



Mental health policy issues: the view from FEAM

Robin Fears and Cyril Höschl, on behalf of the FEAM Working Group¹

FEAM, Palais des Académies, Rue Ducale 1, B-1000 Brussels, Belgium

Mental illness has major public health and socio-economic impacts for Europe but has been relatively neglected by policy-makers. European mental health policy is at a crossroads [8] for how to tackle the increasing disease burden at a time when there are many different health policies in EU Member States and there is underinvestment and fragmentation of research. A credible policy will be expected to cover issues for research, professional education and training as well as health promotion and disease management.

FEAM (the Federation of the European Academies of Medicine) was formed by the national academies of medicine to provide advice to the political and administrative authorities of the EU. In 2009, FEAM organised a scientific meeting in Prague to review newer developments in psychiatry and help set objectives for EU policy in contemporary mental health. FEAM academies can play a vital role in identifying what changes are necessary in attitudes, plans and structures and in encouraging the scientific community to help bring about these changes. We briefly review key issues emerging from the FEAM analysis that has been published in detail [5] and covers: (i) What is already known – the evidence base to be used to inform policy development at EU and national levels; and (ii) What is not yet known, but should be – the gaps in the evidence base.

¹ **FEAM Working Group on Mental Health policy:** **J. Alonso**, Health Services Research Unit (IMIM – Hospital del Mar); **C. Arango**, CIBERSAM (Spanish Network of Mental Health, Madrid), Universidad Complutense de Madrid; **P. B. Jones**, Department of Psychiatry, University of Cambridge; **J. Libiger**, Department of Psychiatry, Charles University Medical School and Faculty Hospital Hradec Králové; **J.-L. Martinot**, Research Unit 1000 “Imaging and Psychiatry”, INSERM – CEA, Universités Paris Sud et Paris Descartes; **I. Pelc**, Medical Psychology, Université Libre de Bruxelles; **Z. Rihmer**, Department of Clinical and Theoretical Mental Health and Department of Psychiatry and Psychotherapy, Semmelweis University; **F. Spaniel**, ITAREPS, Prague Psychiatric Center; **R. Uher**, Institute of Psychiatry, King's College London; (Reviewers) **T. K. J. Craig**, Institute of Psychiatry, King's College London; **S. Frangou**, Institute of Psychiatry, King's College London; **N. Sartorius**, Association for the Improvement of Mental Health Programmes; **H. Silfverhielm**, Medical Adviser to the National Board of Health and Welfare in Sweden; **G. Thornicroft**, Institute of Psychiatry, King's College London

The primary FEAM message is the imperative to generate and use new knowledge. Public investment in mental health research brings both health gains and economic benefits. A study commissioned by a member academy [7] compared the health benefits and productivity gains accruing to the UK with the cost of research: the rate of return on research investment in mental health was estimated to be nearly 40% per year. From the perspective of FEAM, therefore, it is disappointing that official EU priorities [4] focus predominantly on promoting mental health, not tackling ill-health. Policy-makers need to understand that mental health encompasses a medically-oriented discipline that relies on clarifying the biology of mental disorders and requires commitment to improve diagnosis and treatment.

Addressing societal challenges

Cross-cutting policy challenges pervade consideration of all mental ill-health: these issues are influenced by the broader societal environment and may be exacerbated by the economic downturn. Among the key challenges are:

Stigma – producing significant negative effect on the quality of life of patients and their families, impeding adequate care and contributing to lack of support for research. Stigmatisation can be reduced by better awareness of the biological and social causes of illness, and the scientific community has a responsibility to communicate relevant information [3].

Suicide – although complex behaviour, there is significant evidence [for example 15] that inadequately-treated depression is a leading cause, particularly if accompanied by substance abuse or other psycho-social risk factors. For the policy-maker, the accumulating evidence on biological and social determinants has multiple implications: for prescribing policy, employment practice, control of addiction and for reducing hazards in the built environment to deter attempted suicide.

Employment – there is growing concern that working conditions are evolving in ways that may aggravate mental illness [12]. In FEAM's assessment, improving the situation requires better integration of employment and health policies, for example to take account of particular challenges faced by smaller companies and to develop new models for early recognition of stress.

Addiction – is not consistently accepted across the EU as part of the mental health agenda but should be. A common assumption that “soft” drugs (including alcohol) are safe is misplaced [13]. Research on brain reward systems demonstrates cross-sensitisation; all drugs impair control of consumption, crucial in addictive behaviour and alteration of social function. By identifying environmental and genetic determinants of addiction, it becomes possible to formulate mitigating strategies and will also attract greater political attention to the problem.

Mental health in children and adolescents – up to 50% of adult disorders have an onset in adolescence but research in the EU lags behind the USA. A recent meta-analysis of brain imaging studies [10] finds that localised changes in brain structure and function are related to maladaptive behaviour, distinguishing for example between emotional and cognitive disorders. Additional longitudinal imaging studies are required to clarify the relationships between brain maturation and behavioural deviation.

Policy development to strengthen basic and translational research

EU funding for research on the brain and its diseases is disproportionately low relative to the importance in human health [2]. Detailed epidemiological information is vital [1] both in directing the research agenda and for informing policy and health service delivery. Case studies for bipolar disorder, depression and schizophrenia show where recent biological research is clarifying the causes of mental disorders and may provide the basis for new interventions. Joint consideration of measured genetic variants and environmental influences can help to elucidate complex causal pathways to illness. FEAM discussed examples of replicable gene-environment interactions in antisocial behaviour, schizophrenia and depression [for example 14] but, if the field is to progress, studies must extend beyond the few well-established candidate genes and employ standardised methodologies and accurately-measured environmental exposures.

Filling research gaps also entails making better use of limited infrastructure. The EU can capitalise on the value in large neuroimaging databases, the potential for developing standardised brain banks and for integrating the tissue, DNA and imaging databases. National initiatives to build critical mass in infrastructure to link basic, clinical and population research may serve as models for new EU commitment. FEAM recommends that the European Commission should consider mental health as a “Grand Challenge” for funding in the eighth Framework Programme while also ensuring that EU priorities take account of other international research strategies [in particular, the USA, 9]. Research resources might be pooled internationally, for example in genomics and neural circuitry.

Building innovation policy for improved treatments

It is crucial to improve drug regimens to overcome current limitations of partial efficacy, unacceptable side effects and inappropriate usage. But within the broad field of brain sciences, pharmaceutical companies may perceive development of psychiatric drugs as less certain than drugs for neurological conditions [11]. FEAM expressed concern that the current paucity of therapeutic options will be exacerbated by company retrenchment in the EU.

Among key innovation issues are:

Tackling undertreatment – understanding the individual and institutional determinants of undertreatment is a priority for health services research but policy-makers need to assess the extent to which research findings from one Member State are applicable to others. Countries differ in their available resources, the equity of distribution and efficacy in use: these differences have implications for research but also for treatment guideline development and implementation.

New forms of care provision – an innovative programme “Information Technology Aided Relapse Prevention in Schizophrenia” [16] uses mobile phone monitoring for the early warning signs of relapse, resulting in less hospitalisation and an improved patient-psychiatrist relationship. This innovative, user-friendly, cost-effective, approach to longer-term care may be a model for optimising service provision in other areas, for example depression.

New target selection – innovation depends on a strong academic research competency. Establishing an academic specialty of experimental medicine in psychiatry might be valuable and better connectivity between academia and industry is also vital. But there are general concerns that the EU environment for translational research is deteriorating. FEAM has previously discussed the bureaucracy and cost problems arising from implementation of the Clinical Trials Directive [6]. It is essential to reverse the loss of academic clinical research from the EU and to extract the maximum value from research that has already been completed. This requires effort to develop usable databases of clinical trial protocols and results.

In conclusion, the current practice of psychiatry is undermined by an insufficient biological understanding of mental ill-health, under-diagnosis, stigmatisation and lack of effective therapeutic interventions. FEAM recommends that the Europe increases its commitment to R&D: analysis of the social and biological causes of mental illness and the generation of effective diagnostics and treatments. This necessitates improved statistics on the EU disease burden, enhanced capacity for basic, translational and multi-disciplinary research with supporting infrastructure, and effective collaboration with industry. Better linkages between DG Sanco and DG Research would drive the attainment of consistently high standards of psychiatry throughout the EU. In supporting these objectives, FEAM acknowledges its own responsibilities to encourage the scientific community to communicate to policy-makers and the public-at-large about mental disorders, their risk factors and management.

References

1. Alonso J, Bruffaerts R, Gabilondo A, Haro JM, Kovess V, Vilagut G et al. Depression. In: European Commission Task force on Major and Chronic Diseases. Major and Chronic Diseases Report 2007. European Commission, Luxembourg; 2008. p. 103–119.
2. Arango C. A coordinated approach. Parliament Magazine 2010; February: 131.

3. Arboleda Florez J, Sartorius N. Understanding the stigma of mental illness. J Wiley and Sons Ltd, UK; 2008.
4. European Commission. Promoting the mental health of the population: towards a mental health strategy for the EU. Green Paper, Belgium; 2005.
5. FEAM Working Group. Mental health policy issues. FEAM, Belgium; 2010.
6. FEAM Working Group. Opportunities and challenges for reforming the EU clinical trials directive: an academic perspective. FEAM, Belgium; 2010.
7. Health Economics Research Group, Brunel University, Office of Health Economics, RAND Europe. Medical research: what's it worth? Estimating the economic benefits from medical research in the UK. Evaluation Forum, UK; 2008.
8. Höschl C. European psychiatry: needs, challenges and structures. Eur Arch Psychiatry Clin Neurosciences 2009; 259 (Suppl 2): S119–22.
9. Insel TR. Translating scientific opportunity into public health impact. Arch Gen Psychiatry 2009; 66: 128–33.
10. Mana S, Paillere Martinot ML, Martinot JL. Brain imaging findings in children and adolescents with mental disorders: a cross-sectional review. Eur Psychiatry 2010; 25: 345–54.
11. Miller G. Is pharma running out of brainy ideas? Science 2010; 329: 502–4.
12. OECD. Mental health in OECD countries. OECD Policy Brief, France; 2008.
13. Pelc I. De l'usage dur de drogues douces. Bulletin et Memoires de l'Academie royale de Medecine de Belgique 2006; 161: 450–8.
14. Polanczyk G, Caspi A, Williams B, Price TS, Danese A, Sugden K et al. Protective effect of CRHR1 gene variants on the development of adult depression following childhood maltreatment: replication and extension. Arch Gen Psychiatry 2009; 66: 978–85.
15. Rihmer Z, Barsi J, Veg K, Katona CLE. Suicide rates in Hungary correlate negatively with reported rates of depression. J Affective Disorders 1990; 20: 87–91.
16. Spaniel F, Vohlidka P, Hrdlicka J, Kozeny J, Novak T, Motlova L et al. ITAREPS: information technology aided relapse prevention programme in schizophrenia. Schizophrenia Res 2008; 98: 312–7.