



Objectives and opportunities for EU mental health policy

Introduction

In 2009, FEAM organised a scientific meeting in Prague to review newer developments in psychiatry; the outputs were used to help prepare a Statement on mental health policy issues¹. This Statement, together with a summary prepared for the professional psychiatry community², provided the basis for a discussion event held in the European Parliament, Brussels on 22 March 2011. FEAM organised this meeting to bring together academy Fellows and other scientists with representatives from patient groups and NGOs, the European Commission and Parliament, to share views on how to capitalise on scientific advances to improve the delivery of mental health services throughout the EU.

As host of the meeting, Kinga Gál MEP welcomed the FEAM initiative, part of a series of policy Statements³ and emphasised the importance of wide dissemination of the FEAM advice to decision-makers at both European and national levels. The European Parliament had already shown commitment to the promotion of mental health through its Resolution in 2009⁴ but there is much more that needs to be done to clarify and implement tangible action.

The FEAM Statement and related activities

Introducing the FEAM Statement on mental health policy, Professor Cyril Höschl (Past-President of FEAM, President of Czech Medical Academy and Director of Prague Psychiatric Center), cited analysis by the European Brain Council on the cost of brain diseases in Europe: in 2005 the total (direct and indirect) cost was estimated as nearly 400 billion euros, of which three-quarters could be attributed to mental disorders. Although brain disorders contribute about 35% of the total disease burden, mental health

¹ FEAM Statement on Mental Health Policy Issues, November 2010, ISBN: 978-80-87142-11-0.

² Fears R, Höschl C. Mental health policy issues: the view from FEAM. *European Psychiatry*; 26: III-VI.

³ This is the second in the series. The first was the Statement, Opportunities and Challenges for Reforming the EU Clinical Trials Directive: an Academic Perspective, August 2010.

⁴ European Parliament, Resolution of 19 February 2009 on mental health.

accounts for only about 8% of the total health research investment. Public funding and, particularly, charity funding of brain disorders research is much lower than for cancer research for example, even though the disability and socio-economic impacts are higher. This disparity can be explained by a higher public and political visibility for cancer: equivalent efforts to increase the visibility of mental disorders are overdue. A proposal by the European Brain Council to designate 2014 as the “Year of the Brain” may help to raise awareness.

The FEAM Statement (footnote 1) identified a wide range of priorities for health and innovation policy to tackle the high burden of mental illness. Although there has been some EU policy-maker attention to mental health and wellbeing, by contrast mental illness has been relatively neglected. The current practice of psychiatry as a medically-oriented discipline is undermined by still insufficient biological understanding of mental disorders, under-recognition and under-diagnosis, stigmatisation, a lack of effective therapeutic interventions and of access to care. Among the key priorities previously identified by FEAM are:

- *Cross-cutting societal challenges*: collecting evidence and using to inform strategic choices in public health relating to tackling stigma; suicide; addiction; problems in childhood, adolescence and associated with migration and employment.
- *Strengthening the research base for psychiatry*: building interfaces between biological, epidemiological and social sciences in basic and translational research, e.g. to clarify gene-environment interactions, and developing shared research infrastructure, e.g. brain banks, patient information and DNA databases.
- *Connecting research and innovation*: understanding determinants of under- and over-treatment, accelerating access to novel diagnostic and therapeutic agents and evaluating new forms of care provision.

Professor Patrice Boyer (President of the European Psychiatric Association, EPA) described how the EPA as a professional body was committed to help improve policy and, by collaborating with other European and national bodies, create “one voice” for European psychiatry. The EPA engages in multiple activities in support of discussion, research networks and training in its mission to improve psychiatric care. For example, at a recent European Summit the EPA took the lead in collective effort to clarify issues for clinical trials on psychotropic agents. The EPA is very interested in clinical research issues more generally and is supportive of the recent FEAM Statement (footnote 3) expressing concern at the negative impact of the EU Clinical Trials Directive. This negative impact, arising from increased bureaucracy and costs and the complexity imposed by multiple assessments and imprecise definitions, has been experienced in mental health research. The consequences are declining clinical research capacity and a progressive undermining of the ability to translate research outputs into improved health practice. It should, therefore, be a priority for professional societies as well as for the

academies to communicate their views on the appropriate reform of the Clinical Trials Directive in a coordinated way.

Jürgen Schefflein (European Commission, DG Sanco, Public Health and Risk Assessment) provided an update on the European Pact for Mental Health and Wellbeing, an initiative launched in 2008 to bring together various interested parties and to increase the profile of mental health as a priority at the EU as well as Member State levels. Although the focus has been on prevention of illness, the Commission recognises that this does not negate the need also for treatment and care of mental illness, the core point in the FEAM Statement. Recent analysis has shown⁵ that many interventions associated with mental health promotion or mental illness prevention and treatment – for example, suicide prevention by General Practitioner (GP) training, early diagnosis of psychosis and depression, screening for alcohol misuse - appear to be very good value for money.

Among major activities supported by the Pact are thematic conferences and the compilation of studies of good health practice acknowledging, however, that the standard of evidence in support of practice may be variable. Mr Schefflein congratulated FEAM on its Statement appearing at the right time to help inform the ongoing debate about the responsibilities of the European Commission in mental health policy. Progress was being made with regard to specific points raised by FEAM:

- *Collecting new data*: the recent Eurobarometer survey across the 27 Member States⁶ provided valuable new information on mental illness and public attitudes. It is important now to find ways to bring together all relevant information on disease burden. The Commission is also interested in mapping of mental health services in the EU, as recommended by FEAM to complement work done by WHO.
- *Stigma*: The Commission agrees that it is important to describe and tackle stigma; this requires improved linkage between social policy and health policy activities.
- *Suicide*: This also is a policy priority and the Commission is preparing a template with actions to prevent suicide.
- *Employment and mental health*: The Commission views this as within its core legal competency, with links to the Europe 2020 Strategy. A workshop will shortly be held to describe successful models for health promotion in the workplace.
- *Addiction*: DG Sanco already has a platform for activities on alcohol and is continuing work to describe and address issues for schools and adolescents. Whether the issues associated with early diagnosis and intervention are an EU or Member State responsibility requires further debate.

⁵ Knapp M, McDaid D, Parsonage M (eds). Mental health promotion and mental illness prevention: the economic case. London School of Economics and Political Science, published by UK Department of Health, January 2011.

⁶ European Commission. Special Eurobarometer 345: Mental Health, October 2010.

These topics were explored further by subsequent speakers. Generally, DG Sanco judges that the Pact has been successful in creating awareness among policy-makers at the European, regional and local levels and in building partnerships with sectors outside health. For the next steps, it is vital for the Commission to develop further its work with Member States where there are mutual interests, for example via the “Joint Action” mechanism.

Dr Gavin Malloch (UK Medical Research Council) contributed a perspective from a national funding body on research and training, agreeing that, hitherto, brain disease investment was disproportionately low compared to disease burden. Although much of neuroscience research is excellent quality, capacity in the field is relatively low. A recent strategic review⁷ identified some research priorities, particularly for experimental and stratified medicine and for the determination of traits and biomarkers. It was suggested that research at the EU level could add value to national efforts in various ways: by sharing data from longitudinal population studies to explore the aetiology of mental illness and wellbeing; by encouraging consortia between academia and industry⁸ to discover novel interventions; by sharing resources to build critical mass in particularly challenging research areas and by extending national studies to the EU scale. One example where such extension might be valuable is the E-Risk study⁹, combining evaluation of genetics and the environment in twin-pairs to explore problem behaviour and protective factors in childhood.

Dr Malloch encouraged FEAM to continue developing and disseminating its strong messages, making use of the academies to identify and share examples of how excellent science can be supported and used and how stigma can be addressed – a necessary step in growing public support for research.

Panel discussion

Professor Isidore Pelc (Universite Libre de Bruxelles, Belgium), chairman of the Panel, introduced the session by presenting another recent example of how the EU could add value in collaborative research. The MDFT (multidimensional environment family therapy) programme is an intensive cognitive behavioural therapy approach, involving hospitals, schools and the legal system, originating in the USA and recently adopted in a study across Europe to treat problematic cannabis use in adolescents¹⁰. This study is

⁷ Sahakian BJ, Malloch GD, Kennard CK on behalf of the Mental Health Review Group. A UK strategy for mental health and wellbeing. *Lancet* 2010; 375: 1854-1855.

⁸ For example, the Innovative Medicines Initiative, a partnership between the European Commission and the pharmaceutical sector, has funded a project (NEWMEDS) that is exploring new therapies in schizophrenia and depression.

⁹ Environmental Risk Longitudinal Twin Study, <http://www.scopic.ac.uk/StudiesERisk.html>.

¹⁰ The study included the Netherlands, France, Germany, Belgium and Switzerland. Rigter H, Pelc I, Tossman P, Phan O, Grichting E, Hendriks V, Rowe C. INCANT: a transnational randomized trial of

instructive for several reasons: it shows that a randomised control trial is feasible even in complex circumstances and it shows the health value and cost-effectiveness of treating cannabis use disorders. A multinational setting is found to be particularly informative because quantitative differences in response can be related to variation in cultural factors in different countries, providing further insight for generalising the results.

Professor Eric Constant (Universite Catholique de Louvain, Belgium and Fellow of Academies Royale de Medecine de Belgique) provided a case study to illustrate the recommendation in the FEAM Statement on sharing good practice to drive the attainment of consistently high standards of psychiatry throughout Europe. In Belgium, the high number of psychiatric inpatients is a legacy of previous lack of flexibility in mental care services. Professor Constant highlighted the importance of pursuing a strategy, adopted by other Member States, of reallocating resources from the hospital to the community and building new networks for customising and integrating care and rehabilitation.

Professor Paul Cosyns (University of Antwerp, Belgium and Fellow of Koninklijke Academie voor Geneeskunde van België) reviewed mental health policy issues for the prison population in Europe, at a time of increasing demand for forensic beds, where former psychiatric patients become re-institutionalised and many mentally disordered offenders are deprived of necessary treatment. The EPA has recommended improvement of services to prevent psychiatric patients entering prison and these reforms have implications for increased training and liaison between the relevant services and for increased research to monitor outcomes. In Belgium currently, all psychiatric offenders are confined to prison, not secure hospitals, but this will change by 2013 and the Belgian National Health Service will replace the Department of Justice in supervising mentally disordered offenders. The Academy of Medicine in Belgium has taken a leading role in discussion with the ministries to effect change. Professor Pelc added that this exemplified the general point made by FEAM regarding the need to build coordination between different policy departments, with the critical role of academies in providing evidence to inform the options for collaboration.

Professor Peter Jones (University of Cambridge, UK and Fellow of UK Academy of Medical Sciences) welcomed the FEAM Statement and advised that it was important to be clear about the objective of the desired actions – to concentrate on mental illness rather than the more general, population wellbeing, for which there was already strong political support. In agreeing with previous speakers, he reiterated that EU research has potential added value, particularly in epidemiology and population-based approaches to understand risk, where advantage can be taken of contrasts between the Member States to create a “population laboratory”. Professor Jones suggested other ways whereby the academies could help to take forward FEAM recommendations on mental health policy: by stimulating follow-up discussion at the national level; by identifying tangible actions

multidimensional family therapy versus treatment as usual for adolescents with cannabis use disorder. BMC Psychiatry 2010; 10:28 (<http://www.biomedcentral.com/1471-244X/10/28>).

to support research and training; and by helping to catalyse linkages between academia and industry.

Professor Zoltan Rihmer (Semmelweis University, Hungary) reviewed the relationship between treatment of depressive disorder and suicide, extending his analysis presented at the Prague meeting. Although there are large differences in suicide rate between EU Member States, it has been consistently demonstrated that untreated depression is a major cause and, using multi-factorial analysis, it can be confirmed that anti-depressant prescription rates are well-correlated with reductions in suicide rates. One major implication (in addition to those discussed in the FEAM Statement) is the need to educate all medical professionals to recognise and provide early treatment of depression. This has consequences for the organisation of health services, for example to ensure that GPs have sufficient time in their initial consultation to diagnose depression.

Professor Lars Terenius (Karolinska Institute, Sweden and Fellow of the Royal Swedish Academy of Sciences) discussed recent academy initiatives in Sweden on health and adolescence, to help develop a relatively neglected research field, and on mental health research, to revitalise a field that is in danger of falling behind unless new clinical researchers are educated and recruited. Agreeing with previous speakers, Professor Terenius expressed concern at the declining EU pharmaceutical involvement in the therapeutic area. As this can be attributed, at least in part, to lack of validated targets it may be feasible to reverse the decline if academia grows its commitment to fundamental research.

Dr Patricia Tosetti (European Commission, DG Research and Innovation, “Brain and brain-related diseases”) also appreciated the FEAM recommendations and agreed that Europe could improve with regard to funding mental health research. The Commission is very willing to play its part, for example via the Research Road Map Action Plan and European Research Network plus recent Calls for research proposals on schizophrenia, suicide and mental health for adolescents. The priorities for the next round of Framework Programme funding (from 2013 onwards) are now being debated so the FEAM Statement and the Parliamentary event are timely, although it is also important to communicate the messages to Member State as well as Commission funding bodies.

Mrs Dolores Gauci (CEO of Richmond Foundation, Malta and President of Global Alliance of Mental Health Advocacy Networks, Europe) discussed patients’ perspectives, welcoming the FEAM Statement and the opportunity to be involved in the meeting. Mrs Gauci agreed that mental illness was relatively neglected in EU policy, that there is insufficient biological understanding and lack of effective treatment options. It is indeed essential to increase commitment by both the Commission and Member States to treatment as well as promotion/prevention. She supported FEAM’s recommendations to capitalise on scientific advances, share good health service practices, invest more in research and its translation into practice, and substantiate evidence for the direct and indirect costs of illness. More evidence was also needed to clarify and quantify the burden of co-morbidities between mental and physical illness – for this is important to

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patients (and to the EPA). In augmenting FEAM's recommendations, Mrs Gauci advised new effort in considering the social as well as biological dimensions of mental illness and to involve patients as core stakeholders in strategic discussions on care provision. Such strategies should be more inclusive – involving older as well as younger patients.

In conclusion, participants in this meeting welcomed the lead taken by FEAM in publishing a Statement and in organising wide-ranging discussion to involve the scientific, policy-making and patient communities. There is enthusiasm for continuing collective discussion and there is agreement that European awareness of mental disorders should be improved. There are many implications for coherent EU policy covering issues for health, research, innovation, education, employment, social care and the legal system among others. In terms of the immediate next steps, limited academy resources might best be utilised in advising on how to follow-up the EU Mental Health Pact and on what should be the research and innovation priorities for impending resource decisions by funding bodies. For the longer term, FEAM and its academies should remain active in debating the appropriate balance of responsibilities for mental health policy between the EU institutions and the Member States.

Dr Robin Fears, FEAM, 17 April 2011

The Federation of European Academies of Medicine (FEAM) was founded in 1993 in Brussels with the objective of promoting cooperation between the national Academies of Medicine and of extending to the political and administrative authorities of the European Union the advisory role that the Academies exercise in their own countries on matters concerning medical sciences and public health. Since 31 March 1995, FEAM has enjoyed the civil status of an international association with a scientific objective. As an umbrella organisation, it brings together national Academies of thirteen European member states (Austria, Belgium, Czech Republic, France, Germany, Greece, Hungary, Italy, Portugal, the Netherlands, Romania, Spain and the United Kingdom) and aims to reflect the European diversity by seeking the involvement of additional Academies and experts in its scientific activities and by collaborating with other pan-European networks on scientific matters of common interest.