

Viewpoint

European mental health policy: opportunities for science and innovation, challenges for implementation

According to a survey in 2010,¹ 15% of the population of the European Union (EU) sought professional help for psychological or emotional problems during the previous year. Stigma is also prevalent, with one-third of those surveyed reporting feeling uncomfortable or unsure talking to someone with a significant mental health problem.

About 35% of the total burden of disease is attributed to brain diseases² yet Europe allocates only about 8% of its research investment to mental health. In 2010, the Federation of the European Academies of Medicine (FEAM), as part of its remit to promote cooperation between academies in advising on health policy, published a Statement³ to draw attention to the relative neglect of mental disorders in EU policies for health and innovation. This Statement, together with a synopsis prepared for the professional psychiatry community⁴ emphasizes that current practice is undermined by insufficient biological understanding of mental ill-health, under-diagnosis, stigmatization and lack of effective therapeutic interventions.

While promotion of mental health is increasingly politically visible in consequence of the European Commission's Pact for Mental Health and Wellbeing and the European Parliament Resolution on Mental Health,⁵ there is much to be done to raise policy-maker and public awareness of the social and biological risks and causes of mental disorders and the opportunities for prevention and treatment. At a recent meeting in the European Parliament (Brussels, 22 March 2011), FEAM brought together the academies and other professionals from the scientific and health communities with representatives from patient groups, other NGOs, the European Commission and Parliament. The previously published FEAM analysis (Box 1) stimulated an exchange of perspectives on how to capitalize on scientific advances to improve delivery of mental health services throughout the EU.

Participants at this meeting came from varied backgrounds but revealed many mutual interests with a significant amount of agreement on crucial issues:

Commitment to health research: funding remains fragmented and disproportionately

Box 1. FEAM priorities for mental health policy in Europe

- Cross-cutting societal challenges: collecting evidence and using to inform strategic choices in public health relating to tackling stigma; suicide; addiction; problems in childhood, adolescence and associated with employment.
- Strengthening the research base for psychiatry: building interfaces between biological, epidemiological and social sciences in basic and translational research, e.g. to clarify gene–environment interactions.
- Connecting research and innovation: understanding determinants of under- and over-treatment and accelerating access to novel diagnostic and therapeutic agents.

low; there is continuing need to raise awareness of the importance of research at both the EU and Member State levels and to train the next generation of scientists. Some European basic neuroscience and translational research is excellent but capacity is relatively weak, for example for studying mental health issues in childhood. There is significant potential for European added value, particularly in multidisciplinary research across the biological, social and population sciences. New opportunities are coming within range for mapping health provision, sharing patient information databases, building critical mass for longitudinal studies and collaborating in addressing other difficult areas, for example addiction and mental and physical health co-morbidities.

Novel therapeutics: pharmaceutical investment in EU R&D for psychiatric disorders has declined recently but there is room for optimism that, if fundamental research can generate new knowledge on traits, pharmacological targets and mechanisms, then pharmaceutical companies will return to the mental health therapeutic area. There are some important initiatives in experimental medicine at the national level, for example in the UK⁶ to provide the knowledge resource with which to discover new interventions. Partnership between academia and industry is vital and some progress is being made in the EU in consequence of the Innovative Medicines Initiative where, for example, one project (NEWMEDS) is exploring new methods for therapy in depression and schizophrenia.

Clinical Trials Directive: FEAM previously expressed considerable concern about the negative impact of the Directive

on European academic research,⁷ an impact that has been amplified in some countries.⁸ The deterrent effects of increased regulatory bureaucracy and costs are being felt in psychiatric research and there is danger that loss of EU capacity to do research will lead to inability to use research outputs and, thereby, also inhibit translation into practice of research findings from studies conducted outside the EU.

Policy partnership between health and other sectors: mental health service practices still vary greatly across the EU, for example demonstrating a high reliance on inpatient care in some countries, although a common trend is to reallocate public health resources to community care. Whether promoting wellbeing or treating illness, there are significant opportunities for policy coordination: between health and social care departments in tackling stigma; with education and employment departments to identify and resolve issues for the workplace (including capitalizing on employment as a protective factor against suicide⁹); and with justice departments to provide appropriately targeted care for those in prison.

There is shared disquiet that the EU will fall behind in developing and using the knowledge base for psychiatry. The academies have a role in helping to generate the independent and expert evidence to inform policy-making options to bring change, while also clarifying the added value of EU action in public health in areas which, hitherto, had been considered the responsibility of Member States. The impending follow-up to the EU Mental Health Pact will be a good starting point for developing greater policy coherence in connecting the

strategies for promoting wellbeing with the strategies for treating mental illness.

Funding

Financial contribution was received from the Medical Research Council, UK for the preparation of the initial FEAM Statement.³

References

- 1 European Commission. Special Eurobarometer 345: Mental health. Available at: http://ec.europa.eu/health/mental_health/docs/ebs_345_en.pdf (18 March 2011, date last accessed).
- 2 Oleson J, Leonardi M. The burden of brain diseases in Europe. *Eur J Neurology* 2003;10:471–7.
- 3 Federation of the European Academies of Medicine. Statement on mental health policy issues. Available at: http://www.feam.eu.com/docs/FEAM_statement_on_Mental_Health_Policy_Issues_

- November_2010.pdf (18 March 2011, date last accessed).
- 4 Fears R, Höschl C and on behalf of the FEAM Working Group. Mental health policy issues: the view from FEAM. *Eur Psychiatry* 2011;26:III–VI.
 - 5 European Parliament. Resolution of 19 February 2009 on mental health 2008/2209/(INI). Available at: <http://europa.europa.eu> (2 February 2011, date last accessed).
 - 6 Sahakian BJ, Malloch GD, Kennard CK. A UK strategy for mental health and wellbeing. *Lancet* 2010;375:1854–5.
 - 7 Federation of the European Academies of Medicine. Opportunities and challenges for reforming the EU Clinical Trials directive: an academic perspective. Available at: <http://www.feam.eu.com/docs/FEAMctdstatementaugust2010.pdf> (18 March 2011, date last accessed).
 - 8 Rawlins M. A new era for UK clinical research. *Lancet* 2011;377:190–2.

- 9 Corcoran P, Arensman E. Suicide and employment status during Ireland's Celtic Tiger economy. *Eur J Public Health* 2011;21:209–14.

Robin Fears¹, Cyril Höschl²

¹Policy adviser, Federation of the European Academies of Medicine, Palais des Academies, B-1000 Brussels, Belgium and ²Past-President, FEAM, Palais des Academies, B-1000 Brussels, Belgium and Director of Prague Psychiatric Center, 181 03 Prague 8, Czech Republic

Correspondence: Robin Fears, FEAM, Palais des Academies, B-1000 Brussels, Belgium, tel: +44 1279 504270, fax: +32 2550 2265, e-mail: robinfears@aol.com

doi:10.1093/eurpub/ckr075