



EPHA response to the European Commission Green Paper on Mental Health

Subject	EPHA's response to the European Commission Green Paper on Mental Health: "Improving the mental health of the population: towards a strategy on mental health for the European Union"
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The European Public Health Alliance (EPHA) represents over 100 non-governmental and other not-for-profit organisations working in support of health in Europe. EPHA aims to promote and protect the health interests of all people living in Europe and to strengthen the dialogue between the EU institutions, citizens and NGOs in support of healthy public policies. <http://www.ephha.org>

EPHA welcomes the adoption of the Green Paper on Mental Health, and especially the approach of the European Commission in its consultation, which goes beyond the borders of health actors and aims to involve other relevant stakeholders. The Green Paper constitutes an important step towards a strategy to tackle mental health issues in a comprehensive, sustainable and harmonised way across the EU.

EPHA strongly supports actions directed towards the promotion and prevention of good mental health and well-being. The broad aim of mental health promotion is to improve mental well-being, reduce the incidence of mental disorders and assist in recovering from mental health problems. To do so, it is necessary to address the various causes and settings of mental ill health such as stress, social isolation, physical health, the social environment or unemployment. Therefore, we would first of all ask for a new title of the Green Paper which could be on the line of "Green Paper on Mental health *and well-being*: Improving the mental health *and well-being* of the population: towards a strategy on mental health *and well-being* for the European Union".

Addressing mental health and well-being requires therefore a multi-faceted public policy approach, which is what EPHA advocates for. As EPHA focuses on activities at EU level, our response aims to highlight Community activities and actions that could feed into an EU strategy on mental health and well-being.

Our response is structured to answer the questions proposed by the European Commission:

1. *How relevant is the mental health of the population for the EU's strategic policy objectives?*
2. *Would the development of a comprehensive EU-strategy on mental health add value to the existing and envisaged actions and does section 5 propose adequate priorities?*
3. *Are the initiatives proposed in section 6 and 7 appropriate to support the coordination between Member-States, to promote the integration of mental health into the health and non-health policies and stakeholder action and to better liaise research and policy on mental health aspects?*



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I. The relevance of good mental health of the population for the EU's strategic policy objectives

One in four Europeans experience a significant episode of mental illness during their lifetime, according to the World Health Organisation (WHO)¹. Mental health problems hamper all aspects of EU's social, economic, educational, justice and health care systems. They are also wide-ranging, long-lasting and usually source of discrimination, challenging European values at their core. Mental health and well-being depends on various factors ranging from poverty, unemployment, housing, physical environment, social networks, social capita, stigma, discrimination, and opportunities. Therefore, EPHA strongly recommends to promote good mental health for the EU population as to allow the EU to comply with its core values and goals: achieving a sustainable knowledge-based growth (the Lisbon Agenda), without ignoring its commitment to protect Human Rights and strengthening social inclusion (EU Treaty article 13). An EU strategy will be key to underpin the EU's wider commitment to solidarity, community and social justice.

1.1. The health cost of mental ill health

Globally, it is estimated that 450 million people suffer from a mental disorder and mental health problems account for approximately 20% of the total burden of ill health in Europe. Four of the six leading causes of years lived with disability are due to neuropsychiatric disorders. By 2020, it is also expected that depression will be the highest ranking cause of disease in the developed world².

People with mental health problems are more likely to have physical health problems and vice versa. Mental illnesses are usually chronic or long-term diseases, which involve high healthcare costs. Besides, they often start at a young age and mortality is relatively low, with long term indirect costs. In spite of this, mental health services are underfunded in many European countries: on the average, 6% of health expenditure are dedicated to mental health³.

1.2. The prevalence of alcohol

We cannot look at mental health problems in isolation from the use of alcohol and drugs. The use of alcohol and drugs affect the mental health of the general population in Europe.

Research outlined in the report "Cheers?"⁴ shows that many people drink to help deal with anxiety and depressive thoughts. Alcohol is associated with a range mental problems and consequences. These include depression, anxiety, suicide, risk-taking behaviours, personality disorders and schizophrenia. Regular drinking changes the chemistry of the brain and leads to

¹ All figures are quoted from WHO documents, especially *Investing in Mental health*, published in 2003,

http://www.who.int/entity/mental_health/media/investing_mnh.pdf

² World Health Organisation, *Prevention of Mental disorders – Effective interventions and policy options*, 2004, p. 40

http://www.who.int/entity/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf

³ European Commission, *The State of Mental Health in the European Union*, 2004,

http://europa.eu.int/comm/health/ph_projects/2001/monitoring/fp_monitoring_2001_frep_06_en.pdf

⁴ Cheers?: Understanding the relationship between alcohol and mental health, UK Mental Health Foundation, April 2006.

<http://www.mentalhealth.org.uk/html/content/cheers.pdf>



a depletion of the neurotransmitters it needs to reduce anxiety naturally, and also the levels of the neurotransmitter serotonin, which is implicated in depression.

Recent evidence suggests a strong link between substance use and mental illness. Mental ill health also increases the risk for getting in contact with drugs, and develop a harmful pattern of drug and alcohol use. Many people self-medicate their mental ill health using alcohol and drugs. In the long run, this pattern of use would only exacerbate the underlying mental problems. This will further increase the number of patients with dual diagnosis (or 'dual disorders'). Nevertheless, when compared to other patient groups with mental illness, people with mental health problem, who also misuse drugs and alcohol, are among the most stigmatized groups.

Certain drugs do not only worsen existing mental health problems, but may be the cause of mental health problems. Cannabis triggers psychosis in regular users. Stimulant drugs, such as amphetamine, cocaine and extacy can cause, among other things, hallucinations and paranoia.

1.3. Socio-economic factors

Social determinants such as poverty, violence, the employment situation and the economic climate influence the mental condition of the population. There is also a strong relationship between poor mental health and social deprivation. Individuals who live in areas with a high rate of unemployment are at an increased risk of developing mental health problems, while the high level of stigma and discrimination can limit education and employment opportunities. There is also a greater risk of becoming homeless or of coming into contact with the criminal-justice system.

Given the prevalence of mental ill health, the financial burden on individuals, their families and society is also to be taken into account. The economic impact of mental illness includes the effect on personnel income, on the ability to work (for patients and families), on contributions from patients and carers for the national gross and the long term use of health and support services.

In the EU, the economic costs of mental health problems are high: at least 3-4% of the gross national products⁵. The majority of quantified costs occurs outside the health sector: lost employment, absenteeism, poor performance within the workplace and early retirement. The costs of reduced performance at work by people with untreated mental health problems may be five times as great as those for absenteeism. Besides, mental health problems are a leading cause of early retirement or receipt of a disability pension. Substantial costs for family carers are underestimated. There can be economic impacts over very long time periods, especially for childhood mental health problems⁶.

The long-term impacts on the children living with parents suffering from mental health problems can also be significant: they may be neglected and their education may be disrupted, and consequently may develop mental health problems.

⁵ European Commission, *The State of Mental Health in the European Union*, 2004, http://europa.eu.int/comm/health/ph_projects/2001/monitoring/tp_monitoring_2001_frep_06_en.pdf

⁶ All figures are quoted from WHO documents, especially *Investing in Mental health*, published in 2003, p.14-15 http://www.who.int/entity/mental_health/media/investing_mnh.pdf



1.4. Stigmatisation and discrimination

Lack of knowledge and ignorance contribute to the stigma associated with mental illness. Individuals fearing stigmatisation are unlikely to contact easily health care services and benefit from appropriate care. It also contributes to the low priority of mental health in policy-making and thus, leads to further social exclusion, which manifests itself through the low rate of employment for people with mental health problems for instance.

There is a continuing need to take action to address human right violations, stigma, discrimination and the consequent social exclusion. Protecting the fundamental rights and dignity of persons suffering from mental ill health falls under the article 13 of the European Community Treaty setting out the legal basis for action at Community level for combating discrimination.

II. The added value of an EU-strategy on Mental Health and its components

An EU Strategy on mental health and well-being would add value by creating a framework for exchange between Member States, increase the coherence between policies at European level, and between the European, national and regional level, as well as improve communication between the different actors.

EPHA calls for a EU strategy that allows an horizontal approach to mental health, extend its scope beyond the health sector and impact on other EU public policies. In EPHA's view, the EU strategy should put more emphasis on the promotion and prevention of mental health, as required by the article 152 of the Treaty Establishing the European Community, which states: "a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities".

2.1. Structure of the Strategy and key elements

In terms of structure, the Strategy shall incorporate agreed indicators, a consensus on objectives and core actions, clear timeline, targets, monitoring and reporting systems in order to measure the achievements both at Community and Member States level. We would like to emphasise the clear need for action. The Green Paper suggests the adoption of two recommendations from the European Council (on Mental Health and on reduction of depression and suicide). Although Council recommendations may be used as guidelines at national level, we would suggest that Council Recommendations are not enough to ensure that measures will be effectively implemented and we would call for more leadership and action-oriented measures from the European Union institutions.

At European level and in line with the **EU Platform on Mental Health**, the Commission should facilitate the establishment of mechanisms to promote participation of NGOs, civil society, communities, the private sector and the media in activities related to mental health. A clear component of the future EU Strategy could be an **Interservice Task Force** which would allow a smoother functioning of the European Commission and prevent overlapping activities. In addition, the strategy could incorporate the EU agencies⁷ in their own competence and remit.

The establishment of **Health Impact Assessments** of all EU policies including **mental health indicators** should be a clear

⁷ List of the Community Agencies: http://europa.eu.int/agencies/community_agencies/index_en.htm



priority of the EU Strategy on Mental health. All sectors should be made accountable for the mental health impact of their policies and programmes and recognise benefits to themselves of promoting and protecting mental health. Proper Health Impact Assessments shall include a screening and scoping exercise of existing EU legislations or actions that impact on mental health.

Complementing an EU Strategy, funding for projects is also critical. Most of the EU data on Mental Health were extracted from projects. The **Public Health Programme** is an excellent tool for the EU to provide added value in promoting good mental health. However it is essential that the programme is sufficiently funded. There is a need for policy makers at national and European levels to make sure that the EU funding allocated to health issues is adequate.

2.2. The need to build on existing resources and commitments: “not reinventing the wheel”

It is of utmost importance that the Strategy builds on existing resources and commitments: A first key step in drafting the Strategy should be a scoping and screening exercise of all EU initiatives that impact – positively and negatively - on mental health and well-being. They could thus be integrated in a comprehensive EU strategy without 'reinventing the wheel'.

Collaboration must also be based on existing agreements: In January 2005, the WHO organised a Ministerial Conference on Mental health⁸ “*Facing the challenges, building solutions*” in Helsinki, in partnership with the European Union and the Council of Europe. Health ministers from 52 countries of the WHO European Region agreed on mental health policies and actions to be taken. The Helsinki Conference was the first time that health ministers in Europe committed to mainstream action on mental health into other related policies. The Conference resulted in a “Mental health Declaration for Europe” and an Action plan, which will drive the policy agenda on mental health for the coming years. Member States signed up this Action Plan and Declaration.

EPHA recommends that the European Community Strategy supports, strengthens and actively contributes to the achievement of the objectives defined in the Declaration and sets out indicators and clear steps to implement the Action Plan, in close collaboration with the World Health Organisation and Member States of the European Union.

2.3. Involving actors from different sectors and recognising the crucial role of Non-Governmental Organisations (NGOs)

The future strategy will also require inter-sectoral linkages and should incorporate multi-sectoral and multidisciplinary approaches.

The future EU Strategy should bring together actors from different sectors: it proves to be an effective way to identifying good practices and ensure a common understanding of mental health. It should encourage mutual learning from national and international actors through transnational exchanges and sharing of information. A peer review of the implementation of the Strategy could also provide valuable input to further actions.

NGOs are essential partners in ensuring accountability and in raising awareness, advocating change and creating a dialogue on policy. Their role shall be acknowledged and enhanced both in the strategy definition and implementation. They play an

⁸ <http://www.euro.who.int/mentalhealth2005>



essential advocacy role to ensure that Member States develop and implement effective mentally healthy policies. They also balance practices or policies of vested interest.

III. Mainstreaming mental health into other European policy sectors

The Green Paper reviews the effects of mental health on the European society and it aims to broaden the perspective from an healthcare point of view to a wider public health approach, especially focusing on prevention and promotion of mental health in various settings (poverty, violation of human rights, stigma and discrimination, and the workplace). EPHA welcomes the approach chosen by the European Commission and would like here to add some Community policy areas where mental health and well-being should be mainstreamed.

Besides, some important issues that are mentioned in the WHO Action Plan are not sufficiently highlighted in the European Commission Green Paper, among which are the importance of healthy diets and physical activity, education, housing, and the gender perspective.

3.1 Promoting mental health and addressing mental ill health through preventive action

EPHA would like to point out that although it is important to take into account the specificity of mental health, it shall not be separated from physical health. As previously mentioned, people with mental health problems are more likely to have physical health problems and vice versa.

3.1.1. Access to healthy diets

Access to healthy diets and the practice of regular physical activity shall be highlighted in the Green Paper. As pointed out in the “Changing Diets, changing Minds⁹” study, our diets affect how our brains are made and how they work throughout our lives. A wide range of nutrients are necessary to help combat or prevent mental ill health. A brain that does not receive the right amount of necessary nutrients is likely to develop deficiencies and imbalances that can be reflected in a person's mental health or behaviour – from minor mood changes to more severe conditions. The various studies reviewed by “Changing Diets, changing Minds” highlight that advice given for physical health (a diet rich in fruits, vegetables, wholegrain cereals, pulses, nuts, seeds and animal products such as lean meat and oily fish) would improve mental health and prevent mental ill health.

Besides, evidence is increasing that basic ingredients of foodstuffs may be of less nutritional value as they were in the past, due to changes in agricultural methods and use of chemicals. Methods of achieving healthier diets and improving the quality and sustainability of food supply should be given higher priority. EPHA believes that our agri-food system holds a key to the growing burden of mental and physical ill health in the recent decades. Recognition of these links could lead to new approaches to treatment and better advice to patients.

⁹ “Changing Diets, Changing minds: how food affects mental health and behaviour”, SUSTAIN and the UK Mental Health Foundation, 2006 January - http://www.sustainweb.org/pdf/MHRep_LowRes.pdf



Regulation shall be introduced to support the promotion of healthy food to children and to protect them from all forms of broadcast and non-broadcast marketing of unhealthy food. Targets should be introduced to reduce unhealthy levels of fat, sugar and salt in processed food. Agriculture policy development (namely the **Common Agriculture Policy** - CAP) should be reformed to take into account its tremendous impact on health. In particular, specific support shall be granted to organic farming¹⁰.

3.1.2. Preventing alcohol and drug abuses

EPHA welcomes the intention outlined in the Green Paper of drawing together work that has already been undertaken at EU level on drugs, alcohol and substance abuse disorders. We also welcome the will to examine the use and application of harm-reduction strategies in this domain, in particular with relation to the situation of homelessness. There is scope for mutual learning in this areas and the exchange of practice could lead to the creation of policies that take better account of the needs of homeless people with drug and alcohol abuse problems. We would like to point out that a strategy on drug and alcohol shall NOT focus only on children and young people but must target the environment and conditions which are associated with drinking.

As such, the future EU Strategy on mental health could draw on the coming Strategy on alcohol. In addition, we would recommend the EU strategy to build on the existing international alcohol policy initiatives such as the World Health Organisation Framework for Alcohol Policy in the European Region, published in 2006¹¹, the European Charter on Alcohol¹², adopted by WHO EURO Member States in 1995, which sets out ethical principles and calls on Member States to draw up comprehensive alcohol policies and implement programmes as appropriate to their differing cultures. The Declaration on Young People and Alcohol¹³ complements the Charter by developing specific targets, policy measures and support activities for young people. At European level, should be noted a Council recommendation 2001/458/EC on the drinking of alcohol by young people, in particular children and adolescents¹⁴ and a Council Conclusion 2001/C175/01 on a Community strategy to reduce alcohol-related harm, reiterated in 2004¹⁵.

In addition, the use of health or nutrition claims on alcoholic products should not be allowed: Europe's consumption of alcohol is already high and causing considerable health damage. As much as 65 % of suicides in UK have been linked to excessive drinking.¹⁶ The "Cheers?"¹⁷ study recommends health warnings should be introduced on alcohol packing and include the warning "Excessive use of alcohol can damage your mental health".

One of the most fundamentally important actions for promoting mental well-being of the general population is limiting alcohol and drugs availability. According to the WHO's Framework for Alcohol Policy in the European Region: "Controls on the supply and availability of alcohol have proved to be amongst the most effective and cost-effective approaches to limiting the harm

¹⁰ For a more complete overview, see EPHA's response on the European Commission Green Paper on Diet and Physical activity:

http://www.eph.org/IMG/pdf/EPHA_response_GP_Nutrition200603final.pdf

¹¹ <http://www.euro.who.int/document/e88335.pdf>

¹² http://www.euro.who.int/AboutWHO/Policy/20010927_7

¹³ http://www.euro.who.int/AboutWHO/Policy/20030204_1

¹⁴ http://europa.eu.int/eur-lex/pri/en/oj/dat/2001/l_161/l_16120010616en00380041.pdf

¹⁵ http://europa.eu.int/eur-lex/pri/en/oj/dat/2001/c_175/c_17520010620en00010002.pdf

¹⁶ Department of Health. Health of the nation key area handbook, mental health. 1993. London, HMSO.

¹⁷ Cheers?: Understanding the relationship between alcohol and mental health, UK Mental Health Foundation, April 2006.

<http://www.mentalhealth.org.uk/html/content/cheers.pdf>



done by alcohol.”

3.1.3. Towards a setting-based approach

With regard to **vulnerable groups** as mentioned in the Green Paper, EPHA believes that it may be appropriate to call for 'individuals in community and settings', rather than targeting vulnerable groups. As clearly set out in the first part of the Green Paper, 1 person out of 4 will experience mental ill health through the lifespan. It makes it clear that the surrounding environment and circumstances are a factor that will induce mental ill health. A setting-based approach (eg family life, school life, work life, housing conditions, etc...) could be more flexible and prevent from further stigmatising vulnerable groups.

Furthermore, EPHA calls for the emergence of a consistent and coherent approach to **children's** health across EU policies and programmes. Evidence shows that targeted interventions in school and community settings should be supported. The role of the EC has to be to coordinate efforts and to promote exchange of best practice between Member States.

School health promotion¹⁸ can be effective, particularly in improving mental health and in promoting healthy eating and physical activity. However, it is not always effective, and programmes to prevent substance use are among those that are least effective. Therefore, programmes that promote mental health may present a better investment than programmes on preventing substance use. Mental health shall be part of all school health promotion activities.

NGOs and community organisations can also usefully influence the behaviour of children and young people through education and information dissemination initiatives. Again the Commission has a significant role to play in providing support to such initiatives and encouraging Member States to invest in them. The promotion of mental health in childhood and adolescence is of utmost importance on the field of prevention. Education in the primary schools urgently needs to be complemented by curricula targeted age interventions and promoting social skills that are necessary for the growth of young people.

Gender is a missing issue from the Green Paper, although this determinant should be taken into account when designing and reforming mental health services, which should be gender-sensitive¹⁹.

3.1.4. Improving mental health and well-being at the work place

The **workplace** is of particular importance in order to improve good mental health and prevent mental ill health. The Green Paper mentions changes to work patterns such as sensible working hours. It is important to mention here the EU Working Time Directive²⁰ as a tool towards the mental well-being of the European workforce. Similarly, the elimination of stigma and discrimination associated with mental health problems in employment practices could fall under the European Employment Strategy²¹.

¹⁸ *What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach?*, WHO Europe, HEN, March 2006.

¹⁹ The WHO has recently published a report monitoring the differences of access to healthcare using the gender criteria. http://www.euro.who.int/HEN/Syntheses/genderEquity/20051027_2 World Health Organisation, Health Evidence Network, *What evidence is there about the effects of health care reforms on gender equity, particularly in health?*, October 2005

²⁰ EPHA briefing note on the Working Time Directive: <http://www.eph.org/a/1543>

²¹ http://europa.eu.int/comm/employment_social/employment_strategy/index_en.htm



The **European Agency for Health and Safety at Work (OSHA)** could help incorporating mental health in occupational health and safety. They could draw on existing resources and data. For example:

- Dedicating a year to good mental health promotion at the workplace,
- Developing guidelines to improve the monitoring of work-related mental health through appropriate indicators and instruments.
- Developing guidelines and trainings on risk assessment and management of stress and psychosocial factors, training of personnel and awareness raising.

In this respect, the Faculty of Public Health of the Royal College of Physicians of the UK has published a leaflet²² which identifies practical steps that can be taken in order to improve health in the workplace together with lists of resources to help employers and employees implement such actions. In terms of improving mental well-being and minimising stress, it is recommended that employers undertake a risk assessment for work-related stress using existing guidance. They shall consult with employees and their representatives to identify problem areas and make a commitment to work in partnership. Further to the consultation process, an action plan must be drawn. It is also important to make sure that the organisation has in place good equal opportunities policy, anti-discriminatory practices and clear routes for reporting and seeking redress. Problems encountered by people with mental health difficulties could be reduced by raising awareness and understanding mental health issues among the rest of the work force.

EPHA encourages the European Commission to support and complement initiatives which seek to promote workers' health in this respect, and to use their competences on health and safety to improve the situation, more particularly the EU strategy on Health and Safety at the workplace²³.

3.2. Promoting the social inclusion of mentally ill or disabled people

3.2.1. Encouraging social inclusion through education and sports programmes

Education is key to alleviate the burden of Mental health on children and young people. EU programmes for Education and Culture can further encourage the integration of children and young people with mental health problems and disabilities in the regular education and vocational training schemes. Campaigns such as “All different – all equal²⁴” are experiences in which DG Sanco could join forces with other European Commission departments. It would raise awareness within DG Education and Culture (DG EAC) and build upon their experience. The “All different – all equal” campaign has been launched by the Council of Europe in cooperation with the European Youth Forum and the European Commission. It aims to encourage and enable young people to participate in building societies based on inclusion and respectful of diversity. The campaign will focus on victims of discrimination in particular through activities involving schools. The promotion of mental health would clearly fit into this framework.

The EU strategy could as well use resources available in **sport programmes** in order to encourage initiatives to include children living with mental disorders in regular school programmes and activities. This would hinder stigma at an early age.

²² *Creating a healthy workplace* http://www.fph.org.uk/policy_communication/downloads/publications/leaflets/healthy_workplaces_leaflet_2006.pdf

²³ http://europa.eu.int/comm/employment_social/news/2002/apr/081_en.html

²⁴ <http://alldifferent-allequal.info/>



For example, following the positive results of the European Year of Education through Sports²⁵ (EYES 2004) - an initiative from DG EAC - , the European Commission adopted in December 2005 a Communication entitled “ the EU action in the field of Education through sport: building on EYES 2004 achievements²⁶”. The Communication presents the main achievements of the year together with proposals for follow-up in the field of education through sports. The emotional development of a child can be greatly improved by practicing sports on a regular basis. Including a mental health component to initiatives launched in this area could become a key component of treatments, social inclusion and thus stigma reduction.

3.2.2. Housing policies and de-institutionalisation

The **EU Social Inclusion strategy** should include provisions to facilitate the access to social **housing** of people with mental health problems. The same does apply to **homeless** people²⁷ whose mental health conditions prevent them from social reinsertion. A strong framework for exchange and learning in the area of mental health will certainly feed into the Open Method of Coordination's objectives such as objectives on the eradication of poverty and social exclusion, as well as objectives on ensuring accessible, high-quality and sustainable healthcare and long-term care.

EPHA would like to point out that **homeless people** are strikingly forgotten in the Green Paper and shall be considered as a priority setting: Given the high incidence of mental illness and the total lack of mental wellbeing among the growing group of people experiencing homelessness and housing exclusion in the EU, their needs should be taken specific account of. In this respect, the future EU strategy must take into account dual diagnosis. The comorbidity of mental illness and substance addiction is a major problem for many homeless people across Europe and one which services in many countries are ill-equipped to deal with. Prioritising this problem within the framework of a European strategy would offer a valuable opportunity for mutual learning and identification of good practice.

Housing conditions have a strong impact on mental health. Certain residential environments may have a negative impact on mental health and dignity. Housing is a dimension that clearly should not be neglected in relation to mental health. They are also to be considered in relation to **de-institutionalisation**. Although EPHA welcomes the shift toward community-based centres, we would like to warn about the danger of de-institutionalisation becoming a pathway to homelessness. De-institutionalisation is a process requiring care and a long-term approach. We hope that the EU will build upon the different approaches that have been tried in various EU countries and the different stages that they are at in the de-institutionalisation process. The de-institutionalisation would also encourage the development of services in a non-specialist setting (ie general hospital or prison).

3.2.3. Social inclusion at the work place

As mentioned previously, the workplace can be a good setting for targeted mental health promotion and prevention interventions. In addition, **employment** has an important part to play in recovering from mental illness. For this reason, facilitating employment for people with mental health problems is vital and there is good scope to explore this issue at European level. Different Member States have shown interesting models that can be shared within the framework of the

²⁵ <http://www.eyes-2004.info/254.0.html>

²⁶ http://europa.eu.int/eur-lex/lex/LexUriServ/site/en/com/2005/com2005_0680en01.pdf

²⁷ FEANTSA (European Federation of National Organisations Working with Homeless People) response to the Green Paper: <http://www.feantsa.org/files/Health%20and%20Social%20Protection/Policy%20Statements/FEANTSA%20contribution%20to%20the%20Green%20paper%20on%20Mental%20Health.pdf>



social inclusion Peer Review 2005²⁸, most notably the Greek model of social cooperatives. A better social inclusion of people living with Mental Health disorders can also draw on the European Directive of Equal Opportunities which sets out conditions for employment and the obligation for Member States to provide an independent financial support for everyone who needs it.

3.2.4. Developing capacities through life-long learning programmes and Structural Funds

It is also necessary to develop training in the recognition, prevention and treatment of mental health problems for all staff working in primary care. Developing **skills of healthcare professionals**, especially nurses and General Practitioners will be key to alleviate the burden of mental ill health on the health care sector. **Life-long learning resources** could be allocated to strengthening professional skills. The European strategy on mental health and well-being could develop and help countries implement European-wide standard of care and thus reducing the inequalities between EU member states.

Structural Funds could be used to plan and fund pilot programmes, develop guidelines for good practice and monitor their implementation, establishing partnership across sectors. Structural Funds are all the more important as regional and local levels play an increasing role in the provision of health and social care. They could also fund the establishment of community based services rather than the building of closed door institutions.

3.3. Protecting fundamental rights, dignity and combating stigma

3.3.1. A right-based approach to combat discrimination

A **right-based approach can be used to combat discrimination** (art 13 of the EU Treaty), although its limitations shall be acknowledged: people that are treated for mental health problems have a right to health and are protected by human rights conventions. However, the enactment of those rights requires an active participation of a provider.

The future **European Agency on Fundamental Rights** could play an active role in promoting rights of people with mental conditions. However, this would imply an extension of its remit towards the inclusion of human rights abuses occurring under national laws. A right-based approach could be used particularly to protect gay and lesbians who suffer from discrimination impinging on their mental well-being, most notably at the work place, as well as with regard to compulsory treatment. In this line, the European Council could adopt a Council Recommendation on civil detention to provide clear guidelines on compulsory treatment. The Recommendation, based on current Human Right instruments, could clarify the definition of compulsory treatment, as well as the criteria used for civil detention. It could provide guidelines on the definition and training of experts for assessment and decision making, on the timeframe for emergency detention, health reporting standards, the inclusion of patient counselling.

As mentioned in the Green Paper and in the WHO Action Plan, it is of critical importance to scrutinise **disability rights legislation** to ensure that it covers mental health equitably.

²⁸ http://www.peer-review-social-inclusion.net/peer/fr/Reviews_2005



3.3.2. Negotiations towards the accession to the European Union

The deinstitutionalisation is necessary given the high level of evidence on human rights abuses in large hospitals. Besides, this could be a criteria for **negotiation of accession** for future enlargements of the European Union. The treatment and abuses in Romania have actually been already pointed out by the European Commission Comprehensive Monitoring Report, reviewing the progress made pre-accession, in November 2005²⁹.

3.3.3. Combating stigma via the audiovisual policy

Another policy area which can play a significant and powerful role in promoting mental health and reducing stigma is **audiovisual policy**. The current revision of the Television without Frontiers Directive could provide a momentum to include mentally healthy programmes. Besides, DG Sanco has launched in February 2006, the multimedia project "European Health Information Platform"³⁰, aimed to finance TV reports on health issues. The project aims to create a network of public broadcasters and other media across Europe and to foster the exchange of television documentaries, radio broadcasts and press and internet articles on health issues.

EPHA would also raise concern about the effectiveness of public awareness campaigns. Amongst the actions proposed in the future Public Health Programme (2007-2013), were **information campaigns**, particularly targeted at young people. Although lack of information can be linked to poor health, information alone cannot guarantee behaviour change or improvements in health. This is particularly true in the case of public information campaigns on reducing the use of alcohol, tobacco. Besides, it is traditionally PR and advertising agencies that win the EU contracts to run information campaigns rather than civil society organisations. A rigorous evaluation should be undertaken about the potential impact of an EU information campaign before scarce resources are used.

3.4 Improving information and knowledge on mental health in the EU

3.4.1. Reviewing existing evidence to avoid duplication

The implementation of efficient and outcome-driven policies will depend on the availability of data and useful indicators. Mental health indicators must be compatible with physical health indicators and not isolated from other indicators and health determinants. The current status of mental health indicators is fragmented and incomplete: it is covered by several Directorate General of the European Commission, pan-European survey, local and regional data, national indicators, World Health Organisation initiatives. One of the first measures must be to monitor and review existing evidence on mental health and well-being, in order not to duplicate efforts. A better coordination of the initiatives in the European Commission, through the above mentioned Task Force could prevent from the 'silo effect'. Indicators are also to be used for Health Impact Assessments and must therefore be meaningful.

A number of EU institutions, such as the Community agencies, could potentially play a role in data analysis (eg European Foundation for Improvement of Living and Working Conditions, European Agency for Safety and Health at Work (OSHA), the European Medicines Agency and the European Monitoring Centre for Drugs and Drug Addiction, etc...)

²⁹ http://europa.eu.int/comm/enlargement/report_2005/pdf/SEC1354_CM_MASTER_RO_COLEGE.pdf

³⁰ http://europa.eu.int/comm/health/ph_projects/2004/action1/action1_2004_11_en.htm



3.4.1. Information gaps and priorities in the future Framework Programme for Research 2007 – 2013

There is agreement that we have already important amount of information about the state of mental health of the EU, some of which has been summarised in the recent report on Mental health³¹. However, **there are still some information needs/gaps more specifically on the effectiveness of measures to promote good mental health**: Information needs also target mental health in children, mental health in the elderly, longitudinal mental health, health determinants, geographical, economic and social differences, vulnerable groups. There is a need to collect data on positive mental health, as well as on protective factors. Besides, most data are hospital-based which does not reflect the current shift towards community-based services.

The Commission 7th **Framework Programme** should dedicate funding towards the following actions:

- develop new indicators and data collection methods for information, promotion, prevention, treatment and recovery, targeting more particularly the early determinants of mental health, as well as an understanding of the protective factors;
- support dissemination of information on the impact of good policy and practice nationally and internationally;
- facilitate collaboration and partnerships between researchers, policy-makers and practitioners in seminars and accessible publications.;
- prioritise long-term research to strengthen the development of preventive programmes, especially on the interrelated nature of many mental, physical and social cohesion;;
- invest in training in mental health research across academic disciplines, including anthropology, sociology, psychology and economics so that it creates incentive for long-term partnerships and lateral thinking, as advised by the WHO Action Plan.

3.4.2. Supporting research on the effects of medication

By supporting research and introducing safeguards, the EU can also help prevent policy being dominated by special interests – such as the pharmaceutical companies – whose economic power can mean that they have undue influence over research agendas and information flows. Besides, EPHA would like to point out that the pharmaceutical industry is a significant and powerful player in the mental health policy process. The involvement of pharmaceutical companies must be made transparent and carefully considered. Although EPHA advocates for more research on the promotion of mental well-being, the influence of medication deserves to be monitored in order to find alternative treatments that might be more suitable.

There is evidence that psychotropic medications are often used inappropriately.³² Elderly people are especially sensitive to the effects of psychotropic medications, and may be susceptible to adverse reactions including cardiac toxicity, confusion and unwanted sedation.³³ Psychosocial problems, the emergence of side effects, and the delayed onset of action of anti depressant medications, may be contributing factors in high rates of medication nonadherence.^{34,35}

³¹ "The State of Mental Health in the European Union", 2004,

http://europa.eu.int/comm/health/ph_projects/2001/monitoring/tp_monitoring_2001_frep_06_en.pdf

³² Mort JR, Aparasu RR: *Prescribing of psychotropics in the elderly: Why is it so often inappropriate?* *CNS Drugs* 2002, 16:99-109.

³³ *Drug use in the elderly. Prescribing practice review.* Sydney, National Prescribing Service Ltd; 2004.

³⁴ Lambert M, Conus P, Eide P, Mass R, Karow A, Moritz S, Golks D, Naber D: *Impact of present and past antipsychotic side effects on attitude toward typical antipsychotic treatment and adherence.* *European Psychiatry* 2004, 19:415-422.

³⁵ Rettenbacher MA, Hofer A, Eder U, Hummer M, Kemmler G, Weiss EM, Fleischhacker WW: *Compliance in schizophrenia: psychopathology, side effects, and patients' attitudes toward the illness and medication.* *Journal of Clinical Psychiatry* 2004, 65:1211-1218.