World Health Organization
REGIONAL OFFICE FOR Europe

SDG target 3.4: by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being.

Fact sheets on sustainable development goals: health targets

Mental Health

Mental disorders are one of the most significant public health challenges in the WHO European Region, being the leading cause of disability and the third leading cause of overall disease burden (as measured by disability-adjusted life-years), following cardiovascular disease and cancers *(1)*. Without good mental health, people feel unable or less able to carry out activities of daily living, including self-care, education, employment and participation in social life. Therefore, investments in mental health are essential for the sustainability of health and socioeconomic policies in the Region *(2)*. A major implication of the Sustainable Development Goals (SDG) and target 3.4 for mental health policy and practice in all countries is the renewed emphasis on implementing a strong public health approach that not only addresses the needs of individuals and families already affected by mental disorders and psychosocial disabilities but also protects or acts against known determinants of mental health that typically have their origin outside the health sector, including socioeconomic status, educational attainment and (in)equality (see below) *(3)*.

Overview

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community *(4,5)*. Mental disorders, by contrast, represent disturbances to a person's mental health that are often characterized by some combination of troubled thoughts, emotions, behaviour and relationships with others. Examples of mental disorders include depression, anxiety disorder, conduct disorder, bipolar disorder and psychosis *(6)*.

Mental health and SDGs: facts and figures

Promote mental health and well-being: between 2005 and 2015, the prevalence of mental health disorders increased by approximately 16%, and it can be expected to rise further in the face of increased exposure to adverse risks (such as conflict and migration), as well as the ageing of populations in many countries *(3)*. The prevalence of mental disorders in the WHO European Region was 110 million in 2015, equivalent to 12% of the entire population at any one time *(3,7)*. Inclusion of substance use disorders increases that number by 27 million (to 15%), while inclusion of neurological disorders such as dementia, epilepsy and headache disorders increases the total by more than 300 million (to 50%).

- The most common mental disorders in the Region are depression and anxiety, with prevalences of 5.1% (44.3 million) and 4.3% (37.3 million), respectively, in 2015 *(7,8)*. Rates of depression and anxiety disorders are 50% higher in women than in men *(7,9)*.
- People with mental disorders die 20 years younger than the general population *(10,11)*. The great majority of these deaths are not cause specific (in particular suicide) but rather from other comorbidities associated with their mental conditions, notably noncommunicable diseases (NCDs) that have not been appropriately identified and managed.
- Suicide deaths are strongly related to mental illness, with approximately 90% attributed to mental illness in high-income countries *(12)*. In the WHO European Region, the suicide rate is unacceptably high. In 2015, the age-standardized suicide rate was 14.1 per 100 000 population for both sexes combined, above the global average of 13.6 *(12)*. Moreover, 11 of the top 20 countries with the highest estimated suicide rates globally are in the European Region. Rates vary greatly within countries, as well as by sex and age (Fig. 1), with men almost five times more likely to commit suicide than women *(13)*.

Strengthen the prevention and treatment of substance abuse: both alcohol and drug use disorders are considered neuropsychiatric conditions in their own right. The harmful use of alcohol and drugs is also associated with many other neuropsychiatric conditions.

- In high-income countries, there is a well-established link between alcohol use disorders and depression *(14)*. In the WHO European Region, alcohol is the most commonly used psychoactive substance, and its harmful use ranks among the top 10 risk factors for premature deaths and disability *(15)*.
- Where data are available, drug use disorder prevalence has been estimated as between 0% and 12% in Europe. Drug use has been associated with increased levels of mental health problems and is considered as an important risk factor for suicide *(16)*.
- Actions aimed at improving mental health and/or reducing the levels of consumption of alcohol and other psychoactive substances will support and strengthen activities at all levels on the prevention and management of alcohol and drug use disorders and will produce positive results in terms of mental health.

Strengthen tobacco control: tobacco, which should also be recognized as another addictive substance, is used twice as commonly among those with mental health conditions as in the general population *(17)*, indicating that stronger tobacco control efforts will generate health benefits for this population.

Reduce premature mortality from NCDs: mental disorders can be a precursor or a consequence of chronic conditions such as cardiovascular disease, diabetes mellitus or cancer *(18)*. They also share common risk factors, such as sedentary behaviour and harmful use of alcohol.

- Depression is commonly seen in people with cardiovascular diseases, cancer and diabetes, which increases their mortality rates significantly *(2)*. Poor mental health adversely affects

people´s adherence to treatment, and some psychotropic medications have been observed to increase the incidence of some diseases, such as obesity and type 2 diabetes *(2)*.

- Discrimination against people with severe mental disorders can prevent them from accessing services and increases their risk for premature death and disability *(18)*.
- Addressing comorbidities that exist between mental disorders and other NCDs calls for an integrated, person-centred approach to the design, organization, management and improvement of health services *(18)*.

Achieve universal health coverage: mental health conditions are treatable, but owing to poor service availability and access, a large proportion of people with mental disorders either receive no treatment at all or experience long delays *(6)*. Countries are encouraged to adopt policies and plans to shift the locus of care away from institutions towards community-based mental health care *(2)*. However, implementation of these policies varies widely across the Region, as does the capacity of the workforce and the quality of services.

- Findings from the WHO World Mental Health Survey show that only one in five people in countries with high income and one in 27 in countries with low/lower middle income received at least minimally adequate treatment for major depressive disorder *(19)*.
- With regards to the workforce in the WHO European Region as a whole, there are close to 50 mental health workers per 100 000 population, but large variations exist *(2)*; for example, the number of psychiatrists per 100 000 population within a country ranges from less than three to more than 30 *(12,20)*.
- Appropriate funding is needed to make mental health care more available for the whole population, without barriers for the most vulnerable. The countries with the highest expenditure on mental health services in Europe, such as Germany and England, allocate around 10% of their health system budgets to mental health; in many other European Union countries, however, spending is well below 5% of total public sector health expenditure *(21)*.

As the main cause of disability and early retirement in many countries, mental health problems are also a major financial and economic burden to economies.

- Depression in particular comes with a high cost. The annual direct cost of depression was estimated to be €617 billion overall in the European Union in 2013 (27 Member States), with costs to employers (absenteeism) of €272 billion, to the economy (lost output through lost employment) of €242 billion, to the health sector (treatment of depression) of €63 billion and to the social welfare systems (disability benefits) of €39 billion *(22)*.
- Analysis of the return on investment in effective treatment coverage for depression and anxiety disorders shows that for every dollar spent there is a benefit of four dollars as a result of restored health and productivity of affected individuals (*23)*.

Ensure equal opportunity and reduce inequalities of outcome: mental ill-health is both a consequence and a cause of inequalities.

- Countries with high levels of inequality have been reported to have increased schizophrenia incidence in adults; higher prevalence of depression, anxiety and substance abuse; lower general happiness; and lower child well-being indices *(24)*.
- Adverse social and economic conditions, including poverty, income inequality, low levels of education, exposure to violence and forced migration, are key determinants of mental health (Box 1) (*24)*.
- The characteristics of the built environment and neighbourhoods where people live have been found to have an impact on mental health. Studies have established an association not only with socioeconomic neighbourhood characteristics but also with population density and access to public transportation, local services and public spaces (*24,27–29)*.

Section continued on next page.

Ensure responsive, inclusive, participatory and representative decision-making at all levels and promote and enforce non-discriminatory laws and policies for sustainable development: stigma and discrimination are major barriers for people accessing the mental health services they need *(2)*.

- People with mental health problems should be protected from stigma and discrimination. Their human rights as citizens must be valued, respected and promoted. Member States are encouraged to adopt, implement and enforce policies and legislation according to ratified conventions and endorsed declarations, guaranteeing human rights and protection against discrimination associated with mental health problems in areas such as benefits, employment, education and housing *(2)*.
- The empowerment of people with mental health problems to take the decisions that affect their lives, mental health and well-being is also fundamental *(2)*.

Box 1. Leaving no one behind...

Access to mental health for migrants and refugees: refugees, asylum seekers and undocumented migrants are at heightened risk for certain mental disorders, including post-traumatic stress disorder, depression and psychosis. By 2016, over five million refugees had arrived in European countries *(25)*. According to a study by the Swedish Red Cross, a third of Syrian refugees suffer from depression, anxiety and symptoms of post-traumatic stress disorder. Moreover, rates of depression, anxiety and poor well-being are at least three times higher among refugees than the general population *(26)*. Leaving no one behind means mental health and well-being must be ensured for all.

Commitment to act

At the Sixty-third Regional Committee for Europe in September 2013 *(30)*, Member States of the WHO European Region adopted the European Mental Health Action Plan 2013–2020 *(2)*, which reflects the specific priorities and needs of the Region.

For each of its seven objectives, the Action Plan proposes concrete actions for Member States to consider that would achieve measurable outcomes in policy and/or implementation. Actions should be prioritized according to needs and resources at national, regional and local levels and take in all relevant sectors (Box 2).

In the same year, the Sixty-sixth World Health Assembly adopted the Comprehensive Mental Health Action Plan 2013–2020 and thereby committed all Member States to work towards achieving WHO's vision of "a world in which mental health is valued, promoted and protected, mental disorders are prevented and persons affected by these disorders are able to exercise the full range of human rights and to access high quality, culturally-appropriate health and social care in a timely way to promote recovery, in order to attain the highest possible level of health and participate fully in society and at work, free from stigmatization and discrimination" *(32)*.

The Action Plan identifies WHO's global objectives and respective targets to be achieved by the year 2020 *(32)*.

Global objective 1: to strengthen effective leadership and governance for mental health

Global target 1.1: 80% of countries will have developed or updated their policies/plans for mental health in line with international and regional human rights instruments

Global target 1.2: 50% of countries will have developed or updated their laws for mental health in line with international and regional human rights instruments

Global objective 2: to provide comprehensive, integrated and responsive mental health and social care services in community-based settings

Global target 2: service coverage for severe mental disorders will have increased by 20%

Global objective 3: to implement strategies for promotion and prevention in mental health

Global target 3.1: 80% of countries will have at least two functioning national, multisectoral promotion and prevention programmes in mental health

Global target 3.2: the rate of suicide in countries will be reduced by 10%

Global objective 4: to strengthen information systems, evidence and research for mental health

Global target 4: 80% of countries will be routinely collecting and reporting at least a core set of mental health indicators every two years through their national and social information systems.

Box 2. Intersectoral action

A comprehensive and coordinated response for mental health requires partnership. Sectors such as health, education, employment, judiciary, housing, social welfare and other relevant sectors, including the private sector as appropriate to the country situation, should work in partnership to support the interruption of negative cycles of poverty, violence, environmental degradation and mental disorders, with opportunities for action in demographic, economic, neighbourhood, environmental events and social domains *(24)*.

For example, an economic crisis can produce mental health effects that may increase suicide and alcohol death rates *(31)*. However, those effects can be offset by social welfare and other policy measures, such as:

- active labour market programmes aimed at helping people to retain or regain jobs;
- enhanced family support programmes;
- available debt relief programmes;
- accessible and responsive primary care services to support people at risk and prevent mental health effects; and
- increased alcohol prices and restricted alcohol availability to reduce the harmful effects on mental health and save lives.

Monitoring progress

The WHO Regional Office for Europe is developing a joint monitoring framework for the SDG, Health 2020 and NCD indicators[1] to facilitate reporting in Member States and to provide a consistent and timely way to measure progress The following indicators, as proposed in the Health 2020 *(33)* and the global indicators framework of the United Nations Economic and Social Council (ECOSOC) *(34)*, will support monitoring progress in the promotion of mental health and well-being. In addition, to measure progress towards the objectives and targets of the Comprehensive Mental Health Action Plan 2013–2020, the mental health atlas series *(20)* provides a baseline of data against which progress is to be measured.

ECOSOC indicators

3.4.2. Suicide mortality rate

3.5.1. Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and after-care services) for substance use disorders

3.5.2. Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol

3.a.1. Age-standardized prevalence of current tobacco use among persons aged 15 years and older

4.2.1. Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex

10.3.1. Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

Health 2020 core indicators

1.1.c. Total (recorded and unrecorded) per capita alcohol consumption among people aged 15 years and older within a calendar year

1.1.b. Age-standardized prevalence of current tobacco use among people aged 18 years and over

Health 2020 additional indicators

1.3.d. Age-standardized mortality rates from suicides (ICD-10 codes X60–X84 *(35)*)

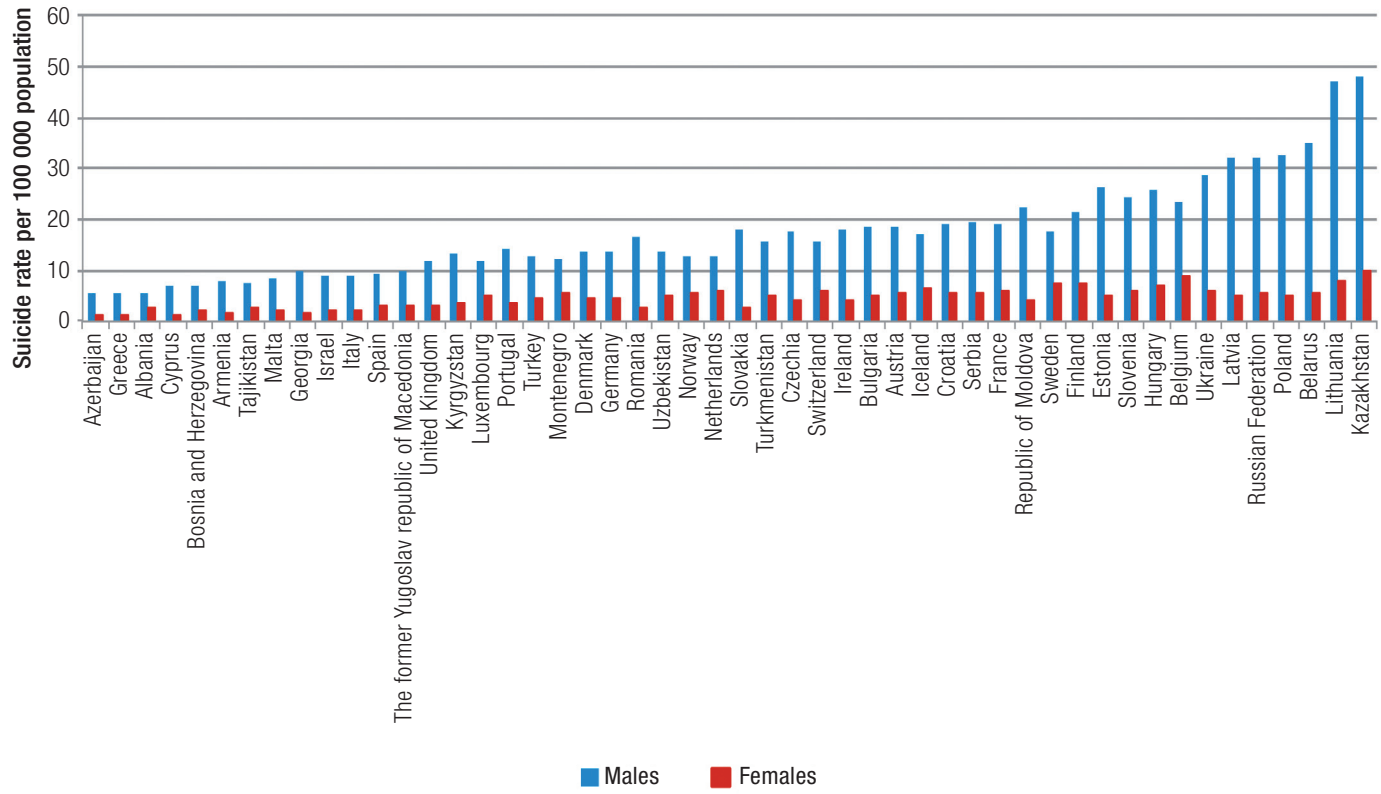
1.1.c. Heavy episodic drinking among adolescents

1.1.b. Prevalence of weekly tobacco smoking among adolescents

2.1.a. Life expectancy at ages 1, 15, 45 and 65 years, disaggregated by sex

[1] EUR/RC67/Inf.Doc./1: joint monitoring framework: proposal for reducing the reporting burden on Member States.

Fig.1. Age-standardized suicide mortality rate per 100 000 population in the WHO European Region, 2015



Source: Global Health Observatory *(12)*.

WHO support to its Member States

WHO has evaluated evidence for promoting mental health and is working with governments to disseminate this information and to integrate effective strategies into policies and plans *(4)*. Activities carried out in Member States of the WHO European Region *(36)* include:

- assessment of national mental health systems;
- assistance with the development, implementation, revision and strengthening of national mental health action plans, strategies and policies;
- capacity-building of the mental health workforce;
- developing and strengthening community mental health services;
- assessment of the quality and standards of care for people with psychosocial and intellectual disabilities, including those living in institutions; and
- supporting de-stigmatization processes linked to mental health.

Partners

- European Joint Action for Mental Health and Well-being
- European Union
- Organisation for Economic Co-operation and Development
- United Nations High Commissioner for Refugees
- WHO collaborating centres, civil society including patient organizations, and other partners and technical experts.

Resources

- Assessing mental health and psychosocial needs and resources: toolkit for humanitarian settings
  http://www.who.int/mental_health/resources/toolkit_mh_emergencies/en/
- Comprehensive Mental Health Action Plan 2013–2020
  http://apps.who.int/iris/bitstream/10665/89966/1/9789241506021_eng.pdf?ua=1
- European Mental Health Action Plan 2013–2020
  http://www.euro.who.int/__data/assets/pdf_file/0020/280604/WHO-Europe-Mental-Health-Acion-Plan-2013-2020.pdf?ua=1
- Health topics: mental health
  http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health
- Improving health systems and services for mental health
  http://apps.who.int/iris/bitstream/10665/44219/1/9789241598774_eng.pdf
- mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings
  http://apps.who.int/iris/bitstream/10665/250239/1/9789241549790-eng.pdf?ua=1h
- Preventing suicide: a community engagement toolkit
  http://www.who.int/mental_health/suicide-prevention/community_engagement_toolkit_pilot/en/
- WHO QualityRights Tool Kit: assessing and improving quality and human rights in mental health and social care facilities
  http://www.who.int/mental_health/publications/QualityRights_toolkit/en/

References

1. Global health estimates 2015: disease burden by cause, age, sex, by country and by region, 2000–2015 [online database]. Geneva: World Health Organization; 2016 (http://www.who.int/healthinfo/global_burden_disease/estimates/en/index2.html, accessed 5 March 2018).
2. The European mental health action plan 2013–2020. Copenhagen: WHO Regional Office for Europe; 2015 (http://www.euro.who.int/__data/assets/pdf_file/0020/280604/WHO-Europe-Mental-Health-Acion-Plan-2013-2020.pdf?ua=1, accessed 19 August 2017).
3. GBD 2015 Disease and Injury Incidence and Prevalence Collaborators. Global, regional, and national incidence, prevalence, and years lived with disability for 310 diseases and injuries, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015. Lancet. 2016;388(10053):1545–1602.
4. Mental health: strengthening our response. Geneva: World Health Organization; 2016 (Fact sheet 220; http://www.who.int/mediacentre/factsheets/fs220/en/, accessed 19 August 2017).
5. Key terms and definitions in mental health [website]. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/key-terms-and-definitions-in-mental-health#health, accessed 19 August 2017).
6. Fact sheet: mental health. Copenhagen: WHO Regional Office for Europe; 2013 (RC63 fact sheet; http://www.euro.who.int/__data/assets/pdf_file/0004/215275/RC63-Fact-sheet-MNH-Eng.pdf?ua=1, accessed 19 August 2017).
7. Global Burden of Disease Study. Global health data exchange. Washington (DC): Institute for Health Metrics and Evaluation; 2016 (http://ghdx.healthdata.org/gbd-results-tool, accessed 5 March 2018).
8. Depression and other common mental disorders: global health estimates. Geneva: World Health Organization; 2017 (http://apps.who.int/iris/bitstream/10665/254610/1/WHO-MSD-MER-2017.2-eng.pdf?ua=1, accessed 5 March 2018).
9. Data and resources: prevalence of mental health. In: Health topics [website]. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/data-and-statistics, accessed 7 July 2017).
10. Excess mortality in persons with severe mental disorders. Geneva: World Health Organization and Fountain House; 2015 (Meeting report; http://www.who.int/mental_health/evidence/excess_mortality_meeting_report.pdf?ua=1, accessed 5 March 2018).
11. Thornicroft G. Physical health disparities and mental illness: the scandal of premature mortality. Br J Psychiatry. 2011;199:441–2.
12. Global Health Observatory data repository [online database]. Geneva: World Health Organization; 2017 (http://apps.who.int/gho/data/node.home, accessed 19 August 2017).
13. European health for all database [online database]. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/en/data-and-evidence/databases/european-health-for-all-family-of-databases-hfa-db, accessed 5 March 2018).
14. Interpersonal violence and alcohol policy briefing. Geneva: World Health Organization; 2006 (http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/ft_violencealcohol.pdf?ua=1, accessed 5 March 2018).
15. GBD 2015 Risk Factor Collaborators. Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015. Lancet. 2016; 388(10053):1659–1724.
16. European drug report: trends and developments. Luxembourg: Publications Office of the European Union; 2017 (http://www.emcdda.europa.eu/system/files/publications/4541/TDAT17001ENN.pdf, accessed 5 March 2018).
17. Smoking and mental health. London: Royal College of Physicians; 2013 (https://www.rcplondon.ac.uk/projects/outputs/smoking-and-mental-health, accessed 5 March 2018).

18. Cohen A. Addressing comorbidity between mental disorders and major noncommunicable diseases. Copenhagen: WHO Regional Office for Europe; 2017 (Background technical report; http://www.euro.who.int/en/publications/abstracts/addressing-comorbidity-between-mental-disorders-and-major-noncommunicable-diseases-2017, accessed 5 March 2018).

19. Thornicroft G, Chatterji S, Evans-Lacko S, Gruber M, Sampson N, Augilar-Gaxiola S et al. Undertreatment of people with major depressive disorder in 21 countries. Br J Psychiatry. 2016;210(2):119–24.

20. Mental health atlas 2014. Geneva: World Health Organization; 2014 (http://apps.who.int/iris/bitstream/10665/178879/1/9789241565011_eng.pdf?ua=1&ua=1, accessed 19 August 2017).

21. Purebl G, Petrea I, Shields L, Tóth MD, Székely A, Kurimay T et al. Joint action on mental health and well-being: depression, suicide prevention and e-health – situation analysis and recommendations for action. Lisbon: Joint Action on Mental Health and Well-being; 2015 (http://www.mentalhealthandwellbeing.eu/assets/docs/publications/WP4 Final.pdf, accessed 19 August 2017).

22. Matrix. Economic analysis of workplace mental health promotion and mental disorder prevention programmes and of their potential contribution to EU health, social and economic policy objectives. Luxembourg: Executive Agency for Health and Consumers; 2013 (http://ec.europa.eu/health//sites/health/files/mental_health/docs/matrix_economic_analysis_mh_promotion_en.pdf, accessed 19 August 2017).

23. Chisholm D, Sweeny K, Sheehan P, Rasmussen B, Smit F, Cuijpers P et al. Scaling-up treatment of depression and anxiety: a global return on investment analysis. Lancet Psychiatry. 2016;3(5):415–24.

24. Lund C, Brooke-Sumner C, Baingana F, Baron EC, Breuer E, Chandra P et al. Social determinants of mental health disorders and the Sustainable Development Goals: a systematic review of reviews. Lancet Psychiatry. 2018; 5(4):357–69.

25. Global trends: forced displacement in 2016. Geneva: United Nations High Commissioner for Refugees; 2017 (http://www.unhcr.org/statistics/unhcrstats/5943e8a34/global-trends-forced-displacement-2016.html, accessed 5 March 2018).

26. Migrant populations, including children, at higher risk of mental health disorders [website]. Copenhagen: WHO Regional Office for Europe;2017 (Mental health News; http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/news/news/2017/04/migrant-populations,-including-children,-at-higher-risk-of-mental-health-disorders, accessed 19 August 2017).

27. Melis G, Gelormino E, Marra G, Ferracin E, Costa G. The effects of the urban built environment on mental health: a cohort study in a large northern Italian city. Int J Environ Res Public Health. 2015;12:14898–915.

28. The built environment and health: an evidence review. Glasgow: Glasgow Centre for Population Health; 2013 (http://www.gcph.co.uk/assets/0000/4174/BP_11_-_Built_environment_and_health_-_updated.pdf, accessed 19 August 2017).

29. Urban green spaces and health. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0005/321971/Urban-green-spaces-and-health-review-evidence.pdf?ua=1, accessed 5 March 2018).

30. WHO Regional Office for Europe resolution EUR/RC63/R10 on the European mental health action plan. Copenhagen: WHO Regional Office for Europe; 2013 (http://www.euro.who.int/en/who-we-are/governance, accessed 19 August 2017).

31. Impact of the economic crisis on mental health. Copenhagen: WHO Regional Office for Europe; 2007 (http://www.euro.who.int/__data/assets/pdf_file/0008/134999/e94837.pdf?ua=1, accessed 19 August 2017).

32. Comprehensive mental health action plan 2013–2020. Geneva: World Health Organization; 2013 (http://apps.who.int/iris/bitstream/10665/89966/1/9789241506021_eng.pdf?ua=1, accessed 19 August 2017).

33. Targets and indicator for Health 2020, version 3. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0011/317936/Targets-indicators-Health-2020-version3.pdf, accessed 3 August 2017).

34. Statistical Commission report E/2017/24 on the 48th session. New York: United Nations; 2017 (https://unstats.un.org/unsd/statcom/48th-session/documents/Report-on-the-48th-session-of-the-statistical-commission-E.pdf, accessed 28 July 2017).

35. International statistical classification of diseases and related health problems, 10th revision WHO version. Geneva: World Health Organization; 2015 (http://apps.who.int/classifications/icd10/browse/2015/en#!/X40-X49, accessed 8 August 2017).

36. Mental health: country work[website]. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/country-work, accessed 19 August 2017).

URL: www.euro.who.int/sdgs

World Health Organization Regional Office for Europe
UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01
E-mail: eucontact@who.int