

# The State of Mental Health in Greece: an international comparative analysis using data from the Global Mental Health Countdown 2030

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## **Abstract**

**Background:** Effective mental health systems depend on the functioning of a variety of factors that can be systematically monitored across countries. Macro-level assessments are needed to identify potential areas for improvement in the health sector, particularly in countries that face significant access barriers such as Greece.

**Aim:** To analyze Greece's mental health-related indicators in comparison to countries with similar socioeconomic contexts and geography and identify priority areas for the national mental health system.

**Methods:** Data was sourced from the Global Mental Health Countdown 2030, an initiative gathering 48 indicators from 193 countries, classifying metrics into four domains: mental health system performance, determinants of mental health, factors influencing the demand for care, and wellbeing. We analyzed 39 indicators available for Greece to perform a comparative analysis with three groups of countries (27 European Union, 55 high-income, and 52 upper-middle income nations). We employed content analysis to organize mental health system indicators into a framework to inform policy and practice.

**Results:** Greece exhibited low performance in several indicators related to mental health provision, with four metrics falling below the 12.5<sup>th</sup> centile for all comparative groups ("interventions in primary care", "policy implementation", "promotion and prevention", and "frequency of collection of data"). A content-analysis framework grouped indicators into categories related to the mental health system, with low-scoring metrics clustering around 'policy and planning,' 'affordability of care,' 'coordination of services,' and 'data collection and quality assessment.'

**Conclusion:** This analysis provides a contextualized overview of Greece's mental health system, identifying areas for improvement based on a panel of evidence-based indicators. Priority policy actions should focus on enhancing mental health insurance coverage and freely-available mental health services, organizing provision into a stepped-care and coordinated service network, and establishing systematic data monitoring mechanisms with unified electronic registers.

**Keywords:** global mental health, Greece, public health, health system

# 1. Introduction

There is a compelling need to integrate evidence into action within mental health policymaking (Patel et al., 2023). Improving mental health for all is a central agenda of the UN Sustainable Development Goals (SDG), underscoring the need for high-quality scientific data for understanding needs and monitoring national mental health systems' performance (World Health Organization, 2021a). This is particularly important for countries grappling with socio-economic challenges and fragile health systems, where such information can help drive policy and facilitate change (Erskine et al., 2017; *Mental Health Atlas 2020, 2021*; Patel et al., 2018).

Towards enhancing mental health data worldwide, the Global Mental Health Countdown 2030 was launched as a monitoring platform measuring indicators on the current state of mental health across countries (Saxena & Kline, 2021; United for Global Mental Health, 2023). This project is implemented by a consortium consisting of United for Global Mental Health, Global Mental Health at Harvard, Global Mental Health Peer Network, WHO and UNICEF, drawing on sources for metrics such as the United Nations, the World Bank, and academic institutions for statistics. It compiles and presents national level data from 193 countries on a wide range of factors, including mental health system indicators, mental health impact, wellbeing, financing to services, and attitudes to mental healthcare. The database is made available to inform policymakers, scholars and stakeholders (see <https://data.unicef.org/resources/countdown-for-global-mental-health-2030-dashboard/>).

Greece presents a compelling case for comprehensive macro-level assessment of the mental health landscape. Coming off a recent healthcare reform, the country still grapples with significant challenges in its healthcare system, as well as gaps in quality of care

monitoring and epidemiological research (Economou et al., 2017; Koumoula et al., 2023; Myloneros & Sakellariou, 2021). Obstacles are particularly pronounced in the mental health care provision sector, characterized by an underdeveloped community-oriented system, a lack of services and a shortage of specialists in many, especially rural, regions (Kotsis et al., 2019; Marchionatti et al., 2024). Moreover, there are concerning figures in many social determinants that impact mental health, such as high unemployment and poverty rates following economic downturns, as well as the increased incidence of trauma following local natural disasters - wildfires in particular - during the summer months (Melidis & Tzagkarakis, 2022; To et al., 2021; UNICEF, 2021; UNICEF & The Hellenic Republic, 2020). The mental health impacts are considerably higher for socioeconomically vulnerable children and adolescents, and there are extensive reports of precarious living conditions for refugees and migrants (Basta et al., 2021; Ben Farhat et al., 2018; Paleologou et al., 2018; Triantafyllou et al., 2018; UNICEF, 2021). Social services face resource constraints in addressing these demands, and a cross-country comparison suggested that Greece's public expenditure on the social sector is among the lowest in the EU, particularly in areas related to family and children's welfare and educational infrastructure (UNICEF & The Hellenic Republic, 2020).

This study aims to assess macro-level indicators in Greece that reflect or influence mental health outcomes. In this endeavor, we consulted the Global Mental Health Countdown 2030 dataset to conduct a comparative analysis of Greece's indicators against those of three country groups: European Union, high-income, and upper-middle income nations. We constructed a framework to synthesize indicators related to the mental health system, identifying priority areas and opportunities for action in Greece's mental health care.

## 2. Methods

### 2.1. Database description

The Global Mental Health Countdown 2030 is a dataset freely accessible at <https://data.unicef.org/resources/countdown-for-global-mental-health-2030-dashboard/> and classified into four domains of indicators: A - determinants of mental health; B - factors influencing the demand and need for mental health care; C - factors shaping the strength of the mental health system; and D - wellbeing (Saxena & Kline, 2021; United for Global Mental Health, 2023). There are 48 indicators classified into 17 categories under these domains, encompassing information on a broad spectrum of factors such as service accessibility, financing, societal stigma and discrimination, mental health burden, and mental health challenges faced by individuals in conflict zones or other humanitarian crises.

The selection of indicators was conducted by a Technical Working Group. As an initial reference, the team inspected indicators from the WHO's Mental Health Action Plan 2013-2030, the Lancet Commission review of SDGs pertinent to mental health, as well as a diverse array of indicators from additional sources (Lund et al., 2018; Patel et al., 2018; World Health Organization, 2021a). Next, 140 potential candidates were assessed on the basis of their relevance, feasibility, and sensitivity to change, drawing these metrics from 15 credible sources such as UN, WHO, UNICEF, UNESCO, the UNHCR, the World Bank, academic reports (e.g., University of Oxford, UC Berkeley, Institute for Health Metrics and Evaluation at the University of Washington), international NGOs (e.g. Internal Displacement Monitoring Centre), and a renowned global polling organization (Data Gallup). In all, a core ensemble of 48 indicators was included in the study.

## **2.2. Data collection and statistical analysis**

We collected all indicators that were available for Greece in the Global Mental Health Countdown 2030 dataset (see **Supplementary Table 1** for details on the methods behind each indicator score). To provide contextualized comparisons, we categorized nations into three groups: European Union countries, high income countries, and upper-middle income (the platform classifies the latter in accordance with the World Bank classification; see **Supplementary Table 2** for countries in each group). The same set of indicators was accessed for each country of these groups to compose our dataframes. During data processing, categorical indicators were converted into numerical values on a scale from 0 to 4. To ensure standardized basis for interpretation, we applied reverse scores to indicators in which higher values implied poorer performance.

In each group dataframe, we calculated centiles of Greece's indicator's score using the percent-rank function from the R package `dplyr`; a plot visually indicating the country's position was developed with the `ggplot` package (Wickham et al., 2019). Tables informing Greece's score value for each indicator, median score of high-income countries and Greece's centile in this comparative were constructed using the `gtExtra` package (Mock, 2023).

All analyses were performed in the software R version 4.4.1 (R Core Team, 2024). The code is freely accessible at our Open Science Framework repository (<https://osf.io/crz6h/>) (Schäfer et al., 2023).

## **2.3 Content analysis of indicators related to mental health system**

We conducted a streamlined content analysis to organize indicators related to the provision of mental health care within a framework designed to inform policy and practice. Content analysis is a flexible method to systematically identify patterns and interrelations

across data, eliciting meaning and constructing theoretical models to enhance interpretation and facilitate insight (Kleinheksel et al., 2020; Lindgren et al., 2020). Indicators from subdomain B2.1 (financial accessibility of care) and all indicators from domain C (factors shaping the strength of the mental health system) were included, even those with missing data. Using a data-driven approach, we labeled the manifest content of each indicator based on its name, description, and methodology, identified patterns across these labels, refined them into codes, and organized these codes into a multi-level hierarchical model of categories to derive analytical insights (Kleinheksel et al., 2020; Vears & Gillam, 2022). A conceptual map was created to visually represent this framework with interrelated categories, presenting the scores of each indicator in centiles as compared to high-income countries. The coding was initially led by one author (LEM) and then collaboratively discussed with two team members (JLS, KK) until consensus was reached. Analysis was managed using NVIVO software version 14 (QSR International Pty Ltd., 2023).

### **3. Results**

#### **3.1. Indicators comparison**

**Figure 1** summarizes a comparative analysis of Greece's indicators in relation to 27 European Union, 55 high-income, and 52 upper-middle income countries. **Table 1** displays the raw scores of Greece's indicators alongside their corresponding centiles relative to high-income countries. Indicators were informed by 14 datasources, primarily by the WHO Mental Health Atlas 2020 (16 indicators), Institute for Health Metrics and Evaluation (IHME) (4 indicators), and the World Bank (3 indicators). Nine indicators were missing for Greece (see **Table 2**), mainly related to determinants of mental health and factors shaping the

strength of the mental health system (including the two indicators within the subdomain “sustainable financing”).

In the domain "determinants of mental health," Greece demonstrated above-median performance in indicators pertaining to "covid-19 pandemic" and "environment", and all indicators in “education” were ranked within middle quartiles across all comparative groups. However, the subdomains of "economy" and "conflict" showed low performance when compared to high-income and European Union countries, with rates of ‘A2.1 - Unemployment’ falling below the 12.5<sup>th</sup> percentiles. The subdomain "society/family" contained ‘A.1.1 - inclusiveness index’ and ‘A1.3 - violence against women’ ranking below the 15<sup>th</sup> percentile in comparison to high-income and European Union nations, although the indicator ‘A1.4 - women, business, and the law’ presented above-average scores across all comparative groups.

While the domain “factors shaping the demand for mental health care” revealed mixed estimations on the “burden of mental health conditions”, all indicators related to the “financial accessibility of care” fell below the 25<sup>th</sup> mark across all group comparatives. The domain "factors shaping the strength of the mental health system" clustered low scores, with indicators such as ‘C5.3 - Psychosocial interventions in primary care’ significantly below median values across the three comparatives.

### **3.2 Mental health system: conceptual framework of indicators**

**Figure 1** presents a framework of eight multi-level categories classifying 24 indicators related to mental health system provision ([Supplementary Figure 1](#) and [Supplementary Figure 2](#) for steps of the coding process). All 18 scored indicators fell below the 50<sup>th</sup> percentile when compared to high-income countries, with seven indicators in the bottom



octile (0<sup>th</sup> to 12.5<sup>th</sup>) and only three indicators approaching the median centile (37.5<sup>th</sup> to 50<sup>th</sup>). Data was unavailable for six indicators.

“Policy and planning” is the first all-encompassing category, with its specific indicators highlighting the need for improved central-level planning for mental health (‘C1.1 - National policy/plan for mental health’ only reaches the 11.1<sup>th</sup> centile in relation to high-income countries). In the next tier, “data collection and performance monitoring” exposes weaknesses in establishing systematic data collection mechanisms. This category includes six indicators with missing data, and two of its three specific measures scored zero in the group comparison (‘C8.1 - Frequency of mental health system data collection’ and ‘C8.2 - Availability of indicators to monitor policies/plans’).

At the same level, “structure of services” encompasses closely related categories addressing the availability, quality, affordability, and organization of care. “Service coordination” focuses on the integration across different levels of care and providers, clustering red-marked indicators. This is particularly evident in its subcategory “mental health in primary care”, showing marked fragilities in this level of provision (‘C5.3 - Psychosocial interventions in primary care’ and ‘C6.1 - Integration of mental health into primary care’). Several indicators under “service coordination” are also assigned to other categories, which partially accounts for their poor performance metrics.

In the category “availability of services”, red-marked indicators highlight significant gaps, in particular the absence of mental health care in primary care settings as well as the lack of promotion and prevention programs. However, specialist-level services appear to be available, as indicated by ‘C4.3 - Number of mental health beds’ nearing medians of high-income countries. This category is also characterized by several missing indicators, resulting in gaps for assessing human resources and number of outpatient visits. In contrast,

“quality of care” shows points of strength, with high scores for ‘C52 - Inpatient treatment lasting less than one year’ and ‘C4.4 Adequate treatment for major depression disorder’; yet, concerns arise regarding the number of involuntary admissions.

“Affordability of care” emerges as an area of alarm. Not only is a crucial metric missing for the accessibility of care for individuals with severe disorders (‘C4.1 - Proportion of persons with psychosis using services’), but the available indicators suggests that health insurance does not adequately cover mental health care and that access to free mental health services needs expansion (‘B2.2 - Health insurance includes mental care’ and ‘B2.1 - Pay nothing for mental care’). Notably, this category is somewhat associated with the organization of services, as the unavailability of care in primary health settings limits free access to mental health assistance.

## **4. Discussion**

Our analysis of 39 indicators provides a comprehensive overview of the mental health landscape in Greece contextualized through comparisons with countries in similar socioeconomic groups, including those in the European Union, high-income, and upper-middle income countries. Greece’s mental health care system metrics fall significantly behind those of other nations and were further examined through content analysis. This framework identified priority areas for policy making, including improving the affordability of care through health insurance coverage and freely accessible services (B21 and B22), better integration of primary care and prevention/promotion into mental health services (C53 and C71), addressing the high rates of involuntary admissions (C51), and strengthening mechanisms for data collection (C81 to C83). Building upon this framework and supporting

literature, **Table 3** presents recommendations for policy with target indicators for monitoring progress.

This comparative assessment quantifies a range of previously debated shortcomings in Greece's mental health system. Low-scoring metrics related to service coordination reflect that the national mental health provision is not organized into a stepped-care model, lacking established patient pathways and presenting fragile integration across services and providers that often operate in isolation (Marchionatti et al., 2024). Despite recent forms, the consolidation of a primary care system in the country remains in progress, with insufficient services and professionals in place to achieve adequate populational coverage (Kousoulis et al., 2013; Myloneros & Sakellariou, 2021). In the absence of gatekeeping mechanisms, patients tend to access specialists directly, while primary care providers lack both the training and cultural orientation to address mental health needs (Economou et al. 2017; Emmanouilidou 2021; Souliotis et al. 2017; Marchionatti et al. 2024).

Moreover, the development of a community-based mental health system has been hindered by underfunding of the public sector, leading to 'passive privatization' in the field (Marchionatti et al. 2024; Giannakopoulos and Anagnostopoulos 2016). A shortage of public-sector professionals and long waitlists push individuals toward private care, resulting in services that are misaligned with population needs, concentrated in metropolitan areas, and centered around specialist care. The underprovision of services and lack of coordinated community care networks leave many mental health patients unassisted, allowing conditions to worsen until acute care is needed (Petrea et al. 2020). This has been cited as a contributing factor to the high rates of involuntary admissions consistently reported across Greece, a key issue in patient rights advocacy (Drakonakis et al., 2022; Petrea et al., 2020; Stylianidis et al., 2023). The lack of coordination across services is also attributed to the

absence of a unified electronic health register operating in the national health system, which arguably contributes to issues on data collection and performance monitoring (Economou et al., 2017; Giannakopoulos & Anagnostopoulos, 2016; Kotsis et al., 2019; Marchionatti et al., 2024; Stylianidis et al., 2023).

While the availability of specialist-level services shows favorable scores in indicators such as the rate of mental health beds, research also indicates that facilities and human resources are unevenly distributed and results in coverage gaps in Greece (Marchionatti et al., 2024). In particular, a scarcity of specialized services in the public system has led to an increased reliance on out-of-pocket payments, a phenomenon described as passive privatization in the healthcare sector that represents a long-standing issue in Greece beyond mental health care (Emmanouilidou, 2021; Grigorakis et al., 2016; Kalavrezou & Jin, 2021; Myloneros & Sakellariou, 2021). Indeed, our framework displays concerning metrics on affordability of care, which is supported by a recent national survey indicating that approximately 75% of caregivers were discouraged from seeking professional assistance for children and adolescents due to cost concerns (Koumoula et al., 2024).

While recommendations for policy are provided, it is worth noting that Greece has been advancing an agenda to strengthen the community-based mental health system, appointing a dedicated deputy minister for mental health and launching new national plans (Marchionatti et al., 2024). Additionally, local UNICEF and WHO offices have been established to adopt international standards, with the latter focusing on care quality and patient safety (World Health Organization, 2021b). The country has also co-led the EU-funded JA ImpleMENTAL programme, which emphasizes the implementation of best practices in mental health (Konte et al., 2021).

Providing relevant insights into the specific context of Greece, this study addresses the call to integrate evidence-based data into mental healthcare system assessments (Patel et al., 2018, 2023). Drawing upon a high-quality repository, our analysis is presented in an intelligible manner, facilitating outreach to the diverse stakeholders involved in decision making. We adhere to principles of transparency and open science, sharing statistical codes for verification and reproduction (Vicente-Saez & Martinez-Fuentes, 2018).

This approach using macro-level indicators presents limitations. Such a global comparison is susceptible to anticipated discrepancies in data collection methodologies across countries, as well as variations in data quality and accuracy. The present analysis was further restricted by nine indicators with missing scores for Greece, such as the availability of mental health professionals, the expenditure on mental health, and children exposed to violence. While some of this information is available from other data sources (see Marchionatti et al. (2024) for an analysis of distribution of psychiatrists across the country), they are not standardized according to GMHC-2030's collection methods. Greece also ranked in the lowest percentile for the frequency of collecting mental health measures, reflecting claims on insufficient data monitoring and research in the mental health system (Economou et al., 2017; Koumoula et al., 2023, 2024; Marchionatti et al., 2024). These factors could further introduce inaccuracies, biases, and outdated measures into the scores underpinning our analysis.

This study leverages the Global Mental Health Countdown 2030 platform to assess the mental health landscape in Greece, identifying key areas where the country lags behind other high-income nations. Public policy priorities include the affordability of mental health care, service coordination, integration of mental health into primary care, and the availability of promotion and prevention programs. These findings underscore the need to

strengthen national mental health laws and policies to reinforce the public system's role in coordinating public and private providers within a community-oriented, stepped care mental health framework that aligns with population needs and ensures equitable access to care.

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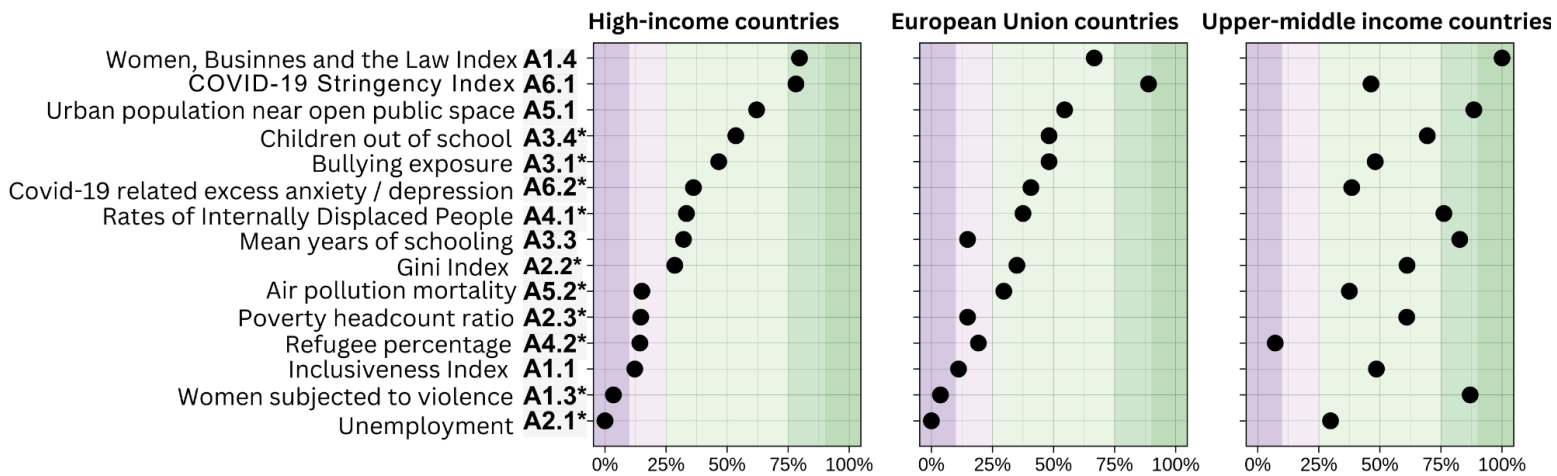
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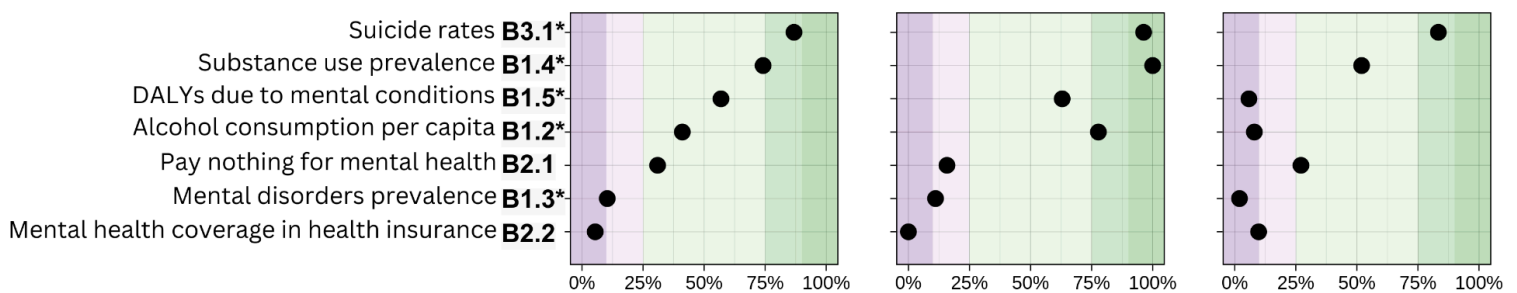
<https://www.who.int/europe/teams/office-on-quality-of-care-patient-safety/about-us>

**Figure 1 - Comparative plot of Greek performance on mental health indicators as compared to other countries**

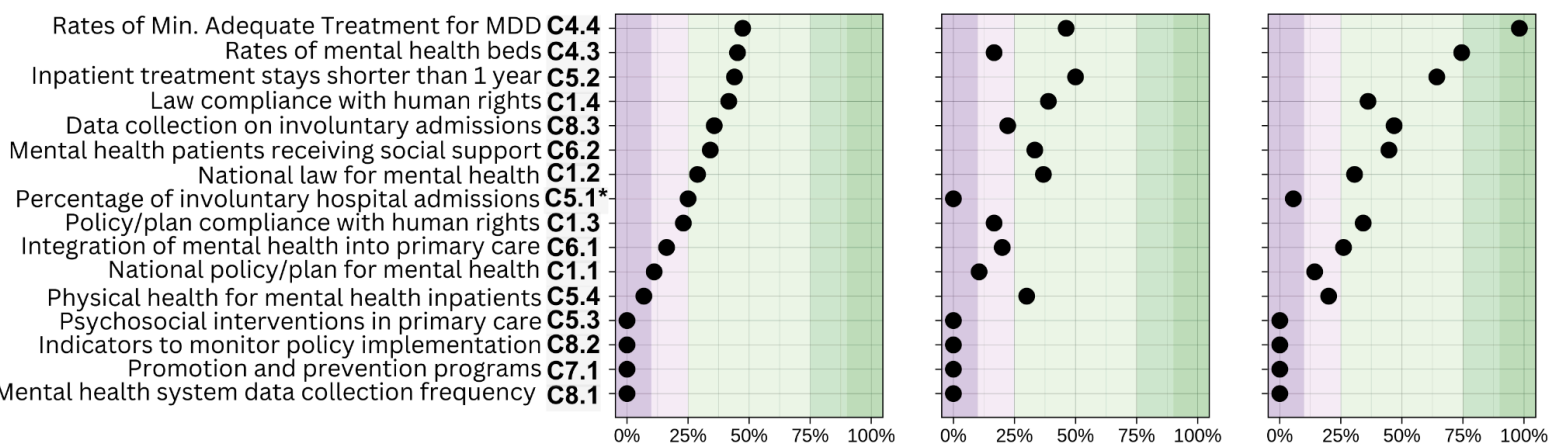
**A - Determinants of mental health**



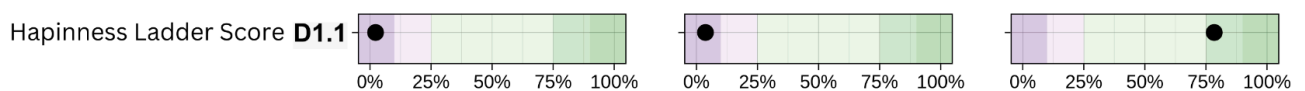
**B - Factors shaping the demand for mental health care**



**C - Factors shaping the strength of the mental health system**

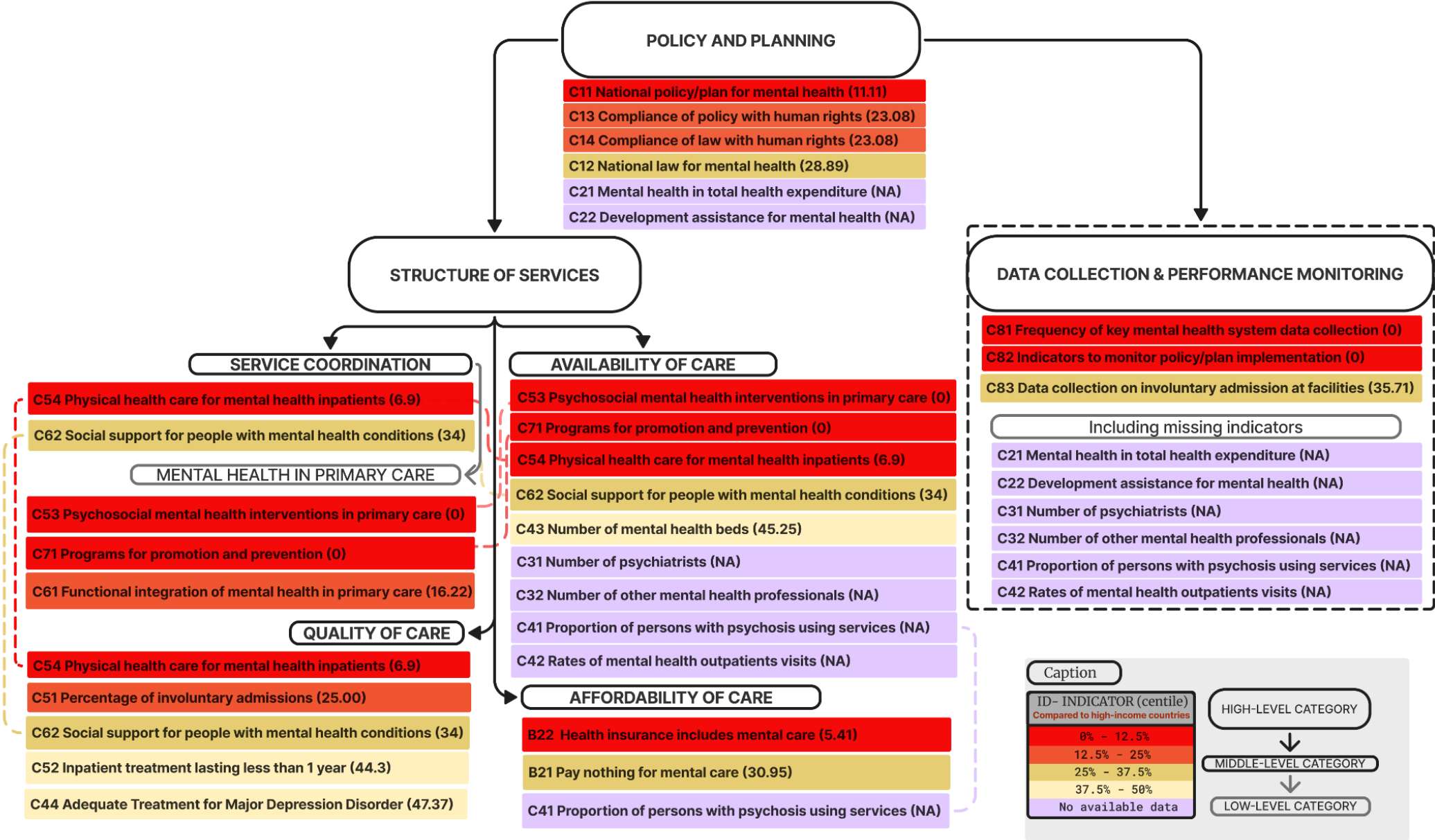


**D- Wellbeing**



**Notes:** \*Centiles were inverted for these indicators, as higher values implied poorer performance. Indicators' names were shortened to display in the figure and can be consulted by reference code in **Table 1** and **Supplementary Table 2**. The countries composing each group can be consulted in **Supplementary Table 2**.

**Figure 2 - Framework for mental health system indicators**



**Table 1 - Greece's and high-income countries' indicators from the Global Mental Health Countdown 2030**

Subdomain	Code	Indicator description	Greece's score	High-income countries: <sup>1</sup> median	Greece centile	Data source
<b>A - Determinants of mental health</b>						
Society/Family	A.1.1	Inclusiveness index	61.90	73.74	12.20	University of California, Berkeley
Society/Family	A.1.3	Proportion of women subjected to physical and/or sexual violence in the last 12 months (% of women age 15-49)*	8.00	6.00	3.45	United Nations Statistics Division (UNSD)
Society/Family	A.1.4	Women, Business, and the Law Index	100.00	93.75	79.63	World Bank
Economy	A.2.1	Unemployment, total (% of total labor force)*	14.80	5.36	0.00	International Labour Organization (ILO)
Economy	A.2.2	Gini index*	33.10	30.20	28.57	World Bank
Economy	A.2.3	Poverty headcount ratio at \$2.15 a day (2017 PPP) (% of population)*	0.70	0.25	14.63	World Bank
Education	A.3.1	Proportion of children and adolescents attending school who are exposed to bullying*	0.06	0.06	46.55	Institute for Health Metrics and Evaluation (IHME)
Education	A.3.3	Mean years of schooling	11.41	12.38	32.14	United Nations Development Programme (UNDP)
Education	A.3.4	Children out of school (% of primary school age)*	0.89	0.99	53.57	United Nations Educational, Scientific and Cultural Organization (UNESCO)
Conflict	A.4.1	Number of Internally Displaced People by country (conflict, violence, and disaster) per 100,000 population*	15.27	5.00	33.33	Internal Displacement Monitoring Center (IDMC)
Conflict	A.4.2	Percentage of population that is made up of refugees in each country or territory of asylum*	0.01	0.00	14.29	UN Refugee Agency (United Nations High Commissioner for Refugees - UNHCR)
Environment	A.5.1	Average share of urban population within 400m walking distance to an open public space (%)	65.70	61.58	62.07	United Nations Human Settlements Programme (UN Habitat)



Environment	A.5.2	Mortality rate attributed to household and ambient air pollution, age-standardized (per 100,000 population)*	75.15	32.30	15.09	World Health Organization (WHO)
Mental Health and the COVID-19 Pandemic	A.6.1	Average COVID-19 Stringency Index	67.65	60.11	78.18	Oxford Covid-19 Government Response Tracker
Mental Health and the COVID-19 Pandemic	A.6.2	COVID-19 pandemic-related excess anxiety and depression burden*	2030.60	1683.40	36.21	Institute for Health Metrics and Evaluation (IHME)
<b>B - Factors shaping the demand and need for mental health care</b>						
Burden	B.1.1	Age-standardized suicide rates (per 100 000 population)*	3.62	8.76	86.79	World Health Organization (WHO)
Burden	B.1.2	Total alcohol consumption per capita (liters of pure alcohol, projected estimates, 15+ years of age)*	10.50	9.97	41.07	World Health Organization (WHO)
Burden	B.1.3	Age-standardized prevalence of mental disorders (% of population, 95% uncertainty interval)*	0.16	0.14	10.34	Institute for Health Metrics and Evaluation (IHME)
Burden	B.1.4	Age-standardized prevalence of substance use conditions (% of population, 95% uncertainty interval)*	0.02	0.03	74.14	Institute for Health Metrics and Evaluation (IHME)
Burden	B.1.5	Percentage of total DALYs due to mental, neurological, and substance use conditions*	0.15	0.16	56.90	Institute for Health Metrics and Evaluation (IHME)
Financial accessibility of care	B.2.1	Whether most people pay nothing (fully insured) or at most 20% towards the cost of their mental health services	1.00	1.00	30.95	WHO Mental Health Atlas 2020
Financial accessibility of care	B.2.2	Whether the care and treatment of persons with major mental disorders is included in the national health insurance or reimbursement scheme	1.00	1.00	5.41	WHO Mental Health Atlas 2020
<b>C - Factors shaping the strength of the mental health system</b>						
Laws, policies and leadership	C.1.1	Presence of a national stand-alone policy or plan for mental health	1.00	1.00	11.11	WHO Mental Health Atlas 2020
Laws, policies and leadership	C.1.2	Presence of national stand-alone law for mental health	1.00	1.00	28.89	WHO Mental Health Atlas 2020

Laws, policies and leadership	C.1.3	Extent to which the policy/plan complies with international human rights instruments	5.00	5.00	23.08	WHO Mental Health Atlas 2020
Laws, policies and leadership	C.1.4	Extent to which the law complies with international human rights instruments	5.00	5.00	41.67	WHO Mental Health Atlas 2020
Service levels	C.4.3	Total mental health beds (number per 100,000 population)	45.10	50.92	45.24	WHO Mental Health Atlas 2020
Service levels	C.4.4	Rates of Minimally Adequate Treatment for Major Depressive Disorder	3.00	3.00	47.37	Institute for Health Metrics and Evaluation (IHME)
Service quality	C.5.1	Percentage of mental hospital admissions that are involuntary*	43.49	17.33	25.00	WHO Mental Health Atlas 2020
Service quality	C.5.2	Percentage of inpatients staying less than 1 year in mental hospitals	83.58	85.62	44.00	WHO Mental Health Atlas 2020
Service quality	C.5.3	Psychosocial interventions for mental health conditions are available and provided at primary care level	0.00	0.00	0.00	WHO Mental Health Atlas 2020
Service quality	C.5.4	Percentage of mental health inpatients who receive timely diagnosis, treatment and follow-up for physical health conditions	1.00	3.00	6.90	WHO Mental Health Atlas 2020
Integration of mental health into other services	C.6.1	Functional integration of mental health into primary care	3.00	4.00	16.22	WHO Mental Health Atlas 2020
Integration of mental health into other services	C.6.2	Proportion of people with mental health conditions who receive social support	3.00	3.00	34.09	WHO Mental Health Atlas 2020
Promotion and Prevention	C.7.1	Extent to which countries offer programs for promotion and prevention	0.00	4.00	0.00	WHO Mental Health Atlas 2020
Monitoring and evaluation	C.8.1	Frequency of key mental health system data collection	0.00	1.00	0.00	WHO Mental Health Atlas 2020
Monitoring and evaluation	C.8.2	Existence of indicators/targets to monitor implementation of policies/plans	0.00	2.00	0.00	WHO Mental Health Atlas 2020
Monitoring and evaluation	C.8.3	Collection of data at facility level on number of involuntary admissions	1.00	1.00	35.71	WHO Mental Health Atlas 2020

## D - Wellbeing

Wellbeing	D.1.1	Happiness Ladder Score (0-10)	5.95	6.58	2.27	Data Gallup
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**Notes:** \* Centiles were inverted (higher values indicated poorer performance). Supplementary Table 1 describes the methodology behind each indicator. <sup>1</sup>**High-income countries:** Andorra, Antigua and Barbuda, Australia, Austria, the Bahamas, Bahrain, Barbados, Belgium, Brunei Darussalam, Canada, Chile, Croatia, Cyprus, Czechia, the Democratic People's Republic of Korea, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Kuwait, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, the Netherlands, New Zealand, Norway, Nauru, Panama, Poland, Portugal, Qatar, the Republic of Korea, Romania, Saint Kitts and Nevis, San Marino, Saudi Arabia, Seychelles, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, the United Arab Emirates, the United Kingdom of Great Britain and Northern Ireland, the United States of America, Uruguay.

**Table 2 - Missing indicators**

Domain	Subdomain	Code	Description	Data source
Determinants of mental health	Society/Family	A.1.2	Percentage of children aged 1 to 14 years who have experienced any violent discipline (psychological aggression and/or physical punishment) in the past month	UNICEF
	Education	A.3.2	Percentage of children (aged 36-59 months) developmentally on track	UNICEF
	Environment	A.5.3	Percentage of population that feel safe walking alone around the area they live	UNODC
Factors shaping the strength of the mental health system	Sustainable financing	C.2.1.	Total mental health expenditure as a percentage of total health expenditure	WHO Mental Health Atlas 2020
	Sustainable financing	C.2.2	Development assistance for mental health	IHME
	Human resource levels	C3.1	Total number of psychiatrists (per 100,000 population)	WHO Mental Health Atlas 2020
	Human resource levels	C3.2	Total number of all other mental health professionals (per 100,000 population)	WHO Mental Health Atlas 2020
	Service Level	C.4.1	Proportion of persons with psychosis using services over the last 12 months (%)	WHO Mental Health Atlas 2020
	Service Level	C4.2	Mental health outpatient visits (rate per 100,000 population)	WHO Mental Health Atlas 2020

**Abbreviations:** IHME (Institute for Health Metrics and Evaluation), UNICEF (United Nations Children's Fund), UNODC (United Nations Office on Drugs and Crime), WHO (World Health Organization)

**Table 3 - Recommendations for improving mental health system with target indicators**

Recommendation	Monitoring indicators (score*)
<p><b>1. Strengthening national mental health law and policy to ensure equitable access to care</b></p> <p>National mental health laws and policies should be strengthened using a rights-based approach aligned with international standards (Patel et al., 2018). This legislative framework establishes the foundation to safeguard the fundamental right to access mental health care, ensuring services are regulated to meet population needs and integrated into the broader healthcare system, and ultimately improving indicators on affordability (Petrea et al., 2020). A human-rights-based approach should also aim to minimize involuntary admissions (Patel et al., 2023).</p>	<p><b>Policy and planning</b>            C1.1 - National policy/plan for mental health (11.11)            C1.2 - National law for mental health (28.89)            C1.3 - Compliance of policy with humans rights (23.08)            C1.4 - Compliance of law with human rights (23.08)</p> <p><b>Affordability of care</b>            B2.1 - Pay nothing for mental care (30.95)            B2.2 - Health insurance includes mental care (5.41)</p> <p><b>Quality of care</b>            C5.1. Percentage of involuntary admissions</p> <p><b>Service coordination / Availability of care / Quality of care</b>            C5.4 - Physical health care for mental health inpatients (6.9)            C6.2 - Social support for people with mental health conditions (34)</p>
<p><b>2. Embrace stepped care approaches to mental health</b></p> <p>Stepped care models are recommended for organizing mental health systems, offering tiered interventions within patient care pathways to optimize resources (Mughal et al., 2023; Patel et al., 2023). This begins with promotion and prevention programs. Primary care plays a key role in identifying issues and streamlining access to specialized facilities. This model enhances access to care at no-cost levels of the system, strengthening a network that supports early management and helps avoid acute and involuntary admissions. Better coordination of services may also improve care for physical health, common comorbidities, and social vulnerabilities, aligning with an integrated care model.</p>	<p><b>Affordability of care</b>            B2.1 - Pay nothing for mental care (30.95)            B2.2 - Health insurance includes mental care (5.41)</p> <p><b>Mental health in primary care</b>            C6.1 - Functional integration of mental health in primary care (16.22)</p> <p><b>Mental health in primary care / Availability of care</b>            C5.3 - Psychosocial mental health interventions in primary care (0)            C7.1 - Programs for promotion and prevention (0)</p> <p><b>Service coordination / Availability of care / Quality of care</b>            C5.4 - Physical health care for mental health inpatients (6.9)            C6.2 - Social support for people with mental health conditions (34)</p> <p><b>Quality of care</b>            C5.1 - Percentage of involuntary admissions (25)</p>
<p><b>3. Support electronic health unified registers</b></p> <p>The absence of an electronic record platform means that assistance records are not organized into a unified dataset, which could otherwise inform mental health indicators (Gianfrancesco &amp; Goldstein, 2021). Additionally, it prevents professionals from accessing patient histories across different services, leading to fragmented care. A unified electronic system could enhance service coordination, streamline referrals across various levels of care, support admission and discharge protocols, and standardize data collection (Hempel et al., 2023; Kruse et al., 2018).</p>	<p><b>Data collection &amp; Performance monitoring</b>            C8.1 - Frequency of key mental health system data collection (0)            C8.2 - Indicators to monitor policy/plan implementation (0)            C8.3 - Data collection on involuntary admission at facilities (35.71)</p> <p><b>Indicators with missing data</b>            C4.1 - Proportion of persons with psychosis using services            C4.2 - Rates of mental health outpatients visits</p> <p><b>Service coordination / Quality of care</b>            C5.4 - Physical health care for mental health inpatients (6.9)</p> <p><b>Mental health in primary care</b>            C6.1 - Functional integration of mental health in primary care (16.22)</p>

**Notes:** \* Centile in the comparison with high-income countries

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**Supplementary Material**

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**Supplementary Table 1 - Detailed description of indicators included in the analysis**

Code	Indicator	Indicator Description	Note
A.1.1	Inclusiveness Index	The index holistically examines the degree of institutional inclusion and protections of groups across a range of social dimensions: gender, race/ethnicity, religion, disability, and sexual orientation.	
A.1.2	Percentage of children aged 1 to 14 years who have experienced any violent discipline (psychological aggression and/or physical punishment) in the past month	Psychological aggression refers to the action of shouting, yelling or screaming at a child, as well as calling a child offensive names, such as dumb or, lazy. Physical (or corporal) punishment is an action intended to cause physical pain or discomfort, but not injuries.	Not available for Greece
A.1.3	Proportion of women subjected to physical and/or sexual violence in the last 12 months (% of women age 15-49)	The percentage of ever partnered women (age 15-49) who have been subjected to physical violence, sexual violence or both by a current or former intimate partner in the last 12 months. Disaggregation available by age and form of violence.	
A.1.4	Women, Business and the Law Index	The index analyzes laws and regulations affecting women’s economic opportunity. Eight indicators—structured around women’s interactions with the law as they begin, progress through, and end their careers—align with the economic decisions women make at various stages of their lives. The indicator categories are Mobility, Workplace, Pay, Marriage, Parenthood, Entrepreneurship, Assets, and Pension. A higher score indicates more gender equal laws (0-100 scale).	
A.2.1	Unemployment, total (% of total labor force)	The modeled ILO estimate of the percentage of the total labor force that is unemployed.	Centiles were inverted for the analysis

A.2.2	GINI Index	The GINI index is a World Bank estimate that measures the extent to which the distribution of income (or, in some cases, consumption expenditure) among individuals or households within an economy deviates from a perfectly equal distribution. A Lorenz curve plots the cumulative percentages of total income received against the cumulative number of recipients, starting with the poorest individual or household. The Gini index measures the area between the Lorenz curve and a hypothetical line of absolute equality, expressed as a percentage of the maximum area under the line. A Gini index of 0 represents perfect equality, while an index of 100 implies perfect inequality.	Centiles were inverted for the analysis
A.2.3	Poverty headcount ratio at \$2.15 a day (2017 PPP) (% of population)	The percentage of the population living on less than \$2.15 a day, at 2017 international prices, adjusted for purchasing power parity (PPP).	Centiles were inverted for the analysis
A.3.1	Proportion of children and adolescents attending school who are exposed to bullying	Estimates for the proportion of children and adolescents (ages 5-19) attending school who were exposed to bullying in the year 2019.	Centiles were inverted for the analysis
A.3.2	Percentage of children (aged 36-59 months) developmentally on track in at least 3 of the 4 following domains: literacy-numeracy, physical, social-emotional and learning	The proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being is currently being measured by the percentage of children aged 36-59 months who are developmentally on-track in at least three of the following four domains: literacy-numeracy, physical, socio-emotional and learning.	Not available for Greece
A.3.3	Mean years of schooling	The average number of years of education received by people ages 25 and older, converted from education attainment levels using official durations of each level.	
A.3.4	Children out of school (% of primary school age)	The percentage of primary-school-age children who are not enrolled in primary or secondary school. Children in the official primary age group that are in pre primary education are considered out of school.	Centiles were inverted for the analysis
A.4.1	Number of Internally Displaced People by country (conflict, violence, and disaster) per 100,000 population	The IDMC's estimates of the total number of internally displaced people (IDP) affected by conflict, violence, and disaster in each country or territory, converted to a proportion of the population.	Centiles were inverted for the analysis



A.4.2	Percentage of population that is made up of refugees in each country or territory of asylum	The number of refugees by country/territory of asylum, converted to a proportion of the population of the country.	Centiles were inverted for the analysis
A.5.1	Average share of urban population within 400m walking distance to an open public space (%)	The percent (on average) of the nation's urban population who live within 400m walking distance of an open public space. Data coverage as of 2017 includes 289 cities across 94 countries; cities are used and averaged (where necessary) to represent their countries.	
A.5.2	Mortality rate attributed to household and ambient air pollution, age-standardized (per 100,000 population)	The number of deaths attributable to the joint effects of household and ambient air pollution in a year per 100,000 population. The rates are age-standardized. The following diseases are taken into account: acute respiratory infections (estimated for all ages); cerebrovascular diseases in adults (estimated above 25 years); ischaemic heart diseases in adults (estimated above 25 years); chronic obstructive pulmonary disease in adults (estimated above 25 years); and lung cancer in adults (estimated above 25 years). .	Centiles were inverted for the analysis
A.5.3	Percentage of population that feel safe walking alone around the area they live, both sexes	This indicator refers to the proportion of the adult population who feel safe walking alone in their neighborhood after dark (%).	Not available for Greece
A.6.1	Average COVID-19 Stringency Index	This is an average of a measure taken over the first 12 months of the COVID-19 pandemic. The underlying composite measure is based on nine response indicators including school closures, workplace closures, and travel bans, rescaled to a value from 0 to 100 (100 = strictest). If policies vary at the subnational level, the index is shown as the response level of the strictest sub-region.	
A.6.2	COVID-19 pandemic-related excess anxiety and depression burden	The additional prevalence rate (per 100,000 population) of MDD and anxiety disorders due to COVID-19 in 2020.	Centiles were inverted for the analysis
B.1.1	Age-standardized suicide rates (per 100 000 population)	The WHO Global Health Estimate of the number of suicides in a country in a year, divided by the WHO standard population and multiplied with 100,000.	Centiles were inverted for the analysis
B.1.2	Total alcohol consumption per capita (liters of pure alcohol, projected estimates, 15+ years of age)	Total APC is defined as the total (sum of three-year average recorded and three-year average unrecorded APC, adjusted for three-year average tourist consumption) amount of alcohol consumed per adult (15+ years) over a calendar year, in litres of pure alcohol.	

B.1.3	Age-standardized prevalence of mental disorders (% of population, 95% uncertainty interval)	The share of the population by age groups suffering from any mental health disorders; this includes depression, anxiety, bipolar, eating disorders, and schizophrenia. Due to the widespread under-diagnosis, these estimates use a combination of sources, including medical and national records, epidemiological data, survey data, and meta-regression models.	
B.1.4	Age-standardized prevalence of substance use conditions (% of population, 95% uncertainty interval)	Share of population by age groups suffering from any substance use disorders; this includes alcohol and drug use disorders. Due to the widespread under-diagnosis, these estimates use a combination of sources, including medical and national records, epidemiological data, survey data, and meta-regression models.	Centiles were inverted for the analysis
B.1.5	Percentage of total DALYs due to mental, neurological, and substance use conditions	The % of total DALYs due to mental, neurological, and substance use conditions combined (95% uncertainty interval).	Centiles were inverted for the analysis
B.2.1	Whether the majority of persons pay nothing (fully insured) or at most 20% towards the cost of their mental health services	"How do the majority of persons with mental disorders pay for care?" survey question; the possible categorical answers are "Persons pay nothing at the point of service use (fully insured)"; "Persons pay at least 20% towards the cost of services and medicines," and "Persons pay mostly or entirely out of pocket for services and medicines." If a country selects the first option, the answer is "yes"; otherwise, it's "no."	
B.2.2	Whether the care and treatment of persons with major mental disorders (psychosis, bipolar disorder, depression) is included in the national health insurance or reimbursement scheme	"Is the care and treatment of persons with major mental disorders (psychosis, bipolar disorder, depression) included in national health insurance or reimbursement schemes in your country?" survey question.	
C.1.1	Presence of a national stand-alone policy or plan for mental health	"Does your country have a stand-alone policy or plan for mental health?" categorical survey question. Categories available: Yes, No.	
C.1.2	Presence of national stand-alone law for mental health	"Does your country have a stand-alone law for mental health?" categorical survey question. Categories available: Yes, No.	

C.1.3	Extent to which the policy/plan complies with international human rights instruments	Illustrates the degree to which a nation's mental health policy/plan is compliant with human rights instruments (5/5 on the checklist: promotes transition towards community-based mental health services, promotes rights of people with mental health conditions to exercise their legal capacity, promotes alternatives to coercive practice, provides for procedures to enable persons with mental health conditions to protect their rights and file complaints to an independent body, and provides for regular inspections of human rights conditions in mental health facilities by an independent body).	
C.1.4	Extent to which the law complies with international human rights instruments	This illustrates the degree to which a nation's mental health law is fully compliant with human rights instruments (X/5 on the checklist: promotes transition towards community-based mental health services, promotes rights of people with mental health conditions to exercise their legal capacity, promotes alternatives to coercive practice, provides for procedures to enable persons with mental health conditions to protect their rights and file complaints to an independent body, and provides for regular inspections of human rights conditions in mental health facilities by an independent body).	
C.2.1	Total Mental Health Expenditure as a percentage of Total Health Expenditure	The government expenditures on mental health as a percentage of total government expenditures on health.	Not available for Greece
C.2.2	Development assistance for mental health	Development assistance for mental health, including both financial and in-kind contributions for mental health disbursed by donors. Donations recorded in thousands and in 2020 U.S. dollars.	Not available for Greece
C.3.1	Total number of psychiatrists (per 100,000 population)	The total number of local and national psychiatrists in the country (across governmental and non-governmental mental health facilities, including private practice). Converted to the WHO standard population and multiplied with 100,000.	Not available for Greece
C.3.2	Total number of all other mental health professionals (per 100,000 population)	The total number of local and national mental health workers in the country (governmental and non-governmental mental health facilities, including private practice; exclude primary / general health care staff): [Total number of professionals]. Subtracting [Psychiatrists]. Converted to the WHO standard population and multiplied with 100,000.	Not available for Greece

C.4.1	Proportion of persons with psychosis using services over the last 12 months (%)	The proportion of persons with psychosis who have received care from inpatient or outpatient mental health facilities out of those estimated to have the condition over a period of 12 months. The service utilization rate for persons with psychosis was calculated based on the total number of persons admitted to inpatient facilities and treated in outpatient mental health centres per 100 000 population.	Not available for Greece
C.4.2	Mental health outpatient visits (rate per 100000 population)	The median rate (per 100,000 population) of mental health visits to outpatient facilities (including hospital-based, community-based, and other outpatient facilities).	Not available for Greece
C.4.3	Total mental health beds (number per 100,000 population)	The median rate (per 100,000 population) of beds at mental health facilities.	
C.4.4	Rates of Minimally Adequate Treatment for MDD	An estimate of minimally adequate treatment for cases of major depressive disorder by country for the year 2019, age-sex-standardised to the estimated global age-sex distribution of major depressive disorder cases. This data is aggregated into 5 groups: <5%, 5-9%, 10-19%, 20-29%, and 30%+.	
C.5.1	Percentage of mental hospital admissions that are involuntary	The proportion of admissions to mental hospitals that are involuntary. Some data variability, given that involuntary admissions may be documented differently in different regions and income groups.	Centiles were inverted for the analysis
C.5.2	Percentage of inpatients staying less than 1 year in mental hospitals	The percentage of patient in mental hospitals staying less than one year.	
C.5.3	Psychosocial interventions for mental health conditions are available and provided at primary care level	A binary indicator to show whether psychosocial interventions are available and provided in more than 75% of primary care centers.	
C.5.4	Percentage of mental health inpatients who receive timely diagnosis, treatment and follow-up for physical health conditions	The percentage of mental health inpatients who receive timely diagnosis, treatment and follow-up for physical health conditions, by WHO region and World Bank income group.	

C.6.1	Functional integration of mental health into primary care	Integration of mental health in primary care on a 5-point, self-rated checklist: 1) guidelines for mental health integration into primary health care are available and adopted at the national level; 2) pharmacological interventions for mental health conditions are available and provided at the primary care level; 3) psychosocial interventions for mental health conditions are available and provided at the primary care level; 4) health workers at primary care level receive training on the management of mental health conditions; 5) mental health specialists are involved in the training and supervision of primary care professionals. ( $\geq 4$ = functional integration) (self-rated 5 points checklist score; $\geq 4$ = functional integration).	
C.6.2	Proportion of people with mental health conditions who receive social support	"What proportion of people with mental health conditions receive social support?" categorical survey question. Categories available: No persons with mental disorders receive social support from government, Few or some persons with severe mental disorders receive social support from government, The majority of persons with severe mental disorders, and also some with non-severe mental disorders, receive social support from government, The majority of persons with severe mental disorders receive social support from government, The majority of patients with severe and non-severe mental disorders receive social support from government.	
C.7.1	Extent to which countries offer programs for promotion and prevention	A composite indicator to show whether countries offer functional national programs in each of the seven promotion and prevention categories (X/7: suicide prevention, mental health awareness/anti-stigma, early childhood development, school-based mental health prevention and promotion, parental/maternal mental health promotion and prevention, work-related mental health prevention and promotion, and mental health and psychosocial support (MHPSS) components of disaster preparedness and/or disaster risk reduction (DRR)). A program is considered to be "functional" only if at least two of the following three characteristics are fulfilled: 1) dedicated financial and human resources; 2) a defined plan of implementation; and 3) evidence of progress and/or impact.	

C.8.1	Frequency of key mental health system data collection	Categories available: No mental health data have been compiled in a report for policy, planning or management purposes in the last two years; Mental health data (either in the public system, private system or both) have been compiled for general health statistics in the last two years, but not in a specific mental health report; A specific report focusing on mental health activities in the public sector only has been published by the Health Department or any other responsible government unit in the last two years; A specific report focusing mental health activities in both the public and private sector has been published by the Health Department or any other responsible government unit in the last two years.	
C.8.2	Existence of indicators/targets to monitor implementation of policies/plans	"Does the national mental health policy/plan contain specified indicators or targets against which its implementation can be monitored?" survey question. Categories available: Indicators not available; Indicators available but not used; available but not used; Indicators available and have been used in the past two years for some/a few components; Indicators available and have been used in the past two years for most or all components.	
C.8.3	Collection of data at facility level on number of involuntary admissions	"Is your country collecting data at facility level on number of involuntary admissions?" survey question. Yes/No response recorded.	
D.1.1	Happiness Ladder Score (0-10)	The Happiness Ladder Score is based on a three-year-average 2019-2021. The respondents' wellbeing is assessed via a single-item Cantril ladder life-evaluation question (worst possible life = 0, best possible life = 10). These responses are population-weighted to understand a nation's subjective well-being.	

**Supplementary Table 2 - List of countries at each comparative group**

High-income countries	Andorra, Antigua and Barbuda, Australia, Austria, the Bahamas, Bahrain, Barbados, Belgium, Brunei Darussalam, Canada, Chile, Croatia, Cyprus, Czechia, the Democratic People's Republic of Korea, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Kuwait, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, the Netherlands, New Zealand, Norway, Nauru, Panama, Poland, Portugal, Qatar, the Republic of Korea, Romania, Saint Kitts and Nevis, San Marino, Saudi Arabia, Seychelles, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, the United Arab Emirates, the United Kingdom of Great Britain and Northern Ireland, the United States of America, Uruguay.
Upper-middle income countries	Albania, Argentina, Armenia, Azerbaijan, Belarus, Belize, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, China, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, Equatorial Guinea, Fiji, Gabon, Georgia, Grenada, Guatemala, Guyana, Iraq, Jamaica, Jordan, Kazakhstan, Libya, Malaysia, Maldives, the Marshall Islands, Mauritius, Mexico, Montenegro, Namibia, North Macedonia, Palau, Paraguay, Peru, the Republic of Moldova, the Russian Federation, Saint Lucia, Saint Vincent and the Grenadines, Serbia, South Africa, Suriname, Thailand, Tonga, Turkey, Turkmenistan, Tuvalu.
European Union countries	Austria, Belgium, Bulgaria, Croatia, Republic of Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden.

## Supplementary Figure 1 - Content analysis: codification

ID - Indicator description (centile)	CODES	
B21 Pay nothing for mental care (30.95)	AFFORDABILITY OF CARE	POLICY AND PLANNING
B22 Health insurance includes mental care (5.41)	AFFORDABILITY OF CARE	POLICY AND PLANNING
C11 National policy/plan for mental health (11.11)	POLICY AND PLANNING	
C12 National law for mental health (28.89)	POLICY AND PLANNING	
C13 Compliance of policy with human rights (23.08)	POLICY AND PLANNING	
C14 Compliance of law with human rights (23.08)	POLICY AND PLANNING	
C43 Number of mental health beds (45.25)	AVAILABILITY OF CARE	POLICY AND PLANNING
C44 Adequate Treatment for MDD (47.37)	QUALITY OF CARE	POLICY AND PLANNING
C51 Percentage of involuntary admissions (25.00)	QUALITY OF CARE	POLICY AND PLANNING
C52 Inpatient treatment lasting less than 1 year (44.3)	QUALITY OF CARE	POLICY AND PLANNING
C53 Psychosocial mental health interventions in primary care (0....)	AVAILABILITY OF CARE	MENTAL HEALTH IN PRIMARY CARE
	INTEGRATION OF SERVICES	POLICY AND PLANNING
C54 Physical health care for mental health inpatients (6.9)	AVAILABILITY OF CARE	QUALITY OF CARE
	INTEGRATION OF SERVICES	POLICY AND PLANNING
C61 Functional integration of mental health in primary care (16.22)	INTEGRATION OF SERVICES	POLICY AND PLANNING
	MENTAL HEALTH IN PRIMARY CARE	
C62 Social support for people with mental health conditions (34.09)	AVAILABILITY OF CARE	QUALITY OF CARE
	INTEGRATION OF SERVICES	POLICY AND PLANNING
C71 Programs for promotion and prevention (0.00)	INTEGRATION OF SERVICES	MENTAL HEALTH IN PRIMARY CARE
	AVAILABILITY OF CARE	POLICY AND PLANNING
C81 Frequency of key mental health system data collection (0.00)	DATA COLLECTION & PERFORMANCE	POLICY AND PLANNING
C82 Indicators to monitor policy/plan implementation (0.00)	DATA COLLECTION & PERFORMANCE	POLICY AND PLANNING
C83 Data collection on involuntary admission at facility level (35....)	DATA COLLECTION & PERFORMANCE	POLICY AND PLANNING
C21 Mental health in total health expenditure (NA)	DATA COLLECTION & PERFORMANCE	POLICY AND PLANNING
C22 Development assistance for mental health (NA)	DATA COLLECTION & PERFORMANCE	POLICY AND PLANNING
C31 Number of psychiatrists (NA)	DATA COLLECTION & PERFORMANCE	AVAILABILITY OF CARE
	POLICY AND PLANNING	
C32 Number of other mental health professionals (NA)	DATA COLLECTION & PERFORMANCE	AVAILABILITY OF CARE
	POLICY AND PLANNING	
C41 Proportion of persons with psychosis using services (NA)	DATA COLLECTION & PERFORMANCE	POLICY AND PLANNING
	AVAILABILITY OF CARE	AFFORDABILITY OF CARE
C42 Rates of mental health outpatients visits (NA)	DATA COLLECTION & PERFORMANCE	AVAILABILITY OF CARE
	POLICY AND PLANNING	



Supplementary Figure 2 - Content analysis: conceptual map of codes

