

The loss of happy life years associated with mental disorders in the Netherlands

Abstract

How detrimental are mental disorders? One way to answer that question is to consider the effects on happiness. We analyzed a representative sample ($N = 7076$) of the Dutch population, who were asked how often they had felt happy during the past four weeks. Mental disorders were assessed using the Composite International Diagnostic Interview. It turns out that the lowest levels of happiness are almost the exclusive domain of people with (a history of) mental disorders. The total loss of happy life years due to mental disorders is 36,6 million for the Netherlands.

Where: Netherlands Journal of Psychology, no. 66, xx-xx.

Keywords: Anxiety disorders; Happiness; Happy life years; Mental disorders; Mood disorders, Substance abuse disorder

Writers: Ad Bergsma*, Ruut Veenhoven*, Margreet. ten Have** and Ron de Graaf**

* Faculty of Social Sciences, Erasmus University, Rotterdam

** Netherlands Institute of Mental Health and Addiction, Utrecht

Correspondence to: A. Bergsma, Faculty of Social Sciences, Erasmus University Rotterdam, PO Box 1738, 3000 DR Rotterdam, the Netherlands

E-mail: [HYPERLINK "mailto:bergmsma@fsw.eur.nl"bergmsma@fsw.eur.nl](mailto:bergmsma@fsw.eur.nl)

There are many social problems and the means to meet these are scarce. This calls for priority setting, which requires urgency criteria. In the perspective of utilitarian moral philosophy (Bentham, 1907) priority should be given to the solution of problems that depress happiness most. In that context we explored how much happiness is lost in association with mental disorders in The Netherlands.

Method

We studied who is unhappy in a representative sample ($N = 7076$) of the Dutch population, in the NEMESIS study (Bijl, Van Zessen, Ravelli, De Rijk C, & Langendoen, 1998). The respondents were interviewed using the Composite International Diagnostic Interview (Wittchen et al., 1991) to assess mental disorders. Happiness was measured using a single question on how often respondents had felt happy during the past four weeks. Response options were: never felt happy (1), rarely felt happy (2), sometimes felt happy (3) often felt happy (4) usually felt happy (5), and always felt happy (6). This measure has been shown to be valid for people with mental disorders (Bergsma et al., 2010).

Results

It turned out that 57.7 % of the people who never or rarely felt happy during the past four weeks suffered from a mental disorder and an additional 26.9 % had a history of a mental disorder. We mention lifetime prevalence because psychopathology is associated with the residual functional disability when a disorder is cured or in remission (Bijl & Ravelli, 2000).

We have calculated for the first time the loss of ‘happy life years’ that is caused by different mental disorders. In this measure life expectancy in years is multiplied by average happiness on a scale of 0 – 1 (Veenhoven, 1996). The average happy life expectancy for people who do not have a history of mental disorder is 63.2 years in the Netherlands.

The one-month prevalence of different mental disorders and the associated levels of happiness was used in the calculations of the loss of happy life years for different mental disorders. It was taken into account that unhappiness is associated with a loss of longevity (Lyubomirsky, King, & Diener, 2005, Veenhoven, 2008). The median group that had felt happy sometimes or often was given an average life expectancy. The most happy group (usually or always happy) got an additional 2.5 months of life and the most unhappy group (never or rarely happy) lost five life years. This is roughly what the available research tells us. We did not add an extra loss of life years for the people with addictions, although unhealthy drinking and drugs use can compromise life expectancy.

Table 1 The burden of mental disorders in loss of happy life years for the population of the Netherlands

Diagnosis	Loss in happy life years for one person ¹	% of the population affected	Total loss of happy life years for the Netherlands
Any mental disorder during the past month	14.2	15.7	36.6 10 ⁶
Any mood disorder during the past month	31.8	4.0	21.1 10 ⁶
Any anxiety disorder during the past month	14.6	9.8	23.6 10 ⁶
Any substance abuse disorder during the past month	10.1	4.8	7.9 10 ⁶

It is not possible to add up the total loss of happy life years for the different disorders, to get the total sum, because 4.6 % of our respondents had more than one mental disorder. It is especially the existence a co-morbid mood disorder that enhances the loss of happy life years of the anxiety and substance abuse disorders.

Conclusion

Not everybody with a mental disorder is unhappy (Bergsma et al., in press), but is apparent that the loss of happiness associated with mental disorders is enormous. The 36,6 million loss of happy life years is a conservative estimate, because we did not take the residual functional disability into account that is characteristic for people who have a history of mental disorder, but do not meet the criteria for a disorder at the time of measurement. Mental disorders should therefore be regarded as a social problem that deserves priority in public policy. Investment in mental health care is likely to add substantially to greater happiness of a greater number.

@@Footnote text [in table 1]@@

This is a fictive person who will suffer from a mental disorder during his or her whole life. In reality the disorders come and go and the burden is spread among more people.

References

Bentham, J. (1907–1789). *Introduction to the Principles of Morals and Legislation*. Oxford: Clarendon Press.

Bergsma, A., Ten Have, M., Veenhoven, R., & De Graaf, R. Most people with mental disorders are happy; A 3-year follow-up in the Dutch general population. *The Journal of Positive Psychology* (in press).

Bergsma, A., Veenhoven, R., Ten Have, M. & De Graaf, R. (2010) Do They Know How Happy They Are? On the Value of Self-Rated Happiness. *Journal of Happiness Studies*, online first 31 October 2010.

Bijl, R. V., Van Zessen G., Ravelli A., De Rijk C., & Langendoen Y. (1998). The Netherlands Mental Health Survey and Incidence Study (NEMESIS): objectives and design. *Social Psychiatry Psychiatric Epidemiology*, 33, 581-586.

Bijl, R. V., & Ravelli A. (2000). Current and Residual functional disability associated with psychopathology: findings from the Netherlands Mental Health Survey and Incidence Study (NEMESIS). *Psychological Medicine*, 30, 657-668.

Lyubomirsky, S., King, L., & Diener, E. (2005). The Benefits of Frequent Positive Affect: Does Happiness Lead to Success? *Psychological Bulletin*, [HYPERLINK "http://web5.silverplatter.com/webspirs/doLS.ws?ss=Psychological-Bulletin+in+SO" \t "wsr"](http://web5.silverplatter.com/webspirs/doLS.ws?ss=Psychological-Bulletin+in+SO) 131(6), 803-855.

Veenhoven, R. (1996). Happy life-expectancy. *Social Indicators Research*, 39, 1-58.

Veenhoven, R. (2008). Healthy happiness: Effects of happiness on physical health and the consequences for preventive health care. *Journal of Happiness Studies*, 9, 449-464.

Wittchen H-U., Robins L. N., Cottler L. B., Sartorius N., et al. (1991). Cross-cultural feasibility, reliability and sources of variance in the Composite International Diagnostic Interview (CIDI). *British Journal of Psychiatry*, 159, 645-653.

