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„Promoting the Mental Health of the Population. Towards a Strategy on Mental health for the European Union” (a)

Comments, 31st May, 2006, Baiju A. Khanchandani, DC

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The opportunity to contribute to the formulation of strategy on mental health at Community-level is welcomed. The Green Paper fully illustrates the extent of the problem and the impact on prosperity, solidarity and social justice, particularly in the light of the WHO European Ministerial Conference on Mental Health. The first priority is to provide effective and high-quality mental health care and treatment services. In line with the comprehensive approach outlined in the WHO strategy, many new and innovative professions can be considered for integration into health care systems.

The exchange of information is important in order to establish best practice and benchmarking. Efforts to seek ideas from other areas of activity not only in EU programmes but WHO initiatives are encouraged. The WHO Strategy for Traditional Medicine and Complementary and Alternative Medicine (1) is a resource that could be consulted and reproduced at a European level.

Many non-conventional and non-medical health care professions are consulted by patients across Europe, acupuncture, chiropractic, eye movement desensitisation, are just examples (2). Acupuncture and chiropractic are described and detailed in respective WHO Guidelines, and are regulated in many jurisdictions (3). Patients avail of these approaches in large numbers (4). Conventional practitioners such as psychiatrists and psychotherapists are not always informed by patients when they consult other practitioners. (5) Improved integration of new professions into mental health care strategy in Europe would be of benefit to patients and citizens.

Cooperation and synergy between professions would result in research and innovation for the future: Neuromusculoskeletal disorders are often associated with psychosocial functioning; psychiatrists work with rheumatologists (6); chiropractors in the field of neurobehavioral disorders of childhood (7). A holistic approach in health care is a trend that brings professions naturally closer: posture and equilibrium abnormalities have been noted in behavioural eating disorders (8). Patient satisfaction with approaches such as chiropractic is very high and stakeholders such as these are qualified in health promotion and improvement in Life Quality (9). They are a resource to be harnessed and actively involved in the development and implementation of health policy and to correct inequality of access (10).

Obstacles to the integration and involvement of new professions in health care have been identified by the OECD (11). Creating a dialogue with member states on mental health should entail noting the considerations in this report; the EU-Platform on Mental Health should be encouraged to cast its net wide for new and innovative approaches; and the Action Plan should actively recruit smaller research departments where complementary and alternative health care is often to be found, for inclusion and consideration in the development of an interface between policy and research on mental health. (12)

EC Green Paper, mental health, comments, 31-05-2006, Baiju A. Khanchandani, References

a) Links to Green Paper

http://europa.eu.int/comm/health/ph_determinants/life_style/mental/green_paper/consultation_en.htm

http://ec.europa.eu/comm/health/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf

1) WHO Department in Traditional Medicine and Complementary and Alternative Medicine (TM/CAM)

<http://www.who.int/medicines/publications/traditionalpolicy/en/index.html>

http://whqlibdoc.who.int/hq/2002/WHO_EDM_TRM_2002.1.pdf

2a) Elkins G, Rajab MH, Marcus J. Complementary and alternative medicine use by psychiatric inpatients. *Psychol Rep.* 2005 Feb;96(1):163-6.

2b) Simon GE, Cherkin DC, Sherman KJ, Eisenberg DM, Deyo RA, Davis RB.

Mental health visits to complementary and alternative medicine providers.

Gen Hosp Psychiatry. 2004 May-Jun;26(3):171-7.

2c) Kessler R, Soukup J, Davis R, et al. The use of complementary and alternative therapies to treat anxiety and depression in the United States. *American Journal of Psychiatry*, February 2001: 158, pp. 289-294

2d) Druss BG, Rosenheck RA. Use of practitioner-based complementary therapies by persons reporting mental conditions in the United States. *Arch Gen Psychiatry* 2000 Jul; 57 (7): 708-14

2d) Marquis J. A report on seventy-eight case treated by eye movement desensitisation. *J of Behaviour Therapy and Experimental Psychiatry* 22 (1991): 187-192.

3) WHO guidelines on basic training and safety in chiropractic

<http://www.who.int/medicines/areas/traditional/Chiro-Guidelines.pdf>

4a) Raschetti, Menniti, Ippolito, Foroela, Bologna, Sebastiani, Sabbadini. Le terapie non-convenzionali in Italia: I primi dati. *Notiziario ISS – Vol 14 n.7/8, Luglio/Agosto 2001*

4b) House of Lords, Science and Technology - Sixth Report, session 1999-2000

<http://www.publications.parliament.uk/pa/ld199900/ldselect/ldsctech/123/12301.htm>

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6b) Ospedale Le Molinette di Torino. *Psichiatria 2* (Vincenzo Villari), *Reumatologia* (Vittorio Modena). *Sanità, Il Sole 24 Ore*, 20-26 Sept, 2005

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6c) Li Wang MS, Larson EB, Bowen JD, van Belle G. Performance-based physical function and future dementia in older people. *Arch Intern med.* 2006; 166: 1115-1120.

7) Melillo R, Leisman G. Neurobehavioural Disorders of Childhood. An Evolutionary Perspective. Kluwer Academic/Plenum Publishers. 2004

8a) Kopec JA, Sayre EC, Esdaile JM. Predictors of back pain in a general population cohort. *Spine*, Jan. 1, 2004;29(1):70-78

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8c) Yaffe K, Browner W, Cauley J et al. Association between bone mineral density and cognitive decline in older women. *Journal of the American Geriatric Society*, 1999: Vol. 47, pp1176-1182.

9a) Hurwitz, Morgenstern. Satisfaction as a Predictor of Clinical Outcomes Among Chiropractic and Medical Patients Enrolled in the UCLA Low Back Pain Study. *SPINE* Volume 30, N.19, pp2121-2128

9b) Secor ER, Markow MJ, Mackenzie J, Thrall RS. Implementation of outcome measure in a complementary and alternative medicine clinic: evidence of decreased pain and improved quality of life. *J Altern Complement Med.* 2004 Jun, 10 (3): 506-13

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10) Cuaffield JS. The psychosocial aspects of complementary and alternative medicine. *Pharmacotherapy.* 2000 Nov,20 (11): 1289-9

11) OECD Competition Committee Roundtable. Enhancing Beneficial Competition in the Health Professions. 16 December 2005. <http://www.oecd.org/dataoecd/7/55/35910986.pdf>

12) Chiropractic Resources:
Associazione Italiana Chiropratici, www.associazionechiropratici.it

European Chiropractors' Union, www.chiropractic-ecu.org, represents 18 European national chiropractic associations; is a member of EPHA; member of the EU Health Policy Forum; Bone and Joint Decade organisation; and a regional representative to the WFC.

World Federation of Chiropractic, www.wfc.org, affiliated to the WHO

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