

Belgian reaction and comments on the European Commissions' green paper

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

Introduction

Belgium welcomes the green paper of the European Commission (EC) on *'Improving the mental health of the population : Towards a strategy on mental health for the European Union'* . The document is a timely follow up to the WHO European region ministerial conference of January 2005 and the WHO *'Mental Health Declaration and Mental Health Action Plan for Europe'* .

Belgium agrees that in order to face the challenges for improving the mental health of the European population, we need an integrated strategy to prevent mental health threats while developing an integrated efficient mental health care system.

In the green paper the European Commission acknowledges the burden on society (?) of an ever increasing number of people suffering from depression, anxiety disorders, leading amongst others to physical illness, suicide, suicide attempts, ...

In general, Belgium would like to stress the importance of the link between the EC's green paper and the WHO-declaration and action plan. The commitment of Commissioner Kyprianou during the Helsinki Conference was very much appreciated, and we see this Green Paper as the Commission's follow up to the engagement of the European commission in the WHO Declaration and Action Plan.

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

Mental health of the population is crucial for reaching the EU strategic policy objectives. Mental health has direct repercussions for the health status and wellbeing of the population, and consequences for labour and productivity, and thus for economics and development. This is also illustrated by the definition of the WHO as cited on page 4 of the green paper.

These strategic policy objectives concern a.o. the direction of Europe to more and sustained prosperity for everyone, an engagement for more solidarity and social justice amongst Europe and the improvement of the quality of life of the European citizens. Efforts for improvement of mental health in Europe can contribute significantly to these objectives. These efforts must not be once-only, but must be a continuous concern.

The policy on mental health should also be continuously adapted to the changes in society, such as the ageing society, individualisation, problems with youth and migrants, ...

Belgium agrees with the discussion on the issues of 'mental health – central for citizens, society and policies', 'the situation – mental ill health, a growing challenge for the EU' and 'developing responses : policy initiatives on mental health' as elaborated in the green paper.

Although we are well aware of the competences of the European Commission concerning mental health, we want to recall the joint declaration of WHO and EC on '*Balancing Mental Health Care and Prevention*' (2001) to stress that it is equally important to prevent mental ill health as to provide adequate and qualitative high quality mental health care.

(2) 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 ?

Belgium supports the idea of a comprehensive EU-strategy on mental health. We think this could be an added value, especially concerning the 2 proposed levels of collaboration.

- We firmly support the creation of a framework for exchange and cooperation between Member States as an important milestone in the development and more detailed elaboration of a joint EU-strategy on mental health. A network of representatives of member states in the field of mental health would be very much welcomed.
- We recognise the added value of increasing and stimulating the coherence of actions in different policy sectors. But it remains unclear in the document which methodology will be

used, how these actors will work together with Member States reinforce this coherence. Belgium strongly encourages Commission services to increase and stimulate this coherence within the actions and services of DG Sanco and other EC departments. We believe that this will have a positive impact on the policy actions of the Member States and facilitate the collaboration between different policy levels.

- Belgium would like a more clear proposal from the EC on the composition and role of a platform for involving stakeholders including patient and civil society organisations into building solutions. Which stakeholders should be involved? In how much and in which way will they represent existing non-governmental organisations in the Member states to insure the link with individual patients and families? If a platform will be created, we feel it should encompass both professionals as well as patient- and family organisations. It is important that this platform includes stakeholders with different educational backgrounds including general practitioners, psychiatrists, psychologists, nurses, , researchers, social workers, patients and their families,... Furthermore we believe that such a platform should act as an advisory group directly to the Member States and to the EC.

The priorities as proposed under point 5 are certainly important, and also the domains are well chosen. Attention is focused on the most important pillars of mental health, namely prevention as well as care and treatment of mental disorders, and were necessary also improvement of quality of life.

In relation to point 1 and 2 there is primarily a need for evidence based strategies and methods.

Concerning priorities 1 to 3, it is important to work across policies, and to involve different stakeholders (besides the mental health care sector also the welfare sector, social workers, patients, civil society,...). By collaborating there is a synergic effect leading to a 'tailored care', in which the patient and his needs are central.

The 4th priority is more structural. For the moment there is a range of different initiatives on mental health at the European level (e.g. European Alliance Against Depression, Mental Health Europe). In the framework of a comprehensive EU policy it would be useful if an inventory of all these initiatives would be made with their specific expertise. Also the collection of other information and knowledge on mental health, especially on best practices, on EU level would be very useful, and could feed into the discussions of the member states cooperation framework.

(3) 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 aspects ?

The initiatives proposed in sections 6 en 7, seem useful. They cover a large area of the mental health sector, with initiatives in the different domains (health promotion and disease prevention, with strengthening of protective measures as well as limiting risk factors), for different target groups (children – adolescents – adults ; migrants – people with a handicap,...) and for different problems (depression – suicide – alcohol – drugs).

Concerning the concrete proposals under 6:

- Recommendation of the Council on the promotion of mental health and decrease of depression and suicide: This topic is certainly a priority, for which an initiative at the level of the council can raise extra (political) attention, which we can only endorse.
- Best practices for promoting social integration of persons with a mental handicap and mental health problems. In the document it is stated that there is a need for a new model of integrated care. In addition it is also important to let go of the institutional model and evolve in the direction of more societal care and integration in society, making use of pathways and networks of care and case management to reach continuity of care. This aspect deserves more attention and exploration. There is also a need for evidence based methods for better integration of mental health care in primary care.

Proposals under 7:

Belgium does not agree with the establishment of three apparently different and unrelated groups but instead proposes to focus on the creation of a core group/forum including representatives from all the Member States on the one hand, and, on the installation of an advisory group representing different stakeholders and the research community on the other hand.

The forum of Member States must be the main group for implementing the strategy.

We think that the focus of the advisory group should be directed to the development of an efficient minimal indicator system, to suggesting relevant indicators and policy priorities to policy makers, to identify evidence-based practices and to identify best practices for the promotion of social inclusion of people with mental illness and disability and for the protection of their fundamental rights and dignity. The advisory group should present its views to the forum of member states.

To conclude, we fully support establishment of an interdepartmental working group to safeguard the implementation of the WHO-strategy on mental health within the EU mental health policy including activities in the social sector, labour, education, ...

In conclusion, we are of the opinion that every EU member state should continue their policy in mental health, according to the specificities of the country, its citizens and culture. A European strategy, especially when politically endorsed by a statement of the Council, might be important as an extra incentive.

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