# SIP Joint Statement on Pain and Mental Health

*2023*

*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.*

## Key Recommendations

The SIP Joint Statement calls upon EU and national policy makers to:

1) Include an assessment of pain interference in people living with mental health conditions, such as major depression, anxiety, bipolar disorder, schizophrenia, psychosis, and substance use disorders.
2) Better integrate pain and mental health services instead of treating them in isolation in separate services.
3) Allocate adequate funding for research on the relationship between mental health and pain.
4) Provide early access to pain management programmes for people with a high risk of developing chronic pain and those with chronic pain, to serve as a preventive programme for mental health conditions.
5) Provide training to healthcare professionals in the strong bidirectional relationship between pain and mental health outcomes.
6) Involve people with lived experience of mental health conditions and illnesses featuring pain, in developing integrated services.
7) Recognise that good work conditions can have a positive impact on physical and mental wellbeing and therefore, prevention of work absence and the reintegration and adaptation of people living with pain and/or mental health conditions into the workforce should be supported.
8) Ensure that the biological, psychological, and social factors of pain are comprehensively addressed in mental health policies, in order to address the needs of people both living with chronic pain and mental health conditions.
9) Support cultural change in all countries, to reduce stigma in public and private conversations about mental health and pain, through awareness campaigns, including campaigns targeted specifically at healthcare providers, as well as the general public.

## Background

In Europe[1] there are approximately 740 million people, most of whom experience an episode of severe pain at some point in their life. For approximately 20 percent, that pain persists for longer than three months and will be chronic pain. Therefore, at present, 150 million people are experiencing chronic pain across Europe, approximately equal to the population of France and Germany combined. Chronic pain is more prevalent in woman than in men, with some estimates suggesting that women are twice as likely to experience chronic pain as men.

In 2018, the 'Societal Impact of Pain' (SIP) platform, a multi-stakeholder partnership led by the European Pain Federation EFIC and Pain Alliance Europe (PAE), published its Framing Paper which includes recommendations

[1] Note: data taken from 37 countries, absent in Andorra, Armenia, Azerbaijan, Belarus, Georgia, Iceland, Liechtenstein, Luxembourg, Malta, Monaco, and the Vatican City.

for action and collaboration by the European Commission, Member States, and civil society to reduce the societal impact of pain. These recommendations form the overarching and guiding principles for SIP, and are divided into four categories: health indicators, research, employment, and education.

SIP's Framing Paper calls to explore opportunities to build on existing instruments which are available to define, establish and / or use pain as an indicator in the assessment of healthcare systems' quality, as this will contribute to assessing and filling the data gap on the societal impact of pain.

Mental health conditions and pain significantly interact with each other. The recompilation below outlines their close connections, and the implications of this connection for health as a whole, as well as health policy.

## 1. The Close Relationship Between Pain and Mental Health

Mental health conditions and chronic pain frequently co-occur, due to shared neural circuitry physiology mechanisms and risk factors including social disadvantage (e.g. poverty, unemployment, high rates of manual labour, and lack of access to healthcare services). For instance, depression, anxiety and pain commonly co-occur, with an estimated co-morbidity rate of 65%. Additionally, pain prevalence is high in people with bipolar disorder, with data showing that 29% of people with bipolar disorder report pain (mainly chronic musculoskeletal pain and migraine) - over double the risk of people without a mental health condition. Moreover, people without a mental health condition are at high risk of developing one if they still have moderate to severe pain after 12 months. People who suffer from both pain and mental health conditions, such as major depression, bipolar disorder and schizophrenia have substantially poorer physical health, increased risk of cancer and cardiovascular-related disease – all contributing to a lower life expectancy.

However, pain is not routinely assessed or addressed in people with mental health conditions, and pain communication and assessment might be hidden by the nature of the mental health condition (e.g. severe mental conditions like psychosis). Further, mental health conditions like depression are often underrecognised and thus frequently undertreated in people with chronic pain.

1.Include an assessment of pain interference in people living with mental health conditions, such as major depression, anxiety, bipolar disorder, schizophrenia, psychosis, and substance use disorders.

2.Better integrate pain and mental health services instead of treating them in isolation in separate services.

3.Allocate adequate funding for research on the relationship between mental health and pain.

## 2. Pain and Mental Health Conditions are Both Biopsychosocial Experiences

Both chronic pain and mental health conditions are best conceptualised as biopsychosocial experiences involving complex interactions between biological, psychological, and social factors. Contemporary management of pain places a large focus on biopsychosocial assessment and treatment, where all these factors are addressed when relevant to each individual patient. In order to achieve this, patients with chronic pain need to have early access to integrated care services involving multiple disciplines. In chronic pain, mental health professionals such as psychologists and physiotherapists work as part of a multidisciplinary team to deliver biopsychosocial interventions including cognitive behavioural therapies, exposure, behaviour change, body awareness therapies, physical activity programmes and relaxation activities. Biopsychosocial interventions have good evidence of benefit for chronic pain, but many patients do not have access to them. Additionally, chronic pain related health issues can be further exacerbated by social and cultural factors

related to gender and therefore, special attention must be paid in both pain research and pain assessment and management.

Pain and poor mental health influence each other, creating a vicious cycle of disability. Both pain and mental health conditions cause reduced quality of life, mobility and social participation across the lifespan. When treated in isolation, the treatment of mental health conditions is less successful if patients also have chronic pain, and the treatment of chronic pain is less successful if patients also have a mental health condition.

Both pain and mental health conditions interfere with sleep quality and physical activity levels, which are independent risk factors for pain and mental health conditions such as depression. Importantly, both severe mental health conditions and pain are associated with increased suicide risk.

Some medications for pain (e.g., opioids) can cause mental health symptoms. The risk of addictions is high with many pain relievers and, in particular, with opioids. In most European countries, morbidity and mortality from opioid use has increased over the past two decades, often caused by prescriptions of opioids. Chronic pain is a major problem for 1 in 2 people with opioid use disorders. Overall, Europe has much to do to improve the quality of and access to safe and effective biopsychosocial pain treatments.

When a patient has both pain and mental health conditions, the pain has a negative impact on their engagement and overall outcome from mental health treatment, including pharmacotherapy and psychotherapy. Therefore, better managing pain is necessary for people to better mental health outcomes.

4.Provide early access to pain management programmes for people with a high risk of developing chronic pain and those with chronic pain, to serve as a preventive programme for mental health conditions.

5.Provide training to healthcare professionals in the strong bidirectional relationship between pain and mental health outcomes.

6.Involve people with lived experience of mental health conditions and illnesses featuring pain, in developing integrated services.

## 3. The Link Between Pain, Mental Health Conditions and Employment

People with pain and mental health conditions are less likely to be in full-time employment and report substantially higher rates of absenteeism and presenteeism (being present at work but working at reduced capacity), compared to those reporting no pain. In Europe, musculoskeletal pain is estimated to be responsible for 50% of sickness absences and 60% of permanent disabilities.

There is evidence showing the positive benefits of good work, for example, employment is normally the primary means of economic resource and security, which is essential for material well-being and integration into society. Employment also addresses important psychosocial needs, and provides individual identity, social roles, and social status, all key drivers of social gradients in mental and physical health, as well as mortality. On the other hand, unemployment is associated with higher mortality, poorer general and mental health, chronic illness, psychological distress and morbidity. Re-employment leads to better self-esteem, a general improvement in physical and mental health, and reduced psychological distress and morbidity.

7.Recognise that good work conditions can have a positive impact on physical and mental wellbeing and therefore, prevention of work absence and the reintegration and adaptation of people living with pain and/or mental health conditions into the workforce should be supported.

## 4. Integrating Pain into Mental Health Policy

As previously mentioned, pain is not routinely assessed and managed in people with mental health conditions, and pain communication and assessment can be obscured by the nature of mental health conditions. Mental health conditions and pain are highly stigmatised, which can be a barrier for recognition and access to care.

The identification of people with mental health conditions, who have or are at risk of experiencing pain, is essential to prevention and early intervention. It is therefore crucial to incorporate pain and its treatment into mental health assessment and treatment plans, as well as to promote equitable access to care to improve health outcomes for all.

Socially marginalised groups tend to have higher rates of mental health conditions than the general population. This includes, as examples, the homeless, refugees and sex workers. Strategies are also required to better understand the intersection of pain and mental health in such sections of the population, and the policies required to reduce health inequalities in this domain.

Mental health professionals are well positioned to do this, as incorporating pain into mental healthcare may aid in maximising treatment effectiveness for both pain and mental health conditions. Since pain and mental health conditions are mutually reinforcing, integrated treatments targeting both conditions may treat both conditions more efficiently, than single-focus treatments which should be present in primary, secondary and tertiary care and also be available in preventative programmes. Mental health professionals can reinforce positive pain behaviours, for example, by engaging in exercise, body awareness programmes, physical activity programmes and emotional regulation activities, to address unhelpful ways of thinking. In this way, mental health professionals serve as partners in an integrated pain care plan.

Recognising and addressing pain in mental health settings and policies is essential to optimise meeting the needs of people with both pain and mental health conditions.

8.Ensure that the biological, psychological, and social factors of pain are comprehensively addressed in mental health policies, in order to address the needs of people both living with chronic pain and mental health conditions.

9. Support cultural change in all countries, to reduce stigma in public and private conversations about mental health and pain, through awareness campaigns, including campaigns targeted specifically at healthcare providers, as well as the general public.

## 5. Signatories (Alphabetical Order)

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

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*SIP remains available for further discussions with the European Commission, the Members of the European Parliament, the Council, and civil society stakeholders for future cooperation to ensure our recommendations are implemented in the area of pain and mental health.*

## About SIP

The 'Societal Impact of Pain' (SIP) platform is a multi-stakeholder partnership led by the European Pain Federation EFIC and Pain Alliance Europe (PAE), which aims to **raise awareness of pain** and **change pain policies**.

The platform provides opportunities for discussion for health care professionals, pain advocacy groups, politicians, healthcare insurance providers, representatives of health authorities, regulators, and budget holders.

The scientific framework of the SIP platform is under the responsibility of EFIC and the strategic direction of the project is defined by both partners. The pharmaceutical companies Grünenthal GmbH and GSK are the main sponsors of the Societal Impact of Pain (SIP) platform.

**Contacts:** For further information, please contact:

**Ángela Cano Palomares,** Project Manager, Societal Impact of Pain (SIP) Europe, at European Pain Federation EFIC – angela.palomares@efic.org

**Emilia Kosińska**, Association and Projects Manager, PAE – emilia.kosinska@pae-eu.eu

## Logos