Emerging Priorities in Mental Health and Addiction: the Virtual World, Ageing and Migration

On the 3rd of June 2016, St Andrews, Scotland, welcomed over 70 delegates from across Europe to discuss and debate emerging priorities in mental health.

The conference took place in the Medical and Biological Sciences building of the University of St Andrews. Conference convener Alex Baldacchino and co-director Thilo Kroll (SDHI, Scotland) opened the event. Tim Greacen (Paris, France) welcomed the delegates as ENTER chairperson. The morning session saw the plenary speakers set the scene by introducing the three main themes of the conference: Migration, Ageing and the Virtual World. Bojan Šošić (Academy of Sciences and Arts of Bosnia and Herzegovina), unable to attend in person due to UK visa restrictions, addressed the audience via an online link on issues such as the drivers of migration, the influence migration has had in shaping the global environment and how the decision to migrate can come down to personal values and not just direct pressure or finances. Then, Ilana Crome (Keele University, England) spoke of how we need to look more closely at the terminology that defines mental health and/or addictions when applied to issues specific to ageing populations. Finally, Wendy Moncur (SDHI, University of Dundee, Scotland) rounded up the plenary session by looking at how emerging practices using digital technology are providing new coping mechanisms for bereavement and how such technology raises issues around the boundaries between the natural and digital lifespan.

Following the poster session over lunch, the afternoon saw breakout sessions on the three main conference pillars of virtual world, ageing, and migration.

Virtual World

In the virtual world session, speakers from Scotland, England, Ireland and Spain presented work on new approaches to the prevention or treatment of mental health issues using tools from the virtual world. Silvia Rosado (Parc de Salut Mar, Barcelona, Spain) began by discussing the pros and cons of using virtual reality (VR) technology to help people overcome flight phobia. Alex Baldacchino, SDHI, Scotland, described the development of ORION, an online tool which provides opioid-dependent patients a means to self-assess their risk perception of overdose against seven risk factors. Ann-Marie Mann (University of St Andrews, Scotland) then presented an app which enables recovering addicts to track progress and access their local recovery network. Developed with end user input, the app does not retrieve personal information. Ana Salzberg (University of Dundee, Scotland) described a project which aims to examine the effectiveness of recreating the cinematic experience for care home communities in Scotland to help combat loneliness and cognitive decline. Agnes Higgins (Trinity College, Dublin, Ireland) spoke about how two independent studies in Ireland into the mental health and wellbeing of LGBT people raised issues around the information available to LGBTs on line. Where a number of young people reported finding inspiration to make decisions about their sexual orientation from stories on line, there was a lack of positive stories for transgender and bisexual people and a lack of information on strategies for coming out. Juan Ye (University of St Andrews, Scotland) is developing a mobile phone-based system which monitors real-time application usage to try and understand
how people use their mobile devices in social situations and to determine how people can be discouraged from using the phone during social situations by intervening to divert attention back to their social partners. Chris O’ Sullivan from the Mental Health Foundation in England, rounded up the session by taking the audience through the current trends and barriers to using personal technologies for self-management of mental and physical health. He described the potential benefits, risks and ethical issues associated with their use, such as the ethics of data ownership and sharing, and the psychological issues associated with quantifying health. Chris produced a picture of how to get past these obstacles and called for constructive engagement of people with experience of mental ill health to engage in the development of new self-management tools.

Ageing

In the session on Ageing, speakers from Ireland, Italy, England, Scotland and Poland talked about means of addressing and monitoring mental health in the elderly. Andrea Koenigstorfer (Dublin Simon Community Sure Steps Counselling Service, Republic of Ireland) opened this session by drawing on case examples to highlight the need for specialist services in identifying and dealing with mental health issues of elderly homeless individuals. Stephano Zanone (Rovigo, Italy) spoke of a study to bring multiple agencies together to increase understanding and to better train policy-makers and service providers in dealing with depression, self-harm and suicidal ideation in elderly people in rest homes. Trish Hafford-Letchfield followed looking at how lifelong learning can help address the unmet needs of elderly people and their carers to encourage engagement and promote mental and physical health to improve quality of life. Interventions using younger learning mentors can promote engagement through reciprocal learning experiences, while bringing a more person-centred perspective to living in care. Kirsty Miller (University of Dundee, Scotland) presented a review of work which suggests that moving from traditional risk-focused approaches to mental illness and addiction in elderly people towards one that also considers group identification and social identity can lead to healthier behaviour and greater psychological and physical well-being. The final speaker in the session, Katarzyna Prot-Klinger (Academy of Special Education, Warsaw, Poland) described how psychotherapy is a valuable route to empowering the elderly. She illustrated this through a therapeutic programme in Poland which aims to address the psychological legacy for children who survived the holocaust, with new initiatives enabling survivors to promote their stories in schools and through written media, thus allowing individuals to externalise their experiences.

Migration

In the migration breakout session, presenters from Scotland, Ireland, Slovenia, Spain and Greece highlighted emergent mental health challenges in different national contexts. Steve MacGillivray (University of Dundee, Scotland) reviewed the evidence base around the alcohol and substance abuse among migrants. He pointed to the conceptual challenges of ‘identifying’ migrants and concluded that, despite extensive searching through databases and grey literature, there are no reliable estimates of incidence and prevalence rates of alcohol and substance abuse in migrants in Europe.

Rebecca Murphy (Trinity College Dublin, Ireland) discussed the mental health situation of African migrants in Ireland and the impact that ‘living in camps’ and feeling disconnected from the social, cultural and economic life in their new or temporary host country can have. She importantly distinguished between pre- and post-migration trauma: in many cases, the living circumstances in the new host country are responsible for mental health concerns and traumatisation or re-traumatisation. Mojca Urek (University of Ljubljana, Slovenia) then reported how she worked as a volunteer and observer when refugee waves over a few short weeks moved through Slovenia until the Austrian border to the North and the Hungarian border to the East were closed. An unprecedented number of refugees got stranded and threatened to overwhelm the resources of a small country. Using photographs, she painted a powerful and emotional picture of how the initially very welcoming and understanding atmosphere of the public turned into concern and weariness about those ‘others’. Enthusiastic support was replaced by providing basic hand-outs. In this situation, it was impossible to address the emotional and social needs of refugees.

Then, Anna Mané (Hospital del Mar, Barcelona, Spain) highlighted the challenges of providing mental health services to the undocumented or ‘nameless’ migrants who do not easily fit into the health care system. In some instances, only mental health ‘first aid’ can be provided as the migration status is unclear and a long-term therapy may not be feasible or fundable.

Finally, the session concluded with a very bleak scenario from Greece, which has accommodated most refugees in Europe while facing 45% reductions in public expenditures as a result of massive austerity measures imposed on the country. Panagiotis Chondros from the Greek organisation EPAPSY showed how the country has produced innovative ways of providing fast initial mental health responses to refugees.

The conference served as a great opportunity to form or strengthen existing collaborations and academic-practice networks across Europe.

Contact Fred Comerford at fac1@st-andrews.ac.uk for further information.
ENTER’s AGM was held on the 2nd June 2016 in St. Andrews, Scotland, with 15 of the 18 ENTER members present. One member was unable to attend due to lack of available funding. Another was unable to get a visa. Two workshops were held in the morning session, the first on research and second on training. The research workshop, led by the Vice-chair for research, Marja Kaunonen, identified a series of research priorities for 2016-2017 and presented several research calls already published or due to be published during 2016 that are potentially interesting for ENTER.

Themes addressed include:
- Violence within families
- Addiction
- Primary prevention for young people (< 25 years of age)
- Mental health promotion in schools (Middlesex)
- Trauma in children

Two further themes were brought up by ENTER partners working on local projects:
- Mental health promotion in schools (Middlesex)
- Trauma in children

The training workshop looked into how ENTER could further promote and disseminate the training material which has been developed through ENTER projects since 2000. It was decided that a working group, led by Carmel Clancy, would look into the creation of an ‘ENTER Academy’ and present its proposal at the 2017 AGM. The Working Group proposal will take into account issues concerning intellectual property, accreditation, using ENTER member institution staff as trainers to generate income for the ENTER Network or the ENTER Academy, the need for recruiting staff specifically to set up the Academy and its internet/website aspects. Members of the working group include representatives from Athens, Barcelona, Bodo, Middlesex, Paris, Saint Andrews and Vilnius.

At the afternoon business section of the AGM, the Steering Group presented its annual report which was unanimously approved. Elections were also held and the result was:
- Tim Greacen (Maison Blanche, Paris, France) was re-elected as Chair for two years.
- Ian Dawson (Nordland Hospital, Bodø, Norway) was re-elected as Secretary for two years.
- Marja Kaunonen (University of Tampere, Finland) was re-elected as Vice-chair for research for four years.
- Silvia Rosado (Parc de Salut Mar, Barcelona, Spain) was elected as Vice-chair for training for four years.
- Lidka Zablocka-Zytka (APS, Warsaw, Poland) was elected as Treasurer for four years.

Finally, it was decided that the 2017 AGM and conference would be held in Zealand, Denmark, hosted by our ENTER member, the Psychiatric Research Unit for the Region of Zealand. The theme for the 2017 ENTER Conference: Mental Health and the Virtual World.

Tim Greacen warmly thanked Carmel Clancy and Kasia Prot-Klinger, the outgoing Steering Group members, for the time and energy they have contributed so wholeheartedly during their respective steering group mandates.

New Members at the Steering Group of ENTER

Silvia Rosado Figuerola works as a nurse specialising in mental health in the Psychiatry Department of the Hospital del Mar in Barcelona. She is a lecturer in mental health at the School of Nursing. Her main research interests include anxiety and depression linked to somatic illness, first episodes of schizophrenia and crisis intervention, health promotion and new technologies.

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Lidia Zablocka-Żytka, PhD, Maria Grzegorzewska University, Warsaw is a researcher-practitioner combining clinical practice as a psychotherapist with research and teaching. As a researcher, her fields of interest include mental health promotion and the mental health of young adults.

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Dear ENTER,

The UK Brexit decision comes as a deep shock to us all. We are in dangerous times. The sea is rough. We must fight to keep the doors open. But as an initial reaction, as Chair of ENTER Mental Health, may I express my deepest solidarity with our three ENTER partners in the UK: Middlesex University, the Mental Health Foundation and the Social Dimensions of Health Institute. We stand by your side in these difficult times.

For ENTER, the symbolic implications are enormous. ENTER was founded in London in the year 2000: that is where our first Annual General Meeting took place. UK partners have been present and active in the Steering Group from the very start, right up to the present year. The first ENTER Chairperson was Peter Ryan from Middlesex. Peter remained in this position, making major contributions to the network in many different areas, for over 10 years. Peter was followed by Carmel Clancy in her role as Vice-Chair in charge of training. With Perth in 2006 and SDHI in 2016, Scotland has hosted two ENTER conferences. In 2016, the UK is the only country to have three members in our network (Poland and Denmark each have two members). The Mental Health Foundation joined us only in 2015, but already their representatives have made a real impact in our AGMs and Conferences. Our UK partners have been present in all of ENTER’s major research projects, from the very beginning. They have truly contributed to building a better Europe.

After the shock, let us look at the implications. What do we know? With regard to our membership agreement, our current UK members can continue to be members: “Member Institutions from countries that are members of the European Union will count for at least two thirds of the total number of Member Institutions”. However, with regard to accessing funding and participating in projects, things will no doubt be more complicated. Will the UK withdraw totally from the EU, and thus no longer be eligible for EU funding but eventually able to participate in projects if they bring their own funding? Will the UK seek to have certain aspects in common with Iceland and Norway, allowing them to participate in certain activities, including research and training? What will Scotland do? Stay in the UK or withdraw?

And what are the implications for our current projects? In 2016, ENTER has already submitted two projects for funding, both of which have UK partners. Camille_LA has 7 partners, 2 of which are UK institutions (Middlesex and SDHI). ERICA has 9 partners; again, 2 of them are UK institutions (again Middlesex and SDHI). In addition, the St Andrews research workshop decided, amongst others, on submitting a project in answer to the HORIZON 2020 call with Middlesex as lead partner. And we still have the GOLD project, again led by Middlesex, on our list of projects on hold, waiting for an appropriate call. What are the Brexit implications for these projects? Should we immediately start looking for substitute EU-member ENTER partners “just in case”? Should SDHI and Middlesex begin looking for other sources of funding in order to remain in these projects? ENTER will have to decide.

But again, beyond the shock, let us remain strong. ENTER goes forward. United.

Tim Greacen

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UK participation in previous projects within the ENTER network

- OSCAR: Occupational stress with mental health clients in acute response.
- ISADORA: Integrated services aimed at dual diagnosis and optimal recovery addiction
- EMILIA: Empowerment of mental health services users
- PROMISE: Providing health promotion training and guidelines and training resources
- CAMILLA: Empowerment of children and adolescents of mentally ill parents.

Long live ENTER!