



SAMH Response to European Green paper on Improving the Health of the Population: Toward a Strategy on Mental Health for the European Union

SAMH

SAMH is the leading not-for-profit sector organisation in its field in Scotland providing accommodation, support, training, employment and structured day services for people with mental health and related problems including homelessness, addictions and other forms of social exclusion. In addition, we operate an information service, offering general mental health information and specialist legal and benefits advice. SAMH campaigns on a wide range of mental health issues, and works to challenge the stigma and discrimination experienced by people who live with mental health problems, influence policy and improve care services in Scotland.

GENERAL COMMENTS

SAMH welcomes the opportunity to respond to the European Green Paper on mental health and strongly endorses the European Commission's acknowledgement that there is no health without mental health. SAMH's response to the Green Paper will first of all consider each of the three proposed strands of an EU strategy on mental health and will then consider the specific questions posed in the paper. Throughout this document we refer to "mental health problems" rather than "mental illness" or "disorder". We do this because we believe that this is a less stigmatising form of words.

DETAILED COMMENTS

Strand 1 - Creating a dialogue with member states on mental health

The Commission proposes to create a forum between member states which will lead to an action plan for mental health, possibly based on the January 2005 WHO Mental Health Action Plan for Europe, along with the EU Public Health Programme's "Mental Health Promotion and Mental Disorder Prevention: a Policy for Europe".

SAMH would welcome such a forum and the opportunity it would provide to create pan-European debate on mental health and to learn from experiences in different member states. In order to set up such a forum it would be vital to ensure that people who have experience of mental health problems were invited and supported to participate both in discussions about mental health and in constructing an action plan, with the attendant necessary resources.

SAMH believes that the WHO Mental Health Action Plan for Europe is a largely positive and aspirational document which in general would serve as a suitable model for a European Action Plan. However, SAMH has some reservations about the WHO plan, as follows:

1. The Plan makes no reference to recovery¹ from mental health problems.

This is the most significant omission from the WHO plan that SAMH has identified. Recovery as a concept has received a significant amount of attention in recent years in the mental health field, and for good reason. Mental health services have, in the past, frequently robbed people who use them of their hope and aspirations, focusing on managing symptoms and maintaining people in illness. This has the effect that too often, once a person has developed a mental health problem, he or she is no longer seen as someone with the potential to be a useful and productive member of society, but simply in the passive and recipient role of a “patient”.

A Mental Health Action Plan for Europe must be grounded in the belief that recovery from mental health problems is not only possible but is in fact probable for the majority of people. The belief in the ability of people with mental health problems to recover is fundamental and must feed into all other aspects of the plan, including staff training, public education and the challenging of stigma and discrimination.

2. The Plan does not place sufficient importance on involving people who have experience of mental health problems

The WHO plan does emphasise the need to involve people who have experience of mental health problems in challenging stigma and to recognise their experience and knowledge in planning services. However, SAMH feels that it does not go far enough in requiring that people with experience of mental health problems should be consulted on and involved with every aspect of mental health, including policy, stigma and training.

3. The Plan does not sufficiently emphasise the need for early intervention

Quite rightly, the Plan suggests actions for mental health promotion and for adequate primary care and community-based care. However, this misses out an important element of mental health service provision: the availability of straightforward early interventions. SAMH is aware that, all too often, people who are in the early stages of a crisis or developing mental health problem are turned away from services because they are quite simply not considered to be “ill” enough. This leads to the person’s condition becoming worse, perhaps until the point when they require admission to hospital,

¹ “Recovery is happening when people can live well in the presence or absence of their problems and the many losses that may come in their wake, such as isolation, poverty, unemployment and discrimination. Recovery does not always mean that people will return to full health or retrieve all their losses, but it does mean that people can live well in spite of them”.
Mental Health Commission of New Zealand

when all that may have been required was support at an early stage. Mental health services must be provided to meet the whole spectrum of needs and with the clear intention of providing support as early as possible. Such support will include talking therapies, user-led crisis services and therapeutic drop-in centres, but must be based on the requirements of people who use the services. It should also be recognised that in many countries, a significant proportion of mental health services are provided by the not-for-profit sector. The sector must therefore be a key partner in the development of a strategy on mental health.

Despite these concerns there are several suggested actions in the WHO plan that SAMH strongly welcomes, in particular:

- to make mental health an inseparable part of public health;
- to require that the impact of any new policy on the mental well-being of the population should be assessed before its introduction and evaluated thereafter; and
- to ensure parity of funding in relation to comparable health services.

SAMH also notes that the Plan proposes actions to tackle the stigma and discrimination associated with mental health problems, and would suggest that the anti-stigma programme in Scotland, 'see me', would form a good model for use in devising other national and local anti-stigma campaigns. Along with four other mental health organisations, SAMH campaigned for funding for 'see me' to be set up and is now one of the organisations responsible for managing the campaign. The 'see me' campaign has won several awards and, more importantly, there are early signs that it is having a positive effect².

The Green Paper also suggests that the Forum would consider the need for Council recommendations on suicide prevention and mental health promotion. SAMH has a particular interest in suicide prevention, given that Scotland has one of the highest rates of death by suicide in Western Europe³. Any recommendations that helped to maintain a strong focus on suicide reduction would therefore be welcome.

Similarly, a Council recommendation on mental health promotion, particularly one framed in the context of the WHO Plan's emphasis on long-term investment, programmes for children and young people and healthy workplaces, would be welcome. SAMH would hope that such a recommendation would lead to greater recognition of the links between physical and mental health and greater integration between public health campaigns focusing on physical and mental health.

² [Well What Do You Think: The Second National Scottish Survey of Public Attitudes to Mental Health, Mental Well-Being and Mental Health Problems, Scottish Executive, 2004](#)

³ [Scotland's Suicide Rate Compared with 16 Western European Countries 1950-2003, Choose Life](#)

Launching an EU platform on mental health

SAMH believes that this is an appropriate aim of an EU strategy on mental health, and would particularly welcome the opportunity to identify best practice in mental health services and in promoting social inclusion from across the EU. Again, SAMH would emphasise the need to involve people who use mental health services in all aspects of this area of work. Furthermore, any effort to identify best practice in social inclusion should take a holistic approach rather than simply focusing on areas relating to mental health. It is important to acknowledge that social exclusion cannot be resolved simply by focusing on a person's mental health problem: indeed one of the underlying causes of social exclusion of people with mental health problems is the tendency to focus exclusively on their medical symptoms rather than addressing the underlying cause of their difficulties⁴. Issues that should be explored include equality and diversity, employment opportunities, access to both physical and mental health care, housing, social networks and skills development.

Developing an interface between policy and research on mental health

SAMH is not yet in a position to support or otherwise the proposed "indicator system" which would include information on mental health and its determinants, impact assessment and evidence based practice. More information is needed on how this would be developed and who would be involved in this development process. SAMH anticipates that it would be necessary to involve a wide range of stakeholders including the not-for-profit sector and people who use services, to avoid an inappropriate focus on medical models of mental health problems.

SAMH supports the overall aim to ensure a better interface between research knowledge and policy-making, but cautions against an over-reliance on research into drug treatments. Equal importance should be placed on research into the effects of diet, exercise, talking therapies and other forms of therapeutic support on mental health. The strategy should encourage member states to make substantial levels of funding available for non-pharmaceutical treatments for mental health problems. It may be useful to refer to the 2004 SAMH publication, "All You Need to Know?"⁵ which reports on a Scotland-wide survey of people who use mental health services on their views about psychiatric drugs. Many service users have reported significant benefit from alternative and complementary therapies and many would like greater access to and availability of such treatments.

The rest of this response will deal with the specific questions put by the Commission.

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

The policy objectives outlined in section 1 of the consultation are to put Europe back on the path to long-term prosperity, to sustain Europe's commitment to

⁴ [Mental Health and Social Exclusion – Social Exclusion Unit Report, Office of the Deputy Prime Minister, 2004](#)

⁵ [All you need to Know? SAMH, 2004](#)

solidarity and social justice and to bring tangible practical benefits to the quality of life for European citizens.

SAMH believes that the mental health of the population is critical in each of these areas. The consultation identifies that a high proportion of GDP is lost each year in the EU due to mental health problems, and it is self-evident that this will have a detrimental effect on the prosperity of the EU. In Scotland, 79% of people with mental health problems are unemployed.⁶ This has a cost to the economy in terms of the loss of potential earnings and the cost of incapacity and other benefits, not to mention the negative effect on individuals' self-esteem and confidence of being unemployed. Improving the population's mental health, as well as addressing the stigma attached to mental health problems and supporting people into work, would have a positive effect on the EU's economy.

It is also clear that if Europe's commitment to solidarity and social justice is to be sustained, the inequalities experienced by people with mental health problems must be addressed. These inequalities range from being unable to find work and facing stigma on a daily basis to being treated in unsuitable wards or institutions which are often unpleasant environments which do not provide appropriate therapeutic activities. It should also be remembered that people do not experience inequalities solely in the context of their mental health: people with mental health problems may also experience discrimination because of their sexual orientation, economic status, gender, ethnic origin or religion. The needs of each individual must be considered if the EU is to maintain its commitment to social justice.

Finally, improved mental health must surely contribute positively to the quality of life of European citizens. To demonstrate this, we only have to return to the WHO's statement that there is no health without mental health. A focus on positive mental health and on early intervention to prevent unnecessary deterioration in mental health will have positive effects on the economy, on individual well-being and on the quality of life of the general population.

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?

SAMH supports the development of a comprehensive EU strategy on mental health, in the belief that it will lead to an EU-wide focus on mental health and to improvements in population mental health. SAMH does believe that the priorities identified in section 5 are appropriate but would wish these priorities to be underpinned by a commitment to consistently involve people with experience of mental health problems in putting these priorities into action.

⁶ [Disability and Employment in Scotland: a Review of the Evidence Base, Scottish Executive, 2005](#)

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?

SAMH believes that these initiatives are appropriate. It will be important in attempting to co-ordinate activities between member states to consider the very different starting points that each state has in terms of its population mental health. It may be helpful to agree a set of principles or core values that each member state should commit to upholding in developing both its mental health services and its mental health promotion activities. SAMH would be pleased to see the EU-wide adoption of the Millan principles which underpin the Mental Health (Care and Treatment) (Scotland) Act 2003.

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