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Physical and mental health problems are interlinked and policies must acknowledge this

Mental Health Europe (MHE) is an organisation committed to the promotion of positive mental health, the prevention of mental distress, the improvement of care, social inclusion and the protection of human rights for people with mental health problems, their families and carers. MHE's vision is a Europe where mental health and well-being is given high priority in the political spectrum and on the European health and social agenda, where people with mental health problems live as full citizens with access to appropriate services and support when needed, and where meaningful participation is guaranteed at all levels of decision-making and administration.

Background

It has been long known that physical and mental health problems are interconnected. Mundane notions on how 'positive thinking' results in good health or that 'bad tempers' make us physically sick have been with us for centuries – and they are not only common sense but also supported by occasional scientific data, especially when we look at the co-occurrence of somatic and mental health problems. Still, public health policies and health practitioners rarely acknowledge the fact, which is surprising given the amount of evidence we find around the issue.

Indeed, we have indication on how various chronic diseases are linked to mental health problems. People with long term physical diseases are twice as likely to have some kind of mental problems as well[1]. In a recent systematic review[2], researchers also found that mental health issues are directly associated to a number of somatic diseases, such as asthma, pulmonary problems, musculoskeletal disorders (such as arthritis), neurological diseases and chronic pain conditions. Furthermore, the connection seems to be reciprocated: chronic somatic diseases often result in serious mental health problems whilst mental health issues can also lead to chronic physical problems. It has been estimated that 25% of all individuals with cancer are depressed but only 2% receive treatment for depression[3]; furthermore, we also know that around 50% of hospitalised heart patients have depressive symptoms and up to 20% of them

[1] Härter et al. (2007): Increased 12-month prevalence rates of mental disorders in patients with chronic somatic diseases. Psychotherapy and Psychosomatics, 76 (6), 354-360.
[2] Prados-Torres et al. (2014). Multimorbidity patterns: a systematic review. *Journal of Clinical Epidemiology*, *67*, 254-266.
[3] http://www.macmillan.org.uk/Cancerinformation/Livingwithandaftercancer/Emotionaleffects/Depression.aspx

develop major depression[4]. On the other hand, depression almost doubles the risk of later development of coronary heart disease and presents a 67% increased risk of mortality from cardiovascular disease than the general population[5].

For an in-depth analysis of the interlink between mental and physical health, please consult the study from July 2014 undertaken by Maastricht University in collaboration with Mental Health Europe.[6]

Problem statement

It is easy to see that co-occurring physical and mental health problems seriously affect patients' lives. For example, representative studies from the Netherlands showed that significant and positive associations of comorbid chronic physical (e.g. asthma, sinus infection, rheumatism, hypertension, and diseases of the digestive system) and mental health conditions (such as mood and anxiety disorders) contribute to considerable *role impairment* in the patients' lives: for instance they are more likely to take sick leave from work than those without mental health problems[7].

The significance of the above data becomes even more important when we look at the data provided by epidemiology: there is a steady rise in the number of patients living with one or more chronic diseases, as life expectancy has also been increasing almost everywhere in Europe[8]. This tendency already has impacts on the way we live in developed countries and will cause a considerable challenge to healthcare systems across Europe in the future: health services need to prepare for greater demand from societies and they are also expected to tackle the specific problems of those affected by both physical and mental health problems.

Higher mortality rates and lower quality of life, more sick days taken from work and lower performance – these are all possible results of co-existing mental and physical illnesses, but that is not all: there are also major economic considerations around the issue. Recent studies have showed that the healthcare of individuals with co-occurring physical and mental problems cost 45% more to the healthcare providers than treating patients with the physical illness alone[9]. Besides, the financial crisis has left a greater need for psychological and medical support behind: the rates of unemployment rose across Europe. The health coverage of people decreased along with their income and the Member States' spending on healthcare services[10]. "*There is evidence that health is a significant determinant of economic growth for high-income countries*." – states a strategic document of the WHO[11], also noting that a 1% increase in the mortality rate decreased the growth rate per capita income in the following five years by approximately 0.1%. This is a serious impact on the economy that cannot be ignored in times of economic crisis and

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[4] http://www.health.harvard.edu/press_releases/depression_and_heart_disease

[5] http://www.mentalhealth.org.uk/our-work/policy/current-policy/physical-health-and-mental-health/

[6] Román, N. (2014): Dividing the Inseparable – The link between physical and mental health in the EU's second Health Programme. A thesis written in the Maastricht University, Faculty of Health Sciences.

[7] Buist- Bouwman, M. A. et al. (2005): Comorbidity of physical and mental disorders and the effect on work- loss days. *Acta Psychiatrica Scandinavica*, *111* (6), 436-443.

[8] Busse et al. (2010): Tackling Chronic Disease in Europe. Strategies, interventions and challenges. World Health Organisation

[9] Naylor at al. (2012): Long-term conditions and mental health. The cost of co-morbidities. The King's Fund and Center for Mental Health.

[10] Eurofound (2014): Access to healthcare in times of crisis. Luxembourg: Publications Office of the European Union.

[11] Busse et al. (2010)

ever-increasing societal problems due to budgetary cuts imposed by governments in almost every Member State of the EU.

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[12] – declares the widely known definition of the World Health Organisation. However, in the present health policies of the European Union and its Member States this definition is rarely reflected: separate programs run for physical and mental health problems, and policies fail to recognise the importance of addressing both of them in more complex programmes. More attention by policy-makers and health professionals to the problem may bring a much needed change in the way patients feel themselves – and moreover, the way EU Member States can cope with the challenges posed by our changing societies. Acknowledging that there are multiple factors behind co-occurring physical and mental health problems (for example health behaviors and coping mechanisms of patients, social inclusion etc.) and how these are related to each other could bring about better results than launching programs or studies that try to address them separately, with lower efficacy.

Mental health problems and physical illnesses have never been totally separate and decision-makers can do a lot to turn evidences into actions, both in research, treatment and prevention. This will ensure that people will receive more adequate and adapted treatments and support, and will thus lead to better health outcomes to the benefit of as well individuals with health issues as for society as a whole.

Recommendations

1. More research is needed to understand both the underlying factors of co-occurring physical and mental health problems, and the possible evidence-based approaches to addressing the problem. Such research initiatives should pay special attention to involving studies conducted by users and survivors of psychiatry. The EU must ensure through sufficient grants under research programmes such as the Horizon 2020 that studies exploring relevant issues will be launched.[13]

2. The interlink between physical and mental health should be adequately reflected in health policies at all levels (EU, National, regional…) in order to offer the most adapted solutions. Representative organizations of as well mainstream patient organizations as mental health user organizations should be consulted throughout health policy-making processes.

3. A recent study[14] explored that even though the EU's Second Health Programme (2007–2013) sets out integrated aims that include addressing physical and mental health problems, however, these aims are in fact hardly reflected in projects and Joint Actions financed by the programme. Therefore, more integrity within EU (and National) programmes should be the way forward: in the future, projects (calls for grants) and

[12] Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946.
[13] In the Horizon 2020 this is possible for example in the third pillar of the programme 'Societal Challenges -- Health, Demographic Challenge and Wellbeing'.
[14] Román, N. (2014): Dividing the Inseparable – The link between physical and mental health in the EU's second Health Programme. A thesis written in the Maastricht University, Faculty of Health Sciences.

Joint Actions should also try to offer solutions to the problem through national, cross-national and cross-sectoral cooperation.

4. Health is not only a problem of medical nature, but also that of human rights. Users of psychiatry are often denied of their capacity to decide about their treatment, mostly due to their lack of legal capacity. However, both international human rights treaties[15] and organisations of users of psychiatry emphasize the importance of legal capacity for everyone. No matter what medical approaches are taken or what policies are developed by governments, only those subject to medical care have the power to work on their own healing. Therefore we call on all governments to abolish plenary guardianship regimes and give people power to be responsible for their own physical and mental health.

5. A variety of training, educational and awareness-raising programmes should be launched and supported by both national and EU financial instruments.

    a. Member States of the EU should educate health personnel on mental health issues: guidelines, recommendations and training schemes must be launched in order to better recognise mental health problems of those in general health care.

    b. Similarly, users of health services should also be targeted by campaigns to take their own mental health problems seriously and search for help when they experience psychological difficulties on the side of their somatic problems.

    c. Finally, health practitioners in mental health services should also be trained to recognise symptoms of somatic diseases.

[15] See for example Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The CRPD is a legally binding international human rights treaty that was developed with the active involvement of organisations of (ex)users of psychiatry, and its provisions also cover people with mental health problems.