Improving the Mental Health of the Population. Towards a strategy on Mental Health for the European Union

Response from the London NHS and Stakeholders

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Improving the Mental Health of the Population
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**Key Recommendations**

The EU should:

- Use its role in relation to employment and workplaces to:
  - Promote awareness of Emotional Wellbeing
  - Encourage the better management of mental illness at work
  - Increase the employment rates of people with mental illness
- Promote the development of “one stop shops” where people can access information about and assistance with emotional wellbeing and mental illness, and related issues (e.g. housing, finance, physical healthcare) in non-stigmatising settings
- Support the active engagement of people who use mental illness services in their design and delivery
- Encourage the exchange of information to support effective and culturally sensitive help for migrants and others from minority ethnic groups who have mental health problems or mental illness
- Support local initiatives to challenge stigma and discrimination about mental illness
- Promote the use of emotional wellbeing impact assessments in policy development and implementation
“By health I mean the power to live a full, adult, living, breathing life in close contact with what I love… I want to be all that I am capable of becoming”
Katherine Mansfield

Terminology
The Green Paper (MHGP) uses the term mental health. Mental health and mental illness are the subject of entrenched and institutional stigma. An effective strategy will engage with, and have an impact on, individuals and organisations who would not normally consider themselves having an interest in or influence over mental health. There are therefore pragmatic arguments for using alternative terms to increase the likelihood of Mental Health being mainstreamed, whilst recognising that to do so would be to accept the existing stigma.

In this response the following terms will therefore be used:

- Emotional Well-being (EW); where a person experiences a range of emotions in a balanced manner, is able to manage these, and has the flexibility to deal with life’s challenges
- Mental Health Problems (MHP); where a person is experiencing emotional distress but not to a level which might lead to a diagnosis
- Mental Illness (MI); where a person experiences distress and symptoms to a level diagnosable within the ICD 10 (WHO)

The commission is requested to consider whether the aims of a Mental Health Strategy may be better served by using the term “Emotional Well-being”.

Preparation of this response
The content of this response is based on discussions with individuals and stakeholders in London, and following a seminar in April 2006. A list of contributors is included as appendix 1.

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1 The Journal of Katherine Mansfield, 1927, Constable
2 For example the major employers in the City of London are wary of the terms mental health and even stress
Responses to the consultation questions

1) How relevant is the mental health of the population for the EU’s strategic policy objectives?

Ethical Relevance
People with a mental illness experience stigma and discrimination which results in varying degrees of exclusion and ill treatment. The Commission needs to emphasise the importance of dignity and humanity in a future strategy (supported by the Charter of Fundamental Rights of the European Union (2000)).

Social Relevance
Individuals’ lives can be blighted by the experience of mental illness. An estimated 27% of EU citizens experience mental illness.3
- Relationships with loved ones and society in general can be severely hampered
- Stigma and discrimination are common: 80% of respondents to a UK consultation said that this was the major cause of exclusion for those with a mental illness4
- Only 24% of people with a mental illness work and only 37% of employers would consider employing someone with a mental illness— compared to 62% for someone with a physical illness.

Economic Relevance
If Europe is to progress towards achieving the Lisbon agenda of making the EU a world-leading knowledge based economy by 2010 it must consider the role of EW in the workplace. Increasingly employees are reporting MHP and MI at work and taking sickness absence for these reasons.

Work-related stress can lead to:
- An increase in sickness absence
- A reduction in staff morale
- Poor staff performance
- Staff seeking alternative employment, increasing the spend on recruiting, inducting, and training new members of staff

In the UK:
- One in five people are suffering from high levels of work-related stress - around 5 million workers
- The Confederation of British Industry estimates 30 times as many days are lost through MHPs and MI as through industrial action

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3 Improving the Mental Health of the Population. Towards a Strategy on Mental Helath for the European Union. 2005. EC
4 Social Exclusion Unit; 2004; MH and Social Exclusion; ODPM; http://www.socialexclusion.gov.uk/downloaddoc.asp?id=134
• Those who report work-related stress, anxiety or depression, take an average of 29.2 days sick in that 12-month period
• The Sainsbury Centre for Mental Health (2004) put the combined costs of sickness absence, non-employment, effects on unpaid work and output losses at £23 billion in 2002/03

If Europe is to achieve long term prosperity, to sustain its commitment to solidarity and social justice, and bring practical benefits to the quality of life for EU citizens, it must address the issue of EW.

The Commission should:
• Recognise the importance of dignity and humanity in a future EW strategy
• Challenge stigma, discrimination and social exclusion due to MI
• Consider EW as central to achieving the Lisbon agenda (including an employment rate of 70% for adults of working age)

2) Would the development of a comprehensive EU strategy on MH add value to the existing and envisaged actions and are the proposed priorities adequate?

i) Promote the mental health of all

Considering all ages

Childhood
• Maternal EW is crucial to the early development of the child, including its emotional needs. Interventions such as the Nurturing Programme work to promote both parental and child EW5.
• Primary schools can adopt a “whole school approach” to EW working with organisations such as the Place 2 Be6.
• Secondary schools use Personal, Social and Health Education7.
• The partners of the London Health Commission are developing an emotional wellbeing framework for children and young people to provide

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6 http://www.theplace2be.org.uk/home.html
7 However, as the Ofsted report into this in England showed (Healthy Minds; Ofsted; 2005) it is often missing altogether or poorly addressed – despite being highlighted in the Healthy Schools Standards (National Healthy School Standard Guidance DfES 2004). There is an apparent gap here between policy and effective implementation.
resources for organisations and front-line workers who work with and support children and young people.

The EU should promote evidence-based guidance for improving young people’s EW.

**Adulthood**

- Most adults work (67.7% in London). Work can be good for EW, but also a source of stress and other MHP. The workplace is a forum where the promotion and management of EW in adults can and should be addressed.
- Employers are increasingly interested in the EW of their workforce. BT (a UK based multi-national telecoms business) has found this beneficial. London First (an employers organisation with a membership of 300 of the largest employers in London) have recently developed a “Wellness Index for Business,” enabling businesses to benchmark their performance on health at work, and promoting improvement.
- There is good evidence that employers providing access to short term (6-8 sessions) of Cognitive Behavioural Therapy is effective at managing workplace stress, anxiety and depression.⁸

The EU should use its role in relation to health and safety at work, and its procurement practice to:

- Support innovations and promote awareness of EW through the workplace
- Encourage employers to design and implement interventions to support employees with MHP and MI

**Older People**

- The EU’s population is aging and older people often fail to receive optimum health care.
- Opportunities to promote their EW come through regular health checks, and social networks.
- Volunteering and education are effective ways for older people to maintain their sense of value and community after retirement and has benefits for their physical and EW⁹.

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⁹ http://www.ivr.org.uk/age.htm
Ethnic diversity
Over 30% of London’s population come from black and minority ethnic groups.
• African-Caribbean young men are disproportionately represented amongst those admitted to hospital and admitted under a section of the Mental Health Act (1983)¹⁰
• There is fear of mental illness services amongst African-Caribbean groups— and services fear them
• Attitudes towards mental illness differ between cultures. Approaches to service delivery and EW need to take account of cultural differences

The EU can provide better information to older people to promote their EW.

The EU should encourage the sharing of information about cultural attitudes to MI, and how to work with ethnic minorities to help member states promote EW with them

Criminal Justice
• 70% of prisoners have a MI. There were 93 suicides in the UK between 2003-4 in prisons.
• The police are often called to incidents which involve someone with a MHP or MI, but have little training in how to deal with this group of vulnerable people.¹¹

An EW strategy should pay attention to the EW and MI needs of prisoners, and training for those working in the criminal justice system.

Public Health
Poverty, unemployment and social exclusion affect people’s life choices which have implications for physical and emotional health.

• Health promoting interventions need to reach poorer and excluded people to influence their life choices.

• Stigma and discrimination are key in the social exclusion of mentally ill people, frequently fuelled by the adverse presentation of mental illness in the media.

¹⁰ Count Me In; 2005; Health Care Commission; http://www.healthcarecommission.org.uk/NationalFindings/NationalThemedReports/MentalHealth/MentalHealthReports/fs/en?CONTENT_ID=4013944&chk=AhKek4es
¹¹ Mental Health & Criminal Justice, Fact sheet 10, Office of the Deputy Prime Minister, 2004
ii) Address mental ill health through preventative action

Meeting people’s EW, MHP and MI needs

- Many services to those with a mental illness are provided by the voluntary and community sector (VCS), which can be more acceptable to people and more flexible and responsive to their needs as they are not part of the statutory sector.

- These services are often funded in the short term only, which makes it difficult for them to plan for the longer term, and can lead to a diversion of precious resources to fund raising.

- EU structural funds, such as European Social Funding, have been used to good effect in London helping for example to develop services which focus on supporting employment for people with mental illness.

Innovative interventions are being developed in new settings.

- Exercise and self help books “on prescription” (where someone is given a “prescription” to give them access to a gym/direct them to undertake physical activity or to borrow an approved self help book from a local library) are targeting those with mild to moderate mental illness who might not need medication or more specialist services.

- Computerised Cognitive Behaviour Therapy packages, which require minimal support or help from mental health professionals, have received preliminary support from the National Institute for Health and Clinical Excellence and are being piloted in primary care and with the VCS.

Such initiatives take mental health care out of standard health care settings. They suggest there may be a future for bringing a variety of services (including health care, housing, financial and legal advice) together under a single roof as “one stop shops” for EW and MI. These should be based in non-stigmatising settings to reduce the reluctance many have to seek help in the early stages of MHP and MI. Earlier intervention is preferable for the individual and for society, being more cost effective and reducing the impact of worsening health.
iii) Improve the quality of life of people with mental ill health or disability through social inclusion and the protection of their rights and dignity

Social Inclusion

- Social Inclusion will improve the lives of those with MI by improving their access to employment opportunities, physical health care, adequate housing, financial and legal services, and ensuring equal rights as citizens\(^\text{12}\).

- For people from a black or other minority ethnic group, social exclusion is exacerbated.

- A criminal record adds further disadvantage (and 4 times more black people are imprisoned than other groups\(^\text{13}\)).

- Stigma and discrimination on the grounds of mental illness remain entrenched, and are fundamental to the difficulties experienced. Anti-stigma campaigns in the UK enjoy varying levels of support, with modest impact. Campaigns to challenge stigma are best designed and delivered locally (so as to address local attitudes) but supported by overarching initiatives led by the EU.

The EU should support locally designed and delivered campaigns to challenge stigma.

- Employment (or other meaningful activity) is a key issue for people who are mentally ill. It provides a sense of purpose, and opportunity to meet other people, and (in the case of employment) provides an income. It is at the core of increasing social inclusion.

- Procurement can be used to promote job opportunities. The South London & Maudsley NHS Trust is one example where they have commissioned a local African-Caribbean group of mental illness service users to provide food for African-Caribbean in-patients. This provides work for local people with a mental illness, whilst also delivering better quality, culturally appropriate food for those using the Trust’s services.

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\(^{12}\) for a full review of the ways in which mental illness can lead to social exclusion see above - Social Exclusion Unit (2004)

\(^{13}\) Race & the Criminal Justice System; An overview to the complete statistics 2002-3; Inst for Criminal Policy Research; 2004
The EU should:
- continue to support schemes which help people with mental illness gain and retain work
- promote procurement initiatives which encourage employing people with a mental illness

- Public Physical Health messages often fail to address those with a mental illness, e.g. there is a need to target messages about smoking to those with long term mental illnesses.
- Physical healthcare for people with a mental illness is often neglected. A key challenge is to reduce physical health and healthcare inequalities.

The EU should promote equality of public health interventions and physical healthcare for people with mental illness.

- In Greater London domestic violence accounts for 25% of homicides\(^{14}\), and police in the capital attend around 300 incidents every day. The cost to the criminal justice system, healthcare, social services and housing in London is an estimated £435 million with another £374 million in lost economic output. The EW consequences for the women and children who undergo such abuse are major and may extend over many years.

The Commission should use the Daphne II Programme of the DG Employment and Social Affairs (which considers domestic violence) as a good example of how EW needs can be considered across policy areas.

Role of users and carers
- The views of those who use MI services and those who care for them must be seen as central to the planning and delivery of such services.

- In the UK there has been progress in engaging with service users and carers. Programmes to support their involvement and help improve their abilities to contribute effectively are being developed and delivered, such as the one pioneered in partnership by the London Development Centre and the Sainsbury Centre for Mental Health.

- Engaging with the vast majority of people with mild to moderate mental illness who do not use, and do not wish to use, secondary MI services due

\(^{14}\) www.met.police.uk/dv/
to stigma is problematic. Ways of engaging with them effectively need to be developed.

An EW strategy should support pan-EU networks of service users and carers, and promote their involvement in designing and delivering services.

**iv) Develop a mental health information, research, and knowledge system for the EU**

**Information sharing**
- In London there is good practice in promoting EW, delivering services, education, training and research. However, even within this geographically defined area, this good practice is not always widely known.

- The existing EQUAL scheme is a good model for sharing learning.

An EU EW strategy should include:
- EU wide networks to share good practice and research, and support exchange visits
- The development of a web based EU portal for EW

- Population mobility in the EU is increasing, with migrants moving across the Union and also into it. London is a key destination for many. This brings its problems as well as its rewards. Those who are seeking asylum often arrive with MHP. Others arrive, find difficulty settling due to language and cultural difficulties and develop mental illnesses. Europe’s capitals are those most affected by such immigration.

An EU EW strategy should encourage networks of EU capital cities to consider EW and the needs of migrants.

- Eurostat has been assessing the EW of citizens in member states. However disparities in levels of EW can be large between cities and rural areas and between deprived and affluent areas within the one country.

Eurostat should consider making comparisons on EW indicators between cities only, towns only and rural areas only across the EU.
3) Are the proposed initiatives 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 MH aspects:

- **Council Recommendation on promotion of mental health**
- **Council Recommendation on the reduction of depression and suicidal behaviour**

Council recommendations are welcomed, however there may be a number of other ways in which the EU can add value through an EW strategy.

**EU adding value**

- EW has an impact on a range of issues including:
  - Employers and the economy
  - The criminal justice system (including police and prisons)
  - The results of young people in the educational system
  - The ability of people to participate in society as active citizens

- An effective EW strategy must reach out to a wide range of communities, institutions and organisations.

- The London Development Centre (on behalf of the Chief Executives of Mental Health Trusts in London) is developing a Strategic Framework for Mental Health in London. This has been developed by “ambassadorial” meetings from a member of the Development Centre to a range of bodies with an influence on EW in London. Most organisations have been open to these discussions, and the Framework is successfully engaging them.

- A national Cross Government Network was established to develop and implement the MH and Social Exclusion report in 2004. This ensures that all government departments consider EW and MI, and monitors delivery of the action points in the report by the variety of government departments responsible. Such discussions have raised the profile of EW within a number of bodies who might not otherwise have considered it at all relevant.

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<td>• Lead by example on EW by ensuring all Directorates General use an EW impact assessment of new policies</td>
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<td>• Consider how EW impact assessment might be integrated within the wider Strategic Environmental Assessment (SEA) directive.</td>
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<td>• Actively engage in dialogue on EW with a range of organisations across the EU including business and community groups</td>
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• An ongoing platform for EW could act as a way of engaging member states, ensuring their ongoing consideration of the issue and as a means of monitoring progress of implementation. An advisory body of stakeholders including academics, clinicians, service users and carers would provide support to this. Such a system would require agreed shared outcomes relating to EW and MI to focus national work and permit the measurement of progress.

The EU should continue and use existing platforms for EW supported by an expert advisory group
Appendix A;
Contributions are gratefully acknowledged from the following;

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