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Response to EU green paper on mental health

Introduction

1. Danish Regions, which represents all 13 Danish regions, welcomes this opportunity to take part in the debate concerning mental health in the EU.
2. Danish Regions acknowledge the importance of a common EU-strategy relating mental health issues. At the moment we are in a situation, where there is far to less focus on mental health, especially concerning the non-psychotic mental illnesses. Therefore we strongly support and encourage a common EU-strategy on mental health.
3. Danish Regions believes that a focus on mental health is an absolutely premise for sustaining and maintaining economic development and growth – both on the local level and in the EU in general. According to The Danish Psychiatric Society (www.dpsnet.dk) an estimate of 800.000 Danish citizens struggle with mental health problems and this is having negative effects on the labour market and causing great expenses for the public health system (long term absence from the workforce and increasing hospitalisation).

4. Danish Regions would, however, also take this opportunity to criticize the lack of focus on the local level in the Green Paper on mental health. In Denmark, as in many other member states, the regions are responsible for all public hospitals and the most specialized institutions for physically and mentally disabled persons, children and young people with serious behavioural difficulties, and mentally ill persons. Therefore it would be on the level of regional and local government that a given strategy concerning mental health would be exercised and implemented. Because of this it's of serious concern to Danish Regions, and a possible pitfall for the future process, that the Green Paper misses the regional and local level of government. We strongly urge that this level of government would be integrated and considered in the coming discussions concerning mental health strategies/policies.

Focal points – examples of good practice

Danish Regions would like to draw attention to a couple of projects, which Danish Regions have played an important role in, concerning improvements in the diverse and complex field of problems related to mental health. We believe that the results of the projects mentioned below are of great importance and that other member states could benefit from these. The cases we wish to draw attention to are also good examples of the current developments in psychiatric treatments and we would suggest that the future strategy should facilitate similar initiatives:

1. Danish Regions have had focus on, and been part of a steering committee concerning, so-called 'Outreaching Psychosis Teams' (a Danish version of 'Assertive community treatment'). In short this is a form of outreaching treatment, which is used in relation to patients who for instance cannot manage medicating themselves or simply do not comply to more traditional hospital treatment (the 'revolving

door phenomenon'). The idea is simply to help the patient in his or her home environment to the extent, which it is required and it's the team's responsibility to maintain contact and ensure, that the treatment of the patient is actually taking place. A recent evaluation of a project in one of the Danish regions showed improvements in a number of ways: a) better maintaining of psychiatric patients in actual treatment and an improvement of the mental illness of the patient, b) improvement in the patients social skills and a reduction in any possible abuse, c) bigger satisfaction with the treatment amongst both patients and relatives, d) better cooperation between the municipal institutions and the regional institutions, e) lesser and shorter hospital stays. All in all more than promising results that other member states could benefit from. It is, as mentioned above, one of Danish Regions recommendations that a EU-strategy on mental health should facilitate projects like this one.

2. Danish Regions has been involved in a widespread national project, which goal was to decrease the use of involuntary treatment in the psychiatric field. The method used was the so-called 'breakthrough-method' (originally developed by the The Institute of Healthcare Improvement in Boston), which aims to change and improve a given practice fast by involving the healthcare or psychiatric personnel in the project. The teams involved were encouraged to focus on the numbers and the duration of: a) episodes where the patients were put in restraints, b) episodes where the teams used force to hold back the patient, c) episodes of fixation, d) the use of tranquilizers, e) forced medication. The results were profound. In average 40% of the healthcare teams involved succeeded by improving the use of involuntary treatment with 20%. There were furthermore 19% of the healthcare teams involved that succeeded in improving their use of involuntary treatment with 50% compared to their practices before getting involved in the breakthrough project.

Conclusion

All in all Danish Regions supports a common EU-strategy on mental health and finds that the process leading up to this is a good opportunity to promote examples of 'good practices' between member states. But we would also like to point out that it is on the local and regional level of government that the suggested (and any future) strategies are implemented. Therefore we see it as a necessary part of the policy process that the role of these levels in the process should be discussed thoroughly. By this statement we are, in other words, welcoming the EUREGHA initiative. This may place focus on the local level of government and its concerns and visions relating mental health in the EU.

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