

Mental health in the EU

SUMMARY

Mental health has become a major issue of public health, and economic and social concern across the whole of the EU. Collecting data is crucial for monitoring mental health, developing effective policies and addressing the growing mental health challenges. It is estimated that more than 84 million people in the EU are struggling with mental health problems.

The COVID-19 pandemic and the subsequent economic crisis have placed a huge strain on everyone's mental health. The restrictive measures taken by governments during the pandemic had a severe impact on people, with inequalities in mental health, both within the population and between social groups. Young people, the elderly and people in vulnerable situations suffered more than others.

Mental health is also an issue at work. Poor working environments, including excessive workloads, job insecurity, harassment and discrimination, pose a risk to the mental health of workers.

Policies and services addressing mental health are the individual EU Member States' responsibility. The EU work on mental health, part of its activities on non-communicable diseases, aims to complement Member States' policies, supporting real action on the ground and the exchange of best practice and knowledge. On 7 June 2023, addressing calls from the European Parliament and from citizens in the context of the Conference on the Future of Europe, the European Commission adopted a communication on a new comprehensive approach to mental health, adding another pillar to the architecture of the European Health Union. EU action on mental health will focus on three guiding principles: access to adequate and effective prevention; access to high quality and affordable mental healthcare and treatment; and reintegration into society after recovery.

The European Parliament has always been a supporter of the promotion of good mental health and putting mental health at the heart of EU policymaking. Its Subcommittee on Public Health (SANT) is currently preparing an own-initiative report on mental health.



IN THIS BRIEFING

- What is mental health
- Collecting data on mental health
- Facts and figures on mental health in the EU
- Categories at risks
- Mental health at work
- EU action
- European Parliament



What is mental health

[Mental health](#) is not merely the absence of mental illness but rather a positive state of functioning and resilience. The World Health Organization (WHO) defines '[mental health](#)' as a state of mental wellbeing in which people cope well with the many stresses of life, can realise their potential, can function productively and fruitfully, and are able to contribute to their communities.

[Mental health conditions](#) include [mental disorders](#) and psycho-social disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case.

As the Lancet Commission on global mental health and sustainable development points out, mental health problems exist along a [continuum](#), ranging from optimal well-being to experiencing mental health difficulties or disorders. Just as physical health can fluctuate, mental health can also change over time.

Multiple individual, social and structural factors may combine to protect or undermine mental health. Individual psychological and biological factors such as emotional skills, substance use and genetics can make people more vulnerable. Exposure to unfavourable social, economic, geopolitical and environmental circumstances (e.g. the pandemic, rising living costs, conflicts and war) also increases people's risk of experiencing poor mental health.

Collecting data on mental health

Data on mental health are crucial for monitoring mental health and its evolution over time and areas, developing effective policies and addressing the growing mental health challenges. They are collected at national, EU and international levels.

At **national level**, the survey instruments used to measure anxiety differ between countries, and therefore are not directly comparable, and some surveys may have small sample sizes and/or not use nationally representative samples. Differences in the openness of populations to discussing mental state also hampers cross-country comparability.

As data on population mental health, and especially age-stratified data, remain limited in coverage, as of 2025, as announced in its June 2023 [communication](#), the Commission will ensure that the [European Health Interview Survey \(EHIS\)](#) includes additional data on mental health to ensure strong monitoring and assessment of progress on mental health across the EU.

At the **international level**, [WHO](#) collects data on global health, including on mental health, and raises awareness on the [World Mental Health Day](#) (10 October). The [Mental Health Atlas](#), released every 3 years, is a compilation of data provided by countries on mental health policies, legislation, financing, human resources, availability and utilisation of services. The Organisation for Economic Co-operation and Development (OECD) regularly issues analyses on health, with specific parts on [mental health](#) (e.g. [country health profiles](#); [OECD – Health at a glance](#) reports; and '[Health at a Glance: Europe](#)' reports – published jointly with the European Commission).

At **EU level**, [Eurostat](#) issues [online publications](#) on public health, provides [data](#) on many aspects of public health and also self-reported data from the EHIS. [European core health indicators](#) have been designed to provide for comparable health information and a knowledge system to monitor health at EU level to support the European health union.

The [European Agency for Safety and Health at Work](#) collects data from government sources, statistical authorities and European surveys and research, notably on workplace stress and workers' perceptions of health.

Facts and figures on mental health in the EU

Before the COVID-19 pandemic, in 2019, mental health problems affected around [84 million people](#) in the EU (**1 in 6 people**), and these figures have only [worsened](#) since then. The pandemic placed additional pressures on mental health, especially among young people and those who were already struggling with their mental health.

Data suggest that **women** are more likely to experience common mental health disorders, such as depression and anxiety, compared to men (for instance, in 2019, a higher proportion of women (8.7 %) than men (5.5 %) aged 15 and over in the EU reported [chronic depression](#)). However, **men** are more likely to die by [suicide](#), indicating the importance of gender-sensitive mental health approaches.

Mental health disorders weigh heavily on societies and economies. According to the Commission, based on [OECD data](#), the **economic burden** of mental ill health can rise to up to 4 % of EU gross domestic product (GDP) annually, equivalent to over €600 billion per year, owing primarily to reduced productivity, healthcare costs, and social welfare expenditure. These direct costs do not include indirect costs (e.g. informal care provided by family members) or intangible costs (the emotional distress, pain and suffering experienced by those with mental health problems and those close to them).

There are [notable variations](#) in mental health **across EU countries**. Factors such as socio-economic conditions, access to healthcare and cultural attitudes towards mental health contribute to these disparities. By way of example, in 2019, among EU countries, Portugal had the highest share of the population reporting [chronic depression](#) (12.2 %), followed by Sweden (11.7 %), Germany and Croatia (both 11.6 %).

The poor mental health of **young people** is a growing concern in the EU. According to the [2022 Health at a Glance report](#), almost one in two young Europeans (15-24 year olds) have unmet mental healthcare needs, and in several EU countries the share of young people (aged 18 to 29) reporting symptoms of depression more than doubled during the pandemic. Overall, [suicide](#) is a leading cause of premature death in the EU, and the second leading cause among young people (15-19 year olds), after road accidents (2019).

Work-related stress is a prevalent issue affecting mental health in Europe. The [European Agency for Safety and Health at Work](#) estimates that for more than four out of ten workers (44 %) work stress increased as a result of the pandemic. In addition, half of respondents (46 %) say they are exposed to severe time pressure or work overload (2022 data). **Stigma** and discrimination surrounding mental health persist in many European countries, hindering individuals from seeking help. Although talking about mental health may no longer be taboo, 50 % of [workers](#) worry that disclosing a mental health condition could have a negative impact on their career.

Access to mental healthcare services varies across European countries. While some EU countries have well-established mental health systems, others face challenges in terms of availability, affordability and quality of services. During the pandemic, disruptions in and growing demand for mental health support challenged already-stretched mental healthcare services.

In 2019, according to Eurostat, there were 73 [psychiatric care beds](#) per 100 000 inhabitants in the EU: this ratio ranged from a high of 141 beds in Belgium down to a low of 8 beds in Italy. In 2020, there were around 86 000 [psychiatrists](#) in the 26 EU Member States for which data are available, and between 9.2 and 28.2 psychiatrists per 100 000 inhabitants across those Member States.

Categories at risk

Children, adolescents and young people

Childhood and adolescence are critical stages of life for mental health and well-being. This is when people develop skills in self-control, social interaction and learning. The capabilities formed in this period directly influence people's mental health for the rest of their lives. Addressing children, adolescents and young people's mental health is not only a question of guaranteeing their wellbeing, it is also a tool of [prevention](#) and about building mentally healthy societies. About half of the mental health problems affecting [adults](#) have their onset during or before adolescence.

The number of young people with mental disorders has grown significantly in recent years and the pandemic only worsened the situation. In most European countries, the incidence of mental health problems among people aged between 15 and 24 [doubled](#) during the pandemic. Young people are more likely to experience depression, anxiety and [loneliness](#) than adults. They are also preoccupied by [climate change](#) and biodiversity loss and many of them see their future as 'frightening'.

While moderate use of [digital technology](#) tends to be beneficial for children, teenagers and young people's mental wellbeing, no use or too much use can have a negative impact. Risks associated with social media include a reduction in physical social contacts, social comparison, fear of missing out, increased anxiety or decreased self-esteem, cyberbullying, the pressure of 'always being on', and addiction to online gaming and the metaverse.

The [2022 European Year of Youth](#) and the [EU 2019-2027 youth strategy](#) focused on re-establishing a positive outlook for young people, including actions for their well-being.

The elderly

Mental health disorders, including depression, anxiety, and cognitive decline – with various diseases causing dementia – are prevalent among the elderly population (people over 60). However, they are often underdiagnosed and undertreated.

Elderly people face [various life changes](#), including retirement, financial difficulties, physical health limitations, chronic health conditions and loss of independence, which can affect their mental well-being. In addition, many elderly individuals experience loneliness and social isolation, which can have a profound impact on their mental health. Maintaining social connections, participating in community activities, and having supportive relationships are crucial for well-being.

The pandemic had a profound impact on the mental health and well-being of older people living in long-term care facilities and in the community. As one of the groups with a high risk of severe illness and death, the pandemic caused fear, worry and grief among older people, while physical distancing severely limited social engagement and increased the risk of profound social isolation and loneliness. All these factors are, in turn, associated with mental ill health, such as anxiety, depression and cognitive decline.

People with disabilities

Disabilities can expose individuals to a higher risk of developing mental health problems. The [COVID-19](#) measures significantly affected the health and well-being of people with disabilities. Social exclusion and limited access to healthcare services contributed to feelings of loneliness, anxiety and a higher risk of depression. Moreover, movement restrictions and confinement often put people with disabilities at greater risk of physical or sexual violence. As underlined by the WHO, persons with disabilities face many health [inequities](#). The EU's 2021-2030 [strategy for the rights of persons with disabilities](#) seeks to tackle the diverse challenges that people with disabilities face, including implementing good practices of deinstitutionalisation in the area of mental health.

People in vulnerable situations

People in [vulnerable situations](#) include: people living in poverty; uninsured people; people experiencing homelessness or living in overcrowded housing, collective sites, informal settlements or slums; Roma, migrants, refugees or displaced people; racial or ethnic minorities; people in prison; people who are victims of discrimination on the grounds of sexual orientation; victims of gender-based violence; victims of crime and victims of human trafficking.

They are often at a higher risk of experiencing mental health issues on account of the multiple challenges they face, including social exclusion and exposure to adverse life events. Some may encounter barriers in accessing mental health services, because of financial constraints, language barriers or lack of awareness about the resources available.

In its June 2023 [communication](#) on mental health, the European Commission also includes among people in vulnerable situations cancer patients and survivors, and people living in rural and remote areas, such as farmers, who have particular mental health challenges associated with the risk of disconnection and lack of access to mental health services.

Mental health at work

As set out in Principle 10 of the [European Pillar of Social Rights](#), all workers have the right to a high level of protection of their health and safety at work, including mental health. In September 2022, the WHO and the International Labour Organization (ILO) published the [Mental health at work: 2022 policy brief](#), providing a pragmatic framework for implementing the recommendations of the [WHO guidelines on mental health at work](#).

Mental health at work impacts both individuals and workplaces significantly. Mental health disorders can lead to decreased productivity, increased absenteeism, and higher healthcare costs. Common [risk factors](#) with regard to mental health in the workplace include: a heavy workload; stressful, monotonous or unclear work content; a 'toxic' work culture or work organisation; discrimination; and others. Psychosocial risk factors and work-related stress can lead to burnout and other mental disorders, and negatively affect physical health.

The COVID-19 pandemic further exacerbated these issues, highlighting the urgent need for effective mental health support in the workplace. More than four out of ten workers (44 %) responding to the EU-OSHA workers' survey – [OSH Pulse – occupational safety and health in post-pandemic workplaces](#) – said that their [work stress](#) increased as a result of the pandemic. Almost half of respondents (46 %) stated that they were exposed to severe time pressure or work overload. Other factors causing stress include poor communication or cooperation within the organisation and a lack of control over work pace or work processes. A number of work-related health issues that are commonly associated with stress are reported by quite a large proportion of workers: 30 % of respondents reported at least one health problem (overall fatigue, headaches, eyestrain, muscle problems or pain) caused or made worse by work. However, talking about mental health is no longer taboo. According to 50 % of workers, the pandemic made it easier to talk about it at work.

As underlined by the European Economic and Social Committee in an exploratory opinion, adopted in April 2023, [precarious work](#) increases the chances of worker's mental health deteriorating.

On 28 June 2023, Members of the European Parliament's Committee on Employment and Social Affairs (EMPL) heard a presentation on a [study](#) that the committee had commissioned on 'Minimum health and safety requirements for the protection of mental health in the workplace'. This study highlights the inadequacy of current EU and national efforts in protecting employees effectively from psychosocial risks.

EU action

Policies and services addressing mental health are the individual EU Member States' responsibility. The EU's role in health policy is therefore complementary to national policies.

According to [Article 6 of the Treaty on the Functioning of the European Union](#) (TFEU), the EU has the competence to support, coordinate or supplement the actions of Member States in the protection and improvement of human health. The EU's main legal basis for adopting public health law and policies is [Article 168 TFEU](#) (protection of public health). Other [articles](#) have also been used, such as Article 114 TFEU (single market), Article 153 TFEU (social policy), Articles 122 and 222 TFEU (solidarity) and 196 TFEU (civil protection), Article 16 TFEU (data protection) and Article 179 TFEU (on strengthening the EU's research and technological bases). Responsibility for healthcare is attributed to Member States, and not to the EU (Article 168(7) TFEU).

Public health policy has recently taken centre stage in European policymaking, with the pandemic and the building of a stronger European health union. Both the European Parliament and the Council have underlined the need to put mental health at the heart of EU policymaking, and expressed strong support for a comprehensive and prevention-oriented approach at EU-level that can support and complement action at Member State level.

The European Commission's work on mental health is part of its activities on [non-communicable diseases](#) (NCDs). It aims to complement Member States' policies, supporting real action on the ground and the exchange of best practice and knowledge.

Open, as well as targeted, calls for best practice are published on the [Best Practice Portal](#). The portal also offers an overview of best practice collected and transmitted in actions co-funded under EU health programmes in recent years.

In March 2021, the [EU4Health programme](#) was adopted for the 2021-2027 period. The [2023 work programme](#) will continue to provide support in promoting mental health and preventing mental health problems. Some actions will focus on vulnerable groups such as migrants, refugees, Roma people and people who have been displaced from Ukraine. Under the EU4Health programme, the Commission set up an [EU health policy platform](#), a collaborative online tool that makes it easy for Commission services, health-related interest groups and stakeholders to communicate amongst themselves.

In December 2021, the Commission launched the [Healthier together – EU non-communicable diseases initiative](#) to help EU countries identify and implement effective policies and actions to reduce the burden of major NCDs and improve citizens' health and well-being. The initiative covers the 2022-2027 period and includes five strands, including mental health and neurological disorders. All strands include a health equity dimension, thus supporting the reduction of health inequalities.

On 7 December 2022, the Commission established an [expert group on public health](#). This group advises the Commission on policy development and transfer of best practices related to major public health challenges, in order to protect and improve the health of EU citizens. The second meeting of the group took place on [29 June 2023](#). The discussion focused in particular on the follow-up to the June 2023 communication on mental health. The next meeting is scheduled for December 2023.

On 7 June 2023, the Commission adopted a [communication](#) on a **new comprehensive approach to mental health** (see box below). In parallel to this communication, the Commission set up [projects](#) with the WHO and the OECD to provide tailor-made support for each EU Member State via technical assistance and capacity-building in transferring and implementing mental health best practice.

A new comprehensive approach to mental health

On 7 June 2023, the Commission adopted a communication on [a new comprehensive approach to mental health](#).

This communication, announced in Commission President Ursula von der Leyen's 2022 [State of the Union](#) speech, addresses calls from the European Parliament and from citizens in the context of the [Conference on the Future of Europe](#). It adds another pillar to the architecture of the [European Health Union](#) and will also support Member States in their efforts to achieve the WHO [targets](#) for non-communicable diseases by 2025 and the United Nations [Sustainable Development Goals](#) (SDGs) by 2030, including on mental health (SDG 3.4).

EU action on mental health will focus on **three guiding principles** that should apply to every EU citizen: (i) to have access to adequate and effective prevention; (ii) to have access to high quality and affordable mental healthcare and treatment, and iii) to be able to reintegrate into society after recovery.

Practical measures will cover a broad range of policies and include efforts to:

- **promote good mental health** through prevention and early detection, including through a 'European depression and suicide prevention initiative', a repository under the EU Best Practice Portal, a 'European code for mental health' and strengthened research on brain health;
- **protect children and the young** during their most vulnerable and formative years, in a context of increasing pressures and challenges. Measures include a 'child and youth mental health network', a prevention toolkit for children addressing the key health factors of mental and physical health, and better protection online and on social media;
- **address people in vulnerable situations** by providing targeted support to those most in need;
- **ensure good mental health at work** by raising awareness and improving prevention. This will be done for instance through EU-wide awareness raising campaigns by the European Agency for Safety and Health at Work and a possible future EU initiative on psycho-social risks at work;
- **invest in training and capacity-building** to reinforce mental health across policies and improve access to treatment and care. Actions will include training and exchange programmes for mental health professionals and technical support for mental health reforms at the national level;
- **lead by example at international level** by raising awareness and providing quality mental health support in humanitarian emergencies. The Commission will contribute to the provision of a mental health support for people displaced from Ukraine and affected by their experiences.

In total, **€1.23 billion in EU support** for mental health activities is available to finance activities directly or indirectly promoting mental health, through notably the [EU4Health Programme](#), the [Recovery and Resilience Facility](#), the [Horizon Europe](#) research programme, the [European Social Fund Plus](#), the [European Regional Development Fund](#), the [Creative Europe programme](#) and other programmes.

European Parliament

Parliament has always been a supporter of the promotion of good mental health and putting mental health at the heart of EU policymaking, through numerous opinions, studies, debates, written questions and own-initiative resolutions.

In a July 2020 [resolution](#) on the EU's post-pandemic public health strategy, Parliament called for an EU action plan on mental health to address significant mental health issues, with equal attention being paid to the biomedical and psychosocial factors of mental ill health. In a [resolution](#) of 13 September 2022 on the impact of COVID-19 on children and young people, Parliament called on the Commission to designate a European Year of Mental Health and to develop a European plan for the protection of mental health in education, vocational training, and informal and non-formal learning. In a [resolution](#) of 5 July 2022 on mental health in the digital world of work, Parliament pointed out that 64 % of young people between 18 and 34 were at risk of depression in 2021, owing

to a lack of employment and financial and educational prospects, as well as loneliness and social isolation. [MEPs debated in plenary in October 2022](#) the upcoming EU plans to address mental health in a comprehensive manner.

Subcommittee on Public Health (SANT)

The European Parliament's Subcommittee on Public Health ([SANT](#)) was established in February 2023 under the umbrella of the Committee on the Environment, Public Health and Food Safety (ENVI). It is chaired by Bartosz Arłukowicz (EPP, Poland) and composed of 30 Members.

SANT held a [hearing](#) on young people's mental health on 29 June 2023 and is currently working on an [own-initiative report on mental health](#).

MAIN REFERENCES

European Commission [webpage](#) on mental health.

European Commission and OECD, [Health at a Glance: Europe 2022](#).

European Commission, [communication on a comprehensive approach to mental health](#), COM(2023) 298 final, 7 June 2023.

Kunzler A. M. et al., [How are we coping with the pandemic? Mental health and resilience amid the Covid-19 pandemic in the EU](#), STOA, EPRS, European Parliament, March 2022.

Makarevičienė A. et al., [Minimum health and safety requirements for the protection of mental health in the workplace](#), Policy Department for Economic, Scientific and Quality of Life Policies, European Parliament, May 2023.

Scholz N., [Mental health and the pandemic](#), EPRS, European Parliament, July 2021.

Špániková H. et al., ['Intersectional evaluation of the impact of the COVID-19 pandemic on different groups. Gender, generational differences and vulnerable groups'](#), Policy Department for Economic, Scientific and Quality of Life Policies, European Parliament, March 2023.

DISCLAIMER AND COPYRIGHT

This document is prepared for, and addressed to, the Members and staff of the European Parliament as background material to assist them in their parliamentary work. The content of the document is the sole responsibility of its author(s) and any opinions expressed herein should not be taken to represent an official position of the Parliament.

Reproduction and translation for non-commercial purposes are authorised, provided the source is acknowledged and the European Parliament is given prior notice and sent a copy.

© European Union, 2023.

Photo credits: © LAONG / Adobe Stock.

eprs@ep.europa.eu (contact)

www.eprs.ep.parl.union.eu (intranet)

www.europarl.europa.eu/thinktank (internet)

<http://epthinktank.eu> (blog)