Paper for EU health policy e-platform

The European Framework for Action on Mental Health and Wellbeing, which gathered together the lessons learned during the Joint Action, provides a roadmap for improving and promoting mental health.

The Mental Health Policy forum would like to follow on from the Joint Action and Framework, and gather a broad coalition of organisations to focus on the following three areas:

Parity of Esteem

A life-course approach to mental health

Mental Health at Work

Parity of esteem

Summary

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

Evidence shows that physical and mental health problems are closely related. Chronic physical conditions are especially often associated with common mental difficulties, such as depression or anxiety. Those who live with one or more long-term physical illnesses are 2 to 3 times more likely to experience problems in mental health. At least 45% of people with psychological challenges also develop chronic physical conditions. This reciprocal relationship between mental and physical health is due to several different factors, such as health behaviour, psychological or common underlying biological components, which poses severe and otherwise avoidable impairments to the people's lives.

There is, furthermore, a deep discrepancy between funding for physical health and funding for mental health including at European levels. For example, if we look at the EU's own health programme, investment in physical health far outweighs investment in mental health related projects. In some years during the last health programme, according to calculations made by Mental Health Europe using available information, spending was even below 1% with a yearly average of just 2.6%. What does this say about how we value mental health at European level? Mental health is as essential as physical health and that should be reflected in spending within health systems both at national and European levels.

Finally, more attention should be paid to the physical and mental health of carers of persons with mental health problems. According to a recent surevy by EUFAMI and Lucas KULeuven, 1 in 3 family caregivers of people living with mental ill-health feel depressed and another 1 in 3 feel that the caring role has a negative impact on their own physical health.

Recommendations

- Mental health should be mainstreamed into physical health policy, including non-communicable diseases and chronic illness
- Public as well as European funding for mental health should match funding for physical health
- The mental and physical health of carers should be highlighted and more funding should be allocated to it.

A life-course approach to mental health

Summary

Mental health changes through the lifespan, and it is now acknowledged that a one-size fits all approach in mental health services is not fit for purpose. Services should be person centred and reflect the needs of people at all stages. In particular, the following ages or transitional times bring specific challenges, and require different expertise and care: childhood including early childhood, adolescence, peri- and post-natal experiences and ageing.

Spotlight on adolescence

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

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

Anxiety, depression, body image issues (commonly known as anorexia nervosa and bulimia), violence or substance abuse are all problems that many young people will face. Studies show that one in five adolescents in Europe is affected by at least one psychological problem in any given year. Even more alarmingly, there is strong evidence to suggest that mental health problems developed during adolescence can continue in adulthood and in some cases become chronic and enduring. [ii] Mental health problems do not only affect young people, their family and friends but they can also therefore have a longer-term impact on their social development and their adult lives. Addressing mental health problems during childhood and adolescence is therefore crucial and should form part of an integrated approach to mental health through the lifespan.

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

Recommendations

- Raising awareness and fighting stigma and discrimination through campaigns and trainings for the general public, in schools, primary healthcare settings, in particular ante-natal and

maternity services, children and young people's services, including parenting support services, older people services and general social services

- Promoting accessible and comprehensive community-based services which emphasise prevention, early intervention, recovery and reintegration, and which work in partnership with service users, families and carers. The services must be co coordinated and integrated to meet the full range of social, psychological and physical care needs of individuals experiencing mental ill health.
- Using web-based interventions and mobile applications (e-health) to target specific audiences
- Creating mental health services which are age-appropriate, flexible and integrated, for example in primary healthcare and in partnership with schools,
- Empowering families and carers with information, knowledge and skills, and giving them access to counselling, advocacy, peer support groups and help lines.
- Meaningfully consulting persons experiencing mental ill-health in the devising and delivery of co-produced services, so as to create services which are flexible and appropriate throughout the lifespan

Mental Health at Work

Summary

There is a strong business case for promoting mental health and well-being at work. A recent UK Research shows that FTSE 100 companies that prioritise employee engagement and wellbeing outperform the rest of the FTSE 100 by an average of 10 percentage points. Healthy employees make for healthy workplaces: positive mental health in the workplace lessens the need for time off and increases productivity and cost saving on the short and long term.

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

Beyond the figures, poor mental health at work can cause huge damage to people's sense of self-worth and mental health. Mental distress at work can lead to increased lack of confidence, high risks of depression, job loss, but also suicide. For most adults, their working lives are central to their wealth and wellbeing. Informal carers who manage to remain in work report considerably better mental health than those who cannot stay in work due to caring duties. Companies should implement more mental health and well-being friendly policies. There needs to be a cultural shift in how organisations tackle mental health and wellbeing and it needs to become a boardroom issue.

All managers need training in whether or not to ask about mental health during the recruitment process, how to handle disclosure, how to support employees' well-being, and how to spot early

signs of mental ill health. This last point is crucial as early intervention typically has much higher recovery rates that later interventions. Early signs of mental ill health can vary enormously from person to person, and can include physical, psychological and behavioural changes. Physical changes could include changes in sleep patterns, appetite or weight changes or physical pain such as back pain. Psychological changes could include anxiety or distress, mood changes or indecision. Behavioural changes might be increased smoking or drinking, persistent lateness and working longer hours than normal.

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

Recommendations

- Promoting good line management practices at work including training in whether or not to ask about mental health during the recruitment process, how to handle disclosure, how to support employees' well-being, and how to spot early signs of mental ill health.
- Mainstreaming mental health literacy training at work
- Creating a culture of openness where top- level managers can speak up about their own experience with mental distress
- Offering employees training to boost their mental resilience can also help them manage potentially stressful situations or areas of their work and can be key to reducing the likelihood of burnout.
- Companies and organisations creating occupational health and safety policies ensuring that the promotion of mental health and well-being is highlighted within them.
- Devising better occupational health and safety policies and legislation at European level that addresses the psychological risk factors in the work place
- Reconciliation measures to support the combination of work and care for informal carers

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[i] Copeland, Shanahan L, Davis M, Burns BJ, Angold A, Costello EJ. (2015) Increase in untreated cases of psychiatric disorders during the transition to adulthood.
[ii] World Health Organization. (2005a). Child and adolescent mental health policies and plans.
[iii] Adocare final report. (2015) Adolescent mental health care in Europe: state of the art, recommendations, and guidelines by the ADOCARE network