

## MENTAL HEALTH

Mental health disorders are a major burden on those who suffer them and on the public at large. The economic cost of mental health problems – including treatment and the indirect cost of lost productivity and days off work – are estimated at more than 2% of GDP in the United Kingdom and slightly less in Canada.

### Definition

The first data set used here is from large-scale epidemiological surveys implemented as part of the World Health Organisation World Mental Health Survey Initiative (WMHSI). These surveys were conducted between 2002 and 2005 in 10 OECD countries. They use a common diagnostic instrument to measure the occurrence of various types of disorders, their nature and intensity, and the treatment provided. Disorders considered include anxiety disorders, mood disorders, disorders linked to impulse control and disorders due to use of alcohol and drugs. All disorders are classified as serious, moderate, or mild.

The second set of data is from the European Quality of Life Survey conducted in 2007 by the European Foundation for the Improvement of Living and Working Conditions. These data are based on the following question: Please indicate for

each for the five statements which is closest to how you have been feeling over the last two weeks – I have felt cheerful and in good spirits; I have felt calm and relaxed; I have felt active and vigorous; I woke up feeling fresh and rested; my day has been filled with things that interest me (all of the time, most of the time, more than half of the time, less than half of the time, some of the time, never). The total score on all statements is multiplied by 4 to get a score that has a maximum value of 100.

### Comparability

The WMHSI data typically cover people aged 18 and over in most countries, with the exceptions of New Zealand (16 and above), Japan (20 and above) and Mexico (18 to 65). Sample sizes range between around 2 000 (the Netherlands), and 13 000 (New Zealand), and response rates between 50% (Belgium) and 80% (New Zealand). Samples are nationally representative in most countries, but they refer to all urban areas in Mexico and to four metropolitan areas in Japan. The European surveys do not assess bipolar disorders and substance abuse, limiting comparability.

The European Quality of Life Survey covers a larger number of European countries plus Turkey. The resulting index is based on self-reports picking up depressive-style symptoms. Thus country rankings from this survey cannot be compared to those of the WMHSI data.

### Overview

Mental health problems are not uncommon. The share of people reporting having experienced any type of mental health disorder in the previous year ranged from 9% in Italy, Japan, Spain and Germany, to between 12 and 15% in Belgium, Mexico and the Netherlands, 18% in France and 26% in the United States. More people report having incurred some mental health disorders during their lifetime, with shares ranging from 18% in Italy and Japan, to around 40% or more in New Zealand and the United States.

In all countries, the most common disorders are due to anxiety followed by mood disorders. Rarer are those due to impulse control and use of substances. A large part of all mental disorders are classified as mild, but close to 5% of the population of the countries covered report moderate disorders, and a further 3% serious disorders – with a prevalence close to 10% in the United States.

Most mental health disorders go untreated. The proportion of disorders receiving treatment varies from 8% in Italy to 26% in the United States. While the proportion of treatment is higher for serious and moderate cases (at 48% and 31%, respectively), many serious cases receive no treatment.

Across the 21 European countries, the mental health index reveals relatively poor mental health in Turkey and, to a lesser extent, in Italy and Poland. The mental health index suggests good levels of mental health in Norway, followed by the Netherlands, Ireland and Denmark. Differences are relatively small for countries ranked in the middle of distribution of the mental health index.

### Source

- OECD (2008), *OECD Employment Outlook 2008*, OECD, Paris.
- OECD (2009), *Society at a Glance: OECD Social Indicators*, 2008 Edition, OECD, Paris.

### Further information

#### Analytical publications

- WHO World Mental Health Survey Consortium (2007), *Prevalence, Severity, and Unmet need for Treatment of Mental Disorders in the World Health Organisation World Mental Health Surveys*, American Medical Association, Vol. 291, No. 21, June.
- Kessler R.C. et al. (2007), *Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organisation World Mental Health Survey Initiative*, *World Psychiatry*, Vol. 6, October.

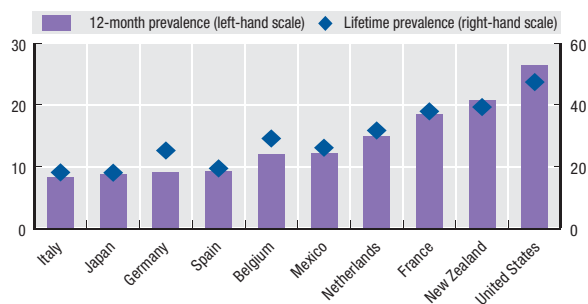
#### Websites

- Second European Quality of Life Survey – First Findings (2008), European Foundation, [www.eurofound.europa.eu/publications/htmlfiles/ef0852.htm](http://www.eurofound.europa.eu/publications/htmlfiles/ef0852.htm).



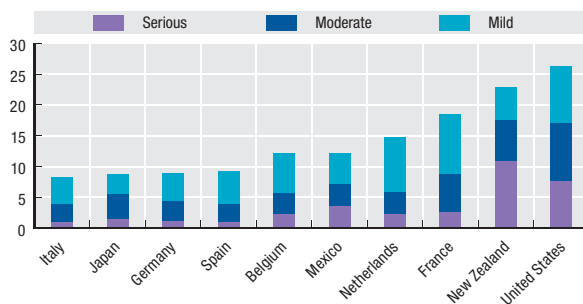
### Prevalence of mental health problems

As a percentage of total population, 2003 or latest available year



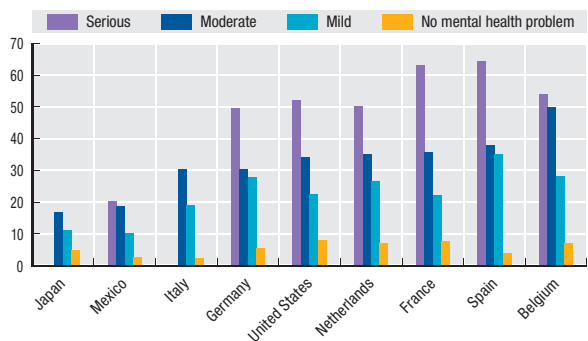
### 12-month prevalence by severity

As a percentage of total population, 2003 or latest available year



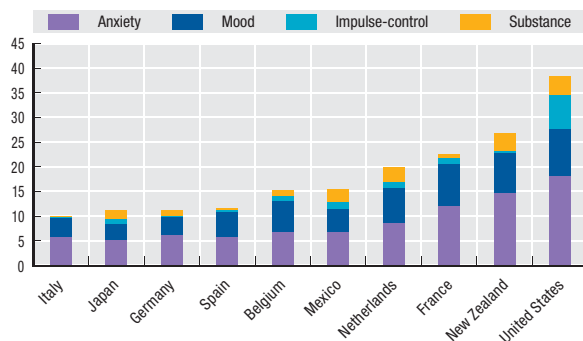
### Share of people receiving treatment

As a percentage of people with different forms of mental health problems, 2003 or latest available year



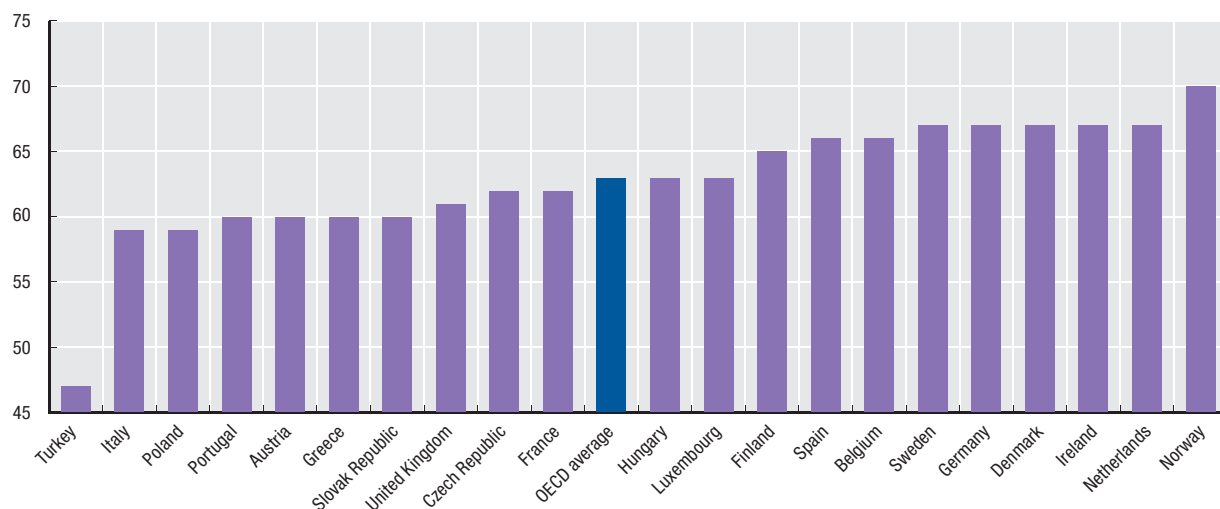
### 12-month prevalence by type

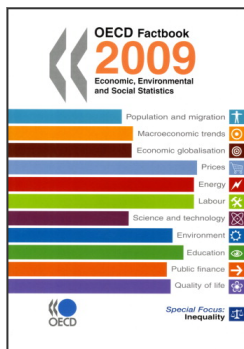
As a percentage of total mental disorders, 2003 or latest available year



### Mental health index

Mean scores in percentages, 2007





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