



# MENTAL HEALTH IN WHOLE-OF-GOVERNMENT POLICIES

## **Key messages**

- The mental health of the population is an important resource for the EU, which needs to be actively developed and protected. Mental health in terms of wellbeing including cognitive, emotional and social skills is often produced outside of the health system, where people live their lives: i.e. in the family, among friends, in kindergartens, schools, work places, local community, culture and sports. Therefore, mental health is not the sole responsibility of health authorities.
- Failure to promote mental health has had severe consequences to the European economy, welfare and wellbeing. Today, no other health condition is more costly than mental disorders, in terms of lost productivity, active disability and sickness absence costs, and in terms of human suffering. The burden comes primarily from common mental disorders such as anxiety disorders, depression and alcohol abuse, which – paradoxically – are also the easiest and least costly to prevent.
- Promotion of mental health and prevention of common mental disorders requires that we address the social determinants of mental health and disorders; i.e. living conditions.
- Mental health must be incorporated into all policies and arenas where the ways in which people live their lives are planned and regulated, i.e. in all policies at national, regional and local level. Routine assessments of the impact of all policies on the population's mental health and equity should be introduced.

## **What is mental health?**

Mental health is not just the absence of illness. Mental health is a state of wellbeing in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Mental health requires cognitive, emotional, and social skills, which develop when we provide people with a sense of identity and self-respect, meaning in life, mastery, belonging, safety, social support and participation.

## **Importance of mental health**

Today mental health is more valuable to Europe than ever due to the transition into the information society, where productivity is increasingly dependent upon our minds. More than ever, the prosperity of individuals, companies, and societies requires cognitive, emotional, and social skills. Mental disorders have a large impact across sectors, are responsible for Europe's largest burden of disease, and are strong determinants of suicide and mortality from somatic disease.

## **What are the benefits of incorporating mental health in whole of government?**

Investment in mental health creates a significant European advantage in global economic competition. By systematically including mental health in all policy sectors – nationally, regionally and locally – we impact on the arenas where mental health is created. Such a policy approach is extremely cost-effective, releases large societal resources, and prevents enormous suffering.

## **Recommendations**

- Incorporate mental health in all policies.
- Take action on all political levels on social determinants of mental health, i.e. living conditions that undermine people's sense of identity and self-respect, sense of meaning in life, mastery, belonging, safety, social support and participation.
- Strengthen capacity, and ensure effective structures, processes and resources for a Mental Health in All Policies approach.
- Build mental health literacy and understanding of mental health impacts among organisations, decision makers and the general population.
- Develop tools and structures for implementation.
- Include communities, social movements and civil society in the development, implementation and monitoring of Mental Health in All Policies.
- Adopt transparent audit and accountability mechanisms for mental health and equity.

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More information on the EU Joint Action for Mental Health and Wellbeing by the DG SANTE and Member States can be found at [www.mentalhealthandwellbeing.eu](http://www.mentalhealthandwellbeing.eu)



## Facts

- There is now significant evidence that mental health promotion initiatives across policy sectors, addressing parenting, child care centres, schools, work places and settings for older people are cost-effective. The economic consequences of poor mental health across different sectors, often persisting into adulthood, means that programmes aimed at children, parenting and families can have particularly favourable cost-benefit ratios. There is comprehensive evidence that high quality child care centres and schools which promote mental health stimulate mental health and prevent mental illness. Similarly, nine out of ten economic analyses set in the work place report favourable outcomes.
- Each year 38 percent of the EU's population suffer from a mental disorder, affecting an estimated 169 million persons in total. With the exception of alcohol disorders which are more prevalent in the eastern parts, there are no substantial cultural or country variations related to mental disorders within the EU.
- Thirty percent of the burden of disease in Europe, in terms of Years Lived with Disability (YLD) is due to mental disorder and self-harm. The three most debilitating single health conditions in the EU are depression, dementia and alcohol use disorder. It is estimated that by 2030, unipolar depression will become the number one cause of ill-health and premature death in the world. An alarming 2/3 of the affected will be women. Even in underestimated terms, mental disorders accounted for 7.4 percent of disability adjusted life years lost (DALY) worldwide in 2010 - a 27% percent increase from 1990.
- Each year 124 000 Europeans commit suicide, of which an alarming 80 per cent are men. The mean prevalence rate of suicide in Europe is 13.9/100 000, and within the EU it is 10.1/100 000. The highest rates in Europe are found in the former Soviet republics: 21.4/100 000 and in the new EU member countries: 13.8/100000. In many European countries, suicide is the number one cause of death among adolescents. In Ireland and Scotland the economic cost of suicide has been estimated to 1.5 million EUR/suicide.
- People with mental disorders in Europe die 15-20 years earlier than others, mainly from non-communicable somatic diseases, such as heart infarct, stroke, diabetes, and chronic obstructive lung disease. Studies indicate that mental disorder – even depression alone – may be an equally strong determinant of mortality from non-communicable disease, as are the “classical” risk factors such as smoking, inactivity, unhealthy diet and heavy alcohol consumption.

*Positive mental health and well-being is a key factor for social cohesion, economic progress and sustainable development in the EU*



### **Example of good practice to foster intersectoral collaboration**

**The Norwegian Public Health Act (PHA)** explicitly includes mental health and acknowledges that most causes of health problems are found outside of health services, and that health must be taken into consideration when initiatives and strategies are formed in all sectors of society. The PHA builds upon five values: (1) equalisation, (2) sustainable development, (3) health in all policies, (4) the precaution principle, and (5) participation. It applies a local community perspective as opposed to a health service perspective by placing the responsibility for public health work upon the political leadership in the local community and not on the health services themselves. Public health work is linked to the municipalities' overarching plan and decision systems. The local communities themselves are made responsible for keeping an overview over their health situation and the many factors that impact on it. Local communities are also instructed to act in accordance with local challenges, and to use the tools that they have available. State and regional authorities are committed to guide the local communities and to serve them in establishing key/steering data. The national audit system has the mandate to control that the act is implemented in all local communities (i.e. municipalities) and regions (i.e. counties) and that the state follows up by servicing and guiding them.

### *Further readings*

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