

Framework for action on promotion of mental health and well being of children and young people

Abstract for presentation on 30/9, Wednesday

Session 3, Kristiina Lepa

The problem of alcohol is intertwined with many other community problems and shouldn't be taken out of this context (i.e. criminality, suicides, home violence). Grown-ups serve as role models, it's also grown-ups who create the community around youth. If this is not safe, if parents and other grown-ups living in the community don't think of what kind of environment they are creating through their own actions and being a role model for youngsters/children, then nothing good can be expected.

Social cohesion – as we are speaking about creating a good environment where people can be brought together – often alcohol is used as a merging element and fosters behaviour when one counts on external aspects (alcohol, drugs) instead of personal characteristics or hobbies to join a group. But with serving alcohol on events we also exclude people (age, health, religion, genetics). So all youth-activities should be alcohol free and the states should do their best to underline this and support alcohol- and drug-free activities.

Active demands that actions taken are evidence-based:

Peer programs do not reduce harm, but what reduces are: pricing through taxation, limiting availability, ban of alcohol advertisement, enforcing existing laws, health care interventions, random blood/breath controls to reduce drink driving, raising public awareness.

“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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