

Definition and measurement

The first data set used 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 ten OECD countries (three more OECD countries have surveys in the field). They use a common diagnostic instrument, the WHO Composite International Diagnostic instrument (CIDI), which measures 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 WMHSI data typically cover all people aged 18 and over. However the age limit is 16 years in New Zealand, 20 years in Japan, and 18-65 years in Mexico. Sample sizes range between around 2 000 (in the Netherlands) and 13 000 (New Zealand). Response rates vary between 50% (Belgium) and 80% (New Zealand). Survey 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, seriously limiting comparability.

The second data set used is from the European Quality of Life Survey, European Foundation for the Improvement of Living and Working Conditions collected in late 2007. It covers a much larger number of member countries. It is, however, limited to Europe plus Turkey. The resulting index is based on self-reports to five questions, based on a short WHO index, picking up depressive-style symptoms.

Mental health disorders are a major burden on those who suffer them and on the public. 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 the GDP in

the United Kingdom and slightly less in Canada (WHO, 2007).

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 8% in Italy to 26% in the United States (HE6.1). More people report having incurred some mental health disorders during their lifetime, 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 (HE6.2). Rarer are those due to impulse control and use of substances. A large part of all mental disorders are classified as mild, but 4% of the population of the countries covered report moderate disorders, and a further 3% report serious disorders – with a prevalence of serious disorders more than double this in the United States.

Most mental health disorders go untreated (HE6.3). While the proportion of treatment is higher on average for serious and moderate cases (at 48% and 31%, respectively), many serious cases receive no treatment.

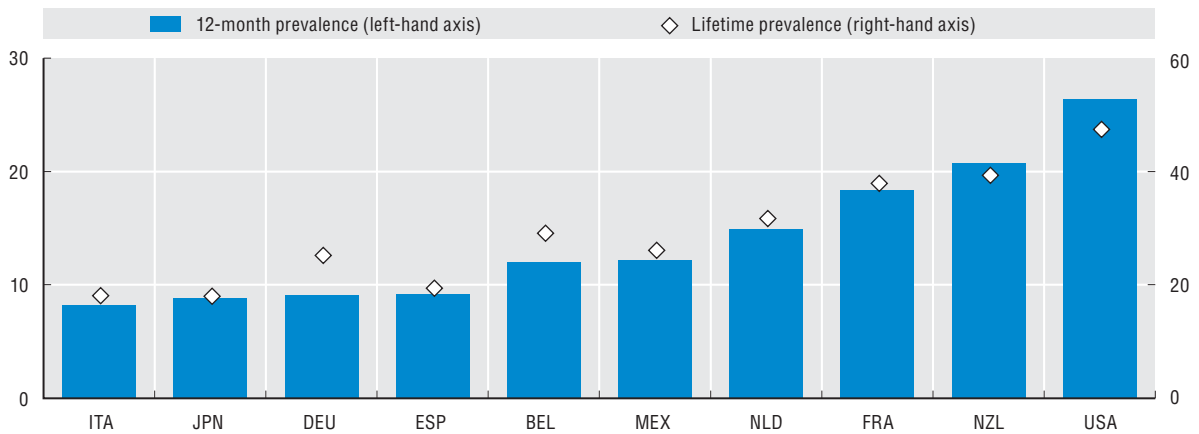
A cross-21 country mental health index reveals relatively poor mental health in Turkey and good levels of mental health in Norway (HE6.3). Poor mental health is found to a lesser extent in Italy and Poland and good mental health to lesser extent in the Netherlands, Ireland and Germany. There is not a great deal of country variation through the middle of the mental health index.

Further reading

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.

OECD (2008), “Are All Jobs Good for Your health? The Impact of Work Status and Working Conditions on Mental Health”, *OECD Employment Outlook*, OECD, Paris.

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.

HE6.1. Annual and life-time prevalence of mental health problems in ten OECD countries

Source: WHO World Mental Health Survey Consortium (2007).

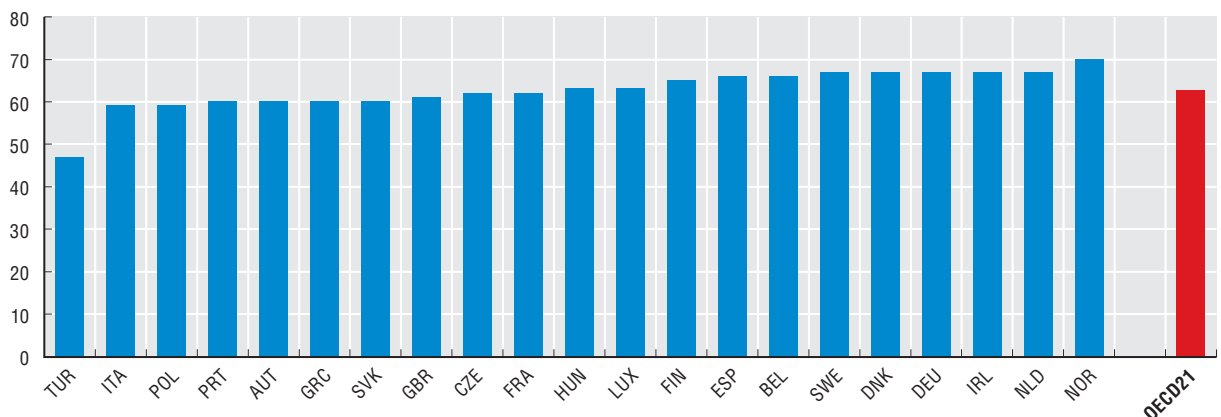

HE6.2. Type, severity and treatment of mental health problems in ten OECD countries

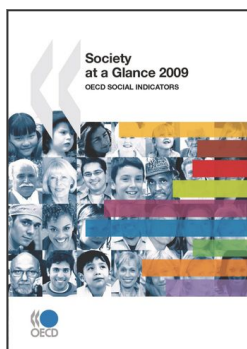
	12-month prevalence, percentage share of total population					Share mental health disorders receiving treatment							
	By type					By severity			By severity				
	Anxiety	Mood	Impulse-control	Substance	Any disorder	Serious	Moderate	Mild	Serious	Moderate	Mild	None	Total
Belgium	7	6	1	1	12	2	3	6	54	50	28	7	11
France	12	9	1	1	18	3	6	10	63	36	22	8	12
Germany	6	4	0	1	9	1	3	5	50	31	28	5	8
Italy	6	4	0	0	8	1	3	4	..	31	19	2	5
Japan	5	3	1	2	9	2	4	3	..	17	11	5	6
Mexico	7	5	1	3	12	4	4	5	20	19	10	3	4
Netherlands	9	7	1	3	15	2	4	9	50	35	27	7	11
New Zealand	15	8	1	4	23	0	0	0
Spain	6	5	1	0	9	1	3	5	65	38	35	4	7
United States	18	10	7	4	26	8	9	9	52	34	23	8	15
Average	9	6	2	2	15	3	4	6	48	31	21	6	9

Source: WHO World Mental Health Survey Consortium (2007).

HE6.3. Mental health index for 21 European OECD countries

Percentage, 2007, higher value is better mental health

Source: Second European Quality of Life Survey, European Foundation for the Improvement of Living and Working Conditions, 2007, www.eurofound.europa.eu/publications/htmlfiles/ef0852.htm.StatLink  <http://dx.doi.org/10.1787/550627528424>



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