

**John Dalli**

Member of the European Commission, responsible for Health and Consumer Policy

**Commissioner Dalli delivers speech on  
'Promoting social inclusion and  
combating stigma for better mental  
health and well-being'**

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John DALLI, European Commissioner for Health and Consumer Policy attends the Mental Health Pact Conference

**Lisbon, Portugal, 08 November 2010**

**MENTAL HEALTH PACT CONFERENCE, LISBON**  
**PROMOTING SOCIAL INCLUSION AND COMBATING STIGMA FOR BETTER**  
**MENTAL HEALTH AND WELL-BEING**  
**MONDAY 8 NOVEMBER 2010 AT 11:30HRS**

**OPENING SPEECH**

Madam Ministers,

Ladies and Gentlemen,

I very much welcome the opportunity to open this Conference – the fourth of its kind under the European Pact for Mental Health and Well-being.

Europe is about improving the lives of European citizens.

This is why the European Union's strategy for growth takes up the challenge of promoting a healthy and active population and reducing health inequalities and social exclusion.

15% of Europeans responding to a recent survey – one in seven – said they had sought professional help the year before because of psychological problems.

At least one in every ten European citizens experience mental health problems at some point in life. This has major consequences.

For citizens and their families, mental disorders mean illness, suffering, social exclusion, stigma, poverty.

For governments, it means great healthcare and social costs and great losses in workforce productivity.

Mental health problems are common, and they are particularly common among the more vulnerable and the poorer sections of society.

According to the World Health Organisation, mental disorders already account for 23% of years lived with disability.

Consequently, mental disorders are a financial drain on national health systems. Yet, they are not given the priority they deserve.

People with mental health problems all too often face social exclusion and discrimination and have difficulties in finding housing or in securing employment.

In one study, up to 90% of users of psychiatric services declared they wanted to work.

But only between 18 and 30% of people with any type of mental disorder manage to secure employment.

Of people with severe mental disorders, only a little more than 10% are employed.

It is estimated that medical expenditure accounts for 11 % of the costs of mental disorders; while expenditure with non medical services, such as social services, make up close to 40 % of costs.

This points to a need for us to build synergies between the health and social services sector to ensure that our actions are sustainable and truly serve the needs of persons suffering from mental disabilities.

Ladies and Gentlemen,

There is also a trend in some Member States of an increase in work disability because of mental disorders in young people.

There is clearly a need to address Mental Health issues both for health and solidarity reasons and for economic reasons.

We cannot afford an increasing proportion of people suffering from lack of mental health and stop contributing to society as a consequence.

I believe Europe needs to step up efforts both to support those who suffer from mental health problems, and to promote mental health thus preventing mental disorders when possible.

Let me outline what our thinking is at the European level.

First, to support people who already suffer from mental health problems, health systems need to adapt themselves to ensure that high-quality treatment and care is available to everybody who needs it.

Several Member States are very advanced in this regard, and some – such as Portugal – have shown great commitment and have undertaken impressive efforts to build up community-based infrastructures and services.

This conference will feature presentations of some tools to support national efforts co-financed from the EU Health Programme. For example, the toolkit to monitor healthcare and human rights in mental health facilities.

Second, there needs to be more social support services to help people with mental health problems – for instance to find employment. Placement and support schemes are currently in place in several Member States.

Of course, employers need to be better informed and more open to recruiting people with mental health problems, or retain or reintegrate such people whenever possible.

This is an issue which I am pleased to see will be discussed here, and also at a Conference in Berlin next year on Promoting Mental Health and Well-being at Workplaces.

I see some encouraging progress.

Only two weeks ago, the Commission and WHO Europe concluded a project on "Empowerment in Mental Health". This project identified good practice in national initiatives to empower people with mental health problems and their carers.

Awareness raising of mental health related issues is key in particular to lift the stigma surrounding mental problems.

For example, the UK's "Time to Change" campaign on combating the stigma of mental illness; or the mental Health week in France are valuable initiatives – and sources of inspiration to other countries.

These and other measures contribute to reducing the stigma and discrimination surrounding mental health. But this is not enough.

We need more, and this brings me to my third point.

We need to promote mental health and to help prevent mental disorders amongst those who are most at risk.

While focusing on dementia and other ageing related diseases is important, we must not forget protecting the mental fitness of the remaining population and the younger generations.

We will realise our economic objectives better if we maintain a healthy balance of the physical and mental capacities of people.

Here too there are encouraging signals, not the least at regional and local levels.

This summer, the European Committee of the Regions created a new Platform on Health and made mental health one of its priorities.

A very promising development at regional level is the establishment of the local Mental Health Councils in France, where the mayor accepts responsibility for the mental well-being of the people and puts groups in place which coordinate contributions from all relevant sectors.

Within this model, promoting mental well-being becomes an integrated and central part of local development.

Finally, a number of other policies can contribute to mental health.

For example, poverty is one of the major causes of mental health problems.

National targets to reduce poverty by 20 million people by 2020 across the EU should contribute, in the long-term, to reduce the burden of mental illness.

Madam Ministers,

Ladies and gentlemen,

To address mental health we need to work together and share knowledge and best practice.

This is precisely the aim of today's conference and the series of conferences on mental health that the Commission has been co-organising with Member States - to share information and good practices.

The European Commission disseminates all this information via the European Compass for Action on Mental Health and Well-being - the Commission's database on policies, actions and good practices on mental health.

I look forward to the conclusion of the series of Conferences, to be able to get a fuller and more horizontal picture of the next steps that we, as a Commission, in partnership with the Member States and stakeholders, can take to address the issues of mental health.

Before I close, I would like to thank our hosts today, the Portuguese Minister of Health, and the Portuguese Minister of Labour and Social Solidarity.

I would also like to thank the Belgian Presidency; and the Commission's Directorate General for Employment, Social Affairs and Equal Opportunities; as well as my own services the Directorate General for Health and Consumers.

I wish you all a fruitful and inspiring event.

Thank you.

**End**