



# *Brussels Declaration:* **Helping People with Depression in Europe**

*Recommendations by the Expert Platform on Mental Health – Focus on Depression  
in support of the European Pact for Mental Health and Well-being*

Expert Platform  
on Mental Health  
Focus on Depression





## I. The burden of depression in Europe

Depression is a major public health problem in the Member States of the European Union (EU). It is highly prevalent and has severe consequences in terms of premature mortality and disability.

Depression affects 6% to 8% of EU citizens in any one year, a figure that is valid for all EU Member States. This corresponds to more than 20 million women and men of working age in the EU suffering each year from depression. Furthermore, the burden of depression is likely to grow in the coming years. Whilst a report of the World Bank reveals that mental illness is today the third cause of disability in the world, the WHO predicts that by 2020 depression will rank second in terms of its impact on disability adjusted life years (DALYs). The high prevalence of depression and its disabling impact create a substantial – and potentially growing – economic loss for society. In 2011, the cost of depression in Europe (including the EU 27 Member States, Iceland, Norway and Switzerland) was estimated at €113.4 billion.<sup>i</sup>

Although governments across the EU have made increasing efforts to devise and establish effective prevention and intervention strategies to deal with depression, only a proportion of people living with the disease receive adequate care. Those who are not recognized as having depression as well as those who are recognized but do not receive adequate treatment, suffer unnecessarily and cannot make their full contribution to society. Depression is also one of the main risk factors for suicide, substance use and physical illness.

The complexity of depression is not fully understood, which contributes to misdiagnosis and inadequate care for people living with this disease. The situation is aggravated by the stigmatisation by the disease which makes many reluctant to seek help. Stigma also reduces the willingness of health care workers to provide care, and readiness of decision makers to allocate sufficient financial measures for the services that would help people with depression.

The burden of depression in the EU has been addressed by the European Pact on Mental Health and Well-being initiated by the European Commission. The Pact provides a framework for exchange and cooperation on mental health across all EU Member States. Furthermore, by including the “Prevention of Depression and Suicide” as one of the five priority themes of the Pact, the European Commission has recognized the importance of specifically addressing unmet needs in depression. Finally, the European Parliament has been vocal on mental health, resulting in Parliament Resolutions on this issue (including the European Parliament

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<sup>i</sup> Gustavsson et al., 2011. Cost of disorders of the brain in Europe, *European Neuropsychopharmacology* xx, xxx–xxx.

Resolution of 19 February 2009 on Mental Health) as well as the setting up of the European Parliament Interest Group on Mental Health, Well-being and Brain Disorders.

Following the European Parliament's call for the set-up of an EU Platform on Mental Health and Well-being to implement the European Pact, consisting of all the key stakeholders involved in the debate<sup>ii</sup>, the *Expert Platform on Mental Health – Focus on Depression* was established in September 2009 to support this objective. It is a multi-stakeholder initiative bringing together major organizations concerned with mental health in Europe, as well as mental health experts and representatives of the European institutions. The mission of the Platform is to support the implementation of the EU Mental Health Pact and to contribute to the solution of problems related to depression by addressing issues that were not covered by the Pact.

The Expert Platform and its member organizations fully endorse the important recommendations that have come out of the five EU thematic conferences convened under the EU Mental Health Pact, including the need to fight the stigmatization of depression, to support the prevention of mental disorders, to promote mental health and well-being and to raise awareness of depression as an issue which affects all segments of society and hence calls for a coordinated societal response. These issues have been addressed in detail by a number of the Platform's member organizations in relevant publications.

Having reviewed the evidence about depression and carried out a survey of services aiming to help people with depression, the *Expert Platform* has identified three major challenges facing European countries that have to cope with problems related to depression.

It has also formulated a series of recommendations that could help the EU and its Member States to deal with these challenges.

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ii European Parliament Resolution of 19 February 2009 on Mental Health (2008/2209(INI)), accessible via <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+TA+P6-TA-2009-0063+0+DOC+XML+V0//EN>.

## 2. The Challenges

**Depressive disorders are often not recognised and do not receive adequate and timely care, which can have severe consequences for individuals suffering from depression, for their family and society.**

*Approximately half the people who present themselves in primary care with a depression receive a correct and timely diagnosis. Out of those nearly one half do not receive appropriate and timely healthcare for their condition. As a result, these people experience the debilitating effects of their disease, reducing their ability to interact with friends and family, to function at work and to contribute to society.*

*Even among those who receive adequate treatment and whose condition improves, there are some who experience residual symptoms of the disease, in particular an impairment of cognitive functions (ability to process information, attention, learning and memory), which impacts their functioning in their social roles and their ability to work.*

*In Europe, countries differ with regard to the availability of psychiatrists, psychiatric nurses, psychotherapists and GPs, reimbursement provisions for treatment interventions, access to innovative disease management approaches and self-help and psycho-education for patients and carers. Such health inequalities in the depression field also exist within Member States.*

*People living with depression as well as health professionals in the EU frequently do not have sufficient information about mental health services available in their country and often have difficulties when trying to understand what services they can use.*

**Despite the fact that depression has a huge impact on the person living with the disease as well as on their family and other carers, neither the patients nor their carers are involved in planning and evaluating services that are there to help them.**

*Depression imposes a huge burden on individuals and their family. Family members are affected by depression to a much greater extent than is recognised, not only in economic terms due to days lost at work while caring for a depressed relative, but also in terms of the impact on their own mental and physical health. As the first contact point for people living with depression, families and carers are frequently at the frontline of the management of depression, yet without specific training and knowledge on what constitutes effective care. In many Member States there are no provisions that would ensure adequate support to family and other carers.*

*People with depression as well as their families have vast experience and their contribution to the planning of care and to its evaluation would be very useful; yet they are only rarely involved in the decisions about care and its implementation.*

### **National data on the costs of depression is scarce and hardly impacts health policies**

*Depression is associated with huge direct and indirect costs. In 2011 the cost of depression in Europe (including the EU 27 Member States, Iceland, Norway and Switzerland) has been estimated at €113.4 billion<sup>iii</sup>. These estimates have to be considered cautiously. Data on the costs associated with depression in individual European countries is often incomplete or inconsistent. There are still many countries in Europe where the cost of depression is under-researched and underestimated, and where the economic impact of depression is not adequately recognised by decision-makers and in the society at large.*

## **3. Recommendations for Action**

The *Expert Platform on Mental Health – Focus on Depression* calls upon European and national policymakers, healthcare professionals as well as patient and family organisations to implement the following actions in response to the challenges described above.

### **Improving the early diagnosis and care of people with depression**

The burden of depression could be lowered through early identification and adequate interventions. These should be applied in a personalised manner to ensure that patients and their families receive the care and treatment that best corresponds to their specific needs. Non-personalised tools (e.g. in the field of e-health) can be part of such a personalized approach. In this context, patient and family empowerment, including access to self-help, psycho-education and support to carers, is particularly important. Overall, the appropriate and timely treatment of depression has been shown to be a cost-effective intervention.

Specifically the Platform members recommend the following:

- i. **Agreeing on a consensus paper:** Representatives of the different disciplines involved in the diagnosis and management of depression, as well as the representatives of organisations speaking for patients and carers, should be brought together to reach consensus about adequate management

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iii Gustavsson et al., 2011

of depression and about the arrangements necessary to provide healthcare tailored to the needs of people living with depression. This consensus paper should guide relevant stakeholders.

- ii. Providing guidelines for services and training:** Health professional associations should promote the development and implementation of primary and inpatient care guidelines for the diagnosis and treatment of depression based on the aforementioned consensus paper. They should also develop training for primary care professionals, psychiatrists, psychologists, and nurses to deliver healthcare according to those guidelines, in line with the consensus paper. Representatives of people with depression and their family should participate in the development of these guidelines and devising training programmes.
- iii. Dealing with the increasing prevalence of co-morbidity between depression and somatic illness (e.g. diabetes, cardio-vascular disease and cancer):** Governments, teaching institutions and other stakeholders should support a comprehensive approach to this problem, including support to relevant research, service and training initiatives.
- iv. Putting the focus on vulnerable groups:** Governments, teaching institutions and health professional associations should provide trainings for professionals dealing with groups at high risk from depression (e.g. people with physical illnesses, pregnant women and new mothers, and people that have attempted suicide in the past as well as relatives of suicidal patients).
- v. Addressing depression at the workplace:** The European Commission should facilitate discussions, e.g. in the form of roundtables between health care service providers, patients and family representatives, insurance companies and employer associations to further the development of programmes addressing depression at the workplace (e.g. screening programmes) combined with services that could help people with depression. These roundtables should serve to share experiences, highlight good practice of prevention and treatment, and obtain specific commitments.
- vi. Using innovative options in management of people with depression:** Dedicated funding should be made available for international collaborative research exploring the use of innovative options in the management of people with depression (e.g. internet-based therapy or telephone case management).
- vii. Reimbursing innovative treatment interventions dealing with unmet needs:** National health budget-holders should assess possibilities for the reimbursement of expenses related to the

application of innovative treatment interventions, e.g. those that would help patients who experience residual symptoms of depression which may have a significant negative impact on their functioning at work and in society.

- viii. Raising awareness about problems related to depression among stakeholders outside the healthcare system:** National policy-makers should fund initiatives to raise awareness about depression, its consequences and possibilities of intervention amongst those who work with groups that are at risk of depression, such as adolescents, carers of people with mental diseases, pregnant women, old people, and those subject to social care.
- ix. Providing an overview of the services available:** the European Commission, in cooperation with the Member States, should collect information about healthcare services available to people with mental illness in each country in a dedicated database, e.g. a European Depression Services Map. This information collected at national level should inform people living with depression about mental healthcare services available to them in their country. This information could also be integrated into the EU Compass on Mental Health and Well-being.
- x. Explaining the terminology and sharing knowledge:** The European Commission, in cooperation with the Member States, should commission the creation of a European dictionary on available practices and terms used in the field of depression to allow better understanding and collaboration among EU Member States.

## **Involving people living with depression, their families and carers, in the development and evaluation of health care for depression**

Policies and support services need to be tailored to the needs of individuals living with depression and their families. In this context, patient and family empowerment are of particular importance. Patients and carers should be equipped with tools to help them to cope with depression and protect their own health.

Specifically the Platform members recommend the following:

- i. Establishing social services and support programmes:** EU and national policymakers should promote social services and support programmes (e.g. training schemes) that will enable families to provide care and at the same time protect their own health. Flexible and inclusive social and workplace policies are critical in this context, as well as the involvement of the employers.

- ii. Involving people with depression and their carers as a source to inform policy-making:** EU and national policymakers should actively involve those representing people living with depression as well as representatives of families and carers when developing policies and supporting services, in order to ensure optimal care. They should also consult them when making decisions about reimbursement policies concerning treatment interventions.
  
- iii. Providing psycho-education:** Insurance systems and governments need to provide funds for the psycho-education of people living with depression as well as their families and carers. Plans for psycho-education should be developed in collaboration with representatives of patients and their families.

## Improving information about depression and its costs

While recognising that research in the epidemiology, pathogenesis and management of depression is of vast importance in dealing with the problems related to depression, the Platform was particularly concerned by the need to improve information about economic issues related to depression and suicide and therefore, at this point in time recommends the following:

Specifically, the Platform members recommend the following:

- i. Making health economic research available:** Results of existing research on the economic and social costs of depression should be compiled by the European Commission, in cooperation with Member States, and placed in a centralised information resource to serve as a reference base for interventions as well for further, targeted research.
  
- ii. Considering the indirect costs of depression in cost-effectiveness decisions:** National decision-makers should include indirect costs of depression, (e.g. loss in productivity, absenteeism and presenteeism, disability pension) in their reports and intervention plans, whilst bearing in mind that some indirect costs are incalculable (e.g. flawed decisions of depressed top managers, brokers etc.).
  
- iii. Involving patients and carers as an information source when assessing the burden:** EU and national policymakers should actively involve representatives of organisations of patients and carers to assess the economic burden of depression on them and their families.

## 4. Commitment of the *Expert Platform on Mental Health – Focus on Depression*

The Expert Platform is committed to supporting the implementation of these recommendations by the development of an Action Plan.

### Expert Platform on Mental Health – Focus on Depression

#### ORGANISATIONS PARTICIPATING IN THE EXPERT PLATFORM

- **Global Alliance of Mental Illness Advocacy Networks-Europe (GAMIAN-Europe)** (represented by Ms Dolores Gauci, President)
- **European Brain Council (EBC)** (represented by Ms Mary G Baker MBE, President; and Prof Cyril Höschl, Board Member)
- **European Depression Association (EDA)** (represented by Prof Vincenzo Costigliola, President; and Prof Nicolas Zdanowicz, Board Member)
- **European Network for Workplace Health Promotion (ENWHP)** (represented by Prof Karl Kuhn, Chair)
- **European Federation of Associations of Families of People with Mental Illness (EUFAMI)** (represented by Mr Kevin Jones, Secretary-General)
- **European Psychiatric Nurses (Horatio)** (represented by Mr Roland van de Sande, Secretary-General)
- **International Federation for Psychotherapy (IFP)** (represented by Prof Franz Caspar, President)
- **Lundbeck Institute/Lundbeck International Neuroscience Foundation (LINF)** (represented by Dr André Joubert, Director)
- **Standing Committee of European Doctors (CPME)** (represented by Dr Jacques van der Vliet, Rapporteur on Mental Health)
- **World Organisation of Family Doctors (WONCA-Europe)** (represented by Dr Gabriel Ivbijaro, Chair of the Working Group on Mental Health)

#### EXPERTS PARTICIPATING IN THE EXPERT PLATFORM IN THEIR INDIVIDUAL CAPACITY

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- **Prof Martin Knapp**, Professor of Social Policy, Director, London School of Economics, Personal Social Services Research Unit (PSSRU)
- **Prof David Nutt**, Professor and Head of Department of Neuropsychopharmacology, Imperial College London
- **Prof Charles Pull**, Centre de Recherche Public-Santé and Centre Hospitalier de Luxembourg
- **Prof Zoltán Rihmer**, Professor of Psychiatry, Semmelweis University, Faculty of Medicine, Budapest
- **Prof Norman Sartorius**, Professor of Psychiatry, Geneva

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