

## Response to the European Commission Green Paper

*“Improving the Mental Health of the population:  
Towards a strategy on mental health for the European Union”*

from the Psychiatry Committee of the European Association of  
Healthcare Managers

The members of the committee are please to have the opportunity to comment and welcome the development of the green paper as an important step towards giving appropriate consideration to mental health and well being.

We recognise that the European Union’s competence extends to public health, health promotion and protection and that National governments have responsibility for healthcare. We come from mental healthcare providers in 9 European countries and find great benefit from the international comparison, convergence of service thinking and shared learning this brings. We organised a European-wide conference on mental health management in Baden Baden last year and plan to hold another conference in 2007.

Given the foregoing it will be apparent that the green paper is very significant.

We would wish to make some detailed comments about the document as well as answer the specific questions posed towards its end.

We see good mental health as foundational to the objects of the European Union. Solidarity and social justice are hard to achieve for people with mental health problems and are a basic right. There is ample evidence that people with mental health problems are not as economically active or as rich as people who have not. Not only does this impact on the individual but their contribution to the prosperity of their area, country or the European Union is reduced.

The Green paper’s fundamental proposal is that there should be an EU-wide strategy on mental health. This we feel would encourage exchange and convergence and increase the understanding of the importance of good mental health to society and individuals. Even in terms of care provision such a strategy would be influential in bringing “the rest up to the best”.

The green paper gives ample evidence of the scale of the impact of mental health problems on individuals and society and this alone should be enough to justify a strategy.

There are one or two references in the green paper to service provision which assert that, for example, integrating mental health care with a general hospital

shortens hospitalisation. Elsewhere the paper states “Member states are exclusively competent for the organisation of health service and care” and “given the diversity between Member States, it is not possible to draw simple conclusions or to propose uniform solutions”. That is our experience too and we find successful services are more dependent upon their social and cultural context than a particular organisational model. We would wish to see a strategy which dealt with promotion, prevention, health protection and information and not one which sought to move to a uniform model of care.

It is not as a description of the organisation of health services and care that we would make the following point. Ethically, economically and efficaciously we are sure that early intervention should be encouraged. It can limit illness progress; it can reduce the burden of disease and can reduce the chronic development of disease. It is legitimate for a strategy to assert therefore that there should be increasing investment in the care of children and young adults.

Our overwhelming sense is that mental health care (including psychiatry) does not benefit from the same emphasis, funding or facilities as other more apparent disease groups. This has long roots in the past based on stigma, lack of appropriate therapies, and inconsistent availability of the best therapies. We do not make this point to venture into care systems again but to demonstrate that using older, less effective, drugs which occurs in mental health in some places in some countries would not be tolerated in somatic care.

So, to answer three specific questions in the green paper:

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

From the experience of the committee's members the strategic objectives cannot be achieved without good mental health. The points are made in the green paper about the prevalence and burden of disease, the inequalities this causes in economic achievement and contribution and the negative impact on solidarity, social justice and quality of life.

- 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?

Our committee would welcome all the priorities listed for a strategy in the green paper. From our point of view we would place emphasis on the development of mental health information, research and knowledge systems for the EU. One additional area within the competency of the European Union may relate to the arrangements for involuntary treatment which relates to human rights and thus social justice and has

a significant impact on the determinants of the approach to healthcare without straying into that arena.

A second welcome addition could be mental health impact assessment of all EU plans. It is very traditional to complete an economic assessment of any plans before they are passed but it is highly consistent with EU strategic priorities to require all plans to be assessed for the impact they have on mental health and wellbeing. Tools have been developed which enable this to be completed reasonably cost effectively.

- 3 Are the initiatives proposed in sections 6 and 7 appropriate to support the coordination between member states etc?

Our view is that the initiatives proposed are sufficient if they are given sufficient emphasis by the EU and national governments. We would hope the subsequent strategy would contain considerably more detail and we would wish to commit ourselves to contributing to that.

Relating more closely policy, research and practice would be welcome, as would improved knowledge management. The establishment of a mental health platform could well be the key to ensuring mental health gets the sort of emphasis we think is due.

In summary we are hugely supportive of the initiative to establish an EU-wide mental health strategy within the competence of the Union. That good mental health should be a priority is supported by many indices; that good mental health contributes to the EU strategic priorities is evident; and that good mental health is vital for the individual citizen is self evident.

We would welcome involvement in the future development of the strategy and hope our contribution is helpful.

*The Psychiatry Committee of the European Association of Healthcare Managers.*

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