The Economist Intelligence Unit

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Executive Summary

MENTAL HEALTH AND INTEGRATION

PROVISION FOR SUPPORTING PEOPLE WITH MENTAL ILLNESS:

A COMPARISON OF 30 EUROPEAN COUNTRIES

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Executive summary

Mental illness exacts a substantial human and economic toll on Europe. World Health Organisation (WHO) estimates for 2012 show that in the 30 countries covered by this study, 12% of all disability-adjusted life years (DALYs)—a measure of the overall disease burden—were the direct result of mental illness. These conditions almost certainly also contributed to the large number of DALYs attributed to other chronic diseases. On the economic front, the best estimates are that mental illness cuts GDP in Europe annually by 3-4%.

Although the prevalence of many serious mental illnesses has remained stable over the long term, it is only recently that epidemiologists have begun to appreciate the scale of the challenge they represent. The ongoing ignorance about these conditions and the substantial stigma attached to them in much of society—including among policymakers and even medical professionals—continue to impede effective responses. The so-called "treatment gap" in mental health therefore remains huge: according to a recent, major review, only about one-quarter of those affected in Europe get any treatment at all, and just 10% receive care that could be described as "notionally adequate".[1]

Complicating Europe's ability to respond to mental illness has been a sea-change in recent decades in perceptions about what proper treatment and support should consist of. The consensus has moved away from hospital-based care—too often involving the literal locking away of a perceived problem—to finding ways for people living with mental illness to be treated, and to lead active lives, within the wider community. Even the definition of the goal of care has moved from a biomedical model of doctor-directed treatment aimed at alleviating symptoms to a psycho-social one focused on enabling affected individuals to recover their ability to live the lives they choose.

Overall, progress toward creating structures that can provide the mental health services Europe needs has been highly uneven. José Miguel Caldas de Almeida, professor of psychiatry at the New University of Lisbon and co-ordinator of the EU Joint Action for Mental Health and Wellbeing, explains: "Some countries … have been very successful, others less so, and there are still many places where the transition is only partial."

To better understand the current state of these efforts, The Economist Intelligence Unit, sponsored by Janssen, has created the Mental Health Integration Index, which looks not just at medical provision but also at factors related to human rights, stigma, the ability to live a fulfilling family life and employment, among others. This study presents the findings of that index, while also drawing on in-depth interviews

1 Hans Wittchen et al, "The size and burden of mental disorders and other disorders of the brain in Europe 2010", *European Neuropsychopharmacology*, 2011.

with experts in the field and substantial desk research. The report's key findings include the following.

- **The country leading the index is a surprise, but the weakest countries are less so.** Germany, the country with the highest overall score in the index, is unexpected in the leading position. Rarely listed by experts as on the cutting edge in this area, Germany's strong general healthcare system and generous social welfare provision have many attributes that are helpful to the effective integration of those with mental illness into society. More consistent with the conventional wisdom, the countries which follow close behind—the United Kingdom and several Scandinavian states— are frequently named as having examples of good practice in this area. Similarly, that the weakest countries in the index are largely from Europe's south-east is not a surprise. This is not merely a result of the need to overcome the legacy of communist-era psychiatric care: Estonia is 8th in the index and Greece, also in the south-east but never in the Eastern Bloc, finishes 28th. Instead, the south-eastern region has a long history of neglecting mental illness.

- **The leaders are not the only sources of best practice.** Experts from Germany and the UK readily admit ongoing, substantial problems with their care and integration efforts. On the other hand, because mental healthcare is frequently organised by region rather than at the national level, important islands of excellence exist in countries that are in the middle of the index rankings, such as Trieste in Italy, Lille in France and Andalusia in Spain.

- **Consistency pays off.** Of the top five countries in the index, Germany, Norway and the UK have consistently been looking at ways to improve mental healthcare and integration since the 1970s and 1980s. For Denmark and Sweden, this started in the 1990s. Moreover, generally those with the highest overall scores tend to do well across all four index categories, while those in the middle tend to be less consistent.

- **Real investment sets apart those seriously addressing the issue and those creating "Potemkin policies" which are more façade than substance.** Overall country scores in the index correlate strongly with the proportion of GDP spent on mental health (figures are not available for spending on all areas of integration). To some extent, this connection arises because certain index indicators—such as the number of clinicians—are directly related to such spending. The correlation also exists, however, for index categories where such a direct link does not exist. This suggests that the investment figure is a proxy for seriousness in establishing good policy and practice. Such sincerity of intent is not always present: the area of mental health has many examples of policies—including entire national mental health programmes—that are largely aspirational.

- **Europe as a whole is only in the early stages of the journey from institution-based to community-centred care.**

  - ***Even deinstitutionalisation is still very much a work in progress:*** Index data show that in a slight majority of the countries covered (16 out of 30) more individuals continue to receive care in long-stay hospitals or institutions than in the community, although of these, 13 countries have policies aimed at shifting more to community-based care. Slowing the change are the general complexities of large-scale innovation present in any medical field as well as the institutional interests of existing structures, such as psychiatric hospitals.

  - ***Data in the index's "Access to health services" category indicate that availability of therapy and medication is inadequate and that medical services for those with mental illness are poorly integrated:*** The type of clinicians available vary notably within countries. Germany, for example, which comes first for Access, scores full points for its number of specialist social workers per capita, but only 25.4 out of 100 for its number of psychologists.

The type of services available by country can also be unpredictable: Latvia, for example, comes 25th in the Access category but is one of only four index states to provide a full range of mental health support in prisons. Such varying levels of strength impede the provision of holistic care.

- ***Effective care for those with mental illness includes integrated medical, social and employment services, but government-wide policy in these areas is the exception:*** Unemployment, social exclusion and poor housing are statistically both risk factors for and consequences of mental illness. The lines between medical care, social care and employment support are therefore blurry in this field. The index, however, shows that just eight out of 30 countries have even collaborative programmes between the department responsible for mental health and all of those tasked with education, employment, housing, welfare, child protection, older people and criminal justice. Worse still, such programmes do not necessarily produce fully cross-cutting policies.

- ***Such integration as exists is typically accomplished through locally focused mental health teams that can help the patient negotiate a range of government services: I***ndex data indicate that some form of community-based assertive outreach is available in just 21 of 30 countries. Nevertheless, these programmes are often embryonic, and there are few examples in existence.

- ***Employment is the field of greatest concern for people living with mental illness and their families, but is also the index area with the most inconsistent policies across Europe:*** Inability to obtain gainful employment is, according to interviewees, the biggest frustration for those with mental illness. At the same time, policies related to work and mental illness differ markedly; the relevant category of the index—the Opportunities category—sees the highest variation of any in the index. Moreover, only a handful of countries, notably Finland and France, get very high scores in the Opportunities category. Strength in this area may result as much from extensions to mental health of generous general social welfare provision as an integrated approach to mental health services. Also noteworthy here is that much direct assistance involves the provision of sheltered employment, which has a poor record of helping people with mental illness return to the mainstream world of work.

- ***Carers and families are an insufficiently supported resource:*** Only 14 of 30 countries have all of the following: funded schemes to support carers; guaranteed legal rights for family carers; and a support organisation. Meanwhile, 11 countries have either just one or none of these relatively basic forms of assistance. Families, however, play a substantial role in caring for many aspects of the lives of those with mental illness living in the community.

- **Lack of data makes greater understanding of this field difficult.** Lack of availability of pertinent data has greatly restricted what the index can cover. This is no surprise to experts interviewed for this study, who use words like "astonishing" and "daunting" to describe the data gaps surrounding mental health and integration. Even basic definitions are often contested, or at least not standardised, across national and professional boundaries. Better data, however, are essential to knowing how to make real progress. In particular, comparable information on outcomes, both clinical and patient-reported, still does not exist but is crucial for knowing what strategies and treatments work best. As Professor Hans-Ulrich Wittchen, chairman and director of the Institute of Clinical Psychology and Psychotherapy at the Technical University of Dresden puts it: "You can't just triple the number of psychiatrists and hope things will improve."

Five areas requiring greater attention

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

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

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