



European Parliament Interest Group on Mental Health, Well-being and Brain Disorders

Meeting report:

Nessa Childers MEP welcomed participants and reminded the audience of the aims of the Interest Group, i.e. **to advocate the development of sound EU policies which contribute to prevention of mental health problems and ensure good services, care and empowerment for those affected by mental health problems.**

She underlined that this meeting was organised by GAMIAN-Europe in cooperation with the **Expert Platform on Mental health – Focus on Depression** and welcomed this cooperation as it reflects the open nature of the Interest Group. By means of this type cooperation, the Interest Groups stimulates partnerships between leading mental health organisations and this in turn leads to a stronger voice in advocating mental health issues. The objectives of the meeting were to raise awareness of the need to put in place actions to prevent suicide and to be informed and discuss the latest thinking in relation to evidence based suicide prevention plans.

According to the WHO, every year more than 800 000 people take their own life and there are many more people who attempt suicide. Every suicide is a tragedy that affects families, communities and entire countries and has long-lasting effects on the people left behind. Suicide occurs throughout the lifespan and was the second leading cause of death among 15–29-year-olds globally in 2012. However, suicide can be prevented and there are evidence-based prevention strategies in place. The Interest Group on Mental Health sees it as its role to flag this important issue and make sure that the EU does what it can do to raise awareness of this issue.

Nessa Childers MEP then announced **Hilkka Kärkkäinen**, newly elected President of GAMIAN-Europe. After briefly introducing the work of her organisation, Mrs. Kärkkäinen underlined that suicide prevention is important to GAMIAN-Europe because suicide is a consequence of mental disorders; the organisation works to improve the availability, accessibility and quality of treatment for all mental health problems, to reduce stigma and improve services.

She underlined that several countries have already put in place national suicide prevention strategies. These have similar elements (e.g. early intervention, substance abuse, follow-up treatment) but the 'weight' attached to these elements differs.

Being Finnish, Mrs. Kärkkäinen focused on Finland which was the first country to build a national suicide prevention programme as early as the 1980's.

The number of suicides was at its highest in 1990, when there were over 1500 suicides in Finland. Since then, suicide mortality has decreased by nearly 30 % in ten years.

Several factors contribute towards the success of the Finnish suicide prevention efforts, such as active mental health care and social security systems, efforts to promote mental health, cooperation between NGOs and professional official health care workers, mental health education in schools, mental health screening and mental health programmes in the army, e-Health services and a nationwide Mental Health Advisory Board.

Mrs. Kärkkäinen concluded by underlining that GAMIAN-Europe will look for possibilities to address this topic, also in cooperation with other organisations such as the Expert Platform on Mental Health, EBC, EPA and EUFAMI).

The next speaker was **Professor Joseph Zohar (Chair of the Expert Platform on Mental Health – Focus on Depression)** who first presented the work done by his organisation in relation to the European Evidence- based Suicide Prevention Programme (EESPP).

The work comprises various strands:

- Policy-makers: evidence-based information for (cost-)effective priority-setting and programming, European Unified Suicide Prevention Plan (EUSPP), National Suicide Councils, Cost of depression in the workplace study and today's meeting);
- Patients: high-quality tools and information for self-management and empowerment: DepNet, iFeel app
- The general public: Information, examples and role models for better awareness and understanding such as DepNet, the Media Award and the ECNBP Brain Day

In 2005 ministers of health from the WHO European region signed an agreement stating that suicide prevention programmes should be implemented in all European countries. A taskforce of leading European suicidologists was charged with developing an integrated programme of suicide prevention. This was published in June 2016 and its dissemination will take place through national suicide taskforces. It is hoped that many countries will follow suit.

While many countries are developing national suicide prevention programmes, an evidence-based minimal requirement standard for effective programme is lacking. Some of the recommended strategies relate to restriction of access to lethal means, treatment of depression, improving the chain of care and school-based universal prevention. This is why a set of guiding principles for National Suicide Prevention Taskforces (NSPT) was developed; every European country should have such as Taskforce in order to effectively implement the prevention programme and these include a mental health expert in suicidology, a public health expert in suicidology and a government representative. Relevant NGO's should be involved as advisors.

National Suicide Councils should be set up to promote best practices at national level.

The second part of Prof Zohar's presentation focused on mobile health, social media and suicide prevention, more specifically the iFeel app. This is currently being developed by the Expert Platform on Mental Health in cooperation with other stakeholders. The app ensures that data related to 11 parameters is logged every 3 hours (e.g. number of calls, call duration, circle of friends...). Any deviation from 'normal' patterns can be spotted and this way, potential mood swings can be spotted. The iFeel app proposes the concept of the Trust Buddy, a family member or a friend, chosen by the patient; The Trust Buddy will receive a signal if a significant change from the normal patterns occurs. The app guarantees complete anonymity - the only connection with others is via the email of the Trust Buddy. Data gathered relate to quantity rather than quality. It is unique in the sense that there are no language or cultural barriers (the individual behavioural pattern is the baseline) and no compliance issues. It empowers patients and families, offers the potential of secondary prevention via early detection, has no hidden commercial agenda and will contribute to clinical research. The app also entails a 'communicative layer' for carers. In case that the patient feels suicidal the app has the potential, with further development, to recruit social media element and have relevant friends and family members call in the patient and help him to feel welcome, not alone and understood.

The final speaker was **Herta Adam (European Commission, DG Santé)** who underlined that the Commission can only support Member States' efforts in relation to mental health; Member States remain in charge of their health systems and health care.

One of the priorities of the current Juncker Commission is the create jobs and boost the economy. As actions that can contribute to decreasing costs and help economic sustainability are in line with this

view, advocacy efforts should focus on the high socio-economic impact as well as the cost of suicide (in terms of its impact on productivity).

The Commission is active in the area of mental health. For instance, under the previous EU R&D programme, some 480 million was spent on mental health research – including on depression and suicide. In addition, Horizon 2020 has spent 51 million euros so far and a recent call on promoting health and mental health and well-being in young people is being processed.

Another Commission action, the public health programme has funded the Joint Action on Mental Health and Well-being. Work included a specific Work Package on depression, suicide prevention and e health, which resulted in specific recommendations in the Joint Action's Framework for Action, e.g. efforts to decrease social exclusion, bullying and substances use.

Herta Adam also provided information on the Compass on mental health, which will publish annual activity reports on specific topics, will organise an annual conference and will publish scientific papers summarising the Compass' findings and knowledge. It will collect knowledge on progress within the Member States and disseminate this information to the relevant players. The first annual conference, addressing prevention of depression and access to mental health care, was held in October; next year's event should address mental health at work and in schools. Suicide is also covered by the Compass tasks, but it is not yet clear how this topic will be addressed. Mrs Adam expressed her views that suicide should not be dealt with in isolation but as related to other issues, such as mental health at work or in schools. Mrs. Adam further underlined that the work of the OECD should be taken into account in advocacy efforts, as the OECD could be a useful ally in finding data and making the case for action.

Mental health in the EU is also discussed in the Group of Governmental Experts on mental health; the topic suicide was addressed in the past.

Other parts of the Commission are also involved, such as DG Connect (digitalization, threats of the web and cyberbullying), DG Santé's work in the field of alcohol, and DG Education's work in relation to education and schools. Obviously, the topic will continued to be addressed in the Commission's chronic disease approach. It will be key in the future to implement the numerous recommendations and examples of best practice.

Mrs. Adam invited participants to come forward with their ideas in order for her to take them forward to the Group of Governmental Experts on mental health.

The final speaker, **Jonny Benjamin (a British patient, mental health campaigner author and vlogger)** addressed the audience by video. In January 2014 he launched a social media campaign called Find 'Mike' to search for the stranger who talked him out of taking his own life in 2008.

At the age of 20 he was diagnosed with schizoaffective disorder, a combination of schizophrenia and bipolar, and later began making films on YouTube about the condition that have since been watched by hundreds of thousands of people.

The purpose of the campaign was to raise awareness of suicide and mental illness. It went viral and received global media attention. Within just two weeks Jonny found the stranger he was looking for. The story of the campaign was made into a documentary film that was released two years ago. Jonny underlined the importance of more awareness of suicide and the need to address stigma. 'Hope' seems to be the key word.

Audience debate

Before opening the floor the debate, Nessa Childers invited participants to sign a Declaration (see appendix) calling on the Commission to recognise the potential of European Evidence-based Suicide Prevention Plans (EESPP) to help in preventing suicide and national governments to put in place national suicide prevention plans – this can be used for advocacy purposes at EU and national levels.

In the discussion the following issues were raised:

- More account needs to be taken of the issues related to ADHD. Representatives of ADHD-Europe introduced the work of their organisation, underlining the importance of suicide for people affected by ADHD and their families. One of the main issues relates to the difficulties with the transition from child to adult care services. Very often, patients fall between the cracks, as adult ADHD is often not recognised - with all the negative consequences for patients and their families. ADHD-Europe is currently promoting a Declaration to raise awareness of this issue and invited participants to sign this.
- Apart from ADHD, other conditions can precipitate suicide (autism was specifically mentioned) and we have to be more aware of this. Suicide should be regarded as a dimension as we know that suicide is related to other conditions.
- In the case of autism and intellectual disabilities, information on prevention and guidance needs to be made accessible to those groups as well.
- Access to medication (also tricyclic anti-depressants) can be harmful to people with suicidal tendencies. The question is whether or not it is wrong to prescribe these type medications.
- Questions were raised in relation to effectively intervening and engaging with a suicidal person. How can we appeal to the force to keep people alive, which is embedded in every person? This is hugely powerful. We can try to remove the means to suicide to the best of our ability. However, if a person really wants to commit suicide, he/she will find the means to do so.
- The impulsive component is important in committing suicide, so some small barriers may be helpful (i.e. putting higher fences on bridges which are noted for suicide attempts).
- There are measures that one can take, for instance limit access to guns by soldiers. Ease of access should be taken into consideration. Another example is decreasing the number of paracetamol pills in regular packages. This has had a big impact in the UK.
- If a person really wants to commit suicide, they will succeed; therefore, we need to identify the underlying causes of the reasons for wanting to commit suicide.
- Schools should teach children to be more resilient.
- Being more open about suicide and raising awareness of the signs of suicidal tendencies are important. The social media could actually be put to use to support individuals.
- There is a lot of stigma related to suicide, which will have an impact on access to mental health services. In some cases, there is a lack of services altogether.
- Suicide can be subject to copying in families; this is an important area and efforts to prevent suicide should be focusing on families as well. There could even be a genetic factor in suicide.
- Doctors should not shy away from asking patients about suicide and their family history in this respect. That would also help in removing some of the stigma.

Appendix: DECLARATION

The undersigned, attending a meeting of the European Parliament Interest Group on Mental Health, Well-being and Brain Disorders in the European Parliament on 9 November 2016,

Call on the European Commission to:

- Take account of hidden rates of suicide and their impact of suicide on families and society;
- Recognise the potential of European Evidence-based Suicide Prevention Plan (EESPP) to help in preventing suicide;
- Ensure attention for suicide and the EESPP in relevant initiatives such as the Mental Health Compass and Framework for Action on Mental Health, Health and Safety in the Workplace and European Innovation Partnership on Active and Healthy Ageing;
- Encourage and support developing digital tools for suicide prevention and examining how social media and e-health could be used in innovative ways in this regard;
- Facilitate exchange of information between member states and mutual learning in relation to National European Suicide Prevention Taskforces (NESPTs).

Call on the EU member states to:

- Recognise that suicide is a major cause of death, taking more lives than car accidents, and take account of its impact on families and society;
- Put in place national evidence-based suicide prevention taskforces, such as are already in place in some member states;
- Support the building of a network of NESPTs and share information and learnings in this field.