

Response NIZW to Green Paper
Improving Mental Health of the population
Towards a strategy on mental health for the European Union
COM (2005) 484

On behalf of the Netherlands Institute for Care and Welfare, we send you our response on the Green Paper "Improving the mental health of the population" (COM (2005) 484).

First, we want to express our appreciation of the general content of this Green Paper as well as of the method used by the European Commission. As described in the introduction of the Green Paper, the aim of the EC is to launch a debate with the relevant stakeholders and citizens of Europe. By doing so, the EC is providing the opportunity for each citizen to express his/her views and become actively involved in the policy development in this area. It goes without saying that we applaud this open approach.

Content wise, we welcome the initiative to highlight the importance of mental health and to study how a strategy of mental health is best developed. It is common knowledge and clearly stated in the Green Paper that mental health deserves special attention on both national level and European level. Within the Green Paper, a number of important and necessary notions are formulated. The NIZW appreciates the fact that the EU is willing to contribute to the implementation of the WHO Euro Mental Health Declaration. This will lead to a good collaboration between the EU and the WHO Euro on this topic. However, the Green Paper is not completely linked up with the WHO-Euro Strategy. The Green Paper does not deal with several important items of the WHO Strategy. Unfortunately the Green Paper does not explain why and with what arguments some items are adopted and others are not. We see this as a lost opportunity. The WHO Strategy is supported as a common framework for policy development by relevant stakeholders as well as by the Member States of the WHO-Euro. We think it should be endorsed in its entirety.

Section five of the Green Paper mentions that an EU strategy on mental health would add value by creating a framework for exchange and cooperation between Member States. This can become a highly effective mechanism to increase mental health within the EU, but requires a clear commitment



On the Member States, NIZW hopes that the Green Paper can contribute to creating such a commitment.

In this respect, it is striking that no connection is made between this Green Paper and the streamlined Open Method of Coordination on Social Protection and Inclusion (OMC). Some instruments or methods mentioned in the Green Paper, such as the development of indicators and the exchange of good practices, are comparable with the instruments in the OMC. Content wise there is an overlap between the Green Paper and the streamlined OMC on items as social inclusion, health care and long term care. With regard to health care and long term care, the OMC is focussing on access, quality and financial sustainability. These aspects are also mentioned in the Green Paper.

Therefore, we fear that the lack of coherence between this Green Paper and the OMC will lead to less efficiency and may cause overlap between the two processes.

In line with the WHO-Euro Strategy, the EC is striving for a comprehensive approach. Such an approach should involve many actors, including health and non-health policy sectors and stakeholders. The analysis of the EC shows the (growing) impact of decisions of non-health policy on (the promotion of) mental health of the population. Therefore, the NIZW is hoping that this Green Paper will contribute to a broad and integrated approach which goes beyond the policy field of health and health care.

The NIZW supports the intention of the EC to make more financial resources available for mental health, for example via the Framework Programme, and to assess how structural funds can be used better to improve long term care facilities (including some parts of mental health care) and health infrastructure in the field of mental health.

The Green Paper describes an environment in which a variety of actors such as (health and non-health) policy makers, experts and stakeholders and representatives of civil society including patient organisations are working together trying to solve problems. The launching of an EU platform on mental health is an example of this environment. It goes without saying that we support this EU platform. We certainly hope that this platform will be open to national expert/knowledge institutes in the field of mental health. On this point, a connection with the OMC can also be made.

The EC proposes that an EU strategy should focus on four aspects (page 8). In the elaboration of these four aspects, several items are mentioned which are supported by the NIZW. For example, within the Green Paper the promotion of mental health for older people is one of the options for action.

The EC acknowledges the relation between old age and the increase of mental ill health by naming stressors such as decreasing functional capacity and social isolation. The EC also draws attention to the negative effect of late life-depression and age-related neuro-psychiatric conditions, such as dementia, on the mental health of older people.

Nevertheless, NIZW feels that there is not enough focus in the Green Paper on the prevention of old age related mental health problems. From that perspective the Green Paper only mentions the preventive effect of physical activity by reducing depressive symptoms. Of course prevention of old age related problems can be done through a range of activities. One should not only take notice of the preventive effect of physical activity; it is also essential to pay attention to the preventive effect of elements such as nutrition, lifestyles, early detection of chronic diseases, self management and social inclusion.

In some countries, initiatives are taken to create integrated care for people with dementia. These initiatives are not only focussing on the delivery of care and support but also on elements such as early detection of dementia, specific targeted information systems, self management, the support of the informal carer and social activities. The effect of early detection of dementia is missing in the Green Paper. Early detection in combination with a suitable follow up will increase the wellbeing of people and therefore the quality of life.

NIZW is supporting the aim of the Green Paper to change the paradigm. We support the notion that deinstitutionalisation of mental health services and the establishment of services in primary care, community centres and general hospitals, in line with patient and family/friends needs, will support social inclusion. Particularly, we believe that strengthening primary care is an important strategy to offer comprehensive community based services: preventive, curative and care, including social support. We suggest that the Green Paper integrates the strengthening of primary care as one of its priorities.

However, in strengthening this paradigm shift, the NIZW wants to warn for a change in institutionalism from the mental health sector to the judicial sector, as was highlighted in a 2004 study.¹ Therefore, the NIZW would like to draw attention to the need of an integrated approach.

This approach should also include informal carers. However, the Green Paper hardly pays attention to the role and position of informal carers, which is more surprising since especially informal carers are given a key position in another EC-Green Paper – Confronting demographic change (COM (2005) 94). Within the WHO-Euro strategy, it is stated that it is necessary to “recognize the experience and knowledge of service users and carers as an important basis for planning and developing services.” The WHO-Euro Strategy is breaking a lance to use the expertise of the services user and their carers in decision-making processes on every level and calls upon Member States to support organisations representing informal carers. The WHO-Euro strategy also underlines the importance of offering assessment of the emotional and economic needs to carers and families. At last, the WHO strategy sees the need to design programmes to develop the caring and coping skills and competencies of

¹ Priebe, S.; Badesconyi, A, et.al. Reinstitutionalisation in mental health care: comparison of data on service provision from six European countries. *BMJ*, 2005, 330, 123-126

families and carers. As far as the WHO is concerned, this is necessary in order to create the opportunity for informal carers to continue their essential role in health care.

Furthermore, we would like to draw your attention to gender-related aspects of mental health, and especially mental health in old age. Not only the (informal) workforce is mainly female, but the demand for care due to mental health problems in old age is also mainly female. This fact should not only reflect itself in the Green Paper, but could also feed back into the recent Gender Pact and the Roadmap for Gender equality.

Furthermore a special issue would be the non-discriminatory approach of the EU in its thinking about mental health and cultural minorities. It is becoming increasingly clear that mental health problems are not easily tackled by the existing health(care) infrastructures as these fail to recognize or acknowledge the special components related to the mental health(care) of for instance migrants and fugitives.

Last but not least, NIZW misses the connection between this Green Paper and the Green Paper – Confronting demographic change. The effect of the demographic change on mental health is not clearly elaborated in this Green Paper. It is inevitable that the demographic changes will lead to an increase of old age related problems (such as increasing numbers of people with dementia, late life-depression and CVA) and therefore will lead to an increasing demand for mental health care. At the same time, a decrease of workforce in general and especially for health care and the long term care is predicted. This sector will face an increasing competition of workforce with other sectors on the labour market. Therefore, the WHO strategy is addressing the need for a competent workforce as one of the five priorities. We urge the EC to include activities in the strategy which ensure a competent and well-equipped professional workforce as well as a care for informal carers. We hope that within the development on mental health policy, as well as in the discussion on the demographic changes in future more attention will be paid to this problem and its consequences.

With this response, NIZW certainly hopes to play a constructive and positive part in the debate. As mentioned before we feel that it is necessary to continue this debate and we are more than willing to contribute.

Yours sincerely,

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ANNEX About NIZW

The Netherlands Institute for Care and Welfare (NIZW) is an independent not-for profit organization dedicated to quality and innovation of the care and welfare sector in the Netherlands. This sector employs over 750,000 professionals and many volunteers in areas such as childcare, social services, community work, service provision to the elderly, youth care, informal care, residential and nursing homes, home care and care for the disabled. Institutions outside the sector, such as social services, employment services, housing associations, the police and schools also appeal increasingly to the NIZW for information and support.

NIZW informs, innovates and supports the sector and thus contributes to a caring society, in which citizens' personal responsibility and freedom of choice come first. NIZW's work is a combination of research, development and implementation, which enables NIZW to supervise and support innovations and improvements from start to end of projects. This results in products such as advice, process support, training courses, conferences, publications, websites, and videos. NIZW's activities take place within the centres NIZW Youth, NIZW Care, NIZW Social Policy, NIZW professionalization, NIZW International Centre and ZZW. NIZW Care and NIZW International Centre prepared this response on behalf of the NIZW.

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