

Mental health and related issues statistics

Statistics Explained

*Data extracted in September 2025
Planned article update: September 2026*

Highlights

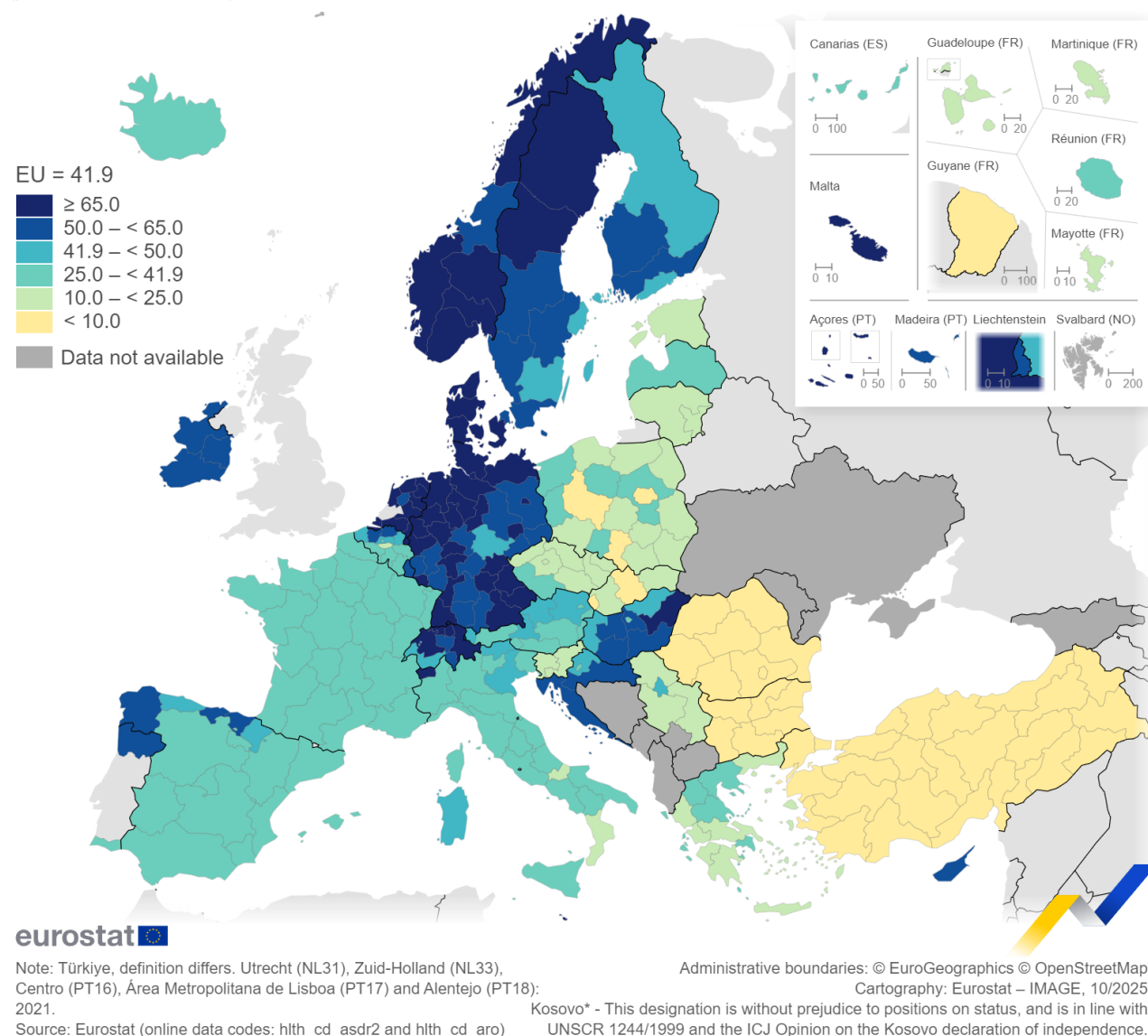
4.1% of all deaths in the EU in 2022 resulted from mental and behavioural disorders.

In 2022, dementia was the most common cause of death from mental and behavioural disorders in the EU.

In 2023, there were over 318 000 psychiatric care beds in the EU.

Standardised death rates for mental and behavioural disorders, by NUTS level 2 regions, 2022

(per 100 000 inhabitants)



Standardised death rates for mental and behavioural disorders, by NUTS level 2 regions, 2022 Source: Eurostat (hlth_cd_asdr2) and (hlth_cd_aro)

This article presents an overview of [European Union \(EU\)](#) statistics related to mental and behavioural disorders and intentional self-harm (which is an external cause of morbidity and mortality). Mental and behavioural disorders include, for example, dementia (a chronic or persistent mental health condition characterised by memory loss, personality changes and impaired reasoning), schizophrenia and psychoactive substance use disorders (such as alcohol or drug dependence). This article covers deaths from mental and behavioural disorders among residents, as well as the availability of specialist healthcare resources ([hospital beds](#) and healthcare personnel) for the treatment of mental and behavioural disorders.

This article is included in a set of statistical articles concerning specific health conditions in the EU which forms part of an online publication on [Health in the European Union – facts and figures](#) .

Deaths from mental and behavioural disorders and intentional self-harm

In 2022, there were almost 210 800 deaths in the EU resulting from mental and behavioural disorders, equivalent to 4.1% of all deaths. Relative to the population size, there were 42 deaths from mental and behavioural disorders per 100 000 inhabitants.

Mental and behavioural disorders were a particularly common cause of death at advanced ages. The EU [standardised death rate](#) from mental and behavioural disorders in 2022 for those aged 65 years or over was 45 times as high as the standardised death rate for people aged less than 65 years. This can be compared with the same ratio for all causes of death, where the death rate for those aged 65 years or over was 22 times as high.

Among mental and behavioural disorders, dementia was the most common cause of death in the EU among those aged 65 years or over

Standardised death rates – selected mental and behavioural disorders, by age, 2022
(per 100 000 inhabitants)

	Dementia		Mental and behavioural disorders due to use of alcohol		Drug dependence, toxicomania	
	Less than 65 years	65 years or over	Less than 65 years	65 years or over	Less than 65 years	65 years or over
EU	0.3	177.6	2.6	8.2	0.4	0.2
Belgium	0.3	181.2	2.3	8.9	0.5	0.5
Bulgaria	0.0	2.3	0.2	0.4	0.0	0.1
Czechia	0.3	95.3	1.5	4.5	0.1	0.2
Denmark	0.5	294.0	3.7	23.0	0.2	0.7
Germany	0.3	299.4	4.0	14.1	0.9	0.4
Estonia	0.1	42.6	4.4	10.9	0.1	0.0
Ireland	0.5	285.6	0.3	2.1	0.4	0.1
Greece	0.3	99.0	0.5	1.4	0.4	0.0
Spain	0.3	187.6	0.2	1.5	0.1	0.0
France	0.2	105.1	3.3	8.0	0.5	0.1
Croatia	0.2	170.4	5.1	18.7	1.1	0.1
Italy	0.2	151.9	0.3	1.0	0.4	0.1
Cyprus	0.0	267.7	0.3	1.9	0.0	0.0
Latvia	0.6	116.7	4.0	10.7	0.0	0.3
Lithuania	0.3	76.6	0.6	1.0	0.3	0.0
Luxembourg	0.0	238.7	1.7	14.2	0.5	1.1
Hungary	0.8	217.9	3.8	12.6	0.1	0.0
Malta	1.0	406.0	0.8	1.0	0.0	0.0
Netherlands	0.4	373.8	2.2	7.6	0.5	0.3
Austria	0.2	162.2	3.6	19.5	1.5	0.9
Poland	0.1	32.6	8.1	14.6	0.1	0.2
Portugal	0.6	235.5	0.5	1.8	0.2	0.0
Romania	0.0	0.2	1.0	2.6	0.0	0.1
Slovenia	0.0	1.1	7.5	49.6	1.7	0.5
Slovakia	0.0	41.6	2.5	3.9	0.0	0.0
Finland	0.2	230.1	1.6	14.0	1.2	0.2
Sweden	0.2	260.2	1.0	10.2	0.3	0.5
Iceland	0.4	175.0	0.3	7.1	1.3	0.0
Liechtenstein	0.0	292.8	0.0	0.0	0.0	0.0
Norway	0.3	320.4	0.9	9.7	0.6	0.5
Switzerland	0.2	284.6	1.1	7.5	1.1	0.7
Serbia	0.2	76.4	2.7	11.1	0.5	0.5
Türkiye (*)	0.0	2.4	0.0	0.0	0.0	0.0

(*) Definition differs.

Source: Eurostat (online data code: hlth_cd_asdr2)

eurostat 

Table 1: Standardised death rates – selected mental and behavioural disorders, by age, 2022 Source: Eurostat (hlth_cd_asdr2)

A more detailed analysis of causes of death for a selection of mental and behavioural disorders is presented in Table 1. The leading cause of death from mental and behavioural disorders was dementia, which accounted for 84% of all deaths from mental and behavioural disorders in the EU in 2022. The standardised death rate for dementia was 177.6 deaths per 100 000 people aged 65 years or over in 2022; this was almost 600 times as high as the standardised death rate for dementia among those aged less than 65 years (0.3 per 100 000).

The highest standardised death rate for dementia in 2022 among people aged 65 years or over was recorded in Malta (406.0 deaths per 100 000 elderly inhabitants), followed by the Netherlands (373.8 deaths). The lowest

standardised death rates were reported in Romania, Slovenia and Bulgaria – all under 3.0 deaths from dementia per 100 000 elderly inhabitants – while the next lowest rate was in Poland (32.6 deaths per 100 000 elderly inhabitants).

The 2nd leading cause of death from mental and behavioural disorders across the EU in 2022 was due to the use of alcohol. This was also the leading cause of death from mental and behavioural disorders in those aged less than 65 years, with 2.6 deaths per 100 000 inhabitants aged less than 65 years. The use of alcohol accounted for 60% of all deaths from mental and behavioural disorders among people aged less than 65 years. Poland reported the highest standardised death rate from mental and behavioural disorders due to the use of alcohol in this age group (8.1 deaths per 100 000 inhabitants aged less than 65 years), while Slovenia had the highest rate for people aged 65 years or over (49.6 deaths per 100 000 elderly inhabitants). The standardised death rate for mental and behavioural disorders due to the use of alcohol was higher among people aged 65 years or over than those aged less than 65 years in all EU countries.

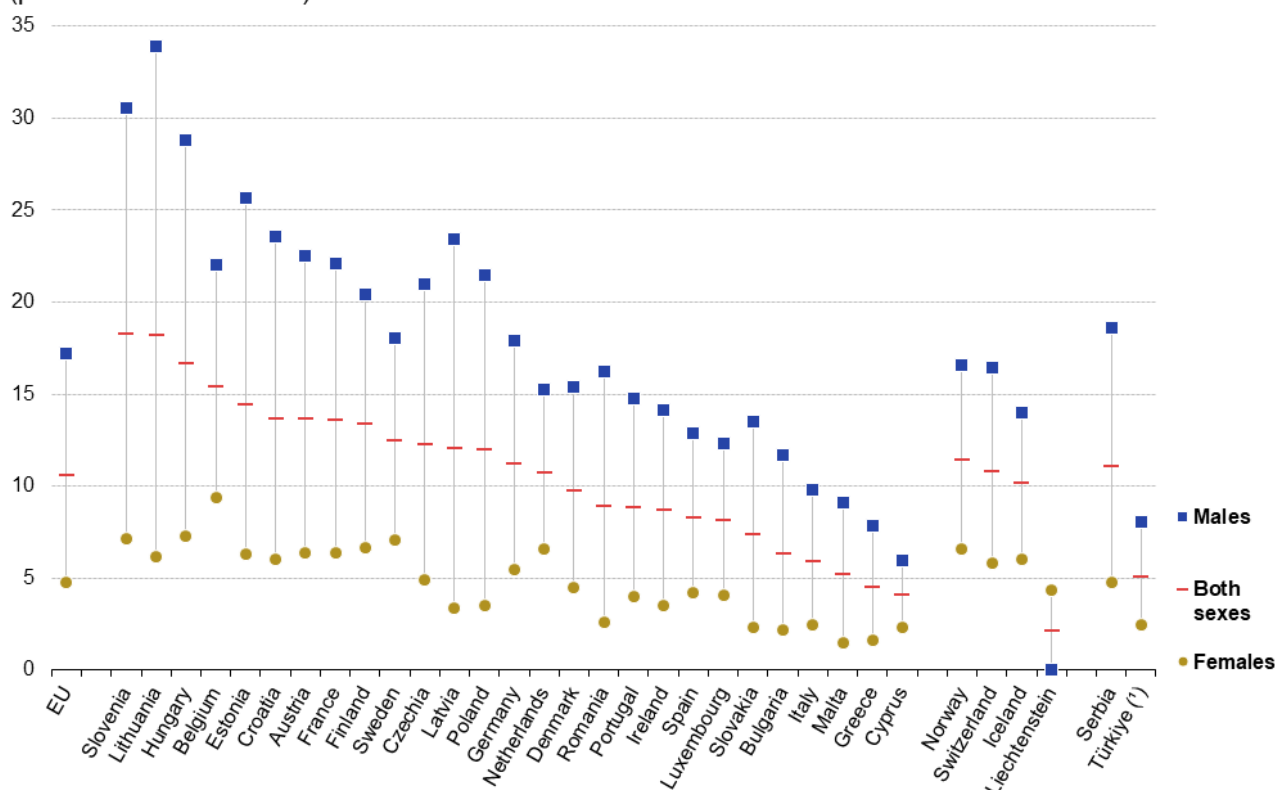
In 2022, the only mental and behavioural disorder in the EU for which the standardised death rate was higher among those aged less than 65 years was drug dependence, also known as toxicomania. An analysis by country shows that the standardised death rate for toxicomania ranged between 0.0 and 1.7 deaths per 100 000 inhabitants aged less than 65 years, while the range was narrower for people aged 65 years or over (between 0.0 and 1.1 deaths per 100 000 inhabitants aged 65 years or over). The standardised death rate was higher for those aged less than 65 years in a majority of EU countries (16 out of 27), while 3 countries had the same rates (0.0 deaths per 100 000 inhabitants) for both age groups. Luxembourg and Denmark were the most notable exceptions, as they were the only EU countries where the standardised death rate was at least 0.5 deaths per 100 000 inhabitants higher among people aged 65 years or over.

Males were 3.6 times as likely as females to die from intentional self-harm

In 2022, the standardised death rate for intentional self-harm was 10.6 per 100 000 inhabitants for the EU, with the rate for males 3.6 times as high as that for females (see Figure 1). This pattern was observed in both age groups, with the standardised death rate among males under 65 being 3.3 times higher than that for females under 65; for men 65 and over the standardised death rate for intentional self-harm was 4.1 times higher than for women 65 and over.

Standardised death rates for intentional self-harm, by sex, 2022

(per 100 000 inhabitants)



Note: ranked on the rate for the total population (both sexes).

(*) Definition differs

Source: Eurostat (online data code: hlth_cd_asdr2)

eurostat

Figure 1: Standardised death rates – intentional self-harm, by sex, 2022 Source: Eurostat (hlth_cd_asdr2)

Across the EU countries, the highest standardised death rates for intentional self-harm in 2022 were recorded for Slovenia (18.3 per 100 000 inhabitants) and Lithuania (18.2 per 100 000 inhabitants), followed by Hungary (16.7 per 100 000 inhabitants). Rates between 7.4 and 15.4 per 100 000 inhabitants were recorded for most of the other EU countries, although Cyprus (4.1 per 100 000 inhabitants), Greece (4.6 per 100 000 inhabitants), Malta (5.2 per 100 000 inhabitants), Italy (5.9 per 100 000 inhabitants) and Bulgaria (6.4 per 100 000 inhabitants) were below this range.

In all EU countries, the standardised death rate for intentional self-harm in 2022 was higher for males than for females, ranging from 2.3 times as high in the Netherlands to 6.9 times as high in Latvia. The largest absolute difference was recorded in Lithuania, where the rate for females was 6.2 per 100 000 female inhabitants and the rate for males was 33.9 per 100 000 male inhabitants.

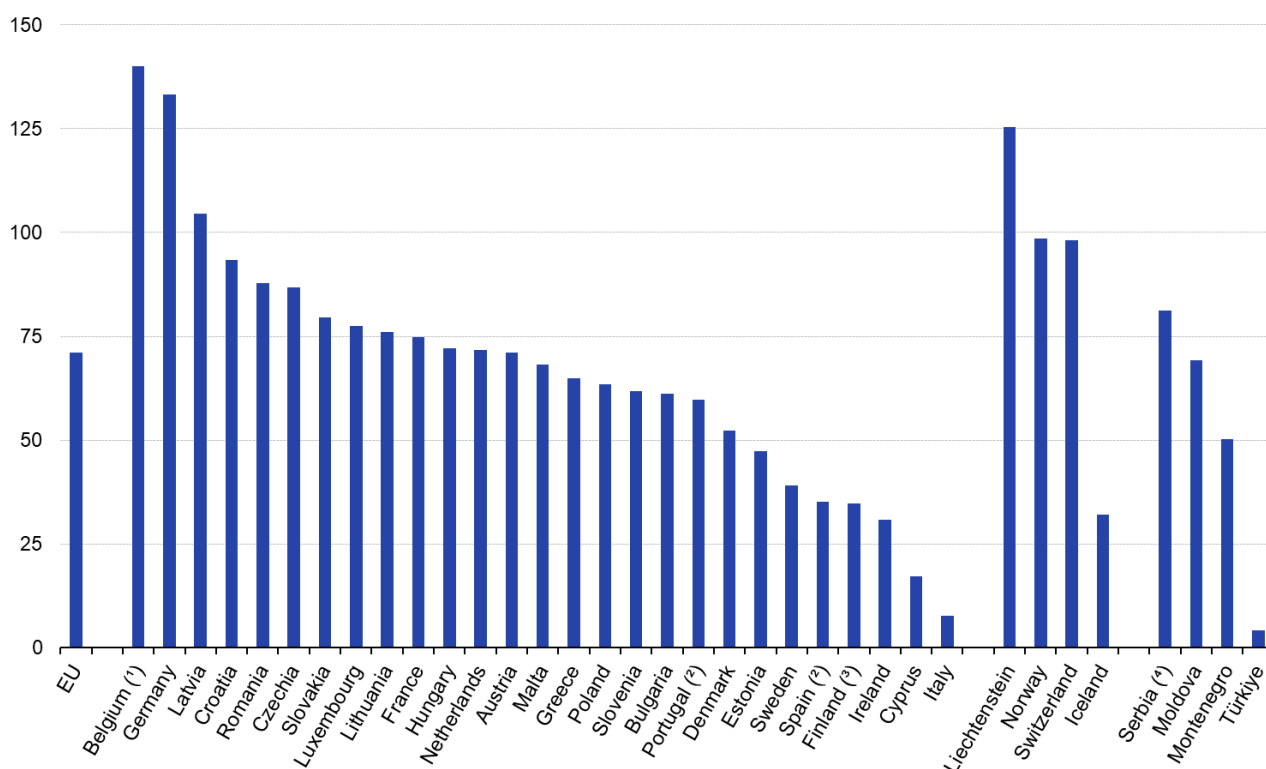
Healthcare beds and personnel

In 2023, there were around 318 800 psychiatric care beds in EU hospitals, equivalent to 13.9% of all hospital beds.

Figure 2 presents data for the number of psychiatric care beds in hospitals relative to the size of population. In 2023, Belgium reported the highest ratio with 139.9 psychiatric care beds per 100 000 inhabitants, followed by Germany, with 133.2 per 100 000 inhabitants. Italy (7.7 per 100 000 inhabitants) and Cyprus (17.2 per 100 000 inhabitants) were the only EU countries to report fewer than 30.0 psychiatric care beds per 100 000 inhabitants. In the other EU countries, the number of psychiatric care beds ranged between 30.8 (Ireland) and 104.6 (Latvia) per 100 000 inhabitants.

Hospital beds – psychiatric care beds, 2023

(per 100 000 inhabitants)



(*) Excluding beds in other specialised hospitals.

(*) Provisional.

(*) Estimate.

(*) Only includes beds in institutions under the Ministry of Health. Excludes the private health sector.

Source: Eurostat (online data code: hlth_rs_bds1)

eurostat

Figure 2: Hospital beds – psychiatric care beds, 2023 Source: Eurostat (hlth_rs_bds1)

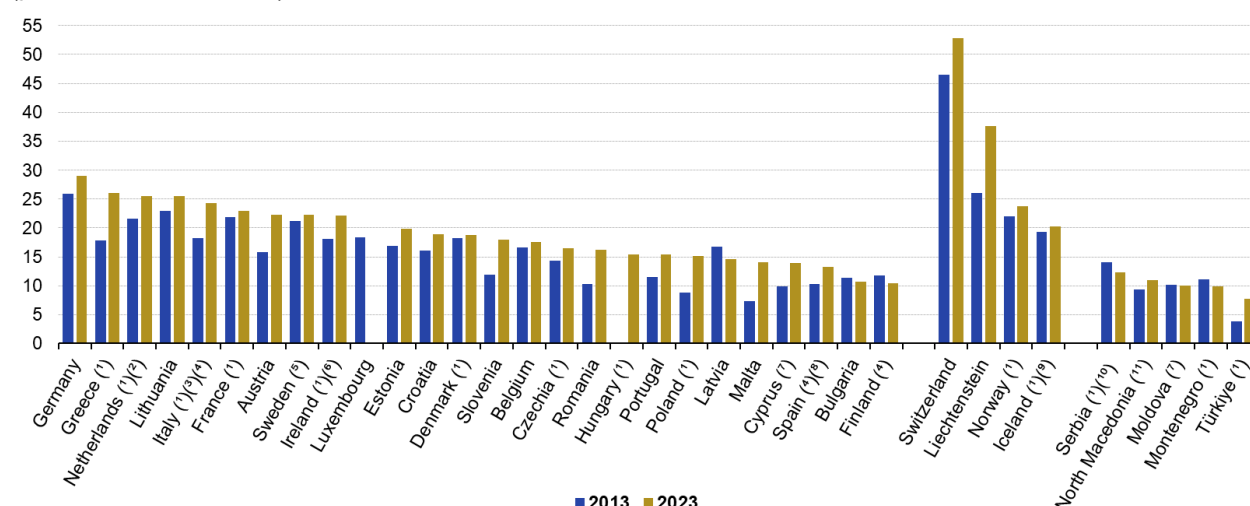
In 2023, there were over 93 900 [psychiatrists](#) in the 25 EU countries, for which data are available. Relative to population size, the largest number of psychiatrists was reported in Germany, with 29 psychiatrists per 100 000 inhabitants (see Figure 3 for more information). Greece, the Netherlands and Lithuania were the only other countries to record more than 25 psychiatrists per 100 000 inhabitants. The lowest number of psychiatrists were reported in Bulgaria (11) and Finland (10). Elsewhere, this number ranges between 13 and 24.

Increasing numbers of psychiatrists in most EU countries

Relative to the population size, the number of psychiatrists rose between 2013 and 2023 in the vast majority of EU countries. There was an increase recorded in 21 of the 24 EU countries for which data are available (only partial data for Luxembourg and Hungary; no recent data for Slovakia). The biggest increase was in Greece, where the number of psychiatrists increased by 8.2 psychiatrists per 100 000 inhabitants. By contrast, Latvia, Finland and Bulgaria all recorded relatively small falls (less than 2.1 psychiatrists per 100 000 inhabitants) in the number of psychiatrists relative to their population size.

Number of psychiatrists, 2013 and 2023

(per 100 000 inhabitants)



Note: Slovakia, not available. Practising psychiatrists except for Moldova, North Macedonia and Türkiye (professionally active physicians) and for Greece and Portugal (physicians licensed to practise).

(1) Break in series.

(2) 2013: professionally active

(3) 2013: excludes medical interns/residents.

(4) 2023: provisional.

(5) 2022 instead of 2023.

(6) 2023: estimate.

(7) 2014 instead of 2013.

(8) Psychiatrists in hospitals as well as certain specialists who work in primary health care centres of the national health system.

(9) May include a very small number of non-practising psychiatrists.

(10) Only includes psychiatrists in institutions under the Ministry of Health. Excludes the private health sector. 2013: professionally active.

(11) 2021 instead of 2023.

Source: Eurostat (online data code: hlth_rs_physcat)

eurostat

Figure 3: Number of psychiatrists, 2013 and 2023 Source: Eurostat (hlth_rs_physcat)

Source data for tables and graphs

- Mental health and related issues: tables and figures

Data sources

Key concepts The number of deaths from a particular cause of death can be expressed relative to the size of the population. A standardised (rather than crude) death rate can be compiled which is independent of the age and sex structure of a population. This is done as most causes of death vary significantly by age and by sex; the standardisation facilitates comparisons of rates over time and between countries¹. For country-specific notes on causes of death, please refer to the national metadata reports, which can be accessed through the links at the beginning of the [European metadata report](#)

Mental and behavioural disorders are often highly stigmatised and the diagnostic criteria for different mental and behavioural disorders frequently overlap (in terms of symptoms), making diagnoses difficult and variable. Consequently, mental and behavioural disorders are known to be under-diagnosed and under-reported as a cause of death. Furthermore, coding practices may vary significantly between countries².

¹ Standard population report: <https://ec.europa.eu/eurostat/en/web/products-manuals-and-guidelines/-/ks-ra-13-028>.

² OECD/European Union (2018), Health at a Glance: Europe 2018: State of Health in the EU Cycle, OECD Publishing, Paris/European Union, Brussels, https://doi.org/10.1787/health_glance_eur-2018-en.

Causes of death

Statistics on causes of death provide information on [mortality](#) patterns, supplying information on developments over time in the underlying causes of death. This source is documented in more detail in a background article on the [methodology of causes of death statistics](#) . This provides information on the scope of the data, its legal basis, the methodology employed, as well as related concepts and definitions.

Statistics on causes of death are based on death certificates established by medical experts assessing the underlying cause of death. Note there is a difference in the coding of cases where the mental and behavioural disorder was the established underlying cause of death, as distinguished from cases where a death occurred for someone who was suffering from a mental and behavioural disorder at the time of death.

Causes of death are currently classified according to the 86 causes in the [European shortlist](#) , which is based on the [International Statistical Classification of Diseases and Related Health Problems \(ICD\)](#) 10th revision. Chapter V (F00-F99) of the ICD covers mental and behavioural disorders and Chapter XX (V01-Y89) covers external causes of mortality (including intentional self-harm). For this article, the following ICD-10 codes were covered for the described causes of death

- F01 and F03 for dementia – note that Alzheimer disease (ICD-10 code: G30) isn't included in this selection
- F10 for alcohol abuse (including alcoholic psychosis)
- F11 to F16 and F18 to F19 for drug dependence, toxicomania
- X60 to X84 and X87.0 for suicide and intentional self-harm.

Healthcare resources and activities

Statistics on healthcare resources (such as beds and personnel) are documented in a background article on the [methodology of healthcare non-expenditure statistics](#) . This provides information on the scope of the data, its legal basis, the methodology employed, as well as related concepts and definitions. For country-specific notes, please refer to the annexes at the end of the national metadata reports, which can be accessed through the links at the beginning of the [European metadata report](#) .

The Eurostat [Healthcare non-expenditure statistics manual](#) provides an overview of the classifications, both for mandatory variables and variables provided on a voluntary basis.

Context

Mental and behavioural disorders are among the largest categories of diseases in the EU. Nevertheless, it is believed that many mild to moderate mental disorders are under-diagnosed and consequently untreated and not reported within the available official statistics.

As well as being important for individuals, good mental health is important for society. Mental health issues impact economic performance through productivity losses and increased work-disability costs and may also create a burden for educational and justice systems.

Mental health and neurological disorders are included as 1 of the 5 main strands covered by the European Commission's [Healthier together – EU non-communicable diseases \(NCD\) initiative](#) . The initiative was launched in December 2021 and aims to support EU countries in identifying and implementing effective policies and actions to reduce the burden of major NCDs and improve citizens' health and well-being.

The European Commission has also mobilised € 9 million from the EU4Health programme to help people fleeing Ukraine in urgent need of mental health and trauma support.

EU4Health

[Regulation \(EU\) 2021/522 establishing a Programme for the Union's action in the field of health \('EU4health programme'\) for the period 2021 to 2027](#) provides funding to EU countries, health organisations and non-governmental organisations (NGOs) and is designed, among other objectives, to boost the EU's preparedness

for major cross-border health threats. EU4Health has a budget of € 5.8 billion for the period 2021 to 2027 and aims to improve health outcomes by supporting efficient and inclusive health systems.

The European Health Union

In May 2024, the European Commission summarised work done and progress made within the health domain through a communication [The European Health Union: acting together for people's health](#) (COM(2024) 206 final). It highlights a range of actions designed to make people's lives safer and healthier, including safeguarding mental health.

Comprehensive approach to mental health

After the COVID-19 pandemic, the EU enhanced its focus on mental health issues, recognising the pandemic's profound impact on the well-being of its citizens. On 7 June 2023, the European Commission adopted a [Communication on a comprehensive approach to mental health](#) (COM(2023) 298 final), committing € 1.23 billion in funding through various financial instruments to support EU countries in prioritising mental health alongside physical health. The strategy seeks to

- integrate mental health across policies, recognising that mental health involves a range of different policy areas (such as employment, education, research, digitalisation, urban planning, culture, environment and climate)
- promote good mental health, prevention and early intervention for mental health problems
- boost the mental health of children and young people
- help those most in need (especially vulnerable groups, for example, victims of gender-based violence, single mothers, disabled people, homeless people)
- tackle psychosocial risks at work (work-related stress, job insecurity, bullying/harassment, poor work-life balance, social isolation)
- reinforce mental health systems and improve access to treatment and care (a key principle in the European Pillar of Social Rights is the right for everyone to have timely access to affordable, preventive and curative care)
- breaking through stigma
- foster mental health globally.

On 20 June 2025, the Council of the EU called for greater efforts to [protect the mental health of children and teenagers in the digital era](#), by promoting the safe and healthy use of digital tools, and by creating a healthier, safer and more age-appropriate digital environment.

In October 2025, OECD, with support from the European Commission published a report on [mental health promotion and prevention](#), as part of their work on best practices in public health. The report identifies eleven promising best practice interventions implemented across OECD and EU27 countries.

Footnotes

Explore further

Other articles

Online publications

- [Health in the European Union – facts and figures](#)
- [Disability statistics](#)

Causes of death

- [Causes of death](#)

- [Causes of death statistics by age group](#)

Healthcare activities

- [Hospital discharges and length of stay](#)

Methodology

- [Healthcare non-expenditure statistics](#)
- [Causes of death statistics](#)

General health statistics articles

- [Health statistics introduced](#)
- [Regional health statistics](#)

Database

- [Health](#) (hlth), see

Health care (hlth_care)

Health care resources (hlth_res)

Health care staff (hlth_staff)

Health care facilities (hlth_facil)

Causes of death (hlth_cdeath)

General mortality (hlth_cd_gmor)

Causes of death - deaths by country of residence and occurrence (hlth_cd_aro)

Causes of death - standardised death rate by NUTS 2 region of residence (hlth_cd_asdr2)

Thematic section

- [Health](#)

Publications

Atlas

- [Health statistics – Atlas on mortality in the European Union](#)

News releases

- [Deaths by suicide down by 13% in a decade](#)

Selected datasets

- [Health](#) (t_hlth), see

Health care (t_hlth_care)

Causes of death (t_hlth_cdeath)

Methodology

Manuals and guidelines

- [Healthcare non-expenditure statistics manual and guidelines for completing the Joint questionnaire on non-monetary healthcare statistics – 2025 edition](#)

Metadata

- [Causes of death](#) (SIMS metadata file – hlth_cdeath_sims)
- [Health care resources](#) (ESMS metadata file – hlth_res_esms)

External links

- [European Commission – Directorate-General for Health and Food Safety – Public health](#) , see
 - [European Commission –European core health indicators \(ECHI\)](#)
 - [European Commission – Mental health](#)
 - [European Commission – Non-communicable diseases](#)
- [OECD / European Commission report 'Health at a Glance'](#)
- [OECD – Health policies and data – Mental health](#)
- [OECD – The future of health systems](#)
- [World Health Organization \(WHO\)](#) , see
 - [WHO Global Health Observatory \(GHO\) – Global health estimates: life expectancy and leading causes of death and disability](#)
 - [WHO – Health system governance](#)
 - [WHO – Mental health, brain health and substance use](#)