



## **AGE Response to Green Paper:**

### ***Improving Mental Health of the population. Towards a strategy on mental health for the European Union COM (2005) 484 final May 2006***

[http://ec.europa.eu/comm/health/ph\\_determinants/life\\_style/mental/green\\_paper/mental\\_gp\\_en.pdf](http://ec.europa.eu/comm/health/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf)

AGE - the European Older People's Platform is a European network of organisations of people aged 50+ directly representing over 25 million older people in Europe. AGE aims to voice and promote the interests of the 150 million inhabitants aged 50+ in the European Union and to raise awareness of the issues that concern them most.

### **Executive Summary**

AGE welcomes the Commission's initiative to highlight the importance of mental well-being and to examine how best to develop a comprehensive strategy on mental health within the competences of the EU. This acknowledgement is the beginning of solidarity with people suffering from mental illness. Mental health is also viewed from a public health<sup>1</sup> point of view as opposed to a strictly medical institutional model. AGE welcomes the recognition of the need for a paradigm shift towards community based services and social inclusion. However, the commission is a bit unclear on how it intends to develop best practices of social inclusion and respect of human rights.

AGE also welcomes the Green Paper as part of the development of a comprehensive strategy, to promote mental health for all but also the promotion of mental health and prevention of mental disorders in particularly of children, the working population, older people and other vulnerable groups in society.

Good mental health<sup>2</sup> enables individuals, young or old, to fulfil their social role and successfully contribute to society. Good mental health is an essential part of our human capital and a vital component of health and well being of EU citizens. Access to mental health promotion and prevention is also a fundamental right. It is therefore essential that the Commission seeks to sustain Europe's commitment to implementing the "European Social Model" based on solidarity and social justice<sup>3</sup> for all and to bring concrete benefits that can improve the quality of life, and independent living of European citizens. The European Commission together with various stakeholders such as governments, health professionals, academia, patients organisations, social NGO's and civil society have a crucial role to play in developing

<sup>1</sup> Taking into account poverty, violation of human rights, elder abuse, stigma and discrimination.

<sup>2</sup> *Positive mental* "health can be conceptualised as a value in itself (feeling well) or as a capacity to perceive, comprehend and interpret our surroundings, to adapt to them and to change them if necessary; to think and to communicate with each other"; *Negative mental health* "(or mental ill-health) is concerned with mental disorders, symptoms and problems."  
[http://ec.europa.eu/comm/health/ph\\_determinants/life\\_style/mental/docs/action\\_1997\\_2004\\_en.pdf](http://ec.europa.eu/comm/health/ph_determinants/life_style/mental/docs/action_1997_2004_en.pdf)

<sup>3</sup> Elimination of discrimination and stigmatisation of the mentally ill.

“good mental health” policy guidance to Member States so that actions can be taken at national and local level and reach the most vulnerable groups in society including older people. AGE strongly supports this proposal and would be very happy to contribute with its knowledge to achieve concrete results.

### **Mental health of the population for the EU’s strategic policy objectives**

It is widely known that poor or ill mental health affects a significant part of EU citizens; research suggests that up to 27% of the population experience a mental health problem<sup>4</sup>. With the rapid ageing of the population, older people take a more and more central place in public health policies. The social and economic costs of mental ill health for societies are extensive, long lasting, and huge<sup>5</sup>.

Mental health needs<sup>6</sup> are unfortunately more common in old age. The most serious threats to mental ill health in old age are posed by depression and dementia with serious consequences such as increased dependency, increased suicide rates and increased non suicide mortality. Dementia, and particularly Alzheimer’s disease is the main cause of disability among the elderly. There are other causes of mental health needs in old age such as psychological distress, anxiety disorders, alcohol and drug related problems, psychosis, abuses of all kinds (physical and moral), and loneliness, amongst others. Mental illness at any age is determined by an array of factors “biological (e.g. genetics, gender), individual (e.g. personal experiences), family and social (e.g. social support) and economic and environmental (e.g. social status and living conditions)”<sup>7</sup>.

Good mental health enables the individual, young or old, to fulfil their role and successfully contribute to society. Good mental health is an essential part of our human capital and a vital component of health and well being of EU citizens. and a fundamental right. Access to mental health promotion and prevention is also a fundamental right. It is therefore essential that the Commission seeks to sustain Europe’s commitment to implementing the “European Social Model” based on solidarity and social justice<sup>8</sup> for all and to bring concrete benefits that can improve the quality of life, and independent living of European citizens.

The European Commission together with various stakeholders such as governments, health professionals, academia, patients organisations, social NGO’s and civil society have a crucial role to play in developing “good mental health” policy guidance to Member States so that actions can be taken at national and local level and reach the most vulnerable groups in society including older people. AGE

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<sup>4</sup> [http://europa.eu.int/comm/health/ph\\_determinants/life\\_style/mental\\_health\\_en.htm](http://europa.eu.int/comm/health/ph_determinants/life_style/mental_health_en.htm)

<sup>5</sup> [www.who.int/whr/2001/en](http://www.who.int/whr/2001/en)

<sup>6</sup> There is an important difference between mental illness (ie. The presence of disease) and mental ill-health (which is as much as overall well-being as it is about disease). “Mental health needs” covers both aspects. Jonathan Ellis – Senior Policy Manager, Help the Aged UK <http://www.helptheaged.org.uk/en-gb>

<sup>7</sup> COM (2005) 484 final, p. 4 [http://ec.europa.eu/comm/health/ph\\_determinants/life\\_style/mental/green\\_paper/mental\\_gp\\_en.pdf](http://ec.europa.eu/comm/health/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf)

<sup>8</sup>Elimination of discrimination and stigmatisation of the mentally ill.

strongly supports this proposal and would be very happy to contribute with its knowledge to achieve concrete results.

### **EU Mental Health strategy – Priorities and Actions**

AGE welcomes the Commission's action to highlight the importance of mental well-being and to examine how best to develop a comprehensive strategy on mental health within the competences of the EU. This acknowledgement is the beginning of greater solidarity with people suffering from mental illness. Mental health is also viewed from a public health point of view as opposed to a strictly medical institutional model. AGE welcomes the recognition of the need for a paradigm shift towards community based services and social inclusion. However, the commission is a bit unclear on how it intends to develop best practices of social inclusion and respect of human rights.

AGE welcomes the Green paper as part of the development of a comprehensive strategy, to focus on the promotion of mental health and prevention of mental disorders particularly among children, the working population, older people and other vulnerable groups in society.

The development of a comprehensive mental health strategy by the EU only makes sense if the Commission creates the conditions and Member States are willing to exchange best practices and take action at national level. The lack of positive mental health is a threat to public health, the quality of life and the economy of Europe. It is estimated that the cost of mental health to be between 3% and 4% of gross national product<sup>9</sup>. The EU should develop mental health indicators that can help Member States exchange data and agree on a mental health action plan. The best and most effective ways to diffuse the existing knowledge base, leading to better care and better prevention needs to be determined.

However, such a strategy should take into account the characteristics and needs of each target group. Unfortunately, public health programmes have not been very successful because they have not been able to reach all, especially the most vulnerable groups of society such as children and the elderly.

Health promotion efforts need to be "built in" according to the socio-economic specificities (age, culture, literacy, etc) of the target group. Involvement of these groups in the development of prevention campaigns is therefore essential to be able to reach out and get the message across to the biggest number people. Continuous awareness raising campaigns and publicly financed programmes targeting the most vulnerable groups and relevant actors (family doctors, teachers, policeman, politicians, formal and informal carers, etc) are essential to promote good mental health during lifespan. Multimedia programmes, training and educational seminars, etc should be foreseen in the development of a future EU mental health strategy.

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<sup>9</sup> WHO (2003): Investing in Mental Health. Available at: [http://www.who.int/mental\\_health/media/investing\\_mnh.pdf](http://www.who.int/mental_health/media/investing_mnh.pdf).  
European Commission DG SANCO (2004): The state of mental health in the EU. Available at: [http://ec.europa.eu/comm/health/ph\\_projects/2001/monitoring/fp\\_monitoring\\_2001\\_frep\\_06\\_en.pdf](http://ec.europa.eu/comm/health/ph_projects/2001/monitoring/fp_monitoring_2001_frep_06_en.pdf)

More research is therefore needed targeting the various risk groups for the diverse forms of mental illnesses as well as the effectiveness of the interventions aimed at those groups. More coordination and usage of existing results and recommendations of EU research projects<sup>10</sup> is also fundamental. Evidence based options for action to promote mental health and to prevent mental ill health are available. However, they are not well known and not integrated into policies.

The development of social supporting networks is not only indispensable in the promotion and prevention of mental disorders amongst the elderly but a fundamental part of active citizenship and independent living. A growing body of literature suggests that social networks and interactions have a significant effect on mental and physical well being<sup>11</sup>. Social interaction provides emotional support, and increases the feeling of safety, self esteem and self purpose and help individuals cope with stressful situations. Older people who participate<sup>12</sup> in the labour force or engage in voluntary activities (such as care giving) or who provide instrumental support (such as preparation of meals) enjoy better mental and physical well being. Social interactions also lead to better communication and encourage health promotion behaviour (for example physical activity, nutrition, usage of medicines counselling). Social interactions empower older people to organise themselves to address the various problems they are faced with. The EU should take action and encourage Member States to finance programmes to promote the development of social networks, keep the elderly physically and mentally active and to measure the benefits (short and long term) of such interventions. Member States should also assist, support and ensure the access to good quality health services to those suffering from mental illness and in need of medical treatment.

The EU strategy should promote better cooperation between the different policy areas which directly affect the development of mental health strategy: health, employment and social affairs, education, information society and media and regional policy. Mental health will need to be integrated in all relevant national strategies if the EU is to have a real impact in this area. Despite the extensive listing of EU policies which are related to mental health, the Commission fails to mention in the Open Method of Coordination in health and long term care. The two areas are clearly interlinked and should be better coordinated to ensure they reinforce each other. The exchange of good practices between Member States under the OMC on Health would benefit the mental health strategy.

The EU should therefore, consult all the relevant actors from governments, health professionals, academia, patients organisations, health networks, social NGO's and civil society who can contribute toward the development and implementation of an

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<sup>10</sup> For example: "Good practices in mental health for the elderly" (1993) report of the European conference on mental health and ageing or outcomes from study carried out by the European Mental health Promotion and Mental Disorder Prevention European Commission, DG SANCO (2006) "Mental health promotion and mental health disorder across European Member states: a collection of country stories". Available at: <http://www.imhpa.net>; and "Healthy Ageing" project 2003-2007 [www.healthyageing.eu](http://www.healthyageing.eu)

<sup>11</sup> Godfrey, M & Denby, T (2004) Depression and older people. Bristol: The Policy Press & Help the Aged. The researchers found out that older peoples' ability to cope with the daily stresses of life was an important risk factor in depression as more obvious factors such as bereavement and loss of role.

<sup>12</sup> This is commonly referred to by gerontologists as "productive engagement". However "it is important to note that productive engagement is not always desirable. Raising the retirement age and encouraging people to work longer to reduce the cost of pensions and healthcare maybe a sensible things to do but a call for productive engagement should not be used as an excuse for evading social responsibilities [of Governments] to provide the sort of support people need as they age. In *Healthy for Longer* Gusmano, M (2005): "The factors that influence healthy ageing" p.47.

comprehensive EU strategy on mental health. AGE would be very happy to contribute towards the development of an integrated EU mental Health strategy and to be actively involved with the specialised EU networks and platforms in this area.

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