

# Examples and contributions of HPH to mental health promotion and mental illness prevention

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# Mental health problems concerning young people

## **Public Health Agency, 2017**

In 2013/2014, 57 percent of 15-year-old girls and 31 percent of boys reported frequent mental or somatic disorders.

Since the previous survey 2009/2010 this was an increase with

- 9 percentage points for girls
- 7 percentage points for the boys

Among the 13-year-olds there is also an increase, while the percentage of problems among the 11-year-olds was unchanged.

Having two or more mental or somatic disorders more often than once a week was most common among teenagers who perceive the family's economy as poor.

# Mental health problems concerning young people

## **The National Board of Health and Welfare**

About 10 percent of girls and boys as well as young men had mental illness in 2016.

In the case of young women, the corresponding figure was about 15 percent.

This corresponds, in total, to approximately

- 34,200 girls and 45,300 boys in the age group 10-17 years
- 63,400 young women and 47,200 young men in the age group 18-24 years.

# Mental health problems concerning young people

## Increase in mental illness over time



**Figure 1. Mental illness among children and adolescents**

Percentage of children and adolescents with at least one care opportunity in inpatient care or specialized outpatient care for any psychiatric diagnosis\* or at least one withdrawal of psychopharma, which includes primary care prescriptions.

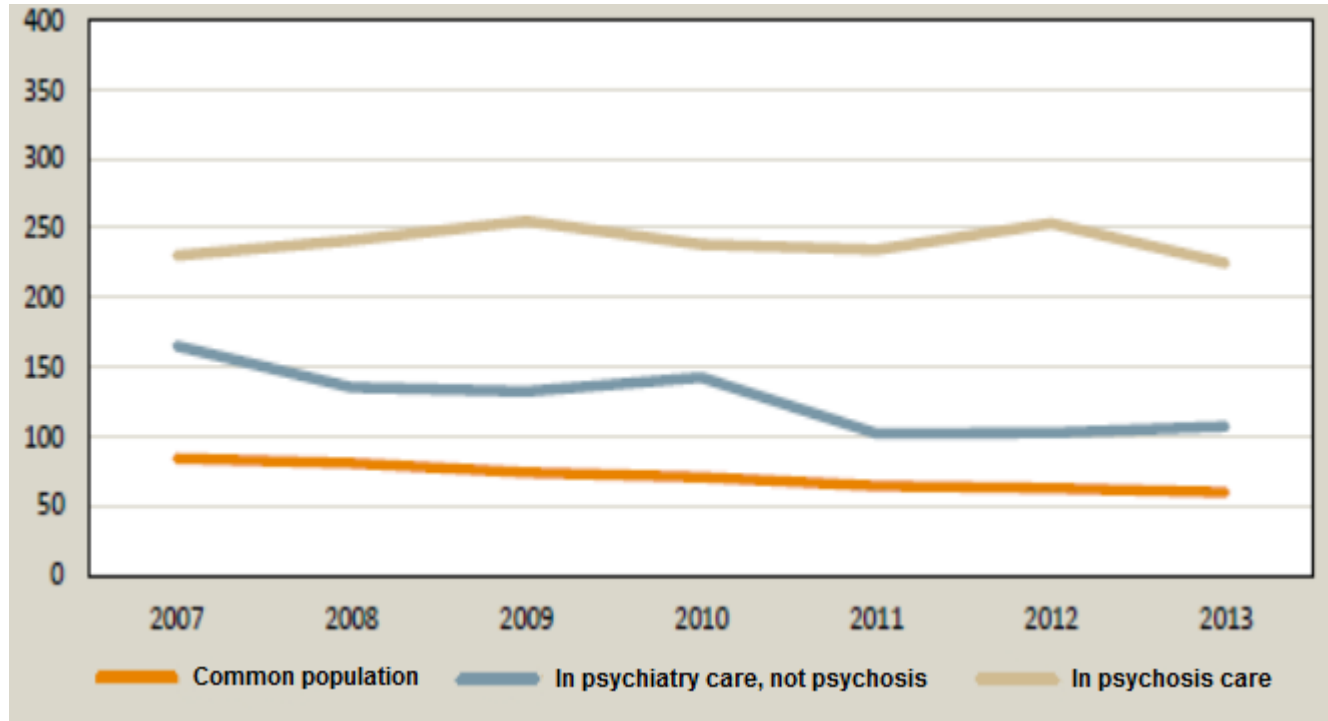
\*Some children or young adults may have had a care opportunity at a psychiatric clinic without having a diagnosis - they have also been included in the result.

# Increased mortality in people with severe mental illness

- 15-20-(30) years reduction in life expectancy in schizophrenia
- About 60 % related to somatic disorders
- 5-10 years reduction in life expectancy in anxiety/depression
- 25-30 years reduction in life expectancy in heavy substance abuse

# National Board of Health and Welfare

## - Mortality from ischemic heart disease



Mortality per 100 000 inhabitants aged 18-79 years. Age-standardized values.

# Prevalence of diabetes in schizophrenia as compared to the general population



**Prevalence of diabetes, metabolic syndrome and metabolic abnormalities in schizophrenia over the course of the illness: a cross-sectional study.**

M De Hert, R van Winkel, D Van Eyck<sup>1</sup>, L Hanssens, M Wampers, A Scheen and J Peuskens, *Clinical Practice and Epidemiology in Mental Health* 2006, 2: 14

# Prevalence and relative risk of cardiovascular risk factors in subjects with schizophrenia or bipolar disorder

<b><u>Risk factor</u></b>	<b><u>Schizophrenia</u></b>	<b><u>Bipolar disorder</u></b>
Overweight/obesity	45-55% RR 1,5-2	21-49% RR 1-2
Smoking	50-80% RR 2-3	54-68% RR 2-3
Diabetes	10-15% RR 2	8-17% RR 1,5-2
Hypertension	19-58% RR 2-3	35-61% RR 2-3
High cholesterol	25-69% RR 4-5	23-38% RR 2-3

Cardiovascular disease and diabetes in people with severe mental illness position statement from the European Psychiatric Association (EPA), supported by the European Association for the Study of Diabetes (EASD) and the European Society of Cardiology (ESC). [De Hert M<sup>1</sup>](#), [Dekker JM](#), [Wood D](#), [Kahl KG](#), [Holt RI](#), [Möller HJ](#). 2009 Sep;24(6):412-24. doi: 10.1016/j.eurpsy.2009.01.005. Epub 2009 Aug 13.





# Recovery

As the third part the perspective of “recovery” and not only freedom from symptoms as a goal in mental health care. The patients life goals are of the same importance as reducing symptoms.

That means users, including relatives, involvement in all parts of the treatment as an equal part in the psychiatric team and different techniques such as shared decision making be used.

To employ staff with own experience of mental illness after giving them an education how to be a peer is one good way.

To let the users organization review the wards and the out-door clinics is a highly appreciated way to work with improvement within mental health care.

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