

DIRECTORATE-GENERAL FOR INTERNAL POLICIES

POLICY DEPARTMENT
ECONOMIC AND SCIENTIFIC POLICY **A**

Economic and Monetary Affairs

Employment and Social Affairs

**Environment, Public Health
and Food Safety**

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Internal Market and Consumer Protection

**Mental Health in Times
of Economic Crisis**

WORKSHOP



DIRECTORATE GENERAL FOR INTERNAL POLICIES
POLICY DEPARTMENT A: ECONOMIC AND SCIENTIFIC POLICY

WORKSHOP

Mental Health in Times of Economic Crisis

Brussels, 19 June 2012

PROCEEDINGS

Abstract

This report summarises the presentations and discussions at the Workshop on Mental Health in times of Economic crisis, held at the European Parliament in Brussels, on Tuesday, 19 June 2012. The aim of the workshop was to exchange views on the detrimental effects of the economic crisis on the mental health of European citizens. The workshop reviewed evidence on the link between mental health and the global financial crisis and included a panel discussion on possible solutions to tackle the issue. The workshop was chaired by MEP Glenis Willmott.

This workshop was requested by the European Parliament's Committee on Environment, Public Health and Food Safety.

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LIST OF ABBREVIATIONS

DG ECFIN Directorate General for Economic and Financial Affairs

DG EMPL Directorate General for Employment, Social Affairs & Inclusion

DG SANCO Directorate General for Health & Consumers

ENVI Committee on Environment, Public Health and Food Safety

EU European Union

GAMIAN Global Alliance of Mental Illness Advocacy Networks

GDP Gross domestic product

MEP Member of the European Parliament

OCD Obsessive-compulsive disorder

UK United Kingdom

WHO World Health Organization

EXECUTIVE SUMMARY

On 19 June 2012, the Committee on Environment, Public Health and Food Safety (ENVI) of the European Parliament organised a workshop on 'Mental Health in Times of Economic Crisis', which was hosted by Ms Glenis Willmott, Co-chair of the Health Working Group. The aim of the workshop was to review evidence on the link between mental health and the global financial crisis and consider possible solutions to tackle the issue.

The financial crisis has seriously hit Europe, causing increases in national debt levels, rising interest rates, decreased GDP, and worsening unemployment rates. Evidence suggests that these economic impacts can have serious social consequences. Research has shown that people who experience unemployment, poverty or social exclusion have a greater risk of developing mental health problems, such as depression, which may lead to suicide. Recent studies in Europe have linked a 1% increase in national unemployment rates to a 0.8% rise in the rate of suicide.

In terms of relevant policy developments, in 2005 and within the framework of the World Health Organisation (WHO), European Ministers adopted the Mental Health Action Plan for Europe, which encourages European governments to develop, implement and reinforce comprehensive mental health policies. In November 2005, the European Commission published the Green Paper, 'Improving the Mental Health of the Population, Towards a Mental Health Strategy for the European Union', aiming to foster debate between and within European Institutions, national governments and other stakeholders. In follow up, the 'European Pact for Mental Health and Well-Being' was adopted in 2008, calling on Member States to take action under five priority areas: Prevention of Depression and Suicide, Mental Health in Youth and Education, Mental Health in Workplace Settings, Mental Health of Older People and Combating Stigma and Social Exclusion.

In terms of the legislative framework at EU level, the 2008 to 2013 'EU Health Strategy' is on-going, with a draft legislative proposal for the EU's third health programme for the period from 2014 to 2020, the 'Health for Growth Programme', in the pipeline. Council Directive 2000/78/EC on the equal treatment in employment and occupation aims to ensure the equality of workers in employment relations. The protection of workers with mental health problems is also enshrined in Council Directive 89/391/EEC. In addition, Recommendation 2003/670/EC provides an inventory of occupational diseases.

Regarding actions in the European Parliament, in 2010 the European Parliament Interest Group on Mental Health, Well-being and Brain Disorders was established, and has since organised several meetings on mental health related issues. The first panel examined the evidence linking increases in unemployment to rising suicide rates.

In her opening speech, Ms Willmott highlighted the links between economic downturn, rises in unemployment and increases in mental disorders and suicide rates in EU Member States. She welcomed EU funded projects on mental health, and emphasized the need to include the issue of mental health in the European Health for Growth Programme (2014-2020).

Professor David McDaid, London School of Economics and Mental Health Economics European Network, provided statistical evidence of unmanageable debt as increasing the risk of mental disorders such as phobia, depression or panic disorders. He cited evidence of an increased propensity for suicidal thoughts amongst indebted individuals.

Professor McDaid called for more investment into social services and for enhanced cooperation with the financial sector, including guidance on how to deal with customers facing financial difficulties.

Dr Jean-Paul Matot, Action for Teens, considered the impacts that the financial crisis may have on young people and teenagers. He explained how these vulnerable groups are particularly fragile and how their psychological development might easily be influenced by the financial difficulties of their parents and a lack of social solidarity in time of economic crisis. Dr Matot emphasized a need to improve education and develop specialized centres for adolescents in crisis.

Dr Roberto Bertollini, WHO, described the negative effects of the financial crisis on mental health and identified other key factors that can affect an individual's mental health status. He outlined some of the measures that Member States could implement in order to reduce the human costs of the financial crisis. Among the potentially effective measures, Mr Bertollini referred to employment programmes, family support services, debt relief programmes, alcohol reduction measures and the improvement of health care services.

Following the first part of the workshop, Ms Willmott gave the opportunity to European Commission representatives to share the views of their Directorate Generals. Dr Costa-David explained that DG EMPL aims to improve the mental health protection of workers, noting the importance of engaging Member States and other stakeholders. Mr Michael Huebel, DG SANCO, noted that the Member States hold the main responsibility for providing services and called on Member States to maintain adequate social and health-care services.

The second part of the workshop focused on opportunities for EU level cooperation on tackling mental health.

Prof. Jose Luis Ayuso-Mateos, Universidad Autonoma de Madrid, identified those factors that most correlate with citizens experiencing suicidal thoughts, including unemployment, a lack of social support, low socio-economic status, the structure of society, age and gender-related factors. He noted that the relationship between these factors and mental health problems is not unidirectional, implying that people with depression may be more likely to experience problems at work and face the risk of unemployment. As regards future measures, Prof. Ayuso-Mateos emphasized the importance of monitoring and prevention, the improvement of social safety nets, the development of national alcohol policies, and effective labour market programmes. He also called for investment in research programmes on the causal factors in mental health disease.

Mr Pedro Montellano, GAMIAN, emphasised the positive role that national patient associations can play in providing mental health-related services for those with limited financial resources. He considered how active partnerships and co-operation between various stakeholders can contribute to securing prompt and high quality treatment for patients with mental illness and to promoting policy developments in the area of mental diseases. He also discussed how GAMIAN works to promote patients' interest at EU level.

Following the second part of the workshop, participants were invited to ask questions and provide comments.

Ms Childers, co-chair of the European Parliament Interest Group on Mental Health, highlighted the negative impacts of the Irish recession on the mental health of the Irish people. She noted that financial policy measures, such as those concerning bankruptcy and insolvency, can relieve the burden of unmanageable debt on citizens.

Professor McDaid said that the involvement of financial actors is crucial for the development of adequate policy measures.

Dr Bertollini emphasized the considerable long-term benefits of enhanced social welfare systems and called on the European Parliament to promote this measure. In considering the high costs of funding social services, participants pointed to the economic costs of suicide on the state in the case of inaction.

Dr Costa-David emphasized the need for effective enforcement of the existing legislative framework, as well as the need for new legislation in the area of mental health in the workplace.

In her final remarks, Ms Willmott emphasized the need to classify mental health diseases as occupational diseases. She said that the European Parliament and other stakeholders should ensure that the issue of mental health remains on the agenda.

1 LEGAL AND POLICY BACKGROUND

The financial crisis that hit Europe in 2007 has caused increases in debt levels, decreased GDP and worsening unemployment rates. Research has shown that people who experience unemployment, poverty, social exclusion are at a greater risk of developing mental health problems, such as depression, or suicidal thoughts.¹ As such, these economic impacts may have significant consequences on the mental health of EU citizens.

It is estimated that around 50 million European citizens experience mental problems during their lives. Among the mental health problems, depression is one of the most common and is recognised as a serious disease. Depression can lead to suicide, which is responsible for the loss of approximately 58,000 lives annually across the EU.²

The challenges posed by mental health problems amongst EU citizens require comprehensive action. In 2005, the World Health Organization (WHO) organised a ministerial level conference dedicated to mental health, which led to the adoption of the 'Mental Health Action Plan for Europe'.³ The Action Plan, which was endorsed by European Ministers as a political declaration in form of the Mental Health Declaration for Europe, encourages European governments to develop, implement and reinforce comprehensive mental health policies.

As a first response to the WHO Mental Health Declaration for Europe, in November 2005 the European Commission published the Green Paper, 'Improving the Mental Health of the Population, Towards a Mental Health Strategy for the European Union'.⁴ The Green Paper acknowledged the necessity of improving the mental health status of European citizens and highlighted the economic costs of mental diseases, stating that 'mental ill health costs the EU an estimated 3-4% of GDP, mainly through lost productivity.' The main purpose of the document was to foster debate between and within European institutions, national governments and other stakeholders.

Following the adoption of the Green Paper, European leaders adopted the 'European Pact for Mental Health and Well-Being'⁵ on 13 June 2008. This Pact called on Member States to take actions in the following five priority areas: prevention of depression and suicide; mental health in youth and education; mental health in workplace settings; mental health of older people; and combatting stigma and social exclusion.

In order to assist the Member States in the proper implementation of the priority areas of the European Pact, the European Commission has organised five thematic conferences, the last of which was held in Sweden in 2009 and dedicated to the priority area of 'mental health in youth and education'. A group of government experts on mental health and well-being was also established and tasked with assisting the Member States in the implementation of actions under the five above mentioned priority areas.

¹ Example to studies providing factual evidence to the links between the financial crisis and mental health problems: Impact of economic crisis on mental health, available on the WHO website at: http://www.euro.who.int/_data/assets/pdf_file/0008/134999/e94837.pdf.

² Source used: European Pact for Mental Health and Well-being, available at: http://ec.europa.eu/health/mental_health/docs/mhpact_en.pdf.

³ Mental Health Action Plan for Europe - Facing the challenges, building solutions is available on the WHO website at: http://www.euro.who.int/_data/assets/pdf_file/0006/99735/edoc07.pdf.

⁴ The Green Paper, Promoting the Mental Health of the Population, Towards a Mental Health Strategy for the European Union is available at: http://ec.europa.eu/health/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf.

⁵ European Pact for Mental Health and Well-being is available at: http://ec.europa.eu/health/mental_health/docs/mhpact_en.pdf.

As an overarching policy measure and with the aim of delivering health improvements in Europe, the EU has developed the 'EU Health Strategy', which runs from 2008 to 2013.⁶ The main instrument implementing this strategy is the so called 'Programme of Community Action in the Field of Health',⁷ with the same timeframe.

In 2011, the European Commission drafted a legislative proposal for the EU's third health programme for the period from 2014 to 2020, the 'Health for Growth Programme'.⁸ The general objective of the new programme is to 'encourage innovation in healthcare and increase the sustainability of health systems, to improve the health of the EU citizens and protect them from cross-border health threats'.⁹

The proposed Regulation was sent to the European Parliament and the Council for consideration in December 2011. The European Parliament, with the support of Ms Willmott as shadow rapporteur, has prepared a report on the Draft Regulation,¹⁰ which was adopted by the ENVI Committee on 20 June 2012.

In April 2010, the European Parliament Interest Group on Mental Health, Well-being and Brain Disorders was established. Since then, the Interest Group has organised several meetings on mental health related issues, such as depression, the role of mental health in the Europe 2020 Strategy, Mental Health in the Active and the Healthy Ageing Innovation Partnership.

In addition to the above, the European Union has developed a legal framework for the protection of those affected by mental health problems. In 2000, the Council adopted Directive 2000/78/EC¹¹ on the equal treatment in employment and occupation, with the aim of ensuring the equality of workers in employment relations. The protection of workers with mental health problems is also enshrined in Council Directive 89/391/EEC,¹² which requires employers to carry out risk assessments at work settlements and, if necessary, to introduce measures to mitigate identified risks.

In 2003, the European Commission adopted Recommendation 2003/670/EC,¹³ which includes an inventory of occupational diseases. It is noteworthy that mental health disorders are not included in this inventory. The development of new legislation on occupation disease inventories is currently under consideration at the European Commission.

⁶ European Commission White Paper - Together for Health: A strategic approach for the EU 2008-2013, COM(2007)630 final, available at: http://ec.europa.eu/health-eu/doc/whitepaper_en.pdf.

⁷ Decision No. 1350/2007/EC of the European Parliament and of the Council of 23 October 2007 establishing a second programme of Community action in the field of health (2008-2013), available at: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2007:301:0003:0013:EN:PDF>.

⁸ Proposal for a Regulation of the European Parliament and of the Council on establishing a Health for Growth programme of EU action in the field of health for the period 2014-2020, COM(2011)709 final, available at: http://ec.europa.eu/health/programme/docs/prop_prog2014_en.pdf.

⁹ Ibid.

¹⁰ Draft Report on the proposal for a Regulation of the European Parliament and of the Council establishing a Health for Growth Programme, the third multi-annual programme of EU action in the field of health for the period 2014-2012, 2011/0339(COD), available at: <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+COMPARL+PE-486.116+02+DOC+PDF+V0//EN&language=EN>.

¹¹ Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation, *OJ L 303*, 2.12.2000, p. 16-22.

¹² Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work, *OJ L 183*, 29.6.1989, p. 1-8.

¹³ Commission Recommendation 2003/670/EC of 19 September 2003 concerning the European schedule of occupational diseases, *OJ L 238*, 25.9.2003, p. 28-34.

2 PROCEEDINGS OF THE WORKSHOP

2.1 Part I: Every 1% increase in unemployment correlates to a 0.8% rise in suicides: Europe is facing a mental health crisis

2.1.1 Welcome and opening - MEP Glenis Willmott, Co-chair of the Health Working Group of the Committee on the Environment, Public Health and Food Safety

In her opening speech, Ms Willmott (MEP) noted that the current economic downturn has serious human costs, leading to mental disorders such as depression and to increasing suicide rates. She identified Greece as an example, where over the past year there has been a 40% rise in the suicide rate. Drawing on the results of a recent study, she linked a 1% increase in national unemployment rates to a 0.8% rise in the rate of suicide in Europe. 'Bearing in mind that the unemployment rate across the EU is over 10%, we could truly be facing a European mental health crisis', said Ms Willmott.

In order to improve the mental health status of European citizens and to resolve current economic problems, EU level responses are required. As such, Ms Willmott welcomed EU funded projects on mental health, and emphasized the need to include the issue of mental health in the European Health for Growth Programme (2014-2020). The European Parliament, with the support of Ms Willmott as a shadow rapporteur, is currently developing its position on the draft Programme.

Ms Willmott also emphasized that ensuring the good mental health status of European citizens is a prerequisite for tackling other health related problems, such as unhealthy tobacco use, alcohol use and chronic disorders.

Finally, Ms Willmott explained that due to other commitments, Mr Alojz Peterle (MEP), the other Co-chair of the Health Working Group of the Committee on the Environment, Public Health and Food Safety was not able to attend the workshop.

2.1.2 The link between debt and mental health - Professor David McDaid (United Kingdom)

Professor David McDaid: European Observatory on Health Systems and Policies at the London School of Economics and Political Science, Co-ordinator of the Mental Health Economics European Network

Professor McDaid's presentation addressed two key issues: the impacts of the global financial crisis on human health; and the question of whether it is worth investing in risk reduction measures and measures to tackle unmanageable debt.

Regarding impacts on health, Professor McDaid highlighted UK research that substantiates a link between unmanageable debt and mental health problems.¹⁴ Citizens with financial difficulties are two to four times more likely to have major depression within an 18 month period than other citizens. As regards the nature of debts, it is not necessarily the size of the debt that matters, but rather its manageability for the individuals. Unmanageable debts increase stress levels, which can lead to serious mental health problems, such as depression.

Professor McDaid went on to discuss the results from a 2012 article from the European Journal of Public Health, which describes the links between debts and certain mental disorders.¹⁵ For example, the article reveals that debt increases the risk of developing phobia and panic disorder by three times. With regards to other disorders, such as obsessive-compulsive disorder (OCD), depression and generalised anxiety disorders, the increase was about 2-2.5%.

The same article also looked into the impacts of different sources of debt on public health and concluded that the more debts individuals have, including debts relating to housing, utility shopping and other expenditures, the greater the impacts are on the individuals' mental health.

In his presentation, Professor McDaid also considered the link between increasing debt and increasing suicide rates in Europe. A 1998 Finnish survey provided evidence that suicidal thoughts were three times more common among those who had difficulties paying back their debts.¹⁶ Similarly, a recent UK survey from 2011¹⁷ showed that those in debt are twice as likely to contemplate suicide as people without any financial difficulties. Suicide rates are influenced not only by economic circumstances, but also by other factors, such as the national provision of a social security net.

In reviewing available evidence, Professor McDaid also referred to a 2011 WHO report¹⁸ which concludes that increasing unemployment and poverty can contribute to the development of mental health problems, such as depression and the increased risk of suicide.

Professor McDaid then focused on possible measures that could be taken to mitigate the mental health impacts of the economic crisis. The UK Department of Health has recently investigated the economic potential of investing in relevant services such as debt advice and counselling services and found that such measures could not only reduce legal costs for debtors, but could also increase productivity in long-term.¹⁹

However, Professor McDaid went on to note that the impacts of the global financial crisis cannot be tackled by health-related measures alone, and identified a need to involve private sector actors and to invest in financial measures.

¹⁴ Skapinakis P, Weich S, Lewis G, Singleton N, Araya R. 'Socio-economic position and common mental disorders: Longitudinal study in the general population in the UK', Br J Psychiatry 2006.

¹⁵ Howard Meltzer, Paul Bebbington, Traolach Brugha, Michael Farrell and Rachel Jenkins 'The relationship between personal debt and specific common mental disorders', European Journal of Public Health, March 2012.

¹⁶ Hintikka, Kontula, Saarinen et al, 'Debt and suicidal behaviour in the Finnish general population', Acta Psychiatrica Scandinavica, 1998.

¹⁷ Meltzer, H., P. Bebbington, et al., 'Personal debt and suicidal ideation', Psychological Medicine, 2011.

¹⁸ Wahlbeck, Anderson, Basu, McDaid et Stuckler, 'Impact of economic crisis on mental health', WHO, available at: http://www.euro.who.int/_data/assets/pdf_file/0008/134999/e94837.pdf.

¹⁹ The Royal College of Psychiatrists: Debt Collection and Mental Health, available at: <http://www.rcpsych.ac.uk/quality/research/debtandmentalhealth/debtcollection.aspx>.

Regarding the involvement of the financial sector, he identified the value of providing written guidance for creditors who deal with customers with financial difficulties.

In closing his presentation, Professor McDaid noted that the link between debt and mental health is not unidirectional, rather it may be that individuals with poor mental health status fall more easily into debt.

2.1.3 A lost generation? The impact of the financial crisis on teenagers and young people - Dr Jean-Paul Matot (Action for Teens)

Dr Jean-Paul Matot: Member of Action for Teens, Psychiatrist

Dr Jean-Paul Matot first described the mission of his organisation, 'Action for Teens', noting that it is a network of psychiatrists and experts specialised in adolescent psychiatry who work to create care facilities for adolescents in crisis situations.

Dr Matot explained that modern psychiatry only considers individuals over 30 years in age to be adults, with those under 30 years considered as adolescents (between the age of 12 and 18) or as young adults (between the age of 18 and 30). This differentiation is necessary as adolescents may face difficult challenges to young adults. For an adolescent the greatest challenges are to find his or her place in the family and to handle the challenges posed by puberty (e.g., sexuality and body change). In contrast, a young adult may find it difficult to identify his or her role in society and to accept his or her adulthood. He described how a healthy adolescence is a prerequisite for a healthy adulthood. During adolescence, youngsters go through two important developmental processes, called 'destruction' and 'enhancement'. Destruction is a process during which young people re-evaluate their status in the family and develop their own personalities. This development can only be healthy if the adolescent's perception about the world meets the reality ('enhancement').

External factors, such as the financial situation or unemployment of their parents, may negatively influence the development of adolescents, and may lead to mental disorders such as depression, suicidal thoughts or alcohol addiction. As an example, Dr Matot explained that unemployed parents who feel ashamed because of their situation often put too much pressure on their children, by setting too high expectations. This type of pressure can easily cause stress to the children, which in long-term could lead to more serious disorders, such as depression.

Moreover, people no longer have a 'single trajectory until they die', as Dr Matot explained individuals may change jobs and partners many times, which might generate feelings of instability and lead to mental diseases.

Dr Matot also referred to the lack of social solidarity as a factor that can negatively influence the development of a healthy personality, since young people might see the world as a merciless place and reject life as an adult.

As a general conclusion, Dr Matot said that young people living in Southern Europe are at a higher risk of developing mental disorders than those living in Northern Europe, as this region has been more severely hit by the financial crisis. Children living in families that have been affected by the financial crisis are also more vulnerable.

In closure, Dr Matot described measures that could be taken in order to ensure the healthy development of young adults, including the improvement of education for youngsters and the development of specialised centres for adolescents in crisis situations.

2.1.4 Mental health and the economic crisis: Ways forward - Dr Roberto Bertollini (WHO)

Dr Roberto Bertollini: Chief Scientist, WHO Regional Office for Europe

Dr Bertollini started his presentation by describing the work done by WHO in the field of mental health and the economic crisis. In 2011, WHO prepared a booklet²⁰ summarizing the ways in which the economic downturn has affected mental health and outlined some measures that could be implemented to reduce these adverse effects.

He went on to note that even before the financial crisis hit Europe, mental-health related diseases had constituted a significant burden to the health-care systems of European countries. In addition to economic circumstance, Dr Bertollini identified a number of other factors that may also affect the mental health status of European citizens, such as ethnicity, social class, marital status and relative income. The social status of a person can determine the life-style of an individual. For example a person from a lower social class is at a higher risk of developing alcohol or tobacco addiction and of having an unhealthy diet. Individuals that develop mental health problems due to their vulnerable situation may constitute a significant burden on national economies as their economic productivity may decrease.

According to Dr Bertollini, mental health problems caused by the financial crisis can be addressed in various ways, including the development of employment programmes, family support services, debt relief support services, alcohol reduction measures, and the improvement of mental health services. In order to illustrate the importance of strong social policies, Dr Bertollini compared the situations in Spain and Sweden from 1980 to 2005. The statistical data well-illustrates the different effects that increasing unemployment had in the two countries, with the suicide rate significantly increasing in Spain, while in Sweden the rate decreased. According to Dr Bertollini, the different trends can be explained by the fact that Sweden had a more stable social support system than Spain. He thus concluded that a strong social net and a higher public expenditure on social protection may protect citizens from mental health diseases. He identified the health-care and social policies of a country, as well as the wealth of the citizen as the main factors determining the health status of European citizens.

Regarding current policy developments at WHO level, Dr Bertollini highlighted the development of the 'European Mental Health Strategy',²¹ due to be adopted in 2013. This Strategy aims to improve the mental well-being of European citizens, prevent the development of mental health related diseases, establish safe and effective services and tackle co-morbidities.

²⁰ Wahlbeck, Anderson, Basu, McDaid et Stuckler, 'Impact of economic crisis on mental health', WHO, available at: http://www.euro.who.int/_data/assets/pdf_file/0008/134999/e94837.pdf.

²¹ More information on the European Mental Health Strategy is available at: <http://www.euro.who.int/en/what-we-do/health-topics/noncommunicable-diseases/mental-health/policy/european-mental-health-strategy>.

In addition to the Strategy, Dr Bertollini mentioned the 'Health 2020 Policy',²² which was developed with the aim of achieving the full health potential and well-being of the European region. The policy encourages member countries to strengthen their health systems and invest in the development of their health services.

2.1.5 First Round of Questions and Answers

Following the first part of the workshop, Ms Willmott gave the opportunity to European Commission representatives to share the views of their Directorate Generals.

Mr Jorge Costa-David from DG EMPL of the European Commission emphasized that the European Commission supports all types of initiatives that aim to improve the mental health status of European citizens. In particular, DG EMPL aims to improve the mental health protection of workers. Mr Costa-David said that the issue cannot be addressed solely through European level actions, making it necessary to engage Member States and other stakeholders, such as employers' associations and health practitioners.

DG SANCO of the European Commission was represented by Mr Michael Huebel, who agreed that the insecurities caused by the global financial crisis might lead to the development of mental health problems. He noted that the Member States hold the main responsibility for providing services, including debt advice services and health-care services, to individuals with mental health problems. He therefore called on Member States to maintain adequate social and health-care services, despite the fiscal austerity measures currently in place in many countries.

With regards to future steps, Mr Huebel referred to the need to invest more in understanding young people and mental diseases in the workplace, as well as in depression and suicide.

Finally, Mr Huebel highlighted the on-going implementation of the 'European Pact for Mental Health and Well-being', adopted in 2008 with the aim of improving the mental health status of European citizens. He noted that the 'Joint Action on Mental Health and Well-being'²³ will have started by the end of 2012, providing a platform for the exchange of views and co-ordination between Member States. This platform will also contribute to the development of evidence-based policy options for tackling mental disorders, in particular depression.

²² The new European policy for health – Health 2020: Vision, values, main directions and approaches, available at: http://www.euro.who.int/_data/assets/pdf_file/0007/147724/wd09E_Health2020_111332.pdf.

²³ In June 2011, the Council of the European Union called on the European Commission and the Member States to set up a Joint Action on Mental Health and Well-being under the EU Public Health Programme 2008-2013. The Joint Action will build on the evidence gathered through the implementation of the European Pact for Mental Health and Well-being. More information on the Joint Action is available here: http://ec.europa.eu/eahc/documents/news/Workshop_on_JA_5-6_12_2011/Presentations/5_12_2011/JA_2012_SANCO/3_J_Scheftlein_Mental_health.pdf and http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lisa/122389.pdf.

2.2 Part II: - Inequalities exist between and within member states: We need more European co-operation on mental health

2.2.1 Economic recession, depression and suicide: The need for a European roadmap- Professor Jose Luis Ayuso-Mateos (Spain)

Prof. José Luis Ayuso-Mateos: Department of Psychiatry, Universidad Autónoma de Madrid. Hospital Universitario de la Princesa, CIBERSAM

In his presentation, Prof. Jose Luis Ayuso-Mateos addressed the links between the global financial crisis and mental disorders and went on to describe potential measures (in particular the role of research) that can be introduced to tackle mental health problems.

First, Prof. Ayuso-Mateos explained that the most common mental disorder is depression. There are various symptoms associated with depression, including psychological (e.g. feeling hopeless and anxious, low mood), physical (e.g. lack of energy, losing appetite) and social symptoms (e.g. not taking part in social activities, having problems at work). Depression can also lead to suicidal behaviour. He noted that with regards to suicide victims, 90% had psychiatric disorders during their lives, 42% were former psychiatric in-patients, and up to 87% were diagnosed with depression.

According to Prof. Ayuso-Mateos, a citizen's mental health status is highly influenced by his or her psycho-social environment, including such factors as exposure to stress or unemployment. Citing a recent survey carried out in Finland, Poland and Spain, he identified those factors that most correlate with citizens experiencing suicidal thoughts, including unemployment, a lack of social support, low socio-economic status, the structure of society, age and gender-related factors.

Similarly to Prof. McDaid, Prof. Ayuso-Mateos emphasized that the link between psycho-social factors and depression is not unidirectional, implying that people with depression may be more likely to experience problems at work and face the risk of unemployment.

He stressed that developing tailored policy responses must be grounded in an evidence-based understanding of the problem. Collecting information exclusively on the link between psycho-social factors (such as increasing unemployment) and suicide does not always allow policy makers to take informed decisions. Prof. Ayuso-Mateos presented data to illustrate how increasing unemployment in some countries (e.g. Germany and Sweden) does not increase the tendency for suicidal behaviour. This suggests that other factors should be assessed before mapping potential measures, such as GDP per capita, the effectiveness of social services, and social organisation.

The second part of Prof. Ayuso-Mateos' presentation focused on the potential measures that Member States can take in order to decrease depression and suicidal behaviour. He emphasized the importance of monitoring and prevention, the improvement of social safety nets, the development of national alcohol policies, and effective labour market programmes.

Prof. Ayuso-Mateos also called for investment in research programmes on the causal factors in mental health disease. He highlighted recent work carried out under ROAMER,²⁴ a three-year research programme funded by the European Union under the Seventh Framework Programme that aims to develop a 'Roadmap for Mental Health Research in Europe'. The Roadmap will provide a current overview of mental health and well-being related research projects in Europe and will identify existing research gaps.

2.2.2 Working together across borders to improve mental health - Pedro Montellano (GAMIAN)

Mr Pedro Montellano: Board member of GAMIAN (Global Alliance of Mental Illness Advocacy Networks)

Mr Pedro Montellano's presentation described the important work done by national patients associations and the need for national associations to cooperate and exchange experiences.

Mr Montellano is a member of the Global Alliance of Mental Illness Advocacy Networks-Europe (GAMIAN), which is a pan-European organisation representing the interests of persons affected by mental-diseases. GAMIAN provides independent and transparent services to patients. These include increasing social awareness and understanding of mental health problems, fighting discrimination against those affected by mental health problems, advocating patients' rights and establishing partnerships with other organisations.

Regarding connections between national associations, Mr Montellano said that active partnerships and co-operation between various stakeholders could contribute to securing prompt and high quality treatment for patients with mental illness and to promoting policy developments in the area of mental diseases.

He noted that GAMIAN organises meetings with the European Parliament Interest Group on Mental Health at least twice a year in order to promote patients' interests at European level. Since its establishment in 2008, the Interest Group has been functioning as a platform for mental health-related debates and policy actions. The Interest Group has met six times and has discussed topics such as health inequalities and mental health, the role of mental health in achieving the objectives of the Europe 2020 Strategy, and the mental health status of children and adolescents.

Finally, Mr Montellano referred to recent studies prepared by GAMIAN, such as Stigma (2010),²⁵ and to studies that GAMIAN will publish in 2012 and 2013, entitled Physical and mental health (2012)²⁶ and Adherence to treatment (2013).²⁷ These studies have revealed that 25% of the patients with mental diseases have no access to medication as a result of their financial situation. Moreover, 11% of citizens affected by mental health problems are afraid to disclose their mental health problems.

²⁴ More information on the ROAMER programme is available at: <http://www.roamer-mh.org/>.

²⁵ Elaine Brohan, Rodney Elgie, Norman Sartorius, Graham Thornicroft and the GAMIAN-Europe Study Group, *'Self-stigma, empowerment and perceived discrimination among people with schizophrenia in 14 European countries: The GAMIAN-Europe study'*, available at: <http://www.gamian.eu/Stigma/Schizophrenia%20stigma%20pub.pdf>.

²⁶ More information on the 'Physical and mental health' study is available at: http://www.gamian.eu/physical_and_mental_health.htm.

²⁷ More information on the 'Adherence to Treatment' study, which will be published in October 2013 is available at: http://www.gamian.eu/adherence_to_treatment.htm.

2.2.3 Second round of questions and answers

Following the second part of the workshop, Ms Willmott opened the floor for questions and remarks.

Ms Nessa Childers stressed that the mental health of EU citizens is an important issue for the European Parliament at the moment and that it is being addressed by the European Parliament Interest Group on Mental Health, of which Ms Childers is one of the co-chairs. She went on to describe how, prior to her career as an MEP she was a psychotherapist in Ireland, a Member State that has been in economic recession for a few years now. Ms Childers explained how recession has had severe consequences on the mental health of the Irish people, including increases in the development of chronic mental diseases and the suicide rate.

While she recognised that social systems can mitigate the negative consequences of the crisis, she noted that social systems are unfortunately falling in countries with the biggest problems. Ms Childers welcomed the draft bankruptcy law of Ireland, which will introduce a more favourable insolvency regime for companies by reducing the waiting period for automatic discharge from 12 years to three years. She explained how such measures can relieve the burden of unmanageable debt on citizens and contribute to the improvement of their mental health.

In response to the remarks made by Ms Childers, Dr Bertollini said that policy makers are often influenced by market considerations and tend to promote cost-efficient measures. Evidence has shown that one of the most efficient ways to tackle the impacts of the financial crisis on citizens' mental health is the promotion of social welfare systems. While acknowledging the significant cost-implications of this measure, Dr Bertollini emphasized the considerable long-term benefits and called on the European Parliament to promote this measure.

Also in relation to Ms Childers' contribution, Professor McDaid said that the involvement of financial actors, including DG ECFIN and creditor institutions, is crucial for the development of adequate policy measures.

Mr Montellano recognised the costs associated with policy measures, but went on to state that inaction could also have serious cost-implications. As an example, he highlighted the costs of suicide, which causes a significant loss of income for the state, in particular when committed by younger people.

Professor McDaid confirmed that suicide generates substantial costs for the health-care system and for national economies (e.g. family members take leave from work after the suicide of a family member). Recent Irish statistics on suicide trends show increasing rates amongst young people, which might constitute a problem for national economies as they lose their active labour force. It is important that policy makers understand these aspects and therefore invest in prevention.

Mr Huebel from DG SANCO stated that economic evidence facilitates the policy-making process. He said that while social support is important, it is not the only tool with which to tackle the impacts of financial crisis on human health. Due to the austerity measures introduced by some countries, there is a risk that funding for social services will be cut. Economic evidence could be used to demonstrate the long-term negative impacts of cutting funds for social services to Member States.

Mr Costa-David from DG EMPL noted that the protection of citizens could also be ensured through the enforcement of relevant legislation. He highlighted Council Directive 89/391/EEC, which requires employers to carry out risk assessments at work and introduce measures to mitigate identified risks. Mr Costa-David explained that the Directive leaves decisions regarding risk assessment methodology up to the employers, which might allow for the development of inadequate practices.

In addition to effective implementation of existing legislation, Mr Costa-David also identified the need to adopt new legislation, in particular in the area of mental health in the workplace. He noted that the current inventory of occupational diseases under Commission Recommendation 2003/670/EC does not include reference to mental health diseases. Due to this gap, mental diseases are not considered as occupational diseases by most of the Member States. This is despite Member States being signatories of the ILO Convention No.161,²⁸ which requires parties to recognise mental problems caused by work as occupational diseases. He said that prior to the development of a proposal for new legislation, the European Commission will publish a call for tenders for a study on mental health in the workplace across the EU.

Finally, Mr Costa-David acknowledged that some measures that need to be taken to tackle the negative impacts of the financial crisis on the mental health of EU citizens might not be cost-effective, but should nevertheless be introduced as the human costs of the crisis are substantial.

As a last remark, Dr Matot highlighted the important role that education might play in tackling the current mental health crisis.

2.2.4 Conclusions: Glenis Willmott (MEP)

In her final remarks, Ms Willmott emphasized the need to classify mental health diseases as occupational diseases. She said that the European Parliament and other stakeholders should take steps to end the 'backseat' position of the issue and to ensure that the issue is not dismantled by the Member States due to cost-implications and financial difficulties.

Ms Willmott also said that the right to health and safety at work should be treated as a fundamental workers' right.

Regarding next steps, Ms Willmott welcomed the on-going activities of the European Commission. She suggested that the impacts of the global financial crisis on mental health should be further discussed in a joint meeting between the Commission and the European Parliament Interest Group on Mental Health.

²⁸ ILO Convention No.161, also called as Occupational Health Services Convention, 1985, available at the ILO website: http://www.ilocarib.org.tt/projects/cariblex/conventions_20.shtml.

ANNEX I: PROGRAMME

WORKSHOP ON MENTAL HEALTH IN TIMES OF ECONOMIC CRISIS

Tuesday, 19 June 2012 from 16.00 to 18.00
European Parliament, Room ASP A1E-1, Brussels

**Organised by the Policy Department A-Economy & Science
for the Committee on the Environment, Public Health and Food Safety (ENVI)**

**16.00-16.05 Welcome and opening by Co-chairs of the Health Working Group
MEP Glenis Willmott and MEP Alojz Peterle**

**Part 1: Every 1% rise in unemployment correlates to a 0.8% rise in
suicides: Europe is facing a mental health crisis**

16.05-16.15 The link between debt and mental health

Prof. David McDaid, European Observatory on Health Systems and Policies at the London School of Economics and Political Science. Co-ordinator of the Mental Health Economics European Network (UK).

16.15-16.25 A lost generation?

The impact of the financial crisis on teenagers and young people

Dr Jean-Paul Matot, Member of Action for Teens, Psychiatrist.

16.25-16.35 How to avoid a mental health crisis: Ways forward

Dr Roberto Bertollini, Chief Scientist, WHO Regional Office for Europe.

16.35-16.55 Question Time

With the presence of: Mr Michael Huebel, Head of Unit, and Mr Jurgen Schefflein, policy officer, "Health Determinants" Unit, DG SANCO, European Commission (Europe 2020 – for a healthier EU); Mr Jorge Costa-David, policy officer, "Health and Safety at Work" Unit, DG EMPL, European Commission.

Part 2: Inequalities exist between and within Member States: we need more European co-operation on mental health

16.55-17.05 Economic recession, depression and suicide: The need for a European roadmap

Prof. José Luis Ayuso-Mateos. Department of Psychiatry. Universidad Autónoma de Madrid. Hospital Universitario de la Princesa. CIBERSAM (ES)

17.05-17.15 Working together across borders to improve mental health

Pedro Montellano, board member of GAMIAN (Global Alliance of Mental Illness Advocacy Networks).

17.15-17.55 General Discussion

With the presence of: Mr Michael Huebel, Head of Unit, and Mr Jurgen Schefflein, policy officer, "Health Determinants" Unit, DG SANCO, European Commission (Europe 2020 – for a healthier EU); Mr Jorge Costa-David, policy officer, "Health and Safety at Work" Unit, DG EMPL, European Commission.

17.55-18.00 Conclusions

18.00 Closing remarks

ANNEX II: SHORT BIOGRAPHIES OF EXPERTS

David McDaid

Prof. David McDaid is Senior Research Fellow in Health Policy and Health Economics at LSE Health and Social Care and the European Observatory on Health Systems and Policies at the London School of Economics and Political Science.

He is co-ordinator of the Mental Health Economics European Network. He is involved in a wide range of work on mental health and public health in the UK, Europe and beyond. He has published over 100 peer reviewed papers and reports, including recent work on the economic case for investing in measures to prevent both debt and suicides.

Jean-Paul Matot

Dr Matot is a psychiatrist who holds university degrees from the Medical Faculty of the Free University of Brussels (ULB) and the University of Paris. Between 1991 and 1994, Dr Matot was an assistant clinical director at the Medico-Psychological Department of the Saint Pierre University Hospital. Following this position, Dr Matot became the Director of the Mental Health Department of ULB (1994-2008) and then the Chief of the Child Psychiatry at the Children's University Hospital-Queen Fabiola, in Brussels (2008-2010).

Dr Matot has also been involved in the work of many professional associations, including the French-speaking section of the Belgian Society of Psychiatry for Children and Adults as president (1991-1996), the European Society for Child Adolescent Psychiatry as vice-president (1991-1999), the Platform for the Mental Health of the Brussels Region as a chairman (1996-1999), the European Association for Infant and Adolescent Psychopathology as secretary and the International Psychoanalytic Association as member. Dr Matot is also a member of the Action for Teens.

Dr Matot is also the co-author of many articles and chapters in professional journals and books. Moreover is the co-director of the journal 'Enfances, Adolescences' and the director of the journal 'Revue Belge de Psychanalyse'.

Roberto Bertollini

Dr Roberto Bertollini, M.D., M.P.H. is the WHO Representative to the EU in Brussels and the Chief Scientist of the WHO Regional Office for Europe. Before this assignment, he was the coordinator of the Evidence and Policy for Environment and Health unit of the WHO Department of Public Health and Environment in Geneva (2007-2010), the Director of the WHO EURO Special Programme on Health and Environment in Copenhagen, Rome and Bonn (2004-2007), the Director of the Division for Technical Support "Health Determinants" at the WHO Regional Office for Europe based in Copenhagen (2000-2004) and the Director of the Rome Division of the WHO European Centre for Environment and Health (1993-2004). Before joining the WHO he had worked at the Epidemiology Unit of the Lazio Region of Italy.

Dr Bertollini holds a degree in medicines and a postgraduate degree in paediatrics, as well as a Master in Public Health. During his career he has been involved in the development of the public health agenda at both European and global levels.

Dr Bertollini is highly interested in topics that concern e.g. the effects of socioeconomic determinants to human health. He is the author of many public health related scientific books and articles.

José Luis Ayuso-Mateos

Prof. Ayuso-Mateos is the Chairman and Director of the Department of Psychiatry of the Universidad Autónoma de Madrid (UAM) and works as a practitioner at the Hospital Universitario de la Princesa.

Prof. Ayuso-Mateos is the Principal Investigator of the Centro de Investigación Biológica en Red de Salud Mental (CIBERSAM), the Spanish Mental Health Research Network, and also directs the Affective Disorders Multidisciplinary Research Group, which is currently involved in the following projects funded by the European Commission: Psycho-social Aspects Relevant to Brain Disorders in Europe, PARADISE; Collaborative Research on Ageing in Europe, COURAGE; Road Map for Mental Health, ROAMER; and Scaling Up Services for Mental, Neurological and Substance Use (MNS) Disorders within the WHO mental health Gap Action Programme (mhGAP).

The Affective Disorders Multidisciplinary Research Group is currently conducting studies on the epidemiology of suicidal ideation and behaviour in the general population, and on the relationship of psychotropic drugs and suicidal behaviour. In addition, this group is taking part in three investigator-driven clinical trials in bipolar and depressive disorders.

Prof. Ayuso-Mateos is also a member of the International Advisory Group for the Revision of ICD-10/Mental and Behavioural Disorders, and of the ICD-10 Working Group on Mood and Anxiety Disorders. Finally, he is member of the 'Essential package for mental, neurological and substance use disorders' Guideline Development Group of the WHO.

Pedro Montellano

Pedro Manuel Palma Leal Ortiz de Montellano has been the owner and manager of Espacos and Negocios, a real estate company in Lisbon, since 2003. He holds a degree in agronomics engineering from the Lisbon Institute of Agro-economics and a post-graduate degree from the Institute of Economics and Management in real estate management and valuation.

Mr Montellano was diagnosed with bipolar disorder at the age of 23. Between 2001-2004, he was the President of the Fiscal Board of the Association for the support of Depressive and Bipolar users; since 2004, he has been the treasurer of this Association.

He is also board member and treasurer of GAMIAN Europe-Global Alliance of Mental Illness Advocacy Networks. For many years, Mr Montellano has been coaching a rugby team for children.

ANNEX III: PRESENTATIONS

Presentation by David McDaid

The links between debt and mental health

David McDaid

Mental Health in Times of Economic Crisis, European Parliament,
Brussels June 2012

LSE Health & Social Care et European Observatory on Health Systems
and Policies, London School of Economics and Political Science

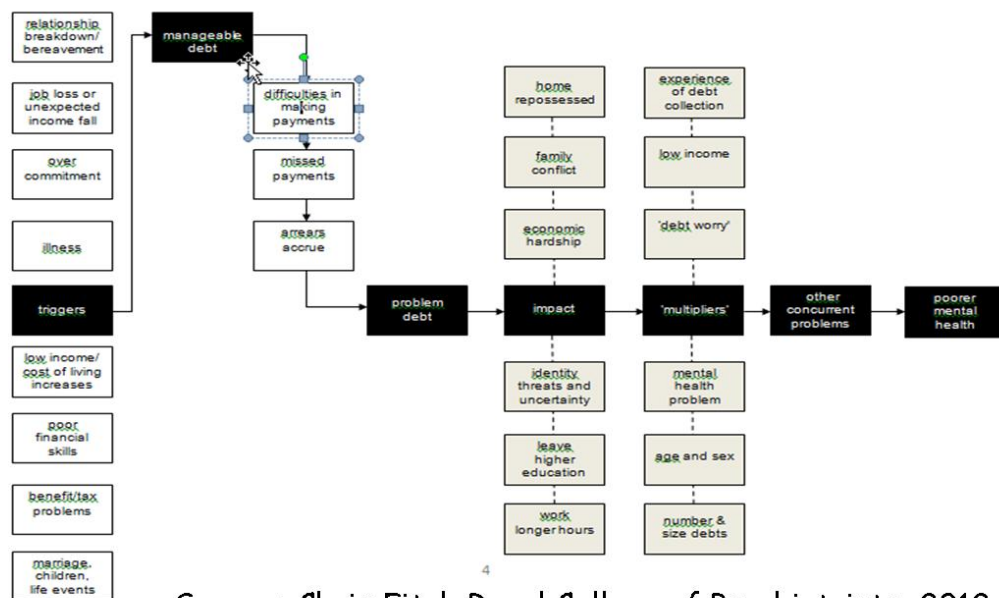
E-mail: d.mcdaid@lse.ac.uk

Structure

- What do we know about the impact of debt on mental health?
- Is there an economic case for investing in measure to reduce the risk or tackle unmanageable debt?

What do we know about the links between debt and mental health?

Debt and Mental Health: Conceptual Framework



Source: Chris Fitch Royal College of Psychiatrists, 2012

Long term increased risk of depression

**if you have financial difficulties,
you are 2 to 4 times more likely
to have major depression
18 months later**

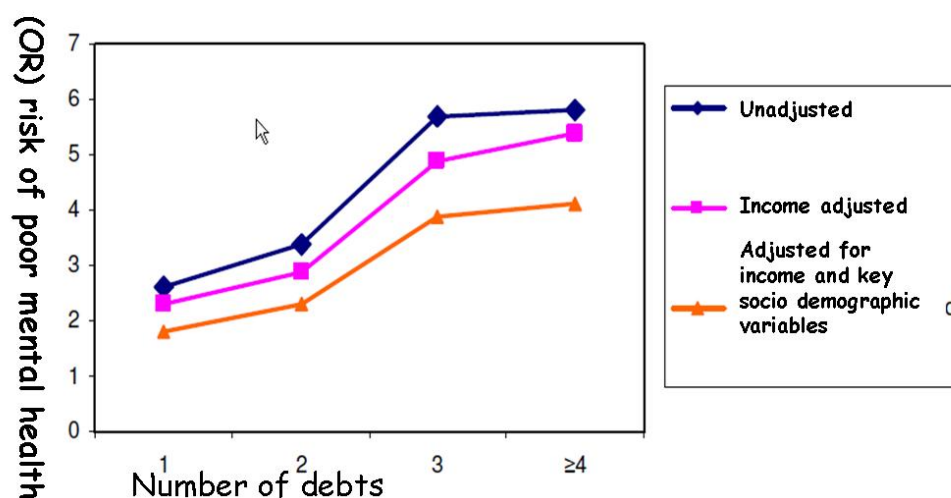
Skapinakis P, Weich S, Lewis G, Singleton N, Araya R. Socio-economic position and common mental disorders: Longitudinal study in the general population in the UK. *Br J Psychiatry* 2006; **189**: 109-17.

Skapinkas et al 2006

- 2406 British adults
- 'financial difficulties' (a single measure of different debts)
- surveyed at 'baseline' and 18 months later ('follow-up')
- among individuals with depression at baseline, the odds of depression at follow-up were four times higher for those with financial difficulty at baseline than no difficulty (95% CI 1.19-14.80).
- for individuals not depressed at baseline, the comparative odds of depression were twice as great for those reporting financial difficulties at baseline (95% CI, 1.05-3.98).
- took account of employment, material standard of living (a 'wealth' measure of income and housing), and baseline psychiatric symptoms.

Skapinakis P, Weich S, Lewis G, Singleton N, Araya R. Socio-economic position and common mental disorders: Longitudinal study in the general population in the UK. *Br J Psychiatry* 2006; **189**: 109-17.

Risk of poor mental health in people with debt in Great Britain



Jenkins R et al. Debt, income and mental disorder in the general population. *Psychological Medicine*, 2008, 38:1485-1493.

Risk of debt higher for many common mental health problems

Table 2 Debt correlates of six common mental disorders

	Unadjusted OR	95% CI	P values	Adjusted OR ^a	95% CI	P values
Phobia						
Not in debt	1.00	—	—	1.00	—	—
In debt	7.23	4.81,10.88	<0.001	3.83	2.43–6.05	<0.001
OCD						
Not in debt	1.00	—	—	1.00	—	—
In debt	4.79	2.94–7.70	<0.001	2.27	1.32–3.90	0.002
Depressive episode						
Not in debt	1.00	—	—	1.00	—	—
In debt	4.08	2.87–5.81	<0.001	2.36	1.59–3.50	<0.001
Panic disorder						
Not in debt	1.00	—	—	1.00	—	—
In debt	3.81	2.28–6.40	<0.001	3.14	1.79–5.52	<0.001
Generalized anxiety disorder						
Not in debt	1.00	—	—	1.00	—	—
In debt	3.49	2.65–4.60	<0.001	2.51	1.85–3.41	<0.001
Mixed anxiety and depressive disorder						
Not in debt	1.00	—	—	1.00	—	—
In debt	2.61	2.10–4.55	<0.001	2.10	1.65–2.66	<0.001

a: Adjusted for age, sex, marital status, employment status and tenure

Source: Meltzer, Bebbington, Brugha, Farrell & Jenkins 2012

European Journal of Public Health (Advance Access)

Number of debts and source of debt impacts on mental health

Table 4 Prevalence of CMD by source of debt, number of debts, source of loan and number of lenders

Source of debt	No debt	Housing ^a	Utilities ^b	Shopping ^c	Other debts ^d
Any CMD (%)	13.9	41.8	44.1	44.8	40.8
Base	6678	342	247	192	285
Number of debts	0	1	2	3	4+
Any CMD (%)	13.9	32.3	27.0	54.3	54.3
Base	6678	279	148	70	127
Source of loan	Family	Friends	Pawnbroker	Moneylender	
Any CMD (%)	34.2	44.3	45.3	57.5	
Base	491	185	75	40	
Number of lenders	0	1	2	3	
Any CMD (%)	13.9	34.8	42.7	52.2	
Base	6678	475	124	25	

a: Housing debts comprise arrears in rent, mortgage and council tax

b: Utilities debt comprise arrears in gas, electricity and water

c: Shopping debts comprise arrears in hire purchase, credit card and mail order

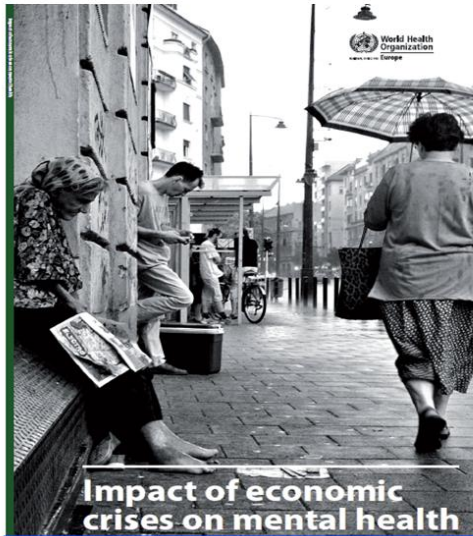
d: Other debts include arrears in telephone, TV licence, road tax and child maintenance

Source: Meltzer, Bebbington, Brugha, Farrell & Jenkins 2012
European Journal of Public Health (Advance Access)

Debt and suicide

- Finland: Survey of 5,000 people found those who had difficulties in repaying debts 3 times more likely to have suicidal thoughts. [Hintikka et al 1998 Acta Psychiatrica Scandinavica]
- England: Survey of 7000 people: Those in debt twice as likely to think about suicide. Number of debts, source of debt and reason play important role. [Melzer et al 2011, Psychological Medicine]
- Time lag in access to official suicide data means that only now beginning to be possible to look at association between economic circumstance & suicide

Impact des crises économique sur la santé mentale



Previous crises: increases in unemployment and poverty increase the risk of poor mental health

Debt and other financial difficulties have a negative impact on mental health

Unemployment and poverty can contribute to depression and increase suicide risk

Wahlbeck, Anderson, Basu, McDaid et Stuckler, WHO, 2011

Is there an economic case for investing in measures to tackle/prevent unmanageable debt?

Debt advice and counselling services

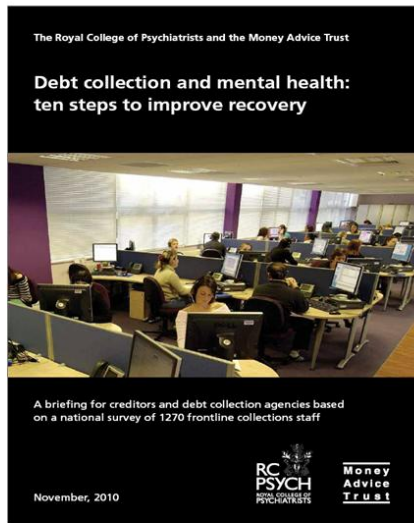
Target	General population without mental health problems who at risk of unmanageable debt
Inter-vention	Debt advice services, provided on face to face, telephone or internet basis
Outcome evidence	Unmanageable debt increased risk of developing depression/anxiety disorders by 33% in gen pop (Skapinakis et al 2006). 56% of face to face service alleviate unmanageable debt (Williams & Sansom 2007). 47% for telephone (Pleasance & Balmer 2007).
Economic pay-offs	Avoidance of costs to health and social care services; legal system; productivity losses; local economy
Findings	Telephone/ web cost saving from public purse perspective in most scenarios; face to face most cost effective if 30% of costs recouped from creditors; face to face cost saving if productivity losses averted

Debt counselling services can play a role

- Supporting not-for-profit debt advice services may be prudent in time of economic crisis

	Year 1 (£)	Year 2 (£)	Year 3 (£)	Year 4 (£)	Year 5 (£)
Health and social services	151,512	-13,209	-13,017	-12,829	-12,643
Legal costs	-87,908	-	-	-	-
Productivity	-7,827	-100,128	-98,677	-97,426	-95,837
Net Cost- Benefit	55,777	-113,336	-111,694	-110,075	-108,480

Knapp, McDaid, Evans-Lacko, Fitch, King, 2011



Working with the financial industry:

Developing written guidance for creditors on dealing with customers with mental health needs

Providing frontline staff with basic training

Chris Fitch and Ryan Davey
Royal College of Psychiatrists
www.rcpsych.ac.uk/recovery

Summary

- There is an evidence base linking debt to poor mental health
- Poor mental health also increases risk of debt
- More of the population are vulnerable in times of economic crisis
- Need to consider investing in support to help individuals to avoid unmanageable debt: potentially cost effective
- Working with the financial industry to better meet the needs of customers in debt with mental health problems
- This is one element of action - need also measures to help protect against absolute poverty and loss of life opportunities

More information



- Report for the Department of Health in England on economic arguments for investing in mental health including debt management & suicide prevention

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126085


Presentation by Jean-Paul Matot



A lost generation?
Impact of financial crisis on adolescence and youth
Intervention at the European Parliament, June 19th, 2012

Dr Jean-Paul Matot
Action for Teens

1



Action for Teens aisbl

- European network of caregivers, psychiatrists, academics and field experts in adolescent mental health
- Goals :
 - Organising links between national networks in Europe
 - Sharing and developing innovations, good practices
 - Supporting the creation of structures for adolescents and young adults in psychological and psychiatric troubles, responding to the actual needs

2

Adolescence and youth tasks and challenges



- Adolescence : 12-18 years
 - Creation of a field of autonomy inside the family
 - Integration of puberty physical changes, sexuality and intellectual development
- Youth : 18-30 years
 - Creation of a field of autonomy inside the society ; cultural differences between the European countries *
 - Integration of the social status of adulthood

* VAN DE VELDE C., *Devenir adulte. Sociologie comparée de la jeunesse en Europe*, Paris, PUF, 2008

Developmental processes



- Subjective appropriation of the relation to one-self and to the outside world
de-construction / re-construction
- Development of the sense of reality of the self and the world, and in the same time continuity of the sense of self
enchantment

Matot J-P., *L'enjeu adolescent. Déconstruction, enchantement et appropriation d'un monde à soi*. P.U.F., Paris, 2012

4

Dead-end of these processes



**ACTION
FOR
TEENS**

European Network
of Houses
for Teenagers

- Restriction of de-construction :
 - Topics of inhibition : depression, social phobia, schizoid states
 - Topics of transgression : antisocial behaviour, delinquency
- Deficit of enchantment :
 - Rigid splitting between reality and fantasy
 - Superficial over adaptation and lack of contact with the « true self » (« as if » personality, narcissistic perversion, ...)
 - Withdrawal in addictive (drugs, gamble) or delusional neorealities

5

Changes in the social contract in occident



**ACTION
FOR
TEENS**

European Network
of Houses
for Teenagers

- **From collective taboos towards individual performance** : from guilt towards shame, from neurosis towards depression *
- **Changes in childhood** :
 - The king child / the tyrant child
 - The right to a child
 - The technological child
- **Changes in adulthood** :
 - The uncertain individual
 - The variability of life courses
 - The crisis of the transmission **

* EHRENBURG A., *Le culte de la performance*, (1991), Paris, Hachette « Pluriel », 2008

— *L'individu incertain* (1995), Paris, Hachette « Pluriel », 1999

— *La fatigue d'être soi. Dépression et société*, Paris, Odile Jacob, 1998

** Rosa H., *Alienation and acceleration: towards a critical theory of late-modern temporality*, Nordic Summer University Press, Svanesund (Sweden)

Impact of financial crisis on adolescents



- **Destabilisation of the parents** (unemployment, precariousness, ...): insecurity, devalorisation
→ restriction of de-construction
- **A cruel world** : valorisation of power and violence
→ deterioration of de-construction in destructivity
- **Societies without values and projects** : valorisation of immediacy, of consumerism, of possession
→ restriction of enchantment

7

Impact of the financial crisis on youth



- **Increase and/or continuation of family dependence**
 - Restriction of personal sources of income (decrease of employment and of public interventions)
 - Restriction of the access to housing
 - **Restriction of the de- and re- construction processes**
- **Lost of credibility of the institutions and of the regulation authorities** :
 - divestiture of the democratic state, with :
 - development of alternative group cultures,
 - Over-adaptation to the culture of performance
 - **Enchantment process in opposition to reality**
/vs omnipotence directly acted in the reality

8

Acceleration of the dualisation of adolescence and youth



- « Rich » Northern countries // « poor » Southern-European countries
- Families experiencing low impact of the crisis // families facing poverty
- « Efficient » (or « formatted ») adolescents and young adults // floating (or lost) adolescents and young adults

9

Recovery of re-generation spaces



- **De-construction spaces to transform violence**
 - Flexible resistance of the adults and the institutions
 - Appropriate support to adolescent experiencing
- **Enchantment spaces for re-creation of reality**
 - External reality invested with non-omnipotent pleasure
 - Fantasmatisation enhancing the experience of reality through enchantment
- **Intermediate spaces for reducing the dualisation :**
 - Schools abilities to support de-construction and enchantment
 - Creative transitions towards the world of work
 - Between nowhere and coercion, access to « houses for adolescents » (and parents)

10

« Houses » for adolescents



- French experience in Paris (Maison de Solenn - www.mda.aphp.fr), developed in a majority of French departments (national network - ANMA)
- Projects, for instance in Charleroi (2010), Brussels (2014, Groupe Hospitalier La Ramée-Fond Roy)
- Projects in other European countries (Action for Teens network)
- Diversity of disposals with respect to the needs and existing resources, with some common principles :
 - Accessibility for adolescents ;
 - Diversified offers, including physical and psychic health, well-being, sexuality, learning, culture, citizenship, justice and social welfare, ...
 - Openness to the parents ;
 - Network with the professionals of different fields working with adolescents and young people ...
 - consultations on demand, groups, activities, housing, ...

11

Presentation by Roberto Bertollini

Mental health and the economic crisis: Ways Forward

Roberto Bertollini, MD MPH
Chief Scientist and WHO
Representative to the EU
World Health Organization



Health impact of economic crisis: the Greek scenario

Greece 2008-2011

Unemployment

rose by 10% (youth 20%)

Suicide

rose 25% in 2010,

rose 40% first 6 months 2011

Lancet, October 22, 2011

WHO Europe, 2011

*Booklet summarizing
how economic
downturns affects
population mental
health and outlining
some of the benefits of
action that could be
implement to reduce
the impact on people*



Percent Burden of Disease in Europe 2004

DALYs by causes	%
Cardiovascular diseases	22.9
Neuropsychiatric conditions	19.5
Malignant neoplasms	11.4
Unintentional injuries	9.6
Digestive diseases	4.9
Respiratory diseases	4.5
Intentional injuries	4.3
Sense organ diseases	4.1
Infectious and parasitic diseases	3.8
Musculoskeletal diseases	3.7
Respiratory infections	2.1
Perinatal conditions	1.8



World Health
Organization
REGIONAL OFFICE FOR
Europe

Mental Health and economic crisis
Bruxelles, June 19, 2012

Main determinants of population wellbeing

- Health status
- Employment
- Marital Status
- Ethnicity
- Relative income (status)
- Country
- Social class



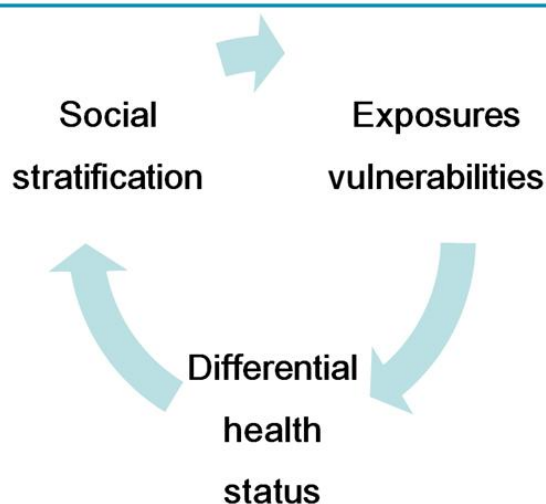
World Health
Organization
REGIONAL OFFICE FOR
Europe

Mental Health and economic crisis
Bruxelles, June 19, 2012

Health Determinants influenced by socio economic conditions

- Alcohol
- Smoking
- Diet
- Obesity
- Physical Activity

Socio economic conditions and health



Evidence based effective interventions

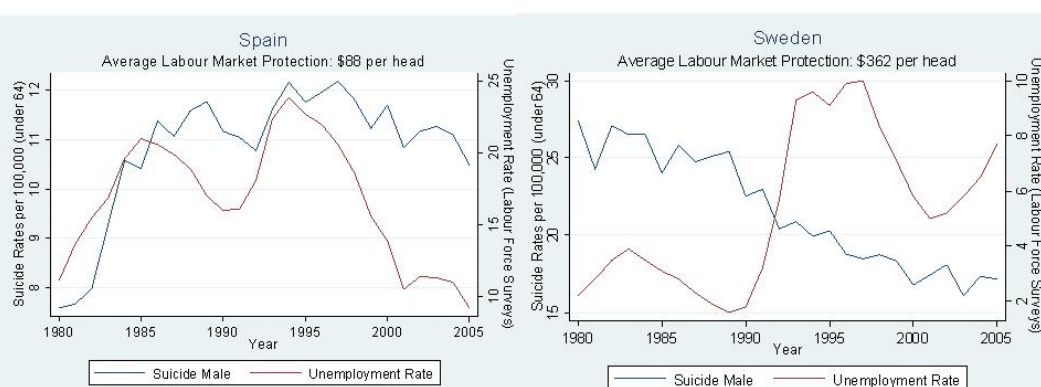
1. Employment programs
2. Family support
3. Alcohol reduction measures
4. Mental health services
5. Debt relief support



World Health
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Europe

Mental Health and economic crisis
Bruxelles, June 19, 2012

Social policies, un-employment and suicide rates in two European Countries

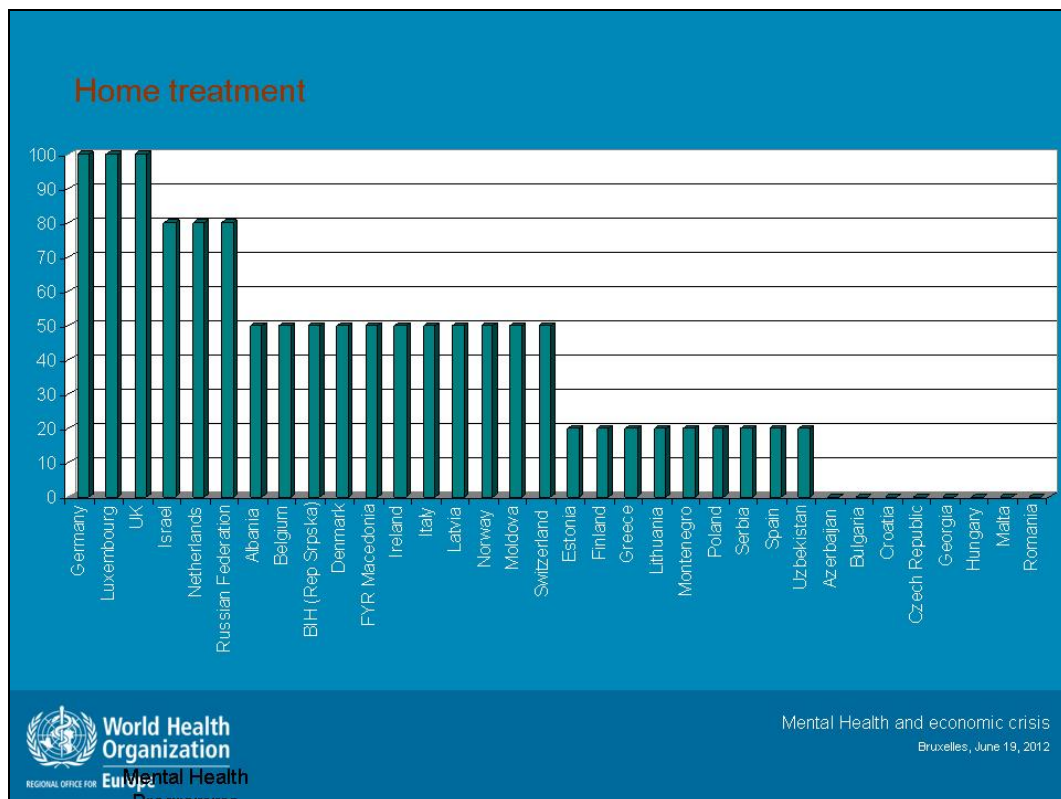
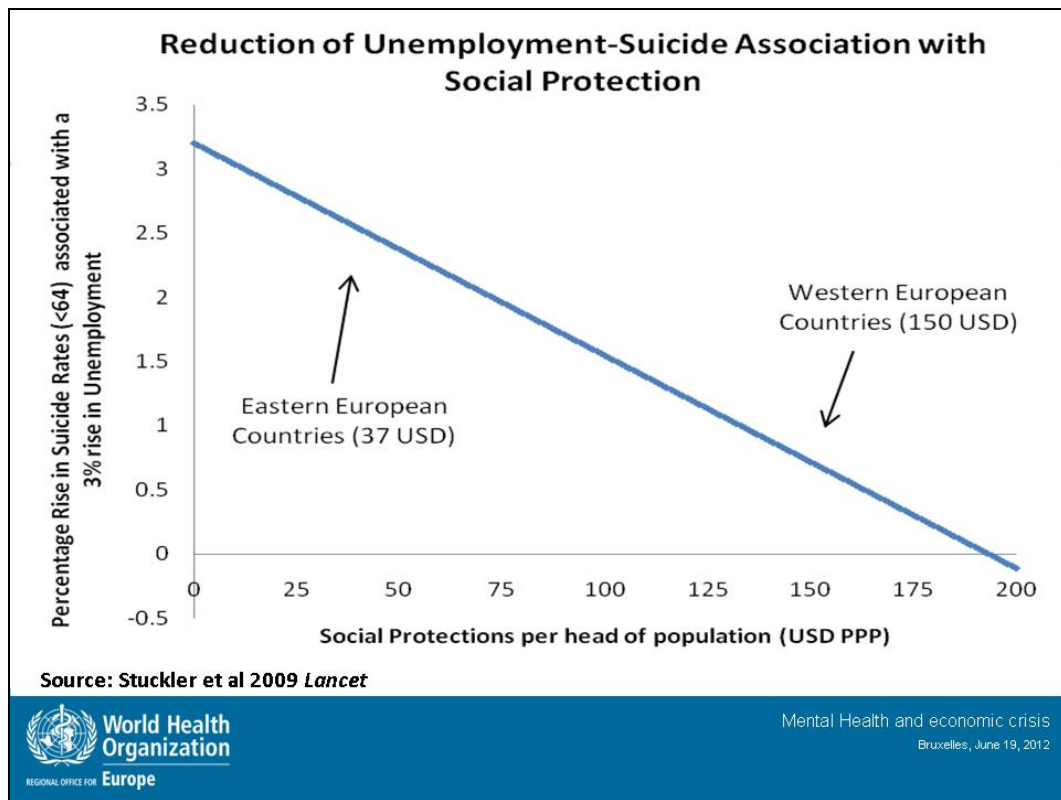


Stuckler D et al.; Lancet 2009; 374:315-323

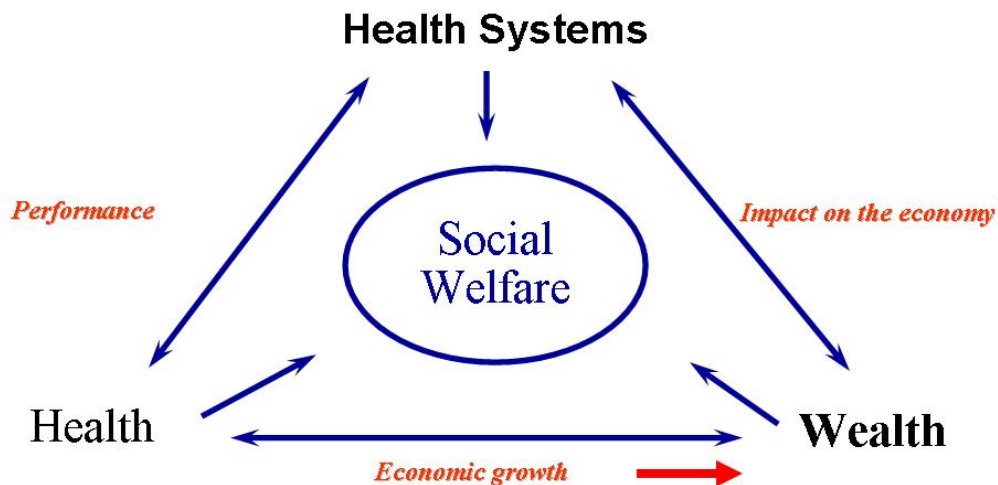


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Mental Health and economic crisis
Bruxelles, June 19, 2012



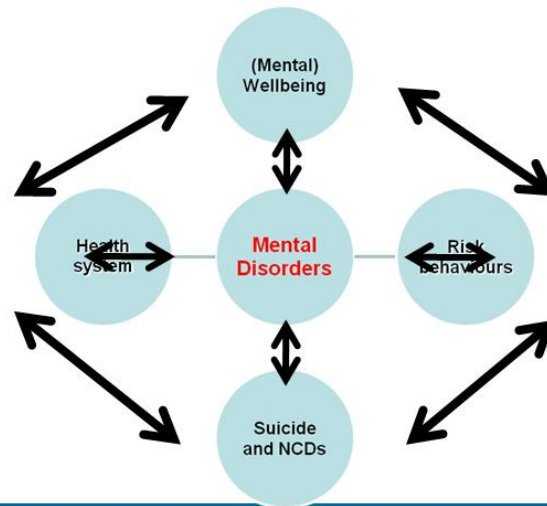
Health systems, health and wealth *A conducting framework (Tallinn, 2008)*



European Mental Health Strategy, 2013

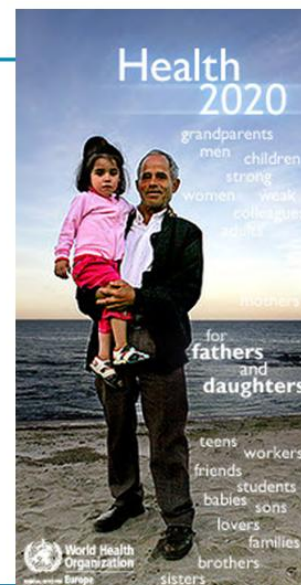
- Improve mental wellbeing and prevent mental disorders
- Respect the rights and offer opportunities
- Establish safe and effective services
- Tackle co-morbidities

Mental disorders and mental health: The Spiral of Wellbeing

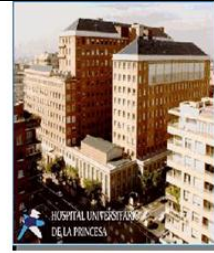


WHO Regional Office for Europe: Health2020

“Our vision is for a WHO European Region where all people are enabled and supported in achieving their full health potential and well-being and in which WHO Member States, individually and jointly, work towards reducing inequalities in health within the region and beyond.”



Presentation by José Luis Ayuso-Mateos



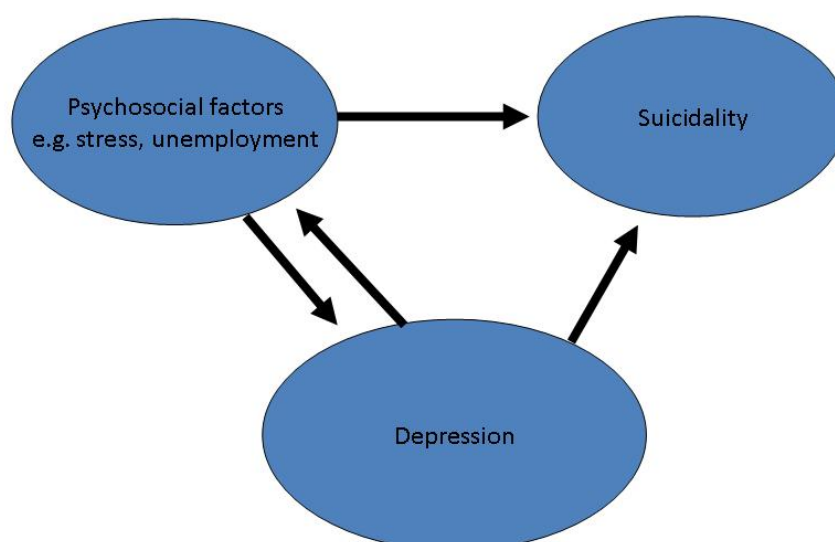
Economic recession, depression and suicide: The need for a European roadmap

Jose Luis Ayuso-Mateos



Suicides occur within psychiatric disorders

- about 90% of suicide victims had a psychiatric disorder
- 42% were former psychiatric in-patients
- 30-87% occur within depression



The New York Times

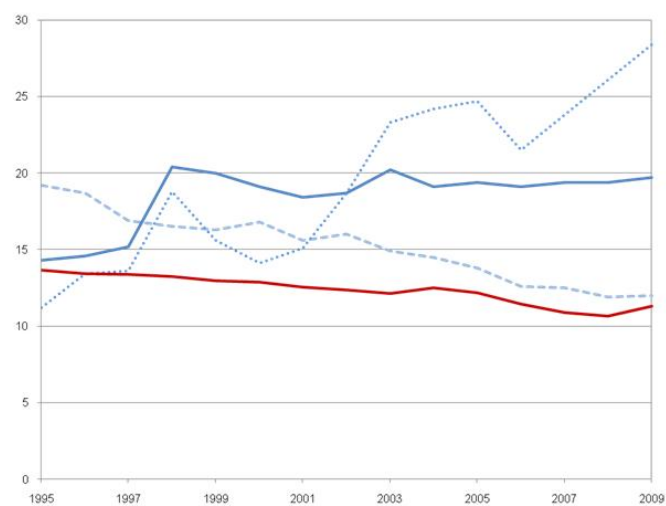
Published: April 4, 2012

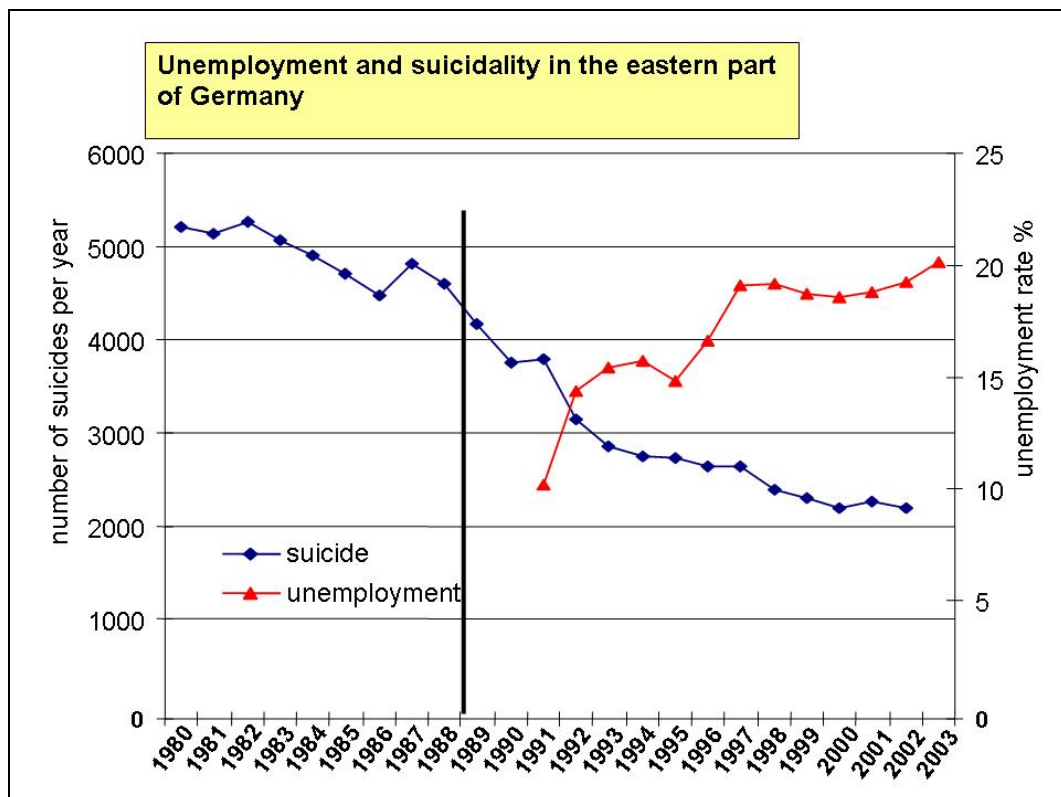
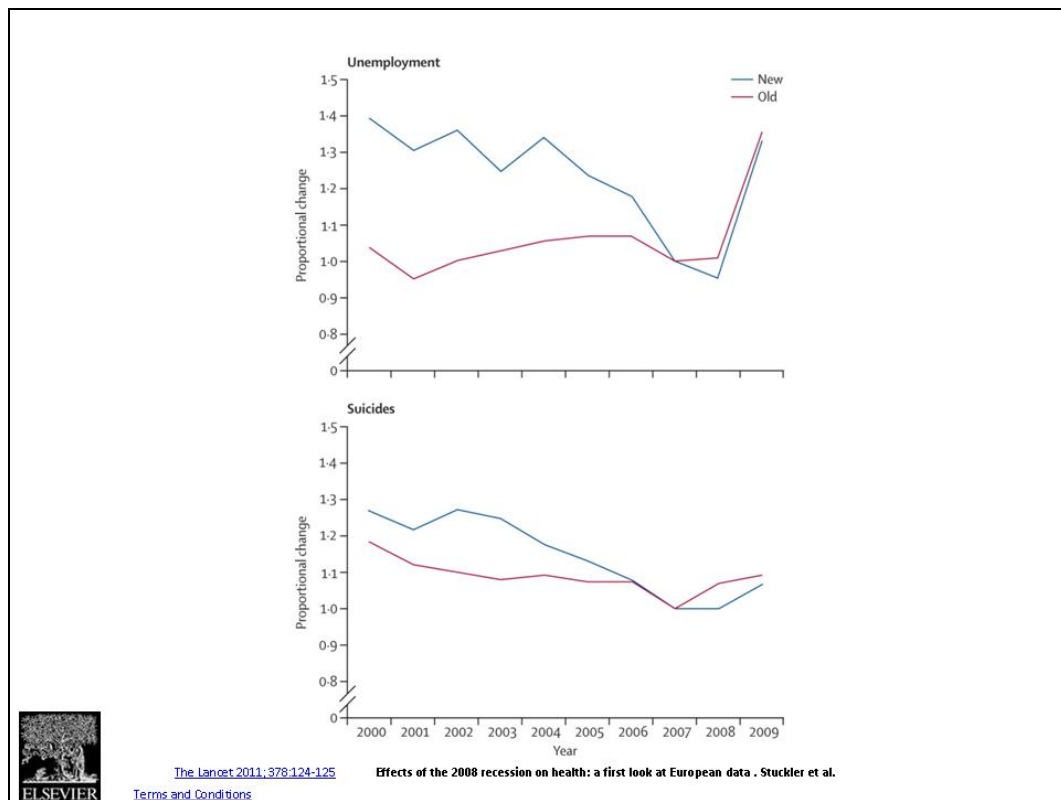
Public Suicide for Greek Man With Fiscal Woe

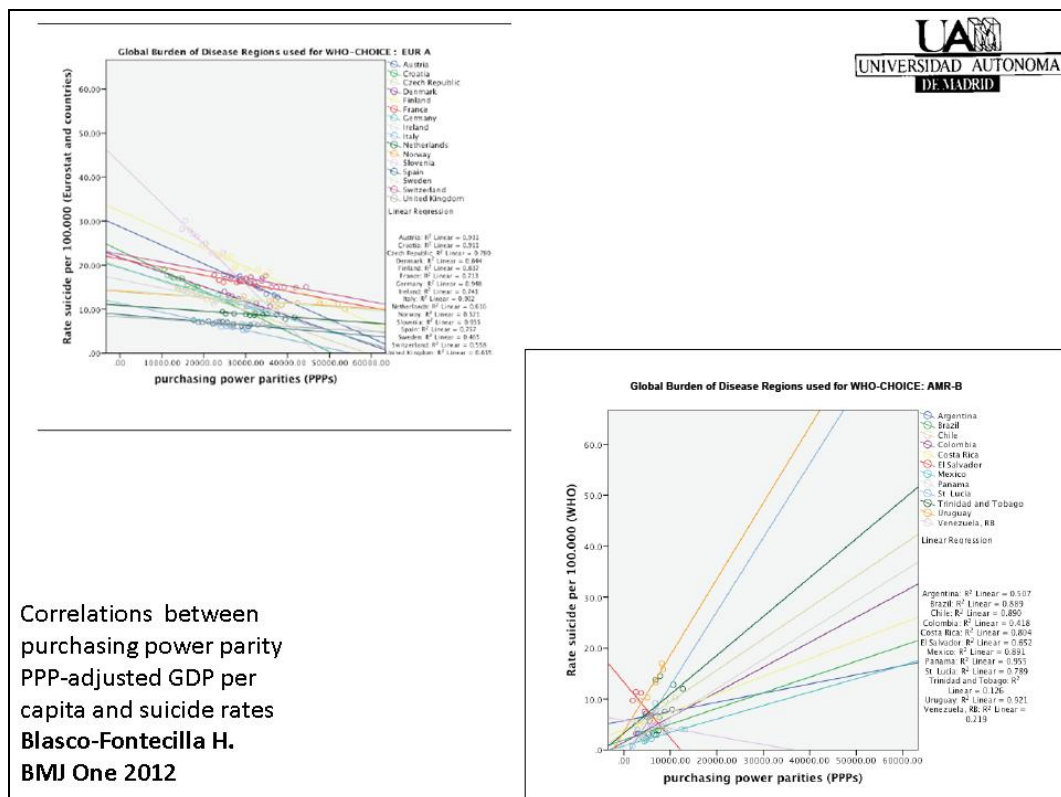
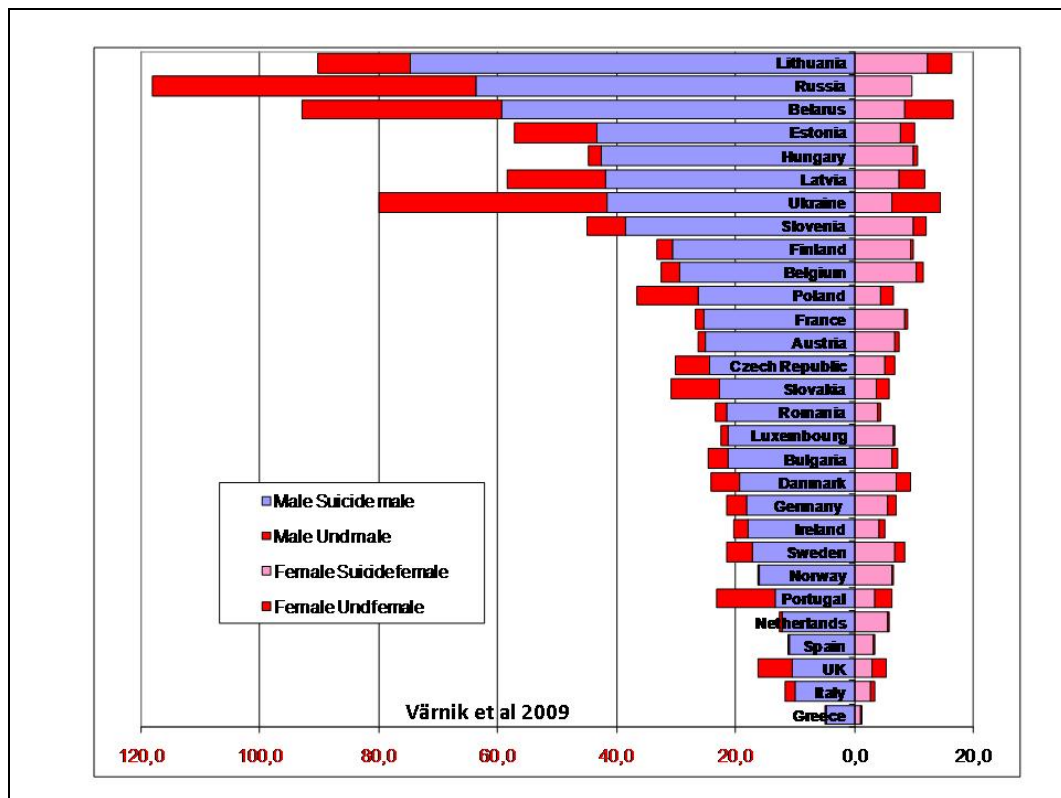


Age-standardised rates per 100 000 population

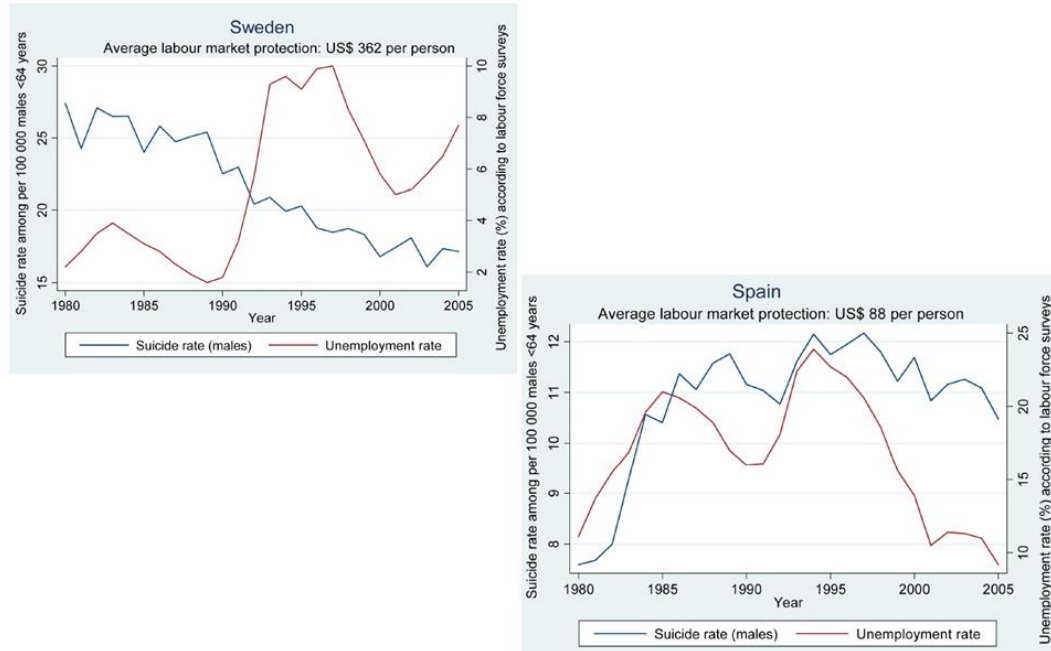
1.6.3. Trends in suicide rates, selected OECD countries, 1995-2009



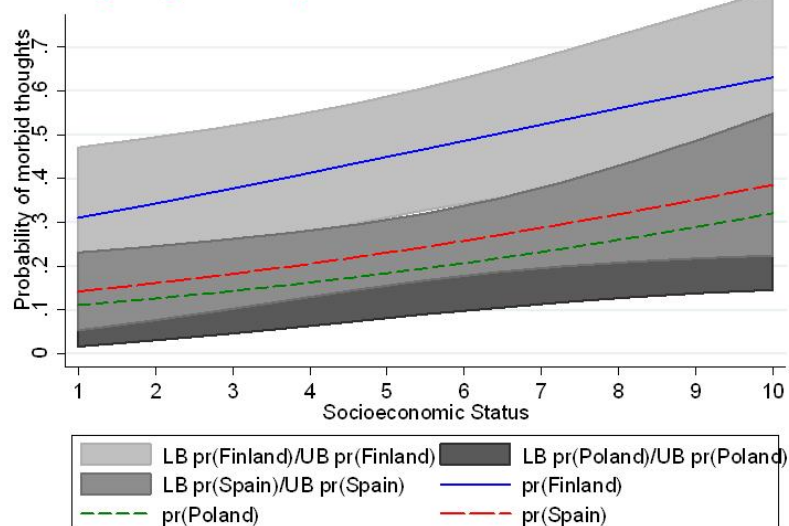




Comparative international studies indicate that the negative impact of economic recession can be modified or even eliminated by social protection actions



Collaborative Research on Ageing in Europe



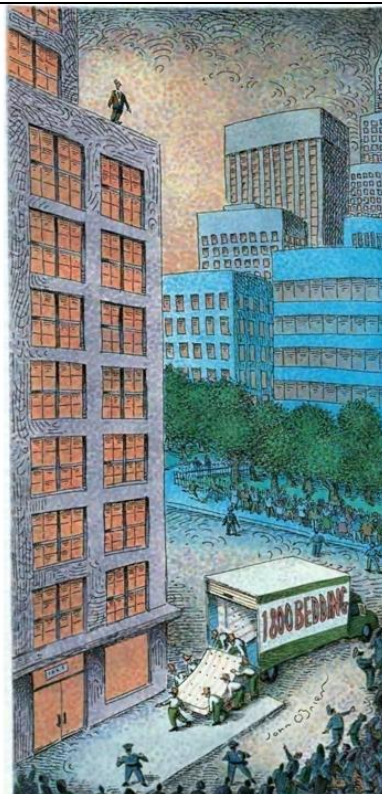
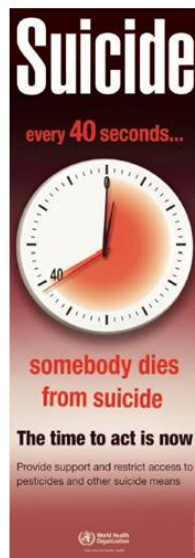
Relationship between Socioeconomic Status and Probability of morbid thoughts across countries. Sample Working age adults with depression in the general population: (82 from Finland, 98 from Poland, and 229 from Spain)



Collaborative Research on Ageing in Europe

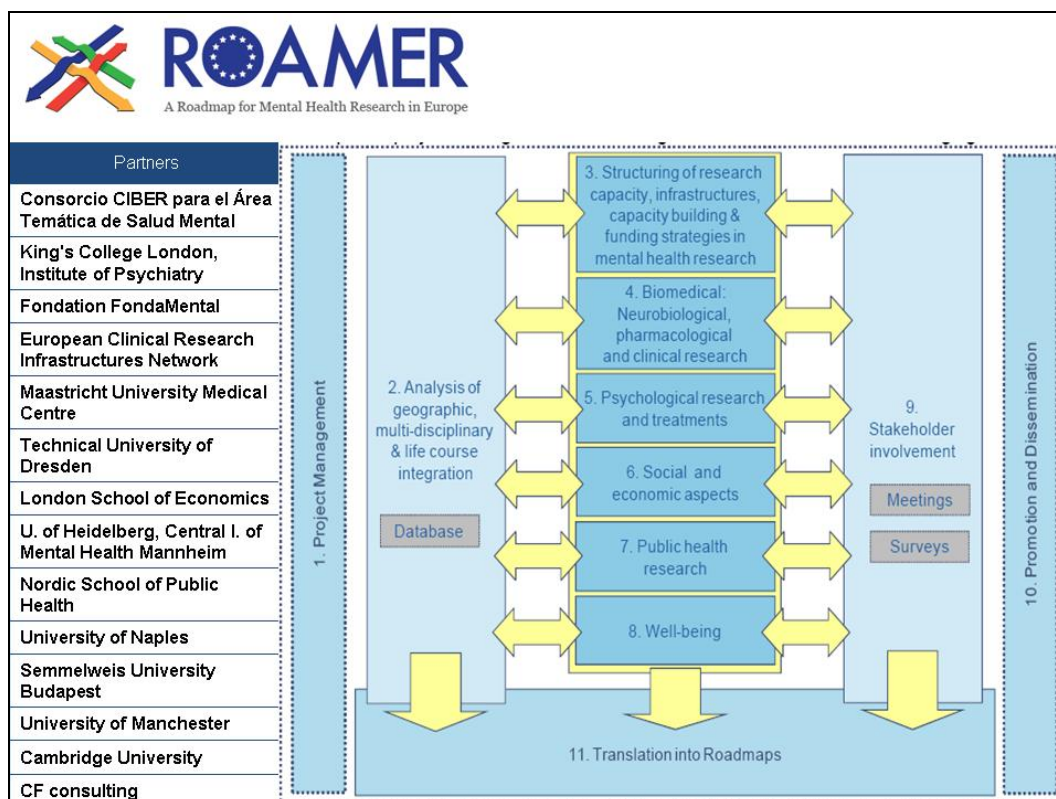
Factors associated with Suicidal thoughts among working age adults with depression in the general population: (82 from Finland, 98 from Poland, and 229 from Spain)

	O.R. (s.e.)	z	p	95 % CI
Unemployment (Ref. = Working)				
With government benefit	1.43 (0.52)	1.00	0.32	(0.71, 2.90)
With no government benefit	1.59 (0.57)	1.30	0.19	(0.79, 3.21)
Social Support (Ref. = Strong)				
Moderate support	1.00 (0.26)	-0.01	0.99	(0.60, 1.67)
Poor support	2.23 (0.84)	2.12	0.03	(1.06, 4.67)
Socioeconomic Status	1.16 (0.08)	2.29	0.02	(1.02, 1.32)
Country (Ref. = Finland)				
Poland	0.44 (0.17)	-2.13	0.03	(0.20, 0.94)
Spain	0.44 (0.15)	-2.44	0.02	(0.23, 0.85)
Gender (Ref. = Male)	1.45 (0.38)	1.42	0.16	(0.87, 2.42)
Age	0.99 (0.01)	-0.68	0.50	(0.97, 1.01)



Potential actions to alleviate the impact of the economic recession on depression and suicide in Europe

- Strengthening the support provided by social safety nets
- Tailored response of health systems
 - early recognition of depression and suicidal ideas
 - providing psychological support in health services
- Active labour market programmes
- Alcohol policy
- Targeting youth unemployment
- Support children and parenting in families victimised by the crisis
- Restructuring of mental health services to meet the needs of the population → primary care approach
 - increase access to mental health care
 - focus on prevention and early detection





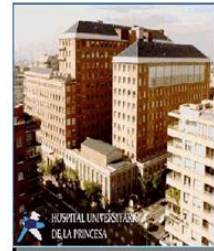
Thank you

Joseluis.ayuso@uam.es

www.roamer-mh.org

www.courageineurope.eu

www.trastornosafectivos.com



cibersam
Centro de Investigación Biomédica En Red
de Salud Mental

Presentation by Pedro Montellano



MISSION /INDEPENDENCY & TRANSPARENCY

Mission

The unique position of Gamian-Europe is that it is a patient driven pan-European NGO that represents patients from across Europe who are affected by mental illness.

Independency and transparency

- Principle of non interference of any funder (public or private) or sponsor in Gamian's activities.
- Subscription of EFPIA code of conduct (laid down by statute)
- Principle of multi funding: Gamian is not dependent of an unique funder, and it's activities will never be endangered by the threat of a funder to quit.

Membership

1. Gamian-Europe wants to be the patient-associations organisation, clearly separated from the cares associations organisation (EUFAMI), the professionals associations organisation (MHE, EPA, Horatio, etc ..)
2. This does not means that Gamian-Europe doesn't collaborate with other associations in the mental health field, on the contrary, joint actions are necessary and a mutual associate membership with other stakeholder associations is positive.
3. On the other hand, patient advocacy is not always fully compatible with carer's advocacy and the interests of health professionals. Speaking out clearly and unambiguous for the patients is Gamian-Europes role.
4. This is vital to help develop GAMIAN-Europe into a "true European Patients voice" within the area of mental health.

Main objectives:

Advocacy

1. Act as the voice for patients, both at EU as well as at national level, and demonstrate that this voice is useful as well as indispensable
2. Ensure that patients are at the centre of all aspects of healthcare provision
3. Work to improve the availability, accessibility, and quality of treatment for all mental health problems

Stigma and discrimination

1. Increase awareness, knowledge and understanding of mental health problems
2. Help reduce stigma, prejudice, and ignorance in relation to mental health problems and fight discrimination
3. Patient's rights
4. Focus on the development and enforcement of rights for persons affected by mental health problems, e.g. access to appropriate treatment
5. Cooperation, partnerships and capacity building
6. Enable patient groups to collaborate with health professionals, policy makers, academics, and industry

Information and education

1. Improve the provision, reliability and quality of information on mental health problems for patients as well as the general public
2. Assist in improving the training, education and understanding of mental illness of health and other professionals

In order to reach these aims GE

Convention 13

Lisbon, Portugal, 2010

Theme: "Strengthening of Patient's voice in the Improvement of Mental Health Care"

Amazonia Lisboa Hotel	Delegates	57
Lisbon	Organisations	29
October 21- 24, 2010	Countries	22

[Read here the report written by William Ashdown](#)
[Photo report](#)

This Convention has been made possible by the following companies:

• GlaxoSmithKline plc
• Pfizer Incorporated
• H. Lundbeck A/S
• Eli Lilly and Company

Grant providers had no control over the content of the convention .

provides information and support to member organisations by means of educational seminars, conventions,

a regular EU newsletter,
handbooks on specific mental illnesses, and an up-to-date and accessible website.



partnerships and cooperation

forms active partnerships and cooperation

with other stakeholders with a view to:

- securing the best possible treatment for patients with a mental illness and at the earliest possible opportunity
- supporting the development of health/mental health policies which take account of the views of patients



MEP's interest group

At least twice a year GE will organize a meeting with Members of the European Parliament and provide secretariat, prepare quarterly electronic newsletter and organise Bi-annual dinner with panel of Co-Presidents

Since to opening session on 28th April 2010 the Interest group met

- On 26th October 2010: **Health inequalities and mental health**
- On 9th February 2011: **Mental health in 'Europe2020 Mental health in the Active and Healthy Ageing Innovation Partnership (AHAIP)**
- On 3rd May 2011: Theme: **Stigma and Depression**
- On 22nd September 2011: **Mental Health and the Brain**
- On 24th January 2012: **Depression**
- On 24th April 2012: **Mental health for Children and adolescents**

GE awards to organisations for best practices

Facilitates an open and inclusive pan-European dialogue among patient organisations and other interested bodies to exchange information and ideas.

shares experience and examples of good practice to strengthen the role and voice of patient organisations and effective input in EU and national policy development.



Greek association KINAPSI was the first nominee of GE award to member organisa

GE awards to the eminent persons



Mr John Bowis, Member of the European Parliament (2006, the 9th annual Convention, Blankenberge, Belgium) Mr Bowis outlined the politicians' perspective and the EU action on Mental Health, in particular on his own Report for the Parliament on response to the Green Paper. He stressed the necessity of a patient-centred policy involving individuals in any decision about treatment, care and planning of services and of a better balance between medication and therapy. He strongly believes that a new emphasis must put on the promotion of mental well-being.



Mr Kjell Magne Bondevik, the former Norwegian Prime Minister (2008, the 11th annual Convention, Jerusalem, Israel). Mr Bondevik suffered from depression while in office. He admitted and declared his illness, helping to make mental illness more publicly acceptable, and after recovery he was elected for a second term which expired in 2005, when he retired leaving the country with a booming economy.

Professor Norman Sartorius (2007, the 10th annual Convention, Terme Tuhelj, Croatia). Prof. Norman Sartorius undoubtedly is one of the most prominent and influential psychiatrists of his generation, professor of psychiatry based at Geneva University, member of the most important world associations. He played an essential role in the GAMIAN-Europe Sigma Survey.



Prime Minister of Malta (2005, the 8th Annual Convention)
The Honorary Dr. Lawrence Gonzi,
Bucharest, Romania)



Mrs & Mr Vappu and Ilkka Taipale, Finland (2011, the 14th annual Convention, Brussels, Belgium). [Their address to GE is available](#)



Mr. Jurgen Schellekens, policy officer in charge of mental health at DG Sanco, European Commission (2010, the 13th annual Convention, Lisbon, Portugal). His great input in prevention of suicides is partly reflected here:

Mr. Stephen John Fry (born 24 August 1957) is an English actor, writer, journalist, comedian, television presenter and film director, the author of the book "The Secret Life of a Manic Depressive" where he talks of his struggle with bipolar disorder and interviews others who have the condition. (2009, the 12th annual Convention, Malta)



GAMIAN-Europe Surveys

GAMIAN-Europe endeavors to capture patient views through surveys sent out through our network of charities:

Translated survey packs posted online on the GAMIAN website, Facebook, Twitter and LinkedIn pages



Stigma (2006 and 2010)

Physical and mental health (2011)

Adherence to treatment (2012)

Physical health questionnaire

Comments on provisional results:

Reasons for non treatment:

Results



- **25%: Financial reasons (it's too expensive)**
- 11%: Lack of referral
- 11%: Stigma: Fear of disclosing mental health problem

Reasons for non adherence questionnaire

Comments on provisional results adherence questionnaire:

Reasons for non adherence:

Results



- 7%: I don't like this treatment
- **13%: Financial reasons (it's too expensive)**
- 14%: The treatment is (was) not effective
- 18%: I do not believe/trust/respect the effect of the treatment
- 21%: I experienced side effects (only asked for medication)
- 28%: Stigma - I'm embarrassed to disclose my schizophrenia (up to 33% for self-help)

2 examples from Portugal



Some annual projects that were usually launched every year by the Portuguese government to allow NGO's to get funding were not in 2012

For the ones that were the total amounts have been reduced for more than 50%



THANK YOU

Further information can be found on our website:

<http://www.gamian.eu>

NOTES

DIRECTORATE-GENERAL FOR INTERNAL POLICIES

POLICY DEPARTMENT ECONOMIC AND SCIENTIFIC POLICY **A**

Role

Policy departments are research units that provide specialised advice to committees, inter-parliamentary delegations and other parliamentary bodies.

Policy Areas

- Economic and Monetary Affairs
- Employment and Social Affairs
- Environment, Public Health and Food Safety
- Industry, Research and Energy
- Internal Market and Consumer Protection

Documents

Visit the European Parliament website: <http://www.europarl.europa.eu/studies>

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