

How can the lay organizations in the field of psychiatry work with the basic scientists and the clinicians to fight psychiatric disorders

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- GAMIAN Europe (Global Alliance of Mental Illness Advocacy Networks-Europe) is a patient-driven pan-European organization, that represents the interests of persons affected by mental illness and advocates for their rights.
- GAMIAN was founded in 1997 by 12 Advocacy Groups and Associations whose activity was and still is dedicated to helping and supporting those who suffer from mental illness
- GAMIAN-Europe was initially registered in ZUG, Switzerland and in 2002 the Statutes of GAMIAN-Europe were approved in Brussels, Belgium, by a Royal Decree that gives juridical personality to GAMIAN-Europe.
- Full membership is the prerogative of those associations that include patients in their governance bodies and ensure patient participation in their activities.

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- From a network that was dedicated mainly to organizations operating within the field of mood disorders, we have now developed a network that includes 49 organizations dealing with various mental disorders and this allows GAMIAN-Europe to present itself as a true Pan-European Advocacy organization operating across the whole spectrum of Mental Illnesses.
- Since 2010 GAMIAN Europe is actively involved in the **Interest Group on Mental Health, Well Being and Brain diseases of the European Parliament** and have produced statement papers on European policy developments, making sure that the patient's voice is heard and taken into account when policies are developed.
- Since 2014 GAMIAN Europe is actively involved in European Research projects (FP7)

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In order to put and keep mental health on the EU agenda, strong links with the EU institutions are needed. The European Parliament is a strong ally for GAMIAN-Europe, as it can

- produce Own Initiative reports
- amend Commission proposals
- ask critical questions to Commission

This is why GAMIAN-Europe has worked with MEPs since 2009, when the **Interest Group on Mental health, Well-being and Brain Disorders** was launched.

IG brings together MEPs with a common interest in mental health field to discuss European policy development and take initiatives that can lead to or influence policy initiatives.

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GAMIAN Europe main activities are:

- Advocacy on behalf of psychiatric patients for respecting the rights of the patients,
- Information, education and training for patients with psychiatric illnesses and general public,
- Anti-stigma and anti-discrimination campaigns,
- Co-operation and partnerships with other NGOs, professional associations, pharma companies, decision making bodies.

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- According to the World Health Organization, neuropsychiatric disorders account for at least 20% of the global burden of illness-related disability, and all represent complex disorders of brain functioning.
- Psychiatry is the medical specialty that seeks to help (assess and treat) people diagnosed with complex brain disorders including depression, bipolar disorder, anxiety disorders, schizophrenia, substance abuse disorders, developmental disorders such as autism, and neurodegenerative disorders such as Alzheimer dementia.

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- Psychiatry includes and is informed by a broad range of basic biological and social sciences and has at its disposal many tools (brain imaging, neuropsychopharmacology, neurophysiology, epidemiological models of risk and protective factors, and neuropsychology) for developing new assessment and treatment approaches.
- In order to discuss the way the lay organizations in the field of psychiatry work with the basic scientists and clinicians to fight psychiatric disorders we need to make an overview of the key conceptual and social issues that psychiatry is facing now.

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Strengths

- The assessment tools of psychiatry (the use of structured diagnostic instruments) and its treatments (including maintenance pharmacotherapy to prevent relapse and recurrence) are good, but they are far from excellent.
- Patients often improve substantially, but many do not recover fully and now experts and practitioners recognize the need to incorporate multiple dimensions (severity, distress, impairment) into their assessment procedures to better accommodate advances in relevant basic brain and behavioral sciences and to enhance clinical relevance.
- GE believes that this multidimensional assessment should be a fundamental goal of the diagnostic

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- Another strength is the availability of systematic evidence base to inform psychiatric treatment, due to rigorously controlled randomized clinical trials (RCTs), including those testing theoretically based, disorder-specific psychosocial treatments (cognitive behavior therapy for depression).
- Also, the field is scientifically committed to both optimizing treatment outcomes and personalizing treatment for those living with psychiatric disorders and this commitment led to the creation of models of care (depression care management) that allow evidence-based practice to reach both specialized mental health and general medicine settings.

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- Selective and indicated preventive intervention for depression is also beginning to emerge as a feasible and effective strategy in primary care and specialty settings; such strategies recruit individuals at high risk for psychiatric illness.
- Some preventive interventions are psychosocial, such as the use of problem-solving therapy to prevent or delay depression in people living with macular degeneration; others are psychopharmacologic, such as antidepressant medications for post-stroke patients at risk for depression.

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- One of the greatest strengths of psychiatry is the number of young people entering the field and its related basic and applied disciplines; slightly more than 4% of graduating seniors in the USA medical schools and 2% at the global level enter psychiatry.
- The expanding knowledge of the neural substrates for the cognitive and affective functions that are disturbed in psychiatric disorders is creating an increasingly more comprehensive database for the generation of testable hypotheses about the biological underpinnings of psychiatric illness.

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- Psychiatrists are also now better able to estimate risk for mental illness based on genetic information and to predict treatment response variability using pharmacogenetic information; in this sense, the traditional boundaries between psychiatry and neurology, between mind and brain, are disappearing.

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Psychiatry has some weaknesses, too:

- it has paid too little attention to inequalities in the delivery of mental health services to vulnerable populations;
- the integration of mental health services into other areas of medicine, from pediatrics to geriatrics;
- the unmet mental health needs of medical students and physicians generally (whose rates of suicide are two to three times higher than in the general population).

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- Relative to most other specialties in academic medicine, the number of research-intensive departments of psychiatry is relatively small across Europe. This reflects a need for several challenges to the field:
- A higher number of psychiatrists to complete research fellowships,
- A more flexible approach to graduate medical education with adequate flexibility to allow the integration of research training into subspecialty clinical training,
- A need to recruit a fair share of the best and brightest medical students early enough into clinical neuroscience research

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Opportunities

- Embedded within the strengths and weaknesses of psychiatry as a discipline of clinical neuroscience are tremendous opportunities to conduct research into the causes of mental illness;
- to chart the developmental trajectories of mental illness so as to determine when, where, and how to intervene;
- to develop mental health treatments and approaches responsive to diverse needs and circumstances; and to strengthen the impact of treatments for mental illnesses on public health.

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- The opportunity to develop and implement organization models of mental health service delivery that have public health relevance will further psychiatry's reach and allow it to combat stigma against the mentally ill.
- The development of advocacy and user health information initiatives through partnerships with patients and families living with mental illness **is extraordinarily important to the campaign to improve financing and accessibility of mental health services**

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- Psychiatry has a duty to change the institutional culture of academic medicine in a way that supports medical students and physicians seeking mental health services for themselves.
- For example, teaching medical students and physicians to better recognize depression in themselves and in their colleagues may lead to decreased rates of physician disability and suicide—and increase the likelihood that non-psychiatrist physicians will recognize depression in their own patients.

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Difficulties to overcome

- Not enough financing
- The organization of medical practice; structural barriers (the lack of electronic health records, decreasing institutional support, and orientation to acute rather than chronic care) hinder the implementation of evidence-based mental health services in general medicine and pediatric practices.
- Social realities, such as the persistence of stigma against the mentally ill, and health/science policy (the inadequate funding of mental health research).

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- The failure to recruit students and the attendant workforce implications (the low number of child/adolescent and geriatric psychiatrists, the low number of psychiatric trainees embarking on research careers).
- Finally, the infrastructure needs of psychiatric and mental health research—from basic laboratories to community-based services—require ongoing, planned development.

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- EU research therefore has focused on this area: the EU's 7th Framework Programme on Research and Development (FP7) dedicated € 2 billion to brain related research including mental health, funding international multidisciplinary research to:
 - Study brain diseases and identify new diagnostics, therapies and regenerative or restorative therapeutic approaches
 - Improve the management of brain diseases i.e. provide better healthcare at lower cost
 - Promote mental health, prevent mental disorders & strengthen the capacity of health care service

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- Patients want to be involved both in the concept of the research (is the research relevant?) as well as the dissemination of the results (how can we benefit from the results?).
- GAMIAN-Europe has built over years, a solid network of contacts with researchers and as a result was invited to participate as a partner in Stakeholder Advisory Board of ROAMER project is a three-year project funded by EU's 7th Framework Programme, to create a coordinated road map for the promotion and integration of mental health and well-being research across Europe, based on a common methodology and conceptual framework that covers the full spectrum of biological, psychological, epidemiological, public health, social and economic aspects of mental health and well-being.

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- GAMIAN-Europe is a full partner in three other EU's FP7 funded projects – e-Compared, Mood Food and Mastermind.
- GAMIAN-Europe's role in these projects is to participate in the project from the very beginning, to play an advisory role in the work packages, to organize patient advisory boards related to the progress of the projects and to inform GAMIAN-Europe members.
- GAMIAN-Europe website includes a dedicated research section, a quarterly newsletter is produced for each project and the activities are reported on the GAMIAN-Europe Facebook page.
- The experience of working in these research projects is very positive: there is a real dialogue and mutual respect and trust.