Comment of
Dachverband Gemeindepsychiatrie e.V.,
German association for community-based psychiatry
on the
Green Paper of the European Commission
„Improving the mental health of the population: Towards a strategy on mental health for the European Union“

Situation
Mental ill health is part of society and it is increasing in the European Union.
The initiative, to "improve the mental health of the population" is worth being supported in every respect.

Based on the situation, as it is described in section 1 of the Green Paper, and the assumption, that an increase of mental ill health has to be noted, the following conclusions can be drawn:

1. The cause for the expanding problem of mental illness results from a development of the recent past.
2. It is obvious, that we do not have enough means, to face the situation of mental health adequately.

On 1.) This development might result

i) primarily from a degradation of the biological equipment, especially in regard to brain functions, of the population, or
ii) at least partly from the environmental living conditions and individual life stories.

On i) If so, the elimination of the sources of mental disorder and the improvement of mental health are hardly possible. Nevertheless, this way of thinking pictures a very common opinion in medical practice.

On ii) In this case, positive changes are possible and a collective strategy of society has prospects of success. In our opinion, this understanding depicts a necessary premise for developing a will and plan of action.

From this holistic approach follows a challenge, to establish a relation between mental health and our ways and circumstances of living.
This requires to rethink the priorities of action and research and to establish the field of people’s nearest living environment as an object of research and promotion.

At this point, it is possible to draw a bridge to one of the highly accentuated interests of the EC, to reduce costs and to support economic prosperity: The weight of costs and research for medicamentous fighting against symptoms, including the search for cheaper pharmaceuticals, is on an unequal high level. This practice runs after its own development, when there is no success in establishing arrangements promoting mental health proactively.

Therefore, we have to invest efforts finding ways to make mainly pharmaceutical research, in an ideal case, superfluous.

Loss of family relations, loss of work and the increasing reduction of neighbourhood structures are important starting points for the promotion of social factors of health. Alternative social structures, new meaningful concepts of work, conducive solutions in urban management, and new ways of housing for mentally ill people are to be considered.

From our point of view, the promotion of mental health in infancy and adolescence is of utmost importance on the field of prevention.
Education in the elementary and school area urgently requires needs to be complemented by curricula of age-appropriate and social character that are necessary for the holistic growth of young people. Primary prevention that is integrated into the normal day of pedagogic, from kindergarten onwards should replace external single actions.
The problem with the implementation of these concepts are the competencies of politics. Hence, the aim of the Green-Paper strategy to advance coordination between different fields of politics, especially in regard to such initiatives is very endorsable.

In this context, we particularly want to point to the eminently exploitable projects of the German association for public relations:
IRRSINNIG MENSCHLICH E.V. (Irrsinnig-Menschlich e.V., Dr. Manuela Richter-Werling, Johannisallee 20, 04317 Leipzig)
These projects deal e.g. with arrangements at schools, which have already been carried out successfully in several EU member states.
Therein, important public relation work is made by dissolving taboos and by sensitisation for mental health. At the same time it is combined with prevention in infancy and adolescence.
The support and networking of projects like this on an EU level is highly reasonable.

In our opinion, this is connected to the idea that a first prerogative to social integration of people affected by mental illness as well as an acceptance of the topic as such has to be educational clarification through public relations work.
In addition, promoting a widespread awareness within society also tends to have a strongly preventive effect. This type of public relations faces a major and most important challenge in the labour world. There, mental illness most certainly is confronted by the highest taboos.

Regarding promotion of mental health in the field of employment:
The question has to be asked, to what extent labour conditions and their developments directly influence mental health. Which conditions are directly determined by the job market and its sections? What are the reasons for stress and pressure to perform at work? Can arrangements carried out by the EU distinctly improve these conditions of national and global economy?

In particular, health promotion for affected employees should come to the fore. Especially loss of employment is often followed by a loss of social identity and social participation and subsequently the risk of a long and chronic illness increases. It is important at this point to approach the resulting problems for the employment and the

social status right from the first diagnosis onwards. At this stage, time has to be invested, to make rehabilitation possible at the first and not only at the second step.
At an early stage, solutions, arrangements and agreements not only concerning housing and living circumstances, but also concerning the working situation, have to be found.

It is necessary to have and to take into account an early consultation that covers the situation of the employee individually. Furthermore the employee's future professional chances and opportunities should be carefully assessed.
It is desirable to have an EU-wide exchange of projects, which focus on well coordinated packets of arrangements parallel to work, starting already at the early beginnings of an illness to prevent the potential acute situation that is followed by a drop out and long absence from employment.
In this regard, there is, amongst others, the option of networking concepts of rehabilitation institutes that work close to the economy and organisations of big-scale employers.

Furthermore, a promising part of a common strategy should be the promotion of the variety of supply in the mental health care system.
Offers concerning ambulatory social help and alternatives in therapy should have an unlimited access to the European health care system.
One way of promoting this target can be free accumulating of contents independent from cultural resentments and financial barriers, and to creating a new world-open market place for new approaches of therapy.

In reference to deinstitutionalisation we would like to point out three important aspects:

1. The issue of crisis intervention is closely connected to the dissolution of institutional structures. So far, national laws regulate compulsory hospitalisation to psychiatry, in case of an acute crisis. This entails traumatic experiences and an immediate stationary isolation. In Germany there has been some experience with crisis intervention services which carry out initial de-escalation and advice given by former patients and people who are affected themselves in order to avoid compulsory acts and unnecessary hospitalisation. In this context they also focus on avoiding frequent changes of doctors, attachment figures and advisors and also a large offer of crisis solutions that can be used individually.
   Moreover, an advantage that comes along is the synergetic effect of using the potential of helpers who are themselves affected by illness. In these settings they might possibly find their first opportunity for an employment. There are already several concepts and models for crisis intervention that deserve European attention.
   Amongst others, the transfer to a psychiatric hospital should be avoided as far as possible by arrangements like these mentioned before.
2. In the course of deinstitutionalisation it is important to remain attentive and sensitive, in order to avoid substituting old compulsory means by new ones. It has been shown that if problems appear in the broad field of ambulatory psychiatric support of the population, the call for ambulant compulsory methods starts up very fast, i.e. the demand for obligatory taking of pharmaceuticals. Compulsion always means traumatising and it is always negative for a person's health. An EU strategy should keep this aspect in mind.
3. A further important contribution to deinstitutionalisation could be the so-called "socio-therapy" that has just been introduced in Germany. As a rule, it is carried out visiting the patients and seeing them in their personal environment. Better than any medical

treatment it can activate the resources of a person affected by ill mental health and those of his or her attachment figures. This enables the development of individual self-stabilisation strategies which can lead to a particularly sustainable health improvement.
There would be an interesting field of cooperation to get into contact with approaches within the EU that correlate to the scheme of socio-therapy. It should be particularly significant to evaluate the effects of this approach with regard to avoiding and cutting short stationary treatment on a large scale of data. This could lead to a policy of reinforcing these efforts.

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translation