

Green Paper on Mental Health
Improving the mental health of the population: Towards a Strategy on mental health for the European Union

1. Gamian-Europe welcomes with pleasure the green paper on mental health: "Improving the mental health of the population: Towards a Strategy on mental health for the European Union" and congratulates the Commission for taking this step following so soon after the WHO Ministerial Meeting in Helsinki in January 2005. Through this action the European Commission is acknowledging the impact and burden of mental health problems on individuals, communities and society in general and it is placing mental health as a priority on its agenda.
2. The paper appears to be making three assumptions, that:
 - (a) countries are homogenous and so ignoring that diverse and complex structures which are often the reality in terms of religion, culture, social set ups and politics;
 - (b) all Governments recognise the importance of mental health and that this is a priority for them. In many countries it is the NGOs who are giving priority to mental health problems, very often with little or no support from governments; and
 - (c) the strategy will lead to a lesser disparity in mental health services between EU member states. There is major disparity in mental health services between EU member states and this reality has to be taken on board when the implementation plan of the strategy is being prepared.
3. The mental health strategy has to move away from these assumptions. It has to clearly acknowledge the complexities of communities making up countries and the European Union. It has to acknowledge the needs of the individuals, communities and societies it is addressing and it has include in it a plan for reducing the disparity in the provision of mental health services which exists between the EU members states.
4. The Commission's belief that mental health is a priority will become concrete only if the strategy once developed is coherent, its implementation is well costed and resources are made available. The financing of the action plan (EU and National Government contributions) has to be determined at the EU level. The strategy needs to be owned not only by the Ministers of Health but by Ministers responsible for Social Affairs, Housing, Employment and Education, amongst others, in view of the fact that mental health is complex in nature and social needs are critical in prevention, recovery and citizenship.
5. The Strategy has also to streamline mental health services in order to ensure effective outcomes. An example of streamlining is post natal depression, understanding childhood development, emotional stability, educational achievements, employment outcomes and health.
6. The Strategy should clearly integrate mental health policy within health policy. In this way stigma connected to mental ill health will be eliminated. An anti-stigma campaign on mental health issues is crucial in helping individuals seek treatment

- early as has happened with other illnesses such as AIDS and Cancer. The campaign needs to involve the media actively in view of the fact that the media is one of the major propagators of stigma on issues related to mental illness.
7. Mental Health Promotion and Mental Ill Health Prevention Programmes are to be given more importance in the Strategy. These programmes together with user friendly Information Dissemination Programmes about mental health issues are to form part of a spectrum of programmes. The EU should produce a comprehensive guide on best practice, training tools and audit protocols.
 8. Equity of Access to treatment for persons experiencing mental illness is to be the same as that for persons with a physical illness. The Strategy has to recognise that treatment is not only pharmacological treatment. Psychotherapeutic treatment, self management and self help as well as alternative therapy form a concrete part of the treatment package. Choice and availability of treatments have to be acknowledged as is the right to access to newer and better medications with fewer side effects.
 9. Structural and legal frameworks must be given priority within the strategy in order to ensure that the human rights of people with mental health problems and that of their family/carers are protected. Many EU member states, whilst having legislation which appears to conform to EU legislation, are not implementing the said legislation and human rights are therefore violated. The monitoring of the implementation of legislation to tackle discrimination and human rights should therefore be EU lead and not left to National Governments.
 10. Whilst NGOs appear to be given importance in the green paper, the strategy needs to provide concrete steps for their active involvement in policy development, implementation of services, research and evaluation programmes at National levels. The Strategy should also look toward the financial support of NGOs. At the European level the EU-platform Mental Health should include patient representatives.
 11. Areas which require attention in the strategy and which are not mentioned or there is very little mention to them in the green paper are:
 - Serious mental illnesses such as Schizophrenia and Bipolar Disorder. Unless these illnesses are specified governments may concentrate solely on depression, work related stress, alcohol abuse and suicide to the exclusion of all other types of serious mental illness and so exclude and discriminate against many persons who are experiencing these forms of mental illness.
 - Suicide in Prisons
 - Mental health issues related to refugees and asylum seekers and the impact on local resources
 12. In view of the complexities of the strategy and its implementation, as well as its monitoring it is advisable that an EU Directorate for Mental Health is set up. The Directorate would inspect, monitor and report on the progress of each member state and publish an annual report on its findings.

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.