EU Green Paper Comments

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

The mental health of the population for the EU's strategic policy objectives is extremely relevant. As noted in the Green Paper the psychological health of a nation is not only measured in terms of therapy sessions attended or medications taken. It is also reflected in school failure, delinquency, criminal behavior, domestic violence, divorce rates, visits to medical doctors for non-medical problems, substance abuse, social unrest, automotive accident rates, high risk behavior among young people, etc. It is important to understand that untreated psychological problems become behavior problems at school, become delinquency in the street, become criminal behavior and a cycle of recidivism, etc.

(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?

Yes, a comprehensive EU-Strategy could provide guidance to countries with different needs and resources with a plan for prioritizing what programs would be most cost-effective to begin with and which one's to add on subsequently without each country having to re-invent its own comprehensive mental health program.

(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 are appropriate but could be augmented by the following proposals:

6.1.1 Education is the most cost-effective mental health intervention: item 6.1.1 addresses the need to teach parenting skills and provide services for postpartum depression. Teaching parenting skills needs to be at the levels of pamphlets, books, classes, television and radio shows, etc. The content can be wide and all encompassing but must include the

difference between discipline and punishment, setting limits with love, basic health care, child development and guidance for helping children to learn at school. Other effective interventions include Well-Baby Clinics, Parent-Infant programs and assistance for teen mothers. For example, inestimable mental health costs could be eliminated if all mothers could refrain from drinking alcohol during pregnancy.

In addition to a participative workplace and management culture, workers and managers are increasingly benefiting from learning anger management, effective communication skills, negotiation and mediation strategies, workplace exercise and stress management programs and employee assistance programs.

Much of what appears as depression in old people is actually a feature of dementia. Accurate neuro-psychological assessments are essential for appropriate interventions.

Item 6.1.2 It is well known that depression is usually related to loss and/or repressed aggression. Appropriate treatment includes an assessment of the patient's correct diagnosis, intellectual resources, general health, and financial resources. One should not deprive an intelligent resourceful patient of a psychotherapy that may resolve the problem entirely (with or without the use of medications) but at the State level one should also not pay for a psychotherapy for a patient unlikely to use it or benefit from it.

Perhaps it is included in the action plans under the Drugs and Alcohol section but it is well known that most people in jail have a diagnosable mental disorder, most were physically or sexually abused as children and most have substance abuse problems. If there is no drug and alcohol program in the prisons and jails, recidivism is guaranteed.

Suicide is a terminal symptom of many different sorts of problems. It may mean, "I'm sad." "I'm lost." "I'm in pain." and probably more often then not "I'm angry and I'm going to take it out on myself." One does not cure suicide. One can only treat imminent suicidal potential. To do so one needs to train mental health professionals in suicide prevention and to staff psychiatric crisis clinics.

Such psychiatric crisis clinics provide direct brief treatments and triaging functions for suicidal, homicidal and gravely disabled patients on the street. They offer services to extremely distraught patients, intoxicated and substance addicted patients, psychotic patients, depressed, anxious and borderline personality patients. They provide services at far less the cost than would be accrued if the crisis resulted in a death, criminal behavior, job loss, or family instability.

6.2 Deinstitutionalization was spearheaded in California in the 1980s when many patients in long term mental institutions were released and sent to live in small community based residential treatment centers for psychotic and severe borderline patients. In many cases these homes were set up on the model that everyone would get better. They would move from an all-inclusive residential treatment program combined with a day treatment program. From there they would move to a three-quarter way house and then to a half-way house and then to an assisted independent living program and then launched out into

independence. It is a good model and useful for some patients but it overlooked the fact that many of these patients had chronic mental illness and were not capable of “moving on” and really needed a long term residence with a helpful staff which they could call home.

The San Francisco Community Mental Health System, in California, has a compassionate and legally sound model for handling involuntary placements.

6.3 Again, education is the most cost-effective approach to mental health care.

7.1 If the EU could provide a central clearinghouse function providing information, strategies, resources and research the individual countries, their states and individual cities and towns could create integrated community mental health programs suitable for the people in their area.

7.2 An EU platform must look beyond traditional mental health issues and consider treatment for jail and prison inmates, mental health education for high school students, parenting classes, and treatment approaches for masses of traumatized citizens who are victims of war or natural or manmade disasters. Following massive traumatic events many people who are untreated develop post-traumatic stress disorders, which can become chronic leading to a wide variety of avoidable psychological and social problems.

7.3 The community mental health system in San Francisco California is largely staffed by psychology, psychiatry and social work interns. Using this model provides low cost treatment, good training and possibly even an army of young professionals available for carrying out research.

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