



EUROCARERS

EUROPEAN ASSOCIATION
WORKING FOR CARERS

INFO	ACTION
ADMINISTRATION	
ADDICTION	
05 AVR. 2006 <i>Lh</i>	
POSITIVE HEALTH	
SOCIAL AND ENVIRONMENTAL	
SANCO / C / 4	

JS

Mr. Jürgen Schefflein
European Commission
Directorate-general for Health and Consumer Protection
Unit C/2 "Health Information"
L-2920 Luxembourg

March 29th, 2006

Dear Mr. Schefflein,

Re: *Green paper: Improving the mental health of the population*

DG SANCO n A / <i>490368</i>
05. 04. 2006
Deadline:
File: <i>Point of Health Care Action</i>
DG DDG 01 02 A B C D E F

C4

I write on behalf of Eurocarers to share some of our comments on the Commission Green paper on mental health.

Eurocarers is a European organisation with the aim to advance informal care and represent and act on behalf of all carers (and their organisations), irrespective of the particular health need of the person they are caring for. Informal care can be defined as care provided to persons suffering from chronic illness, disability or other long lasting health or care needs by someone outside a professional or formal framework.

Among our principal aims are

1. the exchange, gathering and dissemination of experience, expertise and good practice, as well as innovations.
2. contributing to policy development at national as well as European level supported by evidence-based research by acting as a voice for carers and advocating on issues relevant to carers

First of all, we would like to express our appreciation of this Commission initiative (taken despite the limited EU remit in the field of health), which provides the opportunity for stakeholders across the EU to express their views and ideas and to become actively involved with EU policy development in this crucial area. The Commission's recognition of the fact that mental health of the EU-population could be improved considerably, leading to the establishment of an EU-Strategy on Mental Health by the end of 2006 can only be applauded.

We also welcome the Commission's view that mental health is closely linked both to the health and quality of life of citizens as well as to societal prosperity, solidarity and social justice. It is clear that the mental condition of people is determined by a multiplicity of factors, including biological (e.g., genetics, gender), individual (e.g., personal experiences) and economic and environmental (e.g., social status and living conditions). In this respect we are happy to see that the Commission also underlines family and social circumstances (e.g. social support) as one of the factors impacting on mental health.

The fact that more than 27% of adult Europeans are estimated to experience at least one form of mental ill health during any one year, combined with the fact that mental ill health

costs the EU an estimated 3%-4% of GDP (mainly through lost productivity and mental disorders) obviously calls for action in this area. Moreover, the social exclusion, stigmatisation, discrimination or the non-respect of their fundamental rights and dignity are rightly emphasised as important areas to address.

The Commission lists as a first priority the provision of accessible and effective high-quality mental health services. In addition, the need for a comprehensive approach, covering treatment and care, the prevention of mental ill health, the promotion of mental health, efforts to combat stigma and discrimination as well as measures to protect the fundamental rights of people with mental ill health or disability is underlined. Eurocarers also welcomes the statement that more cooperation between the health sector and the other sectors is key and that patient organisations and civil society can play an eminent role in building solutions. Eurocarers is ready to play its part in this respect

We agree with the Commission that there is a need to put in place an EU strategy on mental health, creating a framework for exchange and cooperation between Member States, helping to increase the coherence of actions in different policy sectors and opening up a platform for involving stakeholders including patient and civil society organisations into building solutions.

This is also clearly in line with the main objectives of Eurocarers, which state the need for exchange of information and ideas between the relevant stakeholders and the need for civil society engagement with the development of public policy.

The four priorities proposed as part of an EU strategy (mental health promotion, preventative action, improvement of quality of life and the development of an information, research and knowledge system) are all important; so are the specific action lines under each of these. However, there does not seem to be a specific reference to the provision of and access to quality care and adequate rehabilitation for people suffering from mental illness, and we view this as a serious omission. Provision of and access to quality care and rehabilitation is a crucial element in improving the quality of life of those suffering from mental illness as well as to the road to improving mental health, and a future strategy should address these vital elements: promotion, prevention, treatment, care and rehabilitation are all part of the health continuum. Any future strategy should take all five parts into account.

The de-institutionalisation of mental health services and the establishment of services in primary care and community centres indicates the need for a partnership in care which respects the needs of the patient and their family carers.

The options for actions mentioned (in terms of seeking solution under section 6) do not refer to mental health issues relating to the long term care and management of services for people with psychotic disorders, Alzheimer's disease and people with learning disabilities who exhibit challenging behaviour and Eurocarers feels this ought to be addressed.

In this respect, Eurocarers would like to stress the importance of informal care and informal carers to the quality of life of persons suffering from mental illness.

Throughout Europe, the majority of care for people of all ages is provided by informal care, provided by families, friends and volunteers.

The role of informal carers has always been important and so have policies and arrangements to support their efforts. Consequently, over the past years various initiatives have been taken in various countries that have been instrumental in improving the situation of carers, e.g. formalised carers leave and respite services.

However, much remains to be done to improve the situation, to ensure the sustainability of these improvements, to support carers and to safeguard their rights and interests. Some of these issues can be captured under the following headings:

- ✓ Apart from the social and economic recognition of the contribution of carers, the question of the status and adequate financial compensation remain critical elements

- ✓ The low social value and status and conditions of "employment" of those that carry out informal or formal care work is a fundamental issue, and is identified as one of the reasons behind the lack of recognition of carers.
- ✓ While recognising the family carer as a provider of care services, there is also a need to acknowledge that the family carer may also require support and services due to the demands of caring. Family carers experience high levels of stress and have been identified as an "at risk" group in terms of their own physical and mental health care needs.
- ✓ In many of the EU countries, family carers are largely invisible and unrecognised. Therefore, it is imperative to support advocacy structures, locally, nationally and at the European level, which can give voice and visibility to family carers.
- ✓ A range of support services are needed for family carers and the cared for, e.g. respite care, information, practical help, support from self-help groups, training opportunities on caring. In other words, an infrastructure of care to support family carers needs to be put in place.
- ✓ Finally, studies have pointed out that financial support for family carers is a fundamental issue in order to reduce long-term poverty, especially social insurance (against accidents, health, pensions).

Eurocarers would therefore like to reiterate the need for informal care to be viewed as a crucial part of the provision of quality care for persons suffering from mental illness. Their issues should be taken into account as an inherent part of the specific initiatives the Commission will be taking in relation to mental health (i.e. creating a dialogue with Member States on mental health, launching an EU-Platform on mental health and developing an interface between policy and research on mental health).

We are currently actively engaging in the process of developing a strong European network and we hope to be closely involved with European policy development – including in relation to care provided to persons suffering from mental illness.

Yours sincerely,

Brigid Barron

Brigid Barron
President Eurocarers

c/o
Caring for Carers National Headquarters
2 Carmody Street
Ennis
Co. Clare, Ireland

This paper represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.