

# Mental health in Europe: a gender perspective

# #2

This report is based on the research work developed by the **EU contribution to the World Mental Health Surveys Initiative (EU-WMH)** consortium in a project co-financed by the **EU Commission Executive Agency for Health and Consumers (EAHC 2008-1308)** with the goal of estimating the frequency, distribution and consequences of mental disorders in Europe. To achieve it, the consortium first performed comprehensive **scientific literature reviews**. Subsequently they analyzed in depth data collected in **health surveys** of the adult general adult population (37,289 individuals) of 10 EU-countries (i.e., Belgium, Bulgaria, France, Germany, Italy, the Netherlands, Northern Ireland, Portugal, Romania and Spain). The collection and analysis of these surveys was performed through their active participation in the **World Mental Health (WMH) Surveys Initiative**, lead by the WHO and Harvard University.

The **EU-WMH** has delivered three major reports:

1. The Burden of Mental Disorders in the European Union;
2. A Gender Perspective on Mental Health;
3. Inequalities in Mental Health and in Unmet Need for Mental Health Care.

The specific aims of **report # 2** are to investigate gender differences in the prevalence of common mental health disorders, in mental health services use, and in the use of psychotropic drugs across Europe. We examined whether gender variation is associated with specific socioeconomic and family-related factors and/or with geographic location. In addition to a literature review and the analysis of the EU-WMH surveys database, we also analyzed the data of the Eurobarometer 64.4 survey, which contains information from the general population in 31 EU countries. Here we present a brief summary of the results, which are described in detail in the report on a gender perspective on mental health.

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More information about  
the EU-WMH project and the mental health  
reports can be found here:  
[www.eu-wmh.org](http://www.eu-wmh.org)



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## KEY FINDINGS

- ▶ Although there is no conclusive evidence linking gender to mental illness in general, specific mental disorders are more prevalent in men or in women.
- ▶ Women suffer more from internalizing disorders, such as mood and anxiety disorders, while men experience more externalizing disorders, such as substance abuse and conduct disorder.
- ▶ Women use mental health services and psychotropic drugs more often than men.
- ▶ A wide variety of gender-specific biological and psychological risk factors have been identified when addressing these gender differences in mental health disorders.
- ▶ Previous research shows cross-societal variation in these gender-linked mental health disorders, indicating that social determinants play a role too.

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## FINDINGS FROM THE LITERATURE REVIEW

A comprehensive review of the literature unveiled 91 scientific papers addressing gender differences in mental health, published between 1985 and 2010. A synthesis of the epidemiological evidence follows.

### Gender differences in mental health

Compared to men, **women suffer more frequently from internalizing mental disorders (such as depressive and anxious disorders)**. While men suffer more frequently from externalizing disorder (such as substance abuse and impulsive disorders), these disorders are less frequently measured.

### Comorbidity is more common among women than men.

Most often, it takes the form of a concurrence of depressive, anxiety and somatoform disorder in women and of substance abuse and antisocial behaviour in men.

**The literature review revealed mixed and sometimes conflicting findings concerning gender gaps in mental health illnesses associated with geographical location**, making it unreasonable to draw general conclusions. The

main limitation was the absence of comparable general population data. The most relevant quantitative research examines single population data, focused on a single type of mental illness (e.g. anxiety) or a single subset of the population (e.g. students). In the cases where cross-national comparisons could be done, findings could not be easily compared as the delineation of the countries within regional groupings was not the same.

### Gender differences in use of mental health services

Women use primary healthcare services more often than men for mental health issues, although there is little difference in the use of hospital services for mental illness.

### Gender differences in use of psychotropic drugs

Women are prescribed and take more psychotropic medication than men. The reasons for this remain unclear. Women



have a higher prevalence of the mental health conditions that are typical indications for this medication. However, there is an incomplete and complex relationship between having a disorder and being treated for it, with patient, illness and prescriber factors influencing the type of treatment.

The relationship between gender and use of psychotropic drugs may also be confounded by socio-demographic and lifestyle factors, especially use of alcohol.

Socio-demographic factors associated with psychotropic medication use for women include increasing age, parity, lower educational attainment, manual occupation, unemployment, welfare benefit status, partner violence, and the presence of poor mental and physical health. Similar predictors have been reported in studies for men.

### **Variation associated with specific socioeconomic and family-related factors**

Related research on the social factors explaining gender disparities in mental health focuses on stressful life events, like marital disruption and employment problems. Some models

show that the gender gap in many mental health disorders is due to a higher exposure of women to such events; other models point to gender differences in vulnerability as well.

The empirical evidence for gendered patterns in depressive reactions to both marital disruption and employment problems is mixed, often with conflicting findings, suggesting that the association of the risk ratio of mental health problems with negative life events needs further consideration.

Social models that explain gender differences in mental health have emphasized the activities and circumstances of the everyday lives of women and men as sources of stress that may have an adverse effect on mental health.

It has been proposed that, in traditional societies, women are more sensitive to family-related factors, and men are more sensitive to socioeconomic related factors, while the opposite is true for more gender egalitarian societies. However, a recent European study showed that socioeconomic related factors are more strongly associated with mental health than problems related to the family and childcare, in both men and women, in the majority of European countries.

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# THE EU-WMH SURVEYS (10 EU COUNTRIES, 2002-2009)

To evaluate gender differences, we analyzed a set of cross-sectional, face-to-face, general population household interviews that were conducted in the ten European countries of the WHO World Mental Health Surveys (N=37,289). Mental disorders were divided into internalizing disorders (anxiety and mood disorders) and externalizing disorders (substance abuse and conduct disorder). Use of mental health services and of psychotropic drugs was also assessed.

## Gender differences in mental health across Europe

**In most countries, women suffer more from lifetime mental health disorders than men, however this is not the case in Belgium, Germany and Romania, where men and women seem to suffer equally from mental health problems.**

**The largest gender differences in mental health are found in the Southern European countries** and some of the North-Western European countries, while the smallest overall gender differences are found in the Central/Eastern European countries.

**As expected, women seem to suffer more from internalizing disorders, while men suffer more from externalizing disorders.** The highest female prevalence rate of internalizing disorders was established in France (44.5%), and the highest male prevalence rate for externalizing disorders in Northern Ireland (22.4%).

**More men suffer more from a major depressive episode than from alcohol misuse,** as is the case in France, Northern Ireland, Italy and Portugal.

## Gender differences in use of mental health services across Europe

**Women make more use of mental health services than men, across all three regions, and for all types of health care providers. The general practitioner is sought most often both by men and women, followed by the psychiatrist, and other mental health care providers. Nonmedical services are very seldom sought, particularly among men.**

Central/Eastern countries overall report lower rates of contact than North/Western and Southern countries. However, country-specific data shows a high level of disparity between the Southern European countries, with very high levels in Portugal compared to Spain and Italy. Almost one third of Portuguese women have sought help from a general practitioner for a mental health problem and one fifth from a psychiatrist, establishing the highest rates in the EU-WMH population.

**Health services are sought most often by the middle age groups, both in men and women.**

Having suffered from a mood or anxiety disorder sharply increases the chance of a person contacting a mental health service provider, especially in the case of having suffered from a mood disorder.

**Concerning the social factors,** an association between income and health services use is not established either among men or women. However, while employment status has very little relation to the use of health services among women, female homemakers seek help less frequently than those who are employed. In men, unemployment, sickness and disability is associated with a higher usage of mental

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health services, while the self-employed seek help less often than those who are employed. **Education seems to go hand in hand with the usage of mental health services in both women and men.** In both sexes, the higher educated seek more help than those with fewer years of education. Finally marital separation is an important risk factor for explaining health services usage in both men and women, and, in women, singlehood is as well.

### **Gender differences in use of psychotropic drugs across Europe**

**As expected, having suffered from any mood or anxiety disorder in the past substantially increases the reporting of usage of psychotropic drugs in the past.** The use was higher among those who suffered from any mood disorder than among those with an anxiety disorder. The only exception to this is male use of benzodiazepine. Men who suffered from any anxiety disorder in the past report a higher usage of benzodiazepine than those who suffered from any mood disorder.

**Benzodiazepine drugs were used most often in both the North/West and South among both sexes, while mood stabilizers were used the least.** The use of benzodiazepine was slightly more popular in the South compared to the North/West, while in the North/West antidepressant use was slightly more common. Prevalence rates of the usage during the last 12 months do not deviate from the lifetime usage trends.

Concerning gender differences in the use of psychotropic drugs, **we confirm a higher use among women than men, in the North/West and in the South.** Only concerning the usage of mood stabilizers do women and men report similar, but very low, levels of past usage. Many of the gender dif-

ferences disappear when we take into account only those men and women that have suffered from any mood or anxiety disorder in the past. A significant gender difference was established only for the usage of benzodiazepine among those who suffered from a mood disorder in the past, as well for antidepressant usage in the North/West.

### **Variation associated with specific socioeconomic and family-related factors**

While previous research showed that the socioeconomic position is often strongly related to mental health problems, our data shows that this is not the case in the countries studied. Income was not related to mental disorders either in women or in men. **In women, being unemployed in the North/West and being disabled in the South** was significantly related to any lifetime mental disorder. Conversely, **disabled men living in the North/West and unemployed men from the South** were significantly at higher risk of suffering from a lifetime mental disorder.

**Age is significantly associated with mental health, for both men and women, in the North/West and South, while it is not in the Centre/East (except for men above 50 years old).** In the South and the North/West age is inversely associated with a higher risk of being distressed.

**Turning to family composition,** married men experience fewer mental health problems than unmarried men, except for men who never married living in the North, who experience a higher risk of any lifetime mental disorder. In women, divorce and widowhood show significantly higher risk of mental disorders.

**Having children in the household is not significantly associated with mental illness in women.** This is an interesting finding, since much literature links the mental ill health of women to the burden of childcare. In men, having children aged 13 to 17 years is significantly associated to any lifetime mental disorder in the Central/East countries

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# EUROBOMETER (31 EU COUNTRIES, 2005-2006)

To learn more about gender differences, we analyzed the Eurobarometer 64.4, which collected information on mental wellbeing, psychological distress and mental health services use from the general population in 31 EU countries in 2005 and 2006.

## Gender differences in mental health across Europe

**In all countries, women report higher levels of distress than men;** however, there is considerable cross-country variation in this gender gap.

**The largest gender differences are found in the Southern and some of the Central/Eastern European countries,** while the smallest gender differences are found in the Northern European countries. In 6 of the 29 countries there was a non-significant gender difference, mainly among the Northern countries, but also in Latvia and Slovakia.

**Among men,** the highest levels of distress were found in Bulgaria and Italy, while the lowest levels of distress were found in Finland and Sweden.

**Among women,** the highest levels of distress were established in Italy, Greece and Cyprus, while the lowest were found in Finland and Denmark.

## Gender differences in use of mental health services across Europe

In the general population, **most respondents did not seek help for a psychological or emotional problem in the last 12 months.** The highest prevalence of sought help was established in the East and the lowest in the South.

**Women across all regions sought help more frequently than men, most often by contacting a general practitioner.** A significant gender difference was also established for other types of mental health care providers. Only in the North do men and women contact a psychiatrist equally often, but prevalence rates among both groups are low (respectively, 1.1% and 1.5%). These gender differences however become insignificant within the high distress among population in the North and West, while in the South and Central/East women still seek help significantly more often than men.

Hospital usage for a mental or emotional problem is low both for men and women in all regions (ranging between 1 and 2%).

## Gender differences in use of psychotropic drugs across Europe

Apparently the usage of psychotropic drugs is more common than that of psychotherapy.

Gender differences in the use of drugs remains significant when controlling for level of distress. The highest usage of drugs is found in the West, with prevalence rates in men of 6.1% and in women of 10.4%. The lowest prevalence rates are found in the South, with 7.8% of all men and 4.5% of women having used psychotropic drugs. **Variation associated with specific socioeconomic and family-related factors**

Concerning the **socioeconomic position,** both **education and employment are inversely associated with levels of distress.** The more educated a person is, the lower the person is at risk of distress. This finding is fairly consistent across regions and sexes, with exception of the



South, where more educated males do not seem to benefit from less distress. Being employed is associated with lower levels of distress in both men and women. Unemployment and especially retirement (except for Southern male) are strongly associated with the presence of distress in men and women in all regions.

**Age is positively associated with a higher risk of being distressed.** In the North and West, age is only significantly associated with distress among men, not among women. The group at highest risk is that of middle-aged men between 40-54 years. In the Central/East region, both men and women in middle-aged group are most at risk. In the South, distress goes up with age, with the oldest age group most at risk for distress, both in men and women.

**Turning to family composition, marriage is associated with lower levels of distress, while being divorced is associated with higher levels of distress.** Widowhood, however, shows differential relations with distress across

the regions and sexes. While we did not find a significant association in men in the Central/East and in women in the North, widowhood was significantly related to high distress in all other regions.

**Having children in the household is not significantly associated with distress in most regions.** However, Northern males and Central/Eastern females do report higher levels of distress when they have young children in the household, while Central/Eastern males report higher levels when young teenagers are part of the household.

Finally, the **type of community** a person lives in does not put people at higher risk for distress in the South and Centre/East. However, in the North, life in a large town is associated with higher levels of distress. In the West this is only the case for females, who report higher levels of distress if they live either in a rural area or in a large town versus a small or middle size town.