

The Role of Psychotherapy in a healthy Europe

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Good morning everyone, and it is a great pleasure to be here and host this conference in partnership with the Irish Council for Psychotherapy.

Background

As some of you may know I was a therapist by profession – and up to when I was first elected to the European Parliament in 2009, I worked in Ireland as a psychotherapist in private practice for nearly 25 years.

But today I am speaking as a politician and member of the European Parliament.

I have found that each MEP approaches his or her work in a way that suits their personality and their background. This is certainly true for me and my professional life before politics has greatly influenced the direction of my political career, not only in the personal approach I take, but also in the focus of my work.

Because of my professional background I know first-hand the devastating effects of mental illness and have been committed to seeking that mental health is a political priority in the EU. It is my strongest belief that our society should be measured by how we treat the most vulnerable among us.

Therefore, in the Parliament, public health is one of my main policy areas, and I am co-chair of the parliament's Interest Group on Mental Health, which brings together MEPs other interested groups to advocate the development of sound EU policies.

We host regular meetings in the Brussels and invite guest speakers, Commission officials, patient groups, and medical professionals to discuss

relevant issues. We then work to advance these issues at EU level. For example, we have had meetings on issues such as depression, active aging, workplace mental health and stigma.

[The Role of Psychotherapy in a Healthy Ireland](#)

Which brings me here today - speaking to you - and my motivation in co-hosting this conference is that I wanted to give something back to my profession of psychotherapy - by raising the need to provide greater public access to psychotherapy as a public health issue.

That people should have affordable and easy access to psychotherapy in their communities, and our social and public health policies must support people struggling with emotional problems.

And research shows that talk therapy is the method of choice for treatment for the majority of psychological problems; or at least an indispensable part of any overall treatment plan. Yet despite this, the use of psychotherapy is still not easily accessible. The use of psychiatric drugs continues to dominate, although they are rejected by many patients because of their side-effects and, as in the case of major depression, should only be prescribed in combination with talk therapy.

We need to allow a non-medical approach to gain acceptance. The current status quo is that therapy of any kind is viewed as complimentary or ancillary to medical help which is usually the first line of assistance for the general population. Though this is changing, and the profession and policy makers need to respond and ensure people have access to therapy. So, when a person has an emotional problem, they should be able to go directly to their local primary mental health clinic where help is available in a non-medical environment. That we make ordinary, and common practice, to seek direct professional help for emotional problems, and to bring psychotherapy into the public consciousness.

Another social problem facing the introduction of a non-medicalised approach is the need for education and understanding among the general population about emotional problems. Otherwise how will people know to seek help from a psychotherapist?

Ultimately, policy makers and politicians need to fully acknowledge that mental health is not just a personal private health issue but one with wider

social and economic implications. Therefore, public as well as European funding for mental health should match funding for physical health.

This is important because here is a wealth of evidence that shows that family breakdown, drug and alcohol addiction, failed education, unemployment, dependency and mental health issues are deeply interconnected. Social policy must look at how we address and support people struggling with emotional problems, and wider society will benefit.

The UN Convention on the Rights of Persons with Disabilities, which is redefining international understandings of societal approaches towards mental health, as well as other areas, has important implications for policy in this area too. The Convention is explicit that States must put systems in place that allow people's 'will and preferences' to be followed insofar as is possible, rather than corralling people into one form of treatment without the ability to express their preference for an alternative treatment method.

Education

As I said alongside public health policy and practice, there is a strong need for education and understanding among the general population about emotional problems.

The medical profession is accepted through learned experience, either personal or social, as the primary source of help, where emotional problems are treated medically. How would a de-medicalised approach gain acceptance, given the current status quo is that therapy of any kind is viewed as complimentary or ancillary to medical help which is usually the first line of assistance for the general population.

However if access to psychotherapy were a reality, this would be a start in the move away from the medical model that is currently in place and help re-orientate the culture surrounding mental health to being that of recovery focused and person centred.

That we make ordinary, and common practice, to seek direct professional help for emotional problems, and to bring psychotherapy into the public consciousness in a way that is open and acceptable to health professionals, government and the wider public.

How, we should achieve this will be explored by the speakers today. At present people with private means can source a therapist usually chosen

quite randomly, but the real problem in Ireland, and in many EU states, is the historical under funding of mental health services.

While those with personal resources have access to help, people on lower income and people on social welfare have access only what-ever may be available locally, and through their General Practitioner.

EU Policy on Mental Health

On a practical policy and budgetary level - primary health care, and mental health are the responsibility of member states. So as an MEP my mandate allows me to discuss and influence policy, for example, on cross border healthcare, pharmaceutical legislation, work place depression and addiction harm reduction strategies, but we have no legislative influence on the actual provision of therapeutic care.

My approach is that the EU and national policymakers must ensure that people living with mental illness have the services and care they need to be healthy, full and functioning members of society.

And this is also the stated objective of the European Union – that an economic and social union cannot be fully experienced by all citizens if we ignore the basic facts about mental health problems.

EU Policy on mental health is approached from the perspective of the consumer (in our case the patient); and the free movement of goods and services, innovation and job creation. This approach will appear crude and jarring to most of us in this room but if we step back and look at how we reach out to help people, these themes can be made to work for us.

The European Commission's website lays out the underlying premise for EU policy, and I quote:

“Apart from the obvious benefits for individuals, good mental health is increasingly important for economic growth and social development in Europe. All of these are key EU policy goals”.

With this strong emphasis on the link between economic sustainability and good mental health policy, the institutions of the EU – such as the Eurogroup and the European Commission - should look at EU economic policy from a public health view point too.

But we know this has not been the case. Through their actions, by imposing rigid austerity programmes, it is clear that public health is viewed as a cost, and not a necessary component of a healthy and equal Europe.

One of the inescapable workplace realities in a time of crisis and austerity is the worsening of certain working conditions that strongly influence our mental well-being. Job security diminishes and pressure on workers and stress increase.

A patient survey in 2014 from the Global Alliance of Mental Illness Advocacy Networks "[Exploring the links between mental health and work](#)" showed that, compared to the situation 5 years before, significantly more people fear that employers would not hire a qualified applicant who had suffered with mental illness, or would be passed over for someone without such a health history.

One third of respondents who didn't adhere to their course of treatment did so out of fear of disclosure at work. This shows the extent to which people fear stigma or unemployment.

This, of course, generates a vicious cycle of ill-health that leads to the very absenteeism and inability to lead a productive, fulfilling work life.

There is a very clear link between public health policy that support people with their mental health – and a thriving economically sustainable society.

On a positive note, the European Commission has just completed a five-year Joint Action on Mental Health and have drawn up a European Framework for Action on Mental Health and Wellbeing ()

In response, twenty organisations across Europe working in the areas of public health and mental health, have signed a joint statement identifying five policy areas that require public policy and funding prioritization, and these are:

- Ensure parity of esteem - mental health must be given equal priority to physical health
- We need to fund a life cycle approach to mental health, funded through community based services, supporting people during particular times in their life such as mental health and pregnancy or mental health and aging.

- Pay strong attention to mental health in the workplace as poor performance due to mental health is one of the biggest problems in the modern workplace
- Improve mental health treatment in primary care settings

Conclusion

So to conclude, we know that without adequate funding and parity with physical health, mental health will never be properly addressed in society. Education and awareness are a crucial element in any mental health policy; and that easy access to talk therapy allows individuals and wider society to understand and acknowledge the importance of minding our mental health, and to understand and that experiencing mental health problems is part of being human.

But most critically caring for our mental health and wellbeing contributes to the betterment of wider society, fostering a more creative, safe and sustainable communities.

Thank you