

PREVENTION OF DEPRESSION AND SUICIDE EXPERT MEETING

Luxemburg, February 26th 2008

Minutes prepared by the Technical Consortium contracted to coordinate the Consensus Papers on Mental Health and the consultative process for the European Commission, DG SANCO.

Meeting Organisation:

Four thematic meetings (prevention of depression and suicide; mental health in youth and education; mental health in workplace settings; and mental health in older people) were convened by the European Commission during 26th-29th February.

The meetings were chaired by Jürgen Schefflein, policy officer in charge of mental health at DG Sanco, European Commission.

Technical coordination and follow-up were supplied by a contracted consortium led by Dr Eva Jané-Llopis at the Department of Health of the Government of Catalonia (Gencat), and including Prof Kristian Wahlbeck at STAKES in Finland (coordinator of suicide), David McDaid at the London School of Economics (coordinator of workplace), and Dr Allyson McCollam and Chris O'Sullivan at the Scottish Development Centre in the UK.

The Public Health Executive Agency (PHEA) was responsible for the meeting logistical organisation.

A) From the Green Paper to the Mental Health Pact

Presentation by Jürgen Schefflein, DG SANCO, European Commission

Following up on the consultation on the Commission's Green Paper on Mental Health, a decision was taken by the Commission not to develop a formal communication on mental health, but to take a more action-oriented approach in order to support action on mental health in the EU. The process will be developed around the 4 priority areas, Prevention of Depression and Suicide; Youth, Education and Mental Health; Mental Health in Workplace Settings; and Mental Health and Older People, and will stress the work across boundaries and sectors. Priority will also be given to aspects of combating social exclusion and stigma. (See PowerPoint presentation 1 by Jürgen Schefflein).

A High-Level Conference on Mental Health will take place on 13th June 2008 as a pragmatic and visible way to tackle priority areas in mental health. The conference is led by Commissioner for Health Ms Vassiliou. Commission President Barroso will participate in the event. Commissioner Figel, for Education, Training, Culture and Youth, and Commissioner Špidla, for Employment, Social Affairs, and Equal Opportunities are supporting the event. Ministers of Health and Ministers from other sectors (e.g. Education) across EU Member States are expected to participate. The final aim of the Conference is to establish a European Pact on Mental Health, to encourage Member State Governments and stakeholders from key sectors to invest in mental health as a common interest and responsibility, and to engage into a follow-up long-term process of exchange and cooperation.

It is expected that the conference will be followed-up during 2009-2010, possibly by the preparation of a Commission proposal for a European Council Recommendation, and by the organisation of thematic meetings, in each of the priority areas, for the development of action.

B) The role of the consensus paper, proposed structure and preparation

Presentations and explanations by Jürgen Schefflein and Eva Jané-Llopis:

Preparation for the Conference will include the writing of a 5-10 page "Consensus Paper" in each of the 4 priority areas. These papers will be distributed at the Conference and should reflect the way action on mental health can contribute to mutual objectives across sectors and how the implementation of agreed policy objectives can be strengthened. The papers will focus on highlighting opportunities for evidence-based action, as demonstrated by research and practice.

The aim of the expert meetings was to discuss the content of each paper, and specifically to:

- Gain a common perspective
- Identify and state the facts and arguments in each area
- Take stock, map existing knowledge and initiatives (policies and programmes)
- Identify gaps where action or information are still needed
- Identify materials for papers
- Engage major players - intersectorally

The structure of the papers will be the same for all 4 strands, and as follows:

- Identification of policy context and objectives
- Description of the current situation and, where possible, trends
- A framework for action (including areas of):
Promotion of mental health, Prevention of mental disorders, Support to people with mental health problems, Improvement of the knowledge base
- Approaches for implementation

The proposed process, timeline and milestones for the preparation of the consensus papers are:

- 30th March: Draft 1 - Developed by the coordinator (Kristian Wahlbeck) and core drafting group (Jouko Lönnqvist, Steve Platt, Andrej Marušic)
- 15th April: Comments on 1st draft back from thematic group/EC
- 30th April: Draft 2: circulated to broader group of stakeholders, MS and experts
- 15th May: Comments on 2nd draft back from broader group
- 30th May: Draft 3: Before the conference
- 12th June: Pre-Conference
- 13th June: High-level conference

A technical longer annex to the Consensus Papers will also be developed, including supporting evidence and examples. The consensus papers will have clearly stated authorship and endorsement of those taking part in this process. (See PowerPoint presentation 2 by Eva Jané-Llopis)

C) General issues for the thematic consensus paper on depression and suicide prevention

Presentation by Kristian Wahlbeck and discussion.

Suicide is a major public health problem and is often not recognised. There are difference in the distribution of depression and suicide within and between Member States, and between genders and age-groups. The role of socioeconomic determinants is well demonstrated and underlines the need for action. (See power point presentation 3 by Kristian Wahlbeck)

Discussion:

- The inclusion of depression with suicide within this priority area:
The inclusion of depression allows mainstreaming the issues and pathways to suicide and broadening of the scope of expertise involved in this priority strand. Nevertheless other disorders should also be mentioned in effective suicide prevention.
- Focus of the work:
Mental Health Promotion, Early detection of risk and primary prevention of depression would be the main focus, rather than treatment focused intervention as a means of suicide prevention.
- Different capacity across Member States:
There is a great deal of variation between Member States in the capacity to provide evidence to support effective policy, and this issue should be considered.
- Appropriate language:
The audience for these consensus papers would be largely generalists, not necessarily scientists. Language should be adapted appropriately.

- Content and structure of the papers:
The aim of the paper is not to develop a directive but to present a menu of policy options which have been proven to be effective with large scale data. The Structure of the papers will be the same for all 4 strands and has already been finalised (in terms of the sections it will contain). Each priority area will have to be creative to cover the relevant topics within the given headings.

D) Specific suggestions for the consensus paper on prevention of depression and suicide: discussion

Preliminary ideas to be included and further developed for the consensus paper on the prevention of depression and suicide:

1. Identification of the policy context

The Commission services will contribute a text on the policy context and objectives

- Prevention of violence – one focus of the health strategy.
- Social agenda of EU (strong links between socio-economic factors and suicide).

2. Description of the current situation and, where possible, trends

- Suicide as a major cause of premature death in Europe.
- Suicide rate comparison globally (non-EU countries).
- Suicide almost always linked to mental illness and/or alcohol and drug abuse.
- Gender specific patterns.
- Geographical pattern within EU member states.
- Socio-economic determinants (poverty, unemployment, lack of social capital).
- Special populations/multiple risk factors (migrants, ethnic minorities, homelessness).
- Depression: increasing evidence as a cause for loss of productivity. Absenteeism, increasing evidence as due to mental disorders.
- Interventions in different life periods (early life MH promotion as suicide prevention).

3. A framework for action

3.1. Promotion

- Strategies to increase protective factors including population awareness and health literacy.
- Support for NGO action.

3.2. Prevention

- Reduction of access to suicide means.
- Targeted primary prevention of depression.
- Secondary and tertiary prevention strategies (to be mentioned).
- Role of nurses in prevention.
- Physical illness and increased risk.

3.3. Support to people experiencing mental disorders

- Gatekeeper training to improve identification of depression and suicidality.
- Post-crisis intervention and Response speed.
- Interventions for those with sub-clinical symptoms (e.g. presenting ideation).
- Support for families of suicide victims.
- Social networks.
- Co-morbidity (also with chronic physical illness).

3.4. Improving the knowledge base

- Improving data collection and data comparability across EU, including the reporting of suicides.
- Improving the economic evidence (as a hook for political and industrial interest).
- Monitoring over time the socio-economic determinants of mental health.
- Monitoring progress through developed indicators.
- Development of a structural mental health indicator for EU.
- Development of large-scale experimental effectiveness trials (for example, cluster RCTs).
- Improving the evaluation of action undertaken in Member States.

4. Approaches for implementation

- Comprehensive national suicide prevention programmes
 - Finnish programme 1987-1996, proposal for programme in Sweden
- Dialogue between sectors at different levels
 - Access to firearms, evaluation of drug lethality, media training
- Capacity building
 - Recognition of depression and individuals at risk (e.g. EAAD)
 - Population awareness campaigns (e.g. Defeat Depression)
 - Media responsibility training
- Social capital
 - Suicide help lines – Single European number
- Spatial planning
 - Bridges, support for social cohesion & inclusion
- Technologies
 - Social networking internet sites (facebook.com, bibo.com); E-health.
 - Mobile phones (grass roots technology) - Also useful for disease management.
- Measures against stigma
 - Celebrity disclosures of mental illness
- Alcohol policy
- Unemployment policy
- Work-life measures – developed for specific groups (e.g. armed forces)
- Sexual minorities as a target group

E) Next steps- Action expected from the thematic group

Calendar of actions for the following weeks:

- March 10th - 15th the group will receive:
 - Meeting notes and presentations
 - **Request** for key papers and data sources relating to the topic
 - **Request** for key people and organizations to inform/involve in the process via email
 - **Request** to update their contact details from circulated participants list
- March 30th: Draft 1 distributed to thematic group
- April 1st – 15th: Thematic Group provides **comments on 1st draft**
- April 30th: Draft 2 distributed to broader group of stakeholders and experts
- May 1st-15th: Thematic Group, broader stakeholder group and Member States provide comments to 2nd Draft

We would appreciate if you could please send any additional information for the preparation of the Consensus Paper to:

EC-MentalHealthProcess@gencat.cat