Green Paper
Improving the mental health of the population: Towards a strategy on mental health for the European Union

In the first instance I would like to take this opportunity to welcome the initial development of a European mental health strategy as a timely and relevant issue for the whole of the European Union. As the Strategy clearly demonstrates, approximately 28% of the EU population are affected by the range of mental illnesses. This is by any standard a significant sector of the community. Mental illnesses range in their effects from unpleasant thoughts and feelings, to the severely disabling. Throughout this wide range of experiences a commonality of social exclusion pervades. It is unacceptable that in the 21st century fear and stigma predominates societies response to the mentally ill, prompting legal frameworks couched in the principles of compulsion that can over ride capacitous decisions. The decision to improve services and dispel the common myths surrounding mental illness is to be congratulated and encouraged. The introduction of an EU Strategy has the potential to make a real difference to the quality of care, reduction of stigma and improve social inclusion for those who experience mental ill health for people of all ages living within the European Union.

Whilst reference is made at various points in the Strategy to mental health difficulties for all ages, it was disappointing that the main thrust of the Strategy focuses on working age adults experiencing the range of reactive depressive disorders. Given that this population is the focus of the paper, it is fitting and appropriate that the proposed strategies are centred on health promotion and primary care interventions. Full support is given to a strategy which aims to improve the care and experiences of this significant population; however concern regarding where the workforce to attend to this work will be drawn from must be expressed. Recruitment and retention of the mental health workforce is already known to be an area of difficulty, with clinicians being over stretched to provide a basic service for those subject to secondary mental health care. Concerns are also to be extended that the relatively small (6.1% as shown in annex 2) population, who experience a severe and enduring mental illness along side those who sit at either end of the age spectrum, will be disadvantaged by this focus.

Additional areas for concern are that the Strategy underpins its direction with non-comparable evidence e.g. Estimated number of subjects in the general EU population (age 18-65) affected by mental disorders within the past 12 months (2005) and, Standardised death rates for suicide per 100,000 people across EU Member States in 2002.

Suicide, it must also be noted, is not a guarantee of mental illness, therefore unless suicides are recorded as being directly related to an individual's mental ill heath the figures remain meaningless when compared to the incidence of diagnosed mental illness, or utilised to underpin mental health strategies.

It would appear that the reader is to compare estimated incidences of mental illness in working age adults against actual incidents of suicide in the general population, and in

different years with no frame of reference to social or economic factors e.g. war or unemployment. It would be far more reassuring if the Strategy were to be underpinned by more robust evidence and a minimum of 5 year on year comparisons to aid identification of emerging trends on which the Strategy could prove influential in addressing.

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

The development of an EU strategy is relevant to the population. It is considered that insufficient emphasis has been afforded to the issues of stigma, discrimination, rights and dignity within the body of the Strategy. The document reads with a clear emphasis placed on attending to the effects on productivity and Member States economy of the management and treatment of those working age adults experiencing depressive disorders.

The Strategy would benefit if from the out set it was made clear on the face of the document that this is a Strategy for all ages.

Greater emphasis needs to be placed upon the role of purposeful and meaningful occupation rather than on the role of paid employment as a key indicator of addressing the needs and improving the social inclusion of those who experience mental ill health across the EU. Value of the individuals' contribution to the community should not be dependent upon the ability to work. If the focus remains on paid employment as the indicator then there is a real danger of creating an additional sub-group of the socially excluded, mentally ill as an underclass of society.

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?

The proposals do go some way to establishing a baseline for mental health services across the EU. It is recognised that that standards and the priority afforded to mental health care within each of the Member States varies considerably and that this is related to a great many factors beyond the control of the Strategy.

An EU strategy could support and provide direction in the establishment of equity in care and standards of qualifications in mental health care across the EU. This would have the effect of driving up standards of care, experiences of mental health by service users, and facilitating a freer movement of clinicians across the EU by ensuring equity and parity in the competencies of clinicians.

This section provides a clear platform and a prime opportunity to emphasise the benefits of an all age relevant E.U. Strategy. A greater focus on social inclusion in its most broad sense should be emphasised as value added benefits of this proposed work stream.

Social Inclusion should sit separately from the protection of rights and dignity. Their being sited together minimises the thrust of social inclusion to the benefit of legislative frameworks such as the ECHR and individual Member States mental health and capacity related legislation. These are clearly separate issues with differing interests.

Are the initiatives proposed in section 6 and 7 appropriate to support the co-ordination 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?

Whilst there are a range of initiatives proposed through section 6 their focus is not nearly wide enough. In addition the use of the term "most serious health problems" (6.1.2) when referring to depressive disorders is questionable. This is not to minimise the impact at both a personal level and that of a national economic impact, but it should be recognised that the majority of depressive illnesses are transient in nature. They are not enduring. The majority of those experiencing depressive disorders make a full recovery, unlike those people who experience a psychotic illness, for which life long treatment is required.

At the outset the strategy talks about the undesirable effects of stigma, discrimination and non-respect for the human rights and the dignity of the mentally ill, yet in section 6 the solutions concentrate upon treatments and interventions that are done to the service user, not negotiated and developed in an atmosphere or to a philosophy of empowerment and collaboration. The proposed initiatives do not afford sufficient attention to skills acquisition, empowerment and enablement as central to interventions. This direction further adds to the sense that the underlying aim of the Strategy is to address the issue of the economic impact of mental ill health on Member States.

Whilst the Strategy attends most significantly to the problems relating to those who are experiencing either a depressive illness or some form of substance misuse it fails to address the problems related to those who experience psychotic illnesses. These illnesses are enduring in nature produce some of the most disabling symptoms, highest risk factors and are the least well understood by the general population, therefore carrying the greatest level of stigma and discrimination. Given that the aim of the Strategy is cited as "Improving the Mental Health of the Population" it is therefore unfortunate that the Strategy fails to attend to this significant population who attract the most expensive services, treatments and are the most difficult to engage.

It is recognised that there have been significant advances and funding attached to the treatment of those with substance misuse problems. Unfortunately strategies have focused, almost exclusively upon interventions for those people who misuse class A illicit substances. It is far more common that people experiencing mental health difficulties will be misusing alcohol and/or class C and B illicit substances, both of which have a level of social acceptability. A strategy that recognises the breadth of this problem could have a significant impact on both funding of services and health

promotion for the general population. Both of which would be expected to have positive effects on the management of the mental health of Member States.

It is disappointing that the Strategy suggests nothing new in terms of solutions or direction to addressing long standing unresolved issue of the integration of mental health into the health and non-health policies for the UK. It is however accepted that this Strategy will be a rich source of support and direction to other Member States with less well developed mental health services and policies.

The content focuses on primary care and fails to address the needs of secondary and tertiary mental health care across the full age ranges. There would be tremendous benefit to Member States if this omission in the Strategy were to be considered for further development needs of what is potentially a positive step in mental health care for the population of the European Union.

In conclusion, the development of an EU Strategy to Improve the Mental Health of the Population is most welcome and timely. The Green Paper is a significant starting point in addressing the enormity of the impact of mental illness on the population of the European Union, and the diversity of standards across the European Union Member States, but it should be seen as a starting point.

There are many areas that require further attention, not least of which is the broadening of the focus of the Strategy to mental health as a whole, and removing the almost exclusive focus on depressive illness. There is also a greater role for social inclusion and the broadening of productivity from paid employment to meaningful occupation within the Strategy.

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