

## Welcome Speech and Introduction

Ladies and Gentlemen, dear Colleagues,

I would like to bid you a warm welcome to our symposium "Psychotherapy in Europe – Disease Management Strategies for Depression" here in Berlin. I am delighted that so many representatives from different parts of Europe have accepted the German Chamber of Psychotherapists' invitation to discuss the importance of psychotherapy in the provision of care for people with depression.

The German Chamber of Psychotherapists, which represents the interests of all 34,500 psychological psychotherapists and child and adolescent psychotherapists in Germany, had two primary motives for initiating this conference. The first was the positive development of mental health and thus also the provision of care for mentally ill people having become an important issue on a European level. In their resolution of 2009 the European Parliament quite clearly called on their member states to ensure a lasting improvement in their awareness of the major importance of good mental health within the population.

I am in contact with members of the European Parliament regarding this subject. The Irish member, Nessa Childers, who is actively involved in the subject of mental health, wanted to be here today to talk to us about this. Sadly, she had to call off her participation due to another pressing engagement. She wishes us every success. The German European Member of Parliament, Dr Peter Liese, to whom the subject of the provision of psychotherapeutic care in the European context is of particular concern especially when seen against the background of his former work as a medical practitioner, would very much have liked to be here in person, but was unable to do so for reasons of time. He has sent us a written welcome for today's conference which you will find in full in your documentation and from which I would now like to read a few extracts:

*Dear Dr. Richter,  
Ladies and Gentlemen,*

*... in the field of psychotherapy as in so many other fields it is important to learn from the experiences of other European states, from both their mistakes and their good ideas. As such I very much welcome you having put this subject on the agenda and organising the presentation of the various countries' care concepts here today. By doing so the German Chamber of Psychotherapists is making a further important contribution towards the process of growing awareness in the public sphere and towards cooperation between the member states of the EU. The European Union also see a need to act on this point. Mental health problems are widespread throughout Europe, including amongst young people. The European Parliament has clearly called on the member states to ensure a lasting improvement in the awareness of the great importance of good mental health amongst the general public.*

*Alongside the economic savings that would result from improved treatment and diagnosis of mental disorders (the financial cost to society that results from mental illness is estimated to be between three and four percent of the gross national products of the EU member states, and in the year 2006 the cost in the European Union amounted to 436 billion Euros of which the majority of outgoings were outside of the healthcare sector – primarily as a result of systematic absence from the workplace, inability to work, and premature retirement) alongside these savings however, the health and wellbeing of the population are paramount. Health and quality of life cannot be offset by money. Furthermore, it is our*

*goal to remove the differences that exist both within and between the member states with regard to life expectancy and health.*

*I am sure you have encountered the saying "mens sana in corpore sanum: a sound mind in a sound body". However, one could also turn the saying on its head: a healthy mind is a necessary prerequisite for a healthy body. Both go hand in hand, and the **psychotherapy associations** of Europe should likewise work hand in hand to improve the care concepts and thus the mental health of the citizens of all member states. I would therefore like to wish you and the European citizens concerned a successful conference.*

*Yours sincerely  
Dr. Peter Liese*

The European Pact for Mental Health and Wellbeing that was made in 2008 expresses the will to solve these problems in Europe together. This pact came into being under the leadership of the European Commission and I am delighted that Ms Johanna Schmidt is with us today as a representative of the German representation of the European Commission to expand on the importance of the issue of mental health for the European Commission.

Professor Wittchen from the University of Dresden will report to us on which incidences of disease we can expect to be confronted with with regard to mental illness and what importance guidelines for treatment have. I am delighted that we were able to convince such a renowned epidemiologist and psychotherapist to spare us some of his time.

Mental illness is increasingly becoming an issue in Europe. Is psychotherapy then not automatically doing so as well? As far as we can observe, sadly no. The second reason for organizing this conference was exactly this sobering observation: that psychotherapy does not have the place within the framework of developments for the improvement of mental health in Europe that it could and should have, above all on the European stage, according to the academic studies available. This could in particular be due to the sharing of information regarding the provision of psychotherapeutic care in the health systems of Europe still being inadequate.

Our goal for today was therefore to show the importance of psychotherapeutic care within the various European health systems. An overview of this kind can of course not be presented in the form of lectures at a half-day conference. We had therefore asked representatives of various European countries in advance to describe the situation of psychotherapeutic care in their country in a paper. I am delighted that so many colleagues responded to our request so that we are able to offer to you today a modest reader containing reports from 17 European countries.

The existence of such a report at the same time puts us in the comfortable position of being able to concentrate in the talks and discussion on the example of one individual disease and its treatment. We have decided for various reasons to take forms of depression as an example of a disease as the basis for comparison of the forms of psychotherapeutic care in the various health systems throughout Europe. One reason is the widespread nature of the disease, and a further reason is the high individual, social and economic cost of depression. A third argument was however also that we were recently able to reach consensus here in Germany on a national care guideline for unipolar depression which made it possible for me to provide an example in my report of a psychotherapeutic care concept for depression that is evidence-based and in accordance with the relevant guideline.

Ladies and Gentlemen, dear Colleagues,

We have taken upon ourselves a very ambitious programme for this afternoon with several talks within an admittedly short space of time. I do not want to make the time available any shorter und therefore wish us all an informative exchange of ideas and information that stimulates an appetite for more.