

## Call to action: strengthening mental health support for people with lung conditions

*"Lung diseases do not just affect the body — they touch every part of a person's life. The physical symptoms are only one part of the story. That's why mental health support isn't optional — it's essential."* (Quote from individual with lung disease)

### Executive summary

Mental health support is a critical yet often overlooked component of care. People with lung conditions are significantly more likely to experience symptoms of anxiety, depression, and emotional distress. Nonetheless, mental health support is rarely integrated into their care pathways. This position statement, developed by Lungs Europe (a partnership of the European Respiratory Society and the European Lung Foundation), outlines the urgent need to recognise and address the mental health needs of people with lung conditions. It draws on the insights of people with lived experiences, caregivers, healthcare professionals, and researchers, and calls for coordinated action at policy, clinical, and community levels. Finally, Lungs Europe calls for action to: 1. *Integrate mental health into respiratory care*, 2. *Support patients and caregivers*, 3. *Invest in research and data*, 4. *Empower patient organisations*, 5. *Tackle stigma and raise awareness*, 6. *Influence policy*.

### The challenge

*"Some days I can't breathe — not just physically, but emotionally. It's like drowning in silence, and no one sees it."* (Quote by ELF Mental Health Working Group Member)

*"It's not you causing your low mood it's the illness that's making you feel this way."* (Quote by ELF Mental Health Working Group Member)

People with lung conditions face a unique and often invisible burden. Breathlessness, fatigue, and the unpredictability of symptoms can lead to isolation, fear, and a diminished quality of life. Mental health challenges are common:

- 1 in 4 people with lung conditions experience anxiety or depression which impact their disease management and quality of life [1; 2; 3].
- They are 2–3 times more likely to face mental health difficulties than the general population [1].
- People living with COPD are at a higher risk of suicide, due to factors such as low quality of life and high depression rates [4].

Mental health conditions can reduce adherence to treatment, limit physical activity, increase hospitalisation, and worsen health outcomes, also reflected in higher healthcare costs [1].

Despite this, mental health support is not routinely offered to individuals with lung conditions. Unlike cancer care, where psychological support is often embedded in treatment plans, respiratory care frequently lacks this holistic approach.

### **ELF Mental Health Working Group**

Formed in 2024, the Mental Health Working Group was founded to increase awareness surrounding mental health and how it impacts people with chronic lung conditions as well as their caregivers. It aims to evaluate and expand research within this area, to define the main priorities of individuals, patient organisations and healthcare professionals. Enhancing education, information, and policy change in this area is another key priority of the Mental Health Working Group.

### **Barriers to mental health support**

The ELF Mental Health Working Group has identified several systemic and cultural barriers [5-9; 10; 11]:

- Lack of information on the links between respiratory illness and their impact on mental health, as well as information on how to access support.
- Inconsistent referral pathways and limited integration of mental health into respiratory care.
- Stigma and cultural norms that discourage help-seeking.
- Mental health impacts vary by age, gender, socioeconomic status, and migrant status.
- Regional disparities in access, affordability and quality of services.
- Limited training for healthcare professionals in addressing psychological needs.
- Underfunding and understaffing of mental health services with long waiting lists.
- Gradual deterioration of mental health state stays unnoticed due to lack of regular evaluation.
- Caregivers, too, face emotional strain and often lack access to support, despite playing a vital role in patient wellbeing.

### **Mental Health in the EU Policy Framework**

Mental health has become a strategic priority across the European Union. In June 2023, the European Commission launched a comprehensive approach to mental health as a new pillar of the European Health Union [12]. This initiative aims to place mental health on equal footing with physical health and addresses the growing mental health crisis across Europe.

Mental Health Europe has welcomed the EU's comprehensive approach but calls for a long-term, rights-based strategy rooted in the psychosocial model of care and inclusive of vulnerable groups and people with chronic conditions such as respiratory diseases [13].

Key elements of the EU's mental health strategy include:

- 20 flagship initiatives backed by €1.23 billion in funding from various EU financial instruments [13].
- A cross-sectoral approach involving health, education, employment, digitalisation, urban planning, and social inclusion.
- A focus on prevention, early detection, access to care, and reintegration into society after recovery.

The strategy also supports:

- A European Code for Mental Health
- A depression and suicide prevention initiative
- A child and youth mental health network
- EU-wide campaigns on mental health at work and psycho-social risks
- Targeted support for vulnerable groups, including migrants, refugees, and those affected by conflict [12]

The EU4Health programme and the Healthier Together initiative further reinforce this agenda. The latter includes mental health and neurological disorders as one of its five priority strands, supporting Member States in implementing high-impact actions to reduce the burden of non-communicable diseases [12].

Additionally, the EU Best Practice Portal and the Joint Action ImpleMENTAL facilitate the exchange and implementation of effective mental health practices across Member States. These include community-based care models, suicide prevention programmes, and digital self-management tools [12].

The European Parliament has also called for a long-term, integrated EU mental health strategy, including legislation on managing psychosocial risks at work and ensuring the right to disconnect in the digital workplace [14].

### **Existing examples of good practices across Europe**

Several encouraging models demonstrate how mental health can be better integrated into respiratory care. For example, psychosocial interventions in the context of respiratory care have the potential to improve psychological as well as physical outcomes [15]. Other promising examples are breathlessness services which may reduce distress and improve psychological outcomes [16].

These country-specific practices related to mental health can be helpful for individuals with lung disorders:

- Cultural Prescription (Greece): Collaboration between ministries to use arts and culture in mental health care.
- Social Prescribing (UK): GPs prescribe group activities to support wellbeing.
- MonPsy (France): Reimbursed psychological care for mild to moderate mental health conditions via GP referral.

- Practice Nurses (Netherlands): Nurses trained in mental health support embedded in primary care.
- Pulmonary Rehabilitation (UK/France): Programs that include psychological support as standard [17]

### **The role of patient organisations**

Patient organisations are often the first and only source of mental health support for people with lung conditions. They provide a range of services including:

- Peer support groups.
- Counselling and helplines.
- Online forums and educational resources.
- Advocacy campaigns that normalise mental health discussions.

These services are frequently self-funded or supported by sponsorships, filling critical gaps left by national healthcare systems [5, 6, 8].

#### Barriers include:

- Limited resources and funding to sustain or scale mental health activities.
- Challenges in reaching individuals who are isolated, newly diagnosed, or unaware of available support.
- Lack of formal recognition and integration within national health systems.

#### Patient organisations need:

- Stable funding and institutional recognition to expand their reach and sustainability.
- Training in mental health literacy, crisis response, and peer-support facilitation.
- Closer collaboration with healthcare providers and policymakers to ensure their insights and services are embedded in respiratory care pathways.
- Access to EU-level platforms and funding instruments to exchange best practices and build capacity.

### **The role of healthcare professionals**

Healthcare professionals are often the first point of contact for people with lung conditions, yet many report feeling underprepared to address mental health concerns [1, 7, 9].

#### Barriers include:

- Time constraints in clinical settings.
- Lack of training in psychological assessment and communication.
- Unclear referral pathways for mental health support.
- Stigma or discomfort discussing emotional wellbeing.

To improve outcomes, healthcare professionals need:

- Training in integrated care models that include mental health.
- Clear guidelines on when and how to refer patients for mental health specialist assessment and psychological support.
- Collaborative tools to work with psychologists, psychotherapists, psychiatrists, social workers, and patient organisations.
- Support for their own mental wellbeing, especially in high-stress environments like respiratory wards.

## **Lungs Europe calls for action**

To address the mental health needs of people with lung conditions, Lungs Europe urges immediate action to:

### **1. Integrate mental health into respiratory care**

- a. Include psychological assessment and support in standard care pathways within respiratory care centres.
- b. Train healthcare professionals to recognise and respond to mental health needs.

### **2. Support patients and caregivers**

- a. Develop and disseminate multilingual, evidence-based guides and “mental health first aid kits.”
- b. Recognise and support the mental health needs of caregivers.

### **3. Measure progress concerning mental health**

- a. Improved screening for psychological distress in respiratory settings.
- b. Patient-reported outcomes.

### **4. Invest in research and data**

- a. Fund studies to identify effective interventions and understand disparities.
- b. Standardise assessment tools and definitions across research and practice.

### **5. Empower patient organisations**

- a. Provide funding and training to expand their mental health services.
- b. Facilitate collaboration between patient groups and healthcare systems.

### **6. Tackle stigma and raise awareness**

- a. Launch public campaigns to normalise mental health discussions in respiratory care.
- b. Promote peer-led initiatives and storytelling to reduce shame and isolation.

### **7. Influence policy**

- a. Advocate for the inclusion of respiratory patients in EU mental health strategies.
- b. Ensure equitable access to mental health services across all regions.

## **Conclusion**

Mental health support is a fundamental component of comprehensive care for people with lung conditions. By recognising the psychological impact of respiratory diseases and taking coordinated action, we can improve quality of life, treatment outcomes, and health equity across Europe.

Lungs Europe urges policymakers, healthcare providers, researchers and patient organisations to act now. Mental health assessments should be a standard element for all respiratory care pathways across the EU, supported by dedicated funding for cross-border initiatives that integrate respiratory and mental health care.

## References

1. ELF Mental Health Webinar, February 2025  
(<https://www.youtube.com/watch?v=r8W33ZtzVaA>)
2. Mustafa A, Karamat A, Toor WM, Mustafa T. High Prevalence of Depression and Anxiety in Patients with Chronic Respiratory Diseases Admitted to Intensive Care in a Low-Resource Setting. *Advances in Respiratory Medicine* [Internet]. 2025 Jun 2;93(3):12. Available from: <https://www.mdpi.com/2543-6031/93/3/12>
3. Wu K, Lu L, Chen Y, Peng J, Wu X, Tang G, et al. Associations of anxiety and depression with prognosis in chronic obstructive pulmonary disease: A systematic review and meta-analysis. *Pulmonology*. 2024 Dec 13;31(1).
4. Sampaio MS, Vieira W de A, Bernardino Í de M, Herval ÁM, Flores-Mir C, Paranhos LR. Chronic obstructive pulmonary disease as a risk factor for suicide: A systematic review and meta-analysis. *Respiratory Medicine* [Internet]. 2019 May 1;151:11–8. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S0954611119300939>
5. ELF Mental Health Working Group Meeting, 16 December 2024
6. ELF Mental Health Working Group Meeting, 4 November 2024
7. ELF Mental Health Working Group Meeting, 28 January 2025
8. ELF Mental Health Working Group Meeting, 4 April 2024
9. ELF Mental Health Working Group Meeting, 6 June 2024
10. Wang J, Willis K, Barson E, Smallwood N. The complexity of mental health care for people with COPD: a qualitative study of clinicians' perspectives. *Npj Primary Care Respiratory Medicine* [Internet]. 2021 Jul 22;31(1):40. Available from: <https://doi.org/10.1038/s41533-021-00252-w>
11. Wileman V, Rowland V, Taylor SJC, Steed E, Pinnock H, Kelly MJ et al. Implementing complex psychological interventions for people with COPD delivered by respiratory health care professionals: a qualitative stakeholder interview study. *npj Primary Care Respiratory Medicine*. 2023 Oct 25;33:35. doi: <https://www.nature.com/articles/s41533-023-00353-8>, 10.1038/s41533-023-00353-8
12. European Commission, Comprehensive Approach to Mental Health, June 2023. Available from : [https://health.ec.europa.eu/publications/comprehensive-approach-mental-health\\_en](https://health.ec.europa.eu/publications/comprehensive-approach-mental-health_en)
13. Mental Health Europe, Policy Briefing and Position on EU Mental Health Strategy, 2023
14. European Parliament, Mental Health Strategy, 2023
15. Farver-Vestergaard I, Danielsen JTT, Løkke A, Zachariae R. Psychosocial Intervention in Chronic Obstructive Pulmonary Disease: Meta-Analysis of

Randomized Controlled Trials. Psychosomatic Medicine. 2022 Jan 24;84(3):347–58.

16. Brighton LJ, Miller S, Farquhar M, Booth S, Yi D, Gao W, et al. Holistic services for people with advanced disease and chronic breathlessness: a systematic review and meta-analysis. Thorax [Internet]. 2019 Nov 29;74(3):270–81. Available from: <https://thorax.bmj.com/content/74/3/270>
17. Gordon CS, Waller JW, Cook RM, Cavalera SL, Lim WT, Osadnik CR. Effect of Pulmonary Rehabilitation on Symptoms of Anxiety and Depression in COPD. Chest [Internet]. 2019 Jul;156(1):80–91. Available from: <https://www.sciencedirect.com/science/article/pii/S0012369219308736>