SAMARITANS

Response to the Green Paper: Improving the Mental Health of Europe: Towards a strategy on mental health for the European Union.

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A. Introduction: Samaritans.

Samaritans is a non-religious, non-partisan organisation representing 202 organisations across the UK and Ireland working under a constitution that seeks to support people in distress and despair, including those considering suicide.

Befrienders Worldwide, for which Samaritans runs the secretariat, extends this mission to a further 200 organisations, in 38 countries, across the world.

Samaritans was founded by the Reverend Chad Varah in 1953 and is regarded as the UK/I's first "helpline", providing support to people in distress and despair, including those considering suicide. Samaritans is a volunteer led organisation, headed by a small board of trustees and an association made up of the lead volunteer from each of the 202 autonomous federated branches. Samaritans network of branches developed slowly as a community led initiative wherever suicide was recognised as an issue.

Communities outside the UK/I began to develop similar activities and in 1974 they came together to form Befrienders International, which was also founded by Chad Varah. In 2003 Samaritans took on the co-ordination of the network which now aims to provide an exchange of support, knowledge and experience whilst linking externally for mutual learning and influencing. The Befrienders Worldwide multi-language website is the principal global resource for people in emotional distress, with up to 80,000 "hits" every month.

The other activities of the, newly named, Befrienders Worldwide network include providing advice and resources to members and potential members in setting up services and a long running twinning scheme to foster visits and exchanges. The twinning project has a record of success showing the benefits of effective listening across language and culture.

In order to maximise impact Samaritans works closely with our sister organisations IFOTES and LifeLine International to extend good practice across the globe, including on the media's portrayal of suicide. As part of this coalition we are in the process of partnership development with the World Health Organisation.

B. General comments on the consultation

Samaritans/Befrienders Worldwide welcomes the adoption of the Green Paper and applauds the process which has enabled a number of stakeholders, including our organisation, the opportunity to share it views with the Commission. We hope that the engagement with a diversity of actor remains a fundamental part of the continuing programme including its delivery.

As mental health becomes increasingly synonymous with well being it is seen by Samaritans as a subjective concept and one we feel that services have to recognise as such. This is because caught up in the issue of whether a person accesses mental health services, is how they feel about their mental health and whether they consider such services relevant or helpful. Samaritans now talks about emotional health, since this is arguably a less threatening and medicalised term. In our emotional health promotion and emotional support workstreams we recognise that people express their needs differently and as such may wish to use other language to describe their mental health. In essence, it is vital that services adopt a holistic approach to mental health and begin by listening to how people wish to discuss such issues.

The stigma surrounding mental health and the resulting discrimination experienced by people in distress is a major determinant of their quality of life. The stigma and discrimination

present in mental health services, other services and in the general population must be addressed as a priority.

C. Specific comments on questions raised in the consultation paper

Question 1. The relevance of good mental health of the population, and our beneficiaries, for the EU's strategic policy objectives

1.1 The statistics for the burden of mental health are increasingly well known, we have figures that show the forecast for those who will have an episode of mental illness (1 in 4[1]), the number of days lost in the UK due to stress in the workplace (29[2]) and the fact that by 2020 Depression will be the greatest cause of morbidity in the world[3]. However there is a need for more information specific to the Europe and this is the first reason why we would commend the adoption of a Europe wide policy for mental health.

By drawing the research of individual states together it will be possible to assess the impact of policies, environment and societal changes and trends into the widest picture of emotional health. A basis for this research can be found in the work of researchers such as Knapp and Patel. By making a case for mental health that is linked to a strong economic argument we believe that greater efforts will then be made to address this situation.

1.2 The people of Europe are amongst the most mobile, thanks to the competitive nature of transport, portability of qualifications and the open borders between member states. As new states join we have seen major movements of their populations into the more developed areas seeking employment opportunities. At the other end of the scale there has long been a movement of people, often retired, from Western Europe toward the warmer, and sometimes cheaper, southern areas.

The central place of work as a part of European lifestyles means that there is an opportunity to use it as a key part of health promotion activities but it is a necessity to ensure that a good work-life balance is promoted to those in employment. Samaritans have recognised the central role of work and developed activities to improve emotional health and well being in the workplace which in turn also address the stigma.

The mobility, which enables Europe to remain economically buoyant and flexible, is a key priority of the EU. However we would support the view that dependent on the origin of the "patient" and the destination of country in which they reside for work, the quality level of mental health accessible to these groups varies significantly[4]. There is also increasing evidence[5] that wealth does not lead to an increase in happiness further supporting the view that an effective work-life balance must be found.

Migrant workers are noticeable in the UK in that they often work in sectors requiring low skills and in which pay levels are barely above the national minimum. For example in rural areas agencies such as Citizens Advice[6] have recognised that significant migrants are working as crop pickers. As migrants are often coming in from new accession countries which are those with higher rates of suicide and combined with a lack of their normal support networks this can bring further marginalisation and stress upon individuals. A major English

[1] WHO – Investing in Mental Health 2003
[2] HSE – Stress Management Guidelines
[3] WHO – Prevention of Mental Disorders 2004
[4] The State of Mental Health in the European Union. 2004
[5] Happiness. Lessons from a new science. Richard Layard. Penguin Books 2005.
[6] Supporting migrant workers in rural areas. Citizens Advice. September 2005.

food manufacturer has recently been in contact with Samaritans having identified just such a support need for their seasonal Polish workers.

In order to make our service accessible to migrants we offer a variety of initiatives. Samaritans advertise our services (available via telephone, face to face visit, letter, email, textphone and SMS text message) both nationally and locally, in a variety of languages. Our services can also be delivered in over 50 languages via Samaritans volunteer language bank.

1.3 However help seeking behaviour is a not a common characteristic of Europeans and cultural issues mediating against this must be addressed. These traits can establish themselves as a part of a national, self-fulfilling, stereotype that can act against good mental health. Where a country is establishing itself as a tourist location where vacationers "get away from it all" there can be a reluctance to accept that mental health remains an issue. An anecdotal report from a Samaritans branch based in a country popular with retiring British citizens states that they receive a lot of calls from individuals, many of them widowed, who having retired there with their partner are now alone and feel adrift in the health care system. Due to Samaritans awareness levels with British people the branch is seen as a dependable, though unofficial, part of the healthcare provision. However the branch receive only minimal support from the government there as the country wishes to portray itself as a "happy place" in order to protect the tourist industry.

We would wish to see support for the continued provision of helplines and other support service to those in distress and despair, including those considering taking their own lives. The work of Befrienders Worldwide in conjunction with partners makes up a significant part of this support and recognition for it must be included in any strategy. We would further welcome initiatives to increase the participation of the voluntary sector, and of service users, in the development and implementation of measures to support those in need.

1.4 If the aim of the strategy is to provide, and increase access to, quality mental health services then investing the required resources is necessary to provide those choices. This means offering long-term therapeutic support, requiring not only resource commitment but also a commitment to partnership with those stakeholders, including agencies such as Samaritans, to develop methodologies which complement each other and add value to the total service offering. To achieve this level of working Samaritans would like to see an agreed standards framework covering mental health services. As a measure of good practice this would include some form of assessment that identifies risk.

1.5 In order to overcome language and cultural barriers we would hope to see a simple EU wide mental health promotion campaign that would, as appropriate, overarch or fit in with members states' own initiatives. Where member states do not have suicide prevention or mental health promotion strategies in place they should be encouraged to develop these and measures to enthuse and supports members states to support initiatives within their own countries should be made available. World Suicide Prevention Day and World Mental Health Day (respectively the 10th of September and October) should be used as key activities in this work.

Question 2. The value added, to our service or our beneficiaries, through an EU strategy and its components.

2.1 Through the partnership Samaritans has with IFOTES and LifeLine International (operating as Volunteer Emotional Support Helplines or VESH) we would be able to use the common reference tool of an EU wide strategy to further develop our joint working activities to optimise their impact. We currently share a common platform at events such as at the 2005 International Association of Suicidology conference in Durban.

Our strong commitment to inter-agency collaboration reflects our recognition of an increasingly mobile society, and the need for services to keep pace in terms of being available across borders and with varied means of access. Everyone is responsible and accountable for ensuring that relevant rights are respected for all groups at risk, and especially for those facing high stigma mental health issues.

The Samaritans email service demonstrates the cross-border nature of emotional support, with up to a third of emails coming from outside the UK/Ireland.

2.2 The development of this partnership also offers increased potential for the sharing of experiences and best practice and a chance to evaluate how successful an EU strategy is across a Pan European partnership. We would hope to see that any policy whilst including suicide and mental health also extends its scope to bring in other areas. As a provider of a helpline (amongst other services) we would look to the Commissions' role in developing ICT as a key part of the strategy. We already foresee that further opportunities to extend and improve our service delivery may become available due to developments in telephony and ICT.

- Voice over Internet Protocols (VOIP) would potentially enable all non face to face contacts including email, voice and SMS text messages into Samaritans to be channelled digitally.
- Harmonised European Short Codes (HESC) (such as 112) which connects callers to emergency services, such as the police, in whatever country they are in will be examined to see how they may benefit our beneficiaries.

However there are other areas that we would also hope to see the EU strategy reflected in. As part of its work on the Department of Environment, Food and Rural Affairs' Rural Stress Action Plan Samaritans has input into a checklist to "rural stress proof" policies. Given the role of the CAP in European policy and potential reforms in the future this would be a system we would advocate for in future policy development and of particularly relevance to rural communities.

We would also look towards this strategy being one that proposes the need for early intervention work in schools and workplaces and one that in line with the work of Jenkins, McCulloch, Friedli and Parker[7] includes both risk reduction and health promotion activities as equally valuable activities and necessary if success is to be achieved. Samaritans has, in line with the relevant strategies of the UK and Ireland, developed interventions in both of these areas and aims to further develop our emotional health promotion work in the future.

2.3 An EU strategy should aspire to simplifying and streamlining activities, building on existing agreements and principles and avoiding duplication. This should take place at all levels ensuring that international agreements such as the Helsinki Declaration of 2005 feed down to individual member states and are implemented. As has been seen in previous research[8] the lack of consistency in data collection and indicators has made cross comparison difficult if not impossible and the need for clear and agreed objectives, intervention and indicators are critical if effective medium and long term evaluation is to take place.

2.4 It has been shown in some studies that there is link a between alcohol use and mental health, specifically suicidal behaviour. But the evidence linking alcohol abuse to increased impulsivity and then suicide remains, in the view of Samaritans, inconclusive. It should also

[7] Developing a Mental Health Policy. Maudsley Monograph 43. 2002
[8] "The State of Mental Health in the European Union

not be forgotten that these substances are also likely to be used as a support mechanism by some people. Research into the links remains necessary and we would wish to see this continue. However until this is more conclusive we would wish to see a strategy in which the promotion of healthy choices is a priority and where any actions to deter people from substance abuse take place in a supportive environment.

2.5 It is disappointing that self-harm does not figure in the Green Paper and Samaritans would point to the report of the UK National Inquiry into Self Harm "Truth Hurts"[9] to inform additional recommendations. Though self-harm is related to emotional distress, and interventions not specifically focused on self-harm can improve emotional well-being, it remains important that interventions are based on an understanding of self-harm and respond to it as a specific issue.

2.6 The strategy fails to engage the need for Media to be engaged with both as a group to influence and a channel to utilise. Samaritans has for many years produced media guidelines on the representation of suicide and these have been the basis of many other guides. We continue to work across the UK and Ireland to develop media guidelines and monitor media output in order to inform journalists and their audiences of positive, non-stigmatising and alternative messages on the portrayal of mental ill health and suicide. This is supported by work with government and industry to develop codes of conduct. The EU strategy enables Samaritans to disseminate this work to a wider audience and share our best practice. We would call for Media to be incorporated in the strategy and are happy to share further information on this issue.

We would also seek to see measures in the final strategy that encompasses New Media and particularly our concerns over the overtly graphic portrayal of suicide methodologies that are available over the Internet. We aspire to the promotion of positive choices and would wish to see Samaritans and our sister organisations prioritised by Internet Service and Search Engine Providers (ISPs). The company AOL has already agreed to prioritise services like our own and we will continue to work with ISPs to enable this wherever possible. We do not advocate for the banning of these sites as we strongly believe that this would not prevent them from existing and merely drive them underground and increase stigma.

Question 3. Are the initiatives proposed appropriate to support the co-ordination between Member States, to promote the integration of mental health into the health and non-health policies and stakeholder action, and to better liase research and policy on mental health aspects?

Samaritans are keen to see the creation of an EU wide network, but would caution that this should not be at the expense of existing interagency networks and should seek to work with them. In addition to our own work within Befrienders Worldwide IFOTES, there is work underway by SME, EPHA, IASP and many others, which will be of significant value to the development of this strategy. Samaritans looks forward to the strategy and engaging further in its successful implementation, we would be willing to meet with representatives of the Commission or other implementing agency at their convenience to discuss any of these issues raised in this response in greater detail and how Samaritan may contribute**.**

End.

[9] Truth Hurts: Report of the National Inquiry into Self-harm among Young People. Mental Health Foundation 2006