

Boosting impact of mental health policies and services for European people, communities and economies

Joint statement to invest in mental health research and a European Implementation Partnership on Mental Health and Wellbeing

Signatories:

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Signatories call upon the European Commission and EU Member States:

- **To create a European Research Network on Mental Health with the aim to build and share the research and implementation findings on health in every EU Member State, in line with the recommendations of ROAMER.**
- **To invest in the 9th Framework Programme at least €100 million every year to execute the ROAMER recommendations on mental health research.**
- **To start in 2018 together with Member States and other stakeholders a European Implementation Partnership for Mental Health.**
- **To organize a (virtual) European Institute for Mental Health in 2018 that will monitor and coordinate mental health research and implementation.**
- **To dedicate from 2021 at least 2% of EFRD, ESF and INTERREG for the implementation of national programs for mental health promotion, prevention of mental ill health and accessible, cost effective services in the community.**

Despite the huge personal and economic costs of mental ill health...

For nearly 900 million people living in Europe, mental health problems still constitute the most significant yet most neglected health problem. Every year, more than a third of the European population is affected by mental ill health (WHO Europe, 2013:16). More specifically, major depression affects an estimated 30.3 million Europeans and psychotic disorders affect 5 million Europeans, based on 12-month prevalence rates (Wittchen et al, 2011). Mental health problems also rank first in comparison to other chronic diseases as contributing the most years lived with disability (WHO Europe, 2013:16).

The OECD estimated the costs of mental ill health (excluding addictions, dementia and neurological conditions) to be between 2.4 – 4.4% of Member States GDP (OECD, 2015). In 2013, the European Commission indicated the total costs of work-related mental ill health in the EU27 amounted up to nearly € 610 billion per year (EAHC, 2013:5):

- the employers due to absenteeism and presenteeism (€ 270 billion)
- the economy in terms of lost output (€ 240 billion)
- the healthcare systems due to treatment costs (€ 60 billion)
- the social welfare systems due to disability benefit payments (€ 40 billion)

More and more studies have shown mental ill health represents a major risk factor for a wide range of physical health problems (De Hert et al, 2011). Comorbid mental health problems have been estimated to increase health care costs by 45-75% and thus account for between 12-18% all spending on non-communicable conditions (Naylor et al, 2012). The costs of physical health care for people with cancer and depression are significantly higher. In the UK alone, comorbid mental ill health account for between EUR 10 - 18 billion of health spending (Department of Health, 2010).

Just a few examples how close mental and physical health are related (Prados-Torres et al, 2014; Harvey & Ismail, 2008; Prince et al. 2007; Turner & Kelly, 2000; Katon & Ciechanowski, 2002; Walker et al, 2014):

- Comorbid major depressive disorder and chronic physical illness (arthritis, heart disease, asthma, back problems, COPD and diabetes) lead to greater healthcare utilization.
- Depression and anxiety are proven risk factors for coronary heart disease and have an impact on the progress after myocardial infarction.
- After a depressive episode, the risk of myocardial infarction is 4 times higher than without having depression previously.
- People with depression had about 70% increased risk of developing heart disease, men had 2.3 times greater chance to die as a result of it.
- Major depression is more common in patients with cancer than the general population, 73% of patients were not receiving potentially effective treatment.

These costs will increase exponentially in an aging society, so it is vital to understand the relation between mental health, non-communicable and chronic diseases and health across the lifespan and develop effective health promotion and prevention interventions.

... mental health research is disproportionately underfunded.

Not only persons suffering from mental ill health, many other sectors of the European society and economy have ample reasons to see this situation improve. However, the funding for research to counter these negative effects of mental ill health lags far behind.

Mental health received less than 5% of the health research budget of the European Commission's 7th Framework Programme (Wykes, 2015). On average, the UK invests approximately £8 per person affected by mental ill health, approximately 20x more is spent on research into cancer and 14x more on dementia (MQ, 2015). Looking at the burden of disease, the average funding across all health problems in Europe is €25 per DALY. In contrast, funding for depression research is only €4 per DALY and funding for research into bipolar disorder only €2.9 (Catalá López et al, 2009)

Investments in mental health research actually deliver value for money, individuals and society. A British study by the Health Economics Research Group and others has suggested that for the investment in every mental health research in the UK gives a total rate of return of 37%, of which 7% in health care and 30% in GDP (Health Economics Research Group et al, 2008).

A more recent Dutch study commissioned by the Netherlands Organisation for Health Research and Development (ZonMW) revealed that for every €1 they invested in mental health care research, the potentially payoff is €61 (Lokkerbol et al, 2016). This is the impact individuals, communities and economies in Europe urgently need.

Funding the roadmap for mental health research is a necessary first step ...

The agenda for mental health research is already developed. In October 2011, the European Commission funded a roadmap for mental health research (ROAMER). In 2015, ROAMER published a comprehensive, coordinated mental health research agenda for Europe based on systematic reviews of published work and consensus decision making by more than 1,000 stakeholders and experts: individuals with mental health problems and their families, workers in mental healthcare, service providers, governmental policy makers and funders and payers of research and services (Wykes, 2015).

ROAMER identified 20 research priorities centred around 5 societal challenges (see figure right). Also in the view of distinguished United States mental health researchers, this European research agenda is an important step forward. Because a transparent evidence-based approach toward science policy contributes to more rational and effective decisions about appropriate allocation of scarce research resources. Also, it will give political leaders and their electorate the confidence that these resources are being appropriately stewarded and worthy of being expanded (Pincus & Rolin, 2017).



Figure 1: ROAMER Research Priorities

After adopting, funding and executing this European mental health research agenda, all 27 Member States will benefit from the robust research infrastructure and the development of client-centred and integrated care and personalized services for people with complex mental health needs.

... but to have impact, a structured implementation program is necessary.

Funding, organizing and doing research is only half of our challenge. The second gap to cross is from knowledge to accessible, affordable and high quality social care, clinical practice and health decision making.

On average, it takes 17 years between innovation and adaptation (Blas and Boren, 2000). Europe cannot afford to wait this long anymore. To have an impact on people, communities and economies, we need to accelerate the implementation of evidence-based interventions and evidence-informed policies in Europe.

A European Implementation Partnership for Mental Health would be a new approach to bridge the gap between innovation and adaptation and to deliver valuable services to the public in a shorter time span. This partnership will bring together relevant actors at EU, national and regional levels across different policy areas to handle this specific societal challenge.

On the EU level, the Partnership will bring together relevant stakeholders at the EU, national and regional levels across different policy areas to address this specific societal challenge. It will be a structured implementation effort facilitated by the European

With a positive answer to this, the European Commission and its Member states will also contribute to the UN Sustainable Development Goals on Health (UN, 2015), the WHO Mental Health Action Plan (WHO, 2013) and the ambitions of the OECD Ministers of Health on the next generation of health reforms (OECD, 2017).

Therefore we urge the European Commission and Member States:

- To create a European Research Network on Mental Health with the aim to build and share the research and implementation findings on health in every EU Member State, in line with the recommendations of ROAMER.
- To invest between 2021 and 2026 (KP9) every year €100 million to execute the ROAMER recommendations on mental health research.
- To start in 2018 together with Member States and other stakeholders a European Implementation Partnership for Mental Health.
- To organize a (virtual) European Institute for Mental Health in 2018 that will monitor and coordinate mental health research and implementation.
- To dedicate from 2021 at least 2% of EFRD, ESF and INTERREG for implementation of national programs for mental health promotion, prevention of mental ill health and accessible, cost effective services in the community.

It is time for parity of esteem between mental and physical health.

It is time to act.

ANNEX X: The ROAMER priorities for mental health research

1. Preventing mental disorders, promoting mental health and focusing on young people
Example: Long-term cohort studies looking at determinants of mental health and well-being will identify risk and protective factors for mental ill health and mental health across the lifespan – especially in young people as many mental health problems develop early in life. Its outcome is an estimated returns of € 1 investment could be as high as € 10.27 (for early screening), € 17.97 (for prevention of mental ill health) or € 83.73 (mental health promotion).
2. Causal mechanisms of mental disorders
Example: Identification of factors underlying co- and multi-morbidity. Comorbidity is currently one of the largest hidden costs in healthcare – e.g. depression co-occurring with asthma currently increases healthcare costs by 140%. The outcome would be a reduction (or elimination) of substantial healthcare costs associated with comorbidity (e.g. average extra cost of depression with another disorder is currently 17%-46%).
3. Setting up international collaborations and networks for mental health research
Example: European mental health databases across different countries and studies with standardised mental health outcomes. Similar studies are being conducted across Europe at any given time – but the lack of coordination of measures prevents us from pooling or sharing these data sets. By sharing, the datasets become more powerful and research becomes more and more cost-effective over time.
4. Developing new and better interventions for mental health and well-being
Example: Testing the value of internet-based treatments as automated versions of standard psychological treatments in different settings and countries. The internet offers straightforward and extremely cost-effective ways of providing additional treatment that would make many interventions greatly more effective, increase treatment options opportunities for self-management of conditions at low cost.
5. Reducing stigma and empowering service users and carers
Example: Studying the role of stigma in the wider context of inequalities (health inequalities, etc.) and assessing the place of stigma in public services. Stigma and socio-economic inequalities are large contributors to disability burden for both individuals with mental health problems and carers but are typically not addressed by mental health care interventions. Negative effects of stigma and informal care currently places higher burdens on individuals and groups who are already disadvantaged (namely women). Reducing stigma would decrease a substantial source of disability and healthcare costs that currently impede effective implementations at present
6. Research into health and social systems
Example: Investigating the impact of differences in the organisation and delivery of national healthcare systems on well-being of individuals with mental disorders and carers will allow different political decisions about health and social care across Europe have affected the health of individuals with mental health problems and their carers. Outcome: Evidence-based policy on how health policies can be most effectively implemented.

Research into mental disorder prevention, mental health promotion, and interventions in children, adolescents, and young adults

- Perform and sustain long-term prospective cohort studies on the determinants of mental health and wellbeing to study risk and protective factors of mental disorders
- Develop pharmacological and psychological treatments for children and adolescents
- Improve mental health promotion and social exclusion prevention in schools
- Investigate whether prevention of depression in pregnant women protects against later mental disorder or dysfunction (eg, depression) in children, and the cost benefits of doing so
- Perform longitudinal observational studies to analyse the effects of intense use of new forms of media (eg, the internet, gaming, and social media) in early age and adolescence on later emotional and cognitive competence

Focus on the development and causal mechanisms of mental health symptoms, syndromes, and wellbeing across the lifespan (including older populations)

- Identify factors underlying comorbidity and multimorbidity, extending aetiopathogenic research on single disorders to typical comorbid constellations
- Define the functional characteristics of neurobehavioural mechanisms across the lifespan
- Identify social and biological factors that underlie risk or resilience factors for mental disorders across the lifespan
- Study the effects of financial crises on mental health
- Understand how vulnerabilities and stress affect critical developmental trajectories for poor health and specific mental disorders across the lifespan (but particularly in childhood and adolescence)
- Study what brain abnormalities predict future mental disorder using longitudinal structural and functional neuroimaging

Develop and maintain international and interdisciplinary research networks and shared databases

- Increase the number, quality, and efficiency of international and interdisciplinary networks
- Develop multidisciplinary training programmes for mental health research across different countries
- Implement standardised European research outcomes, databases, and terminology for mental health and wellbeing research
- Establish access to European mental health databases across different studies with standardised mental health outcomes

Develop and implement better interventions using new scientific and technological advances

- Strengthen research into new approaches and technology for mental health promotion, disorder prevention, mental health care, and social service delivery

- Test the value of internet-based treatments as automated versions of standard psychological treatments in specialised mental health care, in so-called indicated prevention, and particularly for use in primary care settings
- Test real-time psychometric feedback over the course of treatment (supported by modern software) to adapt dosage and intensity of treatment to service users' complexity and problem profile to promote better outcomes
- Examine acceptability and adherence of eHealth treatments (eg, for depression), the clinical improvement at 1-year follow-up, and the cost-effectiveness of the intervention in comparison with conventional psychological therapies
- Understand why some individuals do not respond to treatment by identification of relevant, and potentially developmental-phase-specific, mediating and moderating variables of evidence-based psychotherapies for youths with mental disorders

Reduce stigma and empower service users and carers in decisions about mental health research

- Study how carers and family members of people with mental health problems might perceive and experience stigma by association
- Identify the best methods to measure and value unpaid care
- Pinpoint the most cost-effective elements of anti-stigma interventions
- Study the role of stigma in the wider context of inequalities (eg, health inequalities) and implement interventions to assess and change the role of stigma in access to public services
- Establish better national or local interventions to address stigma, social exclusion, and discrimination by a careful definition of the essential questions (ie, who should be targeted; how, by whom, and when should targeting be done) and to determine how and by whom they can be assessed

Establish health-systems and social-systems research that addresses quality of care and takes into account sociocultural and socioeconomic contexts and approaches

- Investigate the effect of differences in the organisation and delivery of national health-care systems on wellbeing of individuals with mental disorders and their carers
- Study, at the health-systems level, the cost-effectiveness of different ways to finance, regulate, organise, and provide services that promote and protect mental health
- Design and investigate methods to assess outcomes from mental health services that can be easily and reliably implemented

* The order of priorities does not represent any ranking.

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