

Pain and Mental Health: A Societal Impact of Pain (SIP) Event Report

Tuesday 10th October 2023 – 11h30-13h30 CEST

European Parliament – (SPAAK 4B1)

Hosted by MEP Vind (S&D) and MEP Sokol (EPP)

Context

In 2023, the Societal Impact of Pain (SIP) Platform had four Policy Objectives: Pain and Digital Health, targeting the [European Health Data Space \(EHDS\)](#); the [International Classification of Diseases – 11th Revision \(ICD-11\)](#); Pain and Mental Health, targeting the [European Mental Health Strategy](#); and Access to Treatment.

With regards to the third Policy Objective, Pain and Mental Health, and ahead of the launch of the European Mental Health Strategy, SIP published a [Joint Statement on Pain and Mental](#) on the close link between both matters, in collaboration with ten different organisations, working in the field of pain, pain-related or mental health policies. The nine Recommendations in such document, call upon EU and national policy makers to ensure a range of aspects related to pain and mental health are acknowledged in health policy:

1. Include an assessment of pain interference in people living with mental health conditions, such as major depression, anxiety, bipolar disorder, schizophrenia, psychosis, and substance use disorders.
2. Better integrate pain and mental health services instead of treating them in isolation in separate services.
3. Allocate adequate funding for research on the relationship between mental health and pain.
4. Provide early access to pain management programmes for people with a high risk of developing chronic pain and those with chronic pain, to serve as a preventive programme for mental health conditions.
5. Provide training to healthcare professionals in the strong bidirectional relationship between pain and mental health outcomes.
6. Involve people with lived experience of mental health conditions and illnesses featuring pain, in developing integrated services.
7. Recognise that good work conditions can have a positive impact on physical and mental wellbeing and therefore, prevention of work absence and the reintegration and adaptation of people living with pain and/or mental health conditions into the workforce should be supported.
8. Ensure that the biological, psychological, and social factors of pain are comprehensively addressed in mental health policies, in order to address the needs of people both living with chronic pain and mental health conditions.
9. Support cultural change in all countries, to reduce stigma in public and private conversations about mental health and pain, through awareness campaigns, including campaigns targeted specifically at healthcare providers, as well as the general public.

Further, and ahead of the launch of the Mental Health Report, by the newly created health sub-committee of the European Parliament, SANT, SIP reached out to fourteen different Members of the European Parliament (MEPs), to ensure the nine key Recommendations were taken into consideration during the drafting process. More importantly, both the Rapporteur and the Shadow Rapporteur, who reached out to SIP directly, confirmed the Recommendations would be taken into consideration.

Once the [SANT Draft Report on Mental Health](#) was published, SIP did a second round of engagements and sent Amendments to all those MEPs that had received and confirmed the first round. As a result, SIP managed to successfully include twenty-four Amendments. The Amendments documents can be found [here](#).

To continue the activities on pain and mental health, SIP organised an [in-person event](#) at the European Parliament, on World Mental Health Day, 10th October, to politically launch the SIP Joint Statement on Pain

and Mental Health. The event was hosted by MEP Vind (S&D) and MEP Sokol (EPP). However, MEP Montserrat (EPP), and MEP Saliba (S&D) were also at the event and part of the roster of speakers. Additionally, representatives from the European Psychiatric Association, the European Federation of Neurological Associations, the Europe Region World Physiotherapy, the European Cancer Organisation, the Global Alliance of Mental Health Illness Advocacy Networks, along with experts in the field from all over Europe, explored the close relationship between pain and mental health, the quality of and access to safe pain management, the link between pain, mental health and employment, and how can all be integrated into mental health policies. The Report below, clearly outlines what the event focused on.

Event Report

The Societal Impact of Pain (SIP) Platform - Welcome

11h30-11h35: Welcome from the Societal Impact of Pain (SIP) – Patrice Forget, SIP Chair; European Pain Federation EFIC; Institute of Applied Health Sciences, Epidemiology Group, School of Medicine, Medical Sciences and Nutrition, University of Aberdeen, UK.

Patrice Forget welcomed speakers and attendees to the event, introduced the Agenda of the event and gave a short update on the Societal Impact of Pain (SIP) Event, its objectives and long-term priorities.

The Societal Impact of Pain (SIP) platform is a multi-stakeholder partnership led by the European Pain Federation EFIC and Pain Alliance Europe (PAE), which aims to raise awareness of pain and change pain policies.

The platform provides opportunities for discussion for health care professionals, pain advocacy groups, politicians, healthcare insurance providers, representatives of health authorities, regulators, and budget holders.

The SIP National Platforms are comprised of healthcare professional / scientific and patient representative bodies from all over Europe with an interest in pain, and there are several SIP National Platforms across Europe, such as, Belgium, Finland, France, Germany, Ireland, Malta, Netherlands, Portugal, Slovenia, Spain and Switzerland.

The main objectives of SIP are as follows:

- Raise awareness of the relevance of the impact that pain has on our societies, health and economic systems.
- Exchange information and share best practices across all member states of the European Union.
- Develop and foster European-wide policy strategies & activities for an improved pain care in Europe.

The long-term priorities of SIP are as follows:

- Pain as an indicator: Develop instruments to assess the societal impact of pain (pain as a quality indicator).
- Pain education: Prioritise pain education for health care professionals, patients, policymakers and the public.
- Pain in employment: Initiate policies addressing the impact of pain on employment and include pain in relevant existing initiatives.
- Pain research: Increase investment in research on the societal impact of pain.

Patient Testimonial

European Pain Federation EFIC®, Rue de Londres - Londenstraat 18, B1050 Brussels. Transparency Register no. 3510244568-04
The 'Societal Impact of Pain' (SIP) platform is a multi-stakeholder partnership led by the European Pain Federation EFIC and Pain Alliance Europe (PAE), which aims to raise awareness of pain and change pain policies. The scientific framework of the SIP platform is under the responsibility of EFIC and the strategic direction of the project is defined by both partners. The pharmaceutical companies Grünenthal GmbH and GSK are the main sponsors of the Societal Impact of Pain (SIP) platform

11h35-11h40: Patient Testimonial – Deirdre Ryan, SIP Co-Chair; President Pain Alliance Europe PAE.

Deirdre Ryan, shared her own journey as a patient and highlighted the close relationship between pain and mental health. She also highlighted how her mental health was affected at her early stages as a chronic pain patient, as well as how pain and mental health also affect other aspects of a patient's life, such as work or social life. Deirdre Ryan finished her intervention by calling upon policy makers to really tackle all these associated problems within health and health related policies, and to increase funding on pain and mental health research.

Perspectives from Members of the European Parliament (MEPs)

11h40-11h45: Perspectives from MEPs – MEP Marianne Vind (S&D).

MEP Marianne Vind stated that over 40 million EU workers have musculoskeletal disorders caused by their work, which, in turn, causes almost 50% of all absences from work lasting three days or longer in the EU and 60% of permanent work incapacity. She noted that the direct and indirect costs are estimated to be €240 billion a year, up to 2% of GDP across the EU. Further, she stated that the impact that chronic pain and mental health conditions have on each individual, their loved ones, their families, their caregivers, their employer and co-workers, and society at large, is significant. The indirect costs of carers taking time off work to care for persons with chronic pain and mental health conditions also needs to be considered. Moreover, MEP Marianne Vind stated that people with pain and mental health conditions are less likely to be in full-time employment and report substantially higher rates of absenteeism and presenteeism, compared to those reporting no pain. Finally, she highlighted that research shows that unemployment is associated with higher mortality, poorer general and mental health, chronic illnesses and psychological distress and morbidity. MEP Marianne Vind thanked everyone and ensured the audience that she will work to ensure all these range of aspects are taken into consideration in the EMPL Committee of the European Parliament.

11h45-11h50: Perspectives from MEPs – MEP Dolors Montserrat (EPP).

MEP Dolors Montserrat stated that both chronic pain and mental health conditions are best conceptualised as biopsychosocial experiences involving complex interactions between biological, psychological, and social factors. She stated that patients with chronic pain need to have early access to integrated care services involving multiple disciplines. MEP Dolors Montserrat stated that biopsychosocial interventions have good evidence of benefit for chronic pain, but many patients do not have access to them. Additionally, chronic pain related health issues can be further exacerbated by social and cultural factors related to gender, as chronic pain is more prevalent in women than in men, with some estimates suggesting that women are twice as likely to experience chronic pain as men, and therefore, special attention must be paid in both pain research and pain assessment and management. She noted that both pain and mental health conditions cause reduced quality of life, mobility and social participation across the lifespan. When treated in isolation, the treatment of mental health conditions is less successful if patients also have chronic pain, and the treatment of chronic pain is less successful if patients also have a mental health condition. Finally she mentioned that preventing mental health conditions and promoting mental health among vulnerable groups in society, including people living in socially marginalised groups, with a disability, impairment or (multiple) associated chronic conditions, cancer and long COVID, is fundamental for all. MEP Dolors Montserrat reassured the audience that SIP can always count on the EPP to convey these important messages and to ensure they are taken into account in the policymaking process.

11h50-11h55: Perspectives from MEPs – MEP Alex Agius Saliba (S&D).

MEP Alex Agius Saliba stated that both pain and mental health conditions interfere with sleep quality and physical activity levels, which are independent risk factors for pain and mental health conditions such as

depression. Importantly, both severe mental health conditions and pain are associated with increased suicide risk. Additionally, he mentioned that mental health conditions and pain are highly stigmatised, which can be a barrier for recognition and access to care. MEP Alex Agius Saliba stated that it is therefore crucial to incorporate pain and its treatment into mental health assessment and treatment plans, as well as to promote equitable access to care to improve health outcomes for all. Further, he noted that mental health professionals can reinforce positive pain behaviours, for example, by engaging in exercise, body awareness programmes, physical activity programmes and emotional regulation activities, to address unhelpful ways of thinking. In this way, mental health professionals serve as partners in an integrated pain care plan. Finally MEP Alex Agius Saliba stated that recognising and addressing pain in mental health settings and policies is essential to optimise meeting the needs of people with both pain and mental health conditions, and noted that reaching out and asking for help is nothing to be ashamed of and shared that he himself has done so as well in times of need. MEP Alex Agius Saliba thanked everyone and stated that he will always be available to raise awareness on this very important topic and to ensure pain and mental health are well tackled in policymaking.

11h55-12h00: Perspectives from MEPs – MEP Tomislav Sokol (EPP).

MEP Tomislav Sokol stated that in Europe there are approximately 740 million people, most of whom experience an episode of severe pain at some point in their life. For approximately 20 percent, that pain persists for longer than three months and will be chronic pain. He highlighted that mental health conditions and chronic pain frequently co-occur and stated that for instance, depression, anxiety and pain commonly co-occur, with an estimated co-morbidity rate of 65%. Moreover, MEP Tomislav Sokol noted that people who suffer from both pain and mental health conditions, such as major depression, bipolar disorder and schizophrenia have substantially poorer physical health, increased risk of cancer and cardiovascular-related disease – all contributing to a lower life expectancy. MEP Tomislav Sokol thanked the audience and stated that all the matters discussed during the event will be taken into consideration for policymaking purposes as they are of vital importance.

[Overview of the SIP Joint Statement on Pain and Mental Health](#)

12h00-12h07: The Relationship Between Pain and Mental Health – Elisabeth Bondesson, Division of Orthopedics, Department of Clinical Sciences, Lund University, Sweden.

Elisabeth Bondesson stated that pain and mental health conditions are very common and have far-reaching consequences. She noted that these two conditions are interconnected challenges that affect not only young people, but also the older population. Elisabeth Bondesson stated that raising awareness on the matter and providing a comprehensive support to both patients and carers is of utmost importance. Additionally, she mentioned that more scientific knowledge is needed, especially on the consequences and on treatment options and interventions.

12h07-12h14: Improving the Quality and Access to Safe Pain Management in Europe - Patrice Forget, SIP Chair; European Pain Federation EFIC; Institute of Applied Health Sciences, Epidemiology Group, School of Medicine, Medical Sciences and Nutrition, University of Aberdeen, UK.

Patrice Forget sent a clear message to the audience with the title of his presentation. He stated that Europe has much to do to improve the quality of and access to safe pain management, and cited an article by W. Hauser and himself published on 'The Lancet' in 2023. Patrice Forget then presented several studies and figures that show the increase in opioid consumption from the early 2000's until 2020 in different countries; as well as the trends in drug-induced deaths in the European Union, Norway and Turkey; the deaths to drug poisoning in England and Wales; and the prescription of opioid treatment for non-cancer pain. Patrice Forget finalised his presentation by saying that developing expert international consensus is needed, as well as a comprehensive approach to opioid treatment for non-cancer pain.

12h14-12h21: The Link Between Pain, Mental Health and Employment – *Kim Burton, Centre for Health and Social Care Research, University of Huddersfield, UK.*

Kim Burton stated that persistent pain and mental health conditions often co-exist, the symptoms interact and that more often than not, the clinical challenge is to reduce those symptoms. Kim Burton noted that the question resides in: What happens if work is added to the equation? It becomes a societal challenge. Kim Burton moved on to say that a review of the evidence conducted for the UK Government entitled ‘Is work good for your health and wellbeing?’, by G. Waddell and himself, showed that work is generally good for both physical and mental health, that long-term absence is not good for one’s health, and that getting back into work can indeed reverse the adverse health effects of unemployment. Therefore, work can be health promoting under the right circumstances. Kim Burton highlighted that an integrated approach is needed, and that people with persistent pain and/or mental health conditions can be helped to maintain work ability with the appropriate support, opportunities and encouragement – working while recovering. This can be done by involving work-focused healthcare and by accommodating the workplace. Finally, Kim Burton stated that plans like the ‘Smart’ Work Ability Plan, can help bridge the gap, where a timeline to get back to work is set, all parties (worker, workplace and healthcare) are engaged and a balanced work-health plan is determined. Kim Burton called upon policy makers to tackle this matter and to create real policy change.

12h21-12h30: Integrating Pain into Mental Health Policies – *Péter Kéri, President, Global Alliance of Mental Health Illness Advocacy Networks GAMIAN-Europe.*

Péter Kéri shared his own personal experience journey with mental health conditions, and stated that integrating pain into mental health policies requires a comprehensive approach that considers the complex interplay between physical and psychological wellbeing. He also stated that working towards a person centred approach to address the intricate relationship between both aspects is key. Péter Kéri shared key recommendations for policymakers:

- Recognise the relationship between pain and mental health.
- Promote interdisciplinary collaboration.
- Develop screening and assessment tools.
- Improve access to integrated care.
- Provide education and training.
- Support research and innovation.
- Foster community awareness and support.
- Address the social determinants of health.
- Collaborate with patient advocacy groups.
- Monitor and evaluate policy effectiveness.

Perspectives from EU Stakeholders

12h30-12h38: Towards an Inclusive Mental Health – *Lara Grosso, Scientific and Policy Officer, European Psychiatric Association, EPA.*

Lara Grosso started by sharing EPA’s mission with the audience, which is to improve psychiatry and mental health care in Europe. EPA focuses on the improvement of care for people with mental health conditions, as well as on the development of professional excellence for psychiatrists. Lara Grosso then moved on to share EPA’s activities, such as their EPA Congress, their online educating platform, and their EU Advocacy work. Lara Grosso stated that in order to work towards and inclusive mental health, the following need to be taking into consideration, always bearing in mind the link between physical and mental health :

- Work towards health equity.

- Reduce stigma on mental health conditions.
- Invest in mental health care and research.
- Leverage the opportunities provided by digital technologies and novel therapies.
- Promote patient-centred approaches.
- Address the challenges faced by the mental health workforce
- Encourage multidisciplinary approaches.

12h38-12h46: Fighting Stigma/Gender Inequality in Neurology – Orla Galvin, Executive Director, European Federation of Neurological Associations, EFNA.

Orla Galvin, started by citing a survey conducted by EFNA in 2022, which showed that 145 people were living with chronic pain, 96% being female. Additionally, 88% recommended psychotherapy or counselling and once again 88% said they missed days from work due to the chronic pain. Further, 64% indicated that the doctor's response did not meet their expectation, as they were told to 'ignore the pain', that pain 'it's not a disease' and that 'it's all in your mind', among other similar comments. Moreover, 67% said they did not have enough time with their doctor. Orla Galvin stated that investing in pain is key because:

- 90% require a condition-specific specialist.
- 62% had to wait over one year to get access to the first clinical visit to diagnosis.
- 88% of general practitioners and 70% of specialists do not know enough about the matter.

Furthermore, Orla Galvin stated that some key aspects need to improve in order for patients to receive appropriate support such as, access to treatment interventions, affordable access to those treatment interventions and of course, availability of treatment interventions. Finally, Orla Galvin discussed the impact of chronic pain in one's life, and mentioned that the survey showed that 47% had a negative experience on the relationship with their families, 53% with their friends and 51.5% with their colleagues. Orla Galvin called upon policy makers to take note of the above mentioned to improve the quality of life of people with chronic pain and mental health conditions.

12h46-12h54: Mental Health and Physical Activity – Cristina Bravo, Physiotherapist, Member of the Mental Health Working Group of the Europe Region World Physiotherapy.

Cristina Bravo, went through the role of physiotherapy in mental health care, and stated that physiotherapists are well suited to engage with patients in prevention, promotion and treatment of various mental health conditions. She stated that physiotherapists promote lifestyle changes in patients, create a therapeutic relationship and ensure patient centred interventions with a holistic approach. Cristina Bravo, highlighted that physical activity refers to all movement, and stated that it's highly beneficial for general health and social issues. However, in mental health, physical activity is directly related to the severity of the symptoms. Cristina Bravo, then moved on to talk about different scientific studies, which proved the benefits of physical activity in tackling mental health conditions. Additionally, Cristina Bravo, talked about the work being doing in the field of mental health by Europe Region World Physiotherapy, such as their factsheet on the promotion of physical activity and lifestyle education to prevent and treat depression in adolescents. Cristina Bravo finished her intervention by noting that adapting primary care to facilitate the integration of the biopsychosocial care approach and implementing a holistic intervention that prioritises a person centred care primary care is needed.

12h54-13h05: Mental Health in Minority Groups: Cancer as a Case Study – Marion L'Hôte, Policy Officer, European Cancer Organisation, ECO.

Marion L'Hôte briefly introduced the European Cancer Organisation, and stated that their mission is to reduce the burden of cancer, improve outcomes and the quality of care for cancer patients, through a

multidisciplinarity and multiprofessionalism. Marion L'Hôte then went through the different focused topic networks of the organisation and stated that cancer diagnosis can affect the mental health of patients, families and care givers. Depression and anxiety are more frequent in cancer patients than in persons without a chronic health condition, with an estimated prevalence rate between 11% and 57% for depression and between 6.5% and 23% for anxiety. Additionally, pain adds another layer of mental health distress, especially when ill-managed, as cancer pain is a multidimensional experience far beyond a nociceptive biochemical signal and is experienced constantly in up to half of all cancer patients. Marion L'Hôte talked about the fact that discrimination rates are higher for minorities, particularly woman with ethnic backgrounds and young people, and how discrimination can induce mental health conditions. Marion L'Hôte stated that 22% of individuals from ethnic minorities report experiencing depression and 13% anxiety (doubled the rate of non-minorities). Finally, Marion L'Hôte stated that their European Cancer Pulse is a good tool to keep track of the national cancer inequalities and the latest data on cancer.

Questions and Answers

13h05-13h20: Questions and Answers – All Attendees.

- 1) Rolf-Detlef Treede, from Heidelberg University, Germany, directed his question at Lara Grosso, EPA, and asked what should a person do to avoid stigma if they reach out to a psychiatrist first.
 - a. Lara Grosso said that the multidisciplinarity aspects becomes very relevant then, as the collaboration between disciplines is key to treat people with pain and mental health conditions. She also stated that pain education for healthcare professionals is also key to avoid stigma and promote high quality access to pain and mental health treatments.
- 2) Rolf-Detlef Treede, from Heidelberg University, Germany, then directed his second question to Cristina Bravo, Europe Region World Physiotherapy, and asked if physiotherapists play a role in the matter of stigma and multidisciplinarity too.
 - a. Cristina Bravo said that indeed, physiotherapists play an immense role, as their discipline is a good way of entering the healthcare system, of analysing the different treatment options and of refer the patient to other healthcare disciplines.
 - b. Péter Kéri, GAMIAN-Europe, added that stigma looks different in different scenarios and enhanced the need of advocating for a world free of stigma in the matter of pain and mental health conditions.
- 3) Alexandre José Lopes Guedes da Silva, SPEM President and Societal Impact of Pain Portugal, did not ask a question, but stated that people suffering with multiple sclerosis usually suffer from fatigue and mental health conditions and therefore, working together to develop a strategy to understand how all aspects of the disease are interconnected is key. He stated that there is not a unique solution for pain and mental health conditions, so again, collaboration is important. He also called for new research on the link between physical activity and diseases like multiple sclerosis, for example, as some studies already touch upon these matters and revisiting the science is key to adjust treatment options.

Closure

13h20-13h30: Closure – Deirdre Ryan, SIP Co-Chair; President Pain Alliance Europe PAE.

Deirdre Ryan closed the meeting by saying that after such a great discussion is important to remember that the burden does not have to remain on the patients, and stated that education both for patients and healthcare professionals is needed. She also stated that it is of the utmost importance that healthcare professionals refer patients well and in a timely manner. Deirdre Ryan also stated that governments need to design systems that are well funded and infrastructures for patients to receive affordable care and treatments. Deirdre Ryan highlighted the need of adapted and multidimensional policies, as pain and mental health affects

everyone. She finished by thanking the Members of the European Parliament who took a moment to attend the SIP event, the speakers for the expertise and support and the attendees for their continued support.

Patrice Forget seconded Deirdre Ryan’s words and thank everyone present on the day and closed the event at 13h30.

The SIP Press Statement on the event can be found [here](#).

The Video Report of the event can be found [here](#).

The Agenda of the event can be found [here](#).

Please find below some images of the event:



Pain and Mental Health: A Societal Impact of Pain (SIP) Event



MEP Vind (S&D)

Good work conditions can have a positive impact on physical and mental wellbeing. Prevention of work absence and the reintegration and adaptation of people living with pain and/or mental health conditions into the workforce, should be a key priority for all.



Pain and Mental Health: A Societal Impact of Pain (SIP) Event



MEP Sokol (EPP)

Mental health conditions and chronic pain frequently co-occur. For instance, depression, anxiety and pain commonly co- occur, with an estimated co-morbidity rate of 65%. Therefore, integrating pain and mental health services instead of treating them in isolation, in separate services, is crucial to address the needs of people living with both chronic pain and mental health conditions.



Pain and Mental Health: A Societal Impact of Pain (SIP) Event



Patrice Forget (SIP Chair)

Working in silos is a thing of the past. Educating in silos is also a thing of the past. We need to help people and the system move towards integrated, multidisciplinary, patient-centred care and research. And we need to do it now, given the massive societal impact of pain and mental health issues.



Pain and Mental Health: A Societal Impact of Pain (SIP) Event



Deirdre Ryan (SIP Co-Chair, PAE President)

The true impact of pain and mental health in Europe is immeasurable, for several reasons. Stigma and lack of access to treatment mean people who are suffering don't seek help, and when they do face considerable waiting times if there are in fact services to help. Pain and Mental health should be addressed from the societal impact it has on every one of us and our loved ones, across policy areas and silos.



Pain and Mental Health: A Societal Impact of Pain (SIP) Event



Both chronic pain and mental health conditions are best conceptualised as experiences involving complex interactions between biological, psychological, and social factors. Contemporary management of pain places a large focus on bio-psycho-social assessment and treatment, when all these factors are addressed when relevant to each individual patient.



Pain and Mental Health: A Societal Impact of Pain (SIP) Event



At present, 150 million people are experiencing chronic pain across Europe, approximately equal to the population of France and Germany combined. Chronic pain is more prevalent in women than in men, with some estimates suggesting that women are twice as likely to experience chronic pain as men.



Pain and Mental Health: A Societal Impact of Pain (SIP) Event



Recognising and addressing pain in mental health settings and policies are essential to optimise meeting the needs of people with both pain and mental health conditions. Under the umbrella of the Societal Impact of Pain (SIP) Platform, nine recommendations call upon EU and national policy makers to ensure a range of aspects related to pain and mental health are acknowledged in health policy.



Pain and Mental Health: A Societal Impact of Pain (SIP) Event



Mental health conditions and chronic pain frequently co-occur and influence each other, creating a vicious cycle of disability. Both pain and mental health conditions cause reduced quality of life, mobility and social participation across the lifespan.

