Why focus on mental health and wellbeing? (Kristian Holm Carlsen 2022)

"If you stay mentally well your entire life, you're not normal."

"15 years ago we said that the development in mental health among kids and youths in Norway is not sustainable"

"Locking kids and youths down for two years, accounting for 10-100 % of their entire life, may result in irreparable damage."

The answer to this question is twofold: **1)** The burden of bad mental health/illbeing, and **2)** the benefits from better mental health/wellbeing. My perspective is based on a two dimensional understanding of wellbeing and illbeing. Today the direct and indirect cost of mental illbeing and mental disorders account for almost 14 % of the global disease burden (Arango et al. 2018). In 2013, mental disorders were the leading element in health care spending in the United States, with a total cost of $201 billion (McDaid et al. 2019). It is estimated that by 2030 mental illbeing will account for more than half of the economic burden in health care spending worldwide, bringing the total cost to US$6 trillion (Nes 2022). Bad mental health may also give external problems, and the estimated net cost of crime in American society in the late 90s was $1.3 trillion per year, with a per capita cost of $4818 per year (Heckman 2006).

"The Global burden of the Disease 2010 study estimated that 400 million people worldwide suffered from depression, 272 million from anxiety and 24 million from schizophrenia" (Ferrari et al. 2013, from Carod-Artal F.J. 2017, p. 33). Life-time prevalence for at least one episode of major depression is 16 % in USA, 9 % in Norway and 3 % in Japan (Bridley & Daffin 2018; Haghish 2022). Depression is more prevalent in more industrialized countries and for women, and in USA the estimated lifetime prevalence for major depressive disorder in women is 21.3 % compared to 12.7 % in men (Bridley & Daffin 2018). One-year prevalence for anxiety disorder is around 11 % versus 17 % for lifetime prevalence, and higher prevalence for people under age 35 (Haghish 2022). More than 80 million children have behavioural disorders, and 140 million people suffer from alcohol and drug abuse disorder. Suicide is the second most common cause of death among young people worldwide (ibid). By age 45, 86 % of the Dunedin cohort met criteria for at least one mental disorder (Nes 2022).

If we use new estimates for DALY (Disability-Adjusted Life Year), which is a combination of YLL (Years of Life Lost due to premature mortality) and YLD (Years Lived with Disability), mental illness account for 13-16 % of DALY (Patel et al. 2018; Vigo et al. 2016). In that case,

mental illness almost has the same burden as cardiovascular diseases (Haghish 2022). Even with a more conservative approach mental illness will be number 3-5 cause for DALY (ibid).

Measures to promote mental wellbeing, and to prevent mental illbeing and mental disorders, seem to be highly profitable. The long-term returns of investment in different interventions for better mental health have been estimated to generate from $1.80 to $66.172 per $1 spent (McDaid et al. 2019). However and according to Arango et al (2018), only 5 % of the founding is spent on preventive research. This politics also seems to be reflected at a practical level. For instance, the city council of Oslo was not interested in a practical strategy that a medical doctor and I presented for them some years ago. More, improvement in mental wellbeing over a 10-year period for people without mental illness is associated with reducing the risk of developing mental illness up to 8.2 times (van Agteren et al. 2021). In this case it is a little bit worrying that a study of wellbeing in 22 European nations found that rates of high wellbeing were as low as 9.3 % (Portugal) and up to 40.6 % (Denmark) (MacKay 2019). A similar study in the USA found that only 20 % of the population reported high levels of wellbeing (ibid).

When it comes to measures/interventions, Diener et al. (2018), Arango et al (2018), Stockings et al. (2016) and Nes (2022) recommend the use of universal primary preventive interventions. However, the effect of the interventions deteriorates over time, so follow-up interventions are needed (Stockings et al. 2016). Universal interventions are related to Rose's famous theory of the "population approach" to prevention (Mackenbach et al. 2012; Rose 1993). Universal measures for people's general health account for ¾ of the effect of preventive measures, while high-risk, selective, indicated, and secondary and tertiary preventions only contribute to ¼ of the effect (Nes 2022). Universal primary preventive interventions should be implemented at an early age (Arango et al. 2018; Heckman 2006; Nes 2022). More, Nes (2022) argues that governments should prioritize; 1) quality of life, 2) arenas outside the health services, 3) interplay of solutions, 4) co-creation, user input and user participation, and 5) knowledge. Finally, mindfulness and the Five Ways to Wellbeing appear to be useful tool in promoting wellbeing and better mental health (Mackay et al. 2019; van Agteren et al. 2021). Beyond this, I recommend building better self esteem, especial among kids and youths, flow experiences, and "qualia" (how it feels to have an experience). In regard, my experience is that participation in sport is one of the best measures.

In conclusion it appears that too many people suffer from bad mental health/illbeing, too few people report high levels of wellbeing, the development seems to go in the wrong directions, the cost of illbeing for individuals and societies are enormous, and the personal and collective benefits from focusing on prevention and promotion is most likely huge.

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