

Adam Duncan:

Additional points submitted on behalf of ENUSP to the EU Commission regarding the first EU Green Paper Consultation Meeting on Promoting Mental Health, 15-17 Jan 2006

Housing/Environment was mentioned a little but seems a really important issue - especially for those with extra needs for healthy surroundings and safe personal space.

The phrase "work-life balance" was not mentioned. It seems important to promote the health benefits of this, especially with all the emphasis on productivity.

Importance of working within communities as well as formal settings, reaching out to different cultures and belief systems. In particular, religious practitioners have such influence and deal with mental health problems a huge amount, but very little contact with mental health approaches.

Would like to re-emphasise the need for the EU to work to empower people to help themselves, incl. through self-help and self-management.

The issue of pharmaceutical industry influence was not mentioned (plenary or our subgroup). Yet this is such a huge barrier to acceptance of mental health promotion amongst the public, especially users of services. The major UK government inquiry into this (2005), while emphasising the valuable contributions of the industry, concludes (pg99) "Our over-riding concerns are about the volume, extent and intensity of the industry's influence, not only on clinical medicine and research but also on patients, regulators, the media, civil servants and politicians" and that (pg100) "The Government and the EU appear to believe that trade imperatives and health priorities are as one...but this inquiry left us in no doubt that the scope for conflict...is huge". Among other things, it calls for openness by all organisations about their funding sources, and legislation to ensure that health promotion campaigns do not simply 'disease-monger' or act as 'veiled advertising', and we would like to put forward the reports conclusions in this context also.

* <http://www.parliament.the-stationery-office.co.uk/pa/cm200405/cmselect/cmhealth/42/42.pdf>

So while strongly agreeing that those at greatest mental health risk should be identified, included, and supported in health promotion and prevention work, we would like to re-emphasise the danger of treating some people as a subgroup divorced from normal mental and human life. There seemed to be a cautious consensus that we are all on the same continuum, but the EU documents (as most) tend to assume an exclusively "neo-Kraepelinian" view of distinct conditions which, while having pragmatic merit, can stereotype and stigmatise those put into these categories (or given these 'labels'). ENUSP argues for the benefit and pressing need for the documents to acknowledge important caveats and alternatives - including that there is much variation between people put into these conditions; that in reality they typically involve a spectrum of subtypes of varying severity/impairment; and that these spectrums are known to merge into the 'normal' continuum of mental health.

This of course relates to the core need to signal that the diversity in Europe is valued - whether in terms of individual personalities and lifestyles, ethnicity, gender, cultures etc. And to ensure that health promotion doesn't inadvertently support pathologising people just for being different (or dissident - a need to highlight the major political/control issue in this area) - but is always focused on supporting and empowering people towards their own positive mental health.