



REPORT

1. Introduction

On Friday 9 December 2016, the European Psychiatric Association (EPA) held its first policy event in Brussels “*From policies to practice - from practice to policies: Creating synergies for better health in Europe*”. High level representatives from the European Institutions, health professionals, academics and civil society, gathered together and discussed about the possible solutions for sustainable health care systems.

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Ashtag: #epapolicyevent

2. Objectives of the EPA Policy Event

- To encourage discussions on possible solutions for providing quality health to all
- To promote inter-sectoral collaboration
- To support the creation and implementation of comprehensive health policies throughout the EU

The event focused on recent policy developments in the field of two relevant topics for mental health at the EU level:

- Integrated care and the issue of chronic diseases
- Mental health in the workplace

3. Speakers and Chairs



The event counted with the participation of six key note speakers with an expertise in the field of mental health:

- Martin Seychell, Deputy Director General, European Commission, DG Health and Food Safety
- Hilikka Kärkkäinen, President, GAMIAN-Europe
- Wolfgang Gaebel, EPA President
- Patrice Boyer, Vice President, European Brain Council
- David McDaid, Research Fellow in Health Policy and Health Economics, London School of Economics and WHO-European Observatory on Health Systems and Policies
- Jorge M. Costa-David, Policy Officer, Unit Health, Safety and Hygiene at Work, European Commission, DG Employment, Social Affairs and Inclusion

Apologises:

- György Purebl, President of the Hungarian Psychiatric Association (EPA National Psychiatric Association)
- Tamás Kurimay, Vice-Chair of the EPA Council of NPAs, Expert of the EU High-level Group on Mental Health

The event was chaired by Prof. Wolfgang Gaebel, EPA President, Prof. Martin M. Carrasco, Chair of the EPA Council of National Psychiatric Associations (NPAs) and Prof. Silvana Galderisi, EPA President Elect.

3.1. The audience



41 EPA representatives, including NPAs, Board members, speakers and administrative staff, participated in the event. The attendance of non-EPA representatives counted with the presence of 32 participants coming from different sectors: EU officers, industries, academics and NGOs' representatives.

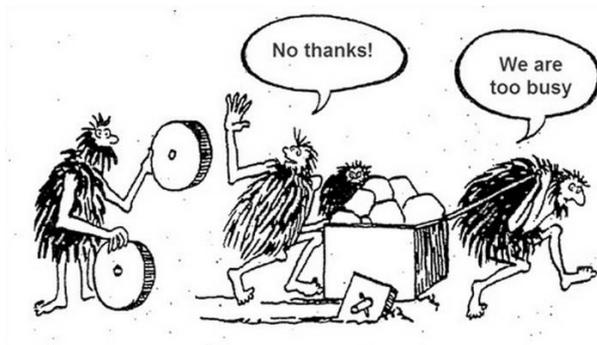
4. Opening the debate - How to join forces towards better health?

Prof. Gaebel opened the event by introducing the issue of better health in Europe, the importance of coordinated actions and the role of mental health.

He underlined that at EU level it is important to rethink health care in Europe and move towards an integrated approach to improve health and health care efficiency. To that aim, Member States shall better manage national health systems and translate a holistic approach to health into policy and practice. In particular, community mental health care should be integrated into the primary health care system.

Moreover, Prof. Gaebel stressed out the relevance of promoting coordinated actions across services to integrate prevention, promotion, treatment and rehabilitation addressing both mental and physical health care needs of the population. Increased cross-sectoral, multi-level collaboration is crucial to improve the quality of care. As a network of professionals, EPA and its Council of NPAs can be a valuable partner in advocating at national and local level for and with patients and their families, in close collaboration with other members of the mental health workforce general practitioners, primary care professionals and social services.

Prof. Gaebel concluded his opening remarks by highlighting the main expectations from the event and giving the floor to the keynote speakers.



5. Presentations: key points addressed

(Full versions on the [EPA website](#))

The first part of the event, chaired by Prof. Wolfgang Gaebel (EPA President) and Prof. Martin M. Carrasco (Chair of EPA NPAs), focused on effective strategies to make the European health systems economically sustainable and improve the mental health care services.

As Prof. Gaebel explained, health care systems need to adapt to deal with the shift in demographics and epidemiology, focusing on coordination and continuity of care and health prevention to keep delivery affordable and sustainable. In fact, longer life expectancy means that 'chronic conditions' associated with age, rather than acute events, now place the major drain on resources and with ageing population, this shift will only accelerate. These challenges can be tackled through an integrated care approach, which would help to overcome many of the barriers of the current healthcare models and to meet the care needs of the population.

Some examples of the benefits of an integrated care approach to chronic disease prevention and treatment were offered by **Prof. Patrice Boyer** (Vice-president EBC). In particular, he addressed the preliminary results of the EBC project “Value of Treatment” and focused on its EPA-led case study on schizophrenia, which suggests more focus on prevention and on community care models, with a substantial gain in resources.

As also highlighted by **Ms Hilka Kärkkäinen** (President GAMIAN), a shift from hospital care to a mental health community-based approach would improve the life condition of patients with mental health conditions. Indeed, mental health services users suffered over the past century of social exclusion and stigmatisation due to very long periods of hospitalisations in closed psychiatric institutions with restricted access to the rest of the society.

Mr. Martin Seychell (Deputy Director-General DG Sante, European Commission) welcomed the views of the speakers and agreed on the necessity to introduce integrated care models and he also drew the attention on the need for better coordination for accessible and efficient health care systems in the EU. In fact, more cross-sectoral collaboration is needed at the EU and national level in order to properly reform the systems without losing the quality of health services. To that aim, he encouraged the stakeholders to reinforce collaboration, also through channels created by the Commission, such as the EU Compass on Mental Health, meant to facilitate the exchange of information and good practices at national level.

In the second part of the event, the session’s Chair **Prof. Silvana Galderisi** (EPA President Elect) also emphasized the need for more cross-sectoral collaboration. However, she highlighted lack of explicit initiatives addressing mental health in EU policies and she called for a raise of the resources allocated to this sector for a concrete implementation of the programmes.

The presentation of **Prof. David McDaid** (London School of Economics) addressed the issue of mental health promotion and disease prevention through an economic and intersectoral perspective. He also provided evidence that integrated models through a cost/benefits approach can reduce the waste of resources and allow a better distribution by improving the outcomes.

Mr Jorge M. Costa-David (Policy Officer DG EMPL, European Commission) showed the recent developments of the European Commission in the area of physical and mental health in workplace. He stressed out that the importance of this issue lays in the costs caused by absenteeism and presentism as well as the impact of lack of good mental health and well-being on the productivity. Despite this have been acknowledged in the EU *Strategic Framework on Health and Safety at Work* and in other recent reports, better implementation of the EU legislation should be done by the Member States, including the improvement of reliable and comparable data collection.

6. Discussion with the audience

Following the speakers presentations, a fruitful discussion with the floor took place.

Many participants stressed that it is crucial to support the shift from hospital care to community-based systems. However, the European Commission should clarify in a more transparent way how the implementation process is made. It was pointed out that there is a need of more dialogue between EU institutions, key stakeholders and national decision makers to identify the priorities and to raise awareness on the impact of mental health in the workplace. More evidence based information, reliable data and accurate figures are needed to support policy making. In fact, the lack of comprehensive data on mental health represents an obstacle when it comes to include it in policy assessment.

In addition, the limited competences of the European Union in the health sector represent a barrier to create synergies with so many stakeholders and key players. De facto, there are too many conflicting demands on resources and requests, while we need to facilitate transition. It was stated that to be in a state of good health and mental health is a basic human rights issue and mental health should not be taken as a commodity. The attention was also drawn on the need of inter-sectoral collaboration at the EU level to facilitate a better health care for all.

Finally, the European Commission welcomed the participants' recommendations to put together under the same umbrella the initiatives related to mental health, and it is open to proposals for an implementation of effective European Programmes on mental health. In particular, Mr Seychell supported the idea of meeting with EPA again in the future to further discuss the role of mental health in Europe.

7. Concluding Remarks by Prof. Wolfgang Gaebel

Currently, treatment and care are not well connected. Mental health care systems are fragmented and mental health services miss integration. There is a lack of coordination between mental healthcare sectors, e.g. between outpatient and in-patient care. Furthermore, only a fraction of those in need actually receive treatment, also known as the treatment gap. In addition, mental health and mental health care is often neglected and stigmatized by society, which is one of the major barriers to care. The most hindering factors for the integration of services are low political priority, insufficient funding and a lack of consensus and strong leadership.

Health care policies are the responsibility of the countries of the European Union (EU). The EU itself can only complement national policies. For providing tools and helping countries to identify best practices, the EU needs sound input and data from the countries. A number of remedies are suggested, such as evidence-based recommendations, programmes, guidelines and guidance in order to optimize the implementation of best-practices. Strong governmental support and the mobilization of resources and funding instruments is one of the major facilitating factors for the advancement of integrated care in Europe. The European implementation problem needs to be addressed together with policy makers, patient organizations like GAMIAN Europe and family representatives from organizations like EUFAMI. In addition, national and international dialogue of independent professional organizations is required. The European Psychiatric Association (EPA) can contribute to exchanges through its wide network of national psychiatric associations. The support from care users and families as well as from independent professional associations is one of the most crucial facilitators for the integration of mental health services. In this way the creation of synergies will serve a better health in Europe.