SPEECH

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EFPA

OPENING CEREMONY

EUROPEAN CONGRESS OF PSYCHOLOGY

JULY 5, 2022

LJUBLJANA (SLOVENIA)

EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY
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5 JULY

SPEAKING POINTS

Ladies and gentlemen,

I am honoured to be here today with you, to speak about the importance of mental health and what the Commission does to help countries and stakeholders in helping citizens and patients.

The first thing we need to recognise is that mental illness has been on the rise in Europe and around the world for some time now.

Before the COVID-19 pandemic, 1 in every 6 Europeans were diagnosed with a mental health condition.

In 2018 the State of Health of the EU report by the OECD, stated that the economic and social costs of mental illness are substantial. The total costs of mental ill-health are estimated at more than 4% of GDP – or over EUR 600 billion – across the then 28 EU countries.

Many European countries have in place policies and programmes to address mental illness at different ages. However, much more can be done to manage and promote mental health

In the wake of the pandemic, there have been widespread concerns about the negative mental health impacts of the pandemic, for a number of obvious reasons.

These include, but are not limited to, the sudden loss of employment and resulting financial difficulties, major disruptions to education, illness and severe loss of social contact. All can impair mental well-being.

According to a 2021 study in The Lancet, the prevalence of anxiety and depressive disorders increased by about a quarter across EU countries in 2020 compared to 2019.

Besides the fear, grief and stress caused by the direct health impact of COVID-19 infection, measures such as general lockdowns and school closures may also have exacerbated mental health risks for many.

Available data also suggest that the impact of the COVID-19 pandemic on people's mental health has been especially marked in young people and vulnerable groups, such as those with underlying health conditions or people with disabilities.

In particular, young people reported significantly higher levels of anxiety and depression during the pandemic compared to the general population.

Lastly, I must mention the mental health impacts on the health workforce.

Besides the mental exhaustion from working long hours under hazardous conditions, doctors and nurses experienced prolonged anxiety due to the risks of contracting the virus and potentially infecting their families.

To alleviate this burden on the health and well-being of health workers, most European countries rolled out a number of ad-hoc support solutions. These primarily consisted of bespoke mental

health support services, special childcare schemes for health workers and various forms of temporary salary increasesOne of the most important takeaways from the experience of the COVID-19 pandemic is that building resilience capacity in our health systems is crucial.

Best practices are central to a recent call for projects to reduce the mental health impact of the COVID-19 pandemic. The EU has contributed EUR 750 000 from the EU4Health 2021 work plan.

This lies at the heart of President Von Der Leyen's call to build a stronger European Health Union - capable of withstanding the shocks of various nature that we will inevitably continue to face in the future.

Numerous EU financial support instruments can support this undertaking – especially the EU4Health and the Recovery and Resilience Facility.

Children and young people are among the population groups whose mental health was most affected by the COVID19 pandemic. UNICEF has warned us that children and young people may feel the impacts of the pandemic on their mental health and well-being for many years to come.

It is important to invest in children's mental health and well-being, and to help them develop social and emotional skills.

Preventing adversity is not enough: it is also necessary to create positive and supportive conditions.

An EU budget of EUR 8 million under the EU4Health 2022 work plan, will support the mental health of children, young people and their families, and contribute to the European Year of Youth.

EU countries participating in the project will transfer two best practices, both developed in Finland:

Ice hearts is a sports-based support programme to improve life skills and social, psychological and emotional resources among socially vulnerable children and adolescents.

Let's talk about children is a two-step intervention to support the mental health and well-being of young people and their families in vulnerable situations.

Work on the ground will start this autumn.

Towards the end of this year, the European Commission and the OECD Health Division will release the new edition of Health at a Glance: Europe. This year's edition will focus on assessing the impact of the COVID-19 pandemic on children and youth, as well as on non-COVID care services – including mental health services.

In the particular case of depression, we also need to keep in mind that the chronic depression appears to increase with age.

That makes the specific actions the Commission is currently supporting to the tune of EUR 7 million more relevant than ever.

The first action focuses on helping people with depression. Ten EU Member States are working together to transfer evidence based interventions (IT tools, awareness raising) to prevent suicidal behaviour which is particularly important considering the exacerbation of mental health problems associated with the impacts of Covid-19.

Our current funding will enable eight countries – Bulgaria, Estonia, Greece, Italy, Poland, Hungary, Ireland and Spain – to step up this action.

In the second action, known as ImpleMENTAL, as many as 21 countries are working together on an exemplary national suicide prevention programme developed in Austria, along with reform of community-based mental health services developed in Belgium.

The Suicide Prevention in Austria programme will be implemented in 13 countries: Czechia, Croatia, Cyprus, Estonia, Finland, Greece, Hungary, Iceland, Malta, Norway, Slovenia, Spain, and Sweden.

Eleven countries will be implementing elements of a Belgian mental health system reform that aims to strengthen client-centred, community-based services. Countries involved in this effort are Germany, Italy, Croatia, Cyprus, Estonia, Greece, Hungary, Lithuania, Malta, Slovenia, and Spain.

This year's EU4Health work programme also provides for a EUR 1 million contribution agreement with the WHO Regional Office for Europe to provide additional capacity-building support for the ImpleMENTAL Joint Action.

To add to our efforts on depression prevention and services, we are now taking urgent action to help those fleeing Russia's brutal aggression against in Ukraine.

The Commission has mobilised EUR 9 million from the EU4Health Programme to help people fleeing Ukraine in urgent need of mental health and trauma support.

A EUR 7 million agreement is signed with the International Federation of Red Cross Societies to directly help people who have fled Ukraine to deal with the trauma they have suffered and offer them mental health support. We just had a strategic kick off with the Red Cross on 5 July.

Ukraine's displaced people are also the focus of a EUR 2 million call for proposals from non-governmental organisations for best practices to improve mental health and psychological well-being in migrant and refugee populations. We expect work to start in September.

Mental health has been a prominent and recurrent theme in the Commission's support for Member States. In the past two years, we

have further stepped up our efforts. The Commission is taking a pragmatic approach in this respect, helping to deliver best practice and expertise.

The Commission's new Healthier Together initiative to help EU countries reduce the burden of non-communicable diseases will see us step up our work on mental health issues. It will lead the work on mental health and neurological disorders across sectors and policy areas in the years to come. It is about helping people directly, through targeted action, with the involvement of EU countries, NGOs, health professionals' organisations, the private sector, academia and others.

With the Healthier together – Non-communicable disease initiative, the EU countries show they are committed in tackling the burden of non-communicable diseases and reaching the Sustainable Development Goals, and specifically the target 3.4 on reducing by one-third premature mortality from non-communicable diseases by 2030.

With this initiative, the Commission has joined forces with the EU countries and the health stakeholders in designing this Initiative, setting the content and deciding the priorities for common action. This is an initiative with a role for everyone, governments, civil society, patient groups and health professionals.

Concrete actions may consist of implementing comprehensive public health policies, transferring good practices, developing guidelines, rolling out innovative approaches or launching projects expected to have significant public health impact.

On mental health, there is for example a proposal that Member States will pilot-test a plan to include mental health in all policies by strengthening intersectoral cooperation, joint budgeting, or mental health equity monitoring.

On neurological disorders there is for example a proposal to implement person-centred integrated care models, to better manage dementia and support the quality of life of patients and their families.

To conclude, as you can see mental health is a key issue for the European Commission and the EU countries. We rely on knowledge and experience of health professionals like yourselves and want to build a strong European health union where mental health and wellbeing are in the core of our actions.

John F. RYAN