

IMPROVING MENTAL HEALTH CARE IN EUROPE



16 March 2022, Brussels – The European Brain Council (EBC), together with its [members](#) and [partners](#), today launch a campaign calling for early detection, continuity of care, prioritising brain health and efficient care pathways for youth with mental health issues.

The call follows the WHO Regional Office for Europe adopted resolution (September 2021) on the [updated Comprehensive Mental Health Action Plan 2013-2030](#), setting the roadmap for mental health policies by 2030, and the [EBC Value of Treatment \(VOT\) case study results](#) published today on the value of early detection and continuity of care to address the challenges faced by children and adolescents affected by anorexia nervosa or autism and, young working age adults living with major depressive disorder.

The burden of mental health problems in Europe has long been immense. Even before the onset of the COVID-19 crisis, an estimated one in four people experienced a mental health condition at some point in their lifetime, translating to substantial costs in terms of suffering and economics¹⁻². In about half of the cases, development of symptoms starts before a child's 14th birthday³. The COVID-19 pandemic has clearly impacted mental health care pathways⁴. Across European countries, the number of cases of major depressive disorder and anxiety have nearly doubled, young adults and women being the hardest hit⁵. A multiplier effect of comorbidities on the impact of mental disorders requires innovative care and treatment pathways for society to cope.

WHAT ABOUT THE 2030 TARGETS?

The WHO updated Comprehensive Mental Health Action Plan 2013-2030 builds upon its predecessor and sets out clear global actions to provide service access for people at risk of or with mental health conditions or psychosocial, intellectual, or cognitive disabilities. While the updated action plan includes new and updated indicators and implementation options, the original four major objectives remain unchanged while promoting a person-centered and life course approach:

- The provision of comprehensive, integrated mental health and social care services;
- Integrated services in community-based settings;
- Implementation of strategies for promotion and prevention along with strengthened information systems;
- Increased investments in research and the creation of an evidence base.

WHY?

Addressing the challenges of people living with a mental health condition and their families

Like any other mental disorders, anorexia nervosa, autism, and major depressive disorder all share similar challenges. People with mental health issues face complex biological, psychosocial, and healthcare needs with clear implications in terms of quality of life and costing. According to the VOT case study results on autism, more than 60% of parents say they do not get the support they need for their child. The duration of untreated illness for adolescents with anorexia nervosa can be high. Many young adults with major depressive disorder are not receiving treatment at any one time and it is known that both duration of untreated illness and the number of ineffective treatments trialed are risk factors for poorer long-term outcomes.

Overall, the inaccessibility of mental health care has broadened during the pandemic.

The rising affected population is one reason why mental health conditions deserve significant attention, youth and families being particularly impacted. Much more can be done to detect and manage mental disorders early. Treatment includes the careful use of medication where required, prioritizing non-pharmacological approaches, or both depending on the stage of the disease, and social support. Positive outcomes can be achieved by a recovery approach that attends to all aspects of the person's health.

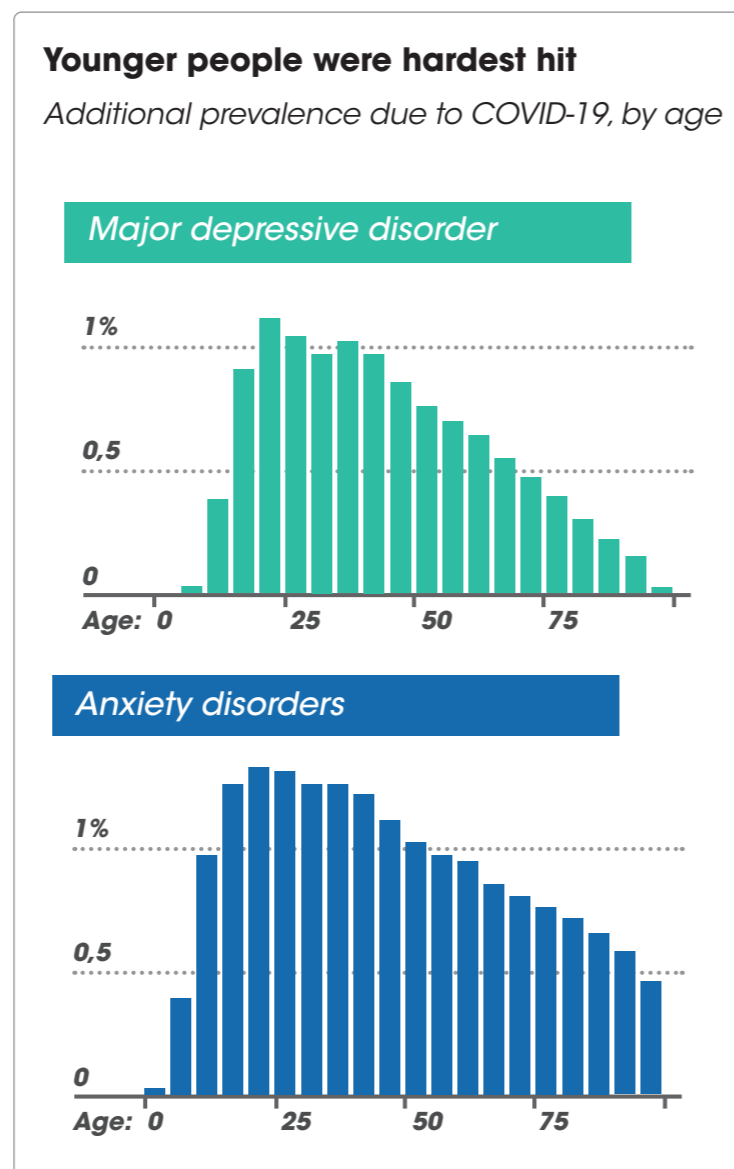
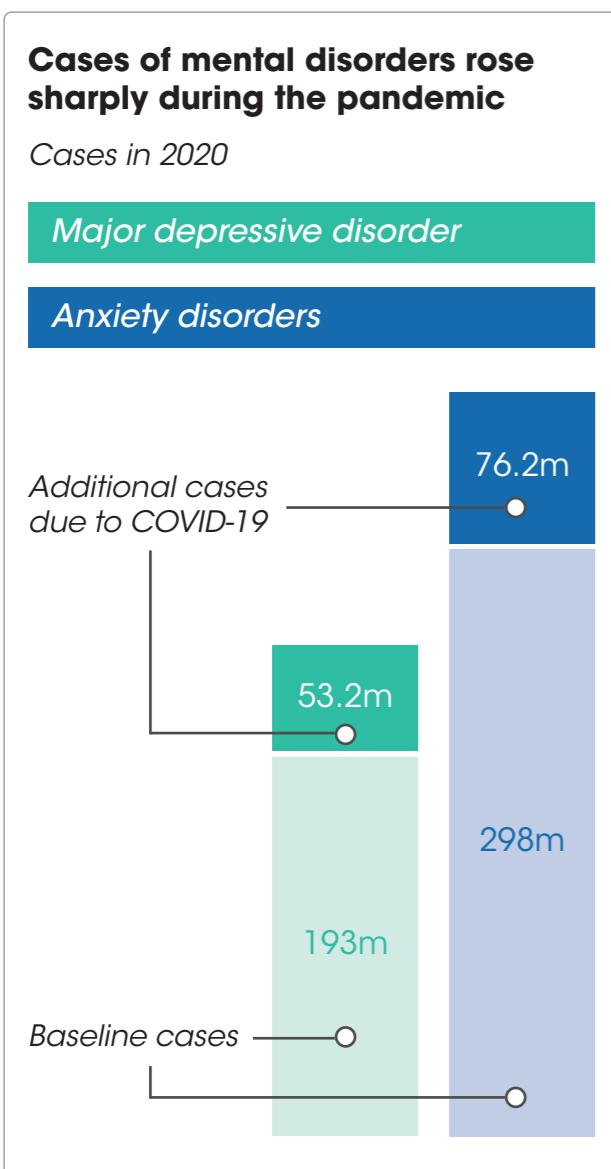
Mental health disorders pose policy-level challenges for government, public health agencies and the medical care community. To directly address delayed detection and other treatment gaps, this includes strengthening mental health services and associated workforces with multidisciplinary expertise for the prevention and treatment of mental health conditions, together with psychosocial rehabilitation and occupational support. It also implies that the role of family members and carers is important to the progress of recovery in all health situations. Families are central to the continuity of care.

Psychiatric disorders are the leading causes of disability worldwide, there is an urgent need for new treatments and to address reimbursement challenges for treatment that exist. The exodus of many pharmaceutical companies from psychiatric drug development and the lack of translation from advances in molecular mechanisms of disease and human genetics has hampered progress over the past few decades. Recent scientific and regulatory developments suggest that this trend may be reversing, raising hope for the community of individuals affected by mental illnesses. Progress in genomics depends on collaborative efforts to acquire and study the large samples required for discovery in complex mental illnesses like major depressive disorder.

Research needs to ensure that experts, researchers, and clinicians are connected to enhance scientific knowledge and quality information. Moves must also be made to improve the awareness of patients, so that they can better understand their condition and participate in research relevant to them.

“Decades of research have made it extremely clear that most persons with mental health issues are not detected on time. This is particularly the case for autistic children, which is a neurodevelopmental disorder with a lifelong impact. The value of early intervention and treatment is even greater.” Prof. Wolfgang Oertel, President, European Brain Council.

LARGE AND UNEVEN IMPACT OF THE COVID-19 PANDEMIC ON GLOBAL MENTAL HEALTH – THE CASE OF MAJOR DEPRESSIVE DISORDER



Santomauro DF, Mantilla Herrera AM, Sgadid J, et al. Global prevalence and burden of depressive and anxiety disorders in 204 countries in 2020 due to the COVID-19 pandemic. The Lancet 2021. Published online October 8.

WHY MENTAL DISORDERS AND WHAT ABOUT TREATMENT GAPS?

Anorexia Nervosa

Autism Spectrum Disorder

Major Depressive Disorder

Globally, **ONE IN SEVEN** 10-19-year-olds experiences a **MENTAL DISORDER**, accounting for 13% of the global burden of disease in this age group.

DEPRESSION is among the **LEADING CAUSES OF ILLNESS AND DISABILITY** among **YOUNG ADULTS**

EATING DISORDERS, SUCH AS ANOREXIA NERVOSA, commonly emerge during adolescence and young adulthood.

AUTISM is a lifelong complex neurodevelopmental condition of early onset that affects brain development and behavior.

In Europe, **MORE THAN 50% OF THESE MENTAL HEALTH CONDITIONS ARE NOT DETECTED ON TIME.**

There is a **MULTIPLIER EFFECT OF COMORBIDITIES** on the burden of mental disorders.

THE CONSEQUENCES OF FAILING TO ADDRESS adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults.

Treatment gaps along the care pathway

- ▶ Lack or delayed detection
- ▶ High waiting time and duration of untreated illness (including the access to expert centres)
- ▶ Fragmentation of services offering the different treatment options
- ▶ Lack of collaboration between services
- ▶ Disruption in the continuity of care (along the course of the diseases and along life span as well), drop-outs
- ▶ Limited resources to share knowledge regarding the most efficient treatments

Note:

Study scope focuses on patient unmet needs using the care pathway as a tool to understand better the condition from onset to disease management and monitoring while identifying the treatment gaps, and to translate clinical practice guideline recommendations into health care processes, sequences for improved outcomes. Unmet needs are not only within the provision of medicines and medical devices, but also within health care systems and services.

Box 1 The Value of Treatment for mental disorders in Europe research project

Care continuity through specialist mental health services and utilisation of other primary and secondary health care services **in a stepped care approach** are considered important for professionals and young patients with mental health conditions and subjects to co-morbidities. Yet research on continuity of care addressing its impact is limited. The study addresses a research gap by capturing the views of the patients, clinicians and health economists: data (care pathway) come from literature review, survey, or other sources such as guidelines or flowcharts based on expert consensus. Different analysis - cost-saving (anorexia nervosa); cost-consequences and cost-effectiveness (autism and major depressive disorder) of proposed interventions/models are performed (economic modelling).

Key findings set the case for renewed European action and priorities on mental health, highlighting that:

“Survey indicates that while most European countries have clinical guidelines for treatment of anorexia nervosa in place, surveillance systems are immature, with only about half having data on incidence and prevalence of anorexia nervosa in young people available, and two having information on outcomes – although the latter is not routinely collected. There is not a lot of empirical evidence to assess whether these guidelines are actually in place.”

Prof. Janet Treasure, King’s College London, United Kingdom

"The research on the anorexia nervosa transition care pathway for adolescents shows clearly that there is a need for bridging the transition from inpatient treatment and increasing support in the community; and providing rehabilitation and new treatments for those not responding to available treatments." **Prof. Philip Gorwood**, former EPA President

"Evidence suggests specialist eating disorders services for children and adolescents with anorexia nervosa have the potential to improve outcomes and reduce costs through reduced hospital admissions." **Prof. Eva-Maria Bonin**, The London School of Economics, United Kingdom

"It is essential that early screening is provided to children by psychiatrists with the key role of primary care providers and pediatricians so that treatment can start early and improve the efficiency of the treatment received by this population. With no doubt early detection and treatment in autism spectrum disorder will improve the outcome of this condition in the future." **Prof. Celso Arango**, Hospital General Universitario Gregorio Marañón, Madrid, Spain

"Including family costs for autistic children with epilepsy on epilepsy medication is important when considering the cost-effectiveness of anti-epileptic medication and the impact that extra caring demands place on a family's time and resources." **Prof. Martin Knapp**, The London School of Economics and Political Science, United Kingdom

"Many individuals with major depressive disorder are not receiving treatment at any one time and it is known that both duration of untreated illness and the number of ineffective treatments trialed are risk factors for poorer long-term outcomes. Together, these phenomena demonstrate a need for improved management of major depressive disorder." **Prof. Allan Young**, King's College London, United Kingdom

"While there is a good evidence base to support the use of medication and different types of psychological therapy in the treatment of major depressive disorder, it is well-known that there are gaps in detecting major depressive disorder and the provision of effective treatment and continuity of care. If these gaps are reduced, there are likely to be impacts on healthcare and societal costs and patient outcomes." **Prof. Paul McCrone**, Greenwich University, United Kingdom

"Combining a care pathway analysis together with an economic evaluation of current care in comparison with "gold standard" interventions is a good strategy. There are key barriers to care that the reforms should focus on for better outcomes. Collaborative care between primary care and specialists care is recommended. It is inexistent in many countries." **Prof. Jose Miguel Caldas de Almeida**, Lisbon Institute of Global Mental Health, CHRC/Nova Medical School, Portugal

"It is necessary to focus on risk reduction and protective factors for young people, preclinical and early detection and diagnosis, and timely intervention. Primary and secondary prevention strategies remain essential (routine mental health screening). Solutions do exist that can reduce significantly the societal and economic impact of mental health conditions." **Prof. Patrice Boyer**, Former Vice President of EBC

Policy response

Beside the WHO framework of action, priorities have been set up by the European Commission. Through the third annual Work Plan, the implementation of "top three" actions are supported:

- a mental health system reform focusing on strengthening patient-centred community-based services;
- a multi-level national suicide prevention programme;
- and a step-wise intervention programme to tackle depression.

To explore the considerable and complex impact of the COVID-19 pandemic on mental health, the European Commission Directorate-General for Health and Food Safety (DG SANTE) hosted consultative meetings to take stock of what we know and need to understand better to ensure that health systems are well-equipped to meet the increasing demand for mental health services. In exploring opportunities to provide more systematic continuity of care, consideration should be given to Clinical Guidelines⁶⁻⁷⁻⁸⁻⁹ and collaborative care between primary care and specialist care - while ensuring smooth transition from paediatric to adult care.

According to the staging approach to mental health care, stepped care usually begins with relatively low-intensity interventions, such as antidepressant medications prescribed by a primary care provider and care management provided in the primary care clinic. Under the supervision of a psychiatrist or other appropriate mental health specialist, patients who are not helped by such initial treatments are shifted to progressively more intensive treatment approaches, including referral to specialty mental health care as needed.

WHAT CAN WE DO?

The patient at the core of our healthcare vision for 2030

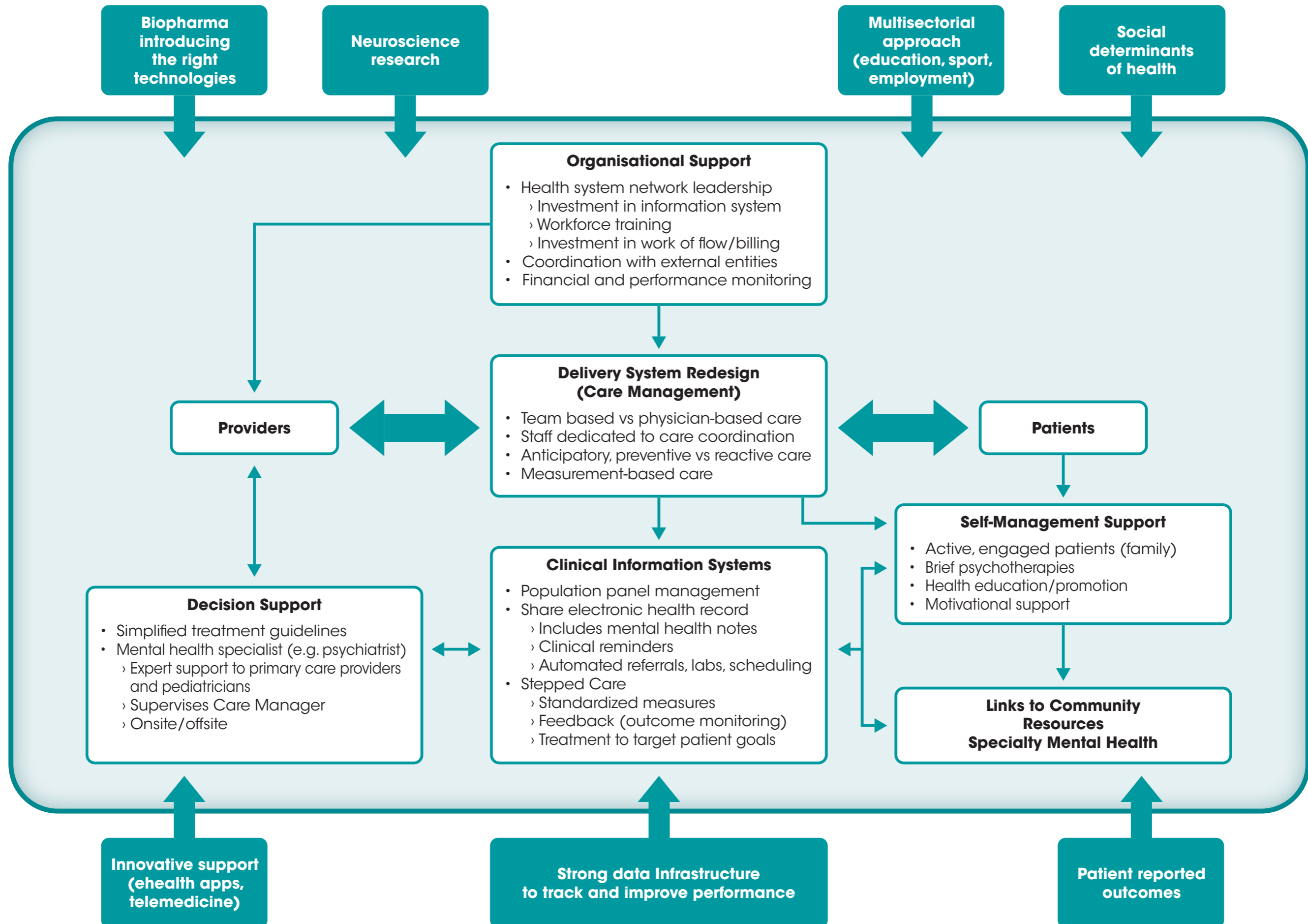
The reality of mental health conditions is increasingly situated at the network level.

Our priorities to optimise healthcare services and removing treatment gaps are based on the following trends:

1. A patient-empowering research policy (using the patient care pathway, patient reported outcomes measurement);
2. Implementation of best practice and ensuring data are collected that allow for evaluation;
3. Consideration of a stepped care pathway with primary care will help ensure patients with mental disorders receive holistic, and well-integrated medical care using digital health as an innovative boost;
4. Domestic policy and investment across sectors, such as health, education, employment, and social services.

Provided that the supportive framework conditions are in place as proposed by the WHO and the European Commission to create a strong innovation ecosystem in the area of mental health and a new strategy for data sharing in healthcare, the proposed solutions should be able to face and capitalize on these trends and align with the proposal for an updated European Framework for Action on Mental Health.

AN ENABLING ECOSYSTEM FOR BRIDGING GAPS THROUGH INCREASED EARLY INTERVENTION AND CONTINUITY OF CARE



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PATIENT ASSOCIATIONS



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