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**GREEN PAPER – “IMPROVING THE MENTAL HEALTH  
OF THE POPULATION: TOWARDS A STRATEGY ON  
MENTAL HEALTH FOR THE EUROPEAN UNION”**

**THE RESPONSE OF THE UNITED KINGDOM  
GOVERNMENT**

**31 MAY 2006**

## **Context**

1. The UK Government and its devolved administrations welcome the European Commission's Green Paper and the opportunity to comment.
2. In the UK, health policy is a devolved function for the Scottish Parliament, the National Assembly for Wales and the Northern Ireland Assembly. Each of these home nations has therefore developed its own strategic approach to mental health. Wales, for example, developed a national strategy in 2001 followed by a national service framework which was revised and republished with an action plan in 2005.
3. This means that we have considered the Green Paper from a position that has made mental health one of the top three clinical priorities across the UK for improvement and reform (along with cancer and coronary heart disease).
4. There are good reasons for giving that level of priority to mental health. For example, in the UK:
  - one in every four family doctor consultations is about a mental health problem;
  - one in six adults report a neurotic disorder at any one time; and
  - over a million of the people out of work and claiming incapacity benefits in England list mental or behavioural illnesses as their main disability.
5. This situation is far from unique - the Green Paper sets out broadly similar figures for the EU as a whole.
6. Raising the priority of mental health has led to some significant changes in mental health care in the UK. In England alone, planned spending on mental health services has risen by over 25 per cent since 1999, and there are 50 per cent more psychiatrists and 20 per cent more psychiatric nurses than in 1997.
7. There are now over 700 new, specialised teams working for mental health outside hospitals in the community. Since the 1990s, we have seen a four-fold increase in the use of modern anti-psychotic medication. The suicide rate in England has fallen to its lowest recorded level. About 75 per cent of mental health patients rate the care they receive as either good, very good or excellent.
8. So, as the Green Paper says (section 1, page 3), improvement is possible. But while real progress has been made, we know that there is much more to do.
9. Social exclusion, discrimination and stigma still add to the suffering of people with mental health problems (and of those close to them). Less than a quarter of adults with long-term mental health problems are in work. They are

nearly three times more likely to be in debt, and can struggle for basic requirements of modern life like good housing or transport. There are persistent inequalities in mental health and in services, including those for black and minority ethnic communities. Over 4,000 people still take their own life each year.

10. We believe that services, quality of life and social inclusion for people experiencing mental ill health can all be improved further. We also believe that the promotion of mental health and well-being now needs to embrace whole communities, and move beyond specialised services for those immediately and directly affected.

11. This is why, during the UK Presidency of the EU, Minister of State Rosie Winterton welcomed the Commission's Green Paper as a potentially valuable contribution to our shared objectives for mental health. Our response sets out our views on how the Green Paper could develop into an EU strategy that supports improvements in mental health across Europe.

### **Consultation**

12. Before preparing its response the UK Government invited views from a range of networks representing a diverse selection of governmental and non-governmental agencies, as well as users of mental health services and those who care for them. The general public were able to comment through a web site that also publicised the Commission's own consultation exercise. The UK Government is grateful for the contributions it received and considered them all before producing this response.

### **The Questions**

13. The Green Paper (pages 13 – 14) asks for views on three specific questions that we will address directly.

#### ***A. How relevant is the mental health of the population for the EU's strategic policy objectives?***

14. The Green Paper (page 3) suggests that the most pertinent of these strategic objectives are:

- putting Europe back on the path to long-term prosperity;
- sustaining Europe's commitment to solidarity and social justice; and
- bringing tangible, practical benefits to the quality of life for European citizens.

15. The UK believes that the mental health and well-being of the population are directly relevant to all three of those objectives.

16. The Green Paper itself explains the relationship clearly, and the relationship in the UK is equally clear from facts such as those we set out at the beginning of this document. It has been estimated that the cost of mental

ill-health in the UK is the equivalent of 2 per cent of Gross Domestic Product. Mental illness significantly increases the risk of unemployment, poverty, poor physical health and substance misuse (and vice versa). The injustices of stigma, discrimination and social exclusion are still associated with mental illness and are still blighting the lives of tens of millions of EU citizens and their families.

17. The close relevance of mental health to the EU's wider strategic objectives has implications for the scope of an EU mental health strategy. In particular, it demonstrates the need – recognised by the Green Paper - for an integrated strategy that involves agencies beyond the traditionally perceived boundaries of health and social care. For example:

- a strategy should explicitly support positive action on employment for people with experience of mental ill health – both in terms of their employability and the benefits to mental health of the right kind of work;
- encouraging social inclusion means addressing participation and citizenship in every aspect of community life – including arts, culture, recreation, sport and education; and
- the human rights of those experiencing mental illness may need special attention and protection.

***B. Would the development of a comprehensive EU strategy on mental health add value to the existing and envisaged actions and does section 5 [of the Green Paper] propose adequate priorities?***

#### **Added value**

18. The Green Paper (page 7) suggests that an EU strategy could add value in three ways:

- by creating a framework for exchange and co-operation between Member States;
- by helping to increase the coherence of action in different policy sectors; and
- by opening up a platform for involving stakeholders, including patient and civil society organisations into building solutions.

19. The UK agrees that each of these has potential for added value. We have already expressed the view that an effective mental health strategy needs to engage policy sectors beyond health (including employment, education, inclusion, regeneration and human rights), and the EU is obviously well placed to facilitate that engagement at a European level. This leads to another potential benefit of a strategy – to help raise the profile of mental health and improve understanding of the issues across the EU, its directorates and departments, and Member States.

20. We address the ideas of exchange and co-operation, and of a platform for stakeholders, later in this response.

21. Underlying these questions, though, we believe there are two fundamental tests of whether an EU strategy would add value:

- would it complement, rather than duplicate or confuse, existing European activity on mental health – in particular, the World Health Organisation’s Helsinki Declaration? And
- would it be flexible enough to recognise and accommodate Member States’ varying starting positions, and to support them in addressing their local priorities?

22. The UK is investing significant resources in developing mental health policies and services that match the ambitions of the WHO action plan for mental health in Europe, agreed by Ministers at Helsinki in January 2005. The action plan’s priorities overlap with those that the Green Paper suggests for an EU strategy, including their focus on:

- promotion of good mental health and the prevention of mental ill-health;
- tackling stigma and discrimination; and
- establishing good mental health information.

23. An EU strategy must make sure that this overlap does not result in duplication of effort and confusion over roles and responsibilities, but instead builds efficiency, co-ordination and co-operation around a shared set of objectives.

24. We see no conflict here with the Green Paper’s expressed intentions. We welcome the Green Paper’s description of itself as a contribution to the implementation of the WHO action plan (section 1, page 3). This is also how we believe an EU strategy should be positioned – as a strategy for the practical support that the EU can give to the Helsinki Declaration.

25. To add real value, an EU strategy should offer support to all Member States as they work towards local objectives that are consistent with the strategy (and the WHO plan), even though the choice of priorities, the pace of progress and the resources available for the work may vary between Member States.

26. Again, we see no conflict with the ambitions of the Green Paper. As it says (page 5), Member States are exclusively competent for the organisation of health services, and Community action should complement national policies on health. We also share the Green Paper’s recognition (page 7) that Member States’ diversity makes it impossible to draw simple conclusions or propose uniform solutions.

### **Priorities**

27. The Green Paper (page 8) proposes four priorities for an EU strategy:

- to promote the mental health of all;
- to address mental ill health through preventive action;

- to improve the quality of life of people with mental ill health or disability through social inclusion and the protection of their rights and dignity; and
- to develop a mental health information, research and knowledge system for the EU.

28. These priorities are sufficiently broadly defined to allow for local variations in emphasis. As we have noted, the priorities are also among those of the Helsinki action plan, to which the UK and other Member States are already committed. We believe that confirming unity of purpose between the WHO and the EU in this way is helpful, but that identifying additional - or competing - priorities in an EU strategy would be counter-productive.

29. The UK has agreed to assist the WHO European Office by developing programmes of European work linked to the action plan. The focus for these programmes will be on:

- cross government action to tackle inequalities and reduce social exclusion;
- addressing stigma and discrimination;
- the development and implementation of new service models for community mental health; and
- mental health care research.

30. The emphasis on tackling inequalities and social exclusion is one in particular that we would like an EU strategy to support. The Green Paper acknowledges the issues, and further action to address them would be entirely consistent with the stated priorities of both the Green Paper and the WHO action plan.

***C. Are the initiatives proposed in sections 6 and 7 [of the Green Paper] appropriate to support the co-ordination of mental health into health and non-health policies and stakeholder action, and to better liaise research and policy on mental health aspects?***

31. The initiatives that the Green Paper (pages 8 – 13) proposes are:

- promoting mental health and addressing mental ill health through preventive action;
- promoting the social inclusion of mentally ill or disabled people and protecting their fundamental rights and dignity;
- improving information and knowledge on mental health in the EU;
- creating a dialogue with Member States on mental health;
- launching an EU Platform on mental health; and
- developing an interface between policy and research on mental health.

32. To a large extent these proposals arise naturally from the Green Paper's priorities, which we have already endorsed. We believe that it is

whether, and how, the initiatives are delivered as part of an EU strategy that will determine how much value the strategy adds in practice.

33. Mental health promotion, for example, should recognise the strong relationships between mental health, physical health and general well-being. Effective promotion and prevention should take place in a variety of settings, including communities, schools, universities and workplaces, as well as across the stages of life from childhood to old age. A strategy must also take care not to widen inequalities by inadvertently favouring or discriminating against any sector of society, regardless of factors such as ethnic origin, age or socio-economic status.

34. Promoting social inclusion effectively would provide another opportunity to break down the traditional boundaries between governmental agencies in policy sectors such as housing, employment, education, recreation and income.

35. The EU Platform on mental health could avoid any risk of a strategy being seen as a bureaucratic or academic exercise by keeping it firmly rooted in the needs and aspirations of real people (and comprehensible to them). It could also have an important part to play in disseminating ideas and information, and in helping to understand the different cultures and sensitivities of stakeholders and citizens across the EU.

36. Successfully widening the availability of high quality information and knowledge, and developing the interface between policy and mental health, would provide a solid foundation for the other initiatives and are among the most important benefits that an EU strategy could offer. Shared evidence and expertise on issues like the mental health of migrants, for example, is likely to become increasingly valuable.

37. There is a need for more research in these areas, and we welcome the inclusion of mental health in the Commission's proposals for Framework Programme 7. Larger scale studies across the EU would be especially welcome as a means of developing a more robust evidence base for these relatively underdeveloped areas of knowledge, and larger routine datasets across Member States would be valuable to regular research and the monitoring of mental health.

## **Conclusion**

38. The UK welcomes the Green Paper as the foundation of an EU mental health strategy that:

- directly supports implementation of the WHO Helsinki action plan and rationalises the relationship between the WHO and the EU in the field of mental health; and
- supports Member States in taking action on local priorities that are consistent with the strategy and the action plan.

39. We believe the development of the strategy presents an opportunity for the EU to adopt a more integrated approach to improving mental health. A strategy will add real value if it:

- sets out specific actions, identifies who will be responsible for them and describes clear governance arrangements for the strategy; and
- delivers better co-ordination across relevant policy sectors including EU directorates-general and departments in employment, social living and social funds, public health, and education.

40. We look forward to continuing our involvement in the strategy's development.

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