## Gastein participants dissect renewed mental health delivery models

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 **Gastein, 3 Oct 2013**Mental health can be a motor for a healthy economy and targeted measures are needed at both EU and national level in order to capitalise on this potential by shaping innovative, smart healthcare delivery models. There is a clear economic case for investing in mental health promotion and prevention. EU mental health policies should be more effective in supporting national efforts through greater policy integration and sharing of best practices. It is the overwhelming conclusion from policymakers and scientific experts from across Europe at the European Health Forum Gastein on 2 October.

A dedicated session at Gastein, entitled ´How to innovate mental health delivery models in times of austerity and financial crisis´, focused on the unmet need for tackling mental health issues and the value of investing in mental health promotion, early detection and access to treatment for mental diseases, such as depression and alcohol dependence, in ensuring sustainable healthcare systems and healthy economies. Speakers included Gediminas Černiauskas, Vice-Minister of Health of Lithuania (EU’s rotating Presidency), Mark Pearson, Head of the Health Division of the Organisation for Economic Co-operation and Development (OECD), David McDaid, London School of Economics, and Robert Madelin, Director-General of DG Connect at the European Commission.

Lithuanian Vice-Minister for Health, Gediminas Černiauskas stated “Stronger national policies have shown crucial in reducing alcohol-related harm”. He pointed out that alcohol misuse is considered the cause of over 30,000 deaths between 2003 and 2011 in his country, and yet only 8% of the population affected by alcohol use disorders benefits from access to treatment.

Participants noted there is a substantial return on investment from targeted interventions, such as screening for alcohol use disorders and work health promotion programmes. “Investing in mental health can help better manage other chronic diseases”, stressed David McDaid. The discussion also addressed the link between mental wellbeing and physical health. David McDaid noted “People with depression have 10 year less life expectancy because of other health problems.” Mark Pearson from OECD noted that there is an unmet need for targeting and ensuring access to treatment for people affected by mild to moderate mental health problems such as alcohol use disorders, which is the core of the affected population and usually in working age.

Margaret Walker, interim CEO of the European Liver Patient Association (ELPA), urged the EU institutions to take strong action to tackle alcohol-related harm. She said, “The renewal of the EU Alcohol Strategy should be urgently taken up by the European Commission, based on an integrated approach which encompasses measures on prevention, data collection, improved screening, diagnosis, access to treatment and support for affected people and their families. This is the most effective way to encourage and support national efforts and the EU has a key role to play”. Margaret Walker also called on the Council to address the role of targeted policies to tackle alcohol related harm in shaping sustainable healthcare systems, and the Council Conclusions on this topic planned by the Lithuanian EU Presidency for later this year.

Through interactive IT systems, the audience expressed its views on various issues analysed by the speakers. More than 40% of participants considered that EU policies should be more effective in supporting national policy efforts to address mental health. More than 80% believed that mental health policies should be better addressed at EU level through greater policy coordination and sharing of best practices.

27% of the European adult population has suffered from a mental disorder at least once, which results in almost 83 million people affected by mental disorders within the European Union and an estimated economic burden of 3-4% of GDP in EU countries. (I II) Studies show that people who experience unemployment, impoverishment and family disruptions are at greater risk of mental health problems, particularly depression and alcohol use disorders. (III IV) Mental health problems can have significant economic consequences, particularly in terms of loss of productivity due to sick leave and early retirement. (V)

Depression and alcohol dependence represent today major health challenges for the overall society and the economy, as they impact very seriously not only individuals ‘health but also people´s capacity to perform and stay at work and develop socially. (VI VII) It is estimated that in any given year, 33.4 million people in the WHO European Region suffer from major depression. (IIX) Depression is one of the most common forms of mental ill-health in the EU. (IX) It has become the leading cause of disability worldwide. (X) Some of the consequences of depression are tiredness, indecisiveness, lack of concentration and poor cognition. (XI) People suffering from depression are likely to have difficulties in performing ordinary work and social activities. (XII) Even very minor levels of depression are associated with productivity losses, (XIII) with subsequent additional recruitment and training costs for employers, as well as costs linked to poor performance at work (presenteeism). Although difficult to measure, it is estimated that presenteeism´s impact may be as much as five times greater than the costs of absenteeism alone. (XIV) Depression can also lead to suicide, which is responsible for 58,000 deaths per year in the EU. (XV) The linked costs have been estimated to 92 billion euros. (XVI) This disease alone cost around €136.3bn (2007 prices) in the European Economic Area. (XVII)

Harmful alcohol consumption is the world’s number one risk factor for ill health and premature death for the age group 25-59 years, a core of the working population. (XVIII) Europe is the heaviest drinking region in the world and the social costs attributable to alcohol in Europe are estimated at €155.8 billion. (XIX) These costs are likely to increase in times of economic and financial crisis, as the rise of unemployment, job insecurity and social exclusion lead in particular to a rise in the prevalence of depression and alcohol use disorders. (XX) The reduction of alcohol consumption levels results in a direct improvement of chronic conditions, such as cancer, hypertension and depression (XXI), as well as the annual and lifetime risks of alcohol-related deaths. (XXII) Thousands of lives could be saved by improving the management of AD. (XXIII) 14.6 million people in the EU are alcohol dependent in any 1 year, (XIV) however less than 15% of people suffering AUDs are actually diagnosed (XXV) and amongst them, less than 10% are actually treated resulting in a high number of avoidable alcohol-related diseases and harm for individuals and society as a whole. (XXVI) Alcohol dependence, defined as a chronic, relapsing disease of the brain, is responsible for 60% of alcohol-related healthcare costs. (XXVII)

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