**European Parliament Interest Group on Mental Health**

**Date:** Wednesday 9 February 2011

**Topic**: Mental health in the Active and Healthy Ageing Innovation Partnership (AHAIP)

**MEETING REPORT**

**Marian Harkin MEP** opened the meeting, welcomed participants and reminded them of the objectives of the Interest Group, i.e. to advocate the development of sound EU policies which contribute to prevention of mental health problems and ensure good services, care and empowerment for those affected by mental health problems.

Before giving the floor to the speakers, she underlined the timeliness of the meeting's topic as well as the relevance of the AHAIP in view of the challenges brought about by the ageing society. Marian also stressed the comprehensive nature of the initiative which can make a contribution to addressing issues such as the lack of older people's access to appropriate treatment and care in general. This is particularly relevant for older people affected by mental illness? She also underlined the huge differences across the EU in access to and quality of treatment and care, also in the area of mental health. According to Marian, the AHAIP needs to link in with other current and future EU level health and social activities, e.g. the 2012 European Year of Active Ageing and Solidarity between the Generations, and initiatives in the field of health inequalities. It is the intention of the Interest Group to ensure that mental health has a place in the implementation of the AHAIP.

The first speaker, **Maria Iglesia-Gomez** (Head of Unit Health Strategy and Analysis, DG SANCO) introduced the AHAIP, which is the first pilot under the European Innovation Partnership (EIP). The EIP is a novel concept, which was announced under the 'Europe 2020' flagship initiative on Innovation Union. The EIP aims to contribute to 'smart growth' based on knowledge and innovation while tackling societal challenges (e.g. ageing and health) and enhancing Europe's competitiveness and economic growth. Moreover, it addresses the weaknesses in the European innovation system. The EIP is not a new instrument; it aims to provide a coordinated framework for the definition and monitoring of actions. It seeks to optimise and streamline the use of existing tools under a coherent framework; this will be done by bringing together relevant actors and sectors to mobilise available resources and expertise. A common vision in achieving objectives will be defined, and this will help to speed up the innovation process from research to market. Successful innovation will be scaled up and multiplied with all stakeholders working together. The Active and Healthy Ageing Innovation Partnership is the first pilot under the EIP and its headline target is to increase the average number of healthy life years (HLYs) by 2 by 2020. Maria underlined that this pilot can result in a 'triple win for Europe', i.e. enabling EU citizens to lead healthy, active and independent lives until old age, improving the sustainability and efficiency of social and health care systems and developing innovative solutions which will foster competitiveness and market growth.

The AHAIP will focus on three activity areas, i.e.

- individuals as patients and consumer: address aged related chronic diseases such as Alzheimer's, diabetes, cancer, Parkinson's etc.
- social and health care systems: promote and support more integrated approach to care delivery
- enabling older people to lead independent and active lives: developing innovative products, devices and services, and thus generating opportunities for businesses

So far, the AHAIP initiative has met with approval from the Council and the European Parliament. An EU wide consultation was closed recently, and some 530 stakeholders have replied. The consultation demonstrates that the barriers that are most often mentioned in relation to innovation in ageing and health are the following:

- Insufficient involvement of end-users
- Funding
- Lack of willingness of public authorities to buy novel solutions
- Diverse prioritisation of funding bodies in Europe
- Scattered evidence of the benefits of innovation
- Complex or unclear or lack of regulations

In terms of next steps, the Commission is in the process of setting up a Steering Board, which should be in place by March. This will provide political vision and support, as well as help prioritise and implement actions. It will consist of some 25 high-level key players from different sectors. Next, the Commission will adopt a strategic implementation plan by mid-summer 2011. This will be developed by the Steering Board and will include specific actions and initiatives. During the summer, a preliminary assessment of the functioning of the AHAIP will be prepared, and an evaluation report on progress made so far will be ready by the end of 2011.

Maria also provided a concrete example of how the AHAIP could work, i.e. in the field of dementia. First of all, there needs to be common and collaborative work of all relevant stakeholders from the outset to ensure cooperation between existing instruments and initiatives. Barriers and gaps will be identified, such as insufficient focus on treatment and care, lack of research in prevention, lack of cost-effective preventive measures and under-participation of older people with dementia in trials for Alzheimer's drugs. The Partnership could add value by using existing resources and instruments more effectively, implementing actions at local, regional and national level and scaling up existing experiences and proven solutions. The outcome could be the reduction of unnecessary use of hospital services, improvement of health and quality of life status for patients with dementia and cost reduction in the longer term.

The second speaker, **Peter Wintlev-Jensen** (Head of Unit ICT for Ageing, DG INFSO) emphasized that the background to the AHAIP is demographic change and societal ageing in Europe, which implies not only challenges but also opportunities for citizens, social and healthcare systems as well as industry and the European market. The AHAIP work area related to products and services is based on comprehensive ongoing EU-level activities, such as the 7$^{th}$ EU R&D Framework programme, ageing projects as part of the Competitiveness and Innovation Framework Programme (CIP) and the Ambient Assisted Living (AAL) programme. With small and medium-sized enterprises (SMEs) as its main target, the Competitiveness and Innovation Framework Programme (CIP) supports innovation

activities (including eco-innovation), provides better access to finance and delivers business support services in the regions. It encourages a better take-up and use of information and communication technologies (ICT) and helps to develop the information society. The objective of the AAL Joint Programme is to enhance the quality of life of older people and strengthen the industrial base in Europe through the use of Information and Communication Technologies (ICT). These programmes focus on the demand-side approach and so far, 11 large pilot projects have been launched, involving over 10.000 users involved. Some 40 regional pilot sites are participating with own investment, and these focus on independent living of older people with multiple chronic diseases, cognitive impairments and integrated care management. Expected impacts of these activities are functional specifications for ICT solutions in the field of ageing, substantial socio-economic evidence of impact from ICT solutions for key ageing related problems and Europe-wide replication using public procurement and the European Structural Funds.

More specifically in relation to mental health, Peter suggested various areas where ICT could be useful, i.e. in relation to stimulating contacts with peers, patient to patient contacts, support a change in perception of mental health, rating of treatments, and breaking through social isolation. In this context, Peter quoted a US study which has demonstrated that teaching people how to get engaged with the Internet can help prevent depression. In the field of Alzheimer's disease, ICT solutions can help to detect the disease earlier, keep older people mentally active and delay impact, keep older people at home for longer and improve their quality of life, assist relatives and carers through remote monitoring and tracking, improve efficiency of care and reduce the costs for society.

Peter concluded by saying that there are many ideas for innovation which now need to be implemented and deployed quickly. The AHAIP can be a useful tool in this respect.

The third speaker, **Laszlo Bencze** (Health Attaché, Hungarian Permanent Representation to the EU) underlined the importance of the AHAIP, also to the Hungarian presidency. The Presidency intends to take up the most urgent challenges and demographic ageing ranks amongst the most important of those. Changing health needs combined with shortages of human resources impact on sustainable systems, and the current economic crisis plays a crucial role as well. The main issue in this respect is to ensure that investment in health care systems continues, and that this expenditure is perceived as an investment which will reap returns in the longer term. A healthier society will have a healthier workforce, which will help sustainability. Investing in increasing Healthy Life Years will support the labour market as well as social security systems. Lazslo reminded participates that health care is not an EU-level competence; however, there is a growing realisation that cooperation in this field is indispensable. Health care does not feature in the Europe2020 strategy as such, and this is also why the AHAIP is important: it brings healthcare into this overarching strategy. Since the AHAIP covers a wide range of topics, it also contributes to another Commission priority, i.e. Health in All Policies. The Hungarian Presidency will support the implementation of the AHAIP, and will try to ensure that the European Social Fund can also make a contribution. Both the Competition as well as the Health Council will be involved with the debates, the first dealing with governance issues, and the latter to the content of the project.

The last speaker was **Dolores Gauci (**President of GAMIAN-Europe). She welcomed the AHAIP, as this initiative can make a substantial contribution to improving healthy ageing, also in the field of mental health. Dolores underlined the need for the AHAIP to explicitly address mental health as this dimension cannot be forgotten when it comes to healthy ageing. For instance, 1 in 4 persons over the age of 65 suffers from depression. It is positive that Alzheimer's Disease is specifically mentioned

as one of the target areas, but mental health in a broader sense does not seem to feature in the initiative. Therefore, the mental health dimension of the project will need to be strengthened and the activities under work area 2, addressing health care systems and integrated care models, provide a good opportunity to do so.

The crucial link between mental and physical health should also be taken into account. Physical health problems get 'overshadowed' by mental health problems. These risk remaining under-diagnosed and therefore overlooked. Dolores also underlined the lack of access to appropriate treatment and care in general, and by older people in particular. She proposed for the Interest Group to put at a Parliamentary Question to the Commission, to ensure that mental health will not be overlooked in this crucial project.

Questions and discussion

The following issues were raised:

*The composition of the Steering Group:*

Questions were asked about the composition of the AHAIP's Steering Board as there are many patient or older people's organisations that would like to be directly involved. There is no clarity at this point, as the two responsible Commissioners will invite the future members. It is expected that Member States representatives and MEPs will be involved, but for the moment there is no more information available. Apart from the Steering Board, there may be other working groups where stakeholders could actively participate.

*Involving other Commission DG's:*

It was suggested that other DG's should also be involved with the implementation of the AHAIP, such as DG EMPL, as this DG is active in several field that relate to active and healthy ageing (employment conditions, social security, health and safety in the workplace). The Commission representatives confirmed that other DGs are indeed involved (e.g. DG EMPL, DG REGIO). More specifically, DG EMPL is in charge of the 2012 European Year on Active Ageing as well as of Communications on demography; the link to the AHAIP is obvious. The ESF will also be involved.

*Health in all policies:*

Comments were made in relation to the difficulties in realising 'health in all policies'. Getting the top policy level directly involved or even responsible for health matters would seem to be a useful way. An example was given of Israel, were the Prime Minister is also responsible for health.

*The need for the AHAIP to focus:*

It was remarked that the AHAIP could also be called 'active and healthy living', as ageing starts at the age of 0. Therefore, prevention and healthy lifestyles will need to start at a much earlier age. However, the AHAIP cannot possibly address all issues that are relevant in the broad debate on prevention; choices will need to be made and priorities will need to be agreed. The focus on innovation will need to be kept, and solutions will need to be found to the most urgent issues, such as who will provide care in the future and how this will be provided. The key question is where the AHAIP can contribute to growth, both in terms of economic as well as in employment terms, in other words, the political dimension of this new tool should not be forgotten.

**Conclusions**

In her closing remarks, **Antonyia Parvanova MEP** welcomed the suggestion to prepare a Parliamentary Question, to ensure that mental health is on the agenda. She also suggested bringing in the 'Fit for Work' Foundation, which started with a focus on musculo-skeletal disorders but which also has an interest in mental health. This Foundation focuses on policies and actions that can help ensure that people can stay healthy and work longer; healthy ageing is closely related to their work. Activities in the field of Design for All are also important.

Antonyia underlined the need for proper use of language and talk about 'older people' instead of 'the elderly'. She also underlined the fact that most of the current prescription medicines are not developed for their specific use in older people. This needs to be remedied as older people are the most important users of medicines. There is a clear gap in R&D in this area; older people are generally not included in clinical trials on the basis of their age. The prevention debate should include this form of discrimination and take issues related to access to innovative treatment into account.

Christine Marking, 11/02/11