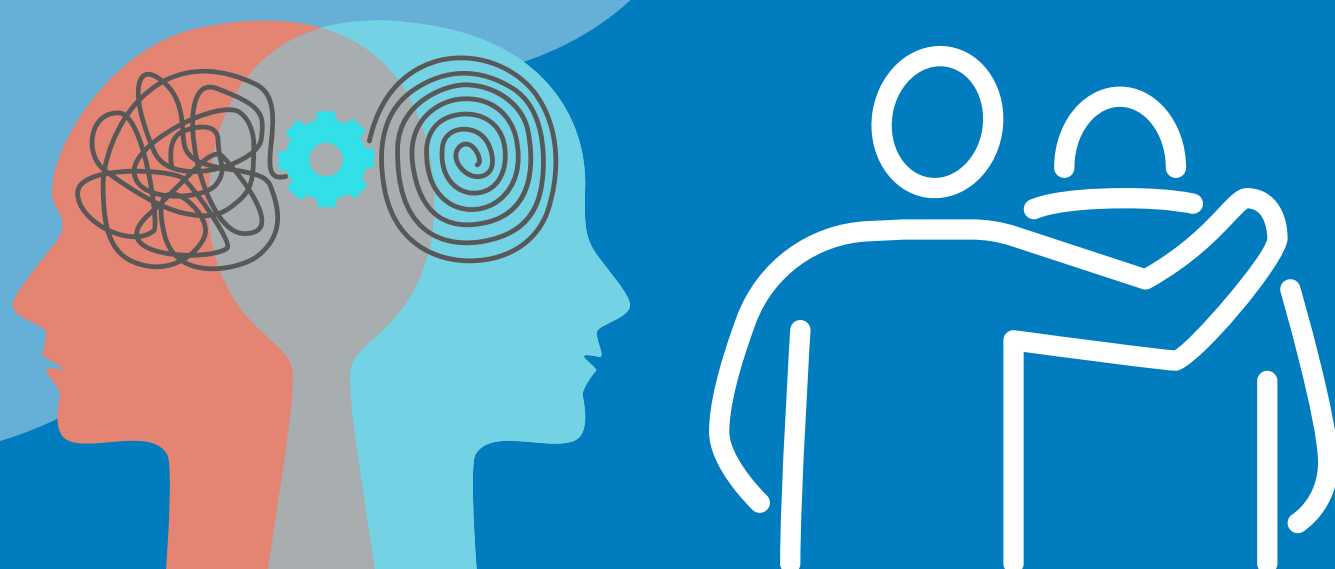


SIP JOINT STATEMENT ON PAIN AND MENTAL HEALTH

The SIP Joint Statement presents the common position of the undersigned organisations with regards to pain and mental health, and outlines key recommendations to be taken by both EU and national policy makers to promote action and change in the field.



The Close Relationship Between Pain and Mental Health

Mental health conditions and **chronic pain** often **co-occur** due to shared neural mechanisms and risk factors like social disadvantage. However, pain is not routinely assessed or addressed in those with mental health conditions, and it might be hidden by the nature of the mental health issue.

Pain and Mental Health Conditions are Both Biopsychosocial Experiences

Chronic pain and **mental health** are **biopsychosocial experiences**, involving biological, psychological, and social factors. Effective management requires biopsychosocial assessment and early access to integrated, **multidisciplinary** care services.

The Link Between Pain, Mental Health Conditions and Employment

People with pain and mental health conditions are less likely to work full-time and report higher **absenteeism** and **presenteeism**. In Europe, **musculoskeletal pain** causes 50% of sickness absences and 60% of permanent disabilities.

Integrating Pain into Mental Health Policy

Pain is often **overlooked** in people with mental health conditions, and communication can be hindered by **stigma**. Identifying and managing pain is crucial for prevention and early intervention. Integrating **pain assessment** into mental health plans and promoting equitable access to care is essential for better outcomes.

KEY RECOMMENDATIONS:

Assess pain interference in people with conditions like depression, psychosis, and substance use disorders.

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Integrate pain and mental health services rather than treating them separately.

Fund research on the link between **mental health** and **pain**.

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Provide **early access** to pain management programs to **prevent** chronic pain and related mental health conditions.

Train healthcare professionals on the **bidirectional relationship** between pain and mental health.

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6

Involve individuals with **lived experience** in developing **integrated services**.

Promote **good work conditions** to improve **wellbeing** and **support reintegration** for those with pain or mental health conditions.

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8

Address biological, psychological, and social factors of pain in **mental health policies**.

Support cultural change to **reduce stigma** around mental health and pain with **awareness campaigns** for healthcare providers and the public.

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