Response to the EC Green Paper: Improving the mental health of the population. Towards a strategy on mental health for the EU

From: NW Stakeholders

On March 3rd 2006 a consultation event was held in North West England with 85 stakeholders representing public, voluntary and independent sectors, made up of professionals, volunteers and individuals. Stakeholders welcomed the opportunity to discuss this issue and supported the paper and call for an EU strategy. An underpinning theme was that mental health is everybody's business and the strategy needs to cut across, and influence, other sectors' strategies. The focus on promotion and prevention is welcomed.

(1) How relevant is the mental health of the population for the EU's strategic policy objectives, prosperity, solidarity, social justice, quality of life?

Participants felt that the EU's strategic policy objectives could not be achieved without good mental health. The global burden of mental ill-health – 1 in 4 of the population, the significant contribution of mental health to economic and social productivity and health improvement and the challenge of human rights renders this of central relevance for the EU and Member States.

If we consider alone the loss to the European GDP of 3-4% per annum and the fact that suicide has been identified as the 3rd highest cause of death for young people this is reason enough to have an EU strategy. However, an emphasis needs to be made on the development of a strategy to support the whole community - involving those beyond traditional mental health services and integrating the priorities across generic strategies and programmes. It is important that mental health is integrated into EU strategic policy objectives and other EU strategies and programmes.

Participants felt that a comprehensive approach to mental health at every level is needed and an EU strategy will help to achieve this within Member States. The move to a more upstream focus is embraced. However, it is not thought helpful for the social model and medical model to be set up in opposition to each other – a more integrated model within the document would be useful.

As 1 in 4 of the population is affected by mental health problems this has a huge economic impact. Days lost through sickness equals a decrease in productivity. Work and worklessness can significantly impact on quality of life and feelings of empowerment or feeling unused and not making a valuable contribution. Of key significance to prosperity and solidarity, therefore, is the priority to support people with mental health problems to return to work and to create mentally healthy workplaces. A greater recognition of the workforce as assets, not just 'target performers' is needed. Further to the paid workforce, is the need to recognise those who contribute to prosperity through unpaid work, caring and being active citizens. It is also important to build the skills and opportunities of those who are unable to work in order to realise the valuable contributions of all citizens and enable all of us to live a meaningful life, without this purely being measured through paid employment.

Care Services Improvement Partnership **CSIP**

Inclusion and recovery are particularly significant to achieving solidarity and social justice. People with mental health difficulties often withdraw but create networks and relationships as part of recovery. Encouraging a recovery model is important to achieving these two EU objectives. Community cohesion, community safety, social capital, community relations, social spirit, citizenship are all determinants of good mental health that underpin solidarity and social justice.

Participants were mindful of the work of the New Economics Foundation and others that recognises the need to improve life satisfaction and not measure success purely through GDP. Quality of Life, not income, is a significant health outcome for all. Consistent monitoring of quality of life/ mental health and wellbeing is therefore needed across Europe. A greater clarity on definitions and determinants of mental health and wellbeing would be useful in the strategy.

Health inequalities have a significant influence on achieving the EU objectives. Improving mental health can help to reduce inequalities and further information on mental health inequalities would be useful.

(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?

A comprehensive EU-strategy would help to raise the profile of this crucial issue within member states as well as within the EU and other European and international bodies. It would potentially lead to further actions and a consistent and evidence-based approach across member states. It is envisaged that, once developed, the strategy would need co-ordinated implementation and evaluation with the commitment of resources to do so and agreed timescales for action.

In general, the four priorities were welcomed:

> (1) Promote the mental health of all;
> (2) Address mental ill health through preventive action;
> (3) Improve the quality of life of people with mental ill health or disability through social inclusion and the protection of their rights and dignity; and
> (4) Develop a mental health information, research and knowledge system for the EU.

A clear communication strategy for this would also help to engage players across member states, including local and regional players and key national bodies. Involving the mental health, public health and patient communities within member states could help to support implementation. It is essential, however, that stakeholders and systems beyond mental health services and public health are engaged.

The balance of these four issues is most welcomed. Priorities that move us away from addressing population mental health solely through provision of health and social care services to ones that re-orient health services and address the determinants of mental health are long overdue. As well as strengthening the

upstream population focus it is equally important to work in partnership with downstream initiatives and service systems (such as mental health services) ie marrying the best of the medical and the social model together. Mental health promotion is just as relevant for people who've experienced mental distress as it is for those who haven't.

Particular gaps/ suggestions for strengthening the priorities included:

- Impact of community drugs, alcohol and violence, particularly amongst young people.
- Mental Health impact assessment of European legislation
- Early identification of mental health problems
- Education and training especially in Primary Care.
- Need to talk about supporting <u>families</u> not just children or parents
- Better knowledge on the impact of service on people's mental health
- Media as a key setting for action
- Community planning: mental health part of all local planning
- Links between food/ nutrition and mental health
- Addressing stigma of mental health
- Role of the voluntary sector
- Role of carers/ young carers/ family members of people with a mental health problem

(3) Are the initiatives proposed in sections 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?

The key to the success of identified initiatives is the weight that such a paper would carry. The development of a strategy would only be effective if it carried significant weight and led to changes.

The initiatives proposed appear to be appropriate, however more detail on this would be useful. The development of an action plan would be welcome. It would be beneficial for both the dialogue with member states and the EU platform to address all the priorities.

An expert group for establishment of an interface between policy and research and the development of indicators would be most appreciated. Other expert groups may also usefully focus on the other priorities and related actions. An emphasis on knowledge management, not just research, would be useful. Cost-benefit analysis of promotion and prevention would be welcome.

The establishment of a platform was welcomed. It was felt important that communication and dissemination to localities was important, using existing networks within member states and regions. There needs to be additional consideration to the promotion of partnership working to support the ethos of shared priorities and initiatives, this will only be achieved via collaborative working and collective action.

Care Services Improvement Partnership **CSIP**

Furthermore, this is only possible across the EU when the partner organisations accept the different culture and sensitivities of stakeholders.

Jude Stansfield
Jude.stansfield@northwest.csip.org.uk