

**Submission to the European Commission Green Paper
'Improving the mental health of the population - Towards a Strategy on mental health for the European Union'**

On behalf of:

The International Longevity Centre UK

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A. INTRODUCTION:

The International Longevity Centre-UK believes that the European Commission 2005 Green Paper '*Improving the mental health of the population - Towards a strategy on mental health for the European Union*' represents an excellent framework for action and will hopefully lead to a new generation of policy reforms across Europe.

The Green Paper makes the point clearly that mental ill-health is poorly recognised and that politicians, professionals and the general public are poorly aware of the burden it poses. The point that mental ill-health in Europe is second only to cardiovascular disease in its toll on morbidity and mortality may make a powerful addition to the Green Paper.

We are particularly interested in contributing to this consultation as we have recently published a report entitled '*Severe mental illness in Europe – from policy to practice*'. The report is available on:

<http://www.ilcuk.org.uk/downloads/Severe%20mental%20illness%20report%20pdf%20Mar%2006.PDF>.

The purpose of this report is to highlight the particular issues relevant to people with severe mental illness. We recognise that the Green Paper aims to keep a broad scope and encompasses all mental ill-health, however we would argue that the focus is too much on depression and that too little mention is made of some of the less prevalent but very severe mental disorders, such as schizophrenia and bipolar disorder. It may be worth mentioning that, whilst in many cases actions and policies may address all mental ill-health, however in some cases, disease-specific approaches may be needed.

We have endeavoured to address the three questions specifically posed by the Green Paper and to provide further comments thereafter.

B. ANSWERS TO THE 3 QUESTIONS POSED IN THE GREEN PAPER:

1. How relevant is the mental health of the population for the EU's strategic policy objectives?

The Green Paper states that 'there is no health without mental health'. The magnitude of mental health – with one person in four being affected – means that

none of the EU's strategic goals can be achieved if mental health is not improved across Europe.

To ensure that its proposals lead to concrete actions across Europe, the Commission may wish to emphasise further in the Green Paper the severe burden that mental ill-health poses on individuals affected, their families and society as a whole. For example, severe mental illness reduces life expectancy by between 8-20 years in those affected. The Green Paper should clearly state that the social and economic burden posed by mental ill-health is growing across all European countries. If this burden is left unaddressed, Europe will fall short of achieving sustainable health and social care systems, achieving optimal prosperity and productivity, and ensuring that our populations achieve the best possible quality of life.

- *The Green Paper may further underline the high prevalence of mental ill-health, the burden it poses on health and social care systems, individuals and their families and society at large.*
- *It should also make clear that governments, the public and professionals need to recognise that, like obesity, mental ill-health has a profound impact on all aspects of society and that targeting resources towards its prevention and appropriate health and social responses is both urgent and necessary if we are to achieve EU strategic goals.*

2a. Would the development of a comprehensive EU-strategy on mental health add value to existing and envisaged actions?

We strongly support the development of a comprehensive EU strategy on mental health. Whilst existing initiatives on mental health supported by the Commission as well as by the WHO represent significant progress in enabling people with mental ill-health to achieve better health and social inclusion, much still remains to be done.

Moreover, significant discrepancies exist between countries in the place accorded to mental health in policy priorities and resource allocation, as is made evident in the WHO Mental Health Atlas. Guidance and, to a certain extent, pressure from the EU may help harmonise the approach to mental health across member states and ensure that it is given suitable attention across all countries.

We recognise that member states are exclusively competent for the financing and organisation of health services and care. Nonetheless, the EU plays a critical role in motivating and validating national level initiatives, particularly when non-governmental stakeholders are seeking to instigate policy reform. Thus the creation of an EU strategy on mental health will provide a powerful steer to national initiatives.

Furthermore, the creation of a comprehensive EU-strategy that bridges across different sectors and departments will provide an important example to guide national policy development. One of the key challenges with mental health, and particularly severe mental illness, faces is to know where to 'place' it within overarching debates about the future of health and social care, user empowerment, social inclusion and discrimination. Some countries consider mental ill-health (and

hence severe mental illness) as a disability, whereas others treat it as a chronic disease within policy frameworks.

- *We welcome the creation of a comprehensive EU-platform on mental health.*
- *We hope that the creation of this platform may encourage similar initiatives at the national level, and may help the EU engage different national policymakers on the topic of mental health to translate EU goals into national agendas.*

2b. Does Section 5 propose adequate priorities?

The priorities outlined in Section 5 are comprehensive, however we feel that further priorities to be added are:

- Raise awareness of the burden of mental ill-health, and of particular mental health conditions such as severe mental illness, across European institutions, professionals, and civil society.
- Recognise that mental health is a critical component of physical health, and vice versa, i.e. it is known that patients with severe mental health are more likely to develop cardiovascular disease or diabetes and obesity, yet specialists are not trained to recognize risk factors and so many persons with a mental illness develop life threatening diseases which pose a further burden on health systems.
- Provide guidance and encourage better practices in the care of people with mental ill-health across Europe.

These are addressed further in Question 3 below.

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 initiatives proposed in sections 6 and 7 are appropriate, however we would make the following amendments and suggestions:

i) Targeting vulnerable groups in society (Section 6.1.1., p. 9)

Amongst vulnerable groups, we believe it is important to include those affected by severe mental illness. People with severe mental illness face particular challenges to social inclusion. These include:

- Poor understanding of severe mental illness by professionals, patients, carers, policy-makers and the general public
- Increased risk of stigma and social inclusion
- Barriers to access to effective treatments in many settings
- Significant risks of relapse in the case of treatment failure
- Lack of patient choice and empowerment

- Significant human rights issues.
- Under-diagnosis due to fear of stigmatisation by patients whereby they do not seek treatment and lack of training for General Practitioners to recognize symptoms of mental illness.
- Lack of training for psychiatrists to treat the whole person, including physical health problems, and not just the mental health problems.

Whilst many of these challenges are common to all those facing mental ill-health, people with severe mental illness are particularly vulnerable to these challenges.

- *The Green Paper should make mention that promotion and prevention programmes must take into account the particular circumstances and barriers that are faced by the individuals or populations they are addressing. Targeted solutions will be most effective and engagement of those with particular conditions and from particular communities in devising these solutions is essential.*

ii) Addressing mental ill health through preventive action

We welcome the preventive actions proposed by the Green Paper, however we would argue that these actions can only be achieved if sufficient resources are devolved to their achievement, if professionals receive adequate training to recognise their role in enabling prevention.

Moreover, whilst we recognise that treatment of mental ill-health falls beyond the direct remit of the EU, we urge the Green Paper for the sake of completeness to include in this section a call for better access and information on available treatments for all mental conditions. The barriers to treatment that exist across member states need to be overcome if we are to reduce the burden of mental ill-health in our communities. Access to appropriate care is a critical component and goes hand-in-hand with social inclusion.

We urge the Commission through the Green Paper

- *To make explicit the need for targeted resources and investment in mental health prevention and treatment*
- *To recognise that significant barriers to treatment exist across Member States and that efforts to eliminate these barriers are critical to allowing the social inclusion and quality of life of those affected by mental ill-health.*

iii) Promoting the social inclusion of mentally ill or disabled people and protecting their fundamental rights and dignity (section 6.2)

Individual and carer empowerment:

We feel that this chapter of the Green Paper would benefit from a dedicated section which underlines the critical role that patient/family engagement plays in advancing social inclusion and human rights for people with mental ill-health.

This section should also mention the critical role of joint training of patients, family members, professionals and policymakers in advancing social inclusion. The LEONARDO programme, supported by the European Commission, provides an

excellent example of such an initiative. Other examples include *Prospect*, developed by EUFAMI, and *Profamille*, run in Switzerland.

- *We urge the Commission to recommend explicitly the engagement of persons with mental and their families in the development of policies, information materials and service provision as a vital step to reform.*
- *We also urge the Commission to highlight the critical role that joint training programmes that bridge across different sectors and stakeholder groups may play to foster removal of stigma and increased social acceptance and understanding of mental ill-health.*

A change in paradigm:

We share the Commission's goal of increasing de-institutionalisation and moving the nexus of care for people with mental ill-health to the community. However, we feel that, particularly in the case of severe mental illness, it is important to acknowledge that this switch has often been ill-managed and that considerable gaps in treatment still persist today. The development of appropriate mental health services in the community has not been achieved in many countries. The greatest shortage in most countries appears to be in services that bridge across social care and healthcare.

Thus we urge the green paper to recommend

- *The provision of improved training for all specialist and non-specialist health and social care staff working with people in the community and facilitate these strategies via EU-level initiatives.*
- *The good coverage of sheltered housing and community schemes for the entire population corresponding to local need*
- *Investment in social reintegration programmes for people with severe mental illness at the crucial stage of re-entering the community following specialist treatment*

Evolution of local support services

Local solutions to the challenges of severe mental illness have made an enormous difference within local communities. These local partnerships will, to some extent, need to evolve organically if they are to be effective. National and regional policy makers can make the difference by ensuring those local actors who 'dare to care' are resourced, connected to others, listened to, and above all, respected.

- *We recommend that Member states are encouraged to provide and facilitate flexible and long-term funding for local level schemes, recognising the crucial role of NGOs and other non-governmental care providers in working for the public good*

C. SUMMARY

Mental ill-health in Europe is second only to cardiovascular disease in its toll on morbidity and mortality. We welcome the Green Paper as an important vehicle for communicating the importance of addressing mental health at EU- and national level with utmost urgency. Mental health and physical health are linked. Actions and

approaches to reduce the burden of mental health may learn from efforts aimed at reducing the burden of physical health.

Most importantly, at the heart of all initiatives aimed at improving the health and quality of life of people with mental ill-health lies the issue of their empowerment and social integration. Access to appropriate prevention, health and social care is a critical component and vehicle towards social inclusion and the destigmatisation of people with mental ill-health.

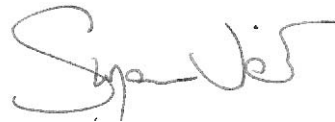
In summary, we:

- *Strongly endorse the relevance of mental health for the EU's strategic policy objectives as stated the Green Paper and advocate that severe mental illness be given significant attention within this framework (8.1).*
- *Strongly endorse the development of a comprehensive EU-strategy on mental health in adding value to existing actions.*
- *Strongly endorse the initiatives proposed in sections 6 and 7 of the Green Paper in supporting coordination between member states, promoting the integration of mental health into non-health policies and facilitating better liaison between research and policy on aspects of mental health.*

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