Brussels, September 28th, 2022

Headway

A new roadmap in Mental Health

"Headway – Mental Health Index 2.0"

Fabrizio Starace - President, Italian Society of Psychiatric Epidemiology

*The following presentation contains data from the Report "Headway – Mental Health Index 2.0", which arises from the initiative "Headway – A new roadmap in Mental Health", realized by **The European House – Ambrosetti** in collaboration with **Angelini Pharma**.*

«Headway - Mental Health Index 2.0»

Monitoring the responsiveness of a Country, assessing its trend over time and comparing it to other systems, allows for a **dynamic and more complete picture of the effects of health, social, employment, educational and environmental policy interventions** on the mental health status of the population

The "Headway Mental Health Index 2.0" is designed to provide a **multidimensional picture on mental health** across European Countries (EU-27 + UK). The second **2 sub-indices** are:

3.1 RESPONSIVENESS OF THE SYSTEM TO MENTAL HEALTH NEEDS 3.2

In healthcare

Analyzing the **ability of healthcare systems to improve** (or at least not worsen), in the near future, the **mental healthcare outcomes achieved so far**

KPIs: availability of healthcare professionals specialized in Mental Health (e.g., psychiatrists, psychologists, nurses), economic resources for Mental Health, quality of care indicators (e.g,. hospitalization rates, length of hospitalization, etc.)

In workplaces, schools and in the society

Analyzing the system's ability to meet **needs of people with mental disorders** in:

- **workplaces** (KPIs: employment rate, working days lost due to illness, etc.)
- **society** (KPIs: n. social workers, etc.)
- **schools** (KPIs: young people who drop out of school for mental health reasons, n. day care centers, etc.)

N.B. **The realization of the "Headway - Mental Health Index 2.0" involves the use of the following databases:** World Bank, UN, WHO, OECD, Eurostat, European Environment Agency, Institute for Health Metrics and Evaluation (in particular Global Burden of Disease), as well as databases of Statistical Institutes and institutional sites of individual Member States (e.g., Ministries of Health sites), as well as secondary sources of scientific literature (e.g., papers, articles, reports, etc.).

3.1 KPIs of the pillar “Responsiveness to Mental Health needs in healthcare”

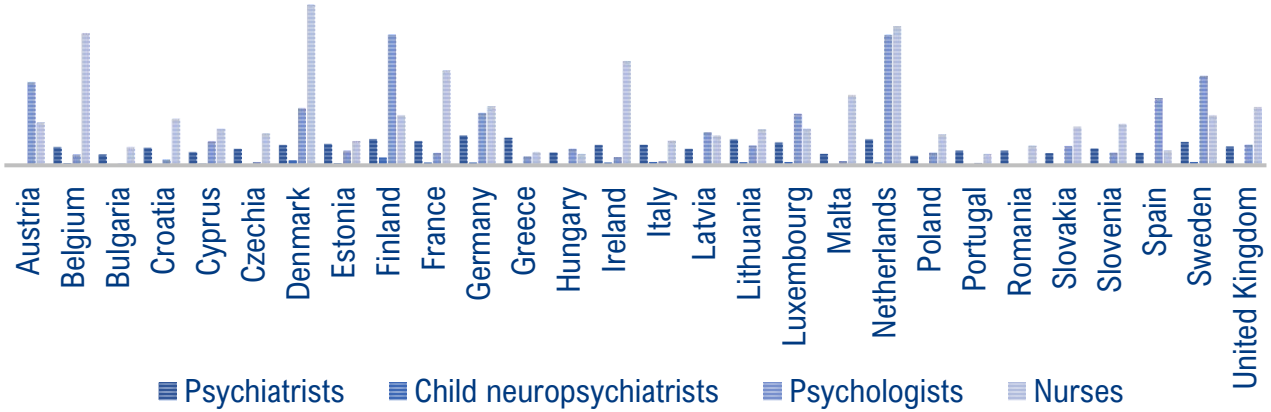
KPI	Unit of measure	Source
Availability of healthcare professionals specialized in Mental Health (e.g., psychiatrists, child neuropsychiatrists, psychologists, nurses)	Rate per 100,000 inhabitants	Eurostat, WHO and National Institutes of Statistics database and scientific articles
Availability of structural resources for Mental Health at hospital and community level (hospital beds, number of facilities at community level)	Rate per 100,000 inhabitants	Eurostat, WHO and National Institutes of Statistics database and scientific articles
Appropriateness of Mental Healthcare (hospitalizations, length of stay and psychological/psychiatric consultations, n. scientific publications)	Rate per 100,000 inhabitants Days %	OECD, Eurostat, SCImago
Economic resources for Mental Health	% on healthcare expenditure	Eurostat, WHO and National Institutes of Statistics database and scientific articles

3.1 Availability of healthcare professionals and infrastructures

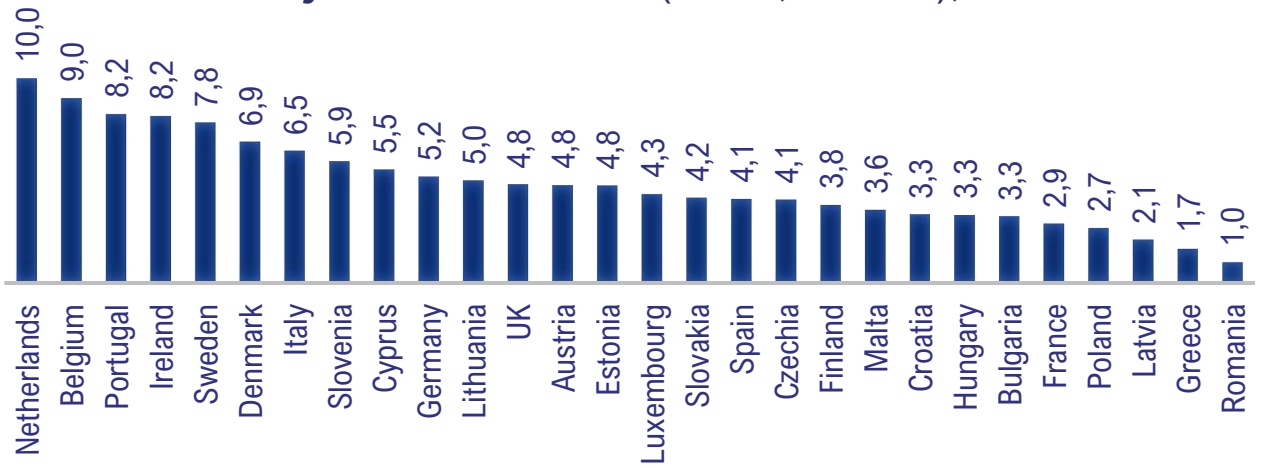
Example of KPI monitored

Head way
A new roadmap in Mental Health

Healthcare professionals (rate per 100,000 inhabitants), 2021 or most recent available year*



Quality of care final score (min=1; max=10), 2020



Healthcare infrastructures (rate per 100,000 inhabitants), 2021 or most recent available year

	Psychiatric hospital beds	Child and adolescent specific inpatient beds	Mental Hospitals	Mental Health units in general hospitals	Mental Health outpatient facilities
EU+UK average	0.7 per 100,000 inhabitants	3.4 per 100,000 inhabitants	0.3 per 100,000 inhabitants	0.5 per 100,000 inhabitants	9.1 per 100,000 inhabitants

- **Healthcare professional availability varies** significantly across the EU.
- The availability of **healthcare infrastructures is medium to low**.
- **The Quality of care score** considers hospital discharge rates, hospital average LOS, and Mental Health Consultations.

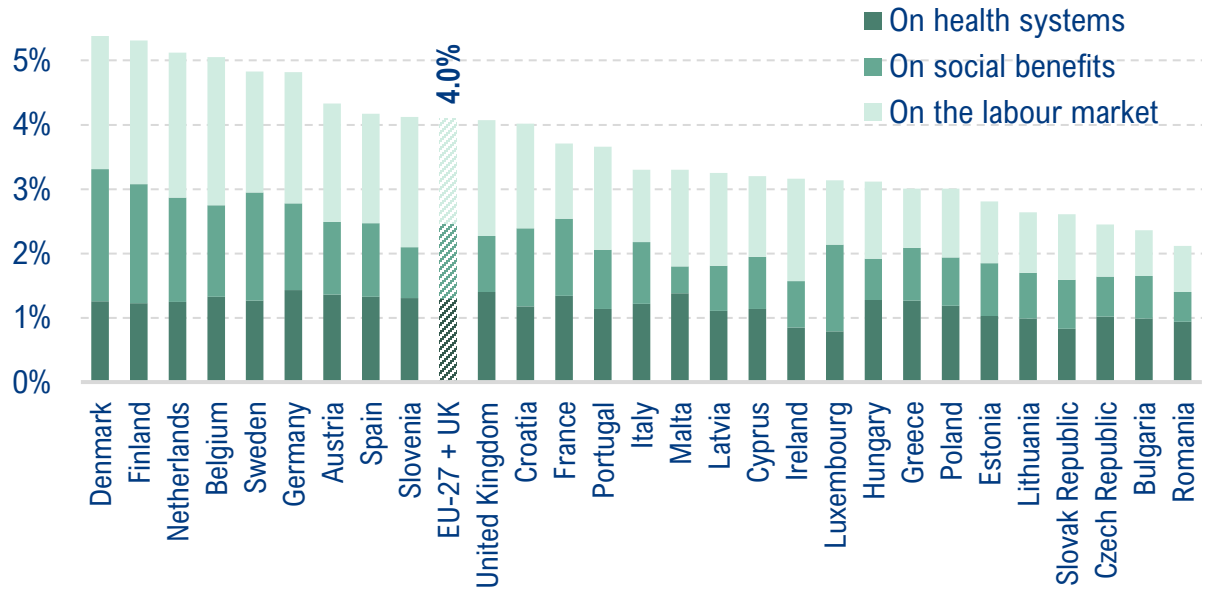
(*) Includes both private and public professionals. In case of Italy and Spain, data considers only healthcare professional working in the public sector.
Source: The European House – Ambrosetti on Eurostat, WHO data and various sources, 2022

3.1 The economic burden and the resources dedicated to Mental Health in Europe

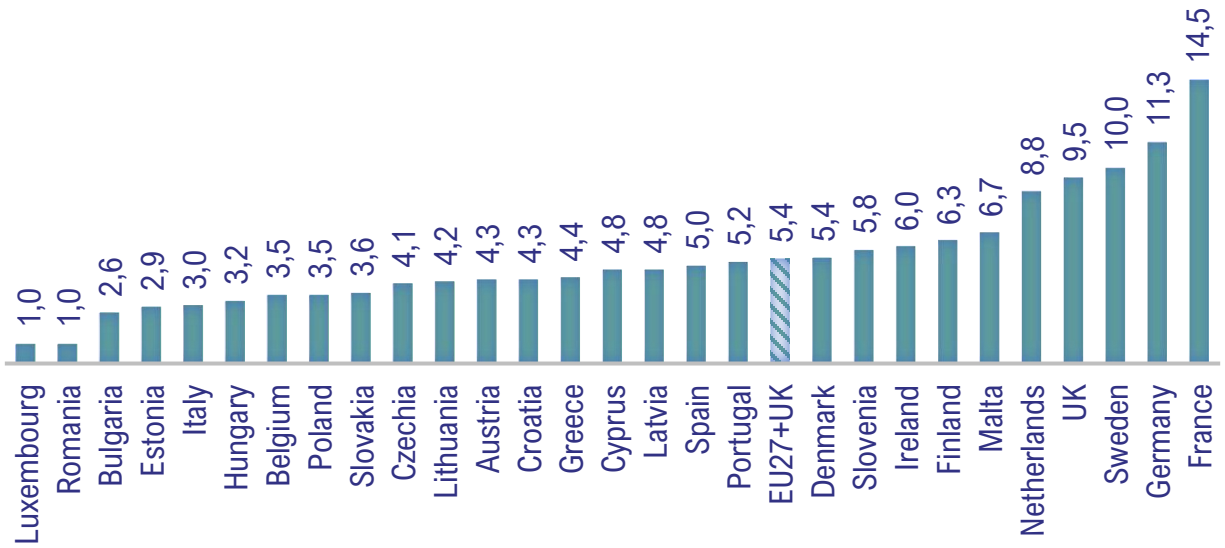
Example of KPI monitored

Headway
A new roadmap in Mental Health

Direct and indirect costs of Mental Health disorders in Europe
(% of GDP), latest data available



Economic resources (% of total healthcare expenditure), 2021 or latest available year



- According to the last available OECD studies, in Europe the overall **cost related to mental health amounts to more than 600 billion euros** (**4%** of total **EU GDP**).
- Of these: **32%** of the total is **direct spending on healthcare; 28%** is spent **on social security programs; 40%** is caused by **indirect costs in the labor market**, driven by lower employment rates and reduced productivity due to mental illness.

- The **average expenditure for Mental Healthcare** is **5.4%**. Particularly, France (14.5%), Germany (11.3%) and Sweden (10.0%) are the principal investors, significantly exceeding the EU+UK average. There is however a **missing data** issue.
- The results are likely to be influenced by the overall Healthcare System design, **cultural factors** and varying data reporting across Countries

Source: The European House – Ambrosetti on Eurostat, OECD, WHO and various other sources data, 2022

3.2 KPIs of the pillar "Responsiveness to the needs of individuals with Mental Health disorders in workplaces, society and schools"

	KPI	Unit of measure	Source
WORKPLACES	**Employment situation of people with MHD** (Average gross wage vs. workers without MHD and employment rate of people with MHD)	%	OECD (Fitter Minds, Fitter Jobs)
	Persons receiving employment benefits (for illness and unemployment)	Rate per 100,000 inhabitants	OECD (Health at a Glance)
	Existence of Mental Health promotion programmes	Number, type	WHO
SOCIETY	**Social support** (number of social workers, social support received and availability of residential and semi-residential centres)	Rate per 100,000 inhabitants %	Eurostat, WHO
	Persons receiving social benefits (for disability)	Rate per 100,000 inhabitants	OECD (Health at a Glance)
	Existence of Mental Health promotion programmes	Number, type	WHO, EU Compass
SCHOOLS	**Day centres for youth with mental disorders**	Rate per 100,000 inhabitants	WHO
	Youth dropping out of school also having MHPs	%	OECD (Fitter Minds, Fitter Jobs), Eurostat
	Existence of Mental Health promotion programmes	Number, type	WHO

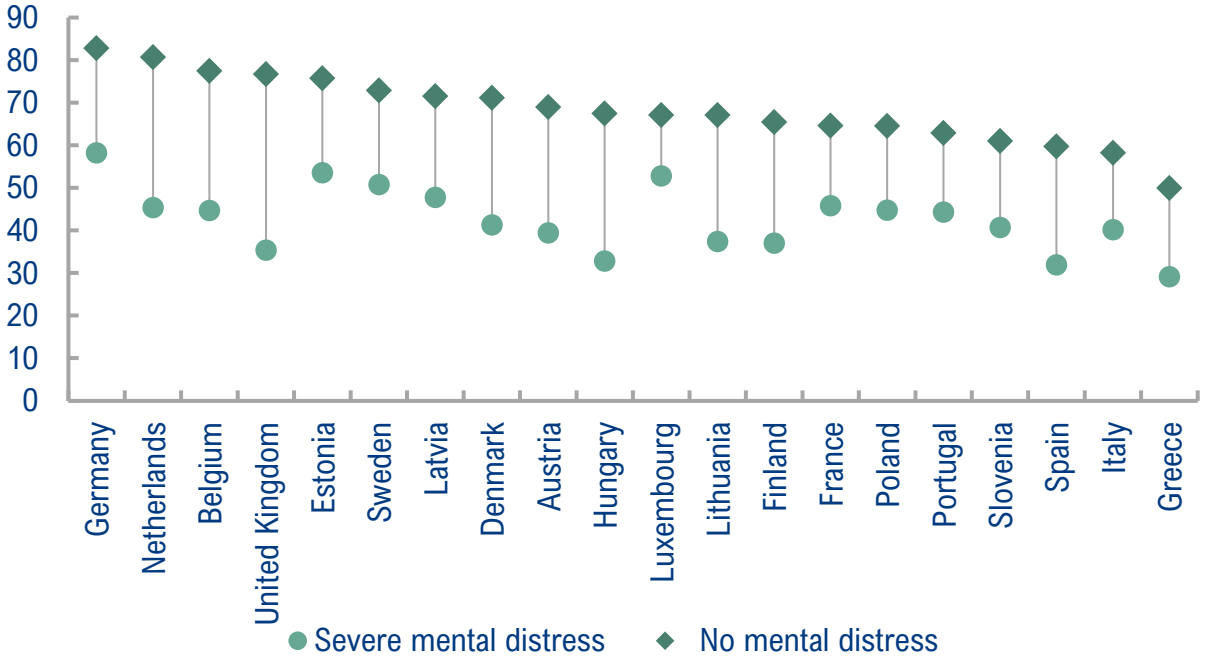
3.2 Responsiveness to the needs of individuals with Mental Health disorders in workplaces (1/2)

Example of KPI monitored

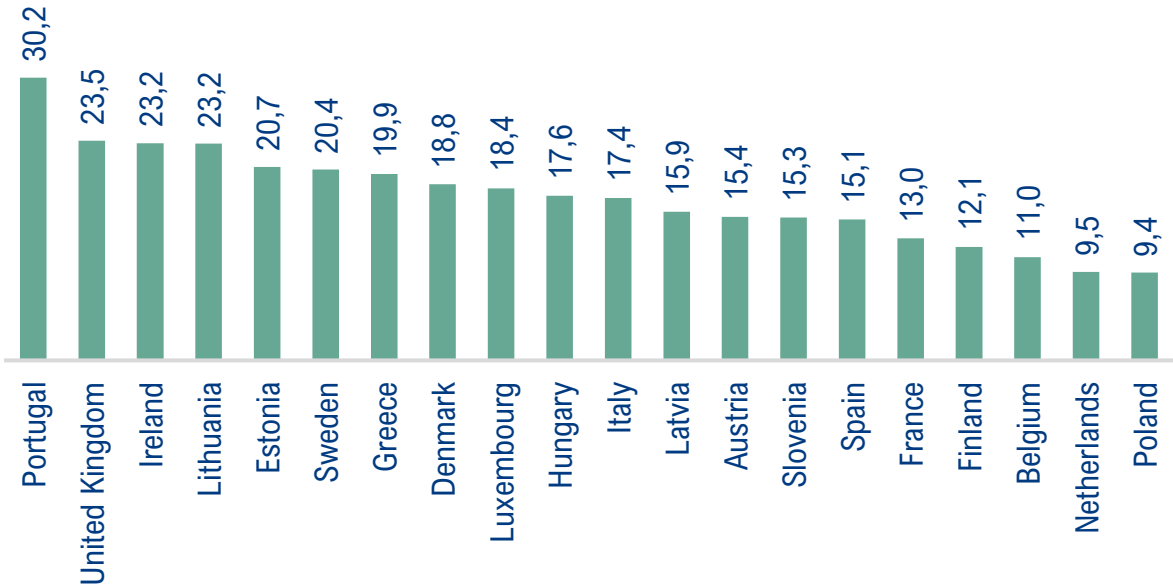
Head way
A new roadmap in Mental Health

20% of the working-age population at any given moment in their lives reports mental ill-health.

Employment rate of people with mental distress in EU27+UK*
(% of total population aged 25-64), latest data available



Gap between average gross wage for full-time workers with a mental health condition and those without EU27+UK** (%), latest available data



Evidence suggests that there are two main issues concerning the labor market: **employment and unemployment gaps** on one hand, and **job quality and work performance** issues on the other.

(*) Only availabe data. (**) Data has been collected through survey responses.

Source: The European House – Ambrosetti on OECD «Fitter Minds, Fitter Jobs 2021» and Eurostat data, 2022

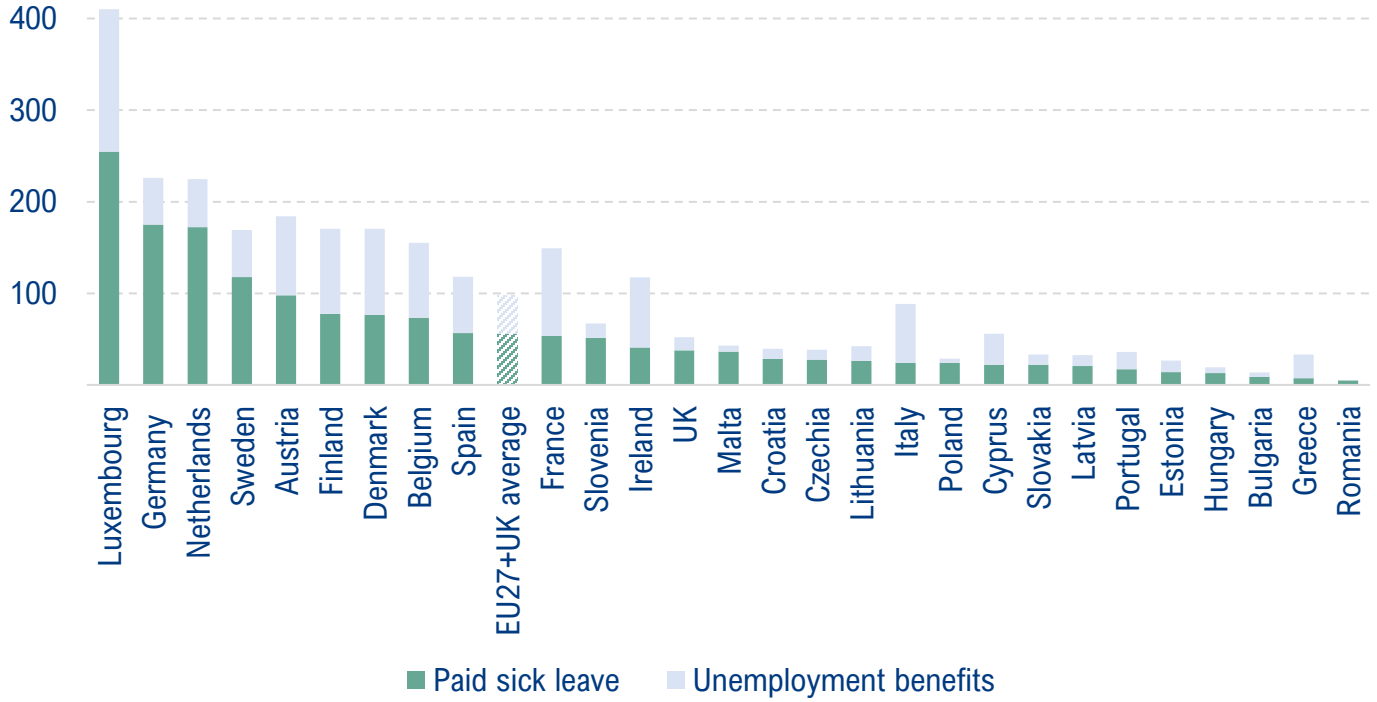
3.2 Responsiveness to the needs of individuals with Mental Health disorders in workplaces (2/2)

Example of KPI monitored

Head way
A new roadmap in Mental Health

- Across OECD Countries, the **unemployment rate** is on average **7.7 percentage points** higher.
- Workers with a mental condition receive on average **17.5% lower wages** than those without mental conditions.
- In some EU Countries, **up to 80%** individuals with a mental condition are likely to take **early retirement**.
- Workers with mental health conditions take on average **33.6 days of leave** per year (vs. 21.4 of average workers).
- Individuals with moderate mental health conditions are **31%** more likely to live in **lower-income households.**

Paid sick leave and unemployment benefits for Mental Health disorders in EU27+UK (euro PPP per capita), 2019



45.8% of the Countries have implemented **work-related mental health prevention and promotion programs** primarily managed directly by the Government, while in other, rarer cases by the private or through a public-private partnership.

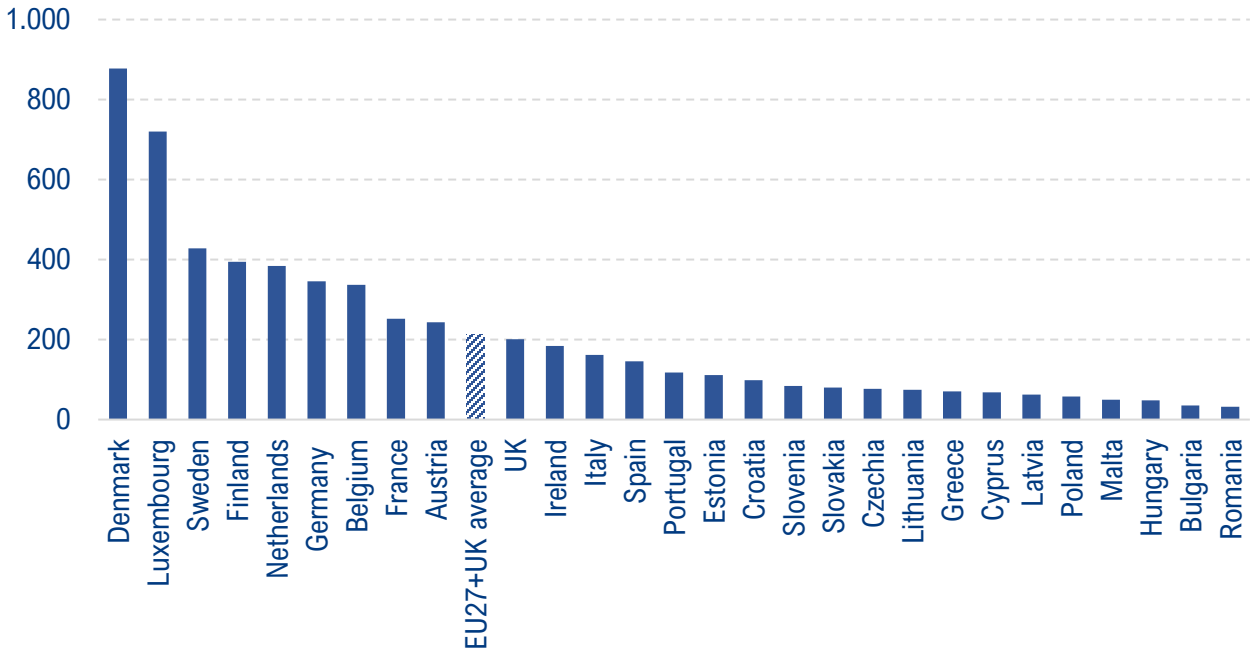
Source: The European House – Ambrosetti on OECD «Fitter Minds, Fitter Jobs 2021», 2022

3.2 Responsiveness to the needs of individuals with Mental Health disorders in society (1/2)

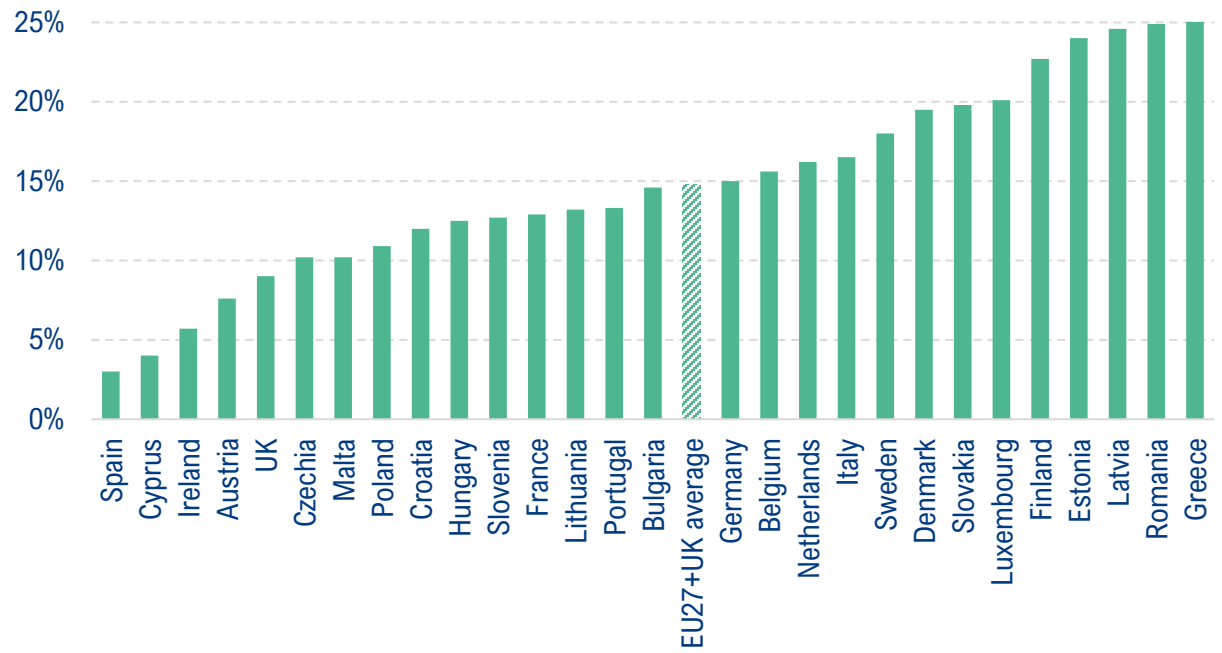
Example of KPI monitored

Head way
A new roadmap in Mental Health

Disability benefits for Mental Health disorders in EU27+UK
(euro PPP per capita), 2019



Individuals with poor perception of social support
(% of total), 2019



- Beyond health services, **social benefits** are key mechanisms through which Governments provide support. Social support is mediated, among others, by the **expenditure on Mental Health disability benefits**.
- Data show a **high variety of EU+UK Countries' investments in benefits**, which partly reflects also on the **perception of social support** of individuals (Latvia, Romania and Greece register the largest shares of poor perception).

Source: The European House – Ambrosetti on «Health at a glance: Europe 2018», Eurostat and WHO data, 2022

3.2 Responsiveness to the needs of individuals with Mental Health disorders in society (2/2)

Example of KPI monitored

Head way
A new roadmap in Mental Health

The responsiveness of the system is also dependent on the **existence of national strategies and programs**.

Presence of programs for Mental Health promotion and prevention in society, 2020 or latest available data

	AT	BE	BG	HR	CY	CZ	DK	EE	FI	FR	DE	GR	HU	IE	IT***	LV	LT	LU	MT	NL	PL	PT	RO	SK	SI	SP	SE	UK
Suicide prevention					N.A.														N.A.	N.A.								
Mental Health Awareness/ Anti-stigma					N.A.														N.A.	N.A.								
Parental/ maternal mental health promotion					N.A.														N.A.	N.A.								
Disaster preparedness **					N.A.														N.A.	N.A.								

Present Absent

(*) The analysis takes into consideration only programs with dedicated financial & human resources; a defined plan of implementation and documented evidence of progress and/or impact.
(**) Plans and actions to safeguard mental health and tackle the psychosocial aspects after natural or human disasters (e.g., tsunami, war, …).
(***) In June 2022, to fill the regulatory gap, Italy passed a motion committing the Government to adopt a national suicide prevention plan.

Source: The European House – Ambrosetti on WHO «Mental Health Atlas 2020», 2022

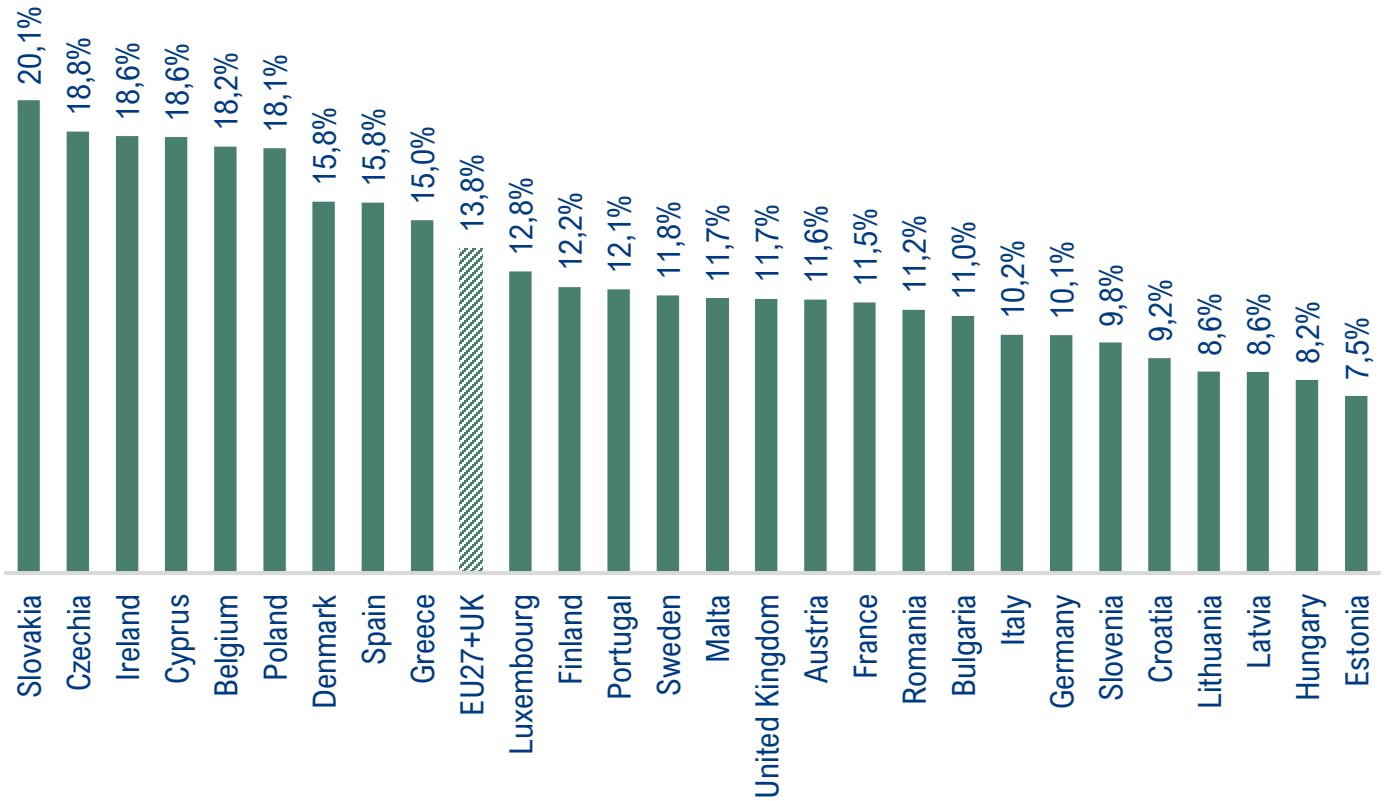
3.2 Responsiveness to the needs of individuals with Mental Health disorders in schools (1/2)

Example of KPI monitored

Head way
A new roadmap in Mental Health

- **80%** of Mental Health disorders **debut before the age of 18**.
- There is a higher likelihood of **dropping out of school**.
- Students with mental distress are **24%** more likely to **have repeated a grade**.
- **83%** of youths with a mental illness history said the **pandemic and school closure made their conditions worse**.

Share of school dropouts of students with a Mental Health disorder
(% of total school dropouts), latest available data*



(*) Data estimated and updated using OECD, "Fit Mind, Fit job: from evidence to practice in mental health and work", 2015.

Source: The European House – Ambrosetti on WHO «Mental Health Atlas 2020», OECD, Eurostat and other sources, 2022

3.2 Responsiveness to the needs of individuals with Mental Health disorders in schools (2/2)

Example of KPI monitored

Head way
A new roadmap in Mental Health

68% of the Countries have implemented **at least one program to adopt** a **whole-school approach.**

Presence of programs* for Mental Health promotion and prevention for children and adolescents and schools, 2020 or latest available data

	AT	BE	BG	HR	CY	CZ	DK	EE	FI	FR	DE	GR	HU	IE	IT	LV	LT	LU	MT	NL	PL	PT	RO	SK	SI	SP	SE	UK
Early Child Development					N.A.														N.A.	N.A.								
School based programs					N.A.														N.A.	N.A.								
Scope				National	N.A.	National	National		National	National	District		National	National	Regional	National	National		N.A.	N.A.	National	National		National				National

Present Absent

The adoption of a **whole-school approach** – integrated with the other facilities and social services – enables the mobilization of various resources, including the active engagement and voices of students, staff, parents and professionals, towards a **collaborative effort**.

(*) The analysis takes into consideration only programs with dedicated financial & human resources; a defined plan of implementation and documented evidence of progress and/or impact.

Source: The European House – Ambrosetti on WHO «Mental Health Atlas 2020», 2022