Mental health

Mental illness represents a considerable – and growing – proportion of the global burden of disease. An estimated one in two people will experience a mental illness in their lifetime, and around one in five working-age adults suffer from mental ill-health at any given time (OECD, 2012; OECD, 2015). Depression alone affects millions of individuals each year. Figure 3.17 shows self-reported prevalence of depression in Europe. On average, 12-month prevalence of depression was 7.9% of the population. Women reported higher rates of depression in all countries; in Spain, Lithuania, Hungary, Poland women were more than 50% more likely to report experiencing depression in the previous year than men, rising to 66% in Portugal. People in Iceland or Ireland were close to three times more likely to report depression than people in the Czech Republic (Figure 3.17). These differences are in part driven by different attitudes and understandings around mental ill-health and depression. Lower stigma around depression may contribute to higher rates of self-reported illness, and higher rates of diagnosis.

When people are suffering from a mental disorder, it has significant consequences across their lives, contributing to poorer educational outcomes, higher rates of unemployment, and poorer physical health. In serious cases depression and other mental illnesses, such as bipolar disorder and schizophrenia, can lead to people harming themselves, or even dying from suicide (McDaid et al., 2017). There are other complex reasons that contribute to the rate of death by suicide. The social context, poverty, substance abuse, and unemployment are all associated with higher rates of suicide.

Suicide remains a significant cause of death in many OECD countries. Figure 3.15 shows that in 2015 suicide rates were lowest in South Africa, Turkey, Greece and Colombia with fewer than five deaths by suicide per 100 000 population. Lithuania had the highest suicide rate, with 29 deaths per 100 000, followed by Korea and the Russian Federation. Some caution is needed when comparing suicide rates. Stigma associated with suicide, or problems with recording suicides mean that in some countries deaths by suicide may be under-reported. Unlike depression prevalence, mortality rates for suicide are three-to-four times higher for men than for women. Studies suggest that the gender gap for attempted suicide is smaller, but men tend to use more lethal means when attempting suicide.

Suicide rates have decreased steadily across the OECD, falling by close to 30% between 1990 and 2015. In some countries the declines have been significant, including in Estonia, Finland and Hungary where suicide rates have fallen by 40% or more (Figure 3.16). In Finland significant declines in suicide can be attributed at least in part to targeted mental health promotion and suicide prevention programmes, as well as to improved mental health care. In some other countries suicides have increased in recent years. In Mexico the suicide rate increased from 4.8 per 100 000 population in 2010 to 5.5 in 2015, while in the United States the rate rose from 12.5 to 13.5. A range of interventions can both prevent and treat depression, and prevent suicide, but in many countries people with mental ill-health have difficulties accessing appropriate mental health care in a timely way.

Definition and comparability

The registration of a suicide is a complex procedure, which is affected by factors including how intent is ascertained, who is responsible for completing the death certificate, and cultural dimensions including stigma around suicide. Caution is therefore needed when comparing suicide rates between countries. Mortality rates are based on numbers of deaths divided by the size of the corresponding population. The rates have been age-standardised to the OECD population. The source is the *WHO Mortality Database*; suicides are classified under ICD-10 codes X60-X84, Y870.

Estimates of the prevalence of depression are derived from the second wave of the European Health Interview Survey. Respondents were asked: "During the past 12 months, have you had any of the following diseases or conditions?" with the list including depression. Self-reported data on depression may be subject to under-diagnosis and reporting errors. Studies from several European countries show more variation between countries in self-reported data on mental illness than on other survey methods.

References

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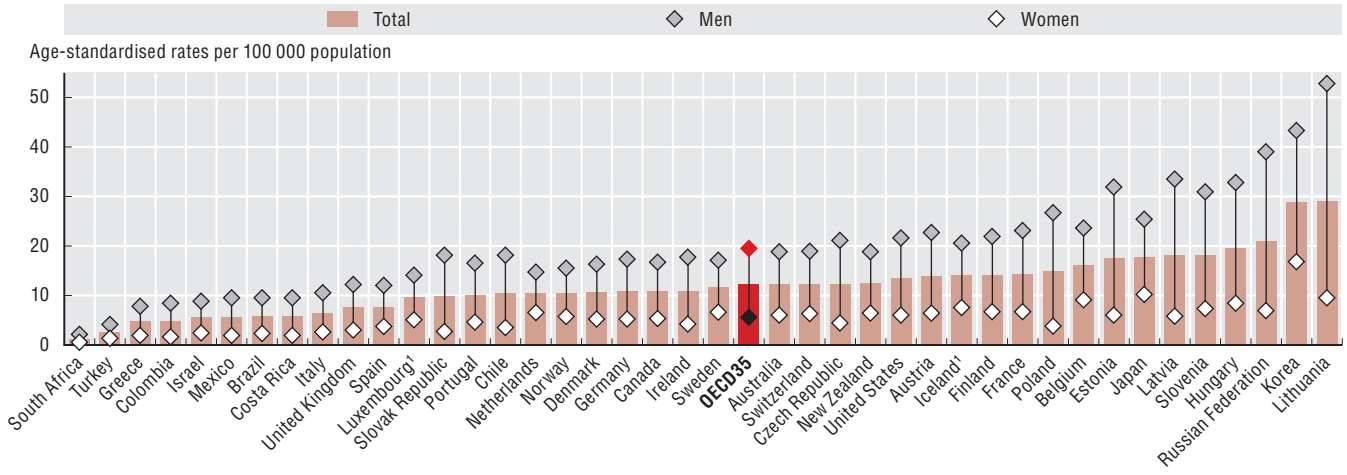
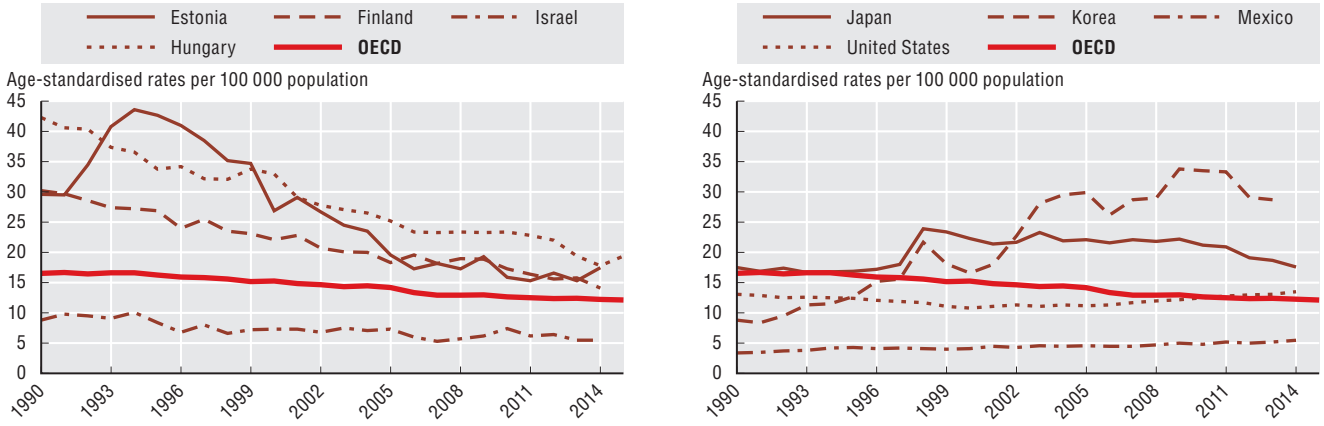
3.15. Suicide, 2015 (or nearest year)



1. Three-year average.
Source: OECD Health Statistics 2017.

StatLink http://dx.doi.org/10.1787/888933602500

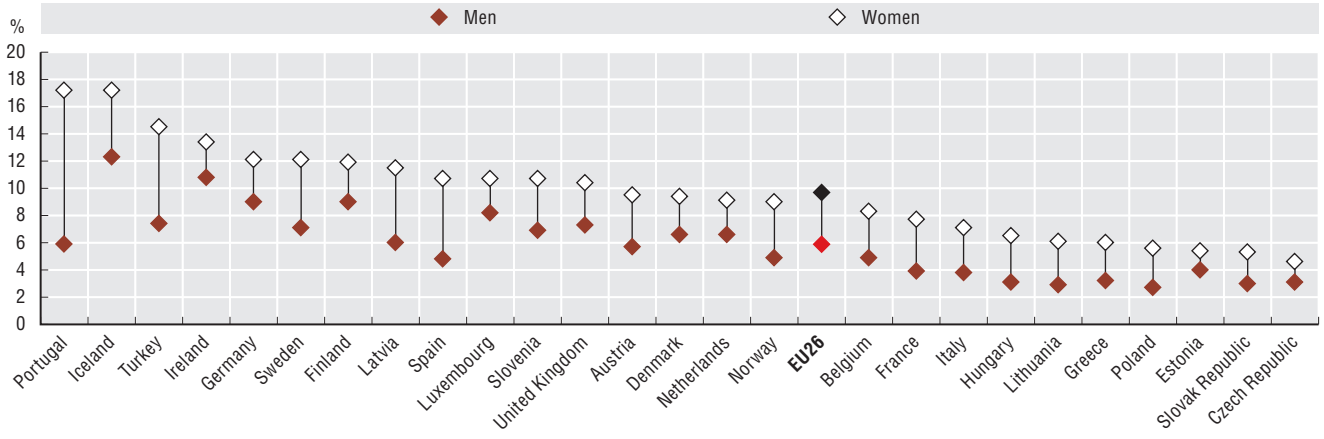
3.16. Trends in suicide, selected OECD countries, 1990-2015



Source: OECD Health Statistics 2017.

StatLink http://dx.doi.org/10.1787/888933602519

3.17. Prevalence of chronic depression, 2014



Note: Self-reported prevalence of depression in the past 12 months.
Source: Eurostat Database, 2017.

StatLink http://dx.doi.org/10.1787/888933602538