Joint-statement on mental health for the EU Health Policy Platform

Signatories: Mental Health Europe ; European Federation of Associations of Families of Persons with Mental Illness (EUFAMI) ; Council of Occupational Therapists for the European Countries (COTEC) ; Eurocarers; EuroHealtNet ; European Brain Council (EBC) ; European Federation of Psychologists' Associations; European forum for primary care (EFPC); European Patients' Forum (EPF); European Psychiatric Association (EPA) ; European Public Health Alliance (EPHA); European Region of the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA Europe) ; Global Alliance of Mental Illness Advocacy Networks-Europe (Gamian) ; International Rehabilitation Council for Torture Victims (IRCT) ; Platform for International Cooperation on Undocumented Migrants (PICUM); The International Federation for Spina Bifida and Hydrocephalus ; The Standing Committee of European Doctors (CPME)

Call for action:

The European Framework for Action on Mental Health and Wellbeing, which gathered together the lessons learned during the Joint Action, provides a roadmap for improving and promoting mental health. The 17 signatories to this joint-statement would like to see a concerted effort to follow on from the Joint Action and Framework, and gather a broad coalition of organisations who wish to support the improvement of mental health through European policies with a specific focus on four areas:

The signatories urge the European Institutions to:

1. Ensure **parity of esteem**, the principle by which mental health must be given equal priority to physical health:

- European funding for mental health should match funding for physical health with particular attention to the physical and mental health of carers.
- Mental health should be mainstreamed in all EU policies with particular attention given to mental health within EU health policies, including those on non-communicable diseases and chronic illness.

2. Take a **life-course approach** to mental health:

- The European Union should raise awareness of the recommendations in the Framework for Action on mental health and well-being which encourage a life-cycle approach and promote accessible and comprehensive community-based services using European Structural Funds.
- Space and funding at EU level to support better understanding of mental health for all age groups and transitional times: mental health and pregnancy, mental health and ageing etc.

3. Pay stronger attention to **mental health in the workplace**, because - while occupational health and safety policies and legislation have overwhelmingly focused on physical risk factors and physical injury, poor performance due to mental health issues is one of the biggest problems in the modern workplace. To close this gap:

- The European Union should devise better occupational health and safety policies and legislations that address the psychological risk factors in the work place.
- The European Union should furthermore continue to push for the implementation of the recommendations on mental health in the workplace in the Framework for Action on mental health and well-being.

4. Improve **mental health** treatment **in primary care** settings:

- The European Union should support better understanding of holistic, person-centered approaches to mental health in primary care by funding research on the most effective range of interventions and services which can best support people on their journey towards recovery.

1. Parity of esteem

Summary

Parity of esteem is the principle by which mental health must be given equal priority to physical health. Much more discussion and action at European level are needed to underline the importance of mental health as well as the link between mental and physical health.

Evidence shows that physical and mental health related problems are closely related. Chronic physical conditions are especially often associated with common mental difficulties, such as depression or anxiety. Those who live with one or more long-term physical illnesses are 2 to 3 times more likely to experience problems in mental health. Persons with physical disabilities may also suffer from mental health problems which are intimately connected to their physical health (chronic pain) and barriers they face in life (exclusion, lack of available care). On the other hand, at least 45% of people with psychological challenges also develop chronic physical conditions. The reciprocal relationship between mental and physical health is based on several factors, among which health behaviour and psychological or common underlying biological components, which pose severe and otherwise avoidable impairments to people's lives. Finally, as demonstrated by a recent survey by EUFAMI and Lucas KULeuven, mental ill health also has a considerable impact on the physical and mental health of carers of persons with mental health problems.[1]

Yet, there is a deep discrepancy between funding for physical health and funding for mental health. For example, if we look at the EU's own health programme, investment in physical health far outweighs investment in mental health related projects. According to calculations made by Mental Health Europe using publicly available information, the EU Health Programme's yearly spending on mental health projects amounted, on average, to just 2.6%, with some years' spending below 1%. What does this say about how we value mental health at European level? Mental health is as essential as physical health and that should be reflected in smarter and more balanced spending within health systems both at national and European levels.

Recommendations:

- Mental health should be mainstreamed in all EU policies with particular attention given to mental health within EU health policies, including those on non-communicable diseases and chronic illness.
- Public as well as European funding for mental health should match funding for physical health.
- The mental and physical health of carers should be taken into account and more funding should be allocated to maintain their wellbeing and capacity to care.
- Countries and regions within Europe should collaborate to exchange knowledge on prevention of mental ill health and be supported by the EU to do so including through continued EU financial support for the EU Compass on mental health and well-being.
- Equal access to quality mental health care across Europe for everyone including all migrants,[2] *irrespective of residence status,* and other vulnerable groups such as people with disabilities, LGBTI people, older people, people experiencing poverty etc.
- Using ICT for awareness raising around depression, anxiety and loneliness, as well as early symptoms of common mental health problems, could improve the pickup of early warning signs and enable people to find necessary first help information.

2. A life-course approach to mental health

Summary

Mental health changes through the lifespan, and it is now acknowledged that a one-size fits all approach in mental health services is not fit for purpose. Services should be person centred, reflect

[1]According to a recent survey by EUFAMI and Lucas KULeuven, 1 in 3 family caregivers of people living with mental ill-health feel depressed and another 1 in 3 feel that the caring role has a negative impact on their own physical health, impacting their capacity to care. www.caringformentalhealth.org Vermeulen, B., Lauwers, H., Spruytte, N., Van Audenhove, C., Magro, C, Saunders, J. & Jones, K. (2015) Experiences of family caregivers for persons with severe mental illness: an international exploration. Leuven: LUCAS KU Leuven/EUFAMI.

[2] For more information about the need for mental health and psychosocial support for migrants and refugees in Europe, please see MHE's position paper on the subject at: http://www.mhe-sme.org/fileadmin/Position_papers/Position_Paper_The_need_for_mental_health_and_psychosocial_support_for_migrants_and_refugees_in_Europe_.pdf.

the needs of people in all stages of life, of all sexualities and genders, and include support to family members (children, siblings, spouses, parents) where relevant. The following ages and transitional times bring specific challenges, and require particular expertise and care: childhood including early childhood, adolescence, peri- and post-natal experiences and ageing.

During the Joint Action on mental health and well-being, there were several work packages which focused on specific settings, policies and aspects of mental health. While the Framework for Action does recommend the taking of a lifecycle approach and while the EU Health Programme has funded mental health initiatives which reflect the need to address mental health differently at different stages in the life-cycle (i.e. funding for projects on mental health in children and adolescents), there is still more space at EU level to support better understanding of mental health for other age groups and for other transitional times (i.e. mental health and pregnancy, mental health and ageing etc.)

Spotlight on adolescence

Adolescence can be a turbulent and challenging period. It is a time when young people are building their identity against a backdrop of physical and developmental changes. Educational pressure can mount, and increasingly complex social interactions and relationships need to be negotiated. It is therefore unsurprising that adolescence is a time of challenging behaviours and wide fluctuations of mood and emotion. These are, in many ways, normal reactions to various pressures and changes. However, some young people will experience more extreme distress.

Anxiety, depression, body image issues, violence or substance abuse are all problems that many young people will face. Studies show that ***one in five adolescents in Europe is affected by at least one psychological problem in any given year.*** Even more alarmingly, there is strong evidence to suggest that mental health problems developed during adolescence can continue into adulthood and in some cases become chronic and enduring.[3] Mental health problems do not only affect young people, their families and friends but they can also have a longer-term impact on their social development and their adult lives. Because they come at a formative time in a young person's life, lack of prevention and treatment at this age can lead to educational dropout or failure to enter the workforce which may have lifelong implications, particularly so for women and people with lower socio-economic status. Addressing mental health problems during childhood and adolescence is therefore crucial and should form part of an integrated approach to mental health through the lifespan.

Children whose parents suffer from mental health problems are up to two and a half times more likely to experience poorer mental health outcomes than their peers.[4] To reduce this risk of entering a cycle of disadvantage targeted prevention is needed.

Most Member States provide distinct child and adult mental health services, but there is often a "transition gap" between those services. A recent study[5] has shown that many adolescents and young adults with mental health problems do not receive adequate care or get no treatment at all. It is worrying that we have failed to address this treatment gap given what we know about prevention and the development and costs involved in chronic mental health problems.

That is why researchers, organisations and health professionals are calling for appropriate prevention and care for young people.[6] Adolescents have different care needs to adults and children as they are in a transition process and are living with constant change.

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[3] World Health Organization. (2005a). Child and adolescent mental health policies and plans.

[4] Cowling et al. (2004)

[5] Copeland, Shanahan L, Davis M, Burns BJ, Angold A, Costello EJ. (2015) Increase in untreated cases of psychiatric disorders during the transition to adulthood.

[6] Adocare final report. (2015) Adolescent mental health care in Europe: state of the art, recommendations, and guidelines by the ADOCARE network

As the Work Package on mental health and schools showed, schools are an ideal setting in which to promote mental health as well as prevent mental ill-health at an early stage. For example, there is strong evidence that suggests that having an adult in a child's life who cares for them, helps make young people more resilient to emotional or psychosocial struggles. This role can also be played by teachers and teachers are often the first to notice when children are experiencing mental distress. However, as the Work Package analysis of different countries noted, teachers and school staff are not always fully equipped to cope with this responsibility. Therefore, mental health training for teachers should be mandatory and included within the curricula for trainee teachers. Mental health training should train teachers on how to identify early signs of mental ill-health as well as to support students experiencing mental distress, including through referral to appropriate services.

Recommendations

- Raise awareness of the recommendations in the Framework for Action on mental health and well-being which encourage a life-cycle approach;
- The EU should further support mental health initiatives which address the mental health of age groups and transitional periods which were not reflected in the Joint Action for mental health and well-being through the EU Health Programme;
- Raise awareness and fighting stigma and discrimination through campaigns and trainings for the public, in schools, primary healthcare settings (ante-natal and maternity services, children and young people's services and older people services) and social services;
- Include mandatory mental health module in curricula for all medical professionals and teachers;
- Promote accessible and comprehensive community-based services which emphasise prevention, early intervention, recovery and reintegration, including using European Structural Funds, and which work in partnership with service users, families and carers. The services must be coordinated and integrated to meet the full range of social, psychological and physical care needs of individuals experiencing mental ill health;
- Using web-based interventions and mobile applications (e-health) to target specific audiences and through them provide access to reliable health information;
- Creating mental health services which are age-appropriate, flexible and integrated, for example in primary healthcare and in partnership with schools;
- Empowering families and carers with information, knowledge and skills, and giving them access to counselling, advocacy, peer support groups and help lines;
- Meaningfully consulting persons experiencing mental ill-health in the design, development and delivery of co-produced services, to create services which are flexible and appropriate throughout the lifespan;
- Targeted prevention programmes for children of parents with mental health problems.

3. Mental Health in Primary Care

Summary

Mental Health in primary health care is complex and, to date, has been poorly implemented and researched. Like all other health issues treated in primary care, the approach should be holistic and person-centred taking into account the physical and mental health of a person and the context of their lives.

In primary care, the primary goal should not be a diagnosis, but guiding and supporting the person to access a range of interventions and services -rather than only medication - which can support them on their journey towards recovery. These should include resources that can be mobilised in the person themselves as well as through their support networks (informal carers, family, friends and

community); and should provide psychological support (psychotherapy, CBT and others) adapted to the needs of the individual and medication, prescribed on the basis of informed consent in line with human rights standards.

Recommendations

- Mandatory mental health module in curricula for all medical professionals especially frontline professionals such as nurses and pharmacy students.
- Primary health care professionals including pharmacists should receive mental health training which reflects a holistic rather than purely biological approach to mental health and teaches them how to effectively communicate with the people who may be experiencing mental ill-health.
- During treatment focusing on what the person needs and how to support them in their recover should be at the forefront.
- Treatment for mental ill-health in primary care needs to move away from protocol and/or standard care-based on disease-orientated professional guidelines and recognise the uniqueness of every individual.
- More research is needed on effective therapies.

4. Mental Health at Work

Summary

The costs of poor mental health for individuals, employers and society are enormous. It is now widely acknowledged that poor mental health at work including lack of prevention and appropriate care is responsible for a very significant loss of productivity such as the loss of potential labour supply, high rates of unemployment, and high incidence of sickness absence and reduced productivity at work (OECD, *Fit Mind, Fit Job study, 2015*). Absenteeism, presenteeism, and sick leave have a considerable impact on Europe's overall economy: A 2013 study has highlighted that work-related annual direct costs may cost up to € 610 billion to the European economy which amounts to €270 billion for the costs of absenteeism and presenteeism to employers, €240 billion of lost output in the economy and €60 billion to the healthcare system as well as €40 billion of social welfare systems due to disability benefit payments.

Thus, there is a strong business case for promoting mental health and well-being at work. Indeed, recent research from the UK shows that FTSE 100 companies that prioritise employee engagement and wellbeing outperform the rest of the FTSE 100 by an average of 10 percentage points. Healthy employees make for healthy workplaces: positive mental health in the workplace lessens the need for time off and increases productivity and cost saving on the short and long term. Higher productivity, lower absenteeism and less work accidents lead to lower costs for healthcare and social security systems, thus contributing to the recovery of the European economy.

Beyond the figures, poor mental health at work can cause huge damage to people's sense of self-worth and mental health. Mental distress at work can lead to increased lack of confidence, high risks of depression, job loss, and suicide. For most adults, their working lives are central to their wealth and wellbeing. There needs to be a cultural shift in how organisations tackle mental health and wellbeing and it needs to become a boardroom issue. Companies should implement more mental health and well-being friendly policies. This should include policies facilitating the combination of work and care for a loved one with mental health problems, or other forms of informal care, because carers who can stay in work, report the best mental wellbeing.

All managers need training in mental health, including on dealing with mental health during the recruitment process, how to handle disclosure, how to support employees' well-being, and how to

spot early signs of mental ill-health. This last point is crucial as early intervention in cases of mental health typically leads to much higher recovery rates than later interventions.

Moreover, particular attention needs to be given to the fact that adverse work conditions are unevenly distributed within the population. More socially disadvantaged groups work more often in manual jobs which expose them to physical or chemical hazards but are also more likely to work in adverse psychosocial work environments.[7] Low control at work (job strain) and low rewards (effort-reward imbalance model) follow a social gradient and most frequently affect the more disadvantaged social groups.[8] Therefore interventions to tackle adverse working conditions targeted to the workforce in general, are not enough and should be complemented with targeted interventions for lower socio-economic group, to help reduce health and social inequalities

In addition, at European level occupational health and safety policies and legislation have overwhelmingly focused on physical risk factors and physical injury, even though poor performance due to mental health issues is one of the biggest problems in the modern workplace. How can this gap in the protection of the health of workers be better addressed at European level?

Recommendations:

- The EU should continue to push for the implementation of the recommendations on mental health in the workplace in the Framework for Action on mental health and well-being.
- Promoting good line management practices at work including training on how to handle mental health during the recruitment process, how to handle disclosure, how to support employees' well-being, and how to spot early signs of mental ill health.
- Mainstreaming public health lifestyle training at work including mental health, eating habits, addiction free workplace etc.
- Creating a culture of openness where top-level managers can speak up about their own experience with mental distress.
- Offering employees training to boost their mental resilience can also help them manage potentially stressful situations or areas of their work and can be key to reducing the likelihood of burnout.
- Companies and organisations should create occupational health and safety policies ensuring that the promotion of mental health and well-being is highlighted within them.
- Devising better occupational health and safety policies and legislation at European level that addresses the psychological risk factors in the work place.
- Reconciliation measures to support the combination of work and care for informal carers
- Targeted interventions for lower socio-economic group, to help reduce health and social inequalities

Signed:

Mental Health Europe
European Federation of Associations of Families of Persons with Mental Illness (EUFAMI)
Council of Occupational Therapists for the European Countries (COTEC)
Eurocarers
EuroHealtNet
European Brain Council (EBC)
European Federation of Psychologists' Associations
European forum for primary care (EFPC)

[7] Siegrist, J., Benach, J., McKnight, A., Goldblatt, P. and Muntaner, C. (2010) Employment arrangements, work conditions and health inequalities: report on new evidence on health inequality reduction, produced by task group 2 for the Strategic review of health inequalities post 2010. Marmot Review, London, UK.
[8] http://www.ucl.ac.uk/whitehallII/pdf/Whitehallbooklet_1_.pdf

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