
MENTAL AND PHYSICAL HEALTH: A CALL TO ACTION

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- IDF Europe – International Diabetes Federation European Region (represented by Prof. Eberhard Standl, Lex Herrebrugh and Cristian Andriciu);
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THE MENTAL AND PHYSICAL
HEALTH PLATFORM

BRIDGING THE GAP BETWEEN MENTAL AND PHYSICAL HEALTH

Combined Mental and Physical Health Challenges: The Unseen Burden

People with enduring mental health problems are more likely to develop physical health problems than the general population. Conversely, poor physical health can have a negative effect on mental health. These challenges have a huge impact on the length and quality of people's lives and lead to enormous costs for society.

1. People with severe mental illnesses have a two to threefold increased risk of death compared to persons of the same age and sex in the general population. They die on average 20 years younger than the general population, cardiovascular disease being the leading cause of excess mortality.
2. People with severe mental illnesses are 2 to 3 times more likely to develop diabetes and other cardiovascular risk factors. Only one third have normal weight.
3. Poor physical health can entail severe mental illness – the risk of developing depression doubles in people with diabetes. The majority of cancer sufferers will also get depressed, affecting both quality of life and survival.
4. Combined mental and physical health problems engender stigma for individuals and their families. Almost two thirds of all people with mental disorders do not seek treatment, largely because of stigma.
5. Mental and physical health problems have substantial costs to society: the costs of poor mental health alone in the EU have been estimated at €436 billion each year (more than €2000/household). The additional costs of physical health problems in mentally ill may increase this figure by as much as 70%.
6. There are also positive interactions between mental and physical health: mental well-being supports good physical health and vice versa.

In recognition of the above, the Mental and Physical Health Platform was established in April 2008 as a new partnership bringing together associations and individuals from across disease areas and countries, with the twofold aim of raising greater awareness of the interplay between mental and physical health, and changing mindsets to address the personal, social and economic consequences of ignoring that interaction.

To support these objectives, the Mental and Physical Health Platform has developed a consensus document – the Mental and Physical Health Charter – which assesses the magnitude and impact of the links between mental and physical health and puts forward policy recommendations for an integrated approach to preventing and caring for ill health. The Charter aims to mobilise all relevant stakeholders, including policy makers, health care professionals, service users and their families and carers, in a joint effort to bridge the gap between mental and physical health.

The Mental and Physical Health Platform supports the European Pact for Mental Health and Well-Being launched in June 2008 and calls for the inclusion of the links between mental and physical health as a horizontal theme across all priority areas of the Pact.

As the Mental and Physical Health Charter is officially launched, we call upon authorities, organisations and individuals to enable and deliver change for people living with mental and physical health problems and their surroundings by enacting the following principles and actions:

Joining Forces to Bridge the Gap: A Call to Action

Enabling Change Through Policy

1. The links between mental and physical health must be recognised and addressed in all health-related strategies and programmes at EU and national level, including disease-specific and other policies such as social, employment, discrimination, research and education, nutrition, tobacco and alcohol. Policy makers should ensure that integrated mental and physical health care is the norm and not the exception.
2. Health systems need to ensure adequate structures and processes, such as training schemes and guidance to health care professionals, carers, families and service users, in order to empower them to tackle combined mental and physical health challenges in their respective environments.
3. Health promotion objectives and measures should better reflect the interplay between mental and physical health, including in health information campaigns and incentives to encourage behaviour change.
4. Decision makers should set up systematic monitoring structures, benchmarks and performance assessments to ensure the implementation of policies supporting integrated care.
5. Targets and actions for improved mental and physical health and well-being must be matched with need-based resource allocation.

Delivering Change on the Ground

1. Better communication and cooperation between medical disciplines, carers, families and service users must be prioritised to ensure a 360° approach to mental and physical health.
2. Service users, health care professionals and carers should be incentivised to learn from good practices and make use of existing guidelines for improved recognition, monitoring, diagnosis and management of combined mental and physical health problems.
3. Improved training of the medical community, including specialist and primary care, must be developed and rolled out, including with the involvement of service users and their families and other informal carers.
4. Primary care teams need to be adequately resourced and trained to act as the first point of contact for those with combined physical and mental health care needs.
5. Service users, together with their families and carers, should be empowered to maintain an active life, including where appropriate, measures for improved health literacy, access to better health promoting services, information and advice on lifestyle changes and other factors.
6. Stigma and discrimination associated to mental and physical health problems must be combated in all settings. Enforcement of existing anti-discriminatory legislation is one key element.

Expanding and Disseminating Knowledge

1. Greater efforts and resources must be invested in learning more about the reasons, consequences and costs of combined mental and physical health challenges, and how to deal with them.
2. Tools, such as risk models and practical guidance for different groups of people, need to be developed to translate knowledge into practice.
3. Existing knowledge on the links between mental and physical health should be gathered and categorised in a central information resource which can be accessed by the medical community as well as by service users, their families and other carers.
4. Silos in the research community need to be broken down, in favour of a pan-disciplinary approach involving people across health promotion, public health, various disease areas as well as engaging with service users, their families and their local communities.
5. Clinical and public health research should focus on filling gaps in current practice and data with the aim to feed into future practice and policy making at all levels.