ACTIVITIES OF THE EUROPEAN COMMISSION
ON MENTAL HEALTH

Remarks
by
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Minister, Regional Director, Ladies and Gentlemen,

The European Commission takes both pride and pleasure in being a co-operating partner in this important conference. Over the past year the Commission has contributed in an advisory role to an intense and fruitful cooperation with the co-organisers at WHO Europe, the Finnish Ministry of Health and the Council of Europe.

Mental health is an important priority within the Commission’s Public Health policy and within our broader policy of partnership with non-EU countries within the WHO Europe Region.

The challenge:

In numerous European countries, suicide has a higher death toll than traffic accidents. Around 58,000 people in the EU die each year as a result of suicide or self inflicted injury. This compares with around 50,700 deaths per year as a result of traffic accidents and around 5,350 as a result of murder or homicide. There is also an inequality aspect, because the average suicide rate of the ten new EU-Member states is 80 percent higher than that of the fifteen former Member states. Suicide and suicide prevention warrant a much higher level of political attention.

The economic costs of mental health problems

Mental health problems incur high economic costs outside of the healthcare system, for instance through lost employment, absenteeism and sick leave, reduced performance at work, lost leisure opportunities and premature mortality.

Mental health problems as a burden for social systems

The social costs of mental ill-health, and the burdens imposed on social budgets, are highly significant. Mental disorders can provoke family tragedies and lead into social isolation. They provoke an increased risk of unemployment, and also of substance abuse and criminal behaviour.
Ethical challenges

The treatment of mentally ill and mentally disabled persons is an ethical challenge for society.

We must do more to do away with prejudice and stigma. Also, we have to ensure a level of public health effort and a policy structure that safeguards the Human rights of mentally disabled persons. Clearly, great progress has been made – in particular through the shift away from large residential mental healthcare institutions towards community based mental health services. But several cases taken up by the media and the European Parliament during recent months show that there is still an urgent need to improve certain conditions and practices. Amnesty International has approached the Commission to engage with us on this challenge and I welcome this.

Let me summarise. Most European Union citizens enjoy good mental health. But a significant minority will experience a mental health problem during their lifetime. Most will recover from such an episode, but too many will not. Mental ill-health or disability creates huge human, economic and social costs, and implies serious ethical challenges. Improving this situation is clearly a responsibility for the health sector, but ultimately everybody is concerned and therefore there is a responsibility for all relevant actors to make an effective contribution.

How to address these challenges?

How can these challenges be addressed? On the one hand there is treatment for which the health sector has direct responsibility. A range of techniques with proven effectiveness exists and should be offered to patients. But their use would not be sufficient to cope with the challenges we face. We must also do more to prevent mental health problems and disorders.

Here, the role of health policies and professionals should be to involve, advise and co-ordinate other policy areas and other actors, which have an impact on the mental health of citizens. These are, for instance, educational policies and institutions, employers and also those responsible for the management of institutions for mentally ill or disabled persons, or special settings such as prisons.
Commission activities so far

In the field of mental health, the Commission has supported mental health-related projects since 1997. We are under the guidance now of an EU-wide network on mental health formed when the leaders of these projects were brought together into a Working Party on Mental Health.

Projects under Community Public Health Programmes provide a basis for policy activities.

An overview of all 20 Commission-supported projects since 1997 can be found in the brochure “Action for Mental Health”. I am pleased to note that some of the current projects were invited to present themselves at the exhibition accompanying this conference. The brochure was produced for this conference in co-operation between the Commission and the Finnish National Research and Development Centre for Welfare and Health. All reports resulting from these projects are available from the Commission’s Public Health Website. I would like to pay tribute here to Finnish leadership of the core project “Putting Mental Health on the EU agenda 1998-2000”.

The first of these events was held in October 1999 as part of the Finnish Presidency programme under the title of “European Conference on Promotion of Mental Health and Social Inclusion”. It led to the adoption of a “Resolution on the Promotion of Mental Health” by the Council of Health Ministers.

Other important Presidency conferences took place under the Belgian Presidency in October 2001 on the theme of “Coping with Stress and Depression-related problems in Europe” and under the Greek Presidency in March 2003 on “Mental Health and Stigma”. Again, both events initiated conclusions by the EU’s Council of Health Ministers.

I would now like to mention 3 particularly important sets of evidence.

Last year, two major reports with ambitious objectives resulted from this project work: “The state of mental health in the European Union” and “Actions Against Depression”. Both reports are particularly valuable because they provide a synthesis of the state of knowledge on their respective themes.

1. “The state of mental health in the European Union”, written by Professor Vivianne Kovess, a speaker in the next plenary, compiles and analyses data on mental health, protective and risk factors and responses of health systems to mental health problems, highlights data on health inequality gaps.
The report shows that more efforts should be invested into the development of a sustainable Health Monitoring System at Community level, which should include mental health aspects and could underpin a process of mutual learning and informed policy making.

2. The report “Actions Against Depression” describes depression as the most important mental disorder because of its high prevalence and its massive consequences for individuals, societies and the economy. The report presents possibilities to prevent depression through policies and interventions in the health sector, in schools and at the workplace.

The main conclusion of this report is that mental health promotion is both possible and necessary. The report recommends strategic policy action, including the integration of mental health action plans into health strategies and the involvement and co-ordination of the relevant actors in the health, educational, social and economic sectors.

Such improved awareness, information and co-ordination of actors across different sectors is also the approach behind the project “European Alliance Against Depression”, another Community co-funded project which “Actions Against Depression” presents as a best practice, and which is also represented at this conference. During two years of implementation of the preceding project in a German region, suicide rates decreased by more than 20%.

3. A further example is “Implementing Mental Health into Policy Action”. This will soon be completed and is also represented in the exhibition accompanying this event. It seeks to develop a comprehensive action plan for the promotion of mental health and the prevention of mental disorders. The objective of this action plan is designed to inspire and to engage policy makers in the promotion of mental health.

Conclusion

To conclude, a great number of scientific activities have been supported at Community level and several policy initiatives related to mental health have emerged over recent years.

The next logical step is to weave these lines of action together – to integrate them into a strategic framework. This should ensure that the knowledge on mental health aspects generated through projects under the Public Health Programme is effectively fed into the policy process.
Expectations from this conference

This conference constitutes a rare opportunity for the further development of mental health policies.

The Commission’s expectations are high. I hope this conference will enhance the consensus between participating countries about the need to act and about how to act in the field of mental health over the years to come. That will help the Commission as it develops concrete proposals for the EU in 2005 and in 2006.

Thank you.