Green paper on Mental Health

Draft of 26 May 2006

1. Introduction

There is now much interest in mental health as a resource for the quality of life of citizens and for the economic and social welfare of countries, and in its interrelation with physical health. One reason for this is that the prevalence of mental ill health, and the size of the challenges it poses, is becoming clearer:

- Suicide causes more deaths in the EU than traffic accidents (58,000 to 50,700 per year), and in most cases suicide is preceded by a history of mental illness;
- Depression alone, the most prevalent mental disorder, causes an economic loss of 3-4% of GDP, mainly through reduced productivity;
- Conduct and behavioural problems and disorders are increasingly often diagnosed in children and adolescents. The ageing of the European population will increase the prevalence of other age-specific psychiatric conditions;
- Practices of stigmatisation, discrimination or non-respect to the human rights and the dignity of mentally ill or disabled put central European values in question.

These challenges create a pressing need for action. The recent WHO European Ministerial Conference on Mental Health of January 2005 created the political commitment to develop it. The European Commission was a collaborating partner in the organisation of the WHO event. In line with Member states' wishes, it now wants to make sure that proper follow-up is given to this conference in the EU. Action by the Commission is founded on a solid mandate of the Commission from the European Treaties. It can build on considerable experience in the field of mental health, under the Community's public health and other policies.

Various Community-supported projects show that the promotion of good mental health and the prevention of mental ill health and suicide are possible, in particular if a comprehensive 'public health approach' on mental health is adopted which links medical interventions with measures to address the social determinants of mental health. Some evidence outlined in this Green Paper includes a 30% drop in suicide rates in Finland, and a 50% decrease in bullying among adolescents as a result of school programmes. Employers were able to reduce the absenteeism of the staff. This illustrates that promoting mental health supports competitiveness, social cohesion and the transition into the knowledge society.

Further progress is needed, leading to more awareness about the relevance of mental health and better use and integration of existing good practice into policies. The links between the health sector and those other sectors which have an influence on the mental health of the population need to be strengthened. Involving patient and civil society organisations can help in building solutions. Member states should be able to compare their situation and approaches.

Opening up a framework for work on mental health at Community level will help to organise the move from declarations to concrete action on mental health in the EU. Therefore, this Green Paper on Mental Health proposes initiatives for more effective action on Mental Health at European level and in Member States:

- A mechanism to promote cooperation and exchange between Member States;
- A Platform for dialogue and consensus-building between the different relevant actors (e.g. health professionals, educational professions, social partners, civil society organisations);
- A mental health information and research system at Community level, which could generate data and evidence on mental health.

The consultation process on this Green paper shall ultimately lead to the establishment, by the end of 2006, of an EU-Strategy on Mental Health. Its objective shall be to ensure a maximum of mental health in the European population, and a minimum of stigmatisation, discrimination and human rights violation in the EU-society – leading to more quality of life for citizens, and gains in economic and social welfare.

2. Mental health – meaning and centrality

2.1. The concept of mental health and its importance for the EU

Good mental health is essential for citizens to be able to lead a happy, healthy and meaningful life, in which they can cope with the normal stresses of life. It enables individuals to realise their emotional and intellectual potential, and to find and fulfil their role in social and working life.
Negative mental health (or *mental ill health*) is concerned with mental disorders, symptoms and problems.

Mental health is an essential part of the wellbeing and health of EU-citizens. There is no health without mental health, and mental ill health affects the wellbeing of citizens more than most physical disorders. Mental health is also fundamental to society's human, social and economic development, because good mental health amongst the population promotes better social and economic welfare. For the EU, with its key policy objectives being to strengthen its competitiveness, to promote social cohesion and to manage its transformation into a knowledge society, good mental health of the population is a valuable asset.

2.2. The determinants of mental health

Mental health is influenced by a combination of multiple factors, among them: a) individual biological and psychological factors (some of which can be related to the gender of persons); b) social interaction; c) societal structures and resources; d) cultural values.

Research is still ongoing as to the precise way in which the endogenous and the external factors interact. But a number of external factors which support mental health, and others which create risks, can be identified, and many of them are susceptible to policy action:

Protective external factors for mental health include: attachment to mother in early childhood, self-esteem, resilience, coping skills, sound social relations and social support, physical activity, success at school and the workplace.
External risk factors include: lack of parenting skills in parents, poverty, family members with a mental disorder, child abuse and suffering from violence, social isolation, lack of social support, sustained stress, lack of control, physical sickness.

There is now much evidence showing the strong influence of social aspects, such as the social and income status of citizens, and their daily experiences in school, working life and Community, on their mental wellbeing, in a positive or a negative way. Other important determinants are related to gender, age, sexual orientation, ethnicity and disability.

2.3. The case for a public health approach on mental health

Health policies put growing emphasis on promoting positive health. Focussing on ill health alone does not sufficiently allow the health sector to influence the determinants of mental health. Consequently, there is increasing support for the idea that the provision of treatment for mental ill health needs to be complemented by more investment into the determinants of good mental health.

Against this background, the concept of a 'public health approach' to mental health has emerged. It targets the whole population and its objective is to promote good mental health by strengthening the protective factors , and prevent mental ill health by reducing risks. Such action is expected to enhance the health and quality of life of citizens, and contribute to the reduction of other health risk behaviour, such as tobacco, alcohol and substance abuse. It can

also bring about a reduction in social and economic problems such drop out from school, crime and absenteeism form work, as well as the reduction of the severity and mortality rates of physical and mental disease.

Promoting good mental health is a shared responsibility. Other than the health sector, it concerns all actors whose actions are in some way influencing the mental wellbeing of citizens, including teachers, employers, judges, and patient and civil society organisations. Relevant policies include health, social affairs and employment, education, justice, housing, urban and regional development, sports, to mention just a few. Promoting mental health therefore means forging partnerships between all the policies and actors.

In consequence, policy objectives will be twofold: 1) to promote and improve better mental health for all, and 2) to improve the quality of life and social inclusion of those experiencing illness. To achieve this, combined efforts of promotion and prevention in mental health, as well as care, treatment and rehabilitation in mental ill health, are needed.

2.4. A vision on mental health for the EU

The centrality of mental health for the health and quality of life of citizens, for the EU's economic and social welfare and for its development into a knowledge society, calls for the adoption of an ambitious - but nevertheless realistic - policy vision for the EU. This vision could be composed of the following objectives:

1. All member states could commit themselves to setting up, by 2010, comprehensive mental health strategies, in cooperation with the relevant stakeholders. These should organise the good access of the population to care, treatment and rehabilitation, include effective promotion and prevention programmes, and ensure that the fundamental rights and the dignity of mentally ill or disabled persons are protected.
2. Furthermore, and in consequence, the EU could commit itself to becoming, by 2015, the world region with the lowest rate of suicide.

3. The situation in the EU: A growing burden of mental ill health

Clearly, the large majority of the population enjoys good mental health. But estimations suggest that one citizen in four experiences at least temporary mental health problems during their lifetime, or, in more severe cases, anything from disorders to chronic illness. There is also increasing clarity as to the significant burdens and costs which mental ill health implies for the affected, their families, society, and – not the least – the health, economic and social systems in the EU.

3.1. Mental ill health in the EU – some facts

Mental ill health is common

It has been estimated that at any time, up to 20% of the adult population in the EU suffers from some form of mental ill health. Almost 20% of all ill health and premature mortality in the world is caused by neuropsychiatric conditions (including senility and dementia).

Depression is the most common mental disorder

The most common mental disorder in the EU is depression, and it is being diagnosed more and more frequently. Depression is a serious illness, where people go through periods in which they are not able to feel positive emotions. By the year 2020, depression is expected to be the second most common cause of disability in the developed world. Depression is frequently associated with alcohol or substance abuse. In extreme cases it can lead to suicide.

Other common mental disorders are anxiety disorders, psychosis and stress-related disorders.

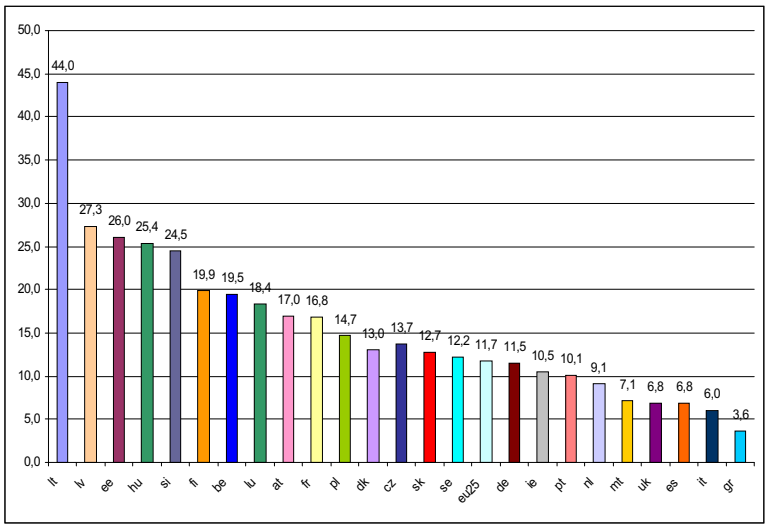
Co-morbidity with physical illness is frequent

The close interrelation between mental and physical health has long been underestimated. For example, we know now that back pain is often the consequence of mental health problems and that depression is a risk factor for cancer and heart diseases.. Reversely, persons affected by long term and chronic disease, such as tuberculosis or HIV/AIDS, or physical disability are consistently more often affected by a major depression than the general population (WHO).

Mental ill health can lead to suicide

In extreme cases, mental ill health can lead to suicidal behaviour, the attempt or the act of committing suicide. In 90 % of cases, suicide is preceded by a history of mental ill health, often depression. Suicide rates have been declining in many parts of Europe since the 1980s, but they increased during the period of economic and social transition in the new Member States in the 1990s. In the new Member States, suicide rates are about 80% higher than in the average of the former EU-15.

Figure 1. **Suicide rates per 100.000 people across EU Member States in 2002** [1]



Suicide kills more EU-citizens than road traffic accidents

Currently, in the European Union around 58,000 citizens die per year from suicide. This is significantly more than the annual deaths from road traffic accidents (about 50,700), homicide (5,350), or HIV/AIDS (5,000),). Young men are increasingly often affected. Since suicide rates in principle increase with age, it can be expected that the ageing of the population in the European Union will lead to an increase in the absolute number of suicides. It has been predicted that suicide will become the tenth most common cause of death in the world by 2020[2]. **As the prevalence of suicide remains widely unnoticed, it could be said that suicide is an unseen killer in the EU.**

3.2. The reasons for the growing burden of mental ill-health

The scientific debate has not yet concluded on whether the increase of mental disorders in many statistics represents more cases or rather an increased awareness of the problem by health professionals and therefore more frequent diagnoses. Nevertheless, the statistical development unveils that mental disorders are relatively common and that the relevance of mental health was significantly underestimated in the past.

[1] Data: Eurostat, For Greece latest year available

[2] Murray CJL, Lopez AD.: Mortality by cause for eight reasons of the world: Global burden of disease study, Lancet, 349 (1997), p. 1269-1276

The *reasons* for the increased perception of mental health as a greater problem are multiple and include the following developments:

1. *a reduction in stigma,* together with an improved ability of general practitioners to detect mental disorders as such;
2. *changes in the way we live* (e.g. the loosening of traditional family patterns; the high use of television and ICT, leading to less social contacts; the ageing of society);
3. *economic and social transitions leading to higher insecurity* (higher flexibility in labour markets, transition process in new Member States).

3.3. The picture in the EU-Member States

A diversity of mental health patterns

A report "The state of mental health in the European Union" from 2004 analysed the available data on mental health in the former 15 member states of the EU[3]. The report found that the status of mental health is not uniform across Member States. Instead, the statistics reflect the diversity between countries, their situations, traditions and cultures.

One important challenge during the preparation of the report was the fact that, although many population-based surveys could be identified which include measures of mental health, the differences in survey techniques and research methods make real comparisons almost impossible. This highlights the importance of collecting data in a comparable manner across the EU.

In spite of these obstacles, the report identified mental health patterns for several countries:

Mental health patterns identified in the report "The state of mental health in the European Union":

- **France** was found to have concordant negative mental health indicators: positive mental health is low, psychological distress and diagnosis of psychiatric disorders are high. Deaths from suicide and alcohol are still high, although they are on the decrease. Help seeking behaviour and psychotropic drug consumption are high.
- **Italy** and **Spain** showed low levels of diagnosed psychiatric disorders, suicide and alcohol consumption. A survey revealed, however, high levels of psychological distress, especially in Italy. Positive mental health indicators are low in Italy and high in Spain. Help seeking behaviour is low.
- In the **Netherlands** and **Belgium** low levels of psychological distress were identified, but high help seeking behaviour and high rates of diagnosed mental disorders. Suicide rate is high in Netherlands and low in Belgium.
- **Germany** was found to be at the medium level of all indicators.
- Few comparable data were available for the **United Kingdom**, but those available showed low levels for psychological distress and suicide rates, in spite of high levels of illegal drug use.

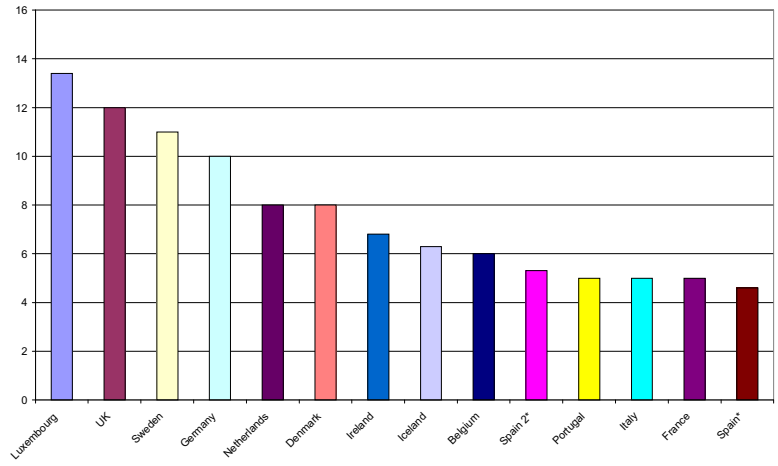
Significant differences in the levels of funding available for mental health from health budgets

The "Mental Health Economics European Network"-project attempted to identify the funding levels available for mental health in national health budgets. These remained everywhere, and

[3] A corresponding project to collect data and information for the new Member States is currently being implemented.

sometimes significantly, below the share of 20 %, which mental health problems represent in the disease burden[4].

Figure 2: Share of mental health in health budgets in selected member states (2002)



3.4. The consequences of mental ill health for individuals and society

Mental ill health causes enormous human misery, social problems and economic losses. Furthermore, the treatment of mentally ill and disabled persons by society and within health and social care institution raises serious value and rights issues.

- *The human dimension*

Mental ill health affects the wellbeing and social and economic functioning of the affected more than most physical illnesses. It easily leads into a "downward spiral", where mental ill health provokes symptoms such as social isolation, stigmatisation, the loss of employment or alcohol abuse. The family burden can not be ignored and the children of a mentally ill parent are at increased risk of developing a severe mental disorder later in life.

- *High burdens for the health sector*

Mental ill health imposes significant costs on health sectors. Studies suggest that chronic mental disorders, such as psychosis or depression, generate similar costs as other physical chronic illnesses, like ischaemic heart disease or cancer. Patients who are co-morbid with physical and mental disorders may show poor compliance and failure to adhere to their treatment schedules. There is also a link between mental ill health and diseases of the immune system.

- *The social costs of mental ill-health*

The social costs of mental ill health are considerable. For instance, studies show that children who develop conduct and behavioural disorders that are not alleviated, can have poor outcomes in adult life and incur high additional costs. Interestingly, most of these additional costs incure outside of the health sector[5], and particularly in the educational, social and criminal sectors.

- *The economic costs of mental ill health*

It has been estimated that the economic costs of mental ill health add up a loss of 3-4% of the EU's GDP, mainly through lost productivity[6]. The project "Mental Health Economics

[4] The figures below need to be interpreted with caution, as further funding may be available from other budgets.

[5] While additional health care costs remained relatively moderate, the largest proportion were for criminal justice services, followed by extra educational provision, foster and residential care, and state benefits.

[6] Estimation by ILO

European Network"[7] suggested that the costs to both employers and social welfare systems across Europe are increasing. Mental disorders are among the top three reasons for absence from work, alongside musculo-skeletal problems and cardio-vascular disorders. They are a leading cause of early retirement or receipt of a disability pension.

- *A loss of social capital in society*

Further to the material costs caused by mental ill health, the immaterial diminishing of social cohesion also needs to be considered. One important issue in this context is the way in which society treats mentally ill and disabled persons. Social exclusion, stigmatisation and discrimination of the mentally ill are still a reality. Treatment or care practices which are considered to impair the fundamental rights or dignity of persons with mental ill health or disability cause a loss of trust in society, thereby reducing the so-called 'social capital' in the European Union.

Conclusion:

Mental health and ill health have a human and clinical dimension, which primarily concerns individuals, their families and the health sector. Improving mental health is therefore one way to tackle the growing burden of disease that health care systems must address. Furthermore, mental health is also highly relevant to the EU's educational, social and economic systems, where it can support progress and the attainment of the EU's policy objectives. In contrast, mental ill health creates significant costs and burdens.

4. Seeking solutions – what works?

The increasing awareness of mental health problems has also triggered more study into possible solutions, e.g. under EU-Public Health Programmes, where mental health has been a priority for a number of years.

The results of these activities have shown that it is possible to promote good mental health and to prevent mental ill health. The efforts were particularly successful when they targeted specific age groups and risk groups of the population ('life-span approach') and at the same time promoted mental health in every day environments such as educational institutions or workplaces (('settings-approach'). (). Actions can be divided into those which focus on strengthening the determinants of good mental health (promotion), whereas others concentrate on reducing the disease burden by addressing the major health threats (prevention).

The project "Implementing Mental Health Policy Action (IMPHA)" identified an inventory of evidence-based options to promote mental health and established an action plan for their implementation in the EU.

Some examples of successful actions are provided below.

4.1. Building mental health: Reaching population groups and their environments

One way to improve the mental health of the population is by making the daily environments of population groups more mental health-friendly.

a) Infants, children and adolescents

[7] reference

Mental health in life is strongly influenced during the early years. Promoting mental health in children and adolescents is an investment in the future, and should deliver strong long-term benefits. In the earliest phase, the development of a positive mother-child attachment is most essential. Programmes teaching parenting skills to future parents and those with problems have proven to be particularly effective. At kindergartenage, a stimulating learning environment favours the positive development of children. In later years, school has a critical influence on personality development. A holistic school approach will go beyond the traditional knowledge-transferring role. It will also build self esteem, teach life skills and develop social competencies.

Examples of successful practices to promote mental health in infants, children and adolescents:- In the **United Kingdom,** the *Child Development Programme* addressed first time parents and those with parenting problems. It reduced child abuse rates by 50% and a 41% reduction in the child protection register;

- In **Norway**, the *'Olweus Bullying Prevention Programme'* was aimed at children from the age of 6 to 15 years in schools. It reduced bullying and victimisation by 50% or more in most comparisons by adopting a 'whole school'-approach (including the creation of a warm and interested climate within schools, teacher discussion groups, class rules against bullying, close relations with parents etc). The approach is now being followed in schools around the world.

Success factors in mental health promotion in children as identified through EU-projects:

Preschool age children: Counselling; group work with parents/children; home visits;nursery school interventions.
Adolescents and Young People: Resource packages and guidelines; group and individual counselling sessions; group work, tutoring and coaching by peers.

b) Promoting mental health at the work place

The importance of work and its influence on health and mental health are well-recognised. Working conditions are powerful determinants for health, both physical and mental. At the same time, health also affects a person's productivity and earning capacity. As working people spend a third of their day at work, the workplace is an ideal setting to reach this population group and to help improving its health and wellbeing. In contrast, sustained work-related stress and a perceived lack of control over the workload are important determinants of depressive disorders and the prevalence of mental ill health-related absenteeism and the number of early retirements due to mental health problems is increasing steeply in the EU.

Some policy initiatives at EU-level address these problems. For example, in 2004, the Social Partners signed a European Framework Agreement on work-related Stress.

Examples of successful practices in workplace mental health promotion:

- In **Sweden**, the *Malmö Fire Brigade* involves employees in shaping workplace conditions, and in addressing challenges such as alcohol or drug abuse or the prevention and treatment of post-traumatic stress. The working atmosphere and image have improved, while staff turnover and absenteeism are low at an average of 9 days.
- In **Finland,** counselling programmes and burnout prevention for caregivers was showen to improve mental wellbeing and reduce sick-leave absenteeism (by 5% after two years).

Success factors in workplace mental health promotion as identified through EU-projects:

A mental health-friendly management style and workplace culture; the monitoring of the mental health of the staff; early warning systems to identify problems; active involvement of workforce; address individual level, social environment, working conditions; cover promotion, primary prevention and secondary prevention; involve a multi-professional team; use various actions (such as training, counselling and surveys).

c) Promoting mental health in older persons

The EU-population is ageing. The promotion of mental health in the older population is therefore a matter of growing concern. Old age, specifically very old age, brings many stressors which might lead to an increased risk of mental disorders, such as the loss of a spouse, friends and social support, decreasing functional capacity, co-morbidity, etc. Often, the mental problems of the majority of older people who live in the community are not recognised by doctors and they are very seldom seen by mental health professionals.

With the growth of the elderly population, late life-depression and minor depression in particular, is likely to further the burden of mental disorders. Equally, ageing may boost suicide rates, which are highest among older persons.

Success factors for promoting mental health in older persons as identified through EU-projects:

To foster social support networks and community based programmes for older people. To encourage the social, cultural, economic and political contribution of older people in society, for example through volunteering and community participation.

d) Promoting mental health in vulnerable groups

There are strong interrelations between mental health, social status and self-esteem. Poverty favours the onset of mental ill health, and at the same time mental disorders can trigger social descent. For instance, loss of employment can be the first step for the affected and their families into social exclusion[8]. Employment rates for people with severe mental disorders are very low. Unemployment itself is a potential cause for depression and anxiety disorders, even in persons without previous psychological vulnerability. Possible interventions include mental health counselling services to the unemployed in order to support their return into the labour market and the provision of sheltered employment for people with severe metal illness or disability. Migrants and other marginalised groups of society also show an increased risk of developing mental ill health and targeted support should be offered to them.

- In the **US**, the *JOBS-programme*, a 5-session intervention (costs: 286$) aimed at people who suffered involuntary job loss, economic hardship and depressive symptoms brought a tenfold return on the investment after five years. Participants found jobs more quickly, developed a higher job satisfaction and the likelihood of developing a severe depressive episode was reduced by one third.

Success factors to promote mental health in vulnerable groups might include:
Multi level interventions that act at level of individual community and society, (including legislation); Tackling barriers to inclusion: e.g. attitudes, financial barriers relating to welfare benefits systems

[8] An EU-project observed that 85% of studies on the subject found an association between unemployment and mental health.

e) Promoting mental health in residents of closed institutions

Mentally ill and disabled persons should be included in society, as far as possible. The challenges associated to mental ill health and disability can not be solved by simply locking them away from the public. Since three decades, a shift is taking place away from the provision of mental health services through large psychiatric institutions towards Community-based services.

Relatively many closed psychiatric institutions do still exist in the new member states, where the transformation has been performed slower than in the other countries. They should be operated in a way which is in line with the rights and the dignity of their residents. t However, patient and civil society organisations regularly criticise the living, treatment and care conditions in some of these settings. A recent study for the Commission on community-based residential alternatives for mentally disabled persons confirmeded that the replacement of closed institutions provides opportunities for improvement, but it does not in itself guarantee better outcomes.

Other environments, where residents live because of dependency or by order of the court, such as nursing homes for the elderly, orphan children's homes or prisons, face similar challenges..

Successful examples of action:

- The *Task Force on Health Promoting Psychiatric Services of the WHO Network of Health Promoting Hospitals* identifies and promotes models of good practices.

Key success factors in promoting mental health in closed institutions as identified through EU-projects:

The quality of the staff; the availability of sufficient funding resources; the promotion of transparency and a violence-free climate by Governments, public authorities and health and social care professionals.

4.2. Reducing the burden of mental disease

Besides the strengthening of the factors which protect mental health, it is also necessary to develop action, which concentrates on the major mental health challenges.

a) Preventing Depression and Suicide

In particular, mild to moderate depression is often associated with social factors. The combination of medical and social interventions is therefore a promising way to tackle such symptoms.

Every suicide attempts signals extreme human misery and represents a cry for help. In 2004, the Commission published an expert report "Actions on Depression". It describes the disease depression, analyses its implications for public health as well as social and economic systems, and explains that and how effective preventive action is possible.

Examples of successful practices to prevent depression and suicide:

- The **Swedish Educational Programme**, which aimed at providing education on depression, saw suicide rates decrease from 19.7 per 100,000 inhabitants to 7.1 after three years. Importantly for healthcare costs, the programme reported a reduction of in-patient days of 70%.
- **European Alliance against Depression (EAAD):** During 2 years of pilot intervention in a German region, completed and attempted suicides decreased by around 25 %, compared to a baseline region (through informing and networking at regional level the health sector,

patients and their relatives, Community facilitators and general public). With financial support from the EU, this programme is now expanded at the European level.

- In **Finland** suicide rates decreased by 30% between 1990 and 2002[9]. This was probably due to: favourable economic development, a national suicide prevention programme, a decrease in alcohol consumption, an increased use of antidepressants.

Success factors for the prevention of depression and suicide as identified through EU-projects include:
Medical interventions: Improved coping skills in individuals; early interventions in persons with depression or depressive symptoms; Adequately skilled general practitioners;
Social interventions: Awareness of the public and of facilitators about depression and suicide; Easy access to emergency support and adequate treatment; Restrictive access to potential means of suicide; means to improve access to social support and opportunities for activity and exercise

b) Reducing the abuse of alcohol, drugs and substances

In 2004, the Council adopted a new EU Drug Strategy. This Strategy concentrates on two policy fields, demand reduction and supply reduction, and on two cross-cutting themes, international cooperation and research, information and evaluation. To facilitate practical implementation, there will be two consecutive Drugs Action Plans, describing specific interventions and actions. In February 2005, the Commission proposed the first such Drugs Action Plan for the years 2005-2008.

c) Addressing stigma, discrimination and social exclusion

Stigmatisation, discrimination and social exclusion have been identified by mentally ill as major barriers to their rehabilitation and social inclusion. Article 13 of the EC-Treaty prohibits the discrimination by persons based on disability. An open process of coordination between Member States has been launched at EU-level to reduce social exclusion. Activities have a strong focus on employability, as employment remains the most critical factor for the full social inclusion and participation of people with mental ill health and disabilities in society as a whole.

Conclusion:

Many successfully tested possibilities to promote mental health and to address the determinants of mental ill health exist. Such actions can also be cost-effective, in particular when implementation costs are being calculated against the global costs of mental ill health, as they occur in all sectors.

The wider dissemination, implementation and integration of the lessons from the known practices to promote mental health in children, to reduce stress at work, etc. into policies and environments across the European Union could lead to enormous benefits for citizens, reduce costs, and further economic and social welfare in the EU.

5. The need for a strategy at EU-level for mental health

The recent WHO European Ministerial Conference on Mental health amplified further the political momentum for mental health across Europe. This political commitment should now be translated into appropriate follow-up action.

[9] From 30.3 to 19.9 per 100,000 persons between 1990 and 2002

Opening up a framework for structured work on mental health at Community level and subsequently developing an EU-strategy on mental health would help to organise this follow-up in the EU, in a way which is adapted to its needs. Priorities could be, firstly, to promote the cooperation between member states and to monitor progress of action, secondly, to promote intersectoral cooperation and, thirdly, to build up a reliable system of information on mental health in the EU.

5.1. The approach of the WHO

The *WHO European Ministerial Conference on Mental Health* in Helsinki of 12-15 January 2005 was the key event to implement the WHO's global initiative on mental health[10] in Europe. The conference added much further momentum to the debate about mental health in Europe. The Commission supported this successful conference as a collaborating partner. All European Union Member States, accession countries and candidate countries signed up to the Declaration and Action Plan on Mental Health[11] coming out of the conference, which established a strategy on Mental Health for the WHO European Region.. Equally, the Commission committed itself to contributing to the implementation of the Declaration and Action Plan, on the basis of its competencies.

The mental health strategy for the WHO European Region

The Declaration adopted in Helsinki identified the following five priorities of action:

1) foster awareness of the importance of mental well-being;
2) collectively tackle stigma, discrimination and inequality, and empower and support people with mental health problems and their families to be actively engaged in this process;
3) design and implement comprehensive, integrated and efficient mental health systems that cover promotion, prevention, treatment and rehabilitation, care and recovery;
4) address the need for a competent workforce, effective in all these areas;
5) recognize the experience and knowledge of service users and carers as an important basis for planning and developing mental health services.

The Action Plan endorsed by the conference proposed options for the implementation of the Declaration within five to ten years and set milestones for progress until 2010.

5.2 The European Community, its mandate and its activities in the field of mental health

Work on mental health in the Commission

Over the past years, mental health-aspects attracted increasing attention on the EU's policy agenda, within Community policies and in the inter-institutional process.

An important mandate for work at Community level on mental health is given through article 152 of the EC-Treaty, which addresses public health. It requires the Community to ensure a high level of human health protection in the definition and implementation of all Community policies and activities. It mandates the Community to complement national policies and to develop action to promote public (mental) health and to prevent human (mental) ill health, including through health information and education. Furthermore, it invites the Commission to encourage the co-operation between member states.

In practice, the Commission is performs activities which address or are relevant to mental health through several of its policies.

Selected Community policies and mental health

[10] Launched in 2001 with the publication of WHO's report "Mental Health: New challenges, new hopes".
[11]

Within the Community's **health policy**, mental health is a specific priority under the EU Public Health Programme 2003-2008. It has also been earmarked as a priority in the proposal for an EU Health and Consumer Protection Strategy 2007-2013.

Under the current and previous Community Public Health Programmes, the Commission is co-financing projects on mental health, in particular to generate data and information on the mental health-situation in the EU and to encourage good practice in promoting mental health and preventing mental disease.

In 2003, the Commission created an EU-wide network of experts, called *Working Party on Mental Health*, to facilitate synergies between projects and support the Commission in its policy activities.

Recent policy initiatives with relevance to mental health include a proposal for an *EU Drugs Action Plan 2005-2008*[12]. An *EU-strategy to reduce the harm done by alcohol* is under preparation.

Following an initiative under the Community's **social policy**, the Social Partners agreed on a *European Framework Agreement on work-related Stress* in 2004. The *European Year for People with Disabilities* of 2003, equally an initiative in the social policy context, included activities for people with mental disability. Equally, the Community policy to combat social exclusion, stigmatisation and discrimination concerns mental health.

In the context of the Community's **research policy**, the 6th Framework Programmes for Research and Technological Development has been a source of funding for several mental health-related-research activities.

The *Structural Funds* managed under **regional and social policies** can increasingly be used as a source for co-funding to Member States for health-promoting investments and activities.

It results that the Commission is itself a relevant actor in the field of mental health. Under several of its policies, it has the ability, or is already active, to promote the coordination of member states and stakeholders, and sometimes financial instruments are available, which can be used for mental health. The establishment of an EU strategy on mental health could support the coordination and cooperation between these different policies fields, leading to synergies and better coherence.

The interest of member states to co-operate on mental health

Between 1999 and 2005, the Council of Ministers adopted six Conclusions and Resolutions on mental health-related aspects. This sends a strong signal of growing wish in member states to use the Community level as a platform for cooperation on mental health. Already in 1999, a Council resolution stated the need to consider a proposal for a Council Recommendation on the promotion of mental health. Recentl Council conclusions invited member states to give due attention to the implementation of the Declaration and Action Plan endorsed by the WHO European Ministerial Conference on Mental health, and invited the Commission to support this implementation.

5.3. Points of departure for building an EU-strategy on mental health

An EU-strategy on mental health should be built on the lessons learned from work at Community, WHO and national levels. These can be summarised as follows:

a) The need to better integrate mental health services into health systems

[12] adopted on 17.02.2005

Health systems do not yet sufficiently take account of the relevance of mental health for health and health systems. The training of health professionals on mental health issues should be further improved. Early intervention is important, and therefore health professionals need to have the skills to detect and to address mental health problems.

The need to take account of the share of mental ill health in the disease burden also raises the question of what constitutes fair funding for mental health within health systems[13].

b) The need for adopting an approach on mental health, which combines promotion with prevention

Mental ill health is a medical issue, but also a societal one. Effective solutions with a sustainable impact on public mental health need to reflect the multi-causality of mental ill health and need to take account of the major impact of life circumstances, psycho-social aspects and the socio-economic environment on mental health. As stated in the WHO European Declaration on Mental Health there is therefore a need for "comprehensive, integrated and efficient mental health systems covering promotion, prevention, treatment and rehabilitation, care and recovery". The contribution of health professionals to such efforts for prevention will be vital for their success. At the same time, health professionals themselves can also benefit from observing patients in their daily life environment.

c) Communication, cooperation and partnership between member states and stakeholders

A major obstacle to progress in preventing mental ill health is the fragmentation and the lack of appropriate mechanisms to promote the communication and cooperation between the various relevant actors. In the EU, such deficits can be observed at various levels:

- between Member States: no place exists at EU-level for a structured exchange between them;
- between the health sector, other sectors and policies, and civil society organisations;
- between researchers and practitioners.

These deficits impede the development of solutions across countries and sectors, and they hamper the dissemination of knowledge and good practice. In a field like mental health, which is influenced by multiple factors, multi-sectoral cooperation and consensus-building is particularly appropriate. European projects, such as the *European Alliance against Depression*, have demonstrated the benefits from improved networking and collaboration across sectors. Such cooperation helps to develop a common language, raise awareness, exchange and diffuse knowledge, create synergies and, ultimately, to develop and implement coordinated and consensual solutions. Patient and civil society organisations should be involved in developing solutions, to profit from the expertise which they can add.

d) A need for reliable and comparable information on mental health

Action on mental health at Community level and the cooperation between member states should be based on a solid information basis. At present the information available is however incomplete and lacks comparability. It is necessary to develop appropriate indicators covering both mental health and ill health and collect these data in all member states.

e) The benefit of working in partnership with other international institutions

The WHO European Ministerial Conference on Mental Health with its prominent involvement of the Commission and the Council of Europe showed that such partnership delivers mutual benefits. It is also in line with member states' expectations. The Commission therefore intends to further continue the close cooperation with these organisations in the field of mental health.

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6. An initiative to promote mental health at Community level

On the basis of the above considerations, the Commission proposes the following initiatives and visions for the further development of mental health in the EU:

1. Promote the cooperation between Member States

A mechanism for information exchange, cooperation and monitoring between Member States on mental health could be launched. The initiative should lead to the establishment of a EU-Strategy on Mental Health, with a focus on promotion, prevention and information. It should include an action plan. The WHO European strategy on Mental Health and other action plans, which have been developed through EU-cofinanced projects, could serve as models. Consideration could be given to including targets and a monitoring and benchmarking mechanism, as this could favour implementation.

Initiative 1: Developing a European Union Strategy and Action Plan on Mental Health, including appropriate targets, and installing corresponding benchmarking and monitoring through creation of a Working Group on Mental Health with Member States.

Vision 1: A European Union in which all Member States have adopted and are implementing, at the relevant levels, strategies for mental health promotion, identifying their main challenges and setting out targets for progress.

2. Promote cross-sectoral cooperation and consensus on mental health

Mental health is a matter which cuts across most parts of society. The Commission proposes to create a Platform on Mental Health, which would convene stakeholders from different sectors and policy fields to identify possibilities to better promote mental health in various population groups and environments, such as schools and workplaces. Other international institutions such as the Council of Europe and the WHO could be invited to participate, in particular to support the work of the Platform where fundamental rights and values are concerned.

Initiative 2: Develop solutions for mental health promotion in different policies and environments and for ethical issues through the launch of a Platform on Mental Health.

Vision 2: The EU Platform becomes a catalyst for new initiatives and policy innovation which advance the cause of good mental health.

3. Improve the information basis on mental health for policy-making

A sound information basis, on which policy making should be founded, is still absent in the field of mental health at Community level. More complete information and data based on common indicators about mental health in the EU (health status of the population, in settings such as schools, workplace and vulnerable environments) and a better interface between research and policy-making are needed to facilitate cooperation and monitoring. Similarly, a better knowledge about the effectiveness and efficiency of actions is needed.

Initiative 3: To develop further mental health information resources at Community level, comprising research, data and indicators and the identification of best practice.

Vision 3: A European Union with an integrated mental health information, knowledge and research system which reaches the population and stakeholders and is well connected to the policy process.

7. Next steps

The Commission invites all interested citizens, parties, organisations and institutions to support it in establishing an EU-Strategy and an Action Plan on Mental Health by commenting on this Green Paper.

The Commission is particularly interested in views on the following three questions:

1) What are the main challenges the EU faces in the field of mental health?
2) How can the EU help member states in improving the mental health of the population?
3) How can the EU promote the creation of partnerships across sectors for mental health?
4) How can the EU contribute through its own activities and policies to promoting mental health in the population?

Contributions in the context of this consultation process should be sent to the Commission by 31 July 2006, by email to the address mental.health@cec.eu.int, or by post mail to the following address:

European Commission
Directorate-general for Health and Consumer Protection
Unit C/2 “Health Information”
L-2920 Luxembourg