

Third Meeting of the Mental Health Working Party. Luxembourg, 30-31 May 2005.
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At the end of May of 2005 I represented ENUSP at the third meeting of the Mental Health Working Party. This is a report. I am new in this area. Forgive me if you find any mistakes.

Background

In the EU labyrinth Mental Health has a place at the Health and Consumer Protection Directorate-General with John Ryan as Head of Unit. This Directorate-General has a few topics: Food Safety, Consumer Affairs and Public Health. It is this last area, public health, where there is attention for Mental Health.

EU has a mandate for public health, which means that the EU countries allow the European Commission to develop and execute policies in this area. EU does not have a mandate for mental health care. This is more a WHO area. Mental health as public health is very interesting, because it means less of a medical terror applied to human distress and more of social and societal factors taken into account. EU has a mandate for: *promotion of public (mental) health and prevention of human (mental) ill health, including through health information and education and co-operation between member states.*

To set things in motion EU has set up a working party under the guidance of Juergen Scheftlein. This working party has members from a lot of countries, mainly professors in Public Health, mainly (male) psychiatrists. To become a member you should be projectleader of a EU project (EU has budget for large scale projects for instance on health promotion in the general public). And a few ngo's, among which ENUSP, EUFAMI and Amnesty, are a member.

Agenda

During the third meeting of the working party several topics were on the agenda, among which a presentation of several EU projects, policy developments (among which a presentation and discussion on the green paper on mental health), a report of the evidence task force, discussing ways to raise the visibility of the EU projects and improve dissemination and a paper presented by John Henderson about the boundaries of mental health. You have to know that developing mental health policy from a public health perspective raises for instance the question whether persons with a psychiatric diagnose are included in this policy. Or whether psycho-education in psychiatric institutions should be part of this policy. Most of the people present decided that it is important to get as much influence in all parts of society, including in psychiatry. If that means that the public health definition should be broadened, so be it.

EU budget and projects

DG SANCO (which is the directorate-general I just mentioned) has a bid every year. This means that every year a programme is opened and proposals can be written (which should fit in the programme) and submitted to get money for a project. In April of 2005 there was a serious bid in which ENUSP is participating (if it get's money), which is a promoting proposal on empowerment of users. More info will be disseminated after the summer break. To participate in this bid-thing is very complicated and not easy for ENUSP. That is why it is important to participate in other proposals, but also to keep on participating seriously in the working party.

EU data on public health

Although very complicated it is also interesting to hear about attempts to gather data on mental health and mental health indicators at European level. In most countries there is a systematic data gathering system, let alone that there is a European system. The projects financed by EU are for instance on 'placement and treatment of mentally ill offenders' and on data gathering (how to do it) and dissemination (how to communicate to politicians?).

Green Paper on Mental Health

A green paper means that the text in it is a draft, somewhere in the preparation of making policy at European level. Such a Green Paper is used for internal and external consultations, after which it will be adopted and become a EU-strategy and an Action Plan. So this Green Paper on Mental Health was discussed in Luxembourg by the projectleaders/professors. Now ENUSP is invited, among other Ngo's, to give it's vision on the green paper. I will attach the green paper, so if you want, you can read it. I will try and give an outline here.

A Green Paper on mental health is to publicize and valorize findings from work under Public Health Programmes, to integrate mental health in other policy areas (discrimination, research), to respond to various Council conclusions/resolutions over the past years and to organize a follow-up to WHO European Ministerial Conference. The objectives of the green paper are:

- * increase visibility of mental health in health and other policies
- * promote cooperation between member states
- * facilitate consensus between sectors and stakeholders
- * develop mental health information system (data and knowledge)

Priorities in the Green Paper are:

- promote mental health for groups and in life environments (schools, work place, residential homes, prisons, etc.)
- reduce disease burden (depression, suicide)
- address stigma, discrimination, social exclusion – promote human rights and dignity

A few of the responses of the Working Party:

- * There is too much focus on positive mental health and too little on psychological suffering and it is this suffering that is the concern of the ministries
- * There is the risk (when formulating too positive) of losing the connection with psychiatry, which is not good. The mental health care sector has to fight for a place on the budget of the ministries.
- * Too many topics in the paper
- * EU is mostly economic, put more emphasis on the costs of ill health and show what can be gained.

ENUSP statement on EU Green Paper on Mental Health

Juergen Scheftlein invited ENUSP for a two hour meeting to comment on the Green Paper at the end of July, in the middle of the holidays. I emailed him and all the other invited persons to object, and I got several out of office replies, but Scheftlein has to continue his procedures concerning the Green Paper. So we will have to write a ENUSP comment on the proposal. Of course we have to do that. But I think we also have to communicate with Mr. Scheftlein about how ENUSP can grow stronger by getting proper facilities. I see two possibilities:

- i) offer EU our network and contacts to disseminate knowledge from EU projects to user organisations in all ENUSP countries and name a price for this service which covers some basic costs for the coming few years (with an evaluation point somewhere). I think we should propose this to Scheftlein and if there is some positive response we have to write a proposal for it

- ii) offer EU our proposal made at the WHO meeting in Helsinki about monitoring four best practices of user involvement/empowerment en describing them and giving them status through EU and WHO stage.

I will write tomorrow night a draft letter to mr. Scheftlein.

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