

# Comments on the EU Green Paper

## 1. General comments

The presentation of the Green Paper for discussion and the prospect of the development of a EU Strategy on mental health are both welcome. That they should appear is not surprising: what is surprising is that they are appearing so late in the life of the European Union.

The Green paper is a valuable document and presents most of the theses that have to be discussed in developing the EU strategy concerning mental health. However, having said that it might also be useful to say that the presentation of the Green Paper could be improved and thus serve its role even better.

Among the minor shortcomings that might have been avoided are the following:

1. The use of boxes to place references to documents or decisions and to cite examples disrupts the flow of reading in a paper that is commendably terse and thus has little text between the boxes.
2. The Green Paper refers to a variety of policy and official documents as well as to results from a number of studies. Most of the documents cannot be easily accessed and surprisingly most of the studies to which the Green paper refers do not seem to have been published. For some of them the references are incomplete and it is not easily possible to look at them and decide to what an extent it is possible to rely on the facts that might have been established by them. Others, that have been published, have publishers that are hardly known and can be traced in libraries with difficulty.
3. Published material and papers that describe studies that have been carried out and whose results are directly relevant to the issues that the Green paper addresses are not used or cited.
4. The definition of “mental health” and “mental ill health” could have been developed with a little more precision – which would have been helpful in the parts that deal with action that the EU should take.

## 2. Specific comments

The specific comments to the paper will be ordered by the page to which they refer rather than by importance that they might have.

1. Page 3, Introduction, second paragraph  
Mental disorders have a significant impact on the outcome of physical illness. When present at the same time as physical illnesses the prognosis of physical illness is less favourable and the severity of the physical illnesses is greater. In addition there is evidence that the presence of certain mental disorders increase the risk for the occurrence of physical illnesses.  
This point is not mentioned among those that could lead to action by the Community although it is an important fact for any (not only mental) disease prevention programme that they might wish to undertake.
2. Page 4. the box,  
As mentioned above it would be useful to work a little further on the definition of mental health and mental ill health. Mental strain, for example, is not a sign of mental ill health and “symptoms” lacks a specification (symptoms of what?)
3. Page 4, The health dimension.  
Anxiety and depression are the most common forms of mental disorder, not of mental ill health as defined above; and depression is not “to become the highest ranking form of disease in the developed world” but the second highest cause of disability and this for the world as a whole. ( I presume that the reference is to the Burden of Disease publication of WHO although this is not stated)  
Also, in the same group of paragraphs – there is no evidence that integrating mental health into the provision of general hospital care will significantly shorten hospitalisation periods thereby releasing economic resources.  
Also, in the same chapter, bottom of the page 4 and on top of page 5 it would be useful to draw attention to the significant cost of mental illness to the carers – family or other – in financial and disease terms.
- 4 Page 6, 8<sup>th</sup> paragraph,  
It would be helpful to state how much has been spent by the community on the activities mentioned, in absolute terms and relation to expenditures on other health and non-health issues. Saying that the EU has been “an importance source of funding for European research on mental health” is saying little about how important this contribution has been and which countries have benefited from it. The remainder of the paragraph is even more vague – and if a strategy is to grow from this paper it will be useful to have an assessment of a starting point.
- 5 Page 8 on top  
The four foci of the strategy are well chosen: it would be useful to add a fifth that will gain importance in the years to come – **“TO IMPROVE THE QUALITY OF LIFE AND UNDERTAKE MEASURES THAT WILL SUPPORT CARERS’ (FAMILY MEMBERS OR OTHERS) MENTAL AND PHYSICAL STRENGTH**
6. Page 8, chapter 6.1  
There is confusion about the meaning of terms used in this chapter. Promotion of mental health should refer to the enhancement of value that individuals and

societies give to mental health; improvement of mental health refers to matters such as resilience, greater capacity to cope with stress and strain, interest in one's improvement, willingness to contribute to society and so on. The prevention of mental disorders deals with actions that will remove or reduce risks that cause mental disorder. Different actions have to be taken for these three types of expected outcomes: at present these terms are not used consistently.

In the same section there is also an indication that schools and workplaces are the crucial settings for the promotion of mental health and its improvement. There are other places that abound in risks for the development of mental illness and that should be mentioned – nursing homes, hospitals, old age homes, prisons, etc.

7. Pages 8, 9, 10

In this part reports of studies or projects that have been done presumably under the aegis of the EU are mentioned as examples of what should be done. It is unclear whether the results of these projects have been properly evaluated and whether they provide useful indications of actions to take in the future. Some of the boxes have no reference at all and it is uncertain on what basis these areas of work have been selected – nor what should be done.

8. Page 11, on top,

Depression and suicide are mentioned on several occasions and are here identified for Council's action: there are numerous other conditions that would deserve attention and should be considered here – e.g. mental retardation, brain damage (e.g. in traffic accidents) and its consequences,

9. Page 13

Three mechanisms are mentioned here but it is not clear how they would operate: their function and goals are described in very general and all-embracing terms.

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