

Rethink's consultation response

Rethink is the leading national mental health membership charity in the United Kingdom; supporting around 7,500 people every day of the year and working together to help everyone affected by severe mental illness recover a better quality of life. Our aim is to make a practical and positive difference by providing hope and empowerment through effective services and support to all those who need us. We believe that people who experience severe mental illness are entitled to be treated with respect and as equal citizens. We actively campaign for change through greater awareness and understanding and we are dedicated to creating a world where prejudice and stigma are eliminated.

1. How relevant is the mental health of the population for the European Union's strategic policy objectives, as detailed in section 1?

The European strategic policy objectives include¹ –

- **Prosperity**
- **Security**
- **Solidarity – protection of fundamental rights and fight against discrimination, promotion of gender equality, cultural diversity, integration of young people in society and working life, and equal opportunities**
- **External projection**

Rethink believes mental health is a prerequisite to achieving the strategic policy objectives of the European Union because long term prosperity within the European Union rests on the health and wellbeing of its citizens. Mental health is integral to the overall wellbeing of an individual.

The concern for the European Union is that mental ill health is becoming increasingly prevalent and the consequences of developing a mental illness are more far-reaching than ever before. *“Mental health problems are increasing significantly. Some countries register up to 6% of the population as having serious mental disorders. Mental ill health accounts for up to 30% of consultations with general practitioners in Europe.”*²

The prevalence of mental illness within the European Union will have significant consequences for the Lisbon agenda of improving the competitiveness of Europe within the world economy. *“Mental ill health costs the UK £77 billion a year through the costs of care, economic losses and premature death.”*³

¹ Commission of the European Communities. (2005). “Communication from the Commission to the European Parliament and the Council: Annual Policy Strategy for 2006.” http://europa.eu.int/eurlex/lex/LexUriServ/site/en/com/2005/com2005_0073en01.pdf.

² World Health Organisation. (2002). “European Health Report.” <http://www.euro.who.int/document/e76907.pdf>

³ The Sainsbury Centre for Mental Health, Policy Paper 3: The Economic and Social Costs of Mental Illness. (2003) London, The Sainsbury Centre for Mental Health.

Mental illness increases the risk of:

- **Unemployment**
- **Social exclusion/poverty**
- **Poor physical health**
- **Poor quality of life**

Unemployment

Economic prosperity within the European Union largely relies on the health and happiness of its workforce. Employment itself can contribute to mental ill health as working conditions can often lead to mental stress. The burden of mental ill health has a significant impact on the productivity of a countries workforce. *“People with long term mental health problems are less likely to be in employment than people with other disabilities (21% compared to 49% of all people with disabilities).”⁴*

Though for some mental illness is a barrier preventing them returning to, or gaining employment, the majority of people who experience mental ill health wish to return to work. Those who have mental ill health are an enormous untapped resource within the EU. In the UK alone, “Over 900,000 adults in England claim sickness and disability benefits for mental health conditions.”⁵ The British government is aware of this resource and is making attempts to help this group of people back to work through the Pathways to work scheme. It is necessary that the European Union ensures employers consider the needs of people with mental ill health; principally the need for ongoing support during occasional periods of illness or difficulty. The European Union should actively encourage the employment of people who have experienced mental illness, should they wish to pursue employment, particularly through initiatives such as flexible working hours, part time work, job sharing, and voluntary work. The stigma and discrimination of employers is a barrier to bring about social inclusion of those with mental ill health.

Social exclusion/ Poverty

Social cohesion relies on the fulfillment of an individual’s human rights and the social inclusion of an individual as a citizen of the European Community. People with mental ill health often express feelings of isolation and exclusion from things such as employment, quality housing, social networks and education. Some groups are more vulnerable than others; particularly those experiencing severe mental illness, women who are single parents or suffering domestic violence, BME (Black Minority Ethnic) groups, the homeless and unemployed. Withdrawal from society, particularly through unemployment has been closely linked to mental ill health. *“Social isolation is an important risk factor for deteriorating mental health and suicide. Two thirds of men under the age of 35 with mental health problems who die (in the UK) by suicide are unemployed.”⁶*

The stigma surrounding mental illness often prevents people with mental ill health forming close personal relationships, compounding their isolation. Social exclusion and mental ill health are a vicious cycle – each perpetuating the other.

⁴ DWP 2001

⁵ Office of the Deputy Prime Minister. (2004). “Mental Health and Social Exclusion. Social Exclusion Unit Report Summary. P.p. 3. ODPM Publications.

⁶ Office of the Deputy Prime Minister. (2004). “Mental Health and Social Exclusion. Social Exclusion Unit Report Summary. P.p. 3. ODPM Publications.

Poor physical health

Mental health is fundamentally linked to physical health. *“People with severe mental illness die 10 years younger than the rest of the population, not because of suicide or self-harm, but because of physical health problems.”*⁷ Regular physical health checks can help tackle many of the physical ailments that affect people with mental ill health such as diabetes and weight gain. Many of these physical ailments are the result of their medication.

Service users with severe mental illness often cite improving the side effects of their medication as something they would like to change. Continued investment in drug research is necessary as part of a holistic approach to tackling the burden of mental ill health on the Community.

It is necessary to ensure that primary care workers are trained and have adequate resources to address the physical needs of those with mental illness.

Poor quality of life

Poor quality of life is a significant problem for people who have mental health problems. Access to education, housing, transport, employment, leisure facilities and social networks can vastly improve the quality of life of service users.

Tackling the discrimination surrounding mental ill health requires a concerted effort to uphold people’s human rights – particularly with reference to Article 14 of the European Convention of Human Rights - the prohibition of discrimination. Education can further awareness of mental health and build mental health into society, thus easing the burden of mental ill health on society.

And...

Mental ill health not only affects those that experience it but those who provide informal care for them; their friends and families. *“There are 1.5 million carers in UK”*.⁸ Supporting these informal social networks is extremely important, not only to create an atmosphere of social inclusion for individuals experiencing mental ill health, but to ensure that these informal networks are encouraged and maintained.

Support and acknowledgement is something that carers often feel they lack. *“1 in 6 carers have no carers services in their area despite government commitments.”*⁹ Examining the needs of carers is as important as fulfilling the needs of those with mental ill health. It must be recognized that caring has many impacts on individuals’ health and wellbeing. *“Involved and supported carers have a better experience and are more effective carers than those who are uninvolved and without access to support and information”*.¹⁰

⁷ Harris, J. (2006). “A win-win situation. Making life easier for GP practices and people with mental illness.” P.p.1. Rethink.

⁸ V. Pinfold and P. Corry. June 2003. ‘Who Cares? The Experiences of Mental Health Carers Accessing Services and Information’. P.p. 2. Rethink

⁹ V. Pinfold and P. Corry. June 2003. ‘Who Cares? The Experiences of Mental Health Carers Accessing Services and Information’. P.p.2. Rethink

¹⁰ V. Pinfold & P. Corry. 2003. ‘Under Pressure’. Rethink

2. Would the development of a comprehensive European Union strategy on mental health add value to the existing and envisaged actions and does section 5 propose adequate priorities?

Rethink considers that a comprehensive European Union strategy would add value to the existing and envisaged actions.

A framework to facilitate exchange and cooperation between Member States would aid the development of research and investment in mental ill health; thus enabling the European Community to tackle those issues most important to service users and carers. This framework would be particularly of use if it was accessible to both to mental health professionals, researchers and mental health service users and carers. Accessible information for service users and carers aids the empowerment of both groups.

Facilitating the increase in the coherence of action in different policy sectors is extremely important namely because people experiencing mental ill health have a multiplicity of needs – not only in terms of accessing the correct treatments but also accessing the services they require to function as a citizen within society including adequate housing and employment services and education. Synergies need to be created both between departments within member states governments, and between members states themselves.

It is extremely important to enable service users and carers' voices to be heard by involving stakeholders who vocalize the needs of those involved. Bringing together patient and civil society organizations will perpetuate the building of long term solutions.

The promotion of mental health and building mental health, through public education, into the European Community is an important means of tackling both mental ill health and the stigma associated with it. It is necessary to stress every individual's right to good health.

Though the paper expresses that 'mental ill health' will be addressed through preventative action the importance of both proactive and reactive approaches to mental illness must be recognized.

Mental health service users do not only require the protection of civil society. More importantly those with mental ill health require empowerment. By enabling involvement within society through correct medication, adequate support in accessing services, and reducing barriers to accessing services, not only mental health services but all services, particularly housing, education, those who experience mental ill health can be enabled to participate within wider society. Enabling people to participate, and maintaining involvement, in society helps people with mental ill health to remain active citizens.

Section 5 of the Green Paper negates to outline several aspects of mental health care that Rethink believes are a priority in tackling the stigma and discrimination associated with mental ill health, and the prevalence of mental ill health in Europe.

The paper does not explicitly expand upon 'mental ill health'. Mental ill health has a variety of forms and levels of severity. Mental ill health is also extremely complex in its causes and outcomes. For example co-morbidity, or dual diagnosis, seriously impacts upon mental illness, either by causing, or aggravating, mental health disorders. *"Suicide is the second most common cause of death after road traffic accidents for Europeans aged between 15 and 35. Alcohol use and co-morbidity heighten the risk of suicide".*¹¹ Rethink believes that the definition of mental illness should clearly state the inclusion of personality disorders

- Though the paper mentions the link between physical health and mental health, the connection should be expanded upon, as physical health has an important part to play. Mental ill health, particularly stress, can be expressed through physical manifestations. Improving the physical health of the population can impact upon mental health and vice versa. It is important that co-morbidity between physical health and mental health is recognized, particularly in relation to the side effects of medication. *"The side effects of medication can have serious detrimental effects on a person's physical health. Promoting healthy eating, regular exercise and the use of complimentary therapies will impact significantly on people's mental wellbeing and physical fitness."*¹²
- The European Union's strategy also fails to outline the strategy for helping carers. The focus on mental illness must not ignore the significance of the needs of those who provide care for those suffering from mental ill health them on an informal basis. Informal carers require better information, communication and support. They must not feel excluded from the formal care system. Informal carers need to be recompensed financially for their time. Respite care for both informal carers and those with mental ill health is a necessity.

¹¹ Jane-Llopis, E. & Anderson, P. 2005. Mental Health Promotion and Mental Disorder Prevention. A Policy for Europe. Nijmegen:Radboud University Nijmegen.

¹² Harris, J & Corry, P. 2005. Make a Fresh Start: An Action Pack for the Forgotten Generation. P.p. 20. Rethink.

3. Are the initiatives proposed in sections 6 and 7 appropriate to the coordination between Member states, to promote the integration of mental health into the health and non-health policies and stakeholders, and to better liaise research and policy on mental health aspects?

Rethink believes the European Green Paper sets out a positive approach to tackling mental ill health in Europe and that these solutions will have a great impact on mental ill health within Europe provided they are accompanied by adequate funding and the mechanism to distribute it. With regard to specific points Rethink would like to highlight the following aspects which it feels should be prioritized.

6.1.1 – Promoting the mental health of the population.

European Union wide public health campaigns should be in line with other European Union health competencies. Health promotion campaigns should not only focus on mental health specifically but health and wellbeing in general. Health promotion campaigns need to be locally and nationally based.

6.1.2 – Addressing mental ill health through preventative action.

Preventative action and the dissemination of good practice should be coordinated within the European Union network.

Of particular concern to us is developing and facilitating good practice on issues such as cannabis and suicide interventions.

6.2 – Promoting the social inclusion of mentally ill or disabled people and protecting their fundamental rights and dignity.

The European Union should undertake a broad piece of work on social inclusion, to promote the awareness of rights under European Convention of Human Rights for all people including those experiencing mental ill health.

6.3 – Improving information and knowledge on mental health in the EU.

The European Union's desire to confront mental health creates a considerable opportunity to create a knowledge base that can communicate and implement 'best practice' within mental health. The European Union should give priority to mental health research. Funding needs to be proportionate to spending on other areas of public health.

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