

Factsheet n°1 - Mental health

Facts and figures¹

- One in four people have mental health problems.
- 1 in 3 people with mental health problems have no access to mental health care.
- 80% of those with a common mental disorder, and up to 50% of those with a severe mental disorder, do not seek or receive treatment.
- People with severe mental health problems have an average reduced life expectancy of between 10 to 25 years.
- People with mental disorders experience disproportionately higher rates of disability and mortality.
- Suicide is the second most common cause of death among young people² worldwide.
- Almost half the world's population lives in countries where, on average, there is one psychiatrist to serve 200 000 or more people.
- Mental disorders frequently lead individuals and families into poverty.
- The annual economic cost of mental ill-health are estimated at over EUR 600 billion across the EU.
- Between 2015 and 2050, the proportion of the world's older adults is estimated to almost double from about 12% to 22%. In absolute terms, this is an expected increase from 900 million to 2 billion people. Over 20% of adults aged 60 and over suffer from a mental or neurological disorder. ³

AIM Recommendations

- ***Mental health should be embedded in all Policies.***
Both Member States and the European Commission should support the development and implementation of comprehensive, unbiased mental health friendly policies and actions. When it comes to mental healthcare, intersectoral collaboration is key to the development of efficient health promotion and disease prevention policies but also to effective treatment and reintegration actions. Since mental health affects various parts of life, all stakeholders should be involved and cooperate: social care, housing services, education sector, workplaces, payers, etc. As the OECD puts it: “effective interventions across the life course will demand that policy-making become far more joined-up than is the current norm”.

¹ <https://www.oecd.org/health/mental-health.htm>
<https://www.mhe-sme.org/what-we-do/understanding-mental-health/>
<https://www.who.int/news-room/facts-in-pictures/detail/mental-health>

² 15-29 years old.

³ <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>

- ***A greater and more efficient focus should be put on the prevention of mental health disorders and the promotion of mental well-being.***

Programmes to promote good mental health and prevent mental illness should be developed in all Member States. Sound and extensive evidence on effective and cost-effective actions already exists and should be used as basis for those interventions, for services and practices. While evidence exists, implementation is often the challenge. The funding mechanisms for promotion and prevention activities should allow the long-term sustainability of actions. Member States should therefore favour funding provided from within core recurrent budgets with health and other sectors rather than time-limited or programme-specific funding. Financial and regulatory mechanisms, such as shared budgets and conditional funding based on partnership working, will encourage the above-mentioned necessary inter-sectoral collaboration and increase public acceptance for the necessity for those programmes.⁴

- ***A life-course approach to mental health should be adopted.***

A life-course approach to mental health allows for a better understanding of mental health for all age groups and transitional times (mental health and pregnancy, mental health and ageing...). It enables to develop person-centred more targeted and thus more efficient actions.

Governments should develop comprehensive strategies in order to promote mental health across the life course.⁵

- ***National and European decision makers should show a greater commitment to raise awareness on mental health and to fight stigma and social exclusion.***

EU and national campaigns should be organized in order to raise awareness on mental health issues and combat stigma, which constitutes a barrier to integration and to finding treatment. Efforts must be multiplied to combat anchored negative perceptions. Mental health should be mainstreamed and considered as important as physical health, in terms of service delivery, political priority and understanding by the general public.⁶ Furthermore, patients should be put at the centre, their needs taken into account and their questions answered. Shared decision making should become the norm and replace any psycho-diagnostics by labeling.

- ***Access to high quality, comprehensive, person-centred, and integrated care should be ensured.***

Ensuring the access for people with mental illness to medical help and services is vital. Furthermore, it is important to find ways for people living with mental illness to be treated and to live quality and active lives within the wider community. This universal access can be achieved by encouraging community-based rather than institutionalised care. A greater empowerment of people suffering from mental illnesses can also help to reduce the burden of care-giving on families and carers.⁷ Training primary care and social workers on essential psychosocial care, psychological first aid and how to make referrals when needed would contribute to bridging the treatment gap. High quality and accessible mental first aid should be available.

⁴ <https://www.oecd-ilibrary.org/docserver/bc364fb2-en.pdf?expires=1586937946&id=id&accname=guest&checksum=6223390EFB474FC1EB3E746F22964334>

⁵ <https://www.mentalhealthandwellbeing.eu/the-joint-action/>

⁶ https://www.aim-mutual.org/wp-content/uploads/2017/04/Mental-Health-Joint-Position-paper-AIM_AEIP.pdf

⁷ https://www.aim-mutual.org/wp-content/uploads/2017/04/Mental-Health-Joint-Position-paper-AIM_AEIP.pdf

- ***Governments should adopt effective occupational health strategies, which protect workers from psychosocial risks, including in emerging and unconventional forms of employment.***⁸

Proper work has a positive impact on mental health, contributing to individuals' sense of fulfilment. However, a negative working environment can lead to both physical and mental health problems. WHO considers that an important element of achieving a healthy workplace is the development of governmental legislation, strategies and policies that "protect mental health by reducing work-related risk factors; promote mental health by developing the positive aspects of work and the strengths of employees; and addressing mental health problems regardless of cause".⁹ Such legislation and occupational frameworks should include reintegration and return to work policies.

The economic consequence of not investing enough on prevention of psychosocial risk factors at the workplace have been highlighted in the consensus paper of the EU Compass on Mental Health. "EU-OSHA (2014) reports that the total cost of mental ill health in Europe is €240 billion/per year of which €136billion/per year is the cost of reduced productivity including absenteeism and €104billion/per year is the cost of direct costs such as medical treatment."

¹⁰ It also estimates that reduced performance due to psychosocial problems may cost twice that of absence. There is therefore a strong economic case for strengthening occupational mental health strategies.

New forms of employment might have a positive impact on mental health given the flexibility and the potential for a better work-life balance which they entail. However, they can also very well have the exact opposite consequences. They can put workers' mental health and well-being under pressure. Platform and gig economy work for example are often synonyms for lack of financial stability, predictable income and high-quality working conditions. Occupational health and safety frameworks and strategies should include those new forms of employment so as to properly protect workers.

- **The European Commission should put forward an EU Mental Health Strategy.**

As put forward by the Council Conclusions on the Economy of Well-being, the European Commission should "propose a Mental Health Strategy for the Union, taking into account the cross-sectoral impacts of different policies on mental health". This strategy should support Member States in the achievement of the above-mentioned objectives.

It should also aim at improving mental health surveillance and data collection. The current lack of availability of pertinent data makes both the understanding of the European mental health landscape and its improvement difficult. Comparable information on outcomes and evidence-based knowledge on risk and protective factors to mental health is essential to make real progress, and assess strategies and treatment.¹¹

The EU Strategy should also provide guidance and recommendations for the promotion of good mental health, improvement of early diagnosis and treatment, the focus on rehabilitation strategies, and the de-stigmatisation of mental health disorders at national and local level. It should contribute to "non-discriminatory working environments, better working conditions, and thus to a stronger economy".¹²

⁸ <https://www.mentalhealthandwellbeing.eu:80/assets/docs/publications/WP6%20Final.pdf>

⁹ https://www.who.int/mental_health/in_the_workplace/en/

¹⁰ https://ec.europa.eu/health/sites/health/files/mental_health/docs/compass_2017workplace_en.pdf

¹¹ https://www.aim-mutual.org/wp-content/uploads/2017/04/Mental-Health-Joint-Position-paper-AIM_AEIP.pdf

¹² <https://data.consilium.europa.eu/doc/document/ST-13432-2019-INIT/en/pdf>

Members' best practices

Austria - Sozialversicherungsanstalt der Selbständigen (SVS)

In terms of prevention and health promotion, the SVS has a wide range of measures for their members and mental health is one of the key topics that are treated. The life-course approach is a very important one, so the SVS has designed holistic actions for all age groups and many different life situations.

Among others the SVS offers special summer camps for children and adolescents with a strong focus on mental strengthening and the promotion of resilience.

Adult members can participate in health weeks with focus on strengthening mental health in general or on burnout prevention. In addition there are stays for people who suffer from different burdening life situations, e.g. stressed young mothers, caregiving relatives, people in the phase of the handover of their farm/family business or people who suffer from mental burdens like sickness, divorce or death. Especially for elderly people there are stays for the transition time from working life to retirement, focussing on recreation and healthy aging.

All of the mentioned actions aim at supporting and empowering people to better handle their situation and strengthen their mental health and general well-being.

Belgium - Mutualités Libres/Onafhankelijke Ziekenfondsen (MLOZ)

Every Belgian mutual reimburses psychological help in their complementary insurance.

Furthermore, almost all Belgian Mutuals have a free [telephone line](#) which members can call to for mental support. They can speak to a psychologist. And be referred to other professionals when needed. Some [mutuals](#) also include a chat.

These phone lines constitute a perfect example of user-friendly instruments which people can access easily in emergency situations for people to access if needed urgently and for early detection and intervention. It also contributes to reducing taboo and stigma.

They also communicate a lot on the subject (prevention) to their members and MLOZ have a specific [tools/brochures](#) focussed on children.

Belgium - Landsbond der Christelijke Mutualiteiten (CM)

The question 'How are things going?' has lost its charge in our society. CM has decided to take action and launched the [campaign](#) "het oprechte vraagteken" (the sincere question mark – ".?."), which aims at encouraging people to share their feelings.

As a healthcare fund, CM wants to overcome the barriers to talking about mental problems. One in four Flemish people have mental problems and a quarter do not dare to talk about them. In order to break the taboo, it is important to ask the "sincere question": 'How are you?. In the context of covid-19, they have adapted their online tool.

CM also offers a service especially for students: “[Teleblok](#)”. On the website, a facebook chat is for example put at the disposal of students during exam periods to help them change their minds and ask for help if necessary (the chatter will try to refer the person to the appropriate authority). Most interactions are about mental health.

Teleblok did research about the impact of covid-19 on the student and found out that they are missing the social interactions. Therefore, it organized a live party with a DJ for students via livestream.

CM also organises information sessions (online or in real life) for example on resilience. They also offer career coaches, and reimburse sessions of psychotherapy.

Belgium – Socialistische Mutualiteiten

Like the other mutuals, Socialistische Mutualiteiten reimburses psychological help in their complementary insurance.

Additionally, they have organised a campaign called #ikbenik – www.ikbenik.be, the goal of which is to offer tips about mental health. It does so by providing practical tips, information and exercises. It also provides a number of self-help modules, which do not require guidance from a professional. It is possible for affiliates to start the module at home, on their own and at their own pace.

Currently the self-help modules cover the following topics: coronastress, worrying, sleep, work stress, working parents, self-image, and chronic diseases. They are created by mental health professionals. Their content is based on insights from different scientific theories and movements, such as positive psychology, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy and mindfulness.

France – Mutualité Sociale Agricole (MSA)

Since a few years, MSA has developed a telephone service for agriculture professionals in case of psychological distress, called ‘[Agri’écoute](#)’. This service enables them to reach a psychologist for free, and to cope especially with the complex work-life balance of self-employed farmers. This service has been reinforced due to the current sanitary crisis.

A new initiative, called [MSA solidaire](#), was also launched together with the Rural Mayors of France. Employees, front office workers, workers and delegates are called upon to contact isolated, elderly, disabled people or even families in difficulty. The goal is to listen to and detect risk situations. Since the beginning of the lockdown, 25.000 MSA members who are already accompanied or identified as fragile were contacted, and this led to more than 10.000 phone calls with social assistance professionals.

Germany – Sozialversicherung für Landwirtschaft Forsten und Gartenbau (SVLFG)

For some years now, the SVLFG has been increasingly dedicated to the promotion of mental health. The "In Balance with Us" campaign aims to strengthen the mental and physical health of the insured. The SVLFG wants to provide support as early as possible in the run-up to an illness with offers

specially adapted to the green economy sector. Many of these offers are based on the Austrian model.

With its group offers, online courses, telephone counselling and crisis assistance, the SVLFG offers various ways to ensure that health promotion can be well integrated into everyday life.

This is especially true for the online offers. The GET.ON Institute has developed seven different health training courses to improve mental and physical well-being and, together with the SVLFG, has adapted them specifically to green professions.

Germany – Verband der Ersatzkassen (vdek) and their six members TK, BARMER, DAK-Gesundheit, KKH, hkk and HEK (Ersatzkassen)

Mental health is fully integrated and covered in both the inpatient and outpatient system. In the outpatient system the Ersatzkassen pay for up to 300 hours of psychotherapy, depending on the approach. Video calls are possible to a certain amount and under high data protection standards to ensure the privacy of the conversation. In addition, the education of psychotherapists is regulated by law, only those who are fully trained are allowed to treat people with mental disorders. To make it easier for patients to find a psychotherapist, there's the option to call the Terminservicestelle which helps them find a psychotherapist in their region able to treat them. For people with more severe mental disorders there are psychiatric institutes and a huge variety of clinics that specialize in all sorts of mental disorders according to the ICD-10. What's more, there are rehabilitation programmes for all kinds of mental disorders available to help recovering after hospitalization. All of these additional offers are free for the patients and fully covered by the civil health insurance. To complement all of this, some Ersatzkassen offer additional treatments for specific disorders like depression, schizophrenia, eating disorders and more.

Prevention is also an important part of the mental health strategy. The health insurance offer a variety of courses, open for all their members, like stress reduction, mindfulness or yoga. For children, in a joint venture of all statutory health insurance funds, paediatricians, physicians, BZgA and Deutsche Liga für das Kind, the "Merkblätter Seelisch gesund aufwachsen" ([booklets](#) "Growing up mentally healthy" were developed last year and handed out to the parents when they see their paediatricians for the ten preventive check-ups between their birth and until they turn six (also available as films in six languages).

Last but not least all statutory health insurance funds offer special programmes for people with mental disorders like depression, schizophrenia, eating disorders and so on. They also offer digital programmes like the TK-DepressionsCoach (TK), GET.ON (BARMER), Deprexis (DAK-Gesundheit) or MaiStep (KKH).

Germany – IKK

IKK classic is partner of the pilot project "Stark in die Zukunft" (Strong into the future) which aims to strengthen resilience and mental health of pupils from about 14 to 16 years. Especially during the youth phase, various challenges accumulate: The personality changes, one's own area of responsibility grows and the first decisions about one's own professional future are made.

Teachers who want to participate are trained in order to integrate the project properly into the curriculum. The individual modules are designed to stimulate self-reflection and strengthen personal

responsibility. The program helps students become more sensitive to their own perceptions and to learn about their own reaction patterns, inclinations and needs. In order to prevent psychological stress and overload, stress phases can be recognised more quickly and coping strategies be trained. The pupils are supported in how they can meet the challenges of adult and working life and develop a healthy, self-determined life model.