Mental illness in the 21st Century – an Increasing Challenge for Europe

Co-hosted by the Interest Group on Mental Health, Well-being and Brain Disorders & the Stephen Hughes MEP Initiative on Depression and the Workplace

European Parliament, 29 May 2013

MEETING REPORT

Marian Harkin MEP, Jutta Steinrück MEP and Stephen Hughes MEP opened the meeting, welcoming the effective cooperation between the Interest Group on Mental Health, Well-being and Brain Disorders and the Stephen Hughes MEP Initiative on Depression in the Workplace. The MEPs underlined the importance of cooperation in the field of mental health as this area requires the strongest possible voice. They also welcomed the fact that this meeting was recognised as one of the official events of the Month of the Brain. *Marian Harkin MEP* underlined some important issues to bear in mind when developing a national and EU mental health agenda, such as the fundamental link between physical and mental health, the need for better awareness and recognition of the fundamental personal and societal impact of mental health as well as the need to enable stronger patient and carer advocacy and empowerment. *Jutta Steinrück MEP* highlighted the need to protect mental health better and deal with mental illness more effectively and sensitively, and mentioned that the mental health of the EU citizen is not considered as seriously as physical health and this is not right, because the impacts of mental illness on the individual, their friends and families and society are at least as challenging. The fact that the estimated cost to Europe caused by brain disorders is €800 Billion per year tells us that effective intervention can be seen as an investment rather than a cost. *Stephen Hughes MEP* stated that, taking account of the recent adoption of the WHO's Mental Health Action Plan policy makers should try to identify specific EU policies and legislation where we can seek to improve mental health. For example, the foreseen European Commission Health and Safety at Work Strategy should include a demand for Member States to act in terms of changing workplace culture regarding mental health.
There is a significant need to ensure that psychosocial risks would be taken into account in the upcoming revision of the EU Strategy on Health and Safety at Work. While the Month of the Brain provides a good opportunity to raise awareness, more needs to be done and strong advocacy efforts remains a necessity, as current demographic trends will go hand in hand with an increase in mental health problems.

Isabel de la Mata (European Commission, DG SANCO) informed the audience about the efforts of the Commission in the area of mental health. Initially, research had shown that one in every 7 citizens has mental health issues. This figure was probably higher in reality as not all those with mental health problems consulted a professional. The new Global Burden of Disease Study for 2010 also highlights that the burden from mental and behavioural disorders will impose new challenges on health systems."
The Commission has been active in a number of mental health areas as part of its European Pact on Mental Health. Apart from addressing certain specific age categories (children and older people) it focused on mental health in the workplace, stigma and depression and suicide. The Pact underlined the complementary role of the EU, i.e. bringing together stakeholders and facilitating the exchange of experience, knowledge and good practice.
The recently launched Joint Action on Mental Health is being implemented together with 24 Member States that have committed to cooperation on a voluntary basis; the responsibility is shared between those countries and the Commission. Portugal is in charge of the Action's overall coordination. The objective is to identify good practices, develop recommendations and agree on an EU-level framework for action on mental health over the three year period of working together. This should address the areas of depression and suicide, community based services, workplaces and schools and e-Health applications.
Recent Commission initiatives, such as the Social Investment Package, with its Working Document entitled 'Investing in health' underline health, which includes good mental health, as an important element for achieving growth, well-being and the functioning of society. It makes the case for breaking through silo

thinking and recommends taking account of the fact that prevention in one area can have benefits and pay-offs in others. It also addresses how investing in health could contribute to the overarching goals of the EU. DGs SANCO and Education and Culture have hosted a workshop on schools and mental health. The European Structural Funds offer the possibility of funding reforms in Member States towards community based mental health services. Until now, not much use has been made of this possibility. Lastly, Isabel de la Mata referred to the EU Health Programme which has invested and invests a substantial budget in mental health projects.
The topic will also gain visibility during the Lithuanian Presidency, which will dedicate its health policy Presidency conference to mental health. This conference will take place in Vilnius on 10-11 October.

Session 1: Impact of brain diseases on society

Guy Goodwin (University of Oxford) underlined the high prevalence of mental disorders and the resulting challenges, both for the individual as well as to the wider society. Mental disorders are common and some of them – such as depression - are extremely costly to society. Professor Goodwin referred to the 2011 EBC/ECNP study[1], which has found that 164,8 million of the total 510 million EU population are affected by mental disorders. In the UK, 22% of the total disability benefits budget of 3,9 billion is spent on mental disorders. In many cases, co-morbidity plays a role as well.
Research has found that in 2000, 9 billion was spent on depression; most of this was related to productivity loss. It is clear that action needs to be taken, and that the focus should be on prevention and health promotion. In this context, Professor Goodwin referred to a recent LSE study[2], which has illustrated the huge potential benefits and pay-offs as a result of specific focused investments. This study is having an impact on current policy development. Ensuring and facilitating better access to treatment is another priority, as even if patients are diagnosed, they are often not treated. Furthermore, treatment options need to be improved; research in this area is badly needed. Brain science should make better connections to clinical problems. Big pharma is withdrawing from this area, and priority setting within the science budget, both at national as well as EU level does not have a sufficient focus on mental health. Therefore, Professor Goodwin, along with other colleagues advocates a four point plan, which consists of:

- increasing investment;
- increasing research, for instance by means of a network for or psychopharmacology research, 'open-source' databases for compounds that companies are no longer working to develop and special centres of excellence in central nervous system (CNS) experimental research and brain imaging;
- more rational regulations;
- empowerment of patient: work with patients and their organizations, particularly in relation to stigma, trial outcome measures and funding sources.

David McDaid (LSE) highlighted the many impacts and consequences of stigma and discrimination in relation to mental health. He referred to 3 inter-related problems in this respect: stigma leads to ignorance (lack of knowledge), which leads to prejudice (negative attitudes) which in turn leads to discrimination (negative behaviour).
It is clear that stigma can affect access and utilisation of health services, as many patients fear being labeled by health services. They also fear the reaction of their social networks and environment. Moreover, some (health) professionals have negative attitudes.
Stigma also has an impact at home. Many people receive support from families; however, in some cases there can be stigmatising attitudes by some family members. Families can also experience 'stigma by association' and be discriminated against because of their relative with a mental disorder. Intimate relationships and social networks can be affected.
Stigma and discrimination are highly visible in the labour market as well. There is strong evidence that people affected by mental disorders are turned down for jobs on many occasions. When looking for work, they may anticipate discrimination and stop seeking work as a result. There is a risk of discriminatory behaviours if

[1] Size and Burden of Mental Disorders and other Disorders of the Brain in Europe 2010
[2] Mental health promotion and mental illness prevention: the economic case

people affected by a mental disorder disclose these problems at work: micro management, gossip, social exclusion and loss of career progression opportunities may be the result.
The employment and unemployment gap of people with a mental disorder has increased. Also, when they are employed, people affected by mental disorders show higher levels of absenteeism.
David McDaid concluded by stating action to deal with ignorance, prejudice and discrimination is required. It is expected that the FP7 ROAMER project will come forward with recommendations on research priorities.

Geert Dom (University of Antwerp) focused on the impact of contributory factors on mental illness, such as alcohol dependence. In the EU, 5.4% of men and 1.5% of women aged 18-64 are estimated to be affected by alcohol dependence; this corresponds to almost 11 million people. Over all age categories, the prevalence is estimated to be 4.8% for men, 1.3% for women and about 12 million people in the EU.
The social costs related to alcohol consumption and dependence per year in the EU are €155.8 billion, of which a majority are indirect costs linked to crime, damage, traffic accidents, absenteeism and unemployment.
The co-morbidity levels of alcohol dependence with other health conditions (both mental as well as physical) are extremely high. Alcohol constitutes a major contributory factor in the development of mood and anxiety (stress) disorders and suicide. Across the world, approximately 1,000,000 people die by suicide every year. It is estimated that there are 10–40 attempted suicides for each completed suicide. This ratio is higher among adolescents and decreases with age. Up to 90% of individuals who commit suicide meet the criteria for a psychiatric disorders.
Alcohol Use Disorders can and should be considered a chronic brain disorder. They are complex and their etiology is multi-factoral. Compared with other mental health problems and (chronic) somatic disorders alcohol use disorders are severely underserviced. The treatment gap is large and when provided, it is usually too little, too late and with poor quality criteria for implementation. Training of health care professionals in this area is usually insufficient. In other words, coordinated action and policy is needed to reduce availability/accessibility and in terms of research, treatment guidelines, educational and (secondary) prevention programmes and this should be tackled on a European scale.

Session 2: The impact of brain diseases on patients and families

Kevin Jones (EUFAMI) started his presentation by referring to the Conclusions of the EU Roundtable on an Integrated Approach to Alcohol Related Harm, which has been signed by various stakeholders including EUFAMI**.** Mr Jones emphasized that the diagnosis of mental illness can be seen as a major life crisis, which strongly impacts on the family and its structure. The typical journey after diagnose of a mental disorder from a family member perspective starts with shock, fear and uncertainty, followed by attempts to cope with the situation. Despair, disappointment, frustration and isolation are common. Families then become active, seeking information and support and can find new strength for family (carers) through interaction with others, positive stories and personal experience. Nevertheless, families and carers face many challenges such as stigma and discrimination, limited access to health services, disruption of their own and family life, lack of information, training, support and involvement, isolation, health problems (both physical and mental) and financial strain.
Stigma is amongst the hardest challenges, as the stigma surrounding mental illnesses is strong in today's society. Discrimination is experienced constantly in situations such as employment, accommodation, healthcare, finance and building social networks.
Family members are the most common carers for people who are affected by severe mental illness. The majority of carers live with the illness 24 hours each day, 365 days of the year' and their support is both emotional and practical. Carers spend an average of 13.1 years on caring.
EUFAMI has developed a set of specific values relating to acknowledgement, recognition and support of carers; and recently, the Dublin Declaration on the role of families was adopted and disseminated. This focuses on the central role and rights of family members in the care and treatment of people with mental ill health and the need to acknowledge family carers as equal partners with professional staff and the person with mental ill health in decisions relating to the planning and delivery of treatment and care.

Detlef E. Dietrich (European Depression Association) informed participants about the many symptoms and consequences of depression and stated that, according to the WHO, depression is one of the leading causes for years lived with disabilities (YLD) and early retirement in the industrialized countries. Its potential severity is demonstrated by the fact, that over 1 million people commit suicide per year worldwide, with an estimated 10 to 20 million suicide attempts. Furthermore, suicide is the leading cause of death among teenagers and adults under the age of 35 and more than 50 % of all suicides are related to depression.
Detlef E. Dietrich referred to a recent IDEA audit on the impact of depression at work, assessing the impact of depression on employees and employers in seven European countries. The results were highly significant: one in 10 Europeans were taking time off work equivalent to more than seven weeks off work annually. Equally, the costs of depression in Europe amounted to about 113 billion Euros in 2012 with estimated 63 % being related to indirect costs, such as loss of productivity due to sick leave and early retirement
It has also been found that employment in a supportive working environment is beneficial to physical and mental health and can have "antidepressive" effects. On the other side, unemployment is related to a massive negative impact on physical and mental health. It is clear that reintegration into the workplace is essential.
In addition, depression also has a large impact on families with a statistically verified increased incidence of psychopathology and physical morbidity in other family members. A number of psychosocial and psychological problems arise from this complex and interactive system for the depressed, the social as well as working environment. Treatment and other interventions bear in mind this complex and interactive etiopathogenesis and possible influential factors of depression.

Session 3: Employer's role in supporting those with mental illness

Rebecca Müller (GAMIAN-Europe) informed the meeting of the preliminary result of an ongoing GAMIAN-Europe survey[3] on the needs of patients regarding mental health and the work place. Until now, 385 responses have been received; the ultimate aim it to obtain a total of 1.000 responses. The survey questionnaire was translated into 21 languages. The results up to now:

- 52% of respondents had to stay at home between 10 and 99 days due to mental health problems.
- 17% were absent up to 9 days and another 17% never were absent.
- For 62% of respondents not being able to work is a more or less permanent situation.
- 23% of respondents are happy with this situation and accept that they might not work again.
- For 45% of respondents their symptoms make it impossible to go back to work.
- 40% of respondents are unhappy with this situation and would like to get back to work.
- 17% of respondents are convinced that their former employer does not want them back.
- 24% of respondents are afraid to have a relapse if they return to their former job.
- 32% of respondents did not tell their employer about their mental illness, fearing discrimination.
- 21% of respondents decided to inform their employer about their mental health problems.
- Over 50 % believe that better training of the HR department and professional support would have supported them to stay in employment.
- 55% of respondents feel that a change in attitude of the management is needed.
- 58% of respondents feel that attitude change of their colleagues would have been helpful

These preliminary findings results clearly underline the need to fight stigma and the need to increase understanding of mental health issues with decision makers, managers and the general public.
Other priorities relate to the need for effective treatments to ensure sufficient symptom reduction. life. As a good quality of life includes work, there is a need for effective programmes for people with mental health problems to find work and keep their job. The privacy of patients ought to be respected; people should not be forced to disclose their mental health problems.

[3] The survey is accessible online on the GAMIAN website, www.gamain.eu

Dr Paul Litchfield (BT Group plc) provided the employer's perspective of mental health. He underlined the business drivers for mental health at work, which relate to

- Legal compliance
- Diversity and creativity
- Social responsibility
- Corporate image and brand
- Enhancing performance
- Cost management

There are some key HR priorities as well, i.e. developing talent and leadership, optimising workforce management, improving organisational health, enabling high performance and driving health, safety and well-being. BT's work is based on a mental health framework which comprises three layers:

- Primary Engagement, where good mental health is being promoted
- Secondary Intervention, which offers support when mental health is at risk
- Tertiary Resolution, where mental health issues are being managed.

BT has developed a mental health toolkit, which consists of various components under each of the three layers described above.
As an example, Dr Litchfield focused on the Managing Mental Health Training. The objective is to offer help <u>before</u> professional mental health input is required. It aims to preserve life when this is in danger, provides help to prevent deterioration, promotes recovery of good mental health and provides comfort to the distressed.
Managers are trained to develop a certain skills set, such as recognition of mental health symptoms, provision of initial help and guidance towards appropriate professional support. The training is designed or line managers and Union representatives and helps to keep people in productive employment.
Dr Litchfield also shared some of the lessons learnt in addressing mental health issues at company level; he stated that companies need to recognise that mental health is a business issue and that managers need help to understand it. While most interventions are low key, the economic cost of failure is high. Moreover, the human cost can be far higher. Policy makers therefore needed to take a strategic approach, encourage 'enlightened self interest', remove barriers to implementation and fund appropriate research. Furthermore they need to act as 'exemplar employers'.

<u>Audience discussion and Questions</u>

The following issues were raised:

- There is a risk that the budgets spent on prevention of promotion of mental health will be taken out of the budgets spent on (access to) treatment. Measures should be taken to ensure that there is no competition between the various mental health priorities; we should look at services as a whole rather than at individual sectors.
- A Regulation on the qualifications of psychologists would be helpful to ensure that patients receive the quality therapies that they require. Currently, unqualified people also practice psychotherapy and this should be stopped.
- More and more knowledge is being generated about the impact of brain diseases on society; there is huge progress in neuroscience and drug development Questions were raised as to how new neuroscience knowledge can be translated into treatment innovation as the current potential is not being harnessed.
- Brain science per se is not sufficient; interactions and environmental factors also play a role. Medication is important but so is family support and psychotherapy.
- It was highlighted that European institutions did not have regulation in place to adequately address the impact of mental illness as well as ambitious HR policies that supported employees suffering from poor mental health or the recruitment of people with mental disorders.

Conclusions

In his conclusion, Stephen Hughes MEP underlined the wide-ranging and complex issues that come into play when addressing mental health and the vast number of policy areas involved. The impact of mental health issues on the family is enormous, and psychosocial risks need to be addressed. In this meeting, the colossal impact of stigma has also become clear and a special Parliament initiative addressing stigma could be considered, in cooperation with the Commission.

Initiatives such as the Interest Group and the Depression at Work initiative can help and are important: the work carried out in these groups should feed into EU policy development such as the EU Strategy on health and safety at work and Corporate Social Responsibility Initiatives.