

DRAFT

EFPIA response to green Paper on Mental Health **COM 2005 (484)**

General Comments

1. EFPIA welcomes the opportunity to comment on the Commission's Green Paper, which has been produced at an important moment for the European Union. EFPIA also endorses the concept of a EU strategy and action plan on Mental Health.
2. The paper clearly acknowledges the complexity of planning for mental health, which involves addressing multiple areas of causation and a range of interventions from those designed to enhance the general well-being of the population to in-patient treatment of severe mental illness. The paper is somewhat weighted towards addressing the socially derived causes of mental ill health and would benefit (consistent with the model contained in annex) from greater acknowledgement of the role of genetic factors and of the issues of severe mental illness.
3. The centrality of individual patient outcomes, including recovery where possible, should also be stressed and incorporated into an EU strategy. Progress in this area would contribute significantly to the goals and dignity of individuals, as well as help reduce the economic and societal burdens associated with mental ill health.
4. The Commission has asked for comments on the three questions raised in the Green Paper. EFPIA's responses are below.

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

5. If anything, the paper understates the future significance of mental health to European Union Policy objectives. Anyone can suffer mental ill health at any point in their lives. For many, it is a recurrent aspect of their lives and there is a continuing need for maintenance. EU Member States occupy an unacceptably high number of places in statistics concerning mental ill health.
6. The EU is facing an unusual juxtaposition of economic and societal developments. The population is ageing. The economy is being challenged to maintain its international competitiveness in the face of new low-cost economies, which lack social support systems of the type enjoyed by EU citizens.
7. To manage the changes that arise from these developments, European citizens will need to be more productive and probably work for longer than has previously been the case. Both individual commitment to mental health and access to support services and treatment will become more important than in the past. Career patterns will also need to change and the EU will need to find ways to address *inter alia*, the loss of economic activity that arises from early retirements through stress-related conditions. This, at its heart, is a problem of mental health and

- reintegration and relates very clearly in a positive sense to the need for greater flexibility in terms of employment.
8. The paper emphasizes the impact of depression and this is reflected in the paper's recommendations. In annex, the paper notes the incidence of a range of disorders, each of which has its own strategic needs. It is important that the paper presents a balanced approach if it is to fully address the challenges and win stakeholder endorsement. A condition-specific Recommendation is appropriate, since without this, a necessary level of specificity will be lost, but it can only be a first step and other conditions will need to be addressed in their turn.

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?

9. EFPIA endorses the Green Paper's suggestions concerning the added value of an EU strategy on Mental Health, with the following additional observations.
10. There is a lack of emphasis on the role that the EU could play in enhancing public understanding of mental illness. A rights-based and anti-discrimination approach rooted in legislation is important, but is not the only or even the most effective means of achieving social inclusion.
11. The strategy should also have a greater emphasis on the development, implementation and monitoring of standards of support and treatment than is evident in the proposed priorities. This is clearly the way that health policy is moving in Member States (e.g; UK National Service Frameworks). To include this element within the strategy is also consistent with the rights-based approach, in which vulnerable individuals can understand what support they can expect to receive.
12. EFPIA would welcome a more active process of knowledge sharing than the proposed mental health information system, including issue-specific information exchange opportunities. In general, it is important that the role of partnerships and local level activities is recognised. Some very positive examples are given in the Green Paper and the construction of effective government – private sector – civil society partnerships is surely key to future developments. Nevertheless, the information system is a welcome idea, the success of which will be determined by the level co-operation and resources to support it. These should be consistent with the significance of the problem.

Are the initiatives proposed in sections 6 & 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 liaise research and policy on mental health aspects?

13. EFPIA endorses the logic of identifying the key socio-economic contexts giving rise to mental ill health.

14. The proposed Council Recommendation must be associated with a reflection on how to develop understanding and acceptance of mental illness. The diversity of cultures within the EU means that this is not a simple issue.
15. EFPIA would welcome a more patient-centred emphasis in the Green Paper. There needs to be an underlying concept of the place of the mentally-ill individual in society. In particular, conclusions need to be drawn about the tensions between encouraging openness as a means of reducing isolation and encouraging the use of services and the negative consequences that openness can have for employment and insurance.
16. It is likely that active communications towards sufferers and those closest to them will be of great importance, given the risk of marginalisation. We would propose increased emphasis on this point.
17. The EU may have also to address scepticism about the uses of psychiatry in some parts of the EU, as a result of experiences under previous regimes.
18. EFPIA supports the proposal for a Council Recommendation on depression and suicidal behaviour. However, the emphasis on reduction is not appropriate in trying to mobilize European efforts to address a condition that is currently under-diagnosed and under-treated. EFPIA instead proposes a Council Recommendation on prevention and management of depression and suicidal behaviour.
19. EFPIA fully supports the proposed work on indicators. The structure of the proposed “interface” is not clear. EFPIA hopes that this would act as an expert group to provide input to the member state and civil society forums.
20. EFPIA supports the proposals made in section 7. In addition, EFPIA suggests that it would be of benefit to have at least one joint working session per year of the Platform and the Commission-Member State discussion group. The Commission could also consider organizing an annual symposium or conference on the progress of the EU strategy and member state activities in addressing mental health.

Concluding Comments

21. Mental ill health is often not as visible as physical ill health. It is nowhere near as well understood by public authorities, employers or the general public. It is also an area where there is a gap between policy objectives and implementation and difficulties in measuring effectiveness. The proposals made in the Green Paper will contribute to addressing these deficiencies.
22. Ultimately, the EU’s approach must be all encompassing, while also prioritising in order to gain relevance. For many conditions, it is not feasible to have a coherent consideration of the management of the condition without considering the contribution of all possible interventions. The proposals in the Green Paper should be the beginning of a process.
23. Pharmaceutical treatment is one specific aspect of the management of mental health. It is an area where there have been important advances in recent years, a good example of pharmaceutical innovation responding to important medical need. The appropriate use of improved treatments and the discontinuation of those with unacceptable levels of side effects or unsatisfactory levels of efficacy is an

essential component in overall mental health strategy. With this in mind, it is important that the strategy is holistic in both a horizontal and a vertical sense.

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.