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"Facing the political, social and scientific

challenges to improved public access to talk therapies"

Good morning, and you are very welcome to our conference which questions the political, social and scientific challenges to improved public access to talk therapies. I will now explore what this entails, and also raises questions for mental health professionals. For providing greater public access to a non-medical approach to therapy, is a challenge not only to the pharmaceutical industry, but it is also a challenge to us professionals.

Firstly, as some of you may know I was a therapist by profession – and up to my election in 2009 I worked in Ireland as a Phychoanalytic Psychoanalyst in private practice for nearly 25 years. But today I am speaking as a politician and member of the European Parliament.

My professional life has 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.

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 this area too. It 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.

My attitude 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. But there are obvious questions and constraints for both national and EU policy makers when dealing with mental health. 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*". This is the de-facto EU position - as health, 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. So why am I, a member of the European Parliament hosting this conference, dealing with primary care, today?

The idea for the conference developed from a successful roundtable held in the European Parliament in Brussels in early 2012. The roundtable was co-hosted by myself and the Network for Psychotherapeutic Care in Europe, and brought together psychotherapists from a number of member states, and Dr. Declan Aherne was in attendance form Ireland. The background or need for this seminar was because mental disorders are now described as the common 'diseases' of the 21st century in Europe. Every third adult in Europe will experience mental health problems within the course of a year. Psychological distress is the main cause of the 58,000 suicides per year in Europe, thus resulting in more fatalities than road accidents. People with emotional problems continue to be stigmatized, which aggravates their suffering and increases their exclusion from society. The **main message of the** seminar in Brussels **was** that we need greater access to psychotherapy to help people.

Research shows that psychotherapy 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. In a European comparison the use of psychiatric drugs dominated, 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 psychotherapy.

At that meeting in Brussels, members of the NPCE resolved that what was required was a European wide research into the viability of an organised approach to primary mental health care. Following this event in Brussels, I formed a collaborative partnership with Dr. Declan Aherne, agreeing to hold a conference in Ireland on this theme.

My contention is that the stated objective of the European Union which is an economic and social union cannot be fully experienced by all citizens if we ignore these facts about mental health problems**.** But my main motivation in holding this conference was because I wanted to give something back to my profession of psychotherapy, not as a therapist but through my role as politician influenced by my experiences as a therapist; and I aim to do this by raising the need to provide greater public access to psychotherapy as a public health issue. Therefore the direction of my talk this morning is making the case for primary mental health care, not mainly to you my colleagues, but hopefully eventually to a wider audience in Europe and at home here in Ireland.

Ultimately it is our hope that the final intention of this conference will be to support a proposal for EU funding research. To start the discussion the conference will look at why we should provide access to high quality, well organised, and easily accessible primary mental health care. A primary care service that offers talk therapy, rather than the current predominantly medical approach to emotional problems and mental illness. When people have a physical illness they visit a general practitioner. We say that when a person has an emotional problem they should be able to go directly

to their local primary mental health clinic which provides help in a non-medical environment.

A truly multi-disciplinary community service is something that many in the sector have been calling for; it's what is outlined in ***A Vision For Change*** but has simply failed to materialise on the ground despite this policy being in place since 2006. By simply enforcing this policy many feel that 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.

I want to state clearly at this juncture that the approach being discussed today and tomorrow should not be viewed as anti-medical, but it will be faced by strong resistance from the pharmaceutical sector who have most to lose from the switch to a non-medicalised primary care. I can assure you that the pharmaceutical industry is a very strong lobbying force in the corridors of power in Brussels. And as we know, many patient groups are of course funded by industry which complicates matters for decision makers greatly.

What is being proposed is a collaborative effort, to follow best practice and be informed by the evidence in order to provide a high quality primary care mental health service. That we make ordinary, and common practice, to seek direct professional help for emotional problems, and to bring talk therapy into the public consciousness in a way that is open and acceptable to health professionals, government and the wider public.

How, and if, we can achieve this will be explored by the speakers today and tomorrow. 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. The austerity programme being endured over the last three years in Ireland, has allowed even further cuts to these services, and those most affected by mental health issues are those who are not able to afford help. Wealthy people have access to help, but people on lower income and people on social welfare only have access via what-ever may be available locally, and through their General Practitioner. In Ireland we have many

grass roots organisations located in disadvantaged areas. These are localised voluntary community services providing support and help for young people, people with addictions and so on. But they do not receive secure funding support from the state, and exist through fundraising and short term grants from government.

The model being proposed in this conference would allow these services to fit into an overall primary care model within what is known as stepped care. The problem at present with these community based services is that they are not co-ordinated, and not formally recognised as part of the primary care system, and issues of clinical governance need to be addressed. But the good news for a new primary mental health care model is that these services are already established, they just need to be better co-ordinated, accredited and integrated.

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 talk therapy? The medical profession is accepted through learned experience, either personal or social, as the primary source of help, where emotional problem 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.

What is being proposed at this conference will also experience resistance from those within the family of psychotherapy, who are not familiar with coming together to agree a common or unified answer to the primary care issue. Mental health professionals live and think within our disciplines, focused on our professional practice. The question posed in this conference is how we unify to support a primary mental health care service, which is very accessible to the general public.

To conclude I have outlined the issues facing us, which are how to achieve high quality and unified non-medical primary mental health service, how to include the general public in this debate, and ultimately how to convince government about the need for such a service. These questions will be explored in greater detail by our speakers today and tomorrow, and before I hand over to Dr. Aherne; I want thank

him for putting together this programme today – and on his enthusiasm for the project.

Thank you.