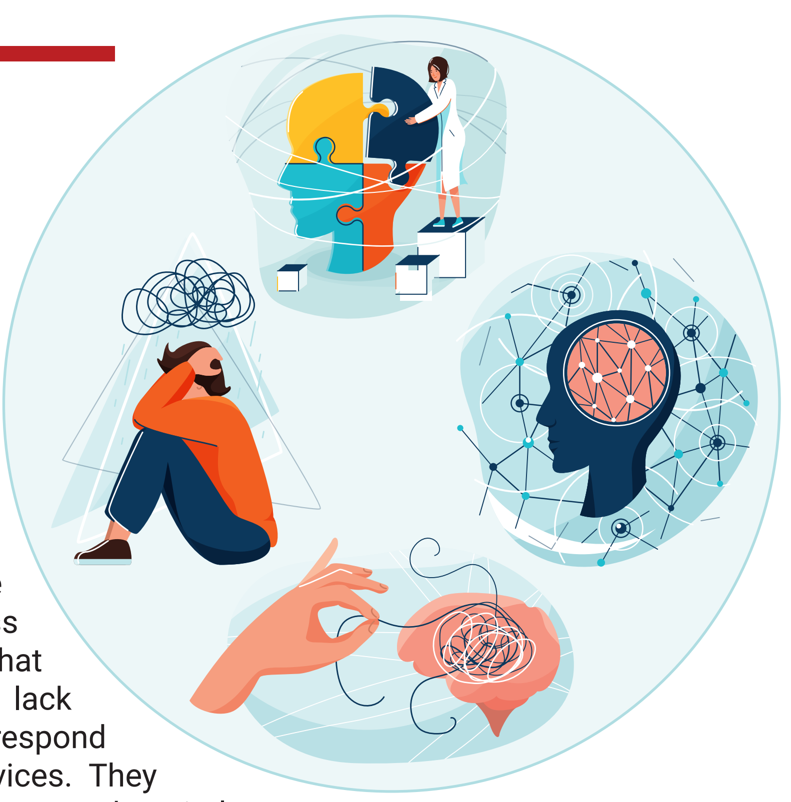
POLICY BRIEF
February 2023

IS AN EU-WIDE APPROACH TO THE MENTAL HEALTH CRISIS NECESSARY?



ABSTRACT

This policy brief analyses the current provision of mental health services in France, Ireland and Poland. In light of these findings, it considers the need for an EU-wide strategy for mental health.

Mental health is recognised both as an intrinsic human right and as an invaluable resource by the EU. The increased prevalence of mental health conditions is of concern across member states. However, this research finds that mental health sectors in all three countries lack resilience and do not have the capacity to respond to the subsequent rise in demand for services. They are characterised by underinvestment, a focus on hospital treatments with a lack of primary and community provision, workforce crises, and a range of barriers to access. All share a systemic failure to acknowledge the social determinants of mental health in policymaking and to address mental health inequalities.

To tackle these challenges, we endorse the calls for an EU mental health strategy: with a "whole of government" and "mental health in all policies" approach that addresses the social determinants of mental health; invests in community and primary sector provision; builds the knowledge and mental health literacy of employers across sectors; improves the working rights and conditions of staff in the mental health sector; and promotes the importance of investing in activities that expand social contact and build confidence and trust in order to mitigate the risk of further mental health inequalities.

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Introduction

Even before the pandemic, mental health issues were estimated to affect one in six Europeans.[1] The pandemic, therefore, exacerbated what was already a long-term crisis in mental health across Europe. Multiple waves of COVID-19 and associated government measures increased the rise in people experiencing depressive, anxiety and stress responses, many of whom will still require support.[2] Those who had chronic long-term conditions predating COVID-19 may have experienced worsening mental health, which, due to the pressures of the pandemic, may have been left untreated.

COVID-19 has shone a light on the extent to which the incidence of mental health is on a social gradient. The social determinants of health[3] are estimated at between 30 and 55% of all health outcomes. The contribution of sectors outside health to those outcomes exceeds the contribution from the health sector itself.[4] And that includes the macrosocial determinants.[5]

Mental health conditions were, and continue to be, exacerbated by systemic failures to address the fundamental social determinants of mental health and health inequalities. These include poverty, unemployment, poor working conditions and precarious housing.

Member states have long been aware, not only of the intrinsic value of good mental health, but also of its integral role in the social and economic functioning of the EU. Despite this, while there are public mental health interventions being introduced, few countries have, as of yet, a comprehensive mental health system that addresses promotion, treatment and prevention across the sector.

Mental health provision is essentially still a Cinderella policy. Funding allocated to tackling mental health, as part of total governmental budgets, remains insufficient to this day. The lack of financial investment in most European countries' mental health and public mental health services is a recurring theme in this study.

In this context, how resilient is current mental health provision in the EU? Do EU mental health systems have the capacity to meet ongoing crises? This policy brief examines the need for an EU policy on mental health by reviewing the literature on EU policy and analysing the findings of 33 interviews conducted with representatives from the mental health sector in France, Ireland and Poland between April and August 2022. In the light of these findings, it provides recommendations for the development of an EU strategy on mental health.

Mental health provision in France, Ireland and Poland

The mental health sectors in all three countries are characterised by increased demand, long waiting lists, lack of capacity, understaffing and people left untreated. They all suffer from a failure to respond to the social determinants of mental health, not only in mental health policy but across government. For example, in France, while the incidence of depression doubled during the pandemic, those in financial difficulty experienced double or even triple the rate experienced by those who were not. Inequalities common in accessing services across France, Ireland and Poland include lack of digital literacy, digital exclusion (in rural areas in particular), stigma, and lack of support in schools and other institutions.

Despite relatively high investment compared to Ireland and Poland, the French sector still suffers from a lack of investment in its workforce and a lack of primary care and locally provided community services. This, and the dominance of hospital provision, leads to patients with low-level mental health conditions being unnecessarily admitted to acute psychiatric care.

There have long been calls across Europe to move beyond a traditional reliance on the medical approach to mental illness and instead support an integrated approach to the planning and delivery of mental health services. Services that take into account the socioeconomic context of people's lives. Despite these, there is still a neglect of the psychosocial aspects of mental health provision in all three countries. This has led to the relative neglect of, for example, promoting public awareness of mental health; training in mental health literacy; incorporating mental health interventions, such as social prescribing, into mainstream care pathways; and building capacity in local government to develop community mental health services.

Ireland is the most affluent country in the study and has the highest self-perceived health status.[6] However, in 2022, 42% of the population met diagnostic requirements for at least one mental health disorder and more than one in ten adults has attempted suicide.[7] While respondents focused less on lack of provision, spending on mental health is relatively low and charities and local civil society organisations have traditionally plugged the gap. As with France, services are hospital-centric and there is a lack of primary mental health services.

All three countries lacked appropriate and tailored support for vulnerable or at-risk groups, including children and young people (particularly young women), and migrants, refugees and asylum seekers.

Mental healthcare in Poland has been described as in a permanent state of crisis.[8] It has very low numbers of practising doctors, psychiatrists and nurses. There is a particularly acute shortage of child psychiatrists. As a share of GDP and in per capita terms, spending on health in Poland has remained below the EU average.[9] Rates of anxiety and depression are higher among young people and increase as income decreases.[10] Death by suicide remains much higher in Polish men compared to the EU average.

All three countries lacked appropriate and tailored support for vulnerable or at-risk

groups, including children and young people (particularly young women), and migrants, refugees and asylum seekers. A recent study conducted by FEPS and Fondation Jean Jaurés unsurprisingly found that those more affected by the socioeconomic impacts of the pandemic showed the greatest mental distress.[11]

Even though social awareness of mental health and mental well-being has increased as a result of the pandemic, stigma was a common theme among the interviews. It reduced the likelihood of early intervention and had a negative impact on the ability to secure employment and housing. Respondents felt that a low level of public mental literacy in their respective countries partly explained its prevalence.

Perspectives on the EU's role in mental health provision

When asked about the role of the EU in making mental health systems more resilient, some respondents, having seen the way in which EU governments had worked together during the pandemic, were optimistic that they could do the same on improving mental health provision. Some felt that mental health policy needed to be integral to any discussion of security and the flow of people within the EU, and that improving the experience of entering countries would decrease the incidence of illegal activity, the role of criminal gangs and violence.

Given what we know about the relationship between a person's socioeconomic situation and their mental well-being, the EU has a key role in integrating strategic work on the role that all EU social policies have on mental health. It was also seen as having a key role in setting standards for mental health provision, regulation, guidance, research and innovation – particularly digital. Respondents talked about the need for a platform that would enable them to co-operate, share and coordinate knowledge and best practice. They also felt that the EU had an obvious role in supporting member states to improve public awareness and mental health literacy, and thereby, reduce discrimination and stigma, a huge barrier to improving mental health.

What would be the consequences of the EU not developing a mental health strategy?

The benefits of mental well-being include improved educational outcomes; healthier lifestyle; reduced health risk behaviour, such as smoking; increased productivity at work; fewer missed days off work; higher income; improved social relationships; and reduced antisocial behaviour and crime.[12] Without good mental health, facilitated by better convergence of member states' welfare systems, the economic convergence witnessed by the EU in recent years will not be maintained.

The global burden of mental disorders and self-inflicted injury is huge. In 2019, 16% of disability-adjusted life years were estimated to be attributable to mental disorders with an associated economic value estimated at $5 trillion.[13] Much of the economic burden of

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mental illness is not the cost of care, but the loss of income due to, for example, unemployment or part-time employment, and a range of indirect costs due to a chronic disability that begins early in life.

The cost of not addressing, treating and preventing mental health disorders and mental ill-health has been starkly illustrated by the COVID-19 crisis. The cost extends well beyond the individual impacted by illness. Combined with economic downturn, the war in Ukraine, the climate emergency and the likelihood of further pandemics, inequalities are likely to perpetuate across generations, with long-term negative consequences and the increased risk of further inequalities, increased mental health problems and less cohesive societies.

Without the EU developing linkages between many of its competencies and facilitating exchange of best practice, better data and more research collaboration, it is less likely that member states will be able to deliver high-performing mental health systems to meet the challenges of increased demand.

Recommendations for an EU-wide strategy

In this context, at the top level of strategy making, the EU needs to:

- **Acknowledge the role of social and macrosocial determinants** in mental health incidence and outcomes.
- **Adopt a "mental health in all EU policy" approach** to policymaking.
- **Make mental health integral to EU employment policy on workers' rights and conditions,** including working hours and the right to disconnect.
- Demonstrate to member states the **strategic importance and centrality of mental health in policymaking** both nationally and EU-wide.

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Endnotes

1 OECD (2018) Health at a Glance: Europe 2018: State of Health in the EU Cycle (Paris: OECD Publishing).

2 "Living, working and COVID-19 data". Eurofound, 7 December 2020.

3 Social determinants: the social conditions in which people live; for example, access to decent housing; education; healthcare; active transport; and safe urban spaces.

4 "Social determinants of health". World Health Organization website.

5 Macrosocial determinants: the socioeconomic and political conditions, processes and power dynamics that affect population health directly and/or indirectly via complex and multi-levelled causalities.

6 "Self-perceived health statistics". Eurostat website.

7 "Over 40% of Irish adults have a mental health disorder and one in ten have attempted suicide – MU, NCI and Trinity College research". Maynooth University, 28 June 2022.

8 Szukalska, H. (2020) "Stigmatisation and medication: Poland's outdated approach to mental health". Notes from Poland, 1 May.

9 See, for example: OECD and European Observatory on Health Systems and Policies (2021) Poland: Country Health Profile 2021, State of Health in the EU (Paris: OECD Publishing).

10 See, for example: E Kobos, B. Knoff, B. Dziedzic et al. (2022) "Loneliness and mental well-being in the Polish population during the COVID-19 pandemic: a cross-sectional study". BMJ Open, 2(12): e056368. DOI: 10.1136/bmjopen-2021-056368

11 See the FEPS policy briefs: "Mental health and suicide during the pandemic series".

12 See, for example: R. Wilkinson and K. Pickett (2019) The Inner Level: How More Equal Societies Reduce Stress, Restore Sanity and Improve Everyone's Well-Being (London: Penguin).

13 Arias, D., S. Saxena and S. Verguet (2022) "Quantifying the global burden of mental disorders and their economic value". eClinicalMedicine, December(54): 101675.

About the author

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Gerry Mitchell is a social researcher and writer who is also experienced in political campaigning, community engagement and teaching. She has degrees from Cambridge and The London School of Economics and Political Science (LSE) where, based in the Centre for Social Exclusion, she completed a PhD in Social Policy. She has recently worked with Compass (London), the Edinburgh Voluntary Organisations' Council (EVOC), the Foundation for European Progressive Studies (Brussels), Friedrich-Ebert-Stiftung (London and Nordic countries) and the Think Tank for Action on Social Change (Ireland). She lives in Woking, Surrey where she stood as Labour's parliamentary candidate in the 2019 general election. She currently chairs local Compass and Make Votes Matter groups and co-directs a community fridge project.

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