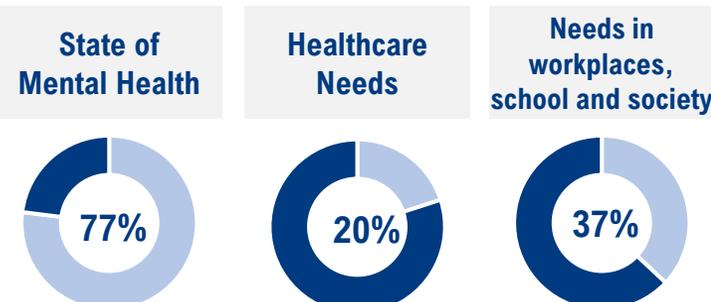
## SLOVENIA



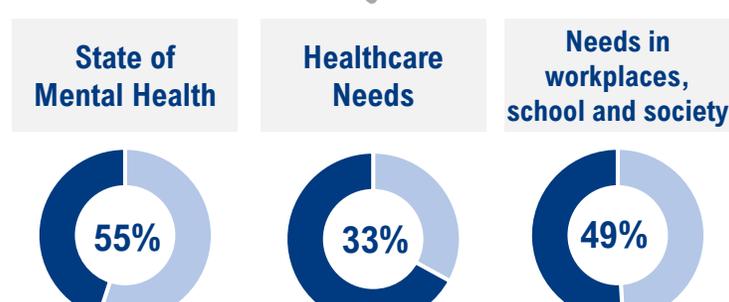
## CROATIA



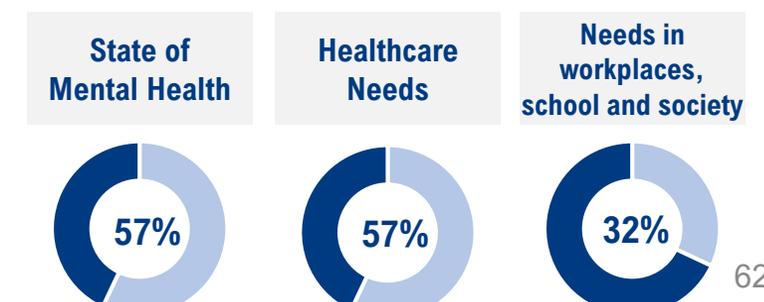
## SLOVAKIA



## SPAIN

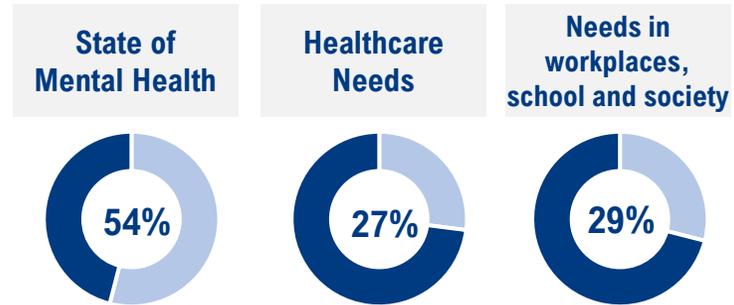


## PORTUGAL

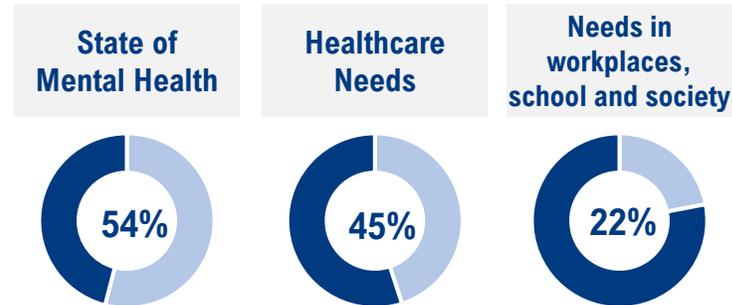


# Results of the “Headway 2023 – Mental Health Index” across European Countries (4/5)

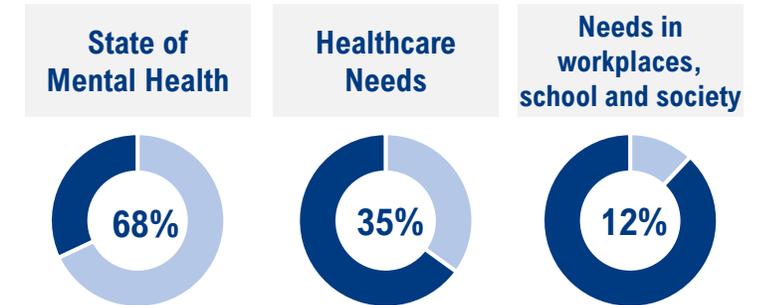
## CZECHIA



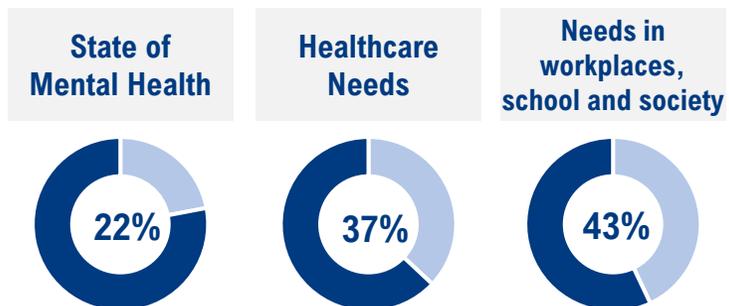
## ESTONIA



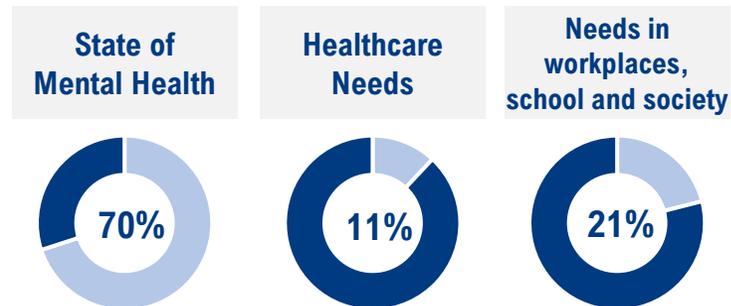
## POLAND



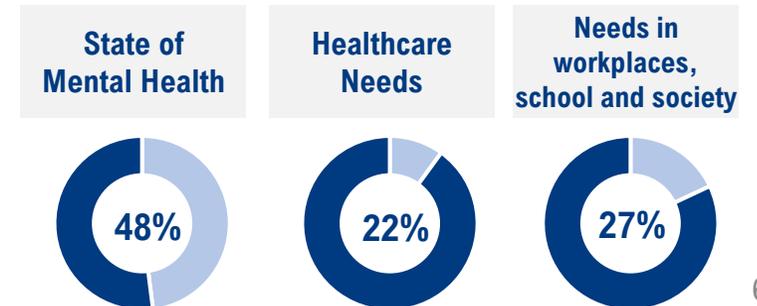
## LITHUANIA



## ROMANIA

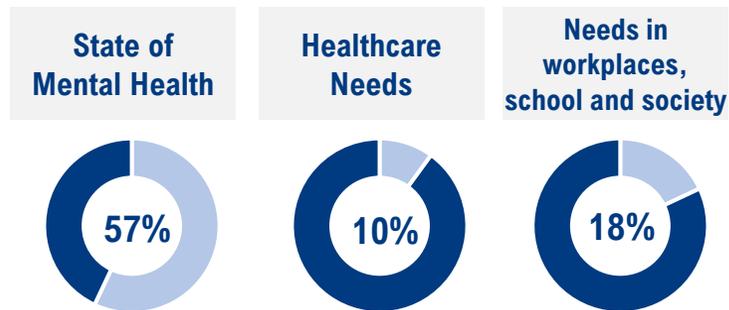


## HUNGARY

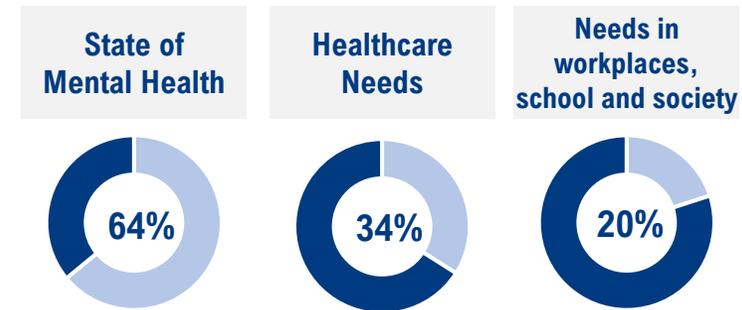


# Results of the “Headway 2023 – Mental Health Index” across European Countries (5/5)

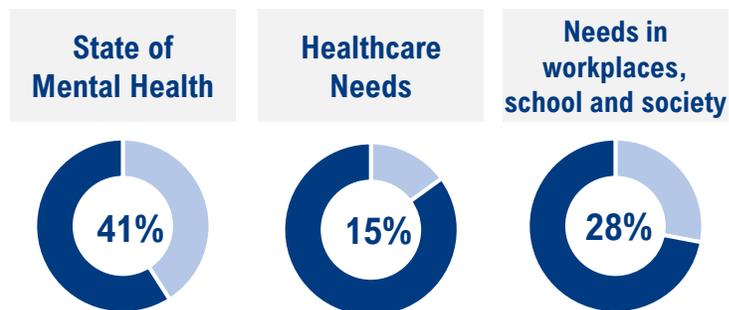
## BULGARIA



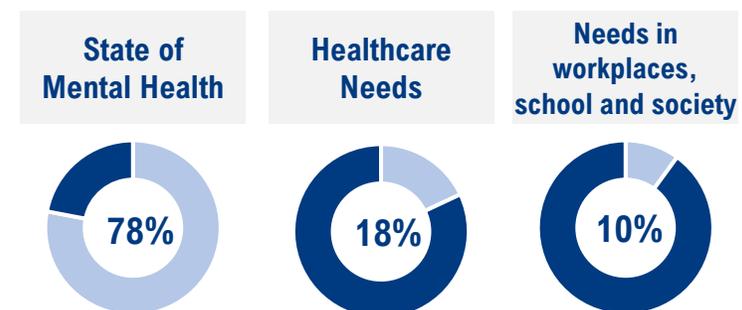
## GREECE



## LATVIA



## MALTA



# Need to quickly adapt changes in Mental Health policies



- The COVID-19 pandemic has further emphasized the **important socio-economic impacts of mental illness underlining the crucial role of the social determinants of Mental Health**: where people live, study, work and age, influences their state of Mental Health wellbeing. These aspects must be considered when **planning for effective strategies of promotion, prevention, treatment, and rehabilitation of Mental Health disorders**.
- Today, the COVID-19 pandemic provides for the opportunity to **improve European’s Mental Health services and policies** by putting in place the lesson-learnt from the emergency and shifting the perspective towards a true integration between the health, social and economic ecosystems - it is the occasion to set **Mental Health into the spotlight and at the very top of the European Public Health Agenda**. Some European countries have already started to implement strategic steps towards a better Mental Health of their citizens, but much more can be done to address, manage and promote Mental Health.
- Most importantly, Mental Health strategies and policies must embody **all determinants of Mental Health and use the approach of Mental Health in all policies**. All relevant public services should invest in the wellbeing of the population in order to support individuals affected by Mental Health disorders in their recovery and to prevent mental illness across communities. In fact, the COVID-19 pandemic only further emphasized how health in general, and Mental Health in particular, **significantly impacts on all economic and social sectors of society and how it is of crucial importance to continue placing the concept of “health in all policies” at the top of the political agenda across all Countries**, regardless the extent of the emergency.
- In truth, one of the most important lessons learned from the COVID-19 pandemic is that, in order to adequately meet societal needs in the Mental Health sector, **Mental Health services need to be able to quickly adapt to changing circumstances and environments so to maintain their continuity even during a state of emergency**. This is only possible through **delivering support in community-based settings and across all sectors** (including workplaces, schools and society in general). Despite the advances achieved in some Member States, other are still lagging behind, as emphasized through the analysis in the “Headway 2023 – Mental Health Index”. In this scenario, the **“Headway 2023 – Mental Health Index” can be a useful tool for the monitoring and planning for healthcare, welfare and education policies in Mental Health across European Countries**, in order to improve critical areas and leverage on good practices. Today, not seizing the moment would become a **lost opportunity for decision makers creating a threat to social cohesion, sustainability, and economic growth of the Country-wide System**.



# HEADWAY<sup>o</sup> 2023

A new roadmap in Mental Health