

Policy Brief

Conclusions from the EU thematic conference “Preventing of Depression and Suicide- Making it Happen”



EU thematic conference on preventing depression and suicide

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“Preventing of Depression and Suicide- Making it Happen”

Prevention of depression and suicide

This policy brief has been compiled by Kristian Wahlbeck and Mareike Awolin for the IMPACT Consortium to support the European Pact for Mental Health and Wellbeing, and it highlights the main findings and conclusions from the EU Thematic Conference on Preventing Depression and Suicide Conference, held in Budapest in December 2009.

Introduction

Depressive disorders and suicide are pressing public health challenges in the EU. In addition, depressive disorders incur high social and economic costs and constitute a major threat to Europe's productivity and sustainable development. Depression and suicide are linked to poverty and social deprivation, and contribute grossly to EU health inequality. The current economic crisis has a major impact on many mental health determinants. The focus of public health policy needs to shift towards mental health, as actions to prevent depression and suicide are now highly needed.

Policy actions to prevent depression and suicides are possible. This policy brief reviews what is known about the scope of depression and suicides in the EU and effective preventive actions.

Scope of depression and suicide in the EU

What is depression?

Depression is a major public health challenge in the EU. It is a mental disorder characterised by low mood, lack of interest and fatigue. Spells of low mood are normal, but depression is defined as a mood disorder when it lasts for more than two weeks and significantly affects your ability to function, study or work. Such major depressive disorder is characterised by depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. Depression is highly comorbid with other mental disorders like anxiety disorders and alcohol use disorders. The impact of major depressive disorder on quality of life and working ability is comparable to severe physical illness.

How common is depression?

Major depressive disorder is very common and it is a major cause of lost productivity in the EU. It affects 13% of EU citizens at some point in their lives. In population surveys, Europeans report more depressive symptoms than before. Estimates for the total disease burden indicate that in 2004 depression accounted for more than 8 % of all disease burden in the EU. According to WHO projections, in 2030 depression will be the single most important cause of burden of illness in the EU. Depression is unevenly distributed in the population, affecting women and people living in poverty more often, and is a major contributor to gender and health inequalities in the EU.

What are the costs of depression?

Depression is a costly disorder due to the large number of people affected and its major impact on the workforce. Two thirds of costs derive from loss of productivity. In 2004, the cost of depression was estimated to be 1 % of Europe's GDP, or € 253 per inhabitant. Some EU Member States have reported that costs for depression have doubled in 10 years. In order to increase length of working life of Europeans, actions against depression are crucial.

How common is suicide?

Depressive disorders can lead to suicide. 90% of suicides are estimated to be associated with mental disorders, in a large part with major depression. In 2007, about 55 000 persons in the EU completed suicide, i.e. on average one person every 10 minutes. Of every 1000 Europeans, 11 will die by suicide. Suicide is a leading cause of death in young people in Europe, especially for young males. Rates of suicide differ strongly between Member States, reflecting significant health and social inequalities in the EU.

What causes depression and suicide?

Depression and suicide are linked to social deprivation and adversities such as poverty, poor education, unemployment, over-indebtedness and social isolation. The roots of depression can be found in childhood: harsh and unstable upbringing, corporal punishment, or sexual abuse can lead to later depression. Alcohol

causes depression. Suicides are mostly connected to a mental disorder of the individual, but also to alcohol and drug abuse, social isolation, physical illness, poverty, family violence, and access to means of suicide. The causes of depression and suicide are often amendable by policy actions.

Table: Risk and protective factors for depression and suicide	
Protective factors	Risk factors
Welfare (social protection, social inclusion, social capital)	Macro-level socio-economic risk factors (poverty, poor education, deprivation)
Healthy work place and living (social capital at work, workplace health promotion, stress management)	Poor living and working conditions (unemployment, job insecurity, job stress, bullying, high debts)
Healthy prenatal and childhood environment	Developmental risk factors (poor prenatal nutrition, abuse, harsh upbringing, poor relationship to parents, intergenerational transmission)
Healthy life style	Life style risk factors (alcohol and/or drug use)
Individual psychological resilience (sense of mastery, self-esteem)	Individual risk factors (mental disorder, major life event, physical illness/disease, gender, migrant or minority status, access to lethal means)

Will the economic downturn increase depression and suicide?

Times of economic instability cause psychological stress. Changes in life circumstances, such as unemployment, high debts, and increased alcohol consumption are strongly linked to depression, anxiety disorders and suicide. Studies show that unemployment can lead to depression and suicidal thinking. In the EU, a 1% increase in a national unemployment rate has been associated with a 0.8% rise in suicides.

The foundations of good mental health are laid in infancy and childhood. Economic pressure, through its influence on parental mental health, marital interaction, and parenting, affects the mental health of children and adolescents. Young people are at risk of mental problems after job loss. High unemployment rates among young people have, in the past, been associated with high suicide rates. However, social services and social protection play an integral role in mitigating against the impact of poverty in economic crises.

How can depression and suicides be addressed on a strategic level?

Effective public health action to prevent depression and suicide requires an intersectoral policy framework at all levels. Preparation and implementation of national and/or sub-national strategies and action plans for mental health, with prevention of depression and suicide as key components and bringing together key stakeholders, is needed to allow horizontal actions in all relevant sectors. On the EU level, a conceptual framework for further strategic work is the European Pact for Mental Health and Wellbeing. Actions to reduce depressive disorder and suicides, and promote mental health and mental well-being, are in line with EU efforts to increase social cohesion, health equity, economic growth and sustainable development.

Each Member State and region should have a strategic mental health plan, encompassing prevention of depression and suicide. Setting targets for reduction of depression-related sick leaves and suicide rates in policy action plans may help focus attention on depression and suicide. The collection of comparable health information on depression and suicides is a pre-requisite for monitoring the success of such strategic plans.

Prevention of depression and suicide needs to be mainstreamed into the non-health sectors. Evidence indicates that sound public policies, such as those that address social protection, education, labour, urban and regional planning, and transport, also improve mental health and reduce the risk of mental disorders. Prevention of depression and suicide has to start in childhood by building resilience and creating socio-emotional competence and coping skills.

Stigma and discrimination have to be actively and effectively tackled prevent depression and suicide.

Do models for mental health service provision matter?

Mental health services in Member States reflect specific national situations. Approaches and levels of maturity differ strongly. Especially in current times of economic hardship, these services are important, not least the services for families and children. Generally one can say that integrating health and social services and

mainstreaming of mental health services into primary care improve access to care. Mental health services should be provided through community care. Involving child day care and school settings is a key objective for child and adolescent mental health services. Low-threshold psychological and medical treatment of depression and suicidality in primary care are key priorities. Community-based, well-developed and multifaceted mental health services have been linked with lower suicide rates than hospital-based traditional services. Stepped-care models provide effective treatment of depression and suicide, relying on the positive impact of retained social networks and service user influence. E-health applications may improve access to services and offer promising new ways of preventing and even treating depression.

Do labour and social policies matter?

EU Member States with a higher investment in social protection and active labour market programmes have been shown to have a reduced association between unemployment rates and suicide rates. Such programmes help not just the individual but also the whole family system and, in particular, protect children and adolescences from the consequences of their parents being unemployed. In view of the extremely high co-occurrence of over-indebtedness and mental disorders, debt management and relief programmes are needed.

Comparative international studies indicate that the negative impact of economic recession can be modified or even eliminated by social protection actions. Strengthening the support provided by social safety nets — whether related to health care, social protection, employment security, housing, food or informal social support — will help to buffer the effects of shifts in the economy and promote mental health. Social capital is a protective factor against depression and suicide. Strengthening the civic society will create social capital and cohesion, and promote mental health.

Does alcohol policy matter?

Reducing access to alcohol, for example, by increasing alcohol taxation, reduces alcohol consumption and is one of the key actions to counteract the impact of the economic crisis on mental health and suicide rates.

Can suicides be prevented?

Evidence from several Member States indicates that suicide rates can be considerably diminished by a strategic approach. Prevention of suicide needs to involve multiple stakeholders and acknowledge the role of non-professionals. Detection and treatment of depression are cornerstones in the prevention of suicides. The restriction of access to common and highly lethal suicide means, such as toxic substances and firearms, is successful in reducing suicides. National media guidelines to avoid glamorising or sensationalising suicides, developed in cooperation with the media, are successful. Also, safe environmental planning and restructuring suicide hot spots contributes to suicide prevention.

Does preventive actions pay-off?

Investment in mental health creates mental capital, i.e. increases productivity and extends people's years of work. Economic evaluations of suicide prevention programmes have found them to be highly cost-effective. Emerging high-quality data indicates that prevention of depression in primary care is cost-effective.

Conclusions

Action against depression is necessary, possible and pays off. Evidence-based, cost-effective actions are available.

Suicides can be prevented by diversified cost-effective actions within and outside of health care. Suicide prevention is especially needed in the present times of rapid economic change.

Prevention of depression and suicide contributes to improving the health of populations and extension of work life of Europeans. It is at the core of tackling health inequalities in Europe.

A successful fight against depression and suicide requires continued investment in mental health research and monitoring, willingness to work across sectors, and readiness to address determinants, such as child abuse and bullying, gender and health inequalities, over-indebtedness, work life problems and poor social protection. Effective instruments in the fight are responsive primary health care services, collaborative media, a health promoting educational system and healthy work places.

Above all, the effective prevention of depression and suicide requires political commitment and its translation into sound strategic action frameworks.

The European Pact for Mental Health and Wellbeing

The Pact, adopted in 2008, provides the framework at EU-level to support Member States' mental health policies through exchange and cooperation. Key issues are the identification of good practices, development of recommendations and integration of mental health issues into community policies. Prevention of depression and suicide is one of the five priority areas of the European Pact for Mental Health and Wellbeing.

For further reading:

The European Pact for Mental Health and Wellbeing, European Communities, 2009: http://ec.europa.eu/health/archive/ph_determinants/life_style/mental/docs/pact_en.pdf

Background document for the Thematic Conference on Prevention of Depression and Suicide, European Communities, 2009:

http://ec.europa.eu/health/mental_health/docs/depression_background_en.pdf

Prevention of depression and suicide. Consensus paper. European Communities, 2008: http://ec.europa.eu/health/archive/ph_determinants/life_style/mental/docs/consensus_depression_en.pdf

Mental health in the EU – Key facts, figures and activities, European Communities 2008 http://ec.europa.eu/health/archive/ph_determinants/life_style/mental/docs/background_paper_en.pdf

Mental health in OECD countries. Policy brief November 2008. OECD, 2008: <http://www.oecd.org/dataoecd/6/48/41686440.pdf>

Knapp M et al. (Eds.) Mental health policy and practice across Europe. Open University Press/McGraw Hill 2005.

Stuckler D et al. The public health effect of economic crises and alternative policy responses in Europe; an empirical analysis. Lancet 374:315-23

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