

20-22 SETTEMBRE 2023

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SALUTE MENTALE, DETERMINANTI SOCIALI E VULNERABILITA'

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**Centro di riferimento per le scienze comportamentali e la salute mentale
ISTITUTO SUPERIORE DI SANITA'**

Tavolo Tecnico Salute Mentale del Ministero della Salute



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**CENTRO DI RIFERIMENTO
SCIENZE COMPORTAMENTALI
E SALUTE MENTALE**

WHO 2013- Una nuova prospettiva per la salute mentale

- *La salute mentale è uno stato di benessere emotivo e psicologico nel quale l'individuo è in grado di sfruttare le proprie capacità cognitive o emozionali, esercitare la propria funzione all'interno della società, rispondere alle esigenze quotidiane della vita di ogni giorno, stabilire relazioni soddisfacenti e mature con gli altri, partecipare costruttivamente ai mutamenti dell'ambiente, adattarsi alle condizioni esterne e ai conflitti interni....*
- **Visione sistemica, focus sulla comunità e sulle relazioni sociali**
- **Ruolo di modulazione del contesto ambientale**, possibilità di agire sui fattori psicosociali per prevenire il disagio psichico, promuovere il benessere e la plasticità, migliorare la prognosi

Determinanti sociali e impatto sulla salute

- La **distribuzione della salute** secondo un gradiente indica che per qualsiasi indicatore di **status socio-economico** considerato (istruzione, reddito, posizione lavorativa) ad ogni **posizione sociale** corrisponde un **livello di salute** peggiore di quello della posizione immediatamente superiore
- Le disuguaglianze sociali e di salute hanno tuttavia un impatto più marcato sui soggetti appartenenti a gruppi più **vulnerabili**.
- **Ci sono molti aspetti della vulnerabilità, derivanti da vari fattori fisici, sociali, economici e ambientali. La vulnerabilità economica è fortemente connessa alla vulnerabilità sociale**, cioè al potenziale impatto degli eventi su persone povere o su interi nuclei familiari, donne in gravidanza o in allattamento, persone con disabilità, bambini, anziani

International Review of Psychiatry, August 2014; 26(4): 392–407

informa
healthcare

Social determinants of mental health

JESSICA ALLEN, REUBEN BALFOUR, RUTH BELL & MICHAEL MARMOT

UCL Institute of Health Equity, University College London, UK

Abstract

A person's mental health and many common mental disorders are shaped by various social, economic, and physical environments operating at different stages of life. Risk factors for many common mental disorders are heavily associated with social inequalities, whereby the greater the inequality the higher the inequality in risk. The poor and disadvantaged suffer disproportionately, but those in the middle of the social gradient are also affected. It is of major importance that action is taken to improve the conditions of everyday life, beginning before birth and progressing into early childhood, older childhood and adolescence, during family building and working ages, and through to older age. Action throughout these life stages would provide opportunities for both improving population mental health, and for reducing risk of those mental disorders that are associated with social inequalities. As mental disorders are fundamentally linked to a number of other physical health conditions, these actions would also reduce inequalities in physical health and improve health overall. Action needs to be universal: across the whole of society and proportionate to need. Policy-making at all levels of governance and across sectors can make a positive difference.

Studi epidemiologici solidi condotti in larghi campioni di popolazione mostrano chiaramente che a livello globale la morbilità per disturbi mentali varia a seconda delle **condizioni sociali**.

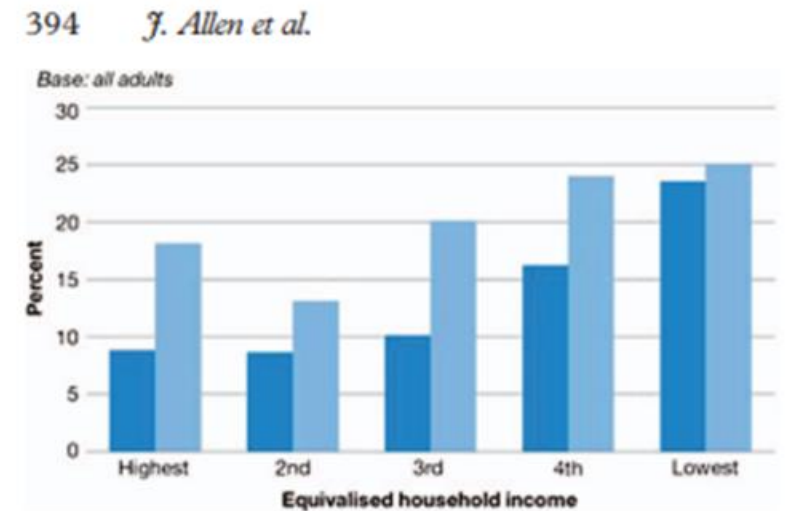


Fig. 1. Prevalence of any common mental disorder by household income, England 2007 (McManus et al., 2007). Pale bars, women; dark bars, men.

Dal WHO Mental Action Plan 2013-2030

- I determinanti della salute mentale e dei disturbi mentali includono non solo attributi individuali quali la capacità di gestire i propri pensieri, le proprie emozioni, i propri comportamenti e le relazioni con gli altri, ma anche fattori sociali, culturali, economici, politici ed ambientali, tra cui le politiche adottate a livello nazionale, la protezione sociale, lo standard di vita, le condizioni lavorative ed il supporto sociale offerto dalla comunità. **L'esposizione alle avversità sin dalle prime fasi della vita rappresenta un fattore di rischio per disturbi mentali ormai riconosciuto.**

A life course approach to tackling inequalities in health, adapted from WHO European Review of Social Determinants of Health and the Health Divide

Determinanti precoci della salute mentale

Corredo genetico e familiarità

Sesso biologico

Stress in gravidanza

Esposizioni ambientali a neurotossici
(piombo, contaminanti persistenti, EDC,...)

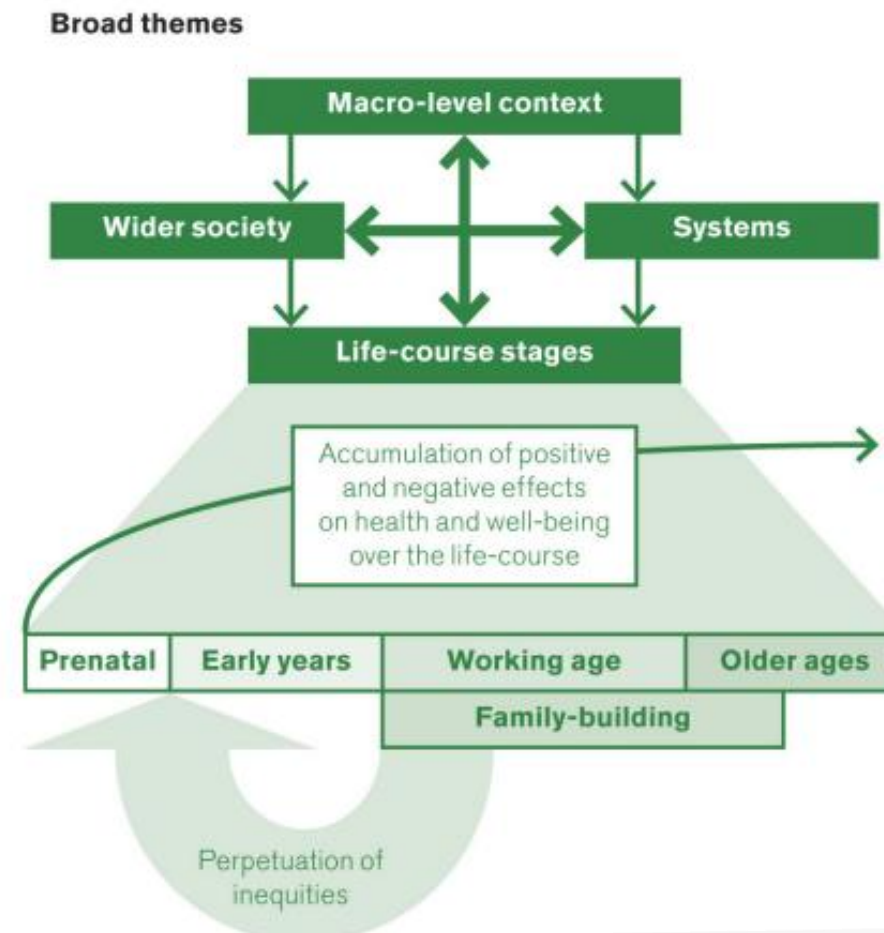
Grado di coesione e supporto familiare

Fattori nutrizionali

Istruzione

Relazioni sociali

Identità di genere



Current Psychiatry Reports (2018) 20:95
<https://doi.org/10.1007/s11920-018-0969-9>

PUBLIC POLICY AND PUBLIC HEALTH (G NORQUIST, SECTION EDITOR)



Social Determinants of Mental Health: Where We Are and Where We Need to Go

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Abstract

Purpose of Review The present review synthesizes recent literature on social determinants and mental health outcomes and provides recommendations for how to advance the field. We summarize current studies related to changes in the conceptualization of social determinants, how social determinants impact mental health, what we have learned from social determinant interventions, and new methods to collect, use, and analyze social determinant data.

Recent Findings Recent research has increasingly focused on interactions between multiple social determinants, interventions to address upstream causes of mental health challenges, and use of simulation models to represent complex systems. However, methodological challenges and inconsistent findings prevent a definitive understanding of which social determinants should be addressed to improve mental health, and within what populations these interventions may be most effective.

Summary Recent advances in strategies to collect, evaluate, and analyze social determinants suggest the potential to better appraise their impact and to implement relevant interventions.

Keywords Social determinants · Mental health · Vulnerable populations · Interventions · Public health

- Sia il riconoscimento dei disturbi mentali che la diagnosi sono fortemente influenzati dallo status sociale e in particolare dall'appartenenza a un gruppo etnico minoritario.
- **variazioni significative nell'accesso alla cura, nell'esperienza e nei risultati dell'assistenza in salute mentale che sono guidate da disuguaglianze sociali o vulnerabilità differenziali conseguenti a fattori economici, sociali e culturali.**

Rischio di contagio da Covid19 e relativa mortalità sono aumentati nelle persone con disturbi psichiatrici



Contents lists available at ScienceDirect

EClinicalMedicine

journal homepage: <https://www.journals.elsevier.com/eclinicalmedicine>



Research Paper

Psychiatric disorders among hospitalized patients deceased with COVID-19 in Italy

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ABSTRACT

Background: there is concern about the increased risk for SARS-CoV-2 infection, COVID-19 severe outcomes and disparity of care among patients with a psychiatric disorder (PD). Based on the Italian COVID-19 death surveillance, which collects data from all the hospitals throughout the country, we aimed to describe clinical features and care pathway of patients dying with COVID-19 and a preceding diagnosis of a PD.

Methods: in this cross-sectional study, the characteristics of a representative sample of patients, who have died with COVID-19 in Italian hospitals between February 21st and August 3rd 2020, were drawn from medical charts, described and analysed by multinomial logistic regression according to the recorded psychiatric diagnosis: no PD, severe PD (SPD) (i.e. schizophrenia and other psychotic disorders, bipolar and related disorders), common mental disorder (CMD) (i.e. depression without psychotic features, anxiety disorders).

Findings: the 4020 COVID-19 deaths included in the study took place in 365 hospitals across Italy. Out of the 4020 deceased patients, 84 (2.1%) had a previous SPD, 177 (4.4%) a CMD. The mean age at death was 78.0 (95%CI 77.6–78.3) years among patients without a PD, 71.8 (95%CI 69.3–72.0) among those with an SPD, 79.5 (95%CI 78.0–81.1) in individuals with a CMD. 2253 (61.2%) patients without a PD, 62 (73.8%) with an SPD, and 136 (78.2%) with a CMD were diagnosed with three or more non-psychiatric comorbidities.

When we adjusted for clinically relevant variables, including hospital of death, we found that SPD patients died at a younger age than those without a PD (adjusted OR per 1 year increment 0.96; 95% CI 0.94–0.98). Women were significantly more represented among CMD patients compared to patients without previous psychiatric history (aOR 1.56; 95% CI 1.05–2.32). Hospital admission from long-term care facilities (LTCFs) was strongly associated with having an SPD (aOR 9.02; 95% CI 4.99–16.3) or a CMD (aOR 2.09; 95% CI 1.19–3.66). Comorbidity burden, fever, admission to intensive care and time from symptoms' onset to nasopharyngeal swab did not result significantly associated with an SPD or with a CMD in comparison to those without a PD.

RESEARCH REPORT

Increased risk of COVID-19 infection and mortality in people with mental disorders: analysis from electronic health records in the United States

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Concerns have been expressed that persons with a pre-existing mental disorder may represent a population at increased risk for COVID-19 infection and with a higher likelihood of adverse outcomes of the infection, but there is no systematic research evidence in this respect. This study assessed the impact of a recent (within past year) diagnosis of a mental disorder – including attention-deficit/hyperactivity disorder (ADHD), bipolar disorder, depression and schizophrenia – on the risk for COVID-19 infection and related mortality and hospitalization rates. We analyzed a nation-wide database of electronic health records of 61 million adult patients from 360 hospitals and 317,000 providers, across 50 states in the US, up to July 29, 2020. Patients with a recent diagnosis of a mental disorder had a significantly increased risk for COVID-19 infection, an effect strongest for depression (adjusted odds ratio, AOR=7.64, 95% CI: 7.45-7.83, p<0.001) and schizophrenia (AOR=7.34, 95% CI: 6.65-8.10, p<0.001). Among patients with a recent diagnosis of a mental disorder, African Americans had higher odds of COVID-19 infection than Caucasians, with the strongest ethnic disparity for depression (AOR=3.78, 95% CI: 3.58-3.98, p<0.001). Women with mental disorders had higher odds of COVID-19 infection than males, with the strongest gender disparity for ADHD (AOR=2.03, 95% CI: 1.73-2.39, p<0.001). Patients with both a recent diagnosis of a mental disorder and COVID-19 infection had a death rate of 8.5% (vs. 4.7% among COVID-19 patients with no mental disorder, p<0.001) and a hospitalization rate of 27.4% (vs. 18.6% among COVID-19 patients with no mental disorder, p<0.001). These findings identify individuals with a recent diagnosis of a mental disorder as being at increased risk for COVID-19 infection, which is further exacerbated among African Americans and women, and as having a higher frequency of some adverse outcomes of the infection. This evidence highlights the need to identify and address modifiable vulnerability factors for COVID-19 infection and to prevent delays in health care provision in this population.

Key words: COVID-19, mental disorders, risk of infection, mortality, hospitalization, depression, schizophrenia, ADHD, bipolar disorder, ethnic disparity, gender disparity, access to care, discrimination

(World Psychiatry; online ahead of print)

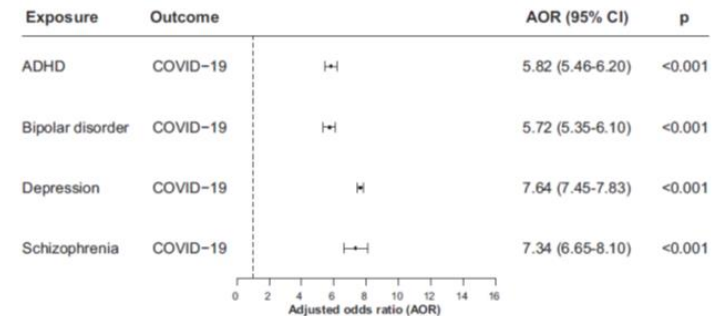


Figure 2 Association of recent (within past year) diagnosis of mental disorder, and medical comorbidities (cancers, cardiovascular disease, chronic kidney disease, asthma, and substance use disorders), ADHD

Patients with a recent diagnosis of a mental disorder had a significantly increased risk for COVID-19 infection and mortality



- **La povertà** (mancanza di risorse socioeconomiche) aumenta il rischio di esposizione a esperienze traumatiche e stress che aumentano la vulnerabilità ai disturbi mentali. La disoccupazione può influenzare lo sviluppo di disturbi mentali comuni, come la depressione e l'ansia.
- **Il legame tra povertà e salute mentale è bidirezionale:** le disparità nell'accesso all'istruzione e all'alloggio dovute allo svantaggio socioeconomico possono aumentare il rischio di malattie mentali, mentre i problemi di salute mentale a lungo termine possono portare le persone alla povertà a causa della discriminazione sul lavoro e della ridotta capacità di lavorare

- La disuguaglianza di **genere** e le disparità di genere nella salute mentale sono fortemente correlate. Diversi studi indicano che le donne soffrono in percentuale maggiore di disturbi mentali.
- Nelle società con livelli maggiori di disuguaglianza di genere e discriminazione basata sul pregiudizio di genere, vi sono significative barriere all'accesso alle risorse della comunità e all'assistenza sanitaria mentale.
- Le comunità **etniche** minoritarie (es. migranti) sono esposte a un'esperienza cumulativa di sradicamento, isolamento, aggressioni dovute a razzismo, che ne compromettono la resilienza e l'autonomia, aumentando così la loro vulnerabilità alla malattia mentale.

- **Lo stigma e la relativa discriminazione** sono spesso inerenti a molte di queste disuguaglianze, in particolare quelle relative alla salute mentale e ai gruppi socialmente esclusi in generale. Sperimentare pregiudizi e discriminazioni può anche aggravare e ostacolare il recupero da una condizione di salute mentale. Ciò comprende questioni di conoscenza (ignoranza), atteggiamento (pregiudizio) e comportamento (discriminazione).

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Home / Teams / World Mental Health Report

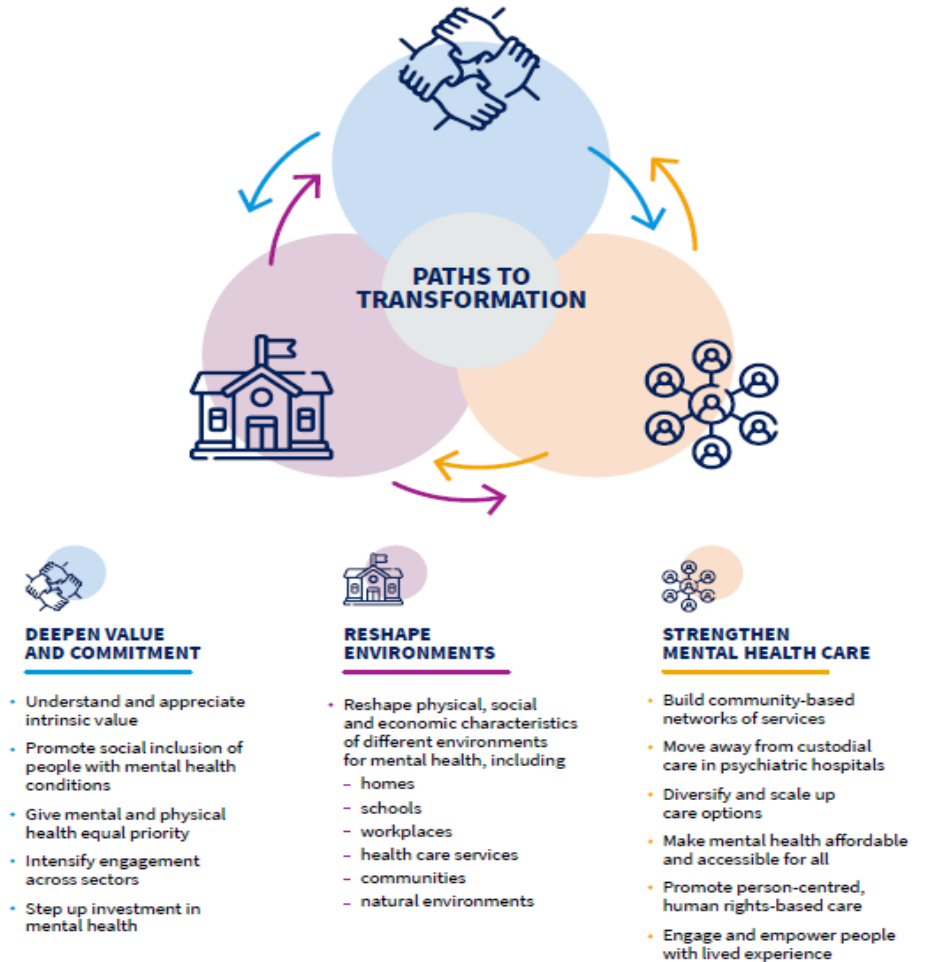


World Mental Health Report

Transforming mental health for all

FIG. 8.1

Three transformative paths towards better mental health



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CENTRO DI RIFERIMENTO
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E SALUTE MENTALE

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la centralità dell'approccio
comunitario alla salute mentale

il coinvolgimento dei diretti
interessati e delle loro famiglie nel
processo di cura e recupero
psicosociale

la lotta allo stigma

i diritti umani e la dignità delle persone
affette da disturbi mentali

il benessere mentale nei luoghi di
lavoro e nelle fasce più vulnerabili della
popolazione, tra bambini e adolescenti

la condivisione delle buone pratiche
italiane e internazionali nelle strategie
di prevenzione e assistenza



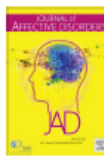
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Research paper

Depressive symptoms among adults in 2018–2019 and during the 2020 COVID-19 pandemic in Italy



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Depression
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Nationally representative study

ABSTRACT

Background: Restrictions due to Coronavirus disease 2019 (COVID-19) has produced a large number of effects on mental health, which are expected to endure over time. In this study, we assessed depressive symptom levels before the COVID-19 pandemic, from January 2018 to December 2019, and during the pandemic in Italy in 2020. **Methods:** We used the Patient Health Questionnaire-2 (PHQ-2), which is a screening instrument devised to detect probable depression and which has been annually administered in the framework of the Italian Behavioural Risk Factor Surveillance System since 2008. Depressive symptoms were assessed in a sample of 41,362 18–64-year-old adults surveyed in 2018–2019 and in a sample of 14,612 adults surveyed in 2020.

Result: The prevalence of depressive symptoms increased from 6.1% (95% CI 5.8%–6.4%) in 2018–2019 to 7.1% (95% CI 5.6%–8.6%) in March–April 2020. It then declined in May–June to 4.4% (95% CI 3.2%–5.5%) but in July–August it once again increased to 8.2% (95% CI 6.0%–10.4%) and, finally, gradually returned above the pre-lockdown level by November–December 2020 (5.9%; 95% CI 4.7%–7.1%). Compared to before the health crisis, during the pandemic, women and individuals with financial difficulties were found to have a significantly higher risk of depressive symptoms while younger, individuals with a higher education and those living in South Italy became increasingly vulnerable.

Conclusions: While the average response to the pandemic was one of resilience over time, women and younger individuals were found to be particularly prone to the risk of depressive symptoms, as a result of the pandemic. In future investigations, the risk of individuals living in the South of Italy should also be taken into consideration.

1. Introduction

relatively high rates of depression, anxiety or psychological distress

Risultati Studio Passi ISS confronto 2019 vs 2020

Il maggiore incremento di sintomi depressivi si riscontra nel sesso femminile, nella fascia di età inferiore ai 30 anni e nelle Regioni del Sud Italia

Fragilità emotiva e psicologica bambini adolescenti e giovani adulti

- **Più del 50% di tutti i disturbi mentali hanno esordio entro i 15 anni, e il 75% entro i 25 focus sulla fascia d'età 15-25 per l'intervento precoce e il miglioramento della prognosi**
- Negli ultimi 10 anni si è osservato un raddoppio degli utenti seguiti nei servizi di Neuropsichiatria dell'Infanzia e dell'Adolescenza (NPIA), in tutti e 4 gli ambiti di riferimento (neurologia, psichiatria, disabilità complessa, disturbi specifici) ma soprattutto in ambito psichiatrico.
- L'area della salute mentale della infanzia e dell'adolescenza soffre della carenza di flussi informativi specifici, della difficoltà di ottenere dati appropriati dai flussi amministrativi standard e di forte disomogeneità della rete dei servizi



2021: Indagine epidemiologica sulla salute mentale dei bambini e dei ragazzi –
Autorità garante per l'infanzia e l'adolescenza e Istituto Superiore di Sanità, rapporto pubblicato nel 2023

2023: Indagine epidemiologica nelle scuole in collaborazione con il Ministero dell'Istruzione

2023: Progetto CCM , Ministero della Salute, ISS e Regioni
Avvio e consolidamento sistema informativo per la Neuropsichiatria Infantile

Salute mentale di comunità e promozione/prevenzione

- Raccordo tra ambito educativo, scolastico e sociale nel territorio
- Sostenere bambini e ragazzi nello sviluppo di strategie emotive e cognitive per far fronte allo stress
- Ruolo della scuola: inclusione e promozione della salute mentale attraverso progetti interattivi che utilizzano le competenze digitali e i linguaggi delle giovani generazioni
- Interventi sulle città: aree verdi, un diverso rapporto con la natura, lo spazio e la fisicità promuovono la socialità e la plasticità comportamentale (neuroplasticità adattamento resilienza)
- Includere minori e giovani nella programmazione dei servizi di salute mentale e nei percorsi di recovery e inclusione!

Mediatori biopsicosociali delle influenze positive delle aree verdi sullo sviluppo neuropsicologico

- **Mitigazione del rischio da esposizione ai contaminanti ambientali, al rumore e alle temperature elevate caratteristiche di molti grandi centri urbani**
- **Ripristino di capacità attenzionali e di focalizzazione, recupero dallo stress psicofisico**
- **Favorisce attività fisica e facilita la coesione sociale**
- **Migliora la percezione spaziale e l'integrazione sensorimotoria**
- **Stabilisce un contatto con altre specie viventi: piante, insetti, uccelli anche in aree urbane; il valore formativo della biodiversità**



Review

Impact of Green Space Exposure on Children's and Adolescents' Mental Health: A Systematic Review

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Abstract: In recent years, the interest in the relationship between exposure to green spaces and children's and adolescents' mental health has risen. This systematic review aims to provide an overview of observational studies assessing the association between empirical green space exposure with standardized outcome measures of mental health problems, mental well-being and developmental problems in children, adolescents and young adults. The PRISMA statement guidelines for reporting systematic reviews were followed. A PubMed and Scopus search resulted in the inclusion of 21 studies. The evidence consistently suggests a beneficial association between green space exposure and children's emotional and behavioral difficulties, particularly with hyperactivity and inattention problems. Limited evidence suggests a beneficial association with mental well-being in children and depressive symptoms in adolescents and young adults. These beneficial associations are resistant to adjustment for demographic and socio-economic confounders, which thus may represent independent links. Mediating factors and the variability of this association between different age groups are discussed. From a precautionary principle, evidence up to now demands the attention of policy makers, urban planners and mental healthcare workers in order to protect children's and adolescents' mental health in light of rapid global urbanization by providing sufficient exposure to green spaces.

Keywords: green space; mental health; mental well-being; children; adolescents; urban planning

1. Introduction

In recent years, academic interest in a possible relationship between exposure to green spaces and public health has risen, as can be derived from the number of studies published. In a systematic review of 12 reviews published between 2010 and 2016, the authors underscored the beneficial association of exposure to green spaces with all-cause mortality, mortality by cardiovascular disease and mental health in adults [1]. However only one included review, published in 2015 by Gascon et al. assessed mental health in children, finding inadequate evidence for such an association [2]. This incremental interest can be understood firstly, clinically in the light of the rapid global urbanization dynamic, triggering concerns of a decline of contact with natural green spaces [3–5], and secondly, methodologically in the availability of new remote sensing techniques to quantify green spaces using satellite images [6]. Of course urbanized regions can offer contact with green spaces as well, defined in this context as urban vegetated spaces such as parks, grasslands, cemeteries, sports and playing fields and near-road trees [7]. Following these evolutions, the importance of green spaces has also attracted political interest over the past years. In the United Nation's Sustainable Development Goals for instance, member states committed themselves to the following goal, "By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities" [8].



Le scuole «verdi» promuovono lo sviluppo cognitivo

PNAS



Green spaces and cognitive development in primary schoolchildren

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Edited by Susan Hanson, Clark University, Worcester, MA, and approved May 15, 2015 (received for review February 18, 2015)

Exposure to green space has been associated with better physical and mental health. Although this exposure could also influence cognitive development in children, available epidemiological evidence on such an impact is scarce. This study aimed to assess the association between exposure to green space and measures of cognitive development in primary schoolchildren. This study was based on 2,593 schoolchildren in the second to fourth grades (7–10 y) of 36 primary schools in Barcelona, Spain (2012–2013). Cognitive development was assessed as 12-mo change in developmental trajectory of working memory, superior working memory, and inattentiveness by using four repeated (every 3 mo) computerized cognitive tests for each outcome. We assessed exposure to green space by characterizing outdoor surrounding greenness at home and school and during commuting by using high-resolution (5 m × 5 m) satellite data on greenness (normalized difference vegetation index). Multilevel modeling was used to estimate the associations between green spaces and cognitive development. We observed an enhanced 12-mo progress in working memory and superior working memory and a greater 12-mo reduction in inattentiveness associated with greenness within and surrounding school boundaries and with total surrounding greenness index (including greenness surrounding home, commuting route, and school). Adding a traffic-related air pollutant (elemental carbon) to models explained 20–65% of our estimated associations between school greenness and 12-mo cognitive development. Our study showed a beneficial association between exposure to green space and cognitive development among schoolchildren that was partly mediated by reduction in exposure to air pollution.

activity are related to improved cognitive development (9). Outdoor surrounding greenness has also been reported to enrich microbial input from the environment (10), which may positively influence cognitive development (10). Through these pathways, exposure to green space, including outdoor surrounding greenness and proximity to green spaces, could influence cognitive development in children, yet the available population-based evidence on the association between such exposure and cognitive development in children remains scarce.

The brain develops steadily during prenatal and early postnatal periods, which are considered as the most vulnerable windows for effects of environmental exposures (11). However, some cognitive functions closely related with learning and school achievement—such as working memory and attention—develop across childhood and adolescence as an essential part of cognitive maturation (12–14). We therefore hypothesized a priori that exposure to green space in primary schoolchildren could enhance cognitive development. Accordingly, our study aimed to assess the association between indicators of exposure to green space and measures of cognitive development, including working memory (the system that holds multiple pieces of transitory information in the mind where they can be manipulated), superior working memory (working memory that involves continuous updating of the working memory buffer), and inattentiveness in primary schoolchildren. As a secondary aim, we also evaluated the mediating role of a reduction in air pollution as one of the potential mechanisms underlying this association.

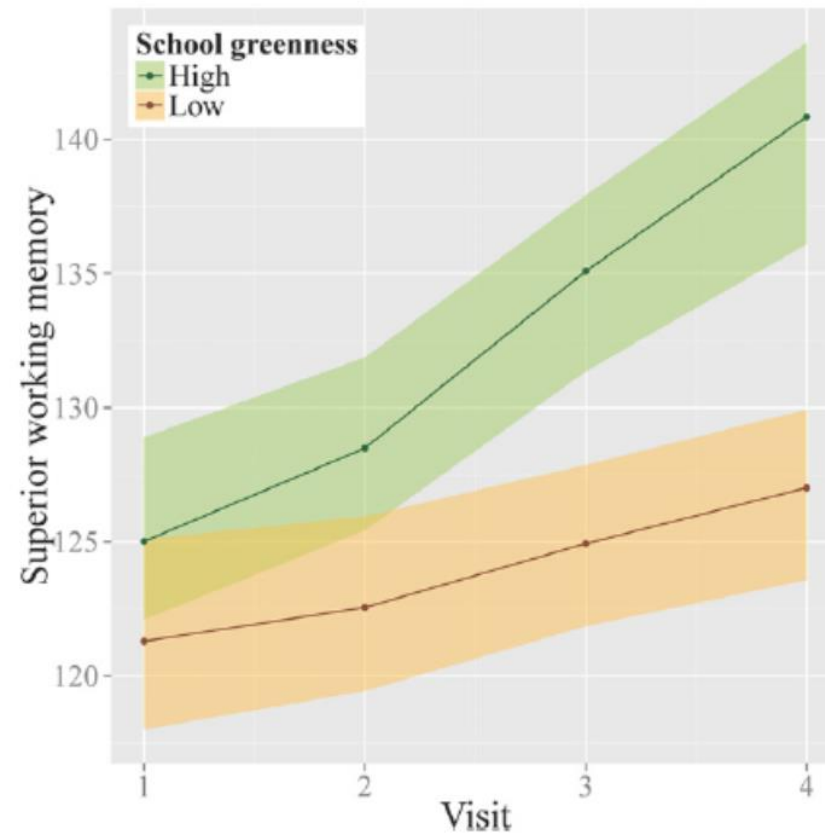


Fig. 1. Twelve-month progress (with 95% confidence bands) in superior working memory for participants with the first (low greenness) and third (high greenness) tertiles of greenness within the school boundaries.



Sintomi da COVID-19, ansia, stress e depressione durante la pandemia: uno studio longitudinale sui gemelli italiani (Registro Nazionale Gemelli ISS)

Obiettivo

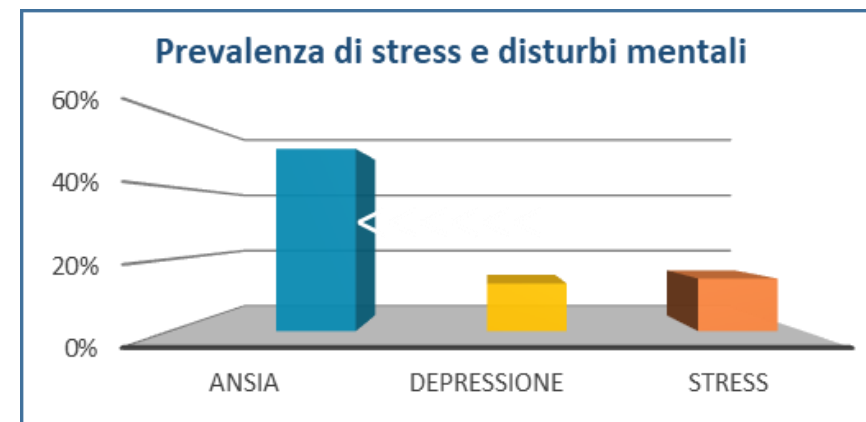
Studiare longitudinalmente le ripercussioni della pandemia sull'equilibrio fisico e psico-emotivo della popolazione italiana adulta.

Materiali e metodi

Tutti i gemelli iscritti al RNG e raggiungibili via email sono stati invitati a partecipare all'indagine. Lo studio prevede la somministrazione in 3 tempi successivi (Fase 1, giugno 2020; Fase 2, novembre 2020 e Fase 3, febbraio 2021) di alcuni questionari. Nella prima fase sono state raccolte informazioni su: sintomi da COVID-19 (nei gemelli e nei conviventi durante il lockdown); modalità di informazione e comunicazione; impatto generale della pandemia sulla vita dei gemelli e sulle loro condizioni socio-economiche.

Livelli di ansia, stress e depressione sono stati misurati utilizzando le scale State-Trait Anxiety Inventory (STAI-6), Event Scale-Revised (IES-R), Patient Health Questionnaire (PHQ-9). Sulla base dei punteggi ottenuti in ogni scala e dei relativi cut-off di normalità, si è definito se i singoli gemelli presentavano o meno livelli di ansia, stress e depressione superiori alla norma.

Sono stati osservati livelli di ansia superiori al range di normalità in circa il 50% del campione in studio, mentre la prevalenza di sintomi da stress e depressivi è risultata rispettivamente pari al 14% e 11%. L'analisi multivariata ha evidenziato che la giovane età, la presenza di un familiare con sintomi, i problemi finanziari e la solitudine sono i principali determinanti degli stati ansiosi e depressivi e dei livelli di stress percepito superiori alla norma.



First Twin study – Symptoms of depression before and after lockdown

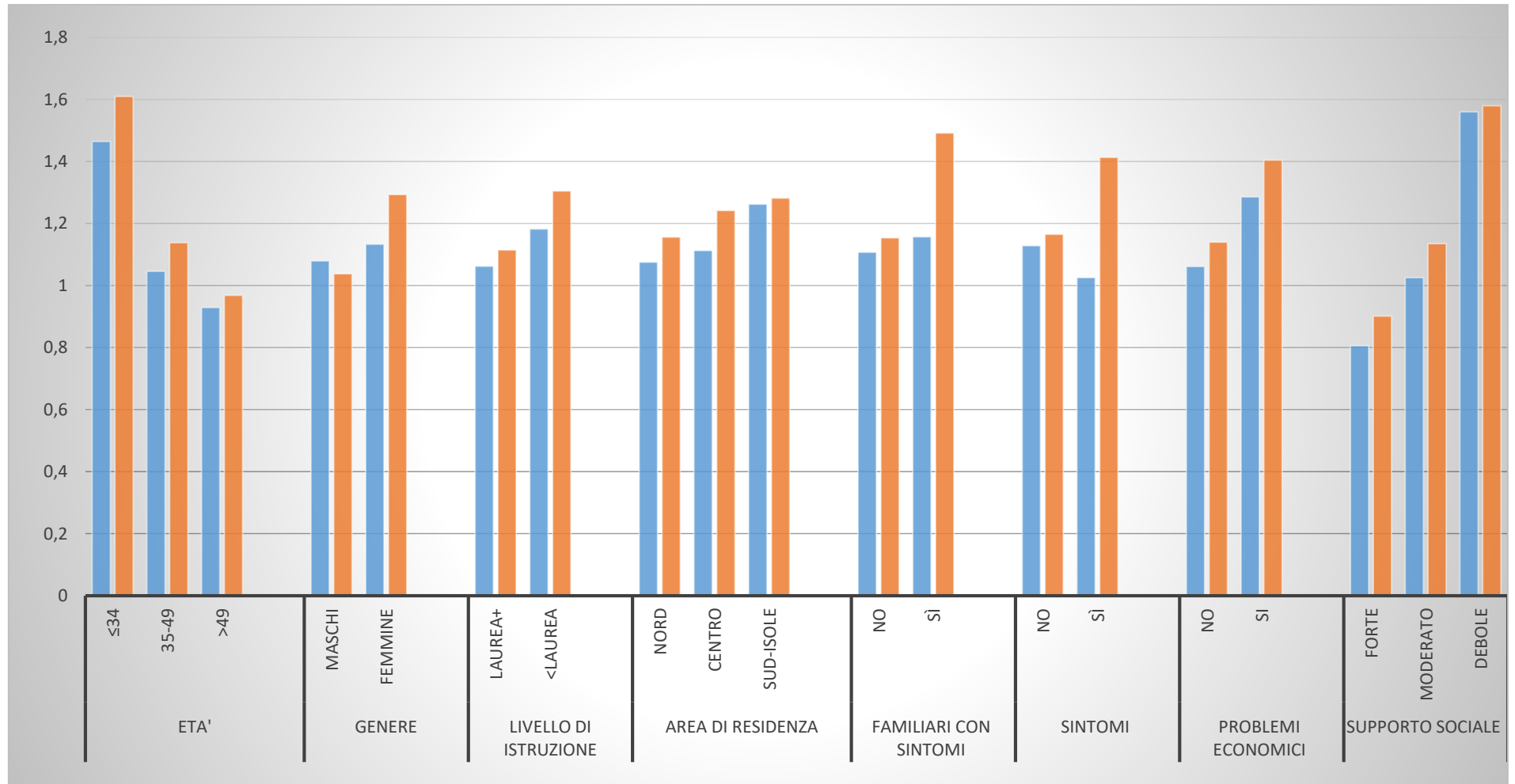
Scores of depressive symptoms by sample characteristics

Gen/Feb 2020

Mean Score =1.11

June 2020

Mean Score =1.20



First Twin study – Symptoms of depression before and after lockdown

Multiple regression showed that depressive symptoms during lockdown were significantly associated with young age, female gender, low level education, poor social support and Covid symptoms within the household.

A moderate phenotypic correlation of PHQ-2 scores between the two observations was found ($r=0.44$).

The study shows that the pandemic has led to an increase in depressive symptomatology. Twin analysis highlighted that longitudinal stability of this symptomatology is mainly genetically determined, while the observed environmental discontinuity is consistent with important changes in life conditions during the pandemic.

Multiple regression model for depressive symptoms immediately after lockdown

	Beta	P	95%CI
PHQ-2 February 2020	0.34	0.000	0.29 - 0.39
Age			
35-49	0.11	0.104	-0.02 - 0.25
≤34	0.44	0.000	0.29 - 0.59
Gender (Female)	0.20	0.001	0.09 - 0.32
Low level of education	0.19	0.001	0.08 - 0.31
Area of residence			
Centre	0.08	0.201	-0.04 - 0.21
South and Isles	0.06	0.464	-0.10 - 0.22
Household Covid symptoms	0.22	0.025	0.03 - 0.40
Covid symptoms	0.13	0.177	-0.06 - 0.31
Economic problems	0.14	0.017	0.03 - 0.26
Social support (OSLO scale)			
Moderate	0.10	0.162	-0.04 - 0.23
Poor	0.34	0.000	0.16 - 0.51

Salute mentale di comunità e accesso alla cura

I principi fondamentali della salute mentale basata sulla comunità includono:

- prossimità, reattività, coinvolgimento delle parti interessate e un approccio olistico, centrato sulla persona e basato sui diritti.
- lo sviluppo di una rete di servizi per la salute mentale con risorse adeguate e competenti, integrata nei sistemi sociali e di welfare.
- approccio multisetoriale e globale che includa salute, istruzione, ricerca, welfare, politiche per la casa e del mercato del lavoro.



Joint Action: 'Healthier Together'
EU NCD Initiative –
Mental Health

Yvette Azzopardi, Policy Officer, SANTE, B4

EU4Health 2023 work programme
DP-g-23-32-01

Joint Action DP-g-23-32-01 – mental health

Objectives and scope

- **Mental health in all policies (coordinated approach)**
- **Promotion of good mental health and prevention of mental health problems**
- **Early detection and screening**
- **Management of mental health problems**
- **Quality of life, stigma, discrimination**



National policy frameworks for mental health promotion and services, including monitoring and evaluation of the implementation of existing policies

A **coordinated approach** between public authorities in multiple ministries and other relevant stakeholders

Prevention activities outside the health sector e.g. education, employment.

Monitor impact of **health determinants** on mental health (physical inactivity, drugs, alcohol), also commercial and social determinants, and digital transformation on mental health of children and young people.

Improve **availability** of mental health services

Focus on **vulnerable groups and marginalised populations** (migrants, refugees, Roma, displaced people from Ukraine)

Create **favourable conditions** for patients, their families and (in)formal carers

Support Member States in implementing Commission Communication on a comprehensive approach to Mental Health



Struttura della Joint Action (scadenza 30 ottobre 2023, durata 36 mesi)

- Coordinatore Lettonia, co-coordinatore Italia (ISS + ProMIS e Ministero della Salute)
- Quattro WP generali (coordinamento, valutazione, disseminazione e sostenibilità)
- Due WP tecnico-scientifici:
 - *Digital mental health* (Danimarca)
 - *Building bricks for Integrated Policies in mental health* (Italia)

Joint Action DP-g-23-32-01 – mental health

Expected results

- improved mental health promotion and prevention
- better and earlier detection of individuals at risk of developing mental health problems
- improved access to evidence based and innovative approaches to managing mental health conditions in communities
- improved quality of life of patients and their families/(in)formal carers in the Member States.

WP «Building bricks for integrated policies in mental health»

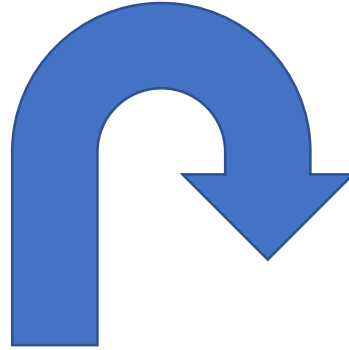
- **Mental health in all policies:** produzione di linee guida da condividere tra i Paesi partecipanti per l'inclusione di misure per la salute mentale in tutte le politiche di welfare
- Identificazione e condivisione di **programmi/azioni efficaci a livello di comunità** nel promuovere la salute mentale e prevenire il disagio tra i giovani. Formazione degli operatori per i diversi target e metodologie
- Coinvolgimento delle **Persone con Esperienza** nei percorsi di cura, recovery e inclusione attraverso studio pilota
- **Budget di salute:** condividere l'esperienza italiana come modello esportabile di cura personalizzata e integrata



Centro nazionale per la prevenzione
e il Controllo delle Malattie

Sperimentazione del
Budget di Salute quale
strumento per la
realizzazione di progetti
terapeutici riabilitativi
individualizzati con
particolare
riferimento alle malattie
mentali e alle dipendenze

2022-2024



OBIETTIVO: Superamento delle diffuse criticità di applicazione nelle varie Regioni dello strumento Budget di Salute e il suo consolidamento nelle pratiche dei servizi attraverso la sperimentazione e validazione di un protocollo condiviso, definito nel Gruppo di Lavoro Interregionale

Gli interventi proposti sono sviluppati nei Dipartimenti di Salute Mentale - Dipendenze Patologiche (DSM-DP) delle Aziende sanitarie delle Regioni coinvolte e nell'ambito degli interventi territoriali previsti dai LEA per la salute mentale e le dipendenze patologiche, in sinergia con i servizi sociali.

Le sinergie per la realizzazione di un modello di integrazione sociosanitaria nella salute mentale

