



Public mental health in 2018

A summary report of the track on mental health

at the 11th European Public Health conference 2018 in Ljubljana, Slovenia

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The 11th European Public Health conference was held 28 November-1 December 2018 in Ljubljana, Slovenia. This report summarises the key messages from the track on mental health.

| Key Messages

1. We need more longitudinal research investigating socio-politico-economic factors and their impact on mental health.
2. Investing in digital health prevention and care systems is pertinent to fostering new innovative ways to reach and engage people, particularly youth.
3. Special attention should be given to the need for social support programmes during times of economic crises and transition - particularly for vulnerable populations, such as children and migrants.

| Introduction

Mental disorders are one of the leading causes of disease and disability in Europe, accounting for 15.2% of disability-adjusted life years (DALYs) in Europe, second only to cardiovascular diseases and cancers (1). Roughly one in four adults (18–65) in Europe experienced at least one mental disorder in the past year (e.g., problems arising from substance use, psychoses, depression, anxiety, and eating disorders) (2). In addition to the emotional cost of individual suffering, for both the affected and their family and friends, mental disorders are also financially costly to health systems and society through the use of healthcare services and loss of productivity. In 2010, the direct and indirect costs associated with mental disorders in the EU were valued at 798 billion euro, with estimates expected to double by 2030 (3).

Mental health still is underrepresented in the area of public health, though there is increasing recognition of the link between physical and mental health and more awareness of the contribution of mental ill-health to the global burden of disease. Building on previous work, the European Commission initiated the EU Compass for Action on Mental Health and Wellbeing in 2015 to “collect, exchange, and analyse information on Member States and stakeholder activities in mental health policy.” (4) That same year, the Sustainable Development Goals adopted by the United Nations General Assembly included two targets directly related to mental health and substance abuse, representing a pivotal moment in global mental health (5).

As longstanding advocate and champion of public health and mental health, the European Public Health Association (EUPHA) has ensured that mental health has high prominence on the agenda of the annual European Public Health conferences, including at the 2018 conference held in Ljubljana, Slovenia. Mental health still faces issues of stigma, difficult access to (appropriate and qualitative) care, and inadequate attention within the public health community. The conference featured a specialised track dedicated to tackling the complex, interlinked, and global challenges of mental health in the 21st century, with the common belief that everyone has the right to timely access to affordable high-quality health care.

Presentations provided insights into stigma (6), the socioeconomic determinants of mental health throughout the life course (6, 7), and the need for a paradigm shift to more preventive measures (9). They also explored the emerging challenges of changing technologies, social determinants, and demographics.

| Changing Communication and Technologies

Effective knowledge translation is especially important for the younger generation of “digital natives” (10). Programmes like Slovenia’s “This is Me” (*to sem jaz*) is one example which demonstrated the creativity and innovation that is needed to reach the younger generations (11,12) (see Figure 1). This programme offers web-based counselling services and prevention workshops aimed at bettering the self-esteem of teens in school. Since its launch in 2001, it has had over 34,000 posts from Slovenian adolescents reaching out to a group of 60 experts and peers. It has also received awards from the European Commission and the World Health Organization among others. Simple, fast, free, and anonymous web-based health initiatives and programmes that harness the power of social media like “This is Me” should be funding priorities as they have the potential to easily expand care networks and access hard-to-reach groups. Today, individuals are being raised by algorithms and the engagement of younger generations with healthcare may be vastly different than anything we have experienced before. Support for youth programmes must reflect this uncharted territory.

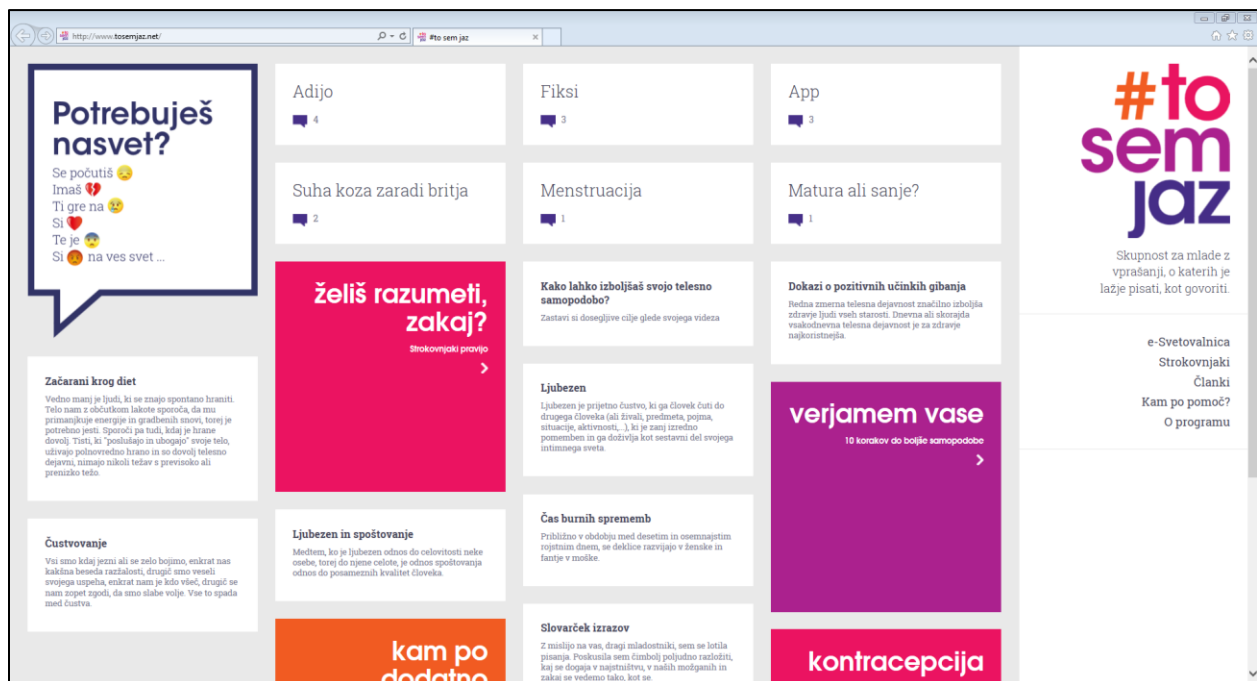


Figure 1. The Slovenian website “This is Me” (*to sem jaz*), available at www.tosemjaz.net.

While new digital mediums can be used in reaching some groups, it should be noted that for mental health there are limitations to some of the digital approaches. For example, mental health services that are provided through applications for smartphones (‘apps’) have still to be proven to be effective.

| Changing Social Dynamics

Social dynamics have changed in the past century. Social interactions have moved from only face-to-face to nowadays happening both offline and online. Embracing the virtual world does not mean abandoning more traditional health promotion efforts because often the online and offline worlds tend to mirror and complement one another. For example, reducing screen time for children is not a panacea as it removes them from online social environments, which often are also “offline” in-person connections. Thus, disconnecting them online may also increase their offline isolation. Online engagement is not necessarily about quantity, it is also about quality. Knowing this, it is necessary to continue supporting young individuals in new ways, particularly during times of rapid transition such as adolescence.

An important aspect of ensuring a smooth transition from adolescence to adulthood is the promotion of quality education. It is common knowledge that education is an important determinant of health. In Sweden, researchers identified links between poor academic performance and a higher risk of depression (13) and low education levels and psychotic disorders later in life (8). While youth helplines and anonymous sites like the “This is Me” programme can be useful for reaching youth virtually, work from Norway’s COMPLETE project demonstrated that multisectoral collaborative work can harness and enhance existing traditional educational structures. In an ongoing school-based randomised control trial in 17 upper secondary schools in Norway, COMPLETE aims to promote well-being and positive psychosocial environments through mentorship and peer support (see Figure 2). The project creates mental health support teams in school and trains youth to be mentors to younger students transitioning to upper secondary school (14). Preliminary results have shown that students felt a greater sense of empowerment as well as increases in self-confidence and personal growth (15).

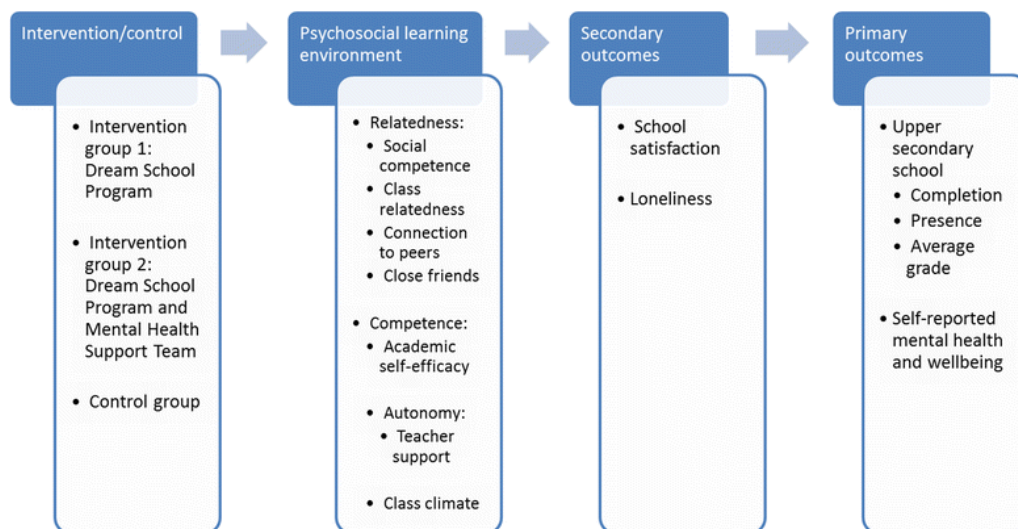


Figure 2. The COMPLETE study program theory (available here: <https://rdcu.be/bBQUh>).

While the value of early intervention efforts and the need for a focus on education is inarguable, it is also advisable to more broadly address the interaction between individuals and their environment. Speakers touched upon the benefits of life course perspectives in mental health, as this takes into account the variability of life trajectories and the significant influence that socioeconomic and environmental factors play on individual health. Social determinants of health such as place of residence and socioeconomic status, as well as vulnerable groups should be awarded special attention as these influence incidence and prevalence of mental health as well as access to and quality of care.



Giuseppina Lo Moro @LoMoroGiusy · Nov 29, 2018

11th EPH Skills building seminar: Mental health during the life course
#EPH2018 #eupha #publichealth #publicmentalhealth @EUPHActs
@JuttaLindert @EPHconference @MarijaJakubaus1



Figure 3. Picture and tweet on the Skills building session 'mental health during the life course' during the European Public Health Conference 2018 in Ljubljana, Slovenia¹.

Economic deprivation and the impact of the sharp decline in economic activity during the late 2000s (the 'Great Recession') were recurring themes at the European Public Health conference, emphasising the need for social safeguards supporting communities and addressing personal employment insecurity (7). In Italy, policymakers recognised the significant impact that the Great Recession had on mental health and suicidality. In 2012, the Italian government attempted to address this by enacting a "save suicides" law which offered the possibility to develop sustainable repayment plans or permanently cancel debts altogether. The suicide rate decreased beginning in 2015 and researchers reasoned the law had a possible influence on this improvement (16).

¹ Source: <https://twitter.com/LoMoroGiusy/status/1068056871758675974?s=20>

Researchers from Scotland presented findings depicting relationships between changes in local economic conditions, irrespective of one's own employment status, and individual health and wellbeing (17). Associations were also observed between local crime levels and mental illness, demonstrating the need for community-based public health preventions to mediate the link between area deprivation and individual mental illness (18). During economic crises, policymakers should pay special attention to social welfare programmes for retaining or regaining jobs and debt relief programmes to support people at risk and prevent negative mental health consequences.

| Changing Demographics

While the effect of local crime levels on mental health has been established, new research is exploring the potential far-reaching effects of terrorism on mental health. Terrorism is a public health issue, causing an estimated 25,5000 deaths worldwide in 2016 (19). At the conference it was discussed that the immediate and substantial impact that single events of violence and terrorism can have on society. Those who are directly impacted or have witnessed violence and acts of terrorism need specialised and continued care to help them cope and understand their past, present, and future (20). Research focused on the impact of the November 2015 Paris attacks revealed that first responders and health professionals reported experiencing post-traumatic stress disorder (PTSD), depression, and anxiety in the aftermath (21). Bereaved persons also reported high rates of PTSD and depression and largely had not started treatment (22). Meanwhile, others found that relatives of victims from terrorist attacks suffered from sleep disorders, and negative impacts on work, social life, and family, at a higher rate than victims who were directly witness to or threatened by violence (23). These studies indicate that we should broaden our understanding of *who* is in need of care and *how* to reach them.

In addition, speakers pointed out the need for person-centred, targeted and tailored care. As a society, we must better manage the dissemination of information through the media and government as these have shown to create, maintain and strengthen fearful responses in children (24). We should also map out the readiness of schools and governments to respond to acts of violence. Norwegian researchers investigating the impacts of the Utøya youth camp attack in 2011 found that student survivors had impaired school well-being and academic performance a year after the attacks and reported sleeping and somatic symptoms (25).

Policymakers should promote programmes that help teachers and parents reassure youth and communicate complicated, sensitive and triggering information. Public health professionals might guide parents and teachers on ways to help children process their

emotions as they are on the frontline to help children after terrorist attacks. While children may ask simple questions like: “Is it normal that I’m scared? How can I stop being scared?” these questions and the accompanying reassuring targeted answers can apply to anyone deeply affected by senseless personal or societal violence. Health professionals, parents, and teachers need to do better to help everyone affected to understand incomprehensible events.

It is well established that armed conflicts can have lasting and damaging impacts on individual and societal health. The European Union Member States received nearly 655,000 first time asylum applications in 2017 with over 201,000 from children and adolescents under 18 years of age (26). Ongoing conflicts in the Middle East and Africa have resulted in an unprecedented influx of migrants into Europe in recent years. This has called for an urgent need to focus on integration and timely provision of (mental) health care. High rates of depression, anxiety, and PTSD have been reported in migrant populations (27–29) as many have been exposed to physical and gender-based violence such as sexual exploitation and forced marriage (31,32). Unaccompanied migrant minors are also a particularly vulnerable group who are in need of special protection and systematic needs assessments (30).

Despite high rates of mental health problems in migrants, utilisation of healthcare is low. Pre-flight healthcare is affected by war; dangerous precedents are being set in which healthcare workers and infrastructures are being deliberately targeted and sieged – all of which has resulted in the re-emergence of infectious diseases, the obstruction of care, and the exodus of physicians (33). Whereas post-flight healthcare is characterised by vilifying cultural attitudes about gender-based violence and inadequate legal, economic and social protections which have been shown to impact health-seeking behaviour (31). In addition, translation issues and lack of awareness of existing services continue to persist (29). And yet, addressing these are not as simple as the provision of language courses. Quality integration and health promotion should also consider strengthening social support and promoting health literacy by properly educating immigrants on their new health system and good lifestyle behaviours (34).

Promoting empowerment can be beneficial to supporting mental health. With increasing communication technology, migrants are now more able to remain connected with their social contacts in their country of origin. Keeping these connections is important for retaining (parts of) their identity. In addition to exposure to trauma, family separation can also be extremely detrimental to mental health. Small acts that promote transnational ties, such as sending financial remittances to family members can have a positive effect on mental health (35).

| Changing Practice and Policies

While the impact of one's relationships and environment on mental health is not novel, our rapidly evolving culture, increasingly interconnected world, and rising concerns about armed conflicts, terrorism, and new migration patterns present old challenges in new lights. The EUPHA Public mental health section dedicates special attention to the impact of intentional and unintentional violence, culture, and intervention research (36). The international work highlighted during the 2018 conference covered results and initiatives regarding biopsychosocial and politico-economic risk factors of mental health.

Presentations established the need for policies and practices to support:

1. Longitudinal research investigating socio-, politico- and economic factors and their links to mental health;
2. Digital health systems to foster new innovative ways to reach and engage people, particularly youth;
3. Scientific and health communication efforts, especially trans sectorial approaches to better link scientists and journalists; and
4. Social welfare programmes during times of economic crises and transition - particularly for vulnerable populations, such as children and migrants.

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