European Parliament Interest Group on Mental Health

MEETING REPORT

Date: Tuesday 3 May 2011 **Topic:** Stigma and Depression

Nessa Childers MEP welcomed participants and underlined the aims 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. She stated that within the field of mental health, depression is one of the most important issues, if only because of its prevalence and wide ranging impact on the individual, his surroundings, and society and the economy as a whole. Cuts to health services in many countries are having a profound impact on the availability of and access to services care and quality of care is suffering as well. Policy makers need to remain convinced of the need to take account of depression in their decisions impacting on health services in a wide range of policies and services.

The first speaker, **Dolores Gauci (President of GAMIAN-Europe),** briefly introduced her organisation as a patient-driven pan-European organization, which represents the interests of persons affected by mental illness and advocates their rights. She went on to inform the meeting of a survey carried out by GAMIAN-Europe in the area of stigma. GAMIAN-Europe first carried out a survey in 2006. In 2010, a second survey was carried out, making use of an identical questionnaire in 20 languages, involving patient-associations in 23 European countries. The project aimed to:

- measure the levels of stigma that people with a mental illness feel towards themselves, across Europe (Internalised stigma);
- measure the degree to which people with a mental illness believe that the general public hold negative attitudes towards the mentally ill (Perceived devaluation/discrimination);
- measure the levels of self-esteem and feelings of power/control that people with a mental illness report (Empowerment).

Dolores underlined the importance of research on self stigma or internalised stigma as it provides a solid foundation for stigma researchers, helps policy makers to understand outcomes of actions, helps clinicians to know the extent to which internalised stigma adversely influences therapeutic outcomes, and defines target populations for future health promotion strategies.

The results of the study were based on 1447 responses. While the study did not specifically focus on depression as such, the fact that 19,5 % of the respondents are indeed suffering from depression it was possible and interesting to make a comparison between the general results and those of the 'depression group'. Some conclusions:

People suffering from depression/schizophrenia:

- 33.76% (dep) 47.69% (schi) scores moderate/high on internalised stigma
- 43.04% (dep) 47.69 % (schi) score moderate/high on stigma resistance
- 67.51 % (dep) 66.77% (schi) scores moderate/high on self esteem/self efficacy

- 76.79% (dep) 80.31% (schi) scores moderate/high on power/powerlessness

People suffering from depression, the difference between the 2006 and 2010 studies:

- 33.76% (2006 = 21.70 %) score moderate/high on internalised stigma
- 43.04% (2006 = 59.7%) score moderate/high on stigma resistance
- 67.51 % (2006 = 68.3%)score moderate/high on self esteem/self efficacy
- 76.79% (2006 = 57.4 %) score moderate/high on power/powerlessness

The study has enabled the formulation of a number of further questions to resolve such as:

- Do women have lower levels of stigma towards themselves, etc. than men?
- Do people who have a number of relationships in their lives have lower levels of stigma towards themselves than others?
- Do people who are employed have lower levels of stigma towards themselves?
- Do people who agree with their diagnosis, have lower levels of stigma towards themselves, etc. than others?
- Do people who have a diagnosis of a psychotic illness, addiction or personality disorder, have higher levels of stigma towards themselves than those who are diagnosed with depression or an anxiety disorder?

The second speaker was **Professor Norman Sartorius,** who focused on the public health issues of depression. He explained that four criteria need to be fulfilled to classify a health issue as a health problem, i.e. the issue needs to have a high prevalence, it needs to have severe consequences, it has to be likely to increase and it has to be manageable in some way. Clearly, all four apply in the case of depression. The prevalence of depressive states is 3– 5% in the general population, 10 – 15% among people contacting general health services and 15 – 25% in people with chronic illnesses such as cancer, cardiovascular illness and diabetes. Prof. Sartorius noted that these are conservative estimates as some 3 – 8% of the general population is suffering from 'subthreshold" depressive states. This means that many individuals have the symptoms of depression but as they do not seek help or care they are not included in the statistics. He also pointed out the confusion between anxiety and depression. As these share many symptoms, they are often not properly diagnosed or treated appropriately. Classification systems should be adapted to reflect the reality and co-morbidity of certain mental health problems.

There is a tendency for the prevalence of depression to increase. Several factors contribute to this, for example if the risk of depression increases with age, demographic ageing will have a huge impact. There are iatrogenic factors as well: some medical treatments – such as the use of the contraceptive pill – could lead to unwanted side effects impacting mental health. Current 'life problems' such as pollution can also contribute towards the onset of depression. Another alarming trend is that depression seems to be appearing at an earlier age. Regarding treatment, among patients with recognized disorders, some are not given any; others receive inappropriate treatment (e.g. insufficient doses, wrong treatment). In some countries, it is estimated that approximately one in five patients will be appropriately treated. This is all the more concerning because existing treatment is safe as well as effective.

Depression has some other consequences as well. Approximately two thirds of people who attempt suicide suffer from depressive disorders. Depression of parents severely affects the upbringing of children. Depression has a significant economic impact and, last but not least, depression worsens the prognosis of other diseases the person may be suffering from. Serious illness compounded by depression constitutes a significant factor in non compliance as well.

On the more positive side, there are some areas of work which hold particular promise, such as improving the recognition of depression (and its treatment) in patients with chronic illnesses such as diabetes, CVD and cancer, focused education of general practitioners, and education of managerial staff in industry. Furthermore, education of the general public about risk factors and situations is a promising avenue.

Prof. Sartorius also briefly introduced the Expert Platform on Mental Health – Focus on Depression, which he is co-chairing together with Dolores Gauci. The Expert Platform aims to support the implementation of the EU Pact on Mental Health and Well-being and to develop recommendations concerning mental health action in areas not covered by the five thematic conferences convened in the framework of the Mental Health Pact. A variety of mental health organizations and key opinion leaders are represented in the platform[1].

The third speaker, **Professor Martin Knapp (LSE)**, gave a presentation based on his recently published report entitled "Mental health promotion and mental illness prevention: The economic case". This examined 15 'interventions' in mental health each of which already has an evidence-base. The economic returns to investment were calculated for each intervention, taking into account varying time horizons and varying breadths of measurement. The study made clear that most of these are cost-saving, as well as cost-effective. Challenges in this area relate to lack of cooperation between the various agencies involved and the time spans for the cost-effectiveness to become apparent.
Prof. Knapp showed participants slides on the many consequences of depression, such as premature mortality. He underlined that the enormous economic impact of mental health, as the cost to business is estimated at £8.4 billion. . For instance, the business costs of mental ill-health due to absenteeism are high, as the average employee has 7 'sick days' off per year – 40% of these due for mental health problems. Moreover, he stressed that people affected by mental health problems continuing to work are often less productive. This phenomenon, 'presenteeism', is estimated to cost business £15.1 billion. Staff turnover as a result of mental health problems is high. Replacing staff who leave because of mental ill-health is frequent, and this costs business £2.4 billion.
There are many different costs related to depression in a variety of areas. In Germany, for instance, mental ill health is the major cause of early retirement. Possible responses to mental health are prevention of mental illness, promotion of mental wellbeing, treatment, care and support.

In his response to the previous speakers, **Jürgen Scheftlein (European Commission, DG SANCO)** briefly reminded participants of the activities carried out under the European Mental Health Pact, which was adopted in 2008. Five thematic conferences have been held relating to mental health in older people as well as in children and adolescent; depression and suicide; the stigma and social exclusion, and mental health in the work place.
He underlined the paradoxical situation that was demonstrated by the GAMIAN study, i.e. while depression is one of the most common mental disorders, it remains highly stigmatised. Depression is not only of great human importance; it is also linked to a number of social and economic factors. One of the findings of the activities carried out under the Mental Health Pact is the fact the organisation of health services as such can contribute to feelings of stigma. It is also clear that the momentum towards community care has been lost in some countries and that there is a necessity to reinforce this again. A better understanding of the wider impact of mental illness on the side of health professionals is crucial. Silo thinking is still widespread. Better cooperation with the work place and schools will also be required, as it will open possibilities for preventative measures.
There is the risk that depression will become an even larger issue. In its work under the Mental Health Pact, the Commission has tried to increase the visibility of depression as a health problem and as an issue of socio-economic interest. The response has been positive as can be seen from the fact that there is a moderate improvement in people's willingness to speak about mental health problems.

[1] Participants in the Expert Platform include organisations such as GAMIAN-Europe, the European Brain Council (EBC) the European Depression Association (EDA), the World Organization of Family Doctors (WONCA), the European Federation of Associations of Families of People with Mental Illness (EUFAMI), the International Federation for Psychotherapy (IFP), the Lundbeck International Neuroscience Foundation (LINF), European Network for Workplace Health Promotion (ENWHP), European Psychiatric Nurses Association/Horatio and the Standing Committee of European Doctors (CPME), as well as KOLs and representatives from the European institutions.

As regards the Mental Health Pact, the Commission is currently deciding on next steps. The work is set to continue and an internal reflection is currently taking place. If the Pact intended to raise awareness of mental health and well-being, this has worked out and the Commission is looking forward to shaping and developing future work in this area.

The final speaker, **Eniko Toth (Health Attaché, Permanent Representation of Hungary to the EU),** informed participants of how the issue of mental health fits in with the priorities of the Hungarian Presidency. She ensured the audience that mental health features high on the public health agenda and that the need to respond to the challenges of mental health is being recognised as an important policy issue. Mental health has an important socio-economic dimension which should also be addressed seriously. The EU Mental Health Pact is a highly important initiative, which addressed important as well as relevant areas. The Hungarian Presidency is of the opinion that this work needs to be continued. The thematic conferences were useful and the time has now come to put together the conclusions and reflect on ways to continue EU level activities in this important field. To this effect, draft Council conclusions are currently being prepared, bringing together the main findings and conclusions of the conferences, and proposing ways to progress EU level actions. These conclusions will be presented and hopefully adopted at the EPSCO meeting on 6 June.

Discussion

In the discussions that followed, the following issues were debated

- The outcomes of the stigma survey need to be carefully interpreted as it would be possible to draw the conclusion that people suffering from depression are less stigmatised and discriminated against than people suffering from other mental health problems. Stigma remains an issue in this area.
- One should not pay too much attention to the differences in the levels of depression in different countries, as these different levels might give rise to questions about why the figures are higher in some countries. It is not entirely clear whether these higher levels are due to better reporting or actual higher prevalence. It needs to be kept in mind that variations between countries are rarely of sufficient strength to really look into the causes of these differences.
- The organisation and planning of health services have an impact. Different kinds of information are needed to plan services well: what people themselves want is the first question, but information on what actually works is also important.
- It is still unsure whether the next EU Presidency (to be held by Poland from July 2011) will include mental health among its key health priorities. With the Polish Presidency, it is a new Presidency-trio that will start (Poland-Denmark-Cyprus) and since the current trio-Presidency (Spain, Belgium, and Hungary) focused on mental health, it is probable that new health topics will be chosen by Poland together with Denmark and Cyprus. However, the Polish Presidency has already announced that it will address neurodegenerative diseases and stroke under its mandate and the Danish Presidency is considering taking action in mental health. Various stakeholders are already lobbying to ensure a strong mental health focus.
- While mental health entails more than a mere focus on the brain, the upcoming European Year of the Brain will ensure a mental health focus by the future EU Presidencies.
- It needs to be recognised that the brain is different from mental health as mental health is broader than the brain. On the other hand, some participants underlined the need to put an end to the continuing the 'mind & brain dichotomy' as they are not separate but complementary, and that the current splitting of paradigms is not helpful. The next meeting of the Interest Group (planned for September) meeting will address this issue.
- The insights in relation to the financial flows of the economic benefits as shown by Prof. Knapp are interesting and it would be useful to see how this could work at managerial level. Mental health has more spill-over effects than any other health problems, and yet, nobody

has found a way of bringing the various sectors involved together. The various relevant agencies are less and less willing to work together on common problems. Examples of best-practice should be identified and disseminated to facilitate better cooperation. The Interest Group could play a role in this.

- Issues relating to 'presenteeism' are interesting as a large proportion of patients are currently still in work, and these are quite obviously not as productive as persons not affected by mental health problems. There are economic pressures on employers and employees, and these pressures should not go over a certain level. The effects on diminishing returns on economy on mental health should not be overlooked as research has clearly pointed out that lower income groups suffer more during economic recession.

Christine Marking, 13 May 2011