



European Parliament Interest Group on Mental Health

Date: Tuesday 26 October 13.00 – 15.00
Topic: health inequalities and mental health

Report

Antonyia Parvanova MEP (Chair) welcomed participants and informed those present of the meeting of the Co-Chairs, which took place in July and where the following was decided:

- ✓ The 4 Co-Chairs, i.e. Marian Harkin, Jean Lambert, Nessa Childers and Antonyia Parvanova will take responsibility for the meetings of the Interest Group in turn.
- ✓ The formal name of the Group has been agreed as **'Interest Group on Mental Health, Well being and Brain Disorders'**
- ✓ The aim of the Group has been agreed as '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'.
- ✓ Meetings of the Group are open to outside stakeholders
- ✓ Potential topics for meetings:
 - Europe 2020 and mental health
 - Open Method of Coordination (health and long term care)
 - The PROGRESS programme
 - Disability initiatives
 - Future Communication on long term care
 - the link between physical and mental health
 - stigma
 - depression
 - brain disorders
 - mental health systems and services
 - carers and mental health
- ✓ Health Commissioner Dalli will be invited to one of the meetings next year so that the Interest Group could have a clear role in providing input into the development of the follow-up initiative to the Mental Health Pact.

- ✓ There will be a maximum of three policy-related meetings a year, to be complemented by specific events and seminars if Co-Chairs so desire.
- ✓ GAMIAN-Europe will provide the secretariat for the Interest Group

After having informed participants of these practical issues **Antonyia Parvanova MEP** highlighted some points of interest in relation to the discussion on health inequalities. A Parliament report is on the agenda for early next year and it is vital to ensure that this will call on the Commission to ensure that EU action in this area reflects the right priorities and involves stakeholders.

Antonyia specifically mentioned the importance of health inequalities and EU level activities to people affected by mental problems, and the huge differences in access to appropriate treatment and care across the EU. She pointed out the link between health and inequalities and stigma and social inclusion and the important role the Interest Group can play in ensuring a special emphasis on mental health inequalities.

The other Co-Chairs present were invited to provide a short introduction. **Jean Lambert MEP** stressed the importance of the issue, especially in relation to active inclusion, discrimination and well-being at work. The emphasis should be on prevention of mental ill health rather than on waiting for a crisis to happen. Access to care and treatment should incorporate information, availability, reliability and quality. These should all link together if a positive outcome is to be achieved. **Nessa Childers MEP** also underlined the importance of prevention of mental illness, which will make a contribution to preventing health inequalities.

Presentations:

The first speaker, **Charles Price** (European Commission, DG Sanco) outlined the Commission's in relation to health inequalities, i.e. the Communication, its follow up and next steps. The Communication on health inequalities was launched by the previous Commission as a joint initiative between DG SANCO and DG EMPL and needs to be regarded as a cross-policy initiative.

Health inequalities have always existed and have been addressed by several EU Presidencies in the past. However, it needs to be underlined that since enlargement, health inequalities as well as the gaps between social groups within society have widened. The financial crisis has made matters worse.

Health inequalities strongly relate to where a person is born, grows up, works and grows old. Apart from a number of risk factors (e.g. toxic environment, access to healthcare) personal lifestyle choices also play a role. In the case of mental health, the greatest number of mental health problems can be seen amongst the least advantaged. For instance, migrants are more at risk of depression and schizophrenia than other societal groups.

A recent Eurobarometer has revealed that income and mental health are related; for example, those with difficulty paying bills are three times more likely to be on anti-depression medication than those that do not have this difficulty. The survey also pointed out that there is an overall decline in feelings of well-being as compared to 5 years ago. With the gap between the rich and the poor on the increase, the level of health inequalities is on the increase too.

Charles underlined the important need to address health inequalities, as the basic requirements of health have not been addressed across the board yet and as health inequalities go against the basic values of the Europe that we are trying to develop. Common standards are not yet in place. Furthermore, the increasing prevalence of mental illness is clear; and it could happen to any of us. Lastly, health = wealth; a healthy population contributes to economic sustainability.

The Communication proposes to share good practice and cooperation between member states and stakeholders. A Joint Action, involving 15 Member States, is already ongoing under the EU health programme. Other EU initiatives are also linked to this issue, such as the PROGRESS programme and the EU Structural Funds. The CAP could also play a role, as part of its activities focus on deprived rural areas. Developing Health in All Policies (HIAP) is high on DG SANCO's agenda and the area of health inequalities clearly requires this approach.

More specifically in relation to mental health, DG SANCO is focusing on Europe2020's 'inclusive growth' strand; this would support taking action in the area of health inequalities, as the aim is to share growth appropriately. Stigma and discrimination are also important in this respect. A second specific area of activity is the Mental Health Pact, which includes activities on stigma and depression. This will be reviewed next year with the aim to develop an appropriate follow up initiative.

Thirdly, the EU health programme offers funding possibilities in the area of mental health. Charles ended his presentation by welcoming the involvement of the Interest group and its potential activities and calls for action in this important field.

The second speaker, **Pol Gerits** (Belgian Health Ministry, Advisor to the Director General) presented the Belgian EU Presidency public health agenda. Overall theme of the agenda is 'Solidarity and innovation', and the focus is on a limited number of ministerial events, with the aim to ensure trio presidency continuation and bring forward EU agenda in health.

The activities consist of 5 clusters, which includes health promotion and disease prevention as well as health inequalities

The cluster on health promotion and disease prevention included the organisation of a conference on chronic diseases (held in October) and one addressing the challenge of dementia across Europe. The first aimed to present concrete initiatives related to prevention of chronic diseases and to the organisation of healthcare systems, in order to stimulate innovative approaches at European level to chronic diseases. The main output of the conference is to develop a set of conclusions to the EPSCO council in December. A number of key issues were addressed, such as lifestyles and general environment, innovative, effective and evaluated prevention policies, stakeholders commitment to tackle common risks factors in chronic diseases, the perception on chronic ill people, including the identity and disability perspective, secondary prevention, patient related new technologies, management of chronic diseases and patient empowerment.

The conference on dementia will take place on 25-26 November 2010 in Brussels with the objective to highlight societal aspects of dementia; exchange good practices and to assess the progress of European initiatives.

The conference will address structural initiatives at EU, member state and local level, the image of dementia and stigmatization and adapting dementia care. This will lead to a policy document and a set of conclusions.

The 5th cluster on health inequalities included a conference concerning “Poverty in children”, held on 2 and 3 September. A second conference, held on 21-22 October, under this heading addressed environmental health and social vulnerabilities, the impact of social inequalities and health and environment. A third event under this cluster will take place on 8 and 9 November; this is a Regions for Health Network Conference, looking at reducing health inequalities from a regional perspective.

Other Belgian Ministries have also organised mental health events, such as a conference on investing in well being at work: addressing psychosocial risks in times of change. This aims to examine the contribution of a European social dialogue to the management of stress and psychosocial risks. Another important event is a conference on forensic psychiatry in Europe.

Pol Gerits underlined the Belgian Presidency’s intention to mainstream the themes of mental health and health inequalities in the other conferences. The Presidency will not formulate specific Council conclusions on health inequalities as the Spanish Presidency has already done so and since the Hungarian Presidency will focus on mental health. However, the Presidency conclusions from all events will be presented to the December health council.

Dolores Gauci (President Global Alliance of Mental Illness Advocacy Networks-Europe) briefly introduced her organisation. GAMIAN-Europe is a patient organisation set up in 1999, with five main objectives:

- advocacy,
- information and education for both patients and other stakeholders
- fighting of stigma and discrimination
- promotion of patients rights
- enabling patient groups to collaborate with health professionals, policy makers, academia and other stakeholders.

Dolores underlined that health inequalities are a major issue for people with mental health problems. Research shows that 1 in 4 persons will be affected by mental illness and that half of them will not be accessing mental health services; half of those that do access treatment will have inadequate treatment or no medication at all. In case patients do receive treatment, many of them will not take their medication because of financial reasons or because of side effects. Another issue relating to health inequalities is the link between physical and mental health problems. For instance, cancer patients and people with cardiovascular problems are prone to develop depression; often this is not recognised and, as a result, not treated. And likewise, people with chronic mental illnesses can have a shorter life span and worse quality of life because of undetected/untreated physical illnesses connected with diabetes, cardiovascular problems and high blood pressure.

Access to treatment varies widely across the EU and it is a matter of chance; where you reside will determine your level of access to treatment.

People with mental health problems run the risk of social exclusion. Stigma is a major cause for health inequalities and stigma pervades health systems. For instance, in Malta people suffering from chronic mental illness (apart from schizophrenia) are not entitled to receive free medication. However, people affected by chronic physical illness (e.g. diabetes, hypertension) are entitled to free medication. Similar situations can be found across Europe.

GAMIAN-Europe has been involved in research on stigma experienced by patients since 2006. The survey carried out that time is now being repeated and one preliminary conclusion is already becoming clear: patients still experience a high degree of stigma across the EU.

Dolores concluded by stating that people with mental health problems advocate the mainstreaming of mental health across all (health) policies and even beyond to all policies.

Open discussion

Nessa Childers opened the discussion by stating that the current economic climate and related austerity measures can have a negative impact on psychosocial well-being. The issue of mental health is reaching crisis proportions. We are not yet aware of the impact of all these developments on the fabric of society, but it is clear that policy makers need to keep in mind that in their attempts to tackle our economic deficits, people are involved. The voice of the people themselves is important.

Other issues raised:

A mental health dimension needs to be ensured in (policy) initiatives that do not directly address mental health; and it is sometimes not clear how to do this.

There is a need to have a discussion on mental health and the brain. These two are often regarded as separate aspects, but this is not the case; physical aspects impact on social aspects, and vice versa. It is important to bring all these aspects together and to focus on the integrative rather than on the separate parts.

It was suggested that the Interest group could be involved in organising an event on this topic, bringing all stakeholders together and ensuring a harmonised rather than a polarised discussion.

The European Health Management Association (EHMA) is setting up a mental health systems network, following an earlier initiative which focused on access to mental health services. A first meeting will be held in December and EHMA can be approached for more information (www.ehma.org).

There are ongoing efforts to ensure that 2013 will be designated as the European Year of the Brain. DG research apparently is 'chef de file' and internal discussions about this project are ongoing. On 10 December a meeting will be held in which the

final commitment to take this forward will be agreed. The initiative enjoys broad stakeholder support, and a formal proposal will probably come out during the Polish Presidency (second half of 2011).

Conclusions

Nessa Childers (Chair) thanked speakers, participants and secretariat and announced that the next meeting of the Interest Group will probably take place in early 2011.