

# PAIN IN EUROPE XIV

COMORBIDITY OF CHRONIC PAIN AND MENTAL  
HEALTH DISORDERS: BREAKING THE CYCLE



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# Pain and Mental Health: Can Healthcare Professionals and Patients Have a Societal Impact?

*Bridging Perspectives: Collaborative Approaches to Chronic Pain Advocacy*

Patrice Forget, Lars Bye Møller, Katy Antonopoulou, and Marta Bartnicka



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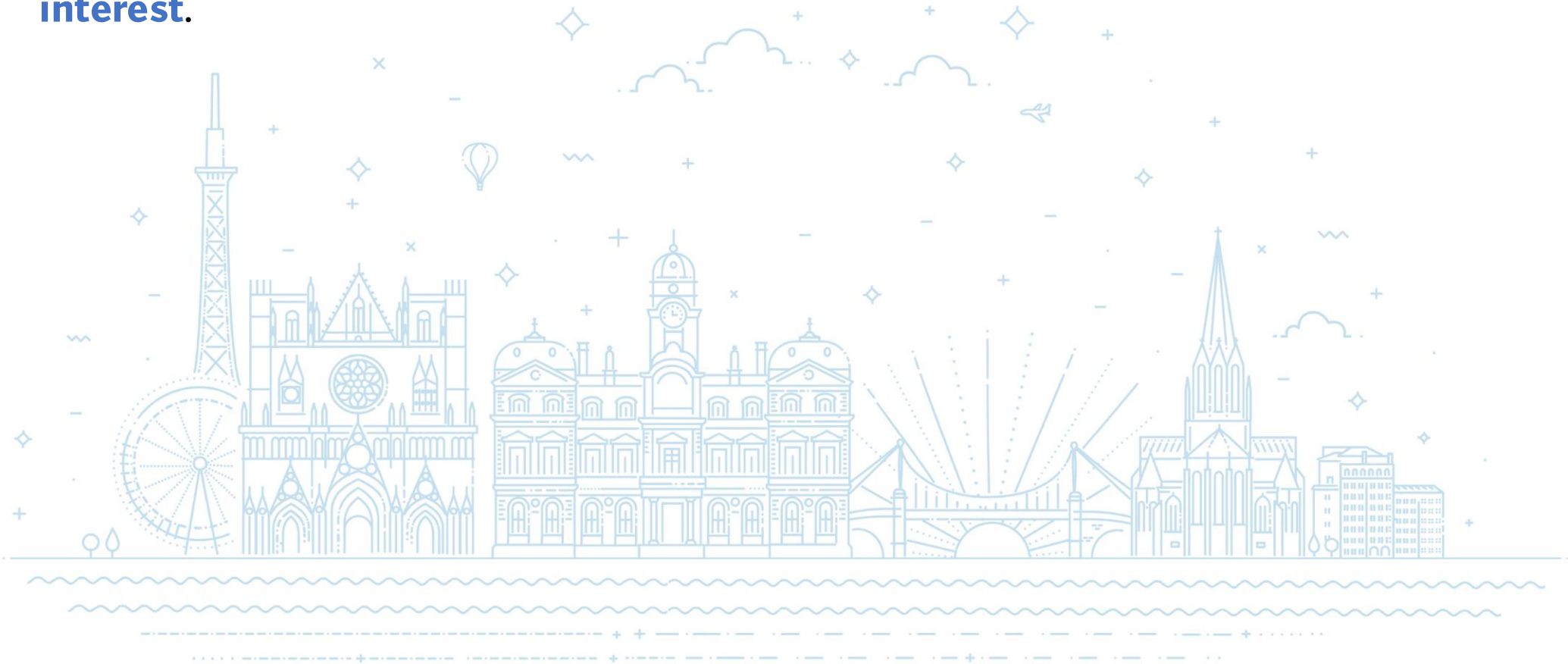
In relation to this presentation, Katy Antonopoulou declares that there are **no conflicts of interest**.





## Conflict of Interest Disclosure

In relation to this presentation, Lars Bye Møller declares that there are **no conflicts of interest**.



## Conflict of Interest Disclosure

In relation to this presentation, Marta Bartnicka declares that there are **no conflicts of interest**.



## Conflict of Interest Disclosure

In relation to this presentation, Patrice Forget declares the following real or perceived **conflicts of interest**:

Type	Company
Research Grant (P.I., collaborator or consultant; pending and received grants) or other research support	European Society of Anaesthesiology and Intensive Care (ESAIC) for the Pain and Opioids after Surgery (PANDOS) Euro-Periscope Research Groups (IDs ESAIC_GR_2021_PF, ESAIC_RG_PAND, and ESAIC_RG_EP)
Consultant / advisory board	Grünenthal, GE Healthcare, Oncomfort

# Agenda

Start	End	Title	Who
08:00	08:10	Welcome and Introduction	Patrice Forget
08:10	08:25	Patient Perspectives	Katy Antonopoulou + Lars Bye Møller
08:25	08:35	Pain and Mental Health Policies: SIP's Approach	Marta Bartnicka
08:35	08:55	Discussion	Patrice Forget
08:55	09:00	Closing Remarks	Katy Antonopoulou



# Speakers

## SIP Team



**Patrice Forget**  
EFIC Executive Board  
Member  
Advocacy Committee  
Chair – SIP Chair

## Patients Living with Chronic Pain



**Lars Bye Møller**  
Health science and  
international relations  
at FAKS



**Katy Antonopoulou**  
PAE Board Member  
Sjögren Europe President  
Health Communications &  
Advocacy Relations Expert

## SIP Team



**Marta Bartnicka**  
Advocacy Projects  
Officer – EFIC





# Workshop Introduction and Objectives

## Workshop Objectives

- Understand the **critical link** between pain and mental health and how it shapes the patient experience
- Understand the value of a **collaborative approach** to advocacy to change policies affecting pain

## What You Will Gain?

- **Insights** that may shift your views & practices
- The **importance** of a **collaborative approach**



# Who Are We?

## *What is the Societal Impact of Pain (SIP) Platform*

- Led by the **European Pain Federation EFIC** and **Pain Alliance Europe PAE**
- Aims to **raise awareness of pain** and **change pain policies**
- Engages **policymakers** to drive **legislative change**
- Led by **Ángela Cano Palomares** (SIP Project Manager) and **Patrice Forget** (SIP Chair)



# Who Are We?

## *What is Pain Alliance Europe (PAE)*

- A Pan-European **umbrella organisation** of **40 national associations** in **17 European countries**
- Represents over **400 000 individual chronic pain patients**
- Focuses on **improving quality of life through advocacy**
- Ensures **patient voices shape healthcare policies**
- Led by **Nadia Malliou** (President) and **Liisa Jutila** (Vice President)



*As a partner in SIP, PAE ensures that the voice of patients is represented in SIP campaigns.*



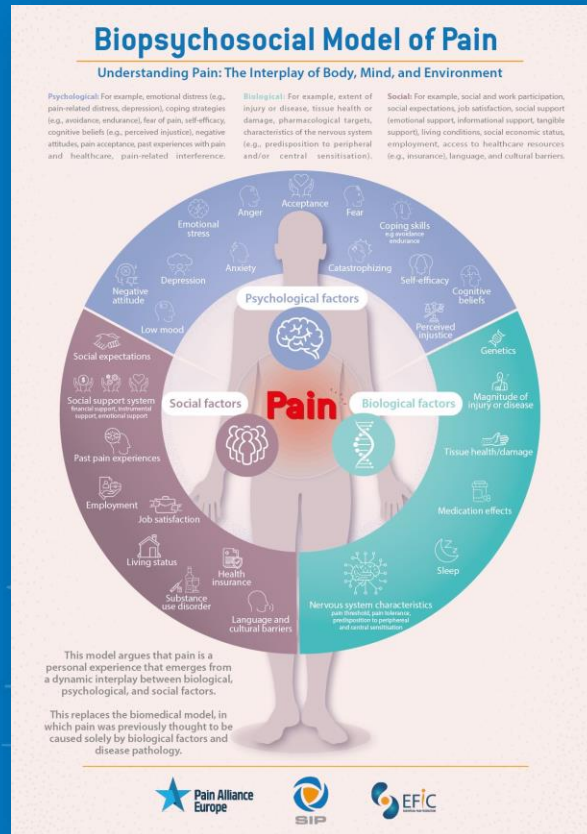


# Introduction

- Chronic pain affects 150 million people in Europe
- 65% of people with chronic pain also experience mental health conditions
- Mental health conditions and chronic pain create a **vicious cycle**, impacting:
  - **Quality of life** (disability, stigma)
  - **Healthcare systems** (inadequate treatment, high costs)
  - **Employment** (absenteeism, presenteeism, job loss)
- **Policy action is crucial** to break this cycle



# The Science – Biopsychosocial Model of Pain



## Pain is not just physical – it is shaped by

- **Biological factors** – Nervous system changes, inflammation, genetics
- **Psychological factors** – Stress, anxiety, depression
- **Social factors** – Employment, stigma, economic status

## Why this matters?

- **Traditional** "pain is purely physical" **models are outdated**
- Integrated care (**biopsychosocial model**) improves outcomes
- Many patients **lack access to evidence-based treatments**





# The Societal and Economic Impact

## Employment & Workplace Impact

- **50% of work absences in Europe** are due to **musculoskeletal pain**
- Higher **unemployment** rates among those with **chronic pain & mental health issues**

## Healthcare Gaps

- **Pain is underdiagnosed** in **mental health patients**
- **Opioid overuse** vs. lack of non-drug treatments

## Public Stigma

- Chronic pain & mental health are often **dismissed**
- **Stigma** prevents **access to treatment**





# How SIP Influences Policy

## SIP's Mission

- Raise awareness of pain as a health, social, and economic issue
- Influence EU and national policies
- Advocate for integrated pain and mental health strategies

## National-Level Advocacy

- Supports its national platforms in shaping pain policies tailored to their specific healthcare and political contexts
- Facilitates dialogue between national stakeholders and governments to drive change



# How SIP Influences Policy

## EU-Level

- Working with Members of the European Parliament (MEPs)
- Submitting amendments to key reports
- Contributing to EU mental health policies

## Stakeholder Collaboration

- Engaging health organisations, patient groups, researchers, and advocacy leaders
- Raising awareness through joint statements, awareness campaigns & events



# The Complexity of Chronic Pain: Why Personalised, Collaborative Care Matters

Lars Bye Møller



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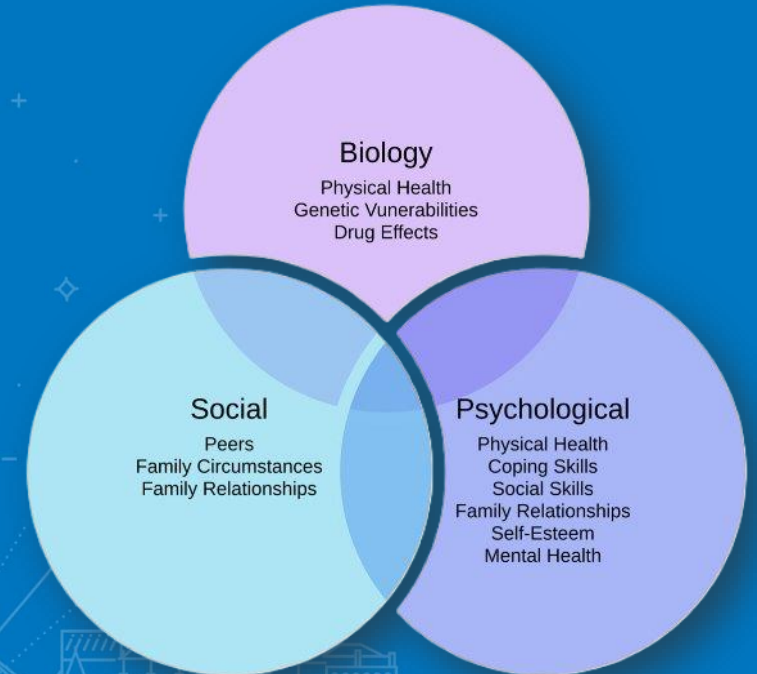
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# Complexity and Biopsychosocial Nature of Chronic Pain

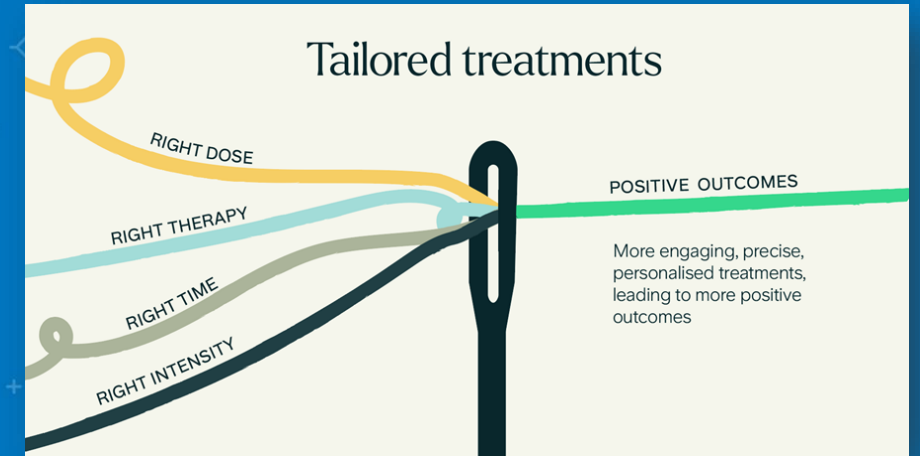
- Chronic pain and mental health conditions are best conceptualised as experiences involving complex interactions
- Treating mental health conditions and pain in isolation is less effective

*“I was rejected at the interdisciplinary pain clinic because of a depression. However, my onset of depression in my experience came after several years of untreated pain”.*



# The Importance of Individualised approach

- Diagnoses are inherently reductionist. Same diagnosis has different implications for different individuals
- Grading pain for tailoring needs and more effective use of health services
- Individualisation suffers under.....



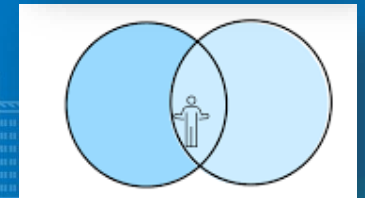
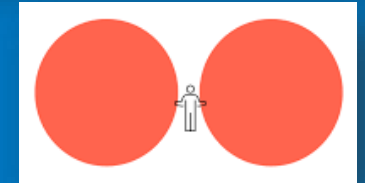
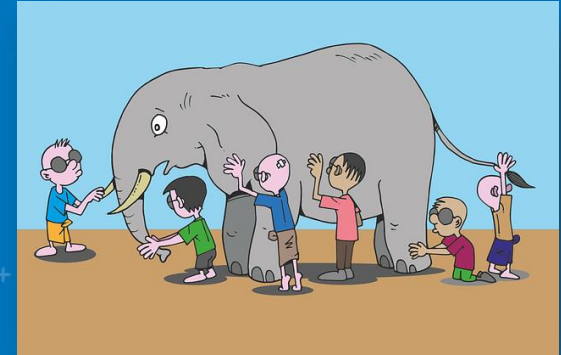
*“I felt out of place in the group , demotivated to see how other patients apparently quickly responded to the treatment while my pain intensified and spread”*



# The Need for Interdisciplinary and Cross-sectional Collaboration

- If the only tool you have is a hammer, you tend to see every problem as a nail
- Multidisciplinary is not necessarily interdisciplinary
- Siloed and specialised frameworks and remuneration models obstruct integrated patient trajectories

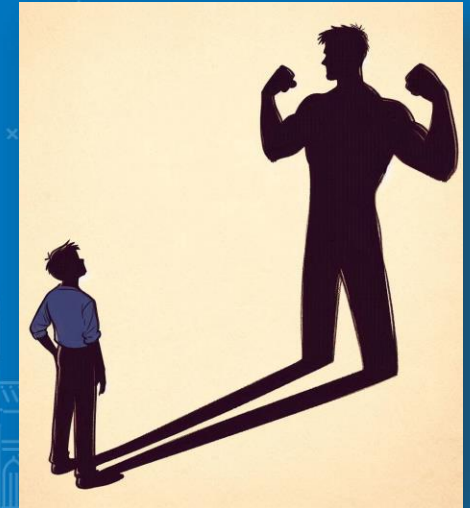
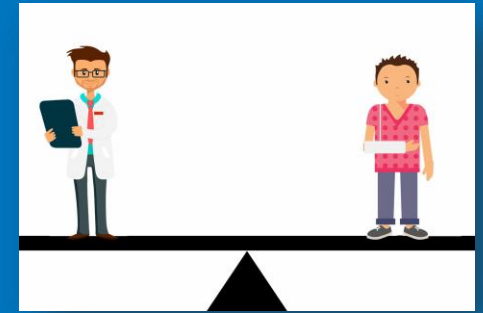
*“I was diagnosed with fibromyalgia by a doctor at a hospital. I was referred to another hospital for further assessment. When I returned, I was met by a new doctor who rejected fibromyalgia as a valid diagnosis”*





# The Empowerment of Patient Inclusion and Shared Decision-making

- High impact chronic pain associated with low self-efficacy
- Healthcare professionals are experts in diseases. We as patients are experts in our own lives with disabilities and challenges
- Patient inclusion, share decision-making yields higher patient satisfaction and better treatment outcomes



# Legitimising Chronic Pain: Policy, Stigma, and the Role of Experience

Katy Antonopoulou



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# Empowering Patients Improves Care

When patients are empowered to take part in decisions about their health, care becomes more effective and personalised. They gain a sense of ownership and confidence, which often leads to better treatment adherence and improved outcomes. Patient engagement helps shift the dynamic from passive recipient to active partner in care.

Empowerment also strengthens the patient-provider relationship. When healthcare professionals listen to and respect patients' perspectives, trust builds. This collaboration enhances communication, reduces misunderstandings, and leads to a more human-centred approach to care.





# Stigma Still Limits Legitimacy and Access

Despite medical progress, stigma remains a major barrier, particularly for chronic pain and other invisible conditions. People often feel disbelieved, dismissed, or blamed for their symptoms, which can lead to isolation, mental health challenges, and reluctance to seek help.

To remove these barriers, we must challenge harmful stereotypes and promote understanding across healthcare and society. Addressing stigma requires cultural change, inclusive education, and systems that validate patient experiences rather than minimise them.



# ICD-11 Marks a Shift

The **World Health Organization's ICD-11** now classifies **chronic pain** as a **distinct disease entity**. This is a turning point that acknowledges pain as a **complex condition** that warrants dedicated care, research, and funding — not just a secondary concern.

This shift enables a more **holistic, biopsychosocial approach to treatment**. It encourages multidisciplinary care, improves clinical coding and data collection, and brings much-needed legitimacy to the suffering of people living with chronic pain.

## MG30 Chronic pain

Foundation URI: <http://id.who.int/icd/entity/1581976053>

Code: MG30

### Description

Pain is an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage. Chronic pain is pain that persists or recurs for longer than 3 months. Chronic pain is multifactorial: biological, psychological and social factors contribute to the pain syndrome.



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# Lived Experience is Vital — It Informs and Transforms Policy

People with lived experience bring crucial insight into what truly works in healthcare systems. Their perspectives reveal gaps, highlight unmet needs, and inspire practical, person-centred solutions that professionals or policymakers may overlook.

When lived experience is actively included in policy development, the result is more inclusive, effective, and equitable healthcare. It's not just about listening — it is about giving people the power to shape the systems that serve them.



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# Advancing Pain and Mental Health Policies

## SIP's Approach

Marta Bartnicka



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# SIP Joint Statement on Pain and Mental Health

*May 2023*

- Pain and mental health one of the main priorities for SIP in 2023
- Calls for policy changes at EU and national levels

## Key goals

- Ensure **pain is recognised** in **mental health policies**
- Improve **early access to pain management** to prevent mental health disorders
- Train healthcare professionals to understand **the bidirectional relationship between pain and mental health**



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# SIP Joint Statement on Pain and Mental Health

## SIP's Key Recommendations for Policy Change Include

1	<b>Assess pain in mental health conditions</b> like depression, anxiety, and schizophrenia.
2	<b>Integrate pain and mental health services</b> instead of treating them separately.
3	<b>Fund research</b> on the link between pain and mental health.
4	Ensure <b>early access to pain management</b> for those at risk of chronic pain.
5	<b>Train healthcare professionals</b> on the pain-mental health connection.
6	<b>Involve people with lived experience</b> in developing integrated services.
7	<b>Improve work conditions</b> to support those with pain and mental health issues.
8	Address pain holistically in mental health policies ( <b>biopsychosocial approach</b> ).
9	<b>Reduce stigma through awareness</b> campaigns targeting professionals and the public.





# SIP Joint Statement on Pain and Mental Health

## Endorsed by

- Council of Occupational Therapists for the European Countries (COTEC)
- Euro Youth Mental Health (EYMH)
- Europe Region World Physiotherapy
- European Brain Council (EBC)
- GAMIAN-Europe
- European Cancer Organisation (ECO)
- European Federation of Neurological Associations (EFNA)
- European Federation of Psychologists Associations (EFPA)
- European Psychiatric Association (EPA)



# EU Mental Health Strategy Launch

*June 2023*

- The **European Commission** launched its **comprehensive mental health strategy**
  - A **step in the direction** of **promoting, preventing, mitigating, and responding** to mental health conditions
- **SIP** responded with a **press release**, welcoming the initiative and encouraging the **inclusion of pain** as a **mental health determinant**



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# SIP Panel Discussion: Pain & Mental Health

*October 2023*

- Hosted by MEPs Marianne Vind & Tomislav Sokol
- Attended by representatives from:
  - Pain Alliance Europe
  - 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





# SIP Panel Discussion: Pain & Mental Health

## Focus areas

- Pain management and its connection to mental health
- The close relationship between pain and mental health
- Access to safe pain management
- Impact on employment

## A major takeaway

The need for greater policy integration to address these interconnected issues effectively

**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.”

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**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.”

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# SIP Amendments to the Mental Health Report

## Late 2023

- SIP engaged with the Rapporteur and Shadow Rapporteurs of the **SANT Committee Report on Mental Health**
- SIP proposed **over 40 amendments to the European Parliament's Mental Health Report** with more than **25 adopted** into the final report.

52. Stresses that people living with chronic NCDs, which are often characterised by permanent **pain** or disability, are particularly vulnerable as regards developing mental health conditions; welcomes the UN's call for the development of effective programmes to promote mental health and psychosocial support for persons living with a rare disease; calls on the Commission and the Member States to adequately address the impact of NCDs and other chronic diseases and disabilities in policies and programmes on mental health and suicide prevention;

AW. whereas NCDs can have a profound impact on mental health and well-being and the challenges of managing NCDs often contribute to stress, depression, anxiety and suicidal behaviour and are more evident in the child and youth population, especially those suffering from **chronic pain**<sup>42</sup>;

# SIP Amendments to the Mental Health Report

## Key inclusions

- **Recognition of chronic pain** as a significant contributor to **mental health issues**
- **Calls for increased research** and **dedicated funding** in the areas of pain and mental health
- **Support for policies** promoting the **reintegration** of affected individuals into the **workforce**

## ANNEX: LIST OF ENTITIES OR PERSONS FROM WHOM THE RAPPORTEUR HAS RECEIVED INPUT

The following list is drawn up under the exclusive responsibility of the rapporteur. The rapporteur has received input from the following entities or persons in the preparation of the [draft report / report, until the adoption thereof in committee]:

Entity and/or person
World Health Organization - WHO
European Commission
Wellcome Trust
Mental Health Europe - Santé Mentale Europe
EuroHealthNet
United Nations Children's Fund - UNICEF
European Federation of Public Service Unions
European Brain Council
European Society of Intensive Medicine
International Diabetes Federation European Region
SOS Children's Villages
Societal Impact of Pain
Health Parliament Portugal
European Alliance of Associations for Rheumatology
Euros / Agency Group



# World Mental Health Day 2024

**October 2024**

- To mark **World Mental Health Day 2024**, **SIP** launched a **visual infographic** summarising its **2023 Joint Statement**
- **Translated the key points** of the Joint Statement into accessible messages for **policymakers, healthcare professionals**, and the **wider public**
- Aimed at **increasing awareness** among the public and stakeholders on the **pain-mental health link**



# Help Shape Better Pain and Mental Health Policies

## Key takeaways

- **Pain** should be taken seriously in the design of **mental health services**
- **Patients' stories** should be seen as **evidence**
- **SIP is driving change** through **policy & advocacy**

## You can help by

- **Supporting SIP's policy recommendations**
- **Engaging** with EU and national **policymakers**
- **Raising awareness** in your **network**

**Together, we can shape better pain and mental health policies in Europe!**





# Group Discussion



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# Closing Remarks

## Katy Antonopoulou



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# Closing Remarks

- Pain and mental health are deeply **interconnected. Integrated, individualised** care is the way forward.
- Stigma remains a barrier — **change is needed.**
- Patient involvement and interdisciplinary collaboration are essential.
- SIP is driving **real policy** change at EU and national levels.
- Empowering patients **improves care and outcomes.**
- ICD-11 shifts the perspective: **pain is a disease, not just a symptom.**
- Let's continue **building bridges** across disciplines and sectors
- **Together, we can make a societal impact**



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# The Societal Impact of Pain (SIP) Platform



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