## Policymakers and experts to explore concrete steps to achieve better mental health for a healthier economy

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Policymakers and scientific experts at the European Health Forum Gastein will analyse how improved mental health can contribute to a healthier economy in Europe and what concrete steps should be taken up by national governments and the EU in order to shape smart, innovative, cost-efficient mental healthcare delivery models. Using depression and alcohol use disorders as case studies, participants will explore the value of strengthened supporting EU policies in these areas, namely renewed EU Strategy on Health and Safety at Work and EU Alcohol Strategy.

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. (VIII)  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) The reduction of alcohol consumption levels results in a direct improvement of chronic conditions, such as cancer, hypertension and depression (XX) , as well as the annual and lifetime risks of alcohol-related deaths. (XXI)  Thousands of lives could be saved by improving the management of AD. (XXII)  The social costs of alcohol related harm are estimated at €155.8 billion, a significant part of which is supported by healthcare systems. (XXIII) 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. (XXIV) 14.6 million people in the EU are alcohol dependent in any 1 year, (XXV)  however less than 15% of people suffering AUDs are actually diagnosed (XXVI)  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. (XXVII) Alcohol dependence, defined as a chronic, relapsing disease of the brain, is responsible for 60% of alcohol-related healthcare costs. (XXVIII)

David McDaid, editor of the London School of Economics journal*Eurohealth* and a speaker at Gastein, has stressed that innovation of mental health systems at a time of austerity is critical, and that *“the current economic crisis in Europe presents an opportunity to carefully consider the structure of services to support mental health in Europe”* (XXIX).

These issues will be deeply explored thorough two different sessions at Gastein sponsored by Lundbeck. The first one, on 2 October, will look at ‘How to Innovate Mental Health Delivery models in times of austerity and financial crisis‘. Key note speakers will include Gediminas Černiauskas, Vice-Minister of Health of Lithuania (EU’s rotating presidency), and Robert Madelin, Director-General of DG Connect at the European Commission.

The second session, on 3 October, will look at ‘Mental Health as Europe’s greatest health challenge in the 21st century’ and participants will include George Christodoulou, President of the World Federation of Mental Health and Don Shenker, Director of the Alcohol Health Network. They will be joined by academics, policy-makers and representatives of civil society and industry from across Europe.

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