

The Royal College of Psychiatrists: Response to the European Commission Green Paper on Improving the Mental Health of the Population: Towards a Strategy on Mental Health for the European Union

For the Select Committee on the European Union: Sub-Committee G (Social Policy & Consumer Affairs)

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and the Republic of Ireland and is the professional and educational organisation for doctors specialising in psychiatry.

The Royal College of Psychiatrists warmly welcomes this Green Paper as a prospective contribution to the WHO Declaration and Action Plan, and commends the work that has been done to develop and promote the strategy.

The case for an integrated mental health strategy is well made in the paper, and the dual emphasis upon promotion of positive mental wellbeing and the prevention and treatment of mental illness is strongly supported. Pressures to which every fourth citizen succumbs at some stage must be so prevalent that they are felt by almost everyone. The strategy should therefore include the right mix of measures for improving the mental health of the whole population, and for providing a social, psychological or medical remedy for groups of people who are particularly at risk of incapacitating mental illnesses.

Responsibility for detecting and responding to mental ill health is shared not only between patients and health workers, but also by staff in social, educational, occupational, housing, criminal justice and other settings – and of course by their carers and by members of the public. All of these people need to understand their roles and feel able to act.

In most countries individuals and agencies who are striving to improve the lot of those with mental health problems experience a lack of political and financial resource. The mental health lobby is small in comparison with its competitors. Where mental health is a part of general health provision it is our experience that it will rarely come first on the list for action. Unfortunately, negative attitudes or indifference towards the care of people with mental health problems is often as commonplace amongst health workers and administrators as in the general population. This EU strategy should help to overcome those barriers to progress. The College therefore particularly welcomes the suggestion that a stakeholder's platform be set up to provide an opportunity for views and expertise to be received, in the expectation that support and empowerment will be returned.

The Green Paper includes two proposals for Council Recommendations, which address the numerically largest groups affected:

A Council Recommendation on the promotion of mental health should encourage positive attitudes towards social and family cohesion, and creativity and empowerment within society as a whole. There is a common view that modern lifestyles are becoming less conducive to a sense of well-being and therefore to good mental health. The strategy cannot ignore that view, but should actively investigate these conflicted issues, and within its competency create a practical framework of mechanisms for change.

A Council Recommendation on the reduction of depression and suicidal behaviour would have the potential to influence the largest diagnostic group, as well as those who are most at risk – and suicide and deliberate self harm rates are elevated in all mental

illnesses. There is now enough reliable evidence upon which to base strategic decisions. As indicated in the Green Paper, new strategies for prevention can be built upon practices that have proven effectiveness, in different States, various age groups and in diverse settings.

So far as treatment is concerned, at the base of the pyramid of severity of depression, psychosocial interventions and lifestyle changes may be recommended by a range of people with limited specialist training. However there is a shortage of professionals able to treat moderately severe cases, for whom the initial treatment of choice is formalised psychological therapy such as a cognitive behavioural approach.

Treatment of severe depression and other mental illnesses may require medical and nursing care in hospital, not least to preserve the physical health and safety of patients and those around them until their mental state improves. Reliance upon hospitalisation varies between Member States. Although the College supports the least restrictive approaches to care, and is fully aware of the potential for institutionalisation and ill-treatment in badly run hospitals, nevertheless a balance must be struck, for closing hospital facilities without adequate alternatives can result in increased risk and stigmatisation in the community, and effective re-incarceration in 'mini-institutions'.

The College's responses to the three consultation questions are as follows:

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

Mental health is highly relevant to the EU's strategic policy objectives, and the EC is well placed to make a number of valuable interventions.

The *need* for change is well summarised in Section 1, and the secondary *benefits* of improved mental health to other policy areas, including economics, are enumerated and clear. We wish to emphasise also the increasing *capacity* for change, due not least to the recent expansion in knowledge about mental health and mental illness: about risk and protective factors, primary, secondary and tertiary prevention, and improvements in a wide range of medical treatments and psychological therapies. This more optimistic view of what can be done to relieve mental health problems and improve recovery is slowly replacing traditional associations with sequestered custodial care. A wide-reaching and authoritative strategy, with an effective means of dissemination, should accelerate the acceptance of this positive view.

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 College agrees that added value would flow most readily from initiatives that facilitate inter-agency and inter-state collaboration; co-ordinate parallel developments between policy areas; and facilitate the provision of appropriate information for users at all organisational levels.

Satisfactory mental health in a community will depend in part upon economic and political stability and on settings that promote family life, good schooling, cohesion, rewarding work and care of the elderly. The strategy should encourage the richness of local diversity as well as offering standard approaches.

The College also agrees that provision of effective mental health care is a first priority, and suggests that the strategy should address the problems faced by all Member States in setting realistic threshold criteria for entry to services. Although states are exclusively competent for organisation of their own mental health care and psychiatric services,

nonetheless supportive actions might be taken by the EC to promote discussion and understanding of the principles involved. Those most mildly affected by mental health problems often have the greater personal resources, are the most articulate, and the most numerous; while the long term severely mentally ill have the greatest need. Variations in local prevalence and social deprivation should also affect the distribution of services. This introduces particular pressures upon state intervention. Added value would accrue from shared research and development on epidemiology and resourcing mechanisms.

As indicated in Section 4.1 of the Green Paper, recent Community initiatives on mental health have so far arisen independently from a variety of policy areas. The strategy should not hinder such initiatives from arising wherever they are required. However, there is a risk that a series of independently-generated projects will not fully cover the ground, that efforts may be duplicated, and that initiatives may turn out to be incompatible. The College therefore strongly supports the plan for a single integrating strategy, with a strong co-ordinating influence.

Such a complex strategy must nonetheless be structured into a number of elements, and the question arises as to whether those should be denoted by existing policy areas. An alternative might be to recognise the differing needs within specific target populations, with sub-strategies (implemented by linked programmes or teams) as follows:

- A. Promoting mental health in the whole population (but separating Children, Adolescents, Adults of Working Age, and Older Adults).
For children, schools programmes, parental support, city planning and dealing with conduct disorders deserve special attention.
The strategy should respond to the increasing age distribution of the population.
- B. Preventing mental illness and its effects in target vulnerable groups, such as:
 - Those with a past or family history of mental illness (including alcohol and drug abuse)
 - Those with a history of psychological trauma (including abuse at any age, combat and terrorism)
 - Those with learning/intellectual disabilities (including specific and pervasive developmental disorders)
 - Those with long-term physical illnesses and disabilities
 - Migrants
 - Prisoners (pre- and post-conviction)
 - Those at risk from discrimination or exploitation

Each programme would need to work across policy areas and consider a number of facets (which may or may not coincide with existing policy) including:

- Promotion and Prevention
- Supporting carers
- Knowledge and Information
- Legislation
- Research
- Training
- Social Inclusion
- Health Economics
- Ethics and Human Rights

The fourth stated priority, the development of a mental health information, research and knowledge system for the EU is a complex and specialised task. Technological advances have implications for many aspects of the organisation and delivery of mental healthcare. They also demand significant financial investment. A European perspective would therefore be extremely valuable.

Each of the specialist programmes would also benefit the Community through joint work with the WHO and Council of Europe.

Are the initiatives proposed in sections 6 and 7 appropriate to support the coordination 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?

The proposed initiatives set an ambitious and far-reaching agenda. The WHO Network of Promoting Hospitals and the European Alliance against Depression seem to provide good examples.

Co-ordination between Member States should take place at all levels and the proposals in Section 7 seem likely to ensure that.

Integration of mental health into general health and non-health policies would be assisted by a strengthened central Mental Health presence, rather than the domain being represented by a scattering of unconnected projects and stakeholder champions. Hopefully this will provide the energy, breadth of understanding and influence required. Those involved in the strategy may need to avoid becoming fragmented into interest groups corresponding to each policy area.

Successful implementation of the strategy will not occur without extensive training and re-training. This will need to extend through mental health professions to primary and secondary health staff, the wide range of workers already mentioned, to carers and the general public.

Greater clarity is perhaps required in the areas of knowledge and information, and with respect to the goal of improving the liaison between research and policy. The knowledge and information required for setting and monitoring strategies, for managing services, and for patient care are of different types but are frequently inter-dependent - or else they may be presented by using different analysis of the same raw data. Information may be gathered through original research initiated for a set purpose, or as a by-product of routinely collected information. Information is required about mental health problems in general, about services, and about individuals. And it is required by the public, policy makers, commissioners, service managers, care professionals, carers and service users. In view of these inter-dependencies and the difficulty in obtaining good quality data, it may be inappropriate to focus too much upon research and policy.

In conclusion, the College will be keen to be active in publicizing and promoting the policies and initiatives of the proposed EU Strategy.

Written by Dr Martin Elphick, on behalf of:

The Royal College of Psychiatrists
17 Belgrave Square
London SW1X 8PG

Tuesday 16th May 2006

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.