



Capacity Building Event – 20th April 2018
Hotel STIL, Ljubljana



Presentation and Discussions on the Slovenian Mental Health Strategy

- Vesna Švab, SENT President
- Jožica Maučec Zakotnik, State Secretary, Ministry of Health of the Republic of Slovenia
- Klara Nahtigal, Ministry of Labour, Family, Social Affairs and Equal Opportunity of the Republic of Slovenia

Resolution of National Mental Health Slovenia (RNPDZ) 2018 - 2028

Prepared by:

Jožica Mauček Zakotnik, general secretary

Mojca Z. Dernovšek, Nuša Konec Juričič, Marija Anderluh
& Vesna Švab

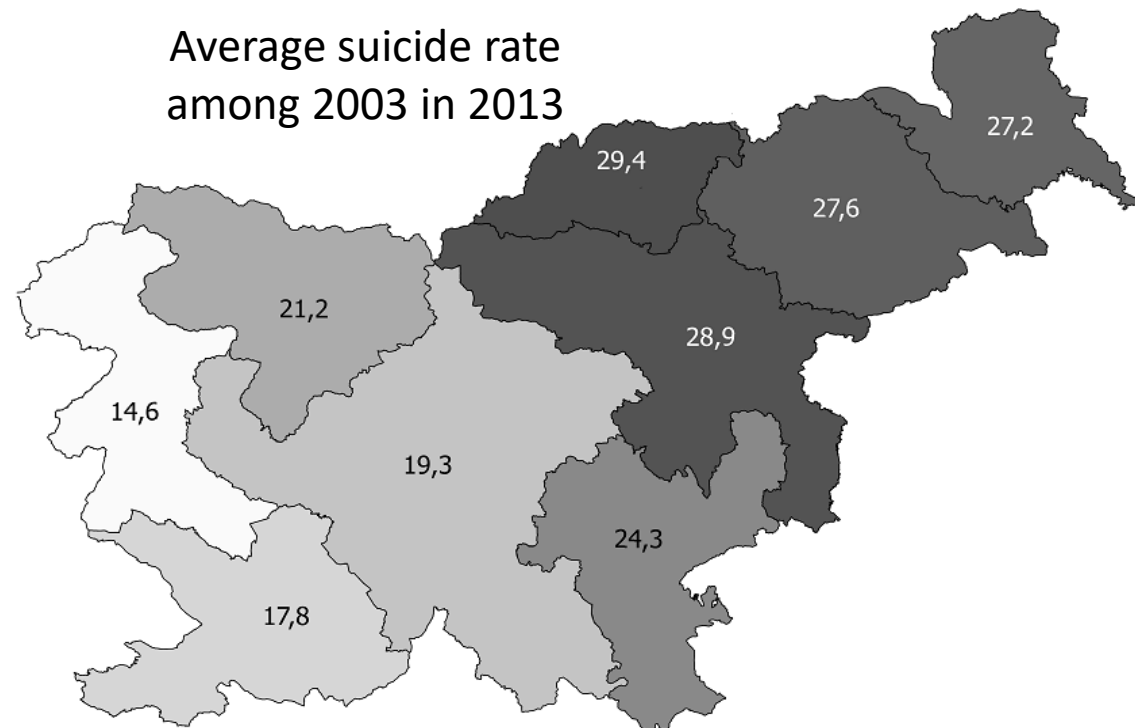
How did we do it?

- Data (prevalence, country specific problems, costs)=needs
- International support
- Good practice already established
- Getting political support of influential politician(s)
- Getting strong support from civil society
- Presenting how to do it with confidence

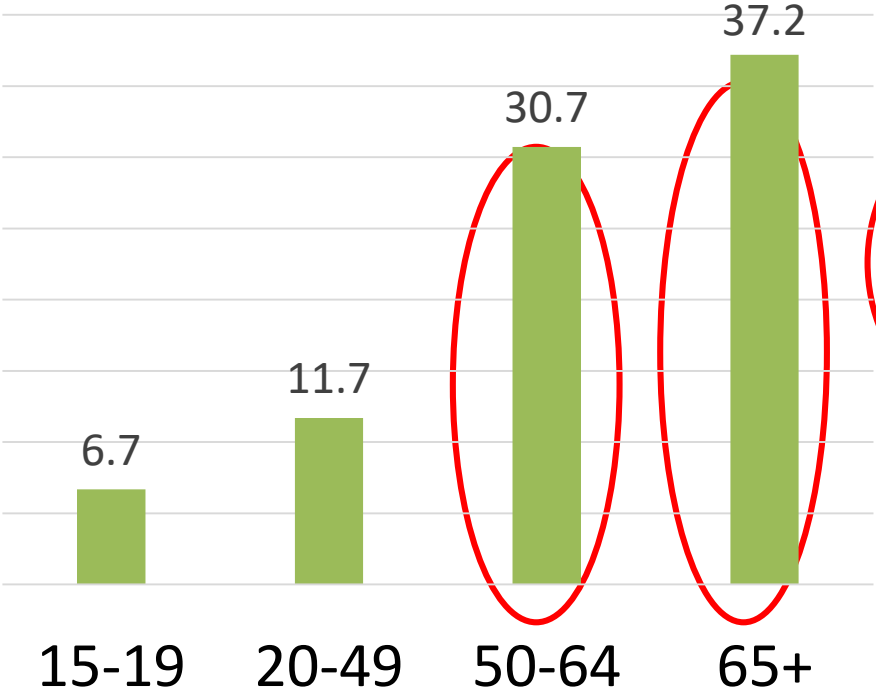
	50-49 years	More than 65
1	Anxiety disorder	Dementia
2	Depressive episode	Depressive episode
3	Stress reaction, adjustment disorders	Anxiety disorder
4	Alcohol addiction disorders	Sleep disorders
5	Recurrent depression	Stress reaction, adjustment disorders
6	Anxiety disorders	Vascular dementia

Source: NIPH

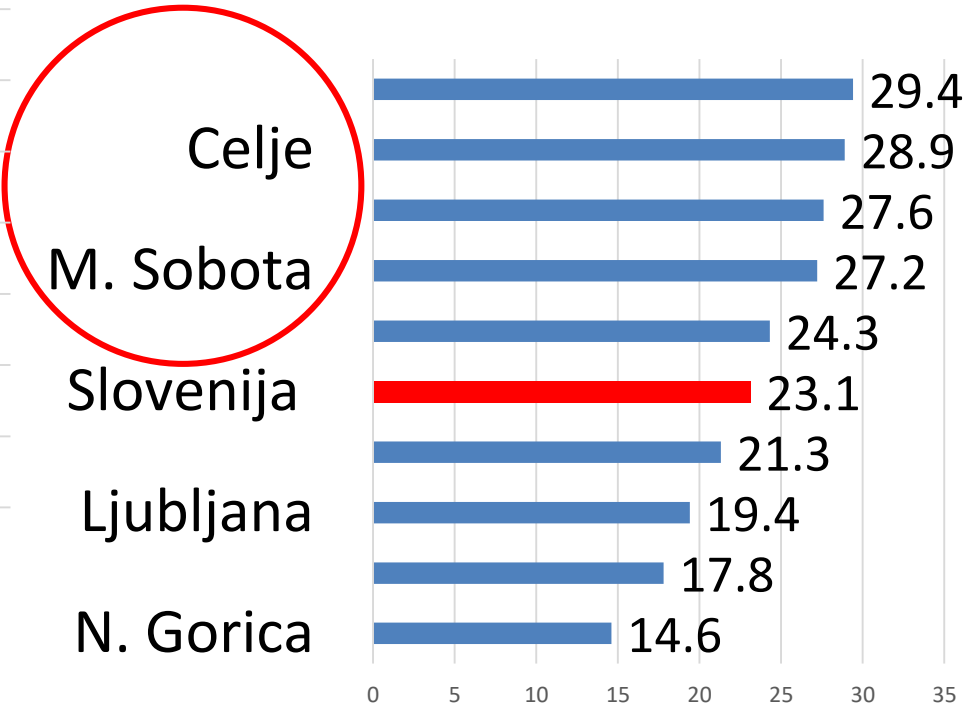
- Suicide rate among the highest in Europe;
- 2008-2015 - ↓ in the group. **15-19 years and 20-49 years old**
↑ in the group **50-64 and 65 let+ years old**



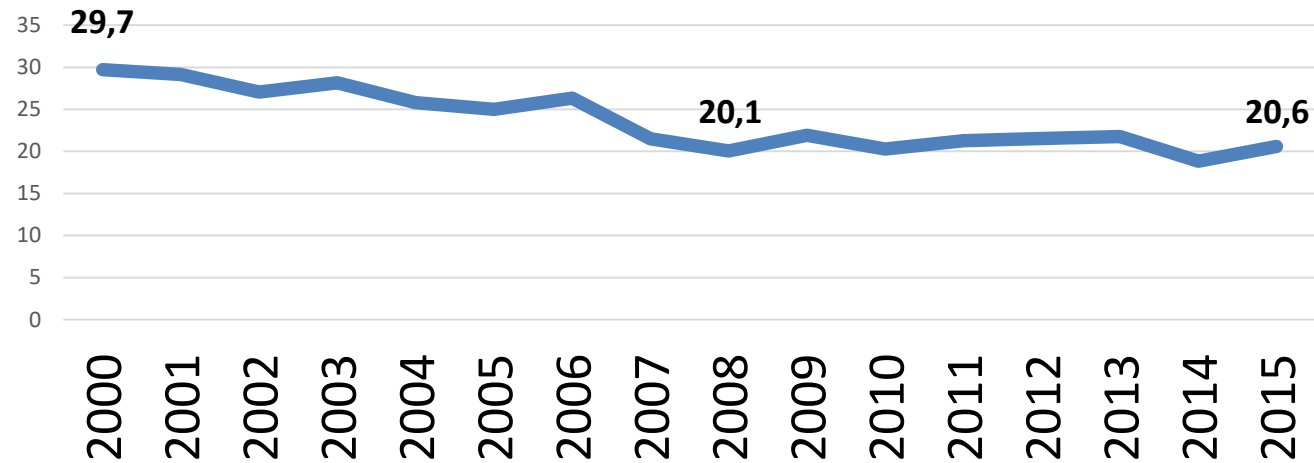
Suicide 2008-2015



Regional differences 2003-2013



Suicide index 2000-2015



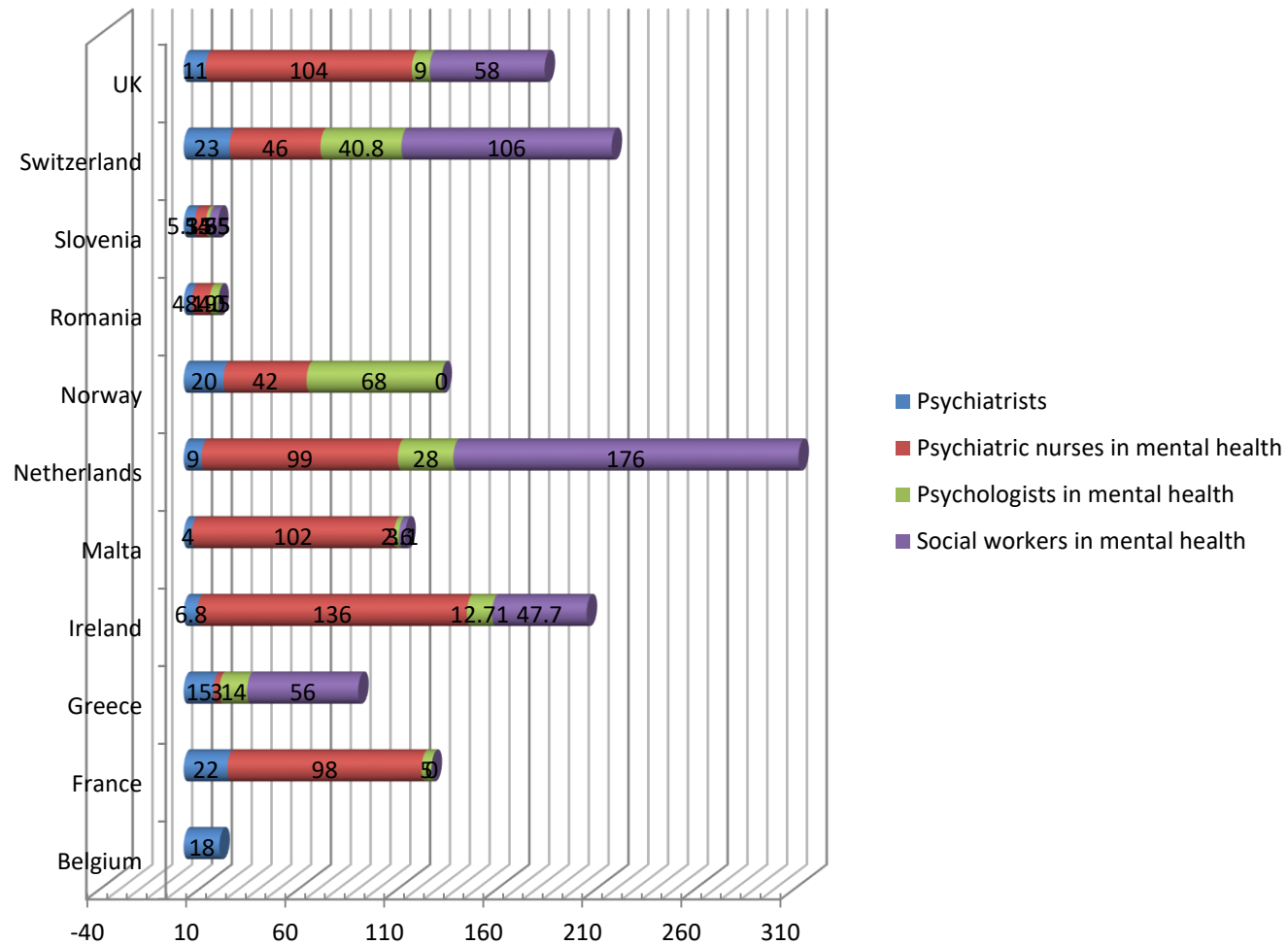
- **2008-2015: reduction in the group 15-19 years (55 %) and 20-49 years (20 %)**
: increase in group 50-64 years (11 %) in 65 years+ (11 %)

- Sick leaves because of mental disorders between 2008 – 2016 na

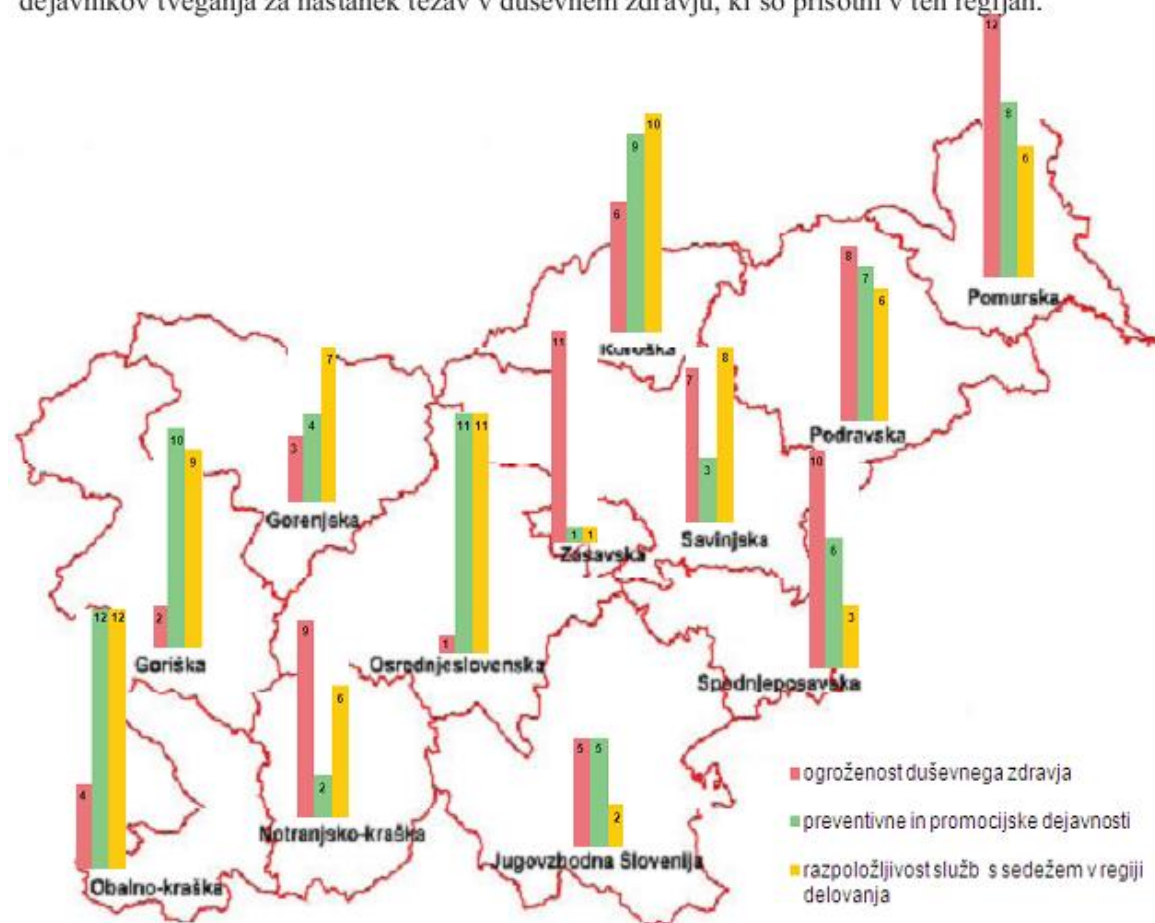
CINDI monitoring Slovenia: stress from	2012	2016
• work conditions	47,6	54,7
• financial scarcity	30,6	27,6
• family problems	27,9	28,7
• noise	12,9	12,3
• loneliness	10,8	11
• relationships with coworkers	9,8	19,1

Source: NIPH, CINDI 2016

Number per 100.000

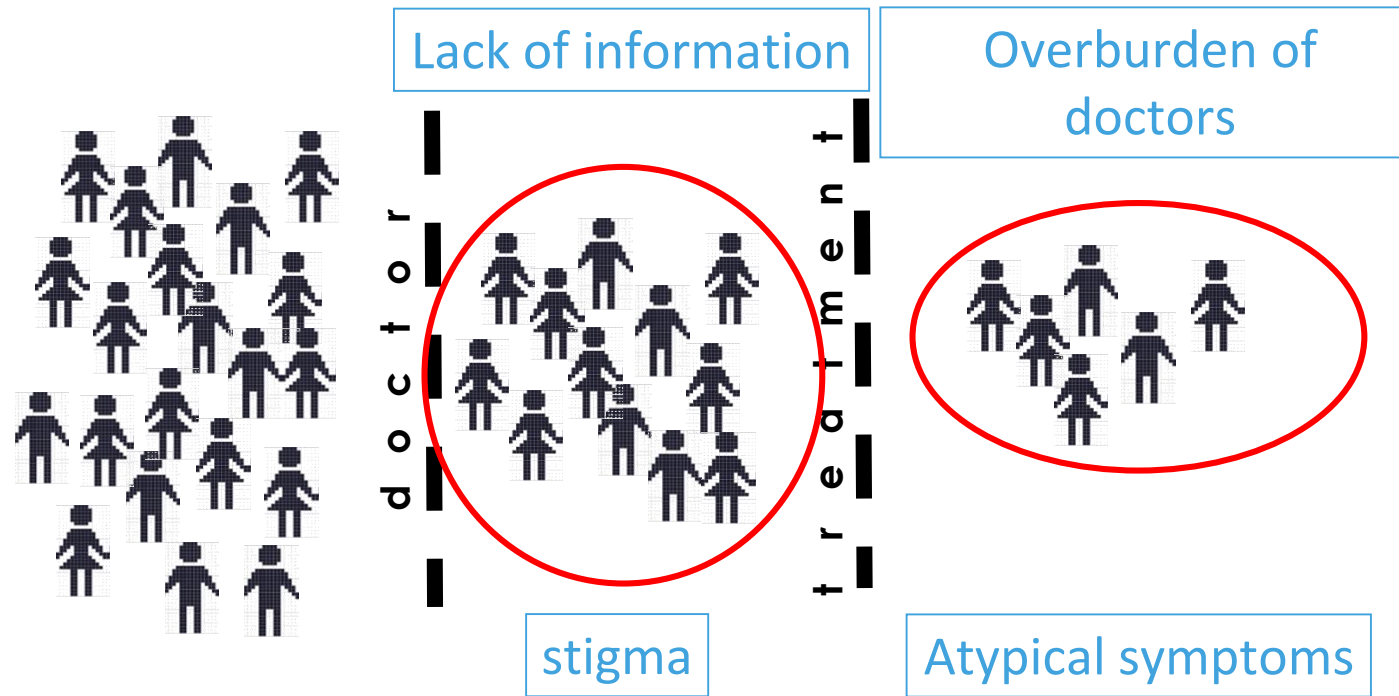


dejavnikov tveganja za nastanek težav v duševnem zdravju, ki so prisotni v teh regijah.



Slika 17. Primerjava stopenj ogroženosti duševnega zdravja, obsega preventivno promocijskih dejavnosti in razpoložljivosti služb za duševno zdravje po statističnih regijah.

Missed depression and other mental health disorders



PREDICT-D (Rifel et al, 2008): depression found in 14.5% adults in general practice

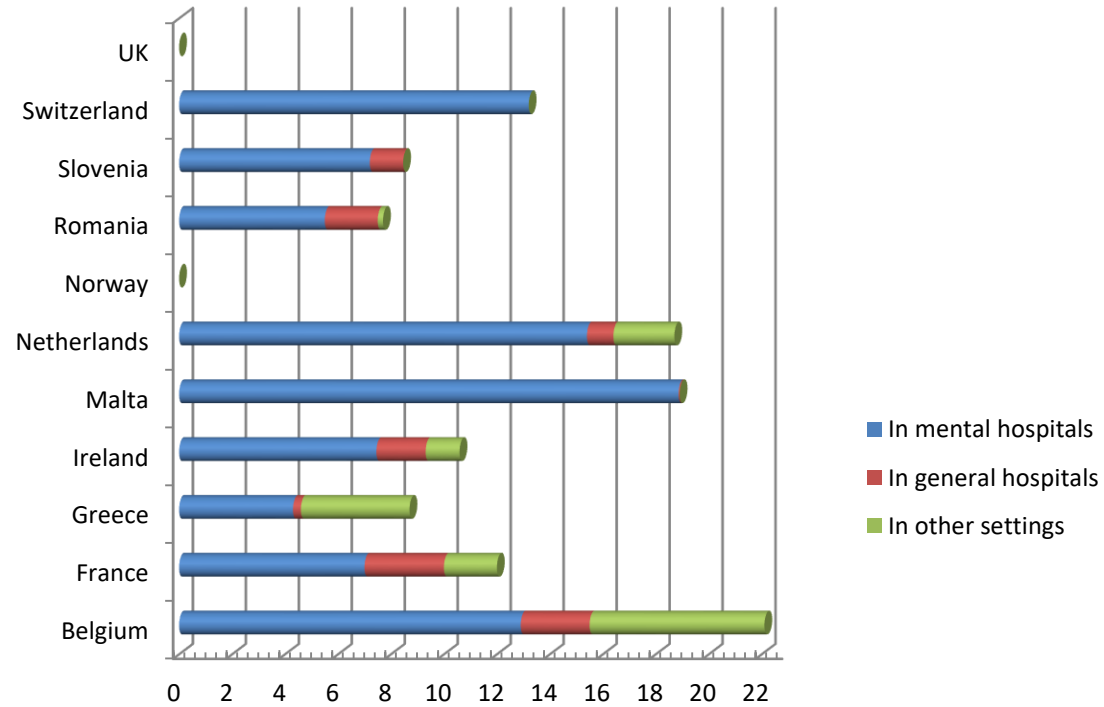
WHO Mental Health Atlas 2005

Department of Mental Health and Substance Abuse -> By Subproject ->
Mental Health (MH) -> Mental health budget / health budget (MH) -> Total

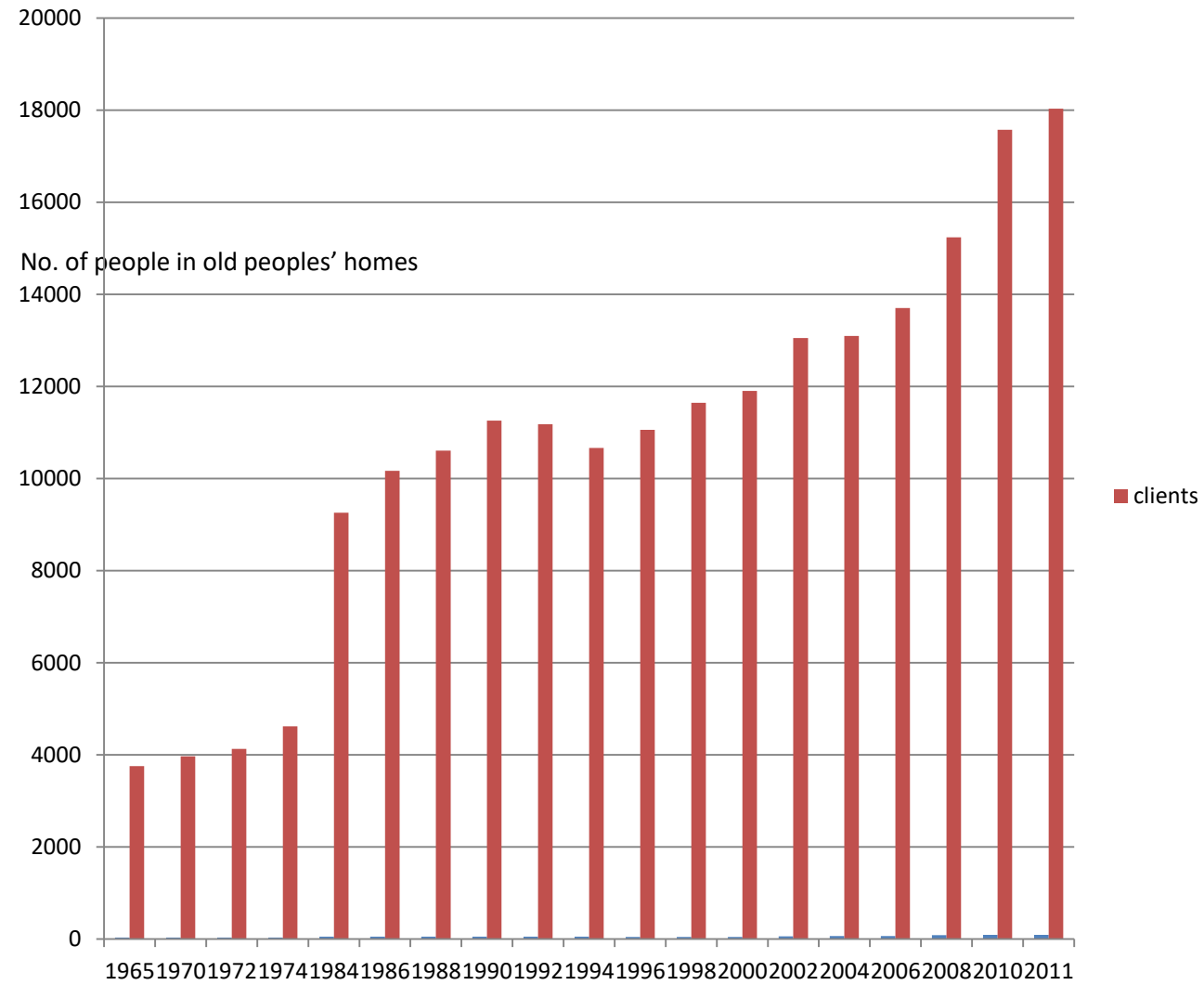
(Periodicity: Year, Applied Time Period: from 2005 to 2005)

	2005
Belgium	6%
France	8%
Greece	n/a
Ireland	7%
Malta	10%
Netherlands	7%
Norway	0
Romania	3%
Slovenia	2224 mil Eur 7% BDP
Switzerland	n/a
United Kingdom of Great Britain and Northern Ireland	10%

Number of psychiatric beds per 10.000



	Belgium	France	Greece	Ireland	Malta	Netherlands	Norway	Romania	Slovenia	Switzerland	UK
In mental hospitals	12.9	7	4.3	7.45	18.86	15.4	0	5.5	7.2	13.2	0
In general hospitals	2.6	3	0.3	1.86	0.04	1	0	2	1.26	0	0
In other settings	6.6	2	4.1	1.28	0	2.3	0	0.2	0	0	0



Viri: Mali (2008), Statistični urad RS: Statistični letopis RS Preglednica 2: old peoples' homes 1965 to 2011.







Mapping Exclusion

*Institutional and community-based
services in the mental health field
in Europe*



ALSO

- Data about access to services, i.e. waiting lists and consequences, especially for children.

PRINCIPLES AND VALUES

- mutual support
- social solidarity
- no discrimination
- care improvement
- respect to mental distress and rights of individuals

Duševno zdravje in socialna vključenost: naredimo prave korake!

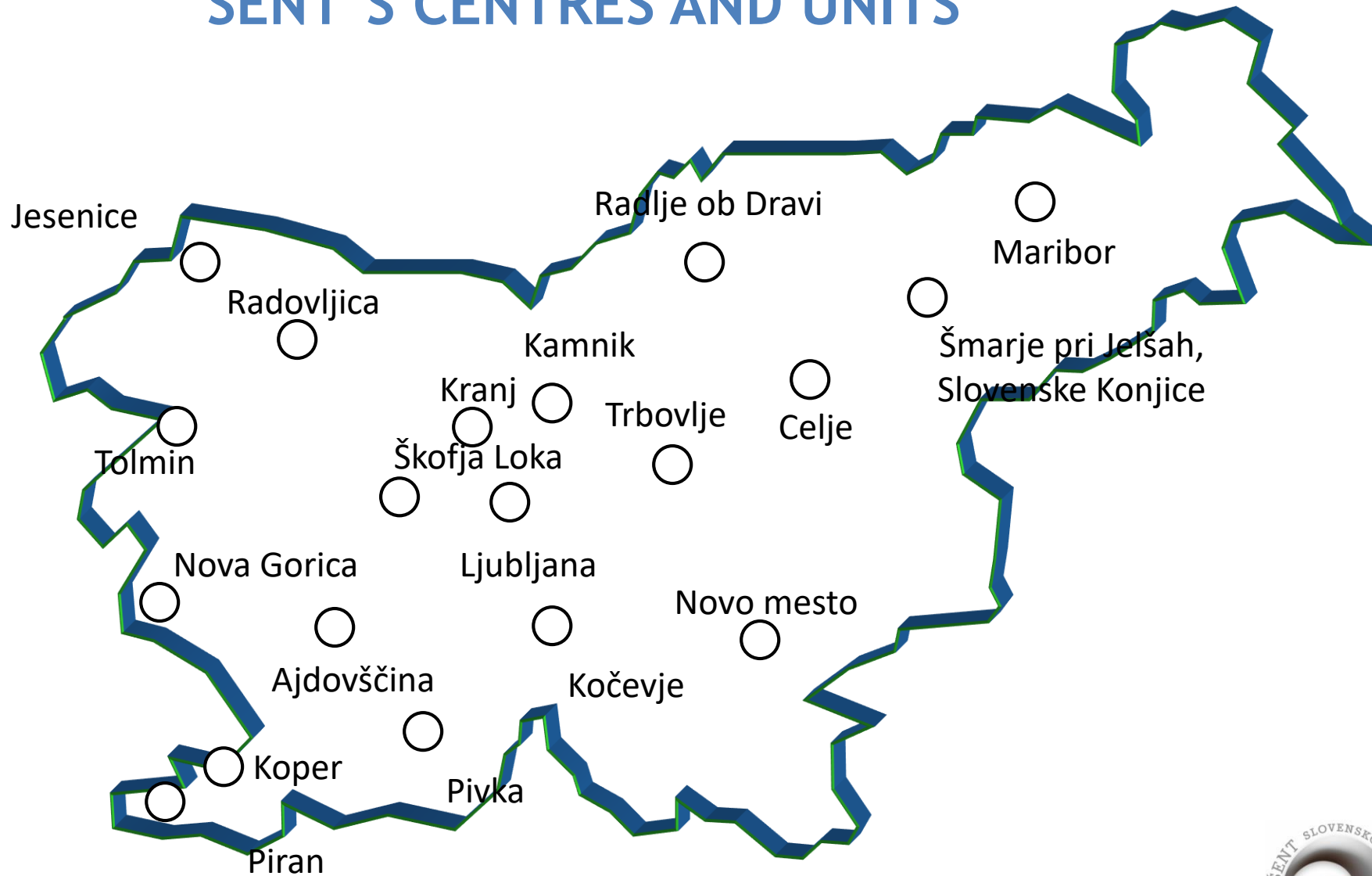


Tudi jaz zmorem!

...kljub temu, da imam težavo v duševnem zdravju!



ŠENT'S CENTRES AND UNITS



Mental health Mission Slovenia, 19 – 21 April 2015
Dr. Matt Muijen, Programme Manager Mental Health
WHO Regional Office for Europe

- **National Mental Health Plan (RNMPH)**, is implemented in accordance with Mental Health Act
- **It is the first strategic document on mental health in Slovenia**
- **It is taking into account:**
 - European guidelines,
 - EU Mental Health Action Plan
 - WHO Mental Health Action Plan
 - UN CRPD
 - UN Convention of Childrens' Rights
 - WHO mission report 2015 of Matt Muijen
 - Previous drafts of Mental Health Reform and National Social Care Plan

Focusing on

- promotion, prevention and early intervention, as well as community approach and users' participation in mental health planning in line with

European Mental Health Plan 2013

- To improve mental health with promotion and prevention evidence based measures with special consideration of vulnerable groups;
- To include people with experience of ill mental health in planning and control of development
- To increase their social involvement and to increase antistigma action;
- To improve access, safety and quality of services through improved competence of professionals;
- To give opportunity to deinstitutionalize.

Intending to accelerate Mental Health Reform towards community care

- Early response to crisis;
- Early detection and intervention at risk of suicide;
- Needs led mental health services;

BECAUSE

- community care reduces suicide rates; *
- Funds are to be redirected from institutions to the community at least partly. * *

*Pirkola S, Sund R, Sailas E, Wahlbeck K. Community mental-health services and suicide rate in Finland: a nationwide small-area analysis. Lancet. 2009 Jan 10; 147-53.

While D, Bickley H, Roscoe A, Windfuhr K, Rahman S, Shaw J, Appleby L, Kapur . Implementation of mental health service recommendations in England and Wales and suicide rates, 1997-2006: a cross-sectional and before-and-after observational study. Lancet. 2012 Mar 17:1005-12

**Knapp M, Beecham J, McDaid D, Matosevic T, Smith M. The economic consequences of deinstitutionalisation of mental health services: lessons from a systematic review of European experience. Health Soc Care Community. 2011 Mar; 19(2):113-25.

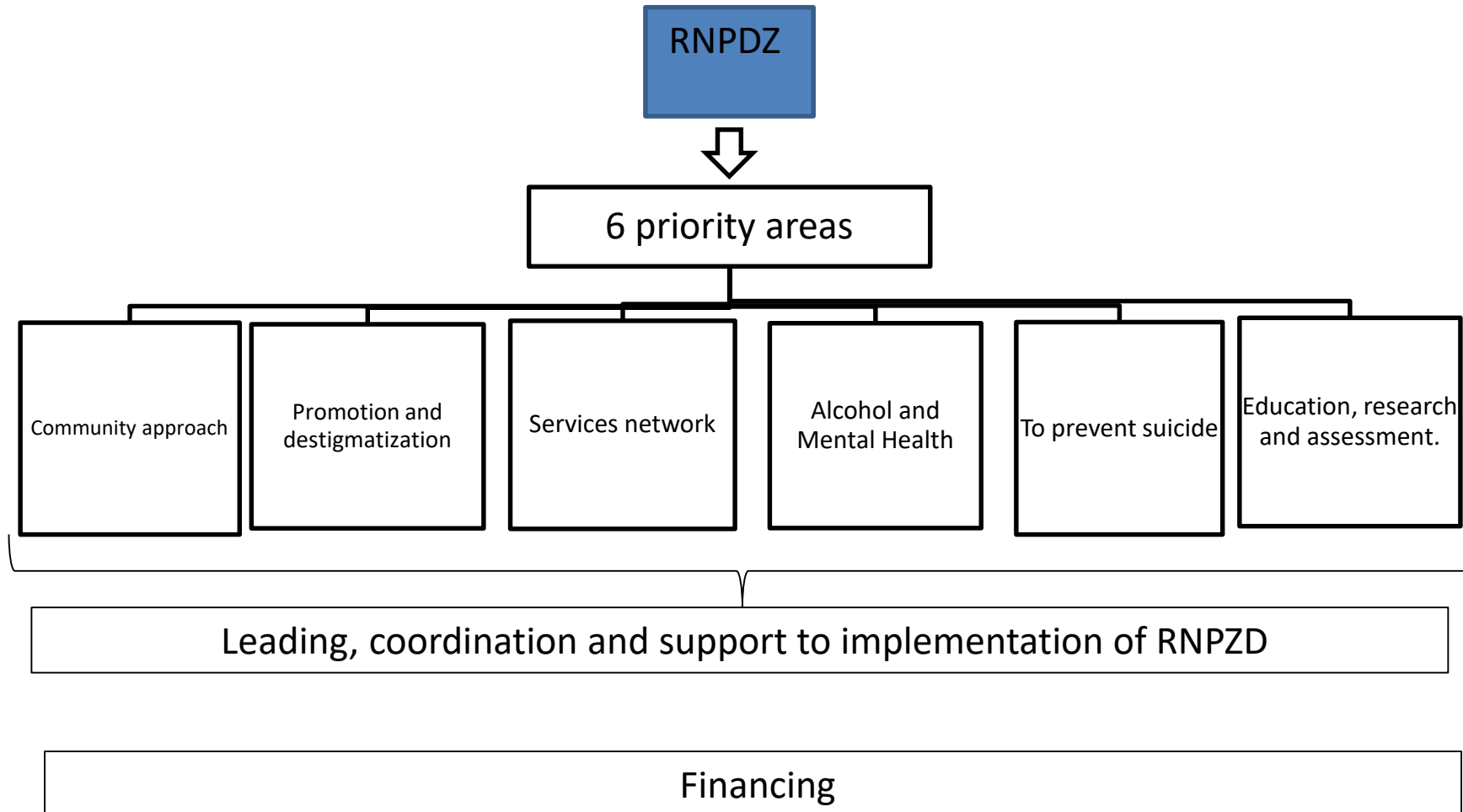
BECAUSE

1. High burden of mental disorders
2. Mental and physical illness are interwoven
3. Enormous gap in treatment
4. Primary level improves access
5. Primary level improves human rights
6. Primary level is financially effective
7. Primary level has better outcomes

RNPDZ: HOW TO DO IT?

- **Services and measures are to be placed near people – at the primary level of mental health and general health – i.e. at the local level.**
- **We are adding investment in mental health at the primary level of health, i.e. to gradually close the gap in mental health needs at the local level.**
- **We are performing human resource planning to improve services at the primary level of care**

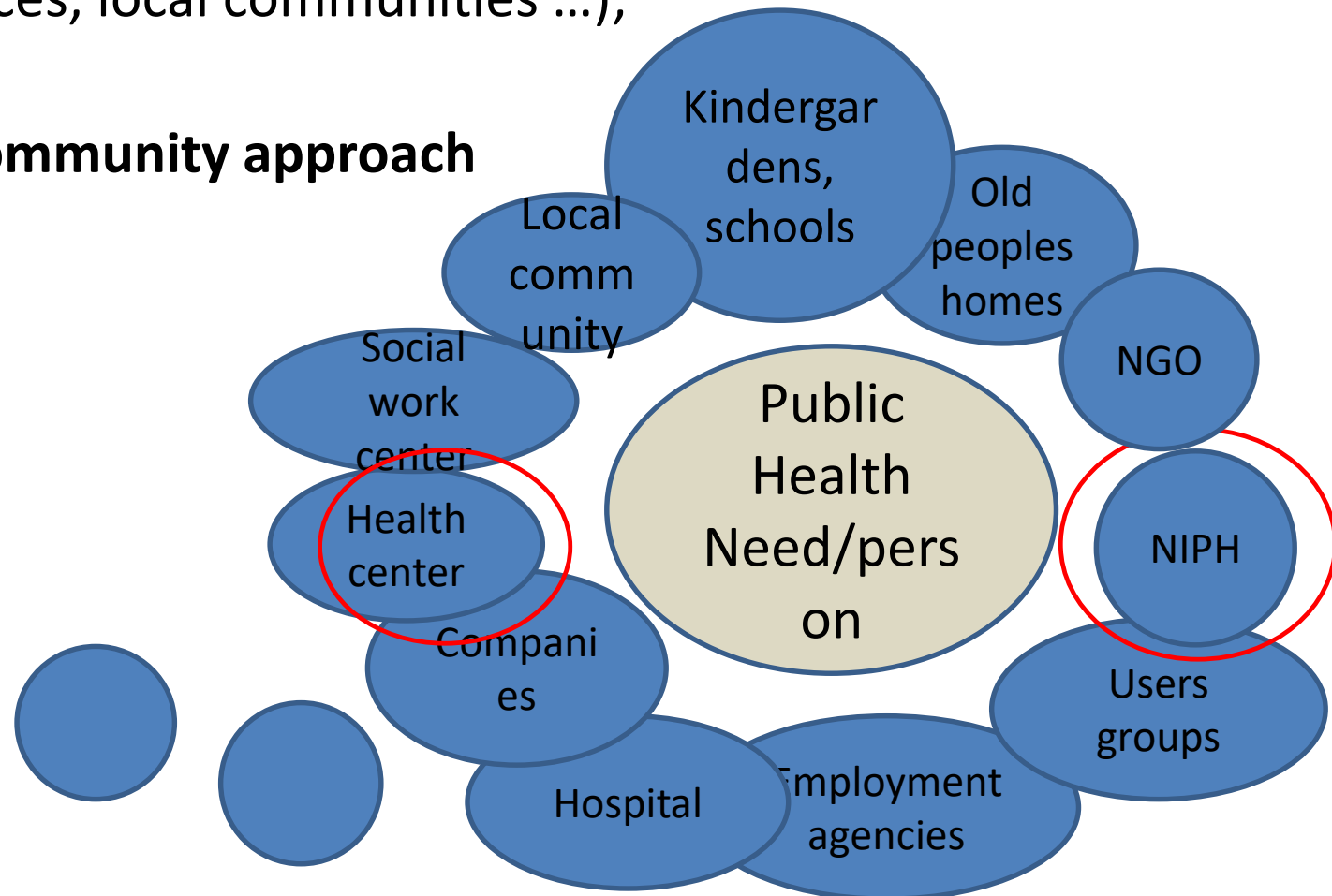
Structure RNMPH



1.PROMOTION AND PREVENTION

- **to connect** (economics, education, social and health care and others) **at all levels;**
- **to empower mental health in all environments**(supportive and safe in schools, workplaces, local communities ...);

Implementing community approach



•

3. improved access to counselling and self help

**Incredible Years,
This is Me,
e mental health,
4 child Counselling cent**



- ## 2. Antidiscrimination and improved literacy

- **Standardised education in different environments**
 - **antistigma campaigns in all regions every year**



4. Workplace

Centers for mental health for work

supported employment,

vocational rehabilitation,

social support programs;

.

5. Vulnerable groups

to improve service network in the community and to reduce social exclusion (NGOs)

To reduce inequality . of elderly regarding access to prevention and care (i.e. poverty, distance, disability, etc.)-

Suicide

- early intervention and screening;
- urgent access to professionals;
 - first aid help
 - services after suicide attempt;
- working with families after suicide or suicide attempt.



In the
community

Priority area

Network of services and programs

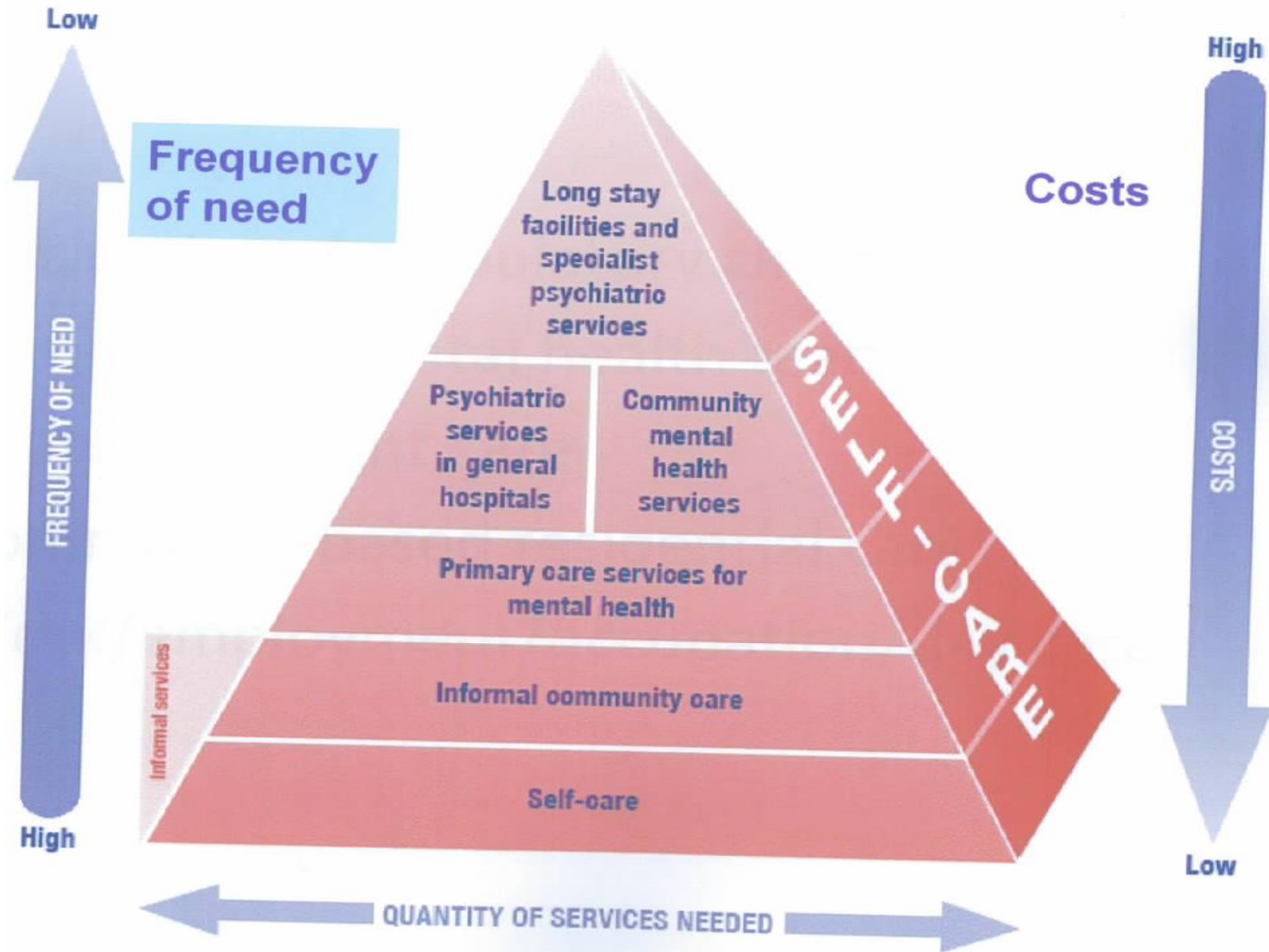
Mental Health Centers (MHC)

- **RNMPH is establishing 25 regional centers for mental health to improve existing services.**
- **At the regional level with 80.000 inhabitants, among them cca.16.000 children and youth and 64.000 adults.**
- **Consists of MHC for children and youth with defined multidisciplinary teams.**
- **The network of social care programs is enlarged.**

- **Equal access.**
- **Connection with services on the basis of needs.**
- **Specific services can be established in all sectors, MHC are acting in all services, not only in health services, even though they are placed in health centers.**

Figure 1.1

WHO service organization pyramid for an optimal mix of services for mental health



Leading and coordination of implementation of RNPZ

- **RNPMH PROGRAM COUNCIL**
- NIPH and professionals AND NGOs AND users' representatives
- **WORKING GROUPS FOR ALL PRIORITIES IMPLEMENTATION**
- **REGIONAL COORDINATORS**
- **Government Council**– resorna ministrstva
- **Regional councils**
- **Local councils**

Thank you for your attention



e-Mental Health: Discussing Risks and Opportunities

11:15-12:45



Screen time and mental health issues - becoming proactive with knowledge

- Sissela Nutley PhD, Screen time and mental health issues - becoming proactive with knowledge

Screen time and mental health issues

– becoming proactive with knowledge

Sissela Nutley, Ph.D.

Brain development, social media and mental health

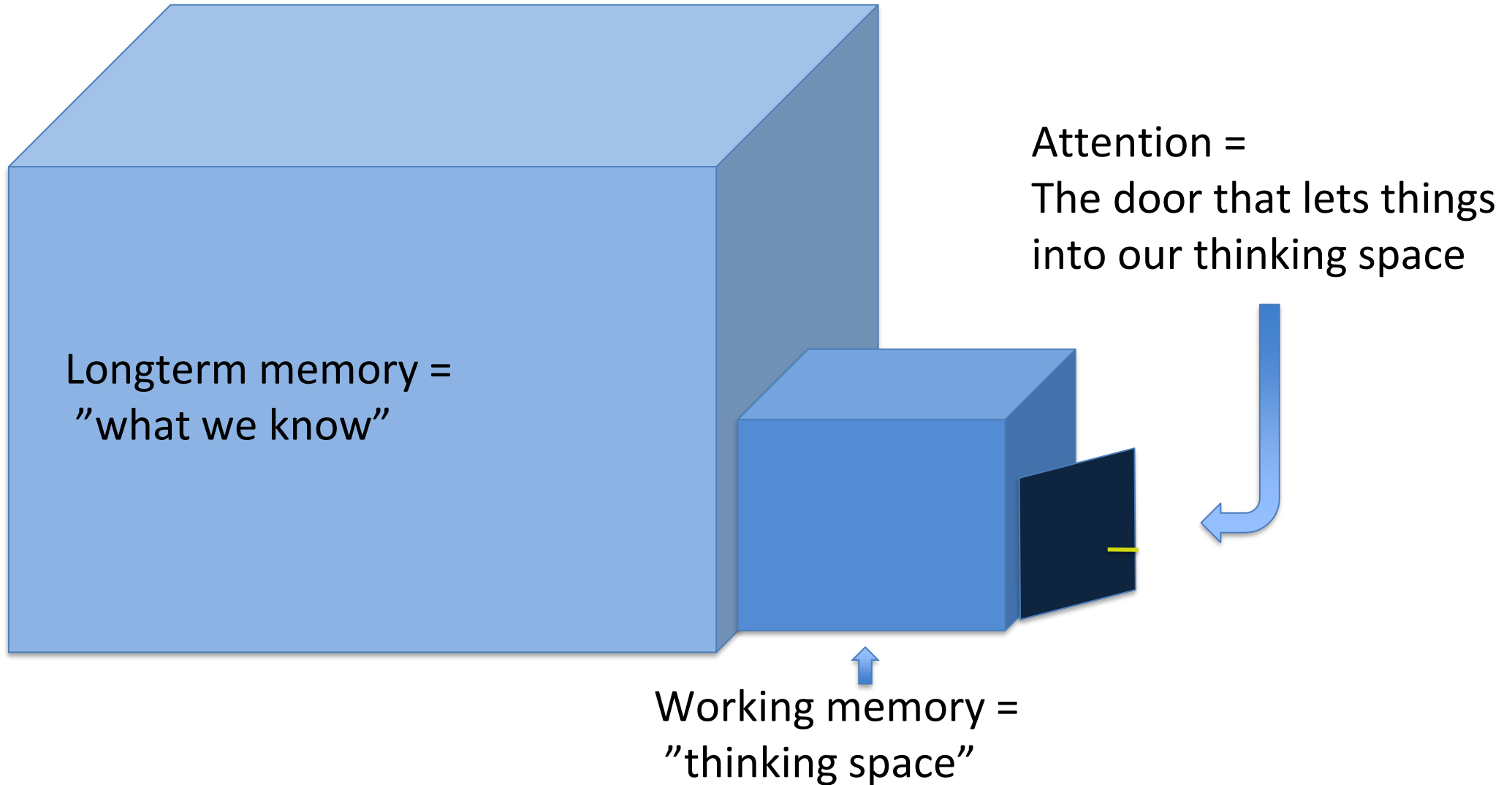


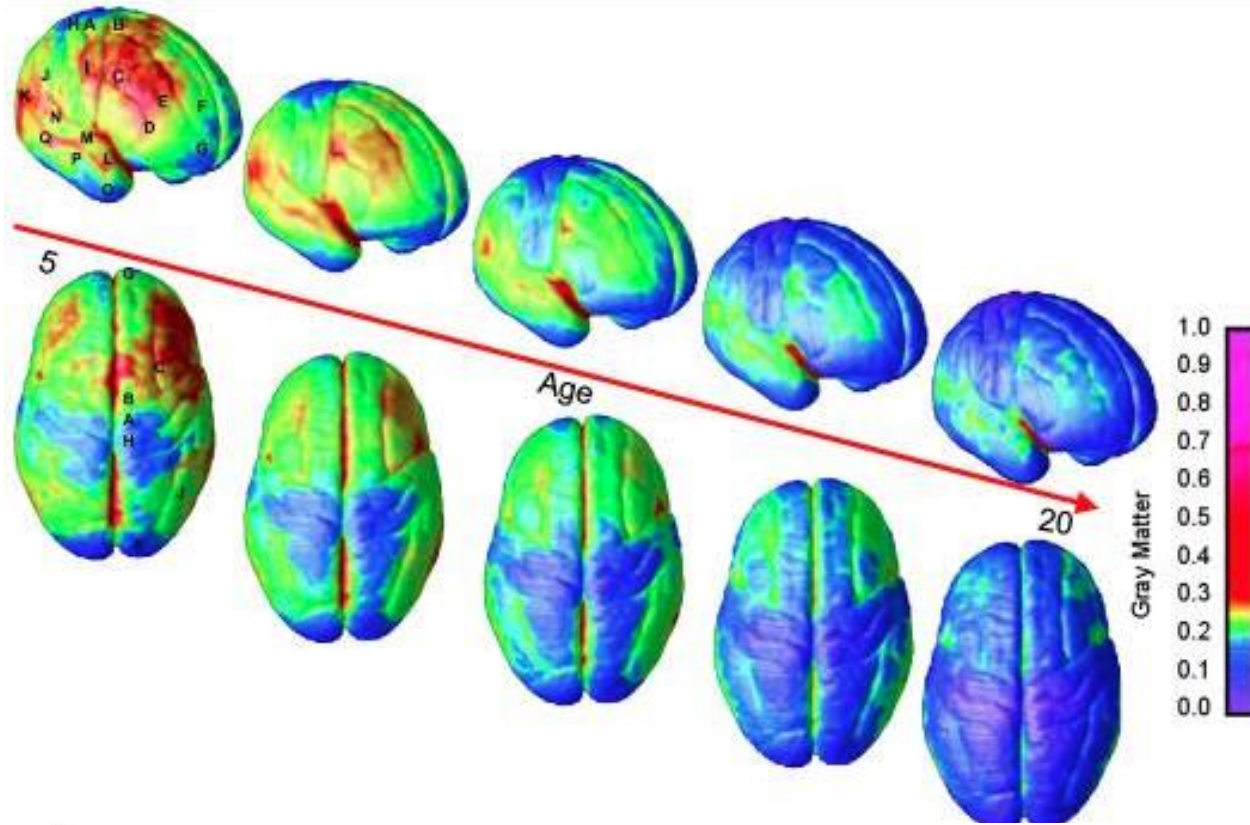
Do we have a problem?



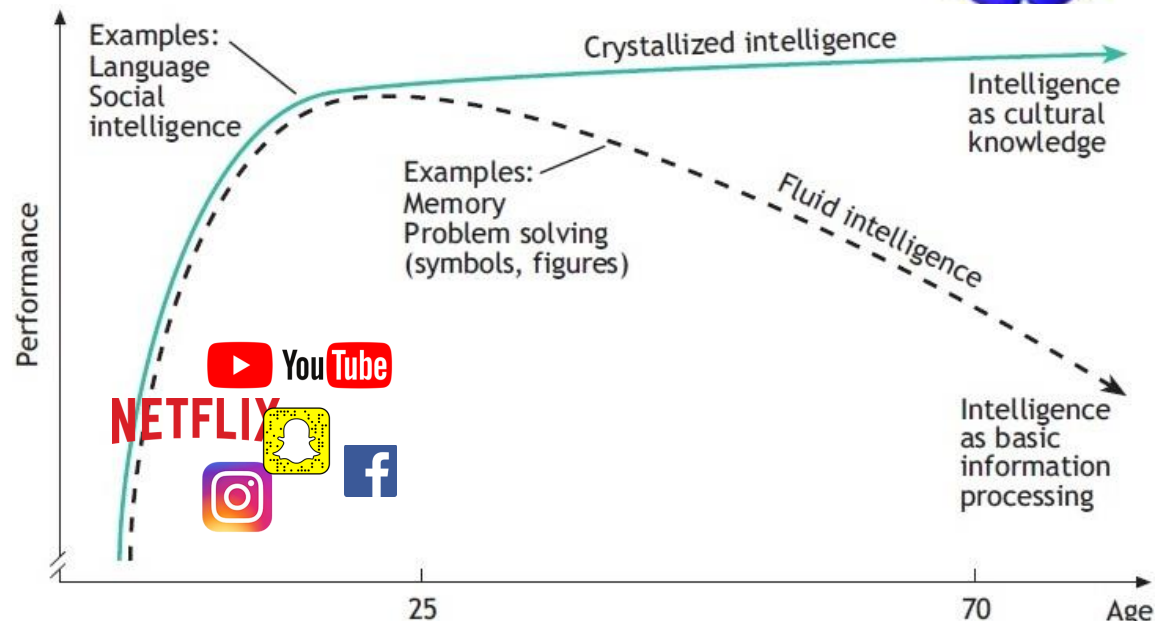
ATTENTION

How we learn...

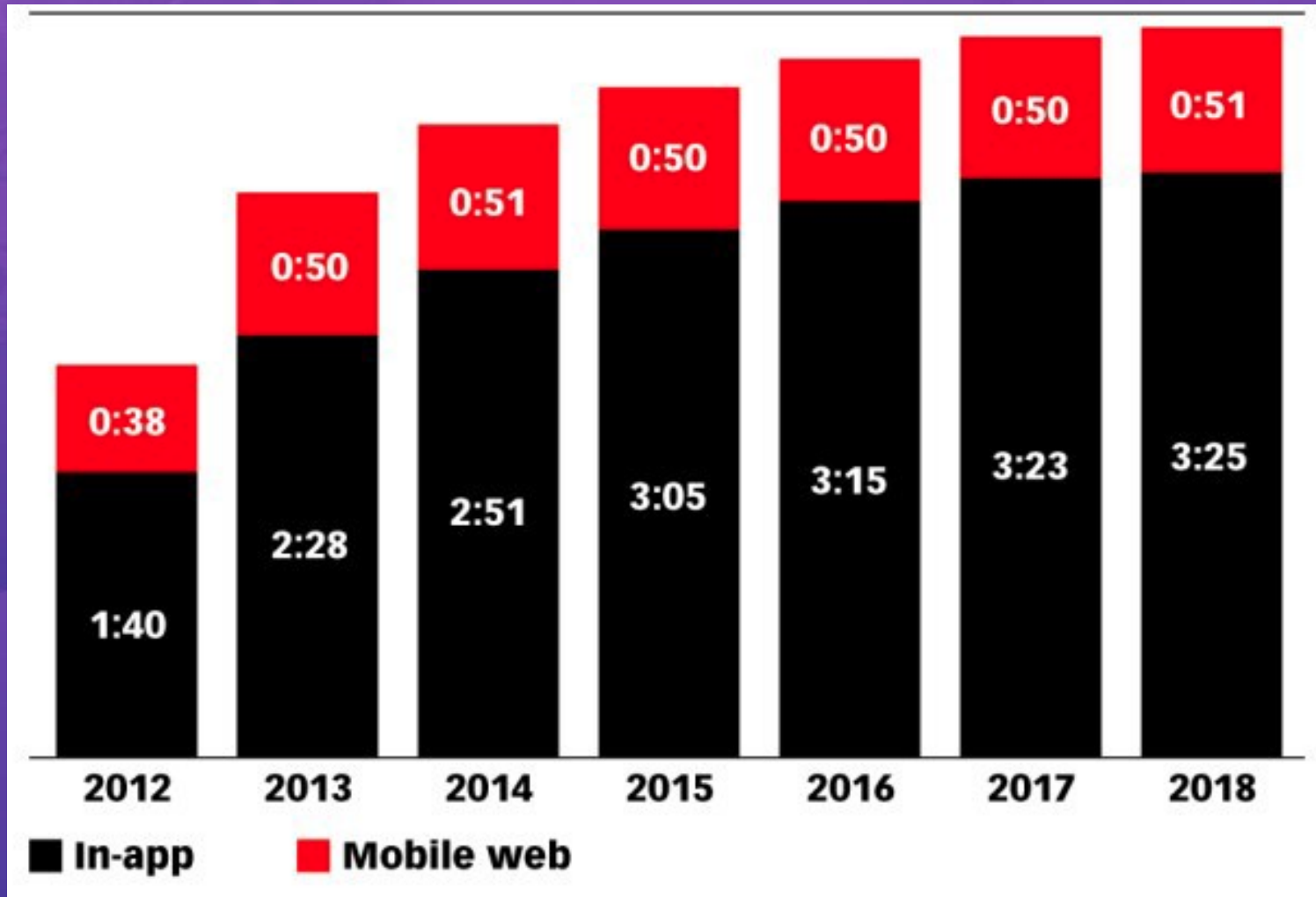




- Attention
- Emotional regulation
- Logic
- Planning
- Perspective taking
- Flexible thinking

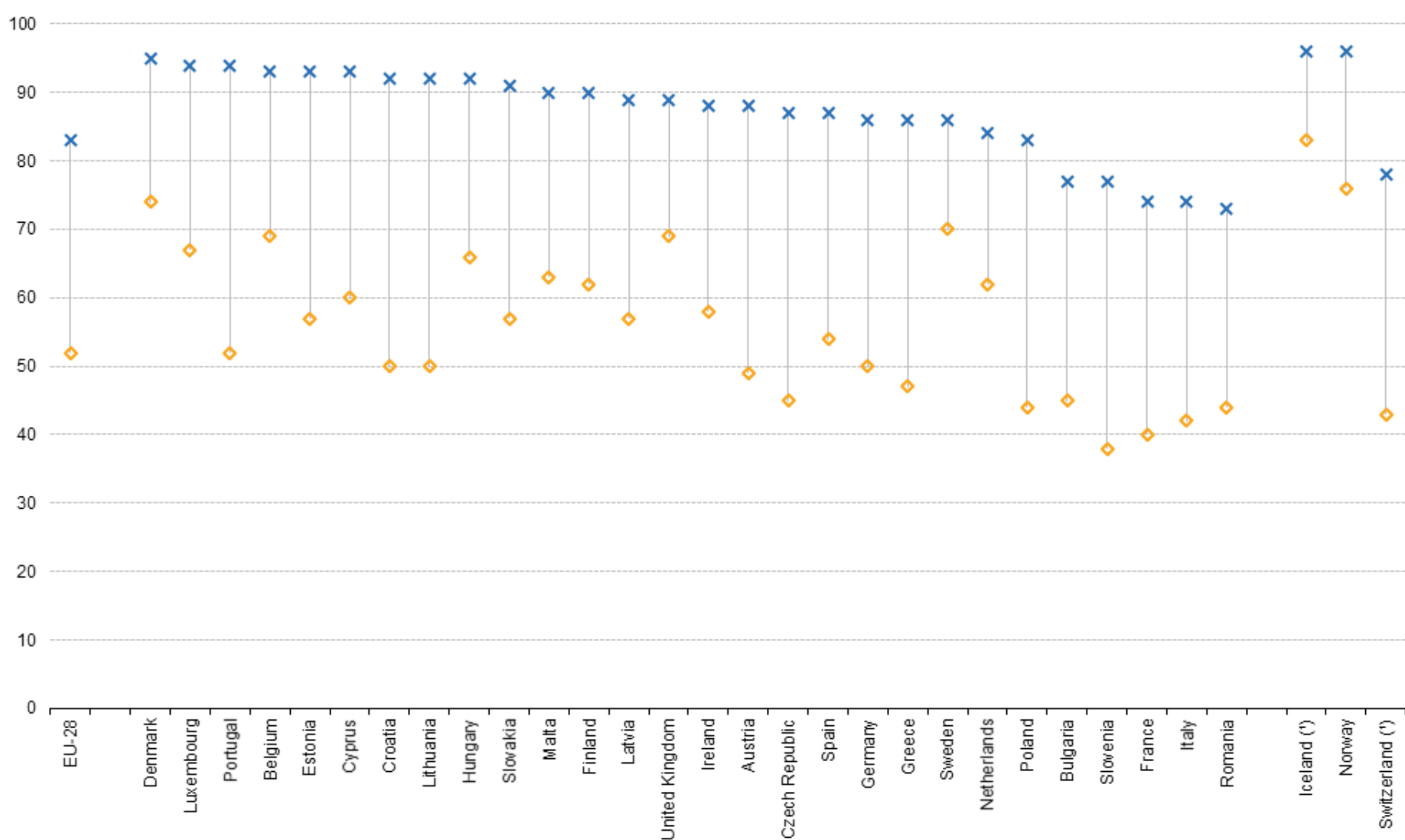
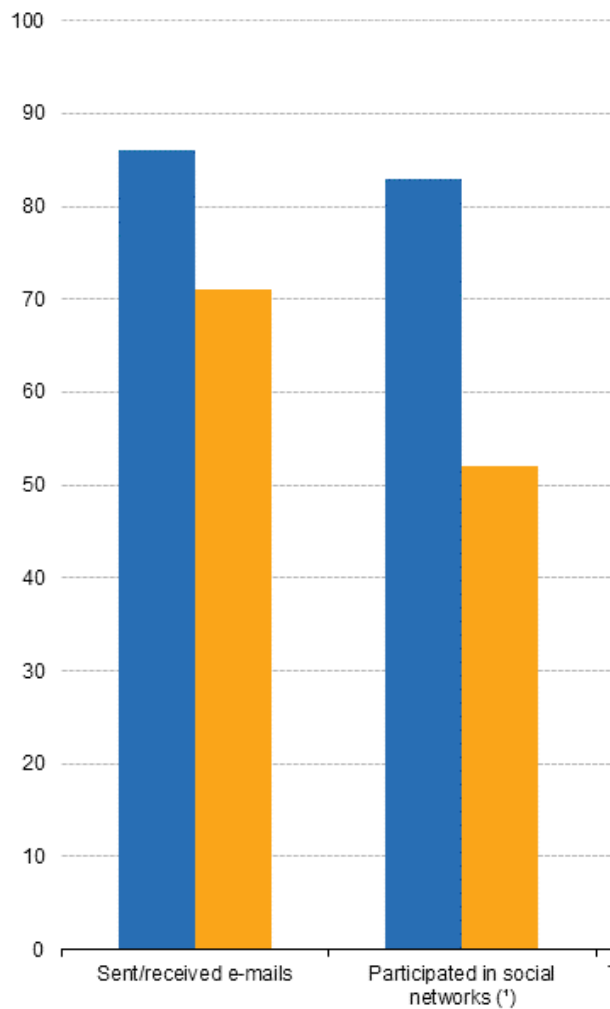


**The brain develops and reshapes itself
based on our environment**



~ 2500 touches/day
~ 150 times/day

Youth:
Every 6 minutes during homework
~ 100 texts/day



Note: respondents carried out the task during the 3-month period p
 (*) For example, created a user profile, posted messages or other c
 (†) 2014.

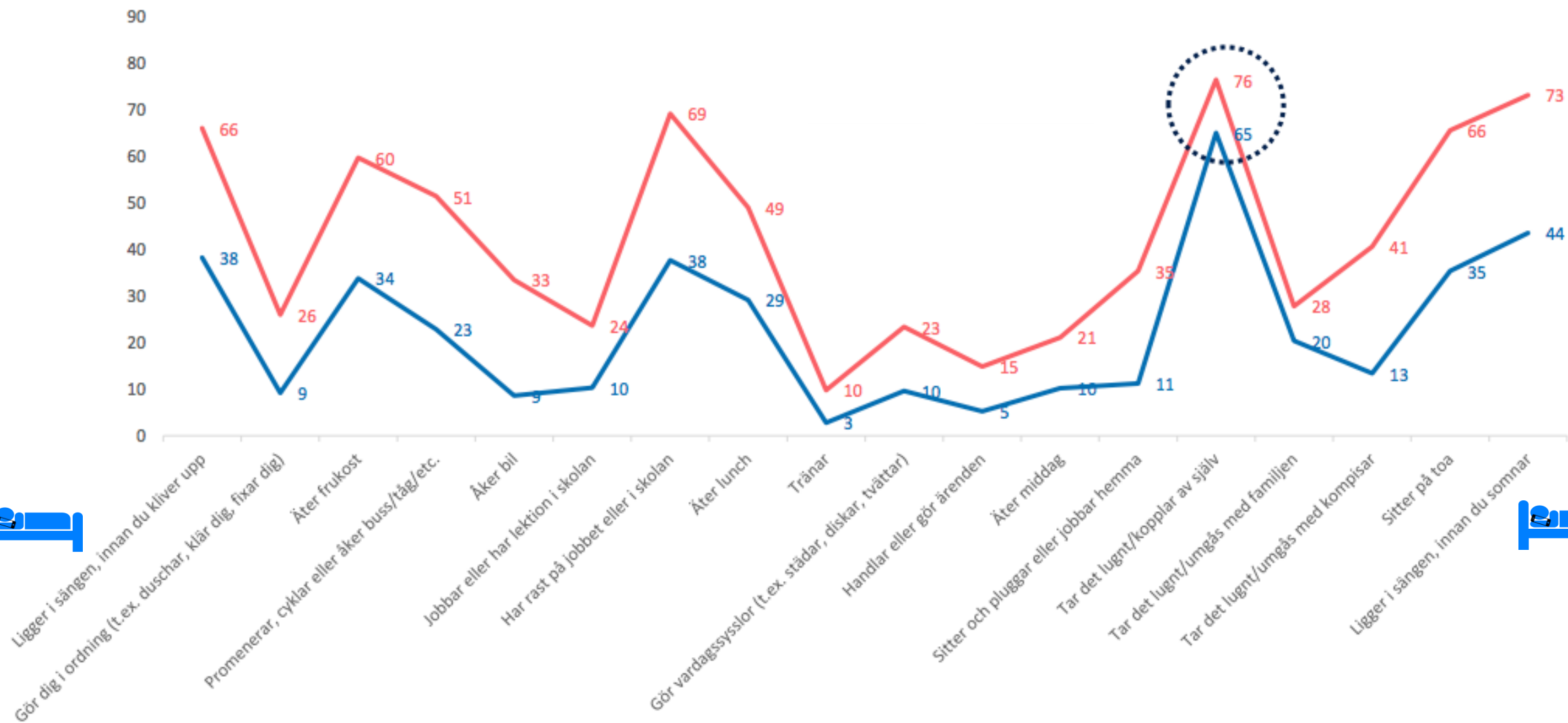
Source: Eurostat (online data code: isoc_ci_ac_i)

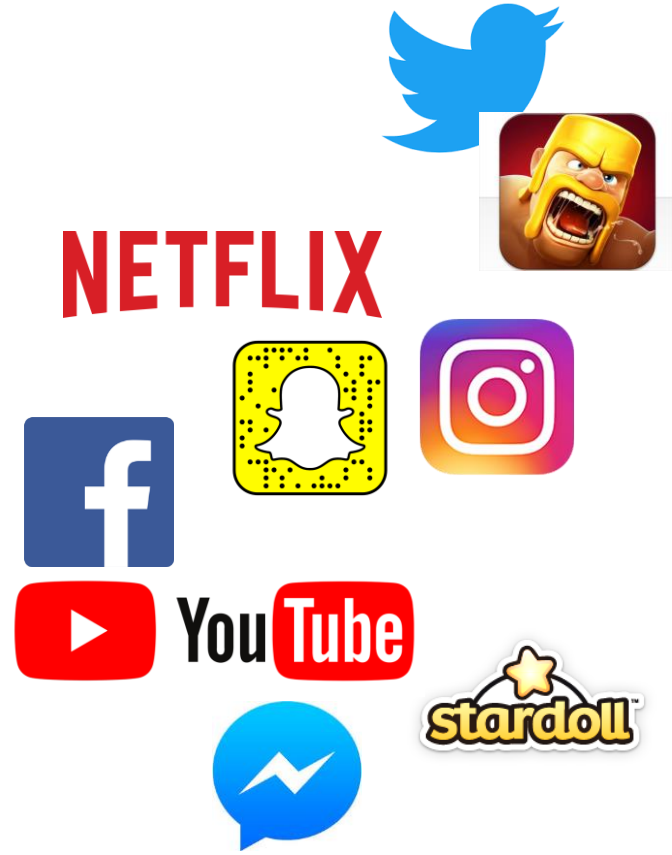
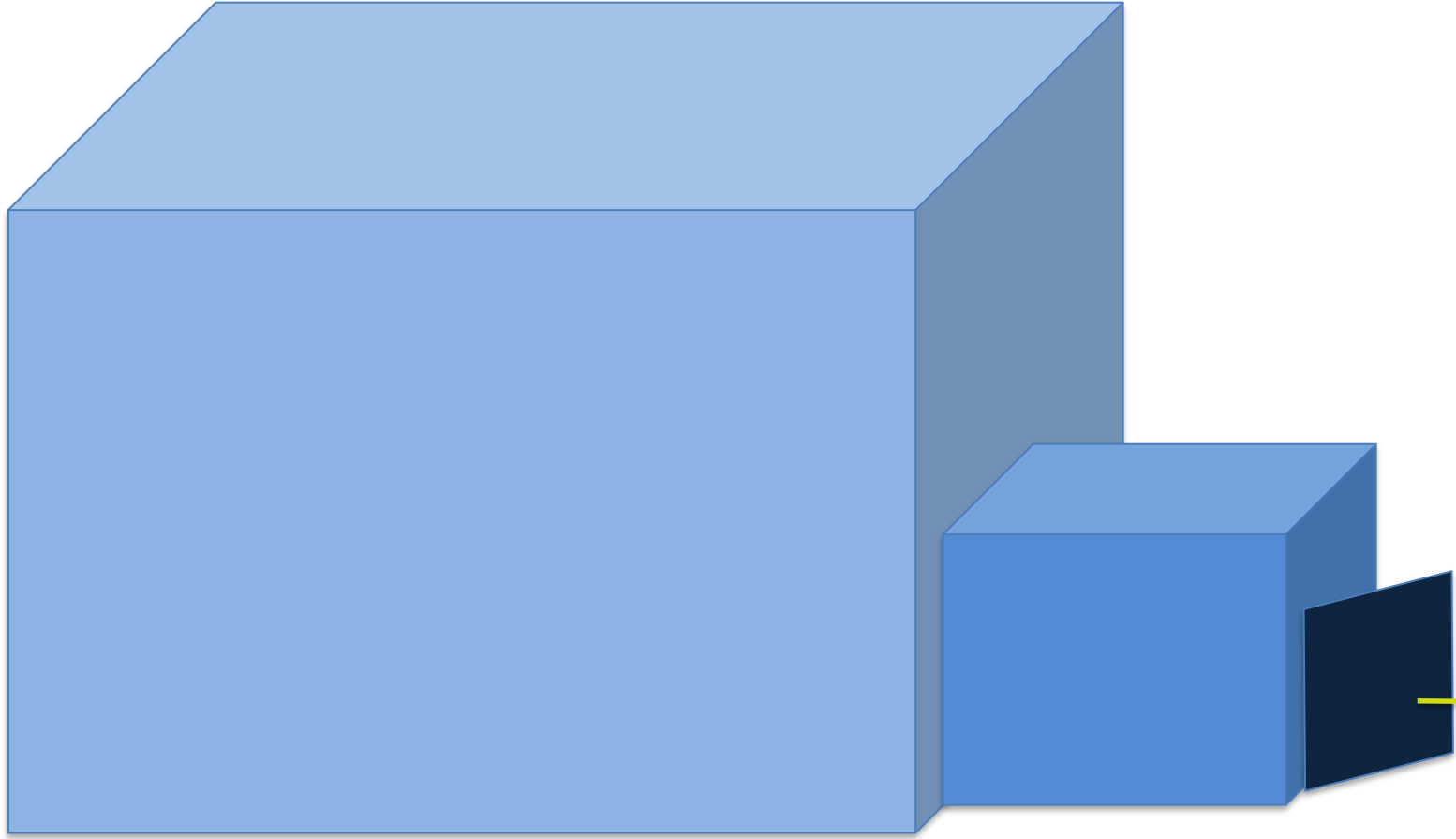
× Young people aged 16-29 years

◇ Whole population

Note: for example, created a user profile, posted messages or other contributions. Social networks include, for example, Facebook and Twitter.
 (*) 2014.

Source: Eurostat (online data code: isoc_ci_ac_i)





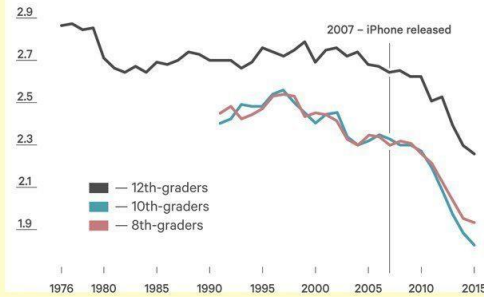
THE SMARTPHONE GENERATION: A STATISTICAL PORTRAIT

The constant presence of the internet, particularly social media, is changing the behavior and attitudes of today's teens.

1

Not Hanging Out With Friends

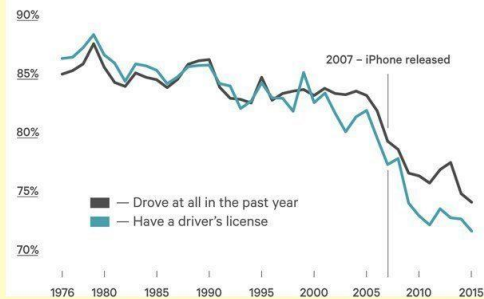
Times per week teenagers go out without their parents



2

In No Rush to Drive

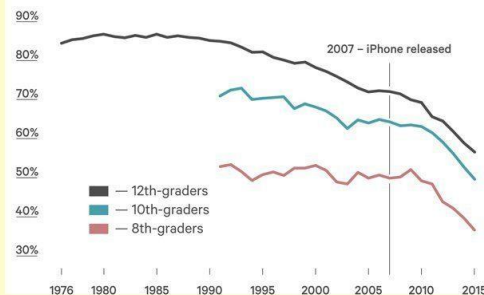
Percentage of 12th-graders who drive



3

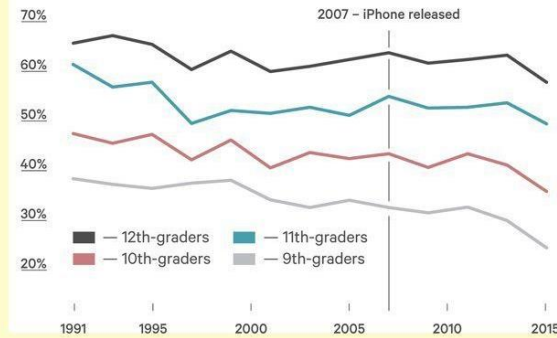
Less Dating ...

Percentage of teenagers who ever go out on dates



... And Less Sex

Percentage of high-school students who have ever had sex



Jean M. Twenge PhD
author of *Generation Me*

iGen



Why Today's
Super-Connected
Kids are Growing up
Less Rebellious, More
Tolerant, Less Happy—
and Completely
Unprepared for
Adulthood*

*and What That Means for the Rest of Us

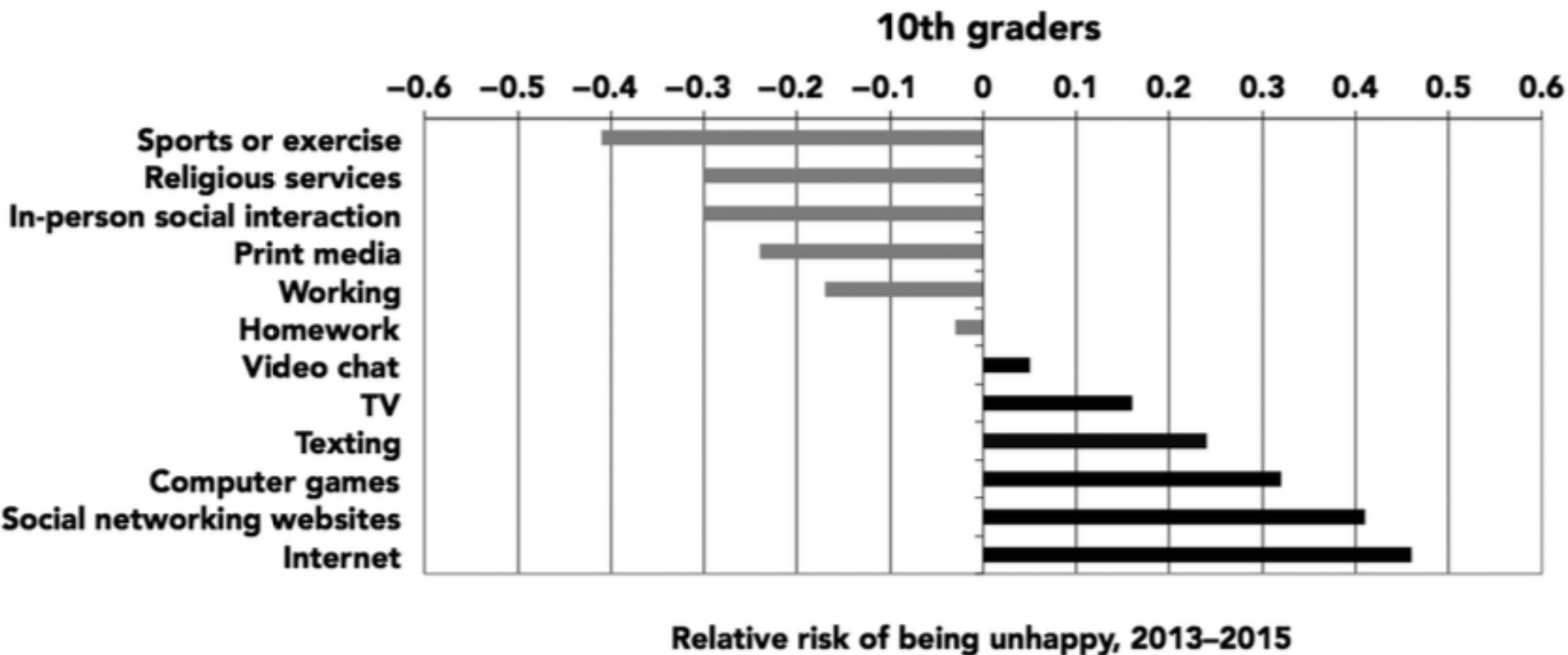


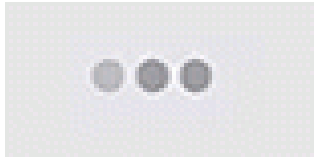


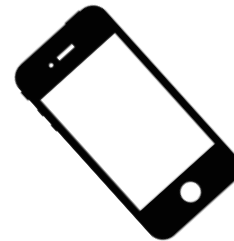
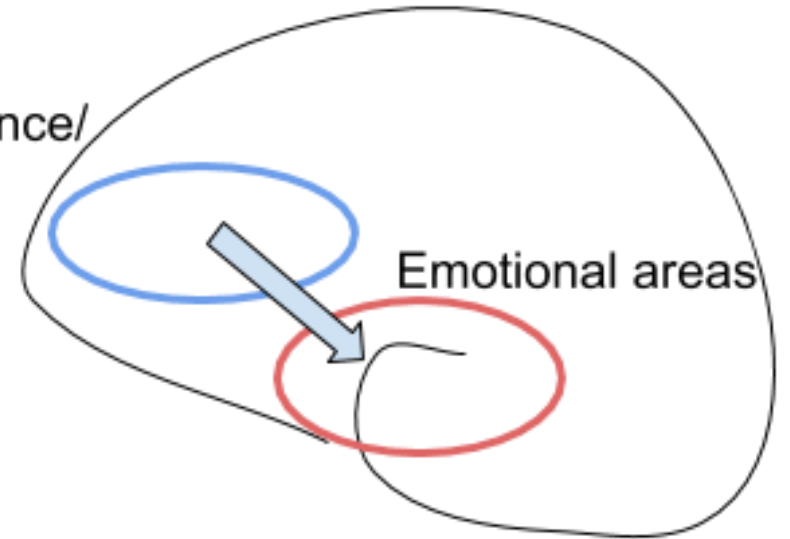
Figure D.3. 10th graders' relative risk of being unhappy related to time spent on screen and nonscreen activities. Monitoring the Future, 2013–2015.

The technology is not neutral – “Persuasive technology”

- Trigger emotional driving forces
- FOMO, endless scroll, stories
- Algorithms (distribution of likes)
- Autoplaying next video  YouTube **NETFLIX**
- Snapstreaks (loss aversion) 
- Red notifications



Fluid intelligence/
“smart” areas

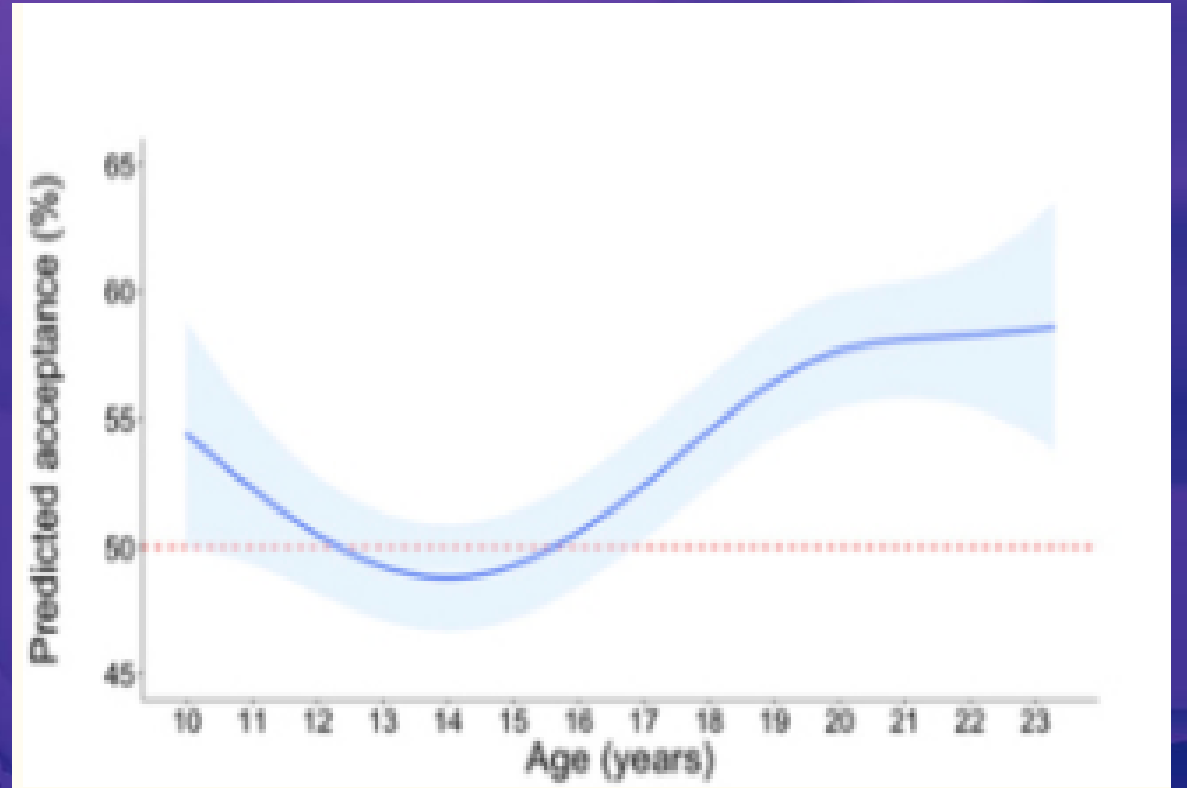


“Race to the bottom of the brain”

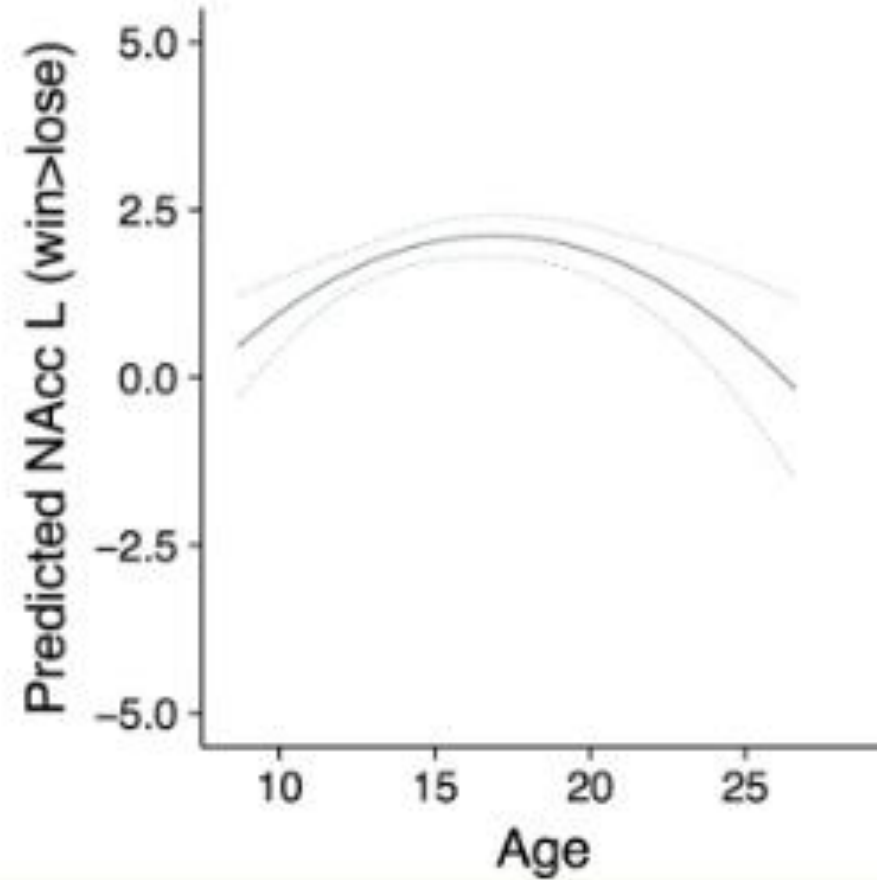
“It’s a social-validation feedback loop ... exactly the kind of thing that a hacker like myself would come up with, because you’re exploiting a vulnerability in human psychology.” – Sean Parker

REJECTION...

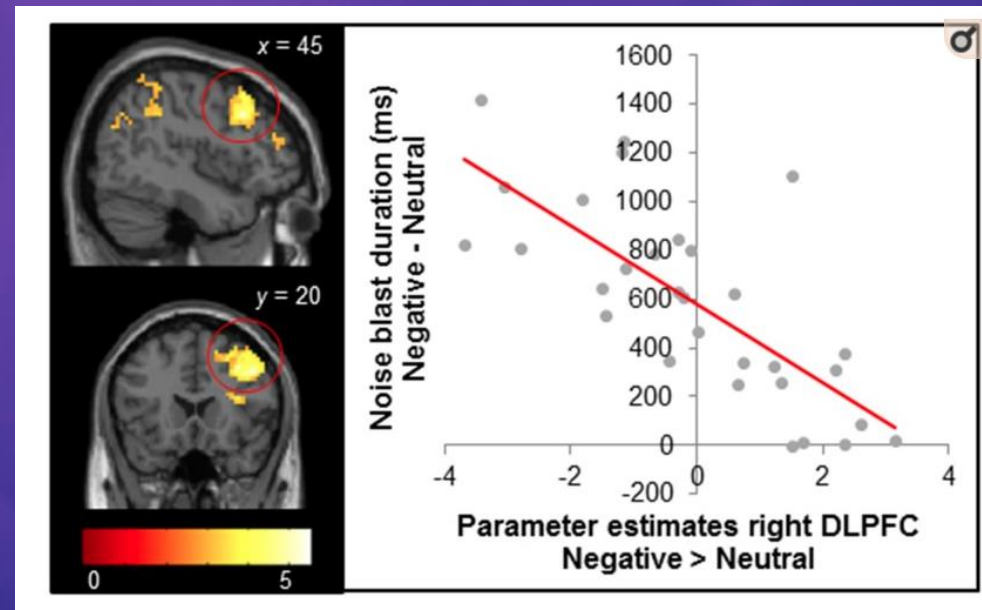
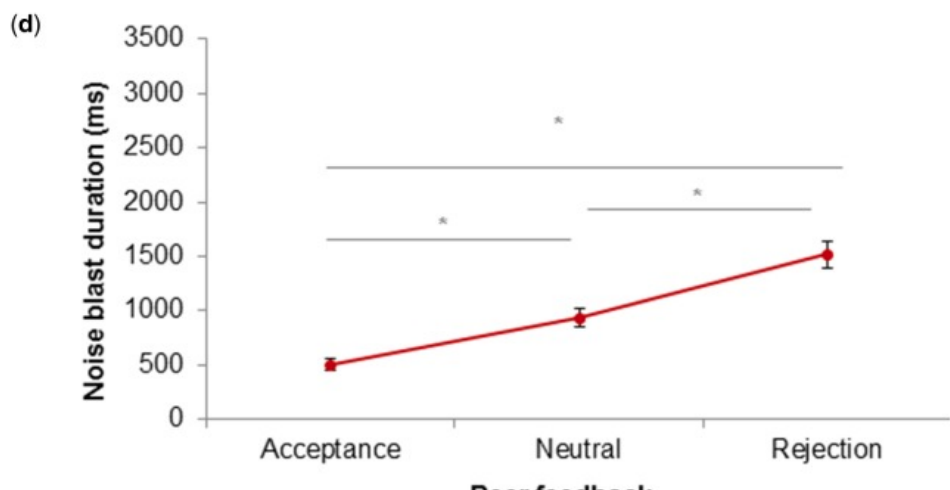
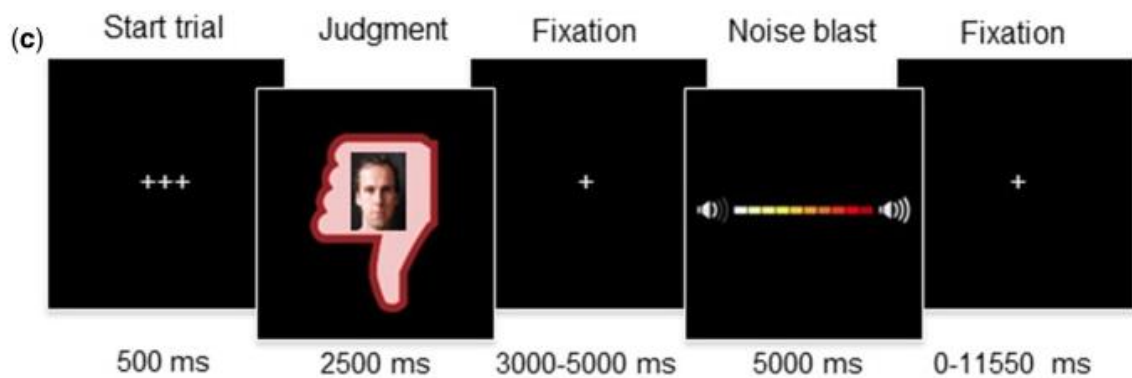
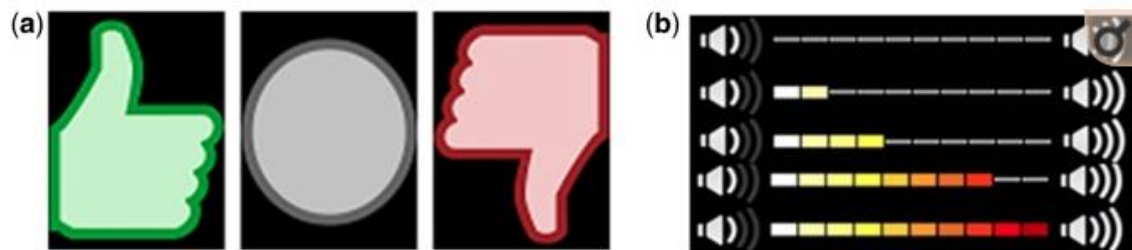
Will this person like you?



REWARD...

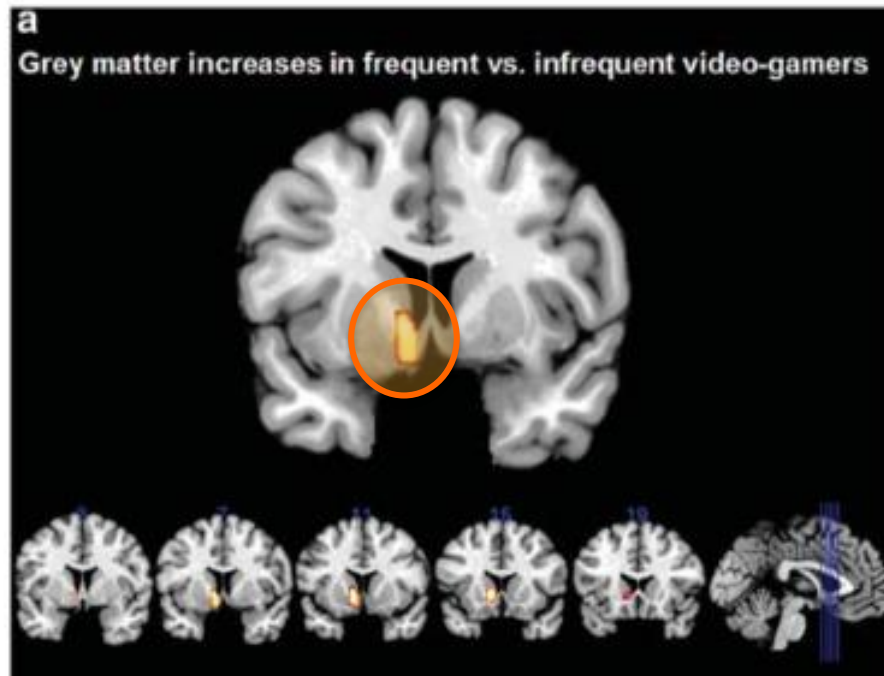
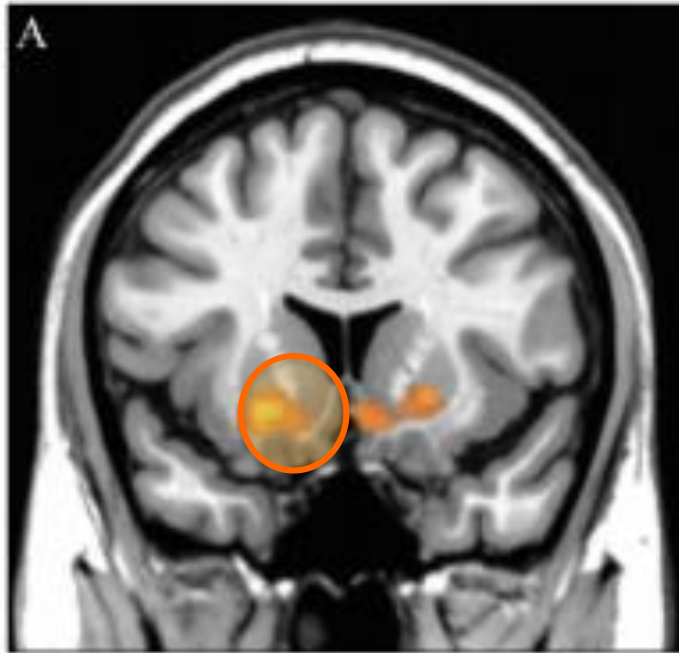


EMOTIONAL REGULATION...

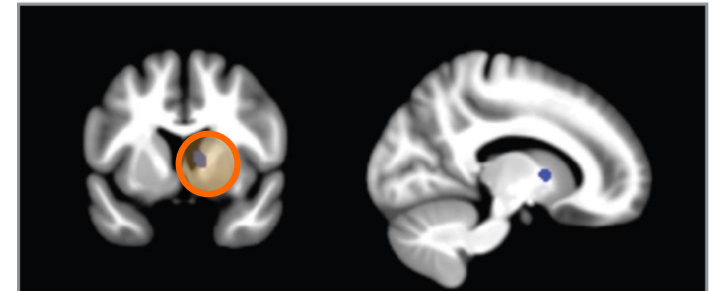


FACEBOOK AND NEURAL SYSTEMS

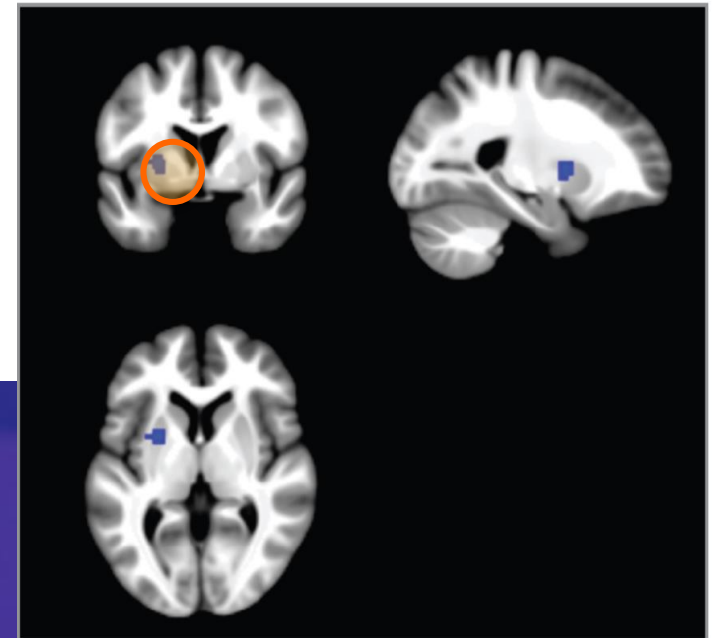
685



A Gray matter volume correlate of pornography consumption, h/wk



B Blood oxygenation level-dependent correlate of pornography consumption, h/wk during sexual-cue reactivity



Social media

Gaming

Porn

The Facebook Experiment: Quitting Facebook Leads to Higher Levels of Well-Being

Tromholt Morten 

Published Online: 1 Nov 2016 | <https://doi.org/10.1089/cyber.2016.0259>

Facebook Use Predicts Declines in Subjective Well-Being in Young Adults

Ethan Kross^{1*}, Philippe Verduyn², Emre Demiralp¹, Jiyoung Park¹, David Seungjae Lee¹, Natalie Lin¹, Holly Shablack¹, John Jonides¹, Oscar Ybarra¹

¹ Psychology Department, University of Michigan, Ann Arbor, Michigan, United States of America, ² Psychology Department, University of Leuven, Leuven, Belgium

RESEARCH ARTICLE

Answering the missed call: Initial exploration of cognitive and electrophysiological changes associated with smartphone use and abuse

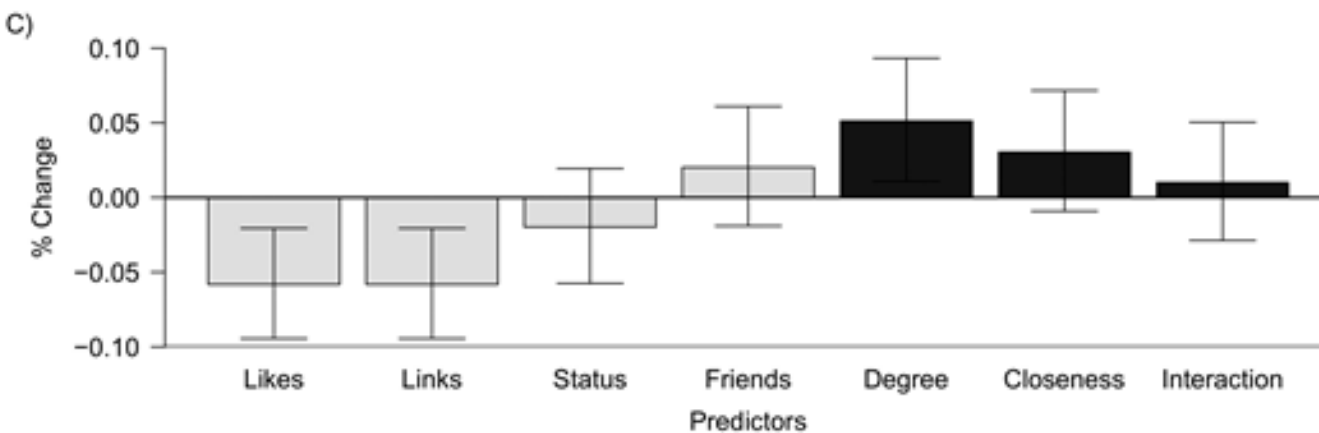
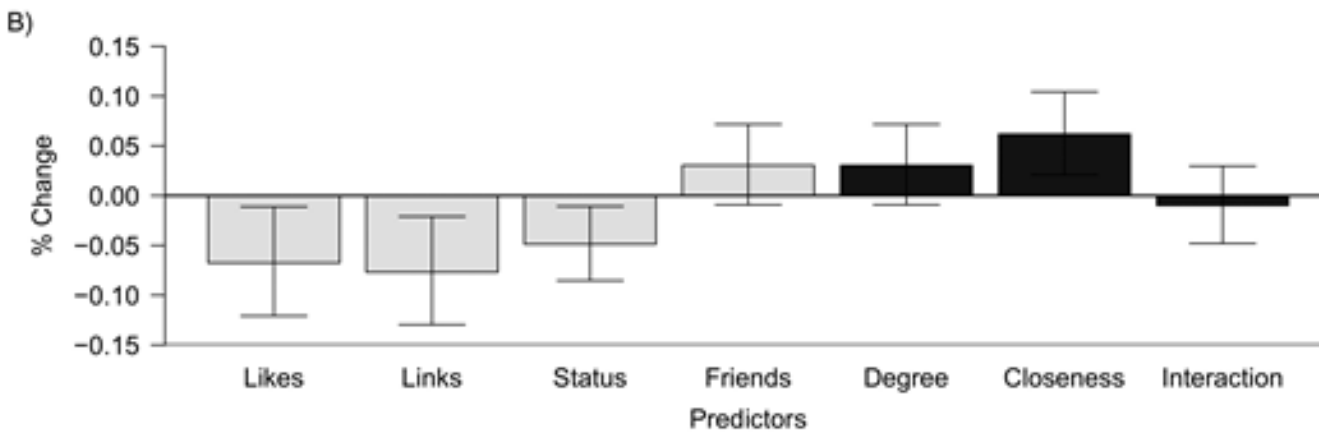
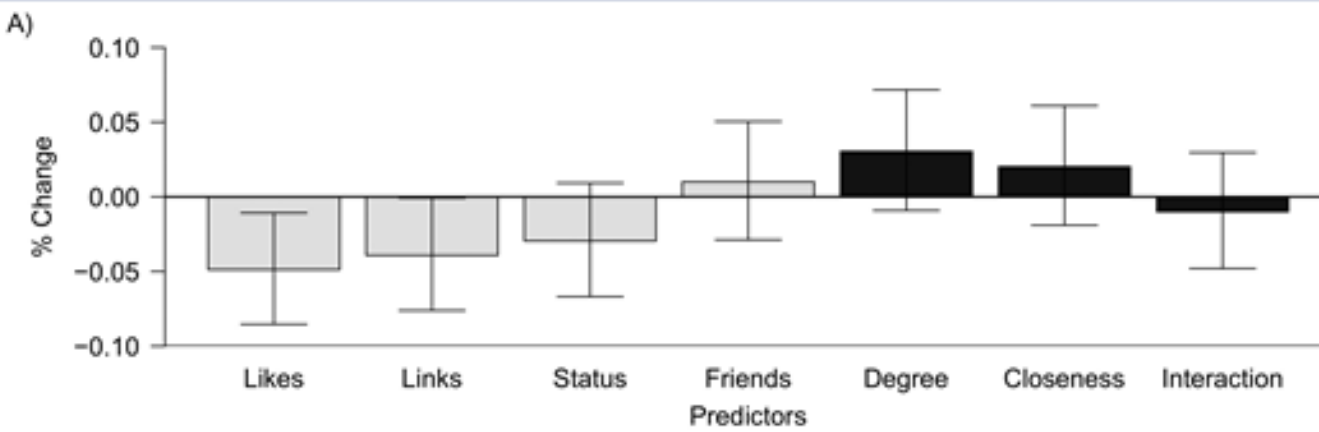
Aviad Hadar^{*}, Itay Hadas, Avi Lazarovits, Uri Alyagon, Daniel Eliraz, Abraham Zangen^{*}

Department of Life Science and the Zlotowski Centre for Neuroscience, Ben-Gurion University, Beer-Sheva, Israel

Association of Facebook Use With Compromised Well-Being: A Longitudinal Study ^{FREE}

Holly B. Shakya ✉, Nicholas A. Christakis

American Journal of Epidemiology, Volume 185, Issue 3, 1 February 2017, Pages 203–211, <https://doi.org/10.1093/aje/kww189>



Physical health

Mental health

Life satisfaction

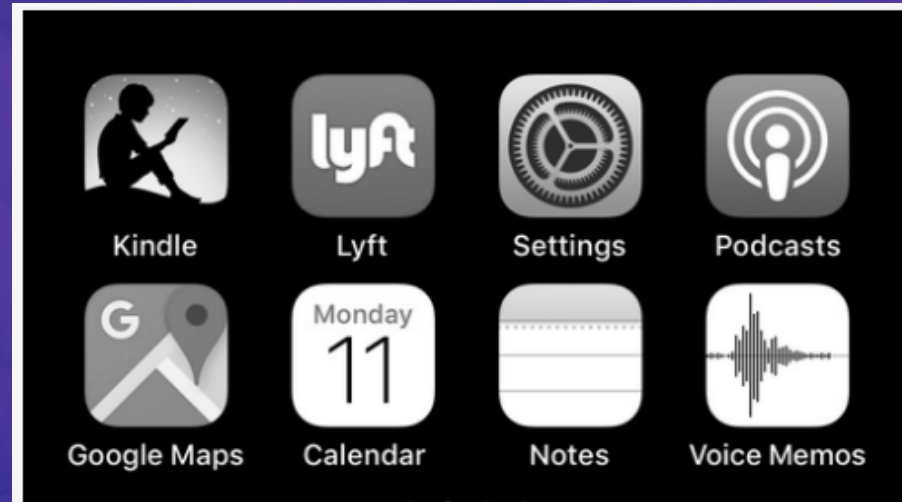
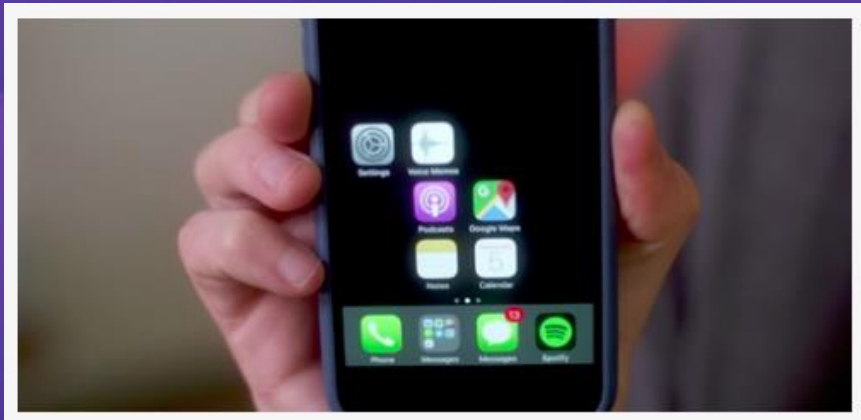
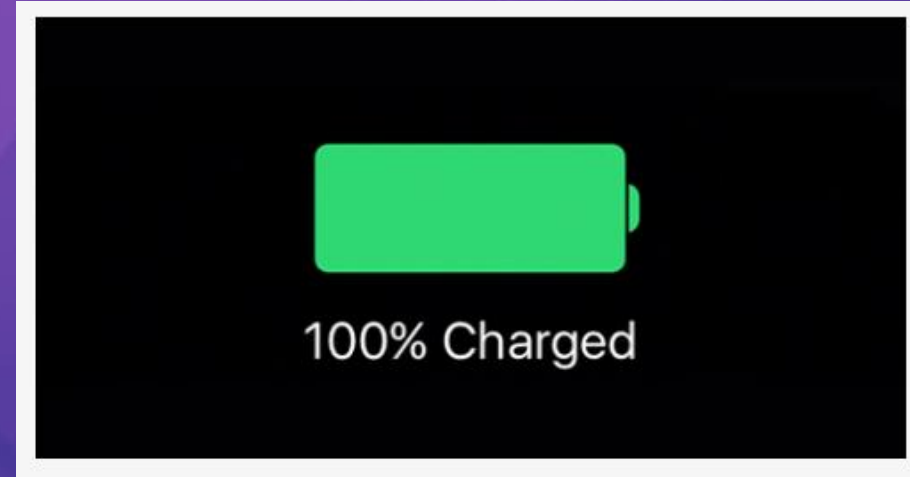
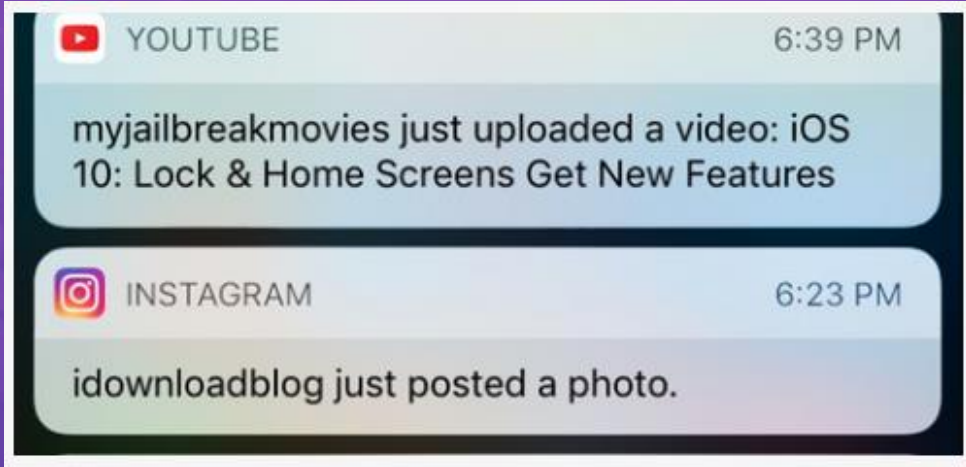
In the pursuit of happiness...
our longing for social
belonging and attention
drives us to engage in
social media in a way that
may lead to the opposite.

More screen time → more feelings of sadness, loneliness and anxiety.

The plan

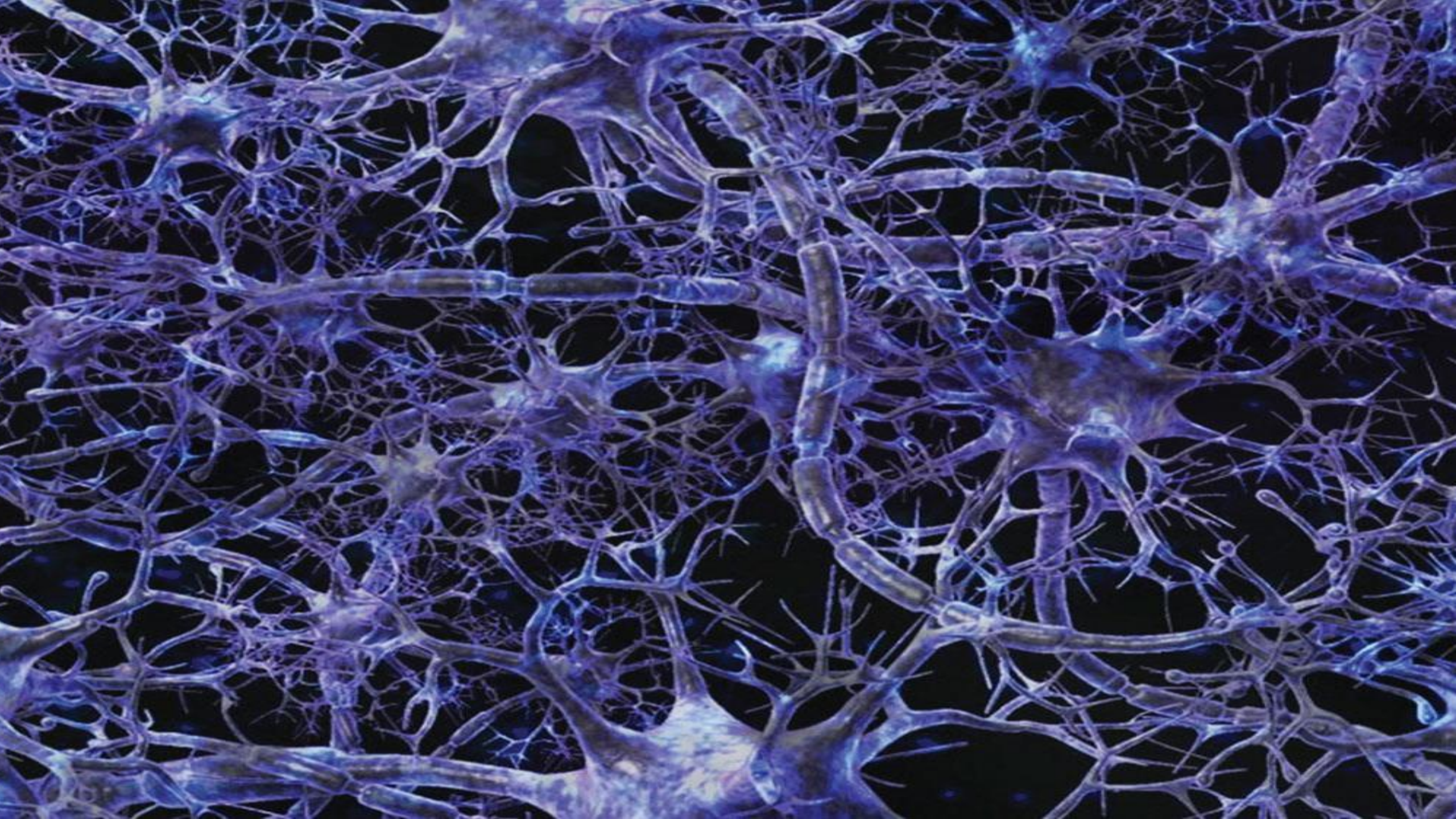
- Discuss the relation you have with screens today and what type of relationship you would like have
- Make a plan – set screen free times or zones, help change habits. Same rules for everyone!
- Spend time IRL, engage in meaningful activities

Helpful tricks!



The brain develops and reshapes itself based on our environment









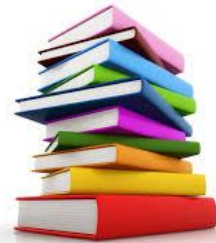
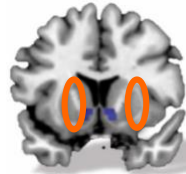






The brain develops and reshapes itself based on our environment

What we do affects how we feel



NETFLIX



The brain develops and reshapes itself based on our environment

What we do affects how we feel

**You can reshape your brain and how you feel
by changing what you do**

The Healthy Mind Platter



The Healthy Mind Platter, for Optimal Brain Matter



DAGENS NYHETER. [Nyheter](#) [Ekonomi](#) [Kultur](#) [Sthlm](#) [Sport](#) [Mitt DN](#) [Ledare](#) [DN Debatt](#)

Nyheter

Musikal ska få unga att prata om psykisk ohälsa



HEARTS

Thank you!

Email:
sisselanutley@gmail.com





Blended therapy is the (near) future of mental healthcare

- Marc Willems, CEO MindDistrict

Blended therapy is the future of mental healthcare

Mental Health Europe

April 20 2018, Ljubljana

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minddistrict

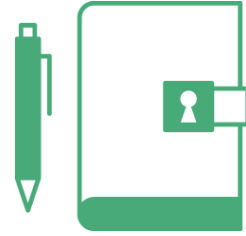
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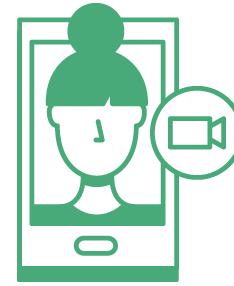
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Modules



Diaries



(Video)chat



Social network

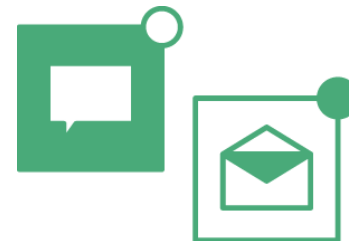
Different e-mental health tools



CMS



Tests



Messages & triggers



Connectivity



aftercare



support seeking behaviour



access points



treatment



screening



waiting list

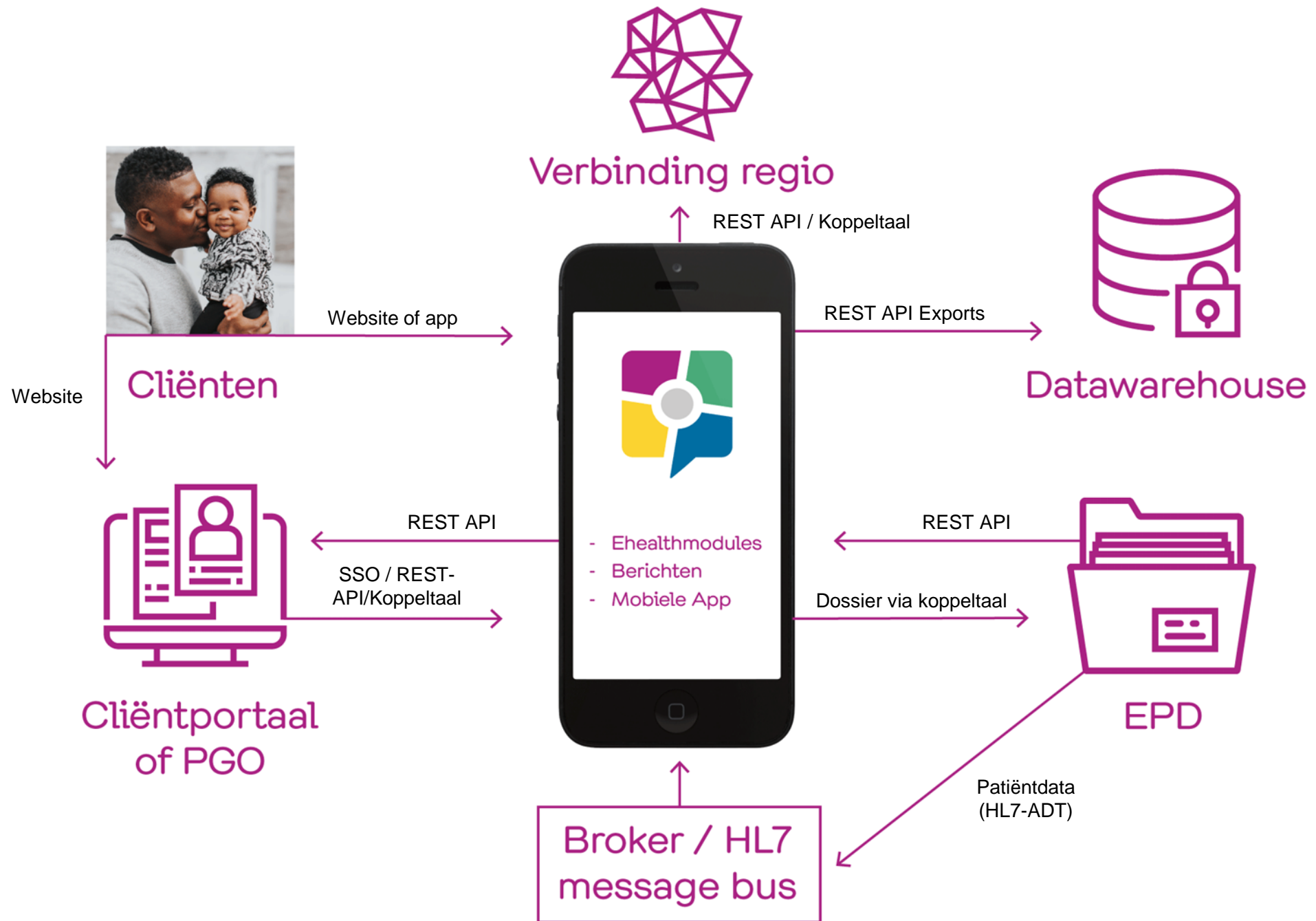


assessment



Personal route per patient





E-mental health,
six key areas of
application

Research

Clinic

Ambulant

Integrated
care

Prevention

Self help



UNIVERSITÄT
LEIPZIG



E-Mental-Health ist wirksam

Die Wirksamkeit der Minddistrict Interventionen wurden in zahlreichen internationalen und deutschen Studien untersucht. Gern lassen wir Ihnen die Ergebnisse zukommen.

Think patient centric

App

Recovery based self help

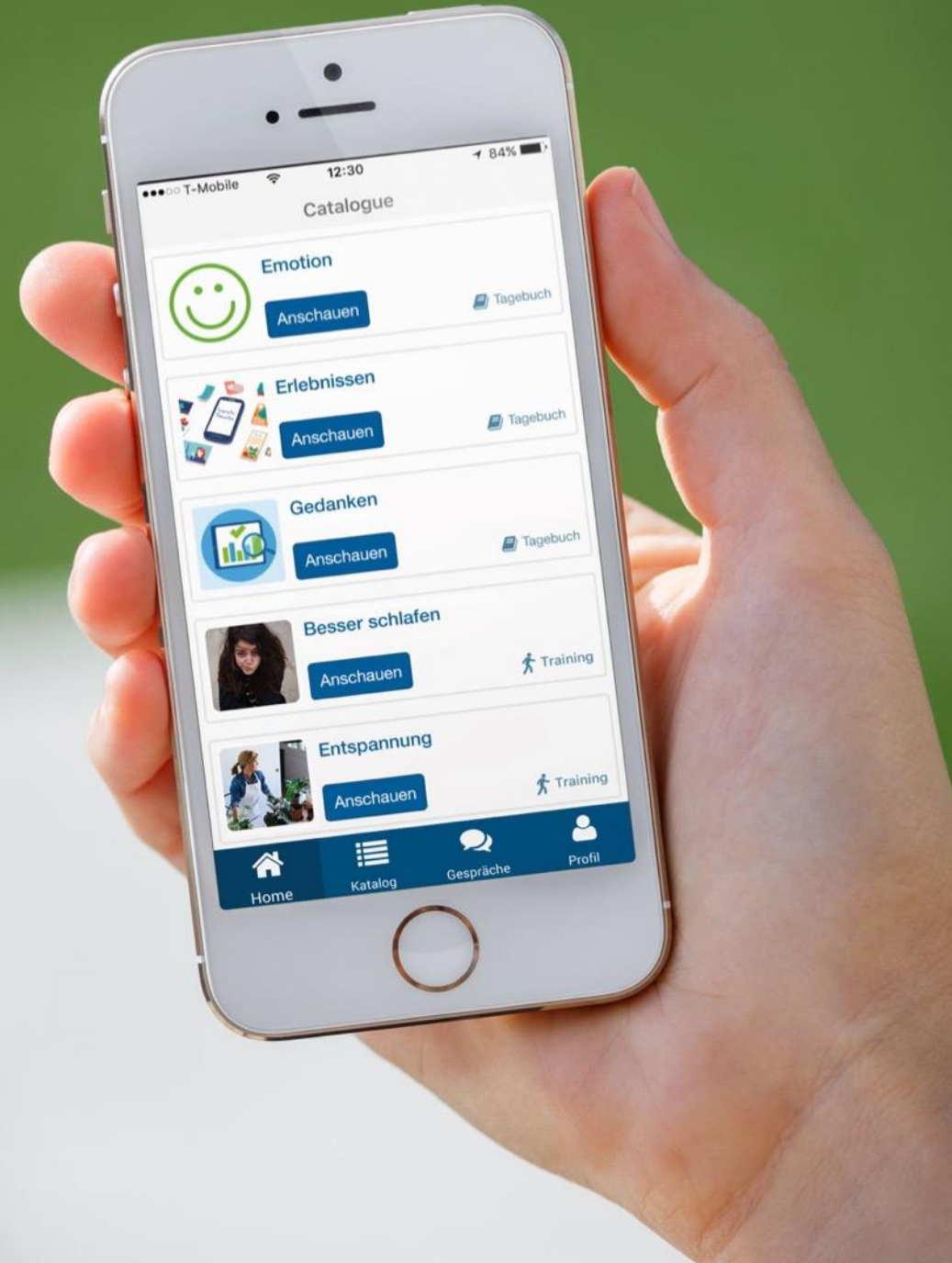
Friends

Professionals

Therapy anywhere/anytime

Different providers

Recommendations





Get going

Stakeholders

Vision 2020 & 2030

Start in 2 teams

Partner

Implement, learn & enjoy

Triple aim:



better outcome



higher reach



lower costs

Digital healthcare is able to improve the overall quality of care, but only if healthcare is willing to transform.

Don't use digital solutions as a band-aid, use them as a foundation for change.



Dr. Mark Willems
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Recovery through technology - innovative solutions and opportunities in e-mental health

- Liat Libling, Makshivim Net

RECOVERY VIA TECHNOLOGY

INNOVATIVE SOLUTIONS AND OPPORTUNITIES IN E-MENTAL HEALTH

MAKSHIVIM NET

INNOVATIVE SOLUTIONS
FOR DIVERSE POPULATIONS

LIAT LIBLING

CHIEF EXECUTIVE OFFICER



THE WORLD AS WE KNOW IT

- Face-to-face meetings.
- Driving to the rehabilitation sites.
- Recovery must be done outside the safe place (home).
- Physical interaction is needed to accomplish goals.
- No use of the internet because of technical problems.

THE FUTURE IS ALREADY HERE

We all have:

Phone, computer, tablet...

We all know:

Facebook, Skype, WhatsApp...

AR-assistive rehabilitation



WHAT IS E-MENTAL HEALTH?

❖ Easy

❖ Cost effective

❖ Safe

❖ Attractive

❖ Connects

❖ Persistent

❖ Available

❖ Cheap

❖ accessible

❖ Anonymous

OPPORTUNITIES IN E-MENTAL HEALTH

- ✓ Allows anonymity in view of the stigma.
 - ✓ Creating confidence and trust.
 - ✓ Empowerment of users.
 - ✓ Reach each age group.
 - ✓ Reach rural areas.
-
- e-tools does not replace the human contact.
 - Risks must be considered (internet addiction, lack of empathy, bullying and ethical problems, etc)

FROM MAKSHIVIM NET



ARTech

System to monitor client's personal file 24/7



ARPackage

System of combined Apps to see information in real time



ARChat

Secure chat, both in groups and one on one



ARContact

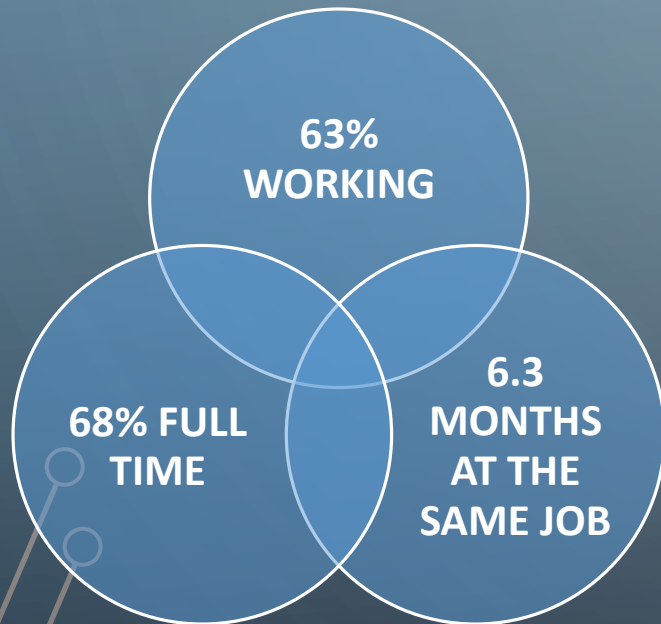
App to receive information from the client's social circle

FEW INNOVATIVE SOLUTIONS

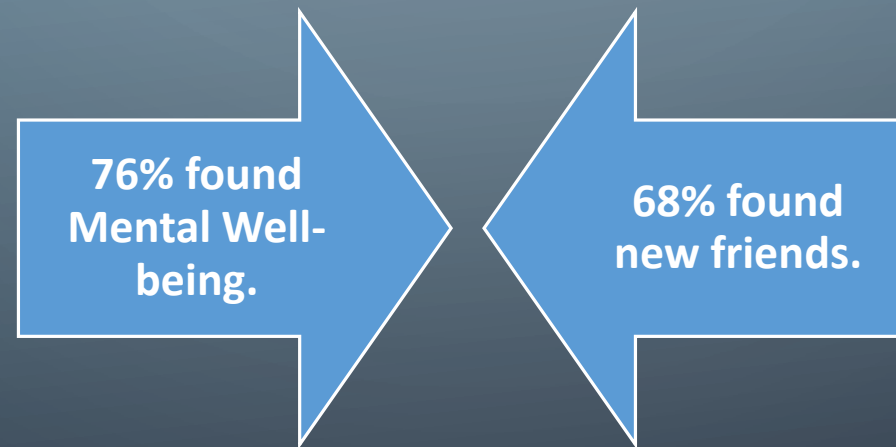
- Easy to access and accessibility via computer and smartphone.
- Multi- level Authorization.
- Open line to receive support in group or one on one.
- The technology is applicable for different recovery programs according to need.
- Data and messages monitored in real time according to programs, clients and more.
- Capability to give quality and statistic reports both personal and collective according to requirements

DATA AND STATISTICS

VOCATIONAL



SOCIAL



STRESS



APPRECIATE YOUR LISTENING

WWW.MAKSHIVIM.NET

e-Vocational





Preparing the European Parliament Elections 2019-2024

14:10-15:00



Understanding the Elections

- Laura Marchetti, Policy Officer

Overview

- ▶ What are the EP elections and why they matter?
- ▶ What can you do?
- ▶ Discussion about our common messages

EP elections: when and how

- ▶ Every five years by universal adult suffrage
- ▶ EP elections in 2019: between 23 and 26 May 2019
- ▶ There is no uniform voting system for the election of MEPs: each member state is free to choose its own system
- ▶ Distribution of seats is "degressively proportional" to the population of the member states (maximum of 96 and minimum of 6 seats)

EP elections: what changes in 2019

- ▶ MEP numbers to be cut from 751 to 705 after Brexit
- ▶ 46 of the 73 UK seats freed up for future possible pan-European lists and EU enlargement
- ▶ Remaining 27 UK seats to be shared out among 14 under-represented EU countries

What does the EP do? (1)

▶ Legislative

- ▶ Passing EU laws, together with the Council of the EU, based on European Commission proposals
- ▶ Deciding on international agreements
- ▶ Deciding on enlargements
- ▶ Reviewing the Commission's work programme and asking it to propose legislation

What does the EP do? (2)

▶ Supervisory

- ▶ Democratic scrutiny of all EU institutions
- ▶ Electing the Commission President and approving the Commission as a body. Possibility of voting a motion of censure, obliging the Commission to resign
- ▶ Granting discharge, i.e. approving the way EU budgets have been spent
- ▶ Examining citizens' petitions and setting up inquiries
- ▶ Discussing monetary policy with the European Central Bank
- ▶ Questioning Commission and Council
- ▶ Election observations

▶ Budgetary

- ▶ Establishing the EU budget, together with the Council
- ▶ Approving the EU's long-term budget, the "Multiannual Financial Framework"

How does it do it?

- ▶ 20 committees and 2 subcommittees, each handling a particular policy area. Their role is to prepare legislation.
- ▶ Twelve annual plenary sessions to pass legislation.
- ▶ 9 political groups.
- ▶ MEPs also have meetings by nationality.
- ▶ MHE's Coalition for Mental Health and Wellbeing

What has the EP done on mental health since the last 2014 European elections?

- ▶ UN CRPD
- ▶ European Pillar of Social Rights
- ▶ Occupational Health and Safety
- ▶ Gender and Mental Health
- ▶ Migration and Mental Health



ON OUR WATCH

Click on the picture for more info

What can you do for the 2019 EP elections?

- ▶ Keep informed
- ▶ Find you who will run in your country
 - ▶ Get in touch
 - ▶ Write to share our common messages
 - ▶ Invite to your events
- ▶ Take action with your network

MHE's possible messages for a pledge

- ▶ **Mainstreaming mental health and human rights in all EU policies**
- ▶ **Fight stigma and discrimination related to mental health**
- ▶ **Supporting deinstitutionalisation and investments in community-based services through EU funding**
- ▶ **Investing in mental health research and implementation**
- ▶ **Ensure a robust EU coordinated health action and the implementation of the European Framework for Action on Mental Health and Well-Being**
- ▶ **Meaningful involvement of representative, independent organisation in the field of mental health and (ex-)users of psychiatry in EU policy-making**



Thank you for your attention!

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Legal Capacity and the Right to Vote

- Marie Fallon, Policy Manager, MHE

Overview



- ▶ International level: UN CRPD
 - Right to legal capacity (art. 12)
 - Right to political participation (art. 29)

- ▶ National level: full, limited or no right to vote

- ▶ What can you do?

Legal Capacity



- ▶ United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) : The Right to Legal Capacity, art. 12

“Persons with cognitive or psychosocial disabilities have been, and still are, disproportionately affected by denial of legal capacity”

(General Comment no 1 (2014) CRPD Committee)

Legal Capacity



Article 12: right to legal capacity

Right to make decisions
&
to have those decisions respected
by others



Stop others from making
decisions on their behalf



Political Participation



▶ The Right to Political Participation, article 29

- The right to vote
- The right to be elected

▶ At the heart of democratic societies

- ▶ ***“Denial or restriction of legal capacity has been used to deny political participation, especially the right to vote, to certain persons with disabilities.” (General Comment no 1 (2014) CRPD Committee)***

National level - Obligations



▶ Two main obligations

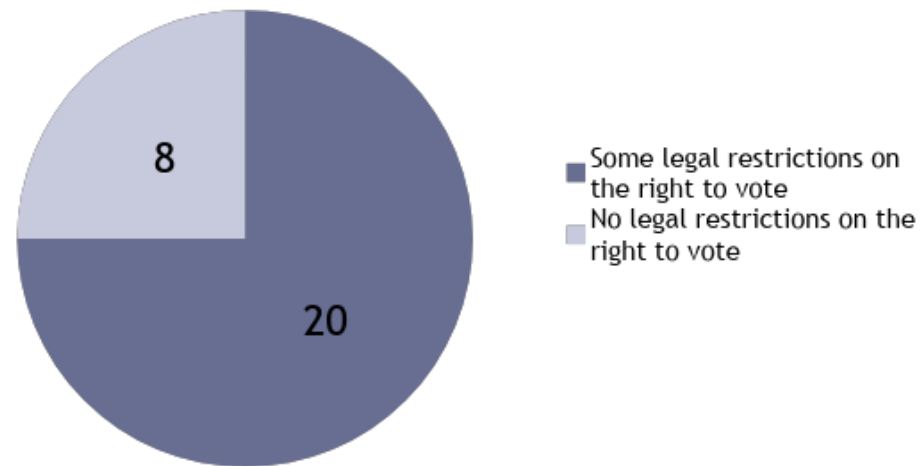
- No legal limits on the right to vote
- Ensure reasonable accommodations to overcome obstacles

Example: for people living in long-term institutions

National level - Situation



▶ Can persons deprived of their legal capacity vote across the EU?



Source: FRA, 2014

National level - Figures



▶ Full participation: 8/28 EU countries

▶ Limited participation: 11/28 EU countries

- Depending on judicial or medical decision

▶ Exclusion: 9/28 EU countries

National level - Figures (2)



Full participation	Case to case consideration	Total exclusion
Austria	Belgium	Bulgaria
Croatia	Cyprus	Denmark
Italy	Czech Republic	Greece
<i>Ireland</i>	Estonia	Lithuania
<i>Latvia</i>	France	Luxembourg
Netherlands	Germany	Poland
Sweden	Hungary	Portugal
United Kingdom	Malta	Romania
	Slovenia	Slovakia
	Spain	
	Finland	

What can you do?



▶ Raise awareness

See MHE's previous work on the issue (Video, Position Paper, UN CRPD Implementation Report...)

▶ Share promising practices



Thank you for your attention!

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Transparency in the field of mental health

15:00-15:45



Transparency in healthcare

- **Marcin Rodzinka MHE, Project Coordinator**

Transparency in healthcare

- ▶ Transparency in healthcare is a concept, with a wide range of interpretations based on country, care setting, and stakeholder group
- ▶ Information available to public
- ▶ Transparency applies to issues such as:

Drug pricing

Healthcare costs

Transfers of value

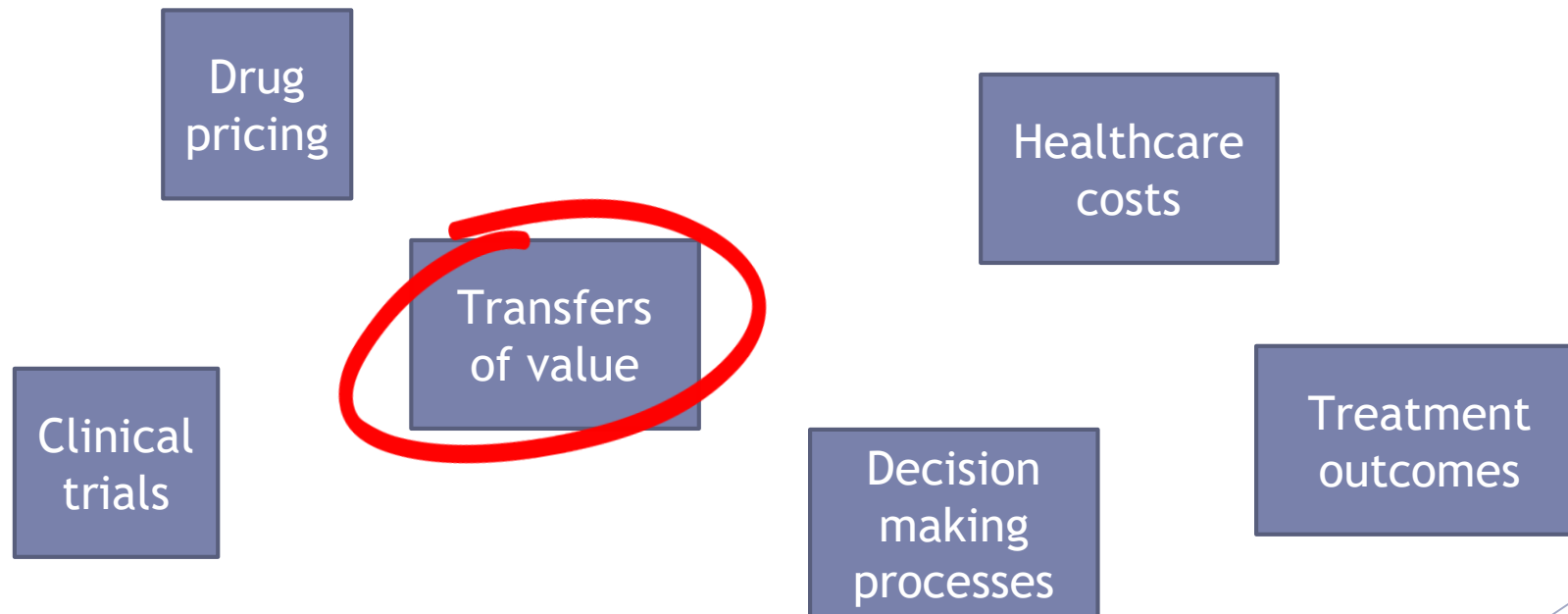
Clinical trials

Decision making processes

Treatment outcomes

Transparency in healthcare

▶ The scope of the Shedding Light project





- ▶ **“Shedding Light”** is a project run by MHE, which looks at transparency issues between the mental health sector and the pharmaceutical industry
- ▶ Lack of transparency has led to overmedicalisation, reinforcement of narrow biological conception of the nature of mental health problems and playing down the impact of adverse effects
- ▶ Supported by a grant from the Foundation Open Society Institute in cooperation with the Public Health Program of the Open Society Foundations

Who is involved?

Patients
/users

Pharma /
MedTech

HCPs

HCOs

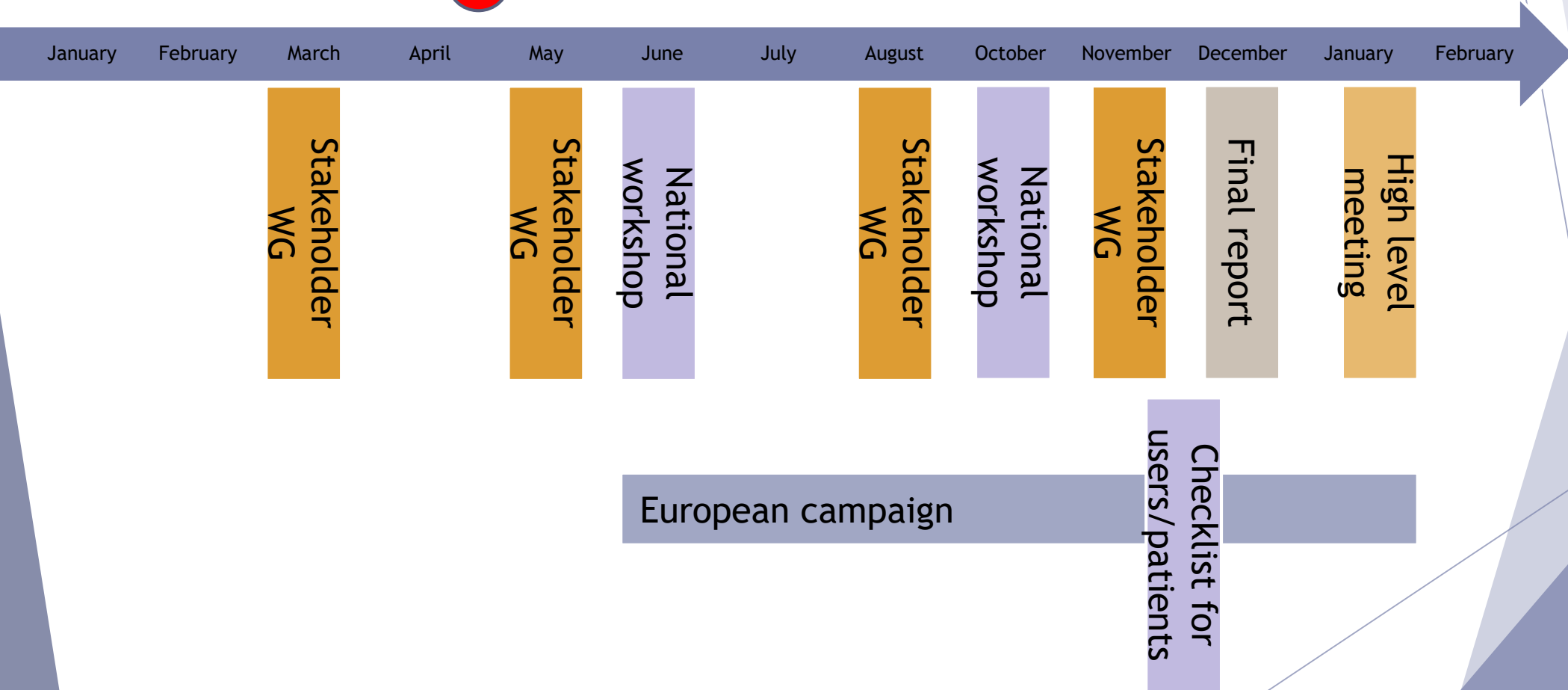
Public health
organisations

...




Objectives

- ▶ Raising awareness about the importance of transparency in the field of mental health and encouraging the adoption of sunshine and transparency laws across Europe
- ▶ Building support for greater transparency among policymakers and relevant stakeholders
- ▶ Providing reliable information about the role of transparency in collaborative decision-making about treatment
- ▶ Empowering people who seek support for their mental ill-health in their relationship with health professionals

What are the steps of the Shedding Light project?



SUNSHINE & TRANSPARENCY LAWS, REGULATIONS AND CODES ACROSS EUROPE

-  Countries covered by EFPIA disclosure code
-  Countries not covered by EFPIA disclosure code
-  Sunshine law / Regulation
-  Transparency / Anti corruption laws

