

**From:** MHE-SME [info@mhe-sme.org]  
**Sent:** mercredi 11 août 2004 11:35  
**To:** SANCO REFLECTION HEALTH STRATEGY  
**Subject:** Re: Mr Sauer's letter - reflection process on health

Dear Mr Sauer,

Thank you for giving us the opportunity to reflect and comment on the draft document "Partnerships for Health in Europe".

We consulted our Senior Policy Advisers who went through the document and offer the following comments :

The paper is unbalanced giving more attention to physical illness by diagnosis than to mental disorders and diseases. Equally health is predominantly presented as physical health while we all know that health is a state of physical and mental well being.

Environmental causes of poor physical health and poor mental health get very little if any mention. While prevention is mentioned in the context of preventing physical illness, it is not mentioned as an important element of prevention in mental disorders. Likewise Health Promotions is mentioned often in relation to healthy lifestyles but no mention is made of promotion of mental health and well being as a means of preserving positive mental health.

In brief, the paper is unbalanced focussing too much on physical illness and physical disease as contributors to poor health, but without the counterbalance of mental disorders and illness as contributors to poor mental health and consequently an imbalance of emphasis on physical health preventive and promotional issues without highlighting the equal importance of mental health preventive and promotional measures and thereby achieving good health.

We hope these reflections will help to improve the paper and make it more rounded.

With kind regards,

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**COMMENTS MENTAL HEALTH EUROPE  
TO COMMISSIONER BYRNE'S REFLECTION PROCESS :  
"ENABLING GOOD HEALTH FOR ALL"**

**VERSIE 2**

Brussels, 14 October 2004

Mental Health Europe is a European NGO committed to the promotion of mental health, the prevention of mental health problems and the protection of the rights of people with mental health problems, their families and carers.

In this capacity, MHE welcomes that this new Health Strategy is dealing with prevention, promotion, and the support of users involvement. It also takes a strong position for the integration of health in the Lisbon agenda and in combating social exclusion.

However, this document is very poor from the mental health perspective. Mental Health Europe (MHE) regrets that the outcomes of several European projects were not taken into account and that the EU and WHO motto "NO HEALTH WITHOUT MENTAL HEALTH" has totally been forgotten.

It has been stressed by Commissioner Byrne at several occasions that anxiety, depression and stress related disorders have become the most common contemporary mental health problems in Europe (1)

**1) Enabling good health for all**

The documents states that good health depends on where you live, what you do and how much you earn. This is particularly true for people with mental health problems.

Mental health problems are common and widely misunderstood.

One adult in six suffers from mental health problems of varying severity. These include a wide spectrum of conditions, from anxiety to psychotic disorders such as schizophrenia.

These mental health problems are also varying from individual to individual. They are rarely static, but can change, improve, disappear and re-appear. Mental health problems often co-exist with other problems, such as homelessness, poverty, physical health problems, etc.

Only 24 % of the adults with mental health problems are in work. This is the lowest employment rate for any of the main groups of disabled people. People with mental health problems have twice as much risk of losing their job than those without (2).

Mental health problems can be seen both as consequence and as cause of social exclusion. Once mental health problems develop, they can often have a negative impact on employability, housing, income, access to services and social networks, leading to severe economic deprivation and social isolation.

## **2) Good health : shared responsibility**

One of the outcomes of MHE's European project on "Harassment and discrimination faced by people with mental health problems in health services" shows that those people are often discriminated by professionals in the health sector (3). The Recommendations from this project stress the need to empower users to come up for their rights and to denounce their discrimination.

Unfortunately users don't get enough support from the Member States in order to learn how to come up for their rights and to become stronger in making choices.

## **3) Health generates wealth**

Illness generates suffering and exclusion. Speaking about the burden of mental illness, we have to make a difference between the undefined burden, which is the economic cost of loss of production, reduced productivity and loss of income from family members caring for a mentally ill person. These have been estimated to cost over £ 77 billion a year in UK. Prescriptions for mental health problems cost £ 540 million. The hidden burden, which can be defined as shame, stigma association with the illness, rejection by friends, neighbours, leading to loneliness, depression and often suicide. This burden is very heavy to live with as we XXX for XXX persons as with for the family

Poor people often bear a heavier burden of mental disorders both in terms of access to treatment as to constant exposure to stressful events. This often leads to a vicious circle of poverty and mental health problems that is difficult to break through (4)

Another measure of the burden of mental illness are the DALY's cost. In 1999, mental health problems accounted for 11,5 % of all DALY's costs, which placed them at the second place of the global disease burden. (5).

Building on successful practices and examples that showed to be very effective in the development of innovative projects or alternatives.

## **4) Putting health as the centre of EU policy making**

MHE welcomes this positioning very much. It is well known that the situation of people with mental health problems in the new Member States is worse than in the "old" Member States.

The economic problems linked to shortage of qualified staff often leads to unacceptable situations (cf Cage Beds report).

In the spring of 2004, MHE protested against the fact that people are/were dying in mental hospitals from hunger and cold (Poiana Mare, Romania).

It is important to support these countries in the adaptation of their mental health care to European standards and to invest in exchange of good practice and alternatives.

It is also important to involve all stakeholders (professionals, users, carers, employment organisations, social services and health departments) in these initiatives. The support to the empowerment of users groups in the new EU Member States is of major importance in this process.

## **5) Good health : a view of the future**

MHE being the EU Liaison Office for Mental Health Promotion welcomes the shift to invest in promotion and prevention activities and to focus on health instead of illness. With the support of the EU, MHE realised a large scale project with the objective to sensibilise the

public and to raise awareness of politicians for the problems of depression, anxiety and other stress related disorders. (6)

MHE together with other European partners drafted 10 Key Recommendations for politicians, but it is as important to give priority to social inclusion, and combat poverty, stigma, marginalisation and discrimination.

## **CONCLUSION**

We hope that in this document more attention will be paid to mental health. We also wish that mental health be given a higher priority on the European political agenda.

## **REFERENCES**

1. Speech Commissioner Byrne at launch of Recommendations for the EU project on Mental Health Promotion and Prevention Strategies for coping with anxiety, depression and stress related disorders in Europe ; European Parliament, 8 July 2003
2. "Survey of psychic morbidity among adults living in private households" ; UK Office for National Statistics
3. EU project on "Harassment and Discrimination faced by people with psychosocial disability in health services" ; 2003-2004
4. WHO Report "Mental Disorders Affect 1 in 4 People" ; 2001
5. WHO Fact Sheet 217 ; 1999
6. Mental Health Care Facts and Figures in UK" ; Mental Health Team, Social Exclusion Unit of the Deputy Prime Minister ; 2004
7. EU project on "Mental Health Promotion and Prevention Strategies for coping with anxiety, depression and stress related disorders in Europe" ; 2001-2003
8. MDAC (Mental Disability Advocacy Centre) reports on Cage Beds
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