Mental Health in Times of Economic Crisis
WORKSHOP ON
MENTAL HEALTH IN TIMES OF ECONOMIC CRISIS

Tuesday, 19 June 2012 from 16.00 to 18.00
European Parliament, Room ASP A1E-1, Brussels

Policy Department A-Economy & Science
for the Committee on the Environment, Public Health and Food Safety (ENVI)

AGENDA

16.00 - 16.05 Welcome and opening by Co-chairs of the Health Working Group
Glenis WILLMOTT and Alojz PETERLE, MEPs

Part 1: Every 1% rise in unemployment correlates to a 0.8% rise in suicides: Europe is facing a mental health crisis

16.05 - 16.15 The link between debt and mental health
Prof. David McDaid, European Observatory on Health Systems and Policies at the London School of Economics and Political Science. Co-ordinator of the Mental Health Economics European Network (UK).

16.15 - 16.25 A lost generation? The impact of the financial crisis on teenagers and young people
Dr. Jean-Paul Matot, Member of Action for Teens, Psychiatrist.

16.25 - 16.35 How to avoid a mental health crisis: possible solutions
Dr. Roberto Bertollini, Chief Scientist, WHO Regional Office for Europe.

16.35 - 16.55 Question Time
With the presence of: Mr. Michael Hübel, Head of Unit, and Mr. Jurgen SCHEFTLEIN, policy officer, "Health Determinants" Unit, DG SANCO, European Commission (Europe 2020 – for a healthier EU); Mr. Jorge COSTA-DAVID, policy officer, "Health and Safety at Work" Unit, DG EMPL, European Commission.
**Part 2: Inequalities exist between and within Member States: we need more European co-operation on mental health**

**16.55 - 17.05 Economic recession, depression and suicide: The need for a European roadmap**

Prof. José Luis Ayuso-Mateos. Department of Psychiatry. Universidad Autónoma de Madrid. Hospital Universitario de la Princesa. CIBERSAM (ES)

**17.05 - 17.15 Working together across borders to improve mental health**

Pedro Montellano, board member of GAMIAN (Global Alliance of Mental Illness Advocacy Networks).

**17.15 - 17.55 General Discussion**

With the presence of: Mr. Michael Hübel, Head of Unit, and Mr. Jurgen SCHEFTLEIN, policy officer, "Health Determinants" Unit, DG SANCO, European Commission (Europe 2020 – for a healthier EU); Mr. Jorge COSTA-DAVID, policy officer, "Health and Safety at Work" Unit, DG EMPL, European Commission.

**17.55 - 18.00 Conclusions**

**18.00 Closing**
SHORT BIOGRAPHIES OF EXPERTS

David McDaid

David McDaid is Senior Research Fellow in Health Policy and Health Economics at LSE Health and Social Care and the European Observatory on Health Systems and Policies at the London School of Economics and Political Science.

He is co-ordinator of the Mental Health Economics European Network. He is involved in a wide range of work on mental health and public health in the UK, Europe and beyond. He has published over 100 peer reviewed papers and reports, including recent work on the economic case for investing in measures to prevent both debt and suicides.

Jean-Paul Matot

Dr Matot is a psychiatrist who holds university decrees from the Medical Faculty of the Free University of Brussels (ULB) and the University of Paris. Between 1991 and 1994, Dr Matot was an assistant clinical director at the Medico-Psychological Department of the Saint Pierre University Hospital. Following this position, Dr Matot became the Director of the Mental Health Department of ULB (1994-2008) and then the Chief of the Child Psychiatry at the Children's University Hospital-Queen Fabiola, in Brussels (2008-2010).

Dr Matot has also been involved in the work of many professional associations, including the French-speaking section of the Belgian Society of Psychiatry for Children and Adults as president (1991-1996), the European Society for Child Adolescent Psychiatry as vice-president (1991-1999), the Platform for the Mental Health of the Brussels Region as a chairman (1996-1999), the European Association for Infant and Adolescent Psychopathology as secretary and the International Psychoanalytic Association as member. Dr Matot is also a member of the Action for Teens.

Dr Matot is also the co-author of many articles and chapters in professional journals and books. Moreover is the co-director of the journal ‘Enfances, Adolescences’ and the director of the journal ‘Revue Belge de Psychanalyse’.

Roberto Bertollini

Dr Roberto Bertollini, M.D., M.P.H. is the WHO Representative to the EU in Brussels and the Chief Scientist of the WHO Regional Office for Europe. Before this assignment, he was the coordinator of the Evidence and Policy for Environment and Health unit of the WHO Department of Public Health and Environment in Geneva (2007-2010), the Director of the WHO EURO Special Programme on Health and Environment in Copenhagen, Rome and Bonn (2004-2007), the Director of the Division for Technical Support “Health Determinants” at the WHO Regional Office for Europe based in Copenhagen (2000-2004) and the Director of the Rome Division of the WHO European Centre for Environment and Health (1993-2004). Before joining the WHO he had worked at the Epidemiology Unit of the Lazio Region of Italy.
Dr Bertollini holds a degree in medicines and a postgraduate degree in paediatrics, as well as a Master in Public Health. During his career he has been involved in the development of the public health agenda at both European and global levels.

Dr Bertollini is highly interested in topics that concern e.g. the effects of socioeconomic determinants to human health. He is the author of many public health related scientific books and articles.

José Luis Ayuso-Mateos

Prof. Ayuso-Mateos is the Chairman and Director of the Department of Psychiatry of the Universidad Autónoma de Madrid (UAM) and works as a practitioner at the Hospital Universitario de la Princesa.

Prof. Ayuso-Mateos is the Principal Investigator of the Centro de Investigación Biológica en Red de Salud Mental (CIBERSAM), the Spanish Mental Health Research Network, and also directs the Affective Disorders Multidisciplinary Research Group, which is currently involved in the following projects funded by the European Commission:

Psycho-social Aspects Relevant to Brain Disorders in Europe, PARADISE; Collaborative Research on Ageing in Europe, COURAGE; Road Map for Mental Health, ROAMER; and Scaling Up Services for Mental, Neurological and Substance Use (MNS) Disorders within the WHO mental health Gap Action Programme (mhGAP).

The Affective Disorders Multidisciplinary Research Group is currently conducting studies on the epidemiology of suicidal ideation and behaviour in the general population, and on the relationship of psychotropic drugs and suicidal behaviour. In addition, this group is taking part in three investigator-driven clinical trials in bipolar and depressive disorders.

Prof. Ayuso-Mateos is also a member of the International Advisory Group for the Revision of ICD-10/Mental and Behavioural Disorders, and of the ICD-10 Working Group on Mood and Anxiety Disorders. Finally, He is member of the ‘Essential package for mental, neurological and substance use disorders’ Guideline Development Group of the WHO.

Pedro Montellano

Pedro Manuel Palma Leal Ortiz de Montellano has been the owner and manager of Espacos and Negocios, a real estate company in Lisbon, since 2003. He holds a degree in agronomics engineering from the Lisbon Institute of Agroeconomics and a post-graduate degree from the Institute of Economics and Management in real estate management and valuation.

Mr Montellano was diagnosed with bipolar disorder at the age of 23. Between 2001-2004 he was the President of the Fiscal Board of the Association for the support of Depressive and Bipolar users; since 2004, he has been the treasurer of this Association.

He is also board member and treasurer of GAMIAN Europe-Global Alliance of Mental Illness Advocacy Networks. For many years, Mr Montellano has been couching a rugby team for children.
PRESENTATIONS

David McDaid, The link between debt and mental health

Jean-Paul Matot, The impact of the financial crisis on teenagers and young people

José Luis Ayuso-Mateos, Economic recession, depression and suicide: The need for a European roadmap

Pedro Montellano, Working together across borders to improve mental health
The links between debt and mental health

David McDaid

Mental Health in Times of Economic Crisis, European Parliament, Brussels June 2012

LSE Health & Social Care et European Observatory on Health Systems and Policies, London School of Economics and Political Science

E-mail: d.mcdaid@lse.ac.uk

Structure

• What do we know about the impact of debt on mental health?

• Is there an economic case for investing in measure to reduce the risk or tackle unmanageable debt?
What do we know about the links between debt and mental health?

Debt and Mental Health: Conceptual Framework

Source: Chris Fitch Royal College of Psychiatrists, 2012
Long term increased risk of depression

if you have financial difficulties, you are 2 to 4 times more likely to have major depression 18 months later


Skapinkas et al 2006

- 2406 British adults
- ‘financial difficulties’ (a single measure of different debts)
- surveyed at ‘baseline’ and 18 months later (‘follow-up’)
- among individuals with depression at baseline, the odds of depression at follow-up were four times higher for those with financial difficulty at baseline than no difficulty (95% CI 1.19-14.80).
- for individuals not depressed at baseline, the comparative odds of depression were twice as great for those reporting financial difficulties at baseline (95% CI, 1.05-3.98).
- took account of employment, material standard of living (a ‘wealth’ measure of income and housing), and baseline psychiatric symptoms.

Risk of poor mental health in people with debt in Great Britain


Risk of debt higher for many common mental health problems

<table>
<thead>
<tr>
<th></th>
<th>Unadjusted OR</th>
<th>95% CI</th>
<th>P values</th>
<th>Adjusted OR*</th>
<th>95% CI</th>
<th>P values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phobia</td>
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<td></td>
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<tr>
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<td>1.00</td>
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<tr>
<td>In debt</td>
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<td>4.81-10.88</td>
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<td>3.83</td>
<td>2.43-6.05</td>
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<tr>
<td>OCD</td>
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<td></td>
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<td>1.00</td>
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<tr>
<td>In debt</td>
<td>4.79</td>
<td>2.94-7.70</td>
<td>&lt;0.001</td>
<td>2.27</td>
<td>1.32-3.90</td>
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<td>Depressive episode</td>
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<tr>
<td>In debt</td>
<td>4.08</td>
<td>2.87-5.81</td>
<td>&lt;0.001</td>
<td>2.36</td>
<td>1.59-3.50</td>
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<tr>
<td>Panic disorder</td>
<td></td>
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<td></td>
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<tr>
<td>Not in debt</td>
<td>1.00</td>
<td></td>
<td></td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In debt</td>
<td>3.81</td>
<td>2.28-6.40</td>
<td>&lt;0.001</td>
<td>3.14</td>
<td>1.79-5.52</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Generalized anxiety disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Not in debt</td>
<td>1.00</td>
<td></td>
<td></td>
<td>1.00</td>
<td></td>
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<tr>
<td>In debt</td>
<td>3.49</td>
<td>2.65-4.60</td>
<td>&lt;0.001</td>
<td>2.51</td>
<td>1.85-3.41</td>
<td>&lt;0.001</td>
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<tr>
<td>Mixed anxiety and depressive disorder</td>
<td></td>
<td></td>
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<tr>
<td>Not in debt</td>
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<td></td>
<td></td>
<td>1.00</td>
<td></td>
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</tr>
<tr>
<td>In debt</td>
<td>2.61</td>
<td>2.10-4.55</td>
<td>&lt;0.001</td>
<td>2.10</td>
<td>1.65-2.66</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

*Source: Meltzer, Bebbington, Brugha, Farrell & Jenkins 2012

European Journal of Public Health (Advance Access)
Number of debts and source of debt impacts on mental health

Table 4 Prevalence of CMD by source of debt, number of debts, source of loan and number of lenders

<table>
<thead>
<tr>
<th>Source of debt</th>
<th>No debt</th>
<th>Housing</th>
<th>Utilities</th>
<th>Shopping</th>
<th>Other debts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any CMD (%)</td>
<td>13.9</td>
<td>41.8</td>
<td>44.1</td>
<td>44.8</td>
<td>46.8</td>
</tr>
<tr>
<td>Base</td>
<td>6678</td>
<td>342</td>
<td>247</td>
<td>152</td>
<td>265</td>
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</table>

<table>
<thead>
<tr>
<th>Number of debts</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4+</th>
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</thead>
<tbody>
<tr>
<td>Any CMD (%)</td>
<td>13.9</td>
<td>32.3</td>
<td>27.0</td>
<td>54.3</td>
<td>54.3</td>
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<tr>
<td>Base</td>
<td>6678</td>
<td>279</td>
<td>148</td>
<td>70</td>
<td>127</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Source of loan</th>
<th>Family</th>
<th>Friends</th>
<th>Pawnbroker</th>
<th>Moneylender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any CMD (%)</td>
<td>34.2</td>
<td>44.3</td>
<td>45.3</td>
<td>57.5</td>
</tr>
<tr>
<td>Base</td>
<td>491</td>
<td>186</td>
<td>75</td>
<td>40</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of lenders</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any CMD (%)</td>
<td>13.9</td>
<td>34.8</td>
<td>42.7</td>
<td>52.2</td>
</tr>
<tr>
<td>Base</td>
<td>6678</td>
<td>475</td>
<td>124</td>
<td>25</td>
</tr>
</tbody>
</table>

a: Housing debts comprise arrears in rent, mortgage and council tax
b: Utilities debt comprise arrears in gas, electricity and water
c: Shopping debts comprise arrears in hire purchase, credit card and mail order
d: Other debts include arrears in telephone, TV licence, road tax and child maintenance

Source: Meltzer, Bebbington, Brugha, Farrell & Jenkins 2012
European Journal of Public Health (Advance Access)

Debt and suicide

- Finland: Survey of 5,000 people found those who had difficulties in repaying debts 3 times more likely to have suicidal thoughts. [Hintikka et al 1998 Acta Psychiatrica Scandinavica]

- England: Survey of 7000 people: Those in debt twice as likely to think about suicide. Number of debts, source of debt and reason play important role. [Melzer et al 2011, Psychological Medicine]

- Time lag in access to official suicide data means that only now beginning to be possible to look at association between ecomic circumstance & suicide
Impact des crises économique sur la santé mentale

Previous crises: increases in unemployment and poverty increase the risk of poor mental health.

Debt and other financial difficulties have a negative impact on mental health.

Unemployment and poverty can contribute to depression and increase suicide risk.


Is there an economic case for investing in measures to tackle/prevent unmanageable debt?
**Debt advice and counselling services**

<table>
<thead>
<tr>
<th>Target</th>
<th>General population without mental health problems who at risk of unmanageable debt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>Debt advice services, provided on face to face, telephone or internet basis</td>
</tr>
<tr>
<td>Outcome evidence</td>
<td>Unmanageable debt increased risk of developing depression/anxiety disorders by 33% in gen pop (Skapinakis et al 2006). 56% of face to face service alleviate unmanageable debt (Williams &amp; Sansom 2007). 47% for telephone (Pleasance &amp; Balmer 2007).</td>
</tr>
<tr>
<td>Economic pay-offs</td>
<td>Avoidance of costs to health and social care services; legal system; productivity losses; local economy</td>
</tr>
<tr>
<td>Findings</td>
<td>Telephone/ web cost saving from public purse perspective in most scenarios; face to face most cost effective if 30% of costs recouped from creditors; face to face cost saving if productivity losses averted</td>
</tr>
</tbody>
</table>

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**Debt counselling services can play a role**

- Supporting not-for-profit debt advice services may be prudent in time of economic crisis

<table>
<thead>
<tr>
<th>Year</th>
<th>Year 1 (£)</th>
<th>Year 2 (£)</th>
<th>Year 3 (£)</th>
<th>Year 4 (£)</th>
<th>Year 5 (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and social services</td>
<td>151,512</td>
<td>-13,209</td>
<td>-13,017</td>
<td>-12,829</td>
<td>-12,643</td>
</tr>
<tr>
<td>Legal costs</td>
<td>-87,908</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Productivity</td>
<td>-7,827</td>
<td>-100,128</td>
<td>-98,677</td>
<td>-97,426</td>
<td>-95,837</td>
</tr>
</tbody>
</table>

Knapp, McDaid, Evans-Lacko, Fitch, King, 2011
Working with the financial industry:

Developing written guidance for creditors on dealing with customers with mental health needs

Providing frontline staff with basic training

Chris Fitch and Ryan Davey
Royal College of Psychiatrists
www.rcpsych.ac.uk/recovery

Summary

- There is an evidence base linking debt to poor mental health
- Poor mental health also increases risk of debt
- More of the population are vulnerable in times of economic crisis
- Need to consider investing in support to help individuals to avoid unmanageable debt: potentially cost effective
- Working with the financial industry to better meet the needs of customers in debt with mental health problems
- This is one element of action - need also measures to help protect against absolute poverty and loss of life opportunities
More information

• Report for the Department of Health in England on economic arguments for investing in mental health including debt management & suicide prevention

Une génération perdue?
L’impact de la crise financière sur les adolescents et les jeunes

exposé au Parlement Européen, 19 juin 2012

docteur Jean-Paul Matot
Membre du Conseil d’Administration Action for Teens

Action for Teens aisbl

• Un réseau européen de psychiatres et professeurs, experts en psychiatrie adolescente
• Mission :
  – Réseau de réflexion ouvert et innovant
  – Centralisation d’expériences et d’expertises, bonnes pratiques
  – Soutien et incitation à la création de structures d’accueil adaptés pour adolescents en souffrance psychologique
Enjeux de l’adolescence et de la jeunesse

• Adolescence: 12-18 ans
  – Création d’un espace d’autonomie au sein de la famille
  – Intégration des changements corporels pubertaires, de la sexualité, et du développement intellectuel

• Jeunesse : 18-30 ans
  – Création d’un espace d’autonomie au sein de la société ; modalités culturelles *
  – Intégration du statut social de majeur


Processus de développement

• Appropriation subjective du rapport à soi-même et au monde
déconstruction - reconstruction
• Appréhension de la réalité et continuité du sens de soi
enchantement

Impasses de ces processus

- Empêchement de la déconstruction :
  - problématiques de l’inhibition : dépressions, phobies sociales, états schizoides
  - Problématiques du passage à l’acte : délinquance
- Défaut de l’enchantement :
  - Clivages entre réalité et imaginaire
  - Hyper-adaptation de surface au détriment du contact avec soi-même (personnalités « as if », pervers narcissiques, …)
  - Repli dans des néo-réalités addictives (toxicomanies) ou délirantes

Changements du contrat social en occident

- De l’interdit collectif à la performance individuelle : de la culpabilité à la honte, de la névrose à la dépression *
- Changements de l’enfance :
  - L’enfant roi / l’enfant tyran
  - L’enfant L’Oréal
  - L’enfant technophile
- Changements de l’âge adulte :
  - L’individu incertain
  - Des trajets de vie à géométrie variable
  - La transmission en crise **

  — La fatigue d’être act. Dépression et société, Paris, Odile Jacob, 1993
** Rosa T., Alienation and acceleration : towards a critical theory of late-modern temporality, Nordic Summer University Press, Skanesund (Sweden)
Effets de la crise financière sur les adolescents

- **Des parents fragilisés** (chômage, précarité, ...): insécurité, dévalorisation
  → empêchement de la déconstruction
- **Un monde sans pitié**: éloge de la violence
  → dérapage de la déconstruction vers la destructivité
- **Des sociétés sans valeurs et sans projets**: éloge de l’instantané, de la consommation, de l’avoir
  → empêchement de l’enchantement

Effets de la crise financière sur les jeunes

- Accentuation et/ou prolongation de la dépendance familiale
  - Restriction des sources de revenus propres (diminution de l’emploi et des aides publiques)
  - Restriction de l’accès au logement
  → Empêchement du processus de (dé)construction
- Perte de crédibilité des institutions et des instances de régulation:
  désinvestissement de l’état démocratique, avec :
  - développement de cultures de groupe alternatives,
  - ou hyper-adaptation à la culture de la performance
  → Processus d’enchantement en opposition à la réalité
  /vs omnipotence emprise dans la réalité
Accélération de la
dualisation de
l’adolescence et de la
jeunesse

- Pays « riches » du Nord // pays « pauvres » du Sud
  de l’Europe
- Familles peu ou pas touchées par la crise // familles
  précarisées
- Adolescents et jeunes « performants » (ou
  « formatés ») // adolescents et jeunes « flottants »
  (ou « perdus »)

Des espaces de
régénération à trouver

- Des espaces de déconstruction pour canaliser la violence
  — résistance souple des adultes et des institutions
  — relance de l’expérimentation adolescente

- Des espaces d’enchantement pour re-créer la réalité
  — une réalité externe investie dans un plaisir non omnipotent
  — un imaginaire nourrissant l’expérience de la réalité par l’intermédiaire
    de l’enchantement

- Des espaces intermédiaires pour réduire la dualisation :
  — des écoles pour accompagner la déconstruction et l’enchantement
  — des transitions créatives vers le monde du travail
  — entre l’errance et la contrainte, l’accès à des maisons pour
    adolescents (et parents)
Des « maisons » pour adolescents

- Expérience française de la Maison des Adolescents à Paris (Maison de Solenn - www.mda.aphp.fr), développée ensuite dans la plupart des départements français (regroupées au sein d’une association nationale - ANMA)
- Projets entre autres à Charleroi en 2010, à Bruxelles pour 2014 (mené par le Groupe Hospitalier La Ramée-Fond Roy)
- Projets dans d’autres pays européens, regroupés au sein d’Action for Teens
- Diversité des formules et des dispositifs en fonction des besoins et ressources existantes, mais avec quelques principes communs:
  - Accessibilité pour les adolescents ;
  - Offres diversifiées, en santé physique et psychique, bien-être, sexualité, apprentissages, culture, citoyenneté, justice et aide sociale, …
  - Ouverture aux parents ;
  - Travail en réseau avec les professionnels de différents secteurs s’occupant d’adolescents et de jeunes …
  - Formules de consultations à la demande, groupes, activités, hébergement, …
Presentation by José Luis Ayuso-Mateos

Economic recession, depression and suicide: The need for a European roadmap

Jose Luis Ayuso-Mateos
Suicides occur within psychiatric disorders

- about 90% of suicide victims had a psychiatric disorder
- 42% were former psychiatric in-patients (Andersen et al 2001)
- 30-87% occur within depression
Psychosocial factors
  e.g. stress, unemployment

→

Suicidality

Depression

The New York Times  Published: April 4, 2012

Public Suicide for Greek Man With Fiscal Woe
The linear correlations between purchasing power parity PPP-adjusted GDP per capita and suicide rates in each country within each region

Blasco-Fontecilla H. BMJ one 2012
### Collaborative Research on Ageing in Europe

Factors associated with Suicidal thoughts among working age adults with depression in the general population: (82 from Finland, 98 from Poland, and 229 from Spain)

<table>
<thead>
<tr>
<th></th>
<th>O.R. (s.e.)</th>
<th>z</th>
<th>p</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
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<td><strong>Unemployment (Ref. = Working)</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>With government benefit</td>
<td>1.43 (0.52)</td>
<td>1.00</td>
<td>0.32</td>
<td>(0.71, 2.90)</td>
</tr>
<tr>
<td>With no government benefit</td>
<td>1.59 (0.57)</td>
<td>1.30</td>
<td>0.19</td>
<td>(0.79, 3.21)</td>
</tr>
<tr>
<td><strong>Social Support (Ref. = Strong)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate support</td>
<td>1.00 (0.26)</td>
<td>-0.01</td>
<td>0.99</td>
<td>(0.60, 1.67)</td>
</tr>
<tr>
<td>Poor support</td>
<td>2.23 (0.84)</td>
<td>2.12</td>
<td>0.03</td>
<td>(1.06, 4.67)</td>
</tr>
<tr>
<td><strong>Socioeconomic Status</strong></td>
<td>1.16 (0.08)</td>
<td>2.29</td>
<td>0.02</td>
<td>(1.02, 1.32)</td>
</tr>
<tr>
<td><strong>Country (Ref. = Finland)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poland</td>
<td>0.44 (0.17)</td>
<td>-2.13</td>
<td>0.03</td>
<td>(0.20, 0.94)</td>
</tr>
<tr>
<td>Spain</td>
<td>0.44 (0.15)</td>
<td>-2.44</td>
<td>0.02</td>
<td>(0.23, 0.85)</td>
</tr>
<tr>
<td><strong>Gender (Ref. = Male)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>0.99 (0.01)</td>
<td>-0.68</td>
<td>0.50</td>
<td>(0.97, 1.01)</td>
</tr>
</tbody>
</table>

### Relationship between Socioeconomic Status and Probability of morbid thoughts across countries.

95% confidence intervals corresponding to predictions of Poland and Spain were overlapped.
1. Consorcio CIBER para el Área Temática de Salud Mental (SP)
2. King's College London, Institute of Psychiatry (UK)
3. Fondation FondaMental (FR)
4. European Clinical Research Infrastructures Network (EU/FR)
5. Maastricht University Medical Centre (NL)
6. Technical University of Dresden (GE)
7. London School of Economics (UK)
8. University of Heidelberg, Central Institute of Mental Health Mannheim (GE)
9. Nordic School of Public Health (EU/SE)
10. University of Naples (IT)
11. Semmelweis University Budapest (HU)
12. University of Manchester (UK)
13. Cambridge University, Trevor Robbins (UK)
14. CF consulting (IT)

gracias
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www.prevencionsuicidio.com
Presentation by Pedro Montellano

Working together across borders to improve mental health

It’s **essential** that the National Patients Associations should work together at European level

The example of GAMIAN EUROPE
Mission

The unique position of Gamian-Europe is that it is a patient driven pan-European NGO that represents patients from across Europe who are affected by mental illness.

Independency and transparency

Principle of non interference of any funder (public or private) or sponsor in Gamian’s activities.

Subscription of EPPIA code of conduct (laid down by statute)

Principle of multi funding: Gamian is not dependent of an unique funder, and it’s activities will never be endangered by the threat of a funder to quit.

Membership

1. Gamian-Europe wants to be the patient-associations organisation, clearly separated from the cares associations organisation (EUFAMI), the professionals associations organisation (MHE, EPA, Horatio, etc ..)

2. This does not means that Gamian-Europe doesn’t collaborate with other associations in the mental health field, on the contrary, joint actions are necessary and a mutual associate membership with other stakeholder associations is positive.

3. On the other hand, patient advocacy is not always fully compatible with carer’s advocacy and the interests of health professionals. Speaking out clearly and unambiguous for the patients is Gamian-Europe’s role.

4. This is vital to help develop GAMIAN-Europe into a “true European Patients voice” within the area of mental health.
Main objectives:  

Advocacy  

1. Act as the voice for patients, both at EU as well as at national level,  
   and demonstrate that this voice is useful as well as indispensable  

2. Ensure that patients are at the centre of all aspects of healthcare  
   provision  

3. Work to improve the availability, accessibility, and quality of treatment  
   for all mental health problems  

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Stigma and discrimination  

1. Increase awareness, knowledge and understanding of mental health problems  

2. Help reduce stigma, prejudice, and ignorance in relation to mental health problems and  
   fight discrimination  

3. Patient's rights  

4. Focus on the development and enforcement of rights for persons affected by mental  
   health problems, e.g. access to appropriate treatment  

5. Cooperation, partnerships and capacity building  

6. Enable patient groups to collaborate with health professionals, policy makers, academics,  
   and industry
Information and education

1. Improve the provision, reliability and quality of information on mental health problems for patients as well as the general public

2. Assist in improving the training, education and understanding of mental illness of health and other professionals

In order to reach these aims GE provides information and support to member organisations by means of educational seminars, conventions, a regular EU newsletter, handbooks on specific mental illnesses, and an up-to-date and accessible website.
forms active partnerships and cooperation with other stakeholders with a view to:

- securing the best possible treatment for patients with a mental illness and at the earliest possible opportunity
- supporting the development of health/mental health policies which take account of the views of patients

At least twice a year GE will organize a meeting with Members of the European Parliament and provide secretariat, Prepare quarterly electronic newsletter and organise Bi-annual dinner with panel of Co-Presidents

**Since to opening session on 28th April 2010 the Interest group met**

- On 26th October 2010: Theme: health inequalities and mental health
- On 9th February 2011: Theme: mental health in Europe2020, Mental health In the Active and Healthy Ageing Innovation Partnership (AHAP)
- On 3rd May 2011: Theme: Stigma and Depression
- On 22nd September 2011: Theme: Mental Health and the Brain
- On 24th January 2012: Theme: Depression
- On 24th April 2012: Theme: Mental health for Children and adolescents
GE awards to organisations for best practices

Facilitates an open and inclusive pan-European dialogue among patient organisations and other interested bodies to exchange information and ideas.

shares experience and examples of good practice to strengthen the role and voice of patient organisations and effective input in EU and national policy development.

Greek association KINAPSI is the first nominee of GE award to member organis.
Working Tools – on a voluntary base

The **board of directors** (12 board members) **2 meetings a year**.

An **executive committee** composed of a president, vice president,
treasurer and secretary general (+the immediate past president) **5 members** **2 to 4 meetings a year**.

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Working Tools On a consultancy (paid) base:

To establish an effective positive corporate image GAMIAN-Europe needs a small team to deliver on the key priorities around establishing effective systems of communicating in a professional and corporate style.

1. An Executive Director
2. A Policy and European Relations Officer
3. An accountant

3 staff members...
THANK YOU

Further information can be found on our website:

http://www.gamian.eu
POLICY DEPARTMENT A
ECONOMIC AND SCIENTIFIC POLICY

Role
Policy departments are research units that provide specialised advice to committees, inter-parliamentary delegations and other parliamentary bodies.

Policy Areas
- Economic and Monetary Affairs
- Employment and Social Affairs
- Environment, Public Health and Food Safety
- Industry, Research and Energy
- Internal Market and Consumer Protection

Documents