



Luxembourg, 25. November 2005

**DRAFT MINUTES OF CONFERENCE TO LAUNCH GREEN PAPER ON MENTAL HEALTH  
24 OCTOBER LUXEMBOURG**

This event was organised to present the European Commission's Green paper "Improving the mental health of the population. Towards a strategy on mental health for the EU" adopted on 24 October 2005, to give visibility to the consultation following the adoption of this document and to invite for a first exchange about it.

**1. Session "Mental health policies in Europe"**

**Mr Markos Kyprianou, European Commissioner for Health and Consumer Protection**, briefly explained the Green paper-initiative. He emphasised the importance of suicide as a public health challenge and underlined the wish of the Commission to promote the exchange of best practice in tackling the challenges in the field of mental health. On the basis of the outcomes of the consultation, the Commission will decide about the preparation of a strategy on mental health, which could be presented in late 2006. The Commissioner underlined that the Green paper-initiative should not lead to commitments on paper, but that it should trigger real benefits.

For the **EU Council Presidency, United Kingdom Minister of State for Health Ms Rosie Winterton** congratulated the Commission on the Green paper and the approach proposed. The Minister stressed the need to combat the stigma that still affects many people who happen to be mentally ill at some point of their lives. The Minister highlighted inequality issues in mental health, such as in the access of people with mental disorders to employment or the access of disadvantaged groups to mental healthcare. Successful practices should be mainstreamed.

**MEP John Bowis**, representing the **European Parliament**, said that society is badly prepared to deal with the fast growing mental health problems in the population. He underlined the size of suicide as a challenge and called on patient information and participation in the medical process, in mental health care as in other care.

**Finnish Minister of Health and Social Services Ms Liisa Hyssälä** reminded the audience of the multifaceted process that has led to the current European momentum on mental health. She highlighted especially the importance of mental health as an integral part of public health and the role of mental health promotion in this development. Minister Hyssälä expressed her support to the consultation process and for the possible communication based on this process, which may be published during the Finnish presidency of the EU, and congratulated the Commission on the publication of the Green paper.

**Professor Žilvina Padaiga, Minister of Health of Lithuania**, in his statement explained that the four major health problems in Lithuania all can be related to mental health: suicide, violence in the family, against children and older people, alcohol abuse and institutionalised children. Therefore, mental health ought to be a transversal concern for health policy, under involvement of civil society. Professor Padaiga explained the challenge of moving towards promotion and prevention, instead of isolating people with mental health problems in institutions. Lithuania recently developed a new draft national mental health policy, which was supported by WHO.

**Luxembourg's Minister of Health Mr Mars di Bartolomeo** pointed out that spending of resources in mental health is not as such a guarantee for a well reasoned investment. In Luxembourg, a steering committee for mental health has been established after the Helsinki conference. One of its tasks is to eradicate the last remainders of the former mental asylum system. Member States should work together on this issue, despite the restrictive wording in the Treaty.

On behalf of the **WHO Office for the European Region**, and representing Regional Director Dr Marc Danzon, **Regional Advisor for Mental Health Dr Mathijs Muijen**, presented the width of the burden of mental disease. For instance, it is calculated that 40% of all disabilities are due to mental health problems. Mental health involves both a public health and a human rights agenda, and the objective should be to deliver to everyone an opportunity to lead a fulfilled life.

## **2. Session “The context for public health interventions in Europe”**

In his introductory statement the chair **MEP Professor Giovanni Berlinguer** called on the European Union to protect the civil rights of patients. Mental disorders would cost too many years to life and life to years to remain ignored. Professor Berlinguer also referred to the shortly earlier Presidency conference on inequalities in health and made a link to mental health. Professor Berlinguer stressed that de-institutionalisation of care facilities would lead to a better quality of life for patients and that mentally ill people must not be sent to prisons.

In her presentation, **Professor Vivianne Kovess-Masféty (MGEN)** explained and illustrated that substantial regional differences exist as regards mental health within the EU. As a conclusion, Professor Kovess-Masféty identified it as a major challenge to obtain comparable information about the mental health of the population in Member States, about the access to mental health care and about mental health policies.

**Dr Eva Jané-Llopis, leader of the “IMHPA” and “EMPHA”-projects** co-financed under the EU Public Health Programmes 2003-2008 said that sufficient scientific evidence about successful practices exists to support political decisions. For instance, parenthood support, pre-school education and training for the unemployed are well researched and proven tools to prevent mental problems, and they can save financial resources. Dr Jané-Llopis stressed that poorer people are most likely to suffer from mental problems. She pointed out that mental health promotion works best when adapted to each country and when building on evidence-based practices.

**Ms Mary Nettle, President of the user organisation ENUSP**, explained that it would not be useful to enforce a consensus on all issues addressed in the Green Paper. Differences of opinion on such a complex issue would be normal and should be accepted

as a fact. Ms Nettle also stressed that people with mental health problems should not be perceived as being violent and necessarily ending in prison or hospital confinement.

**Ms Judith Klein**, speaking for the **Open Society Institute**, analysed that the main challenges related to mental health in Central and Eastern European countries are social exclusion, lack of community-based alternatives and many admissions into institutions.

**Professor Kristian Wahlbeck** from **STAKES/Finland** gave an overview of the conclusions of the WHO European Ministerial Conference on Mental Health regarding the development of comparable indicators and data. He also presented the ongoing work at Community level and the planned activities during the consultation. Professor Wahlbeck made the proposal to create a European Observatory on Mental Health, which would collaborate closely with the relevant Commission services.

In her presentation of the view of patients and families, **Ms Inger Nilsson, President of EUFAMI**, observed that projects supported from EU-Public Health Programmes usually share the problem that they are implemented during a relatively short period and therefore lack sustainability of actions.

### **3. Session “Entering into the consultation process”**

In his personal introductory statement, chair **MEP Mr John Bowis** said that the Treaty of Amsterdam already provides enough coverage for action at Community level in the field of mental health. Successive presidencies including especially Finland have promoted mental health on the EU’s policy agenda. It is necessary to ensure the dignity of those with mental health problems. The Green paper initiative should be implemented with the objective of leading to concrete action.

**Mr Jürgen Scheftlein** from the Health Information Unit of the **Commission’s Directorate-General for Health and Consumer Protection** outlined the formal part of the consultation process (as opposed to the informal one open to all interested parties). There will be three thematic meetings between January and May 2006, at which the groups created for the consultation will look, from their specific angle, at the theme identified for each meeting. The meetings will deal with the following themes:

- 1) Promotion and Prevention in Mental Health (16/17 January 2006, Luxembourg)
- 2) Social inclusion and Fundamental Rights in Mental Health (16/17 March, Vienna)
- 3) Information, data and knowledge on mental health (18/19 May, Luxembourg).

Participation in the meetings will be on invitation only.

#### *Group “Dialogue with Member States”*

The Commission will chair this consultation group. Its objective will be to deliver through the thematic meetings elements for an action plan on mental health.

On behalf of **Finland, Minister Hyssälä** stressed the importance of focussing mental health measures on children and their development. Minister Hyssälä advocated a cross-cutting approach across involving the health and other policy areas, in spite of apparent scepticism among some actors. Minister Hyssälä expressed the strongest possible support of Finland to the Green paper.

In the following reactions, **Professor José Perreiro Miguel, High Commissioner for Health in Portugal**, said that mental health is a top priority in Portugal's national health plan 2004-2010. A national conference on mental health is planned for November. Mr Miguel expressed Portugal's full support for the Green Paper.

**Dr Valeri Tzekov, Deputy-Minister of Health of Bulgaria**, made a statement referring to the Bulgarian de-institutionalisation programme from 2002 and the national suicide prevention programme. Dr Tzekov stressed the importance of true political commitment in order to complete the change that is needed.

For **Poland, Undersecretary of State Mr Pawel Sztwiertnia** assured the Commission of the full support of Poland to the Green paper.

On behalf of **Slovenia, Dr Andrej Marusic, Director of the Slovenian Institute of Public Health**, said that any political process such as this should already involve the future EU-Member States from the onset.

*Group "EU Platform on Mental Health"*

**Minister Professor Žilvinas Padaiga** from Lithuania expressed his confidence into the future of mental health in Europe although implementation is the harder part of any policy. The challenge would be to focus on promotion and prevention in the population instead of pursuing the isolation of those with mental disorders.

**Mr Francisco Jesus Alvarez-Hidalgo** presented the different relevant activities of the **Commission's Directorate-General for Employment and Social Affairs**, such as its policy on disabilities and for non-discrimination. The adoption of the anti-discrimination regulation in 2003 meant a revolution. It is now transposed into national legislation. The challenge is now to monitor its implementation. Prevention is a priority of the Commission's policy on health and safety at work. This policy adopts a global approach to wellbeing at work, which addresses the new risks of psychosocial nature, such as stress, harassment, depression and the abuse of alcohol.

**Dr Barbara Schüle**, chief company medical officer at DaimlerChrysler's headquarter in Stuttgart Sindelfingen/Germany, gave concrete examples of possible implications of mental strain in a company's daily activities. Dr Schüle explained some possibilities for companies to act in a preventive way, such as investing time to place the right people in the right positions, to reduce noise, to better work objectives well, to provide professional training and to offer sports facilities. These efforts could significantly reduce the burden of mental illness in companies and the associated costs.

**Mr Clive Needle**, chair of the Platform on Mental Health, presented this group's specific objective, which will be to involve stakeholders into actions for mental health.

In the following discussion, the **Dr Istvan Szilard, International Organisation for Migration**, highlighted that migrants belong to the most vulnerable groups in society. They would also be the most vulnerable group to develop mental disorders.

**Dr Ray Xerri**, representing **Malta**, recommended that the consultation process should be as structured as possible, in order to improve the success of the implementation phase. The EU strategy should focus on the efficient use of resources for mental health, specifically addressing management issues: this is what has been happening in Malta and also what is necessary in times of financial hardship.

**Professor Lennart Levi** from **Sweden** said that the consultation should build on existing instruments such as the framework agreement on the prevention of work-related stress which has been concluded between the social partners in 2004.

**Professor John Tsiantis**, **Greece**, reminded that good services for children especially from poor families are needed, in particular in the new Member States.

*Session “Interface between Research and Policy”*

**Professor Howard Meltzer** from the **United Kingdom’s Office for National Statistics** gave a presentation about the contribution which surveys can make for improving knowledge and supporting policy. A clear job description is necessary for successful surveys. In addition, surveys should include the entire population including groups such as migrants, older people or prisoners, and not only adults. For younger children, the first point of contact and help for mental problems is the teacher, not the doctor or the social worker. For that reason, it is very important to involve the education system on children aspects.

**Kevin McCarthy**, **Head of Sector in the Commission’s Directorate-General for Research**, explained that mental health is a priority within the EU’s research programme, in a life-course perspective. It will also be a priority in the new 7th Framework Programme for Research and Technological Development. The forthcoming last call for proposal under the 6<sup>th</sup> Framework Programme will also address mental health and is an example of cooperation between Commission services in defining research needs.

**Professor Kristian Wahlbeck**, chair of this consultation group, announced that the group Interface between Research and Policy would be created around an existing core group Evidence Task Force, which is preparing a report on criteria for evidence-based practices. The social science and the research community shall be involved into the consultation, including through the use of the Commission’s SINAPSE-website.

In the discussion, **Ms Viviane Barnekow-Rasmussen**, leader of the WHO’s Network of Health Promoting Schools said that it is important to involve the educational sector into the process as early as possible.

**Mr Arto Koho** from **Finland** proposed to set up a dedicated website for the follow up of the activities of the three working parties that are foreseen in the Green Paper.

**Professor Sarah Stewart-Brown** from the Warwick Medical School in the **United Kingdom** highlighted that giving support to parents on parenthood is a very important tool for mental health prevention; nevertheless, it is absent from most research funding and significant cultural differences exist among countries.

**Professor Eleni Petridou** from **Greece**, leader of the Commission’s **Working Party on Accidents and Injuries** said that violence and suicide account for one third of the number of injuries. In a response, **Dr Marusic** insisted on the consideration of suicide as a mental health issue.

**Ms Dagmar Hedrich** from the **European Monitoring Centre for Drugs and Drug Addiction** expressed her satisfaction with the Green paper and said that best practice for the prevention of drug use is available.

**Mr Michel Deurinck** from **Special Olympics Europe/Eurasia** reminded that the discussion should not forget the group of people with intellectual disability. When getting older, a significant share of this group would develop a depression.

**Professor Lorraine Leeson** from the **European Brain Council (EBC)** emphasised the importance of mental health in children, in people in the work process and in older people and made reference to the results of the conference on the promotion of mental health and social inclusion, which took place in Tampere in 1999.

The meeting was closed by **Mr John F. Ryan, Head of Unit for Health Information** in the **Commission's Directorate-General for Health and Consumer Protection**.