

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

Meeting 13 July 2016

Mental health and brain disorders: Ensuring joint EU and national level action'

Draft meeting report

Marian Harkin MEP opened the meeting and welcomed participants, underlining the timeliness of the topic of the meeting, as the Joint Action on Mental Health recently came to an end. This is a good time to reflect on what is happening and what is needed to ensure better action in the field of mental health. Mrs. Harkin MEP 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 also stated this meeting's objectives as

- raising awareness of the need for specific national action on mental health and brain disorders
- informing stakeholders of the activities of the EBC with respect to National Brain Plans and GAMIAN-Europe's outline for a EU Action Plan on Mental health
- exchanging views between stakeholders on how to ensure that mental health and brain disorders can be further advanced at EU and national levels

Mrs. Harkin then introduced the first speaker, **Herta Adam (European Commission, DG Santé)** who briefly introduced the work of her Unit, underlining its involvement with mental health, dementia, cancer and rare diseases.

According to Mrs. Adam, mental health has a great impact on social cohesion and productivity; mental health disorders represent a huge cost to society. Mental health problems cause huge suffering, occur throughout life, often in combination with other chronic diseases. Therefore, mental health needs to be considered part and parcel of the chronic disease agenda.

Mrs. Adam provided a brief overview of the Commission's activities in the area of mental health to date, starting with the 2008 European Pact on Mental Health and Well-being. This focused on a number of themes which were being addressed by thematic conferences, resulting in specific recommendations for action in each of these areas. The Pact was followed by the Joint action on MH and well-being addressing 5 themes, i.e. workplaces, schools, prevention of depression and suicide & mainstreaming of e-mental health, developing community-based and socially inclusive mental health care and integration of mental health in all policies.

Joint Actions are large projects funded by the EU Health Programme where Member States work together and address real areas where change is required. As the Member States are directly involved, the impact of these Joint Actions are more sustainable and have a longer impact. The Commission is also being supported by an Informal Governmental Group of experts on mental health to guide its activities and priorities. Financial instruments exist as well, such as the health Programme (which financed the Joint Action) and the FP7 and Horizon2020 research programmes. Specific European agencies such as Eurofound (social research) and OSHA (health and safety at work) also look into mental health issues.

The Joint Action on Mental Health and Well-being resulted in a Framework for action on Mental Health and Wellbeing, which provides guiding principles to address the issues in the areas addressed. It has produced an excellent analysis of the situation as well as recommendations for priority setting; Member States are now invited to implement this Framework, with the Commission taking a supporting role.

There have been some progress in relation to addressing mental health at Member States level, but a number of challenges remain; enhanced efforts to improve addressing mental health are now required. In order to support the implementation of the Framework for Action, the Commission will put the EU Compass on mental health to use. This is the Commission's instrument funded by the Health Programme to disseminate exchange of good practice, develop and discuss relevant topics and support implementation and concrete action. The work with the Compass work will be carried out over the next three years by a consortium consisting of the Trimbos institute, Nova and EurohealthNet, with a different priority theme for each year. This year the focus will be on depression and the promotion of resilient and accessible mental health care systems. Next year the focus will be on community care and prevention of suicide. The year after that will support work on mental

health at work, in schools and integrated government approaches. The Compass will also include a platform to monitor policies of the Member States as well as good practice exchange. At the centre of all these activities will be the so-called forum events, i.e. annual conferences to present the findings and propose action for further implementation. This year the annual conference will take place on 6 and 7 October in Luxembourg.

Mrs. Adam underlined the crucial role that NGOs in the area of mental health can play in the area of mental health. A specific tool, the EU health policy platform has been developed and made available to involve stakeholders. This platform can be used to develop specific papers and these can be discussed papers to get consensus and action for the future. There will be newsletter to update the information as well and all stakeholders are invite to subscribe. The idea would be to have a broader focus to overcome the silos and better integrate MH in different policy areas such as chronic disease (e.g. by means of Joint Action CHRODIS), the workplace (looking at the work of the Commission's DG Employment and Social Affairs), research (Horizon2020) and the Structural Funds (funding possibilities at Member States level).

Mrs. Adam emphasized the Member States competence in terms of health care; the Commission can only play a supporting role. Moreover, it is clear that any action taken at EU level has to have a demonstrable added value.

One of the main challenges remains to ensure that health systems are more sustainable. The focus is on the labour market as keeping people healthy is essential to keep the required levels of productivity – and with that, sustainability.

The next speaker, **Frédéric Destrébecq (European Brain Council)**, thanked GAMIAN-Europe and the Interest Group for the pleasant cooperation in preparing for this meeting.

Mr. Destrébecq then briefly introduced the aims and composition of the European Brain Council and the organisation's holistic approach to the brain. He stated that the brain is wonderful – it has so many aspects, dealing with emotions, cognition, learning...it has helped us to become the modern humans we are, as it is behind all discovery and innovation. It has the capacity to create and produce other wonders. It is also highly complex and transversal. It is fragile and needs to be cared for in order to keep healthy.

Brain disorders have a huge impact: 1 in 3 Europeans is affected by a brain disorder – this means 179 million citizens across the EU – costing society € 798 billion per year. This is a serious issue which needs to be addressed, in cooperation with all stakeholders. This is why the EBC came forward with the Call to Action to foster a dialogue on developing National Brain Plans, which would be brought under the umbrella of an EU-wide plan addressing brain health in a holistic way.

The Call was building on the EBC's successful campaigns and in particular the Day of the Brain co-organized with the Polish Presidency, EBC-lead Year of the Brain in Europe as well DG Research campaign – European Month of the Brain that EBC has largely contributed to. The Month of the Brain was indeed the cornerstone of EBC's Call to action, as it delivered a call to develop national brain strategies within EU context.

This is why the EBC organized the European Month of the Brain in May 2013, with 'Open your Mind' as its motto. Some 120 events were organised in over 25 countries during this month, which was coordinated by DG Research in cooperation with the EBC, resulting in concrete policy recommendations for brain research and healthcare.

In addition, the EBC came forward with a Call to Action with the aim to develop national strategies as part of the European Year of the Brain 2015, a pan-European campaign that aimed to change our perception of the brain. Many organisations have pledged their support for this Call, which addressed a number of main, horizontal themes, i.e. education, awareness, prevention, treatment, research and ethics. This campaign also resulted in the development of a network of 'brain ambassadors'.

This year, the EBC is an active partner in the 'Together under the Umbrella' campaign, which is 'branding the brain' under the same umbrella; another important current project is 'Value of treatment: optimising our model of care', an extensive inclusive study which looks at the cost of non-treatment. This is highly relevant as currently, out of 10 persons living with a brain disorder, 3 to 8 do not have access to adequate treatment. The patient journey therefore needs to be revisited.

Mr Destrébecq called on the EU to expand its brain research and redefine its research priorities. Expectations across and beyond brain research need to be restated. The EBC consensus statement underlines that our brain is the key to our future. The brain is invaluable – therefore we need to act – awareness needs to be raised and the care model needs to be optimised – so brain research needs to be expanded: the loop is closed!

Bringing together various stakeholders, existing resources need to be streamlined, sectoral policies need to be coordinated, patient care needs to be improved and cross-cutting themes such as stigma, prevention, research, carers, economics and education need to be addressed. National Brain Plans need to be put in place to provide a comprehensive approach to the brain within a European context.

Marek Plura MEP took over the chair from Marian Harkin MEP and went on with presenting the Polish Brain Plan as an example of the national brain plans as referred to by Frédéric Destrébecq.

He started out by underlining that, in terms of brain disorders, the brain does not know the distinction between the mental and emotional part. Brain disorders as defined by WHO include both schizophrenia, depression, bipolar disorder, multiple sclerosis, Parkinson's, Alzheimer's, migraine, stroke, dementia and others. The costs associated to brain disorders are approximately the same as the total cost of cancer, cardiovascular disease and diabetes. The number of patients is growing fast, in line with demographic and life style changes: in 2005 there were some 127 million patients with brain disorders in Europe. In 2010 there were already 179 million patients treated for brain disorders (with 12 brain diseases taken into account and 19 in 210). According to WHO forecasts in 2020, brain disorders will become the third greatest threat to the health of the society.

Brain disease will become the main cause of death, with depression being the most prevalent of brain diseases. To counteract this development, Poland has begun to work to put in place a Brain Plan: a complex strategy to effectively address the situation of people with brain disorders and their families. The Brain Plan initiative came from the patient community (NeuroPozytywni Foundation), but now brings together a broader range of patients and health professionals (Polish Brain Council), economic and pharmaco-economic institutions (Łazarski University), legal institutions (law office DPZ), consulting agencies (McKinley) and policy makers (Ministry of Health, Ministry of National Education, Ministry of Labour and Social Policy, National Health Fund) and others. The Plan consists of several parts, with the first part focusing on recognition of brain disorders as a civilisation challenge. Part two consists of an analysis of the current situation (e.g. epidemiology, treatment cost of brain disorders, analysis of care provision, assessment of public awareness and perception of people with brain disorders). Part 3 will result in recommendations for changes in the legal system, examples of good practice and, ultimately, improvement of the situation of people with brain disorders and their families.

However, the increasing social problem related to brain disorders requires strategic action at EU level as well. This should include moving prevention and management of brain disorders higher up the EU policy agenda, support for national brain plans, exchange of good practice among Member States in the area of brain health and support for research on brain and brain disorders. Mr. Plura also underlined the importance of the UN Convention on the Rights of Persons with Disabilities as brain disease is a main cause of disability as well.

The next speaker, **Raluca Nica (GAMIAN-Europe)** addressed the need to secure implementation of the recommendations of Joint Action on Mental Health and Well-being and proposed an EU-level Action Plan on mental health. She first provided some facts on mental health in Europe, stating that mental disorders put pressure on health, economic, and social welfare systems across the EU and that neuropsychiatric disorders are the second leading cause of disability-adjusted life years (DALYs) in the WHO European Region. Mental health problems affect every fourth citizen worldwide at least once during their life (WHO). Depression is the most prevalent mental health problem. Good mental health and well-being is a key factor for social cohesion, economic progress and sustainable development in the EU: there is a link between mental health problems and losses of productive human capital. At least 30% of people with severe mental disorders do not have access to mental health care. Stigma, prejudice and discrimination unfortunately are widespread and have an impact on those affected.

Mrs. Nica then made the case for an EU-level Action Plan on Mental Health, as proposed by GAMIAN-Europe; all member states are facing the same issues tackling mental disorders. There is a need for effective and sustainable care provision models and obviously, Member States can (continue to) benefit from cooperation, mutual learning and the exchange of good (and bad) practice. She underlined that GAMIAN-Europe welcomes the Joint Action and the work of the EU Compass. However, a number of questions remain such as how the recommendations for action of the Joint Action translate into practical change and good policy and practice development, how countries will engage in the implementation of change what the ultimate aim of the exchange of good practice is in order to distill sound and robust policy and practice? A dedicated European

Action Plan is required now; this is why GAMIAN-Europe has prepared an outline for more ambitious and structured actions and a more action/implementation oriented approach. This would be in line with the expected outcomes of the Joint Action on Mental Health and Well-being. Such an Action Plan should build on the themes addressed by the Joint Action and Compass and these could be addressed in various 'work streams' such as *inclusion of mental health as a priority in health and social policy development: mainstreaming;; awareness-raising and good practice exchange: mutual learning and exchange; stimulate the development of national action plans on mental health and well-being; financial support; data collection and monitoring and inclusion of people affected by mental health problems in relevant EU consultations, fora and advisory bodies.* Mrs. Nica concluded by stating that the momentum of the Joint Action and Compass should now be used as a starting point for a more ambitious effort to ensure sound policy development. The ultimate goal of the Action Plan should be to improve the quality of life of those affected by mental health problems. The proposal for an Action Plan can be found at www.gamian.eu.

The final speaker, **Marc Hermans (UEMS Psychiatry Section)** focused on a different approach in addressing brain disorders and mental health. He briefly introduced his organisation and started by outlining the need for a different approach to research in neurosciences and psychiatry. Mr. Hermans explained the principles of basic classic drug research, which looks at the interaction of specific compounds with the metabolism via cellular wall receptors and hence the output of cell metabolism. Unfortunately newly discovered compounds influencing intracellular pathways directly, also influence similar pathways in other cells resulting in too many unwanted side effects. Though better - mainly imaging - tools were developed, these did not lead to better clinical diagnoses. Mental suffering goes beyond pure brain disorders as shown by recent findings on the activation of inflammatory pathways. Neuroscientific research must of course continue, but its outcome will only partly contribute to mental health improvement. Psychiatric research should also take a social psychiatry approach. Improving mental health in the EU will not depend on highly sophisticated psychiatric interventions only but also on interventions, taking societal pathogenic aspects into account.

In relation to the recruitment of mental health professionals, Mr. Hermans stated that this is a major problem around the world, not least because mental health professionals also get stigmatised. Too easily they're either seen as the slaves of the pharma industry, as too much working according to the medical model or as being too 'touchy-feely'. The World Psychiatry Association is working on a core training curriculum, a certificate on mental health and is planning to offer support to countries in need of mental health staff. Could the EU copy this process? Psychiatrists must teach psychiatry to other colleagues, to nurses and other health care staff and to the general populations.

We need research into the core determinants of mental health and illness, actions to stop stigmatisation, to promote mental health education for all and to harmonise training of future mental health professionals.

Audience debate

During the audience debate the following issues were raised:

- Mental health professionals are being stigmatized as well.
- The 'Together under the umbrella' campaign was mentioned as a good example to raise awareness of the prevalence and impact of brain disorders and mental health problems. It is a social media campaign addressing society as a whole, to educate society on brain disorders and psychiatric disorders.
- It was underlined that 22 July is World Brain Day.
- Questions were raised about the value of social psychiatry and the need to be careful with this approach, using the stated cause of autism as an example: for years, mothers were blamed for the occurrence of autism, but this was not true. Research in genetics also very important. However, it was pointed out that, in the case of autism, psychoanalysis rather than social psychiatry was to blame. The social element should not be ignored. It is often forgotten that psychiatrists are doctors in the first place and that physical and

psychological knowledge needs to be bridged. Examples were given of schools where mindfulness is being introduced as a way to deal with emotions.

- The EU level cannot legislate and regulate in areas which are related to health systems; however, it can harmonise regulation in the case of professional qualifications, which is highly relevant in the case of health professionals and mental health care. The European Parliament could support this.
- The potential of the EU Structural Funds was underlined. While this funding does depend on the priorities of national governments, these Funds do provide a point of entry. Some Member States do have health programmes that could have a stronger health dimension.
- The EU can also step up its research efforts in relation to brain disorders and mental health. We have to find the appropriate and effective ways into the EU agenda as there ARE possibilities.
- Mental health Europe has just produced audience note for national organisations to push for action at national level within the context of the Joint Action on Mental Health and Well-being. This also has a social psychiatry angle and participants were invited to share this with their members and affiliates. This will help national orgs to push for proper follow up.
- Leaving the implementation of the Joint Action will probably not suffice; they will need pushing to do so. The Governmental expert group will need to be closely involved and the Commission will work with them, as already outlined. The Member States will need to report back, there will be open fora for discussion.
- The Action plan as proposed by GAMIAN-Europe, is not so far from what the Commission is currently doing. It needs to be seen whether a dedicated Action Plan will be required or whether the actions as foreseen by the Compass will suffice;
- Questions were asked as to whether the current EU Health programme could support the creation of national action plans on mental health.

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