

"The role of policies and the social-security system in providing support for enterprises"

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Ladies and gentlemen, it is an honour to take part in this conference and I hope that the European Commission in partnership with the WHO will continue with activities to lead us towards better mental health and well-being for the population of the EU.

In Slovenia we have a long tradition of enforcing minimum health and safety requirements in the workplace, but mental health has mostly been neglected.

We have no strategy for mental health at the national level. For the last two years we have been preparing the National Mental Health Programme and it is now ready for the legislative procedure. This is the first document to outline the future development of mental-health care and services in Slovenia. The programme is being developed within the legislative framework of the Mental Health Act, adopted by the Slovenian Parliament in July 2008.

The National Mental Health Programme, along with the relevant action plan, recognises the approaches set out in European strategies, particular the European Pact for Mental Health and Well-being. There is therefore a special emphasis on the promotion of mental health in the world of work. Among other measures, the action plan sets out:

- education and training of professional and non-professional groups to raise awareness about good mental health, and to acquire skills to cope with mental-health problems,
- a strategy for development and implementation of activities for prevention of mental disorders and suicidal behaviour in different environments: family and educational institutions, workplace, social and sheltered institutions, institutions for detention, etc.

Different environments and different target groups require different solutions to their problems.

Special attention is being devoted to people with mental-health problems. People with disabilities are outside the world of mainstream employment. Therefore, national policy should provide measures to enable them to gain access to the labour market. Slovenia has adopted the Act on Rehabilitation and Sheltered Employment, which stipulates that enterprises with more than 20 employees are required to employ people with disabilities, or otherwise to pay a certain amount to a special foundation.

Five specialised enterprises in Slovenia are already providing sheltered employment for people with mental-health problems.

We expect that implementation of mental-health programme and intersectoral collaboration will further improve the mental health of the general population, as well as vulnerable groups within the population.

Thank you for attention.

“What can the EU do to promote mental health of older people”

Summary of the presentation by Anne-Sophie Parent, Director, AGE-the European Older People’s Platform, 13 June 2008

Various factors make older people more vulnerable to mental health problems:

- The physiological ageing process which results in an increasing risk of dementia (increased risk both for the ageing individual and partner/carer)
- Adverse effect of overmedication and polypharmacy among the elderly
- Drug-alcohol interaction
- Increasing dependency which results in an increased risk of elder abuse
- The isolation and social exclusion faced by an increasing number of older people today due to modern lifestyles
- Abrupt change from employment to long term unemployment of (early)-retirement (losing sense of purpose in life)
- Lack of professional training in geriatric and gerontology
- Lack of training and support for informal carers
- The gender dimension: very older women are at higher risk

AGE welcomes the EU Pact on Mental Health and commits itself to support all actions implemented to promote better mental health for all.

As part of the Pact on Mental Health, Member States should agree to commit themselves to increase the number of Healthy Life Years by one year in 2013. This would encourage them to adopt a holistic approach to healthy ageing, including the promotion of good mental health in old age.

If the EU is to “foster good health in an ageing Europe” in the period 2008-2013, it should address each of these factors that affect older people’s mental health. In addition to the recommendations listed in the policy brief, EU action is needed in the following fields and the Pact should include to use existing EU instruments to:

FP7:

- Research on old age dementia cause, treatment and prevention. Research should also cover the social and financial impact of old age dementia. (FP 7)
- Research on medication use for the elderly: EMEA should set up a “Geriatric Committee” similar to the “Pediatric Committee” to analyse effect of medication on the elderly, including polypharmacy and overmedication, and share information across the EU with healthcare professionals.

- Raise awareness of care professionals and older citizens/informal carers of potential interaction between medication and alcohol (a problem often overlooked in older people)

OMC Social Protection/Social Inclusion

- Social exclusion of the elderly both in urban and rural/remote areas and examples of good practice across the EU
- EU Strategy to fight against elder abuse: the EU should develop quality guidelines for long term care to help prevent elder abuse (OMC on Social Protection and Social Inclusion)

ESF and Lisbon Strategy:

- Promote active ageing and a more positive of ageing workers;
- Promote health and safety at work including stress reduction;
- Promote more flexible retirement and early preparation for retirement (ESF and Lisbon Strategy)

Health Strategy and Grundvig programme

- Develop geriatric/gerontology training at EU level as exist for paediatrics

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