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Revised version

## **Responses to the Green Paper: Promoting the Mental Health of the Population. Towards a Strategy on Mental health for the European Union**

### **Summary**

On 14 October 2005, the European Commission published its Green paper “Improving the mental health of the population. Towards a strategy on mental health for the EU”<sup>1</sup>. Following publication the Commission launched a wide consultation process, including both a thematically structured series of consultation meetings, as well as an open consultation process. This paper summarises the responses to the open consultation.

The Commission received 237 responses. The responses welcomed the Green Paper and called for increased attention and priority on mental health. The majority supported the development of a comprehensive mental health strategy. The respondents advised that the emphasis be put on mental health promotion and prevention, as well as on enhancing the situation of those with mental health problems through reducing stigma and discrimination. To do that, the implications of other sectors' policies on mental health should be better considered in policy making and implementation, and tools to do that further elaborated. It was also noted that there were substantial needs for improvement in mental health care. Increased exchange and collaboration between Member States was recommended. Many research needs were identified, as well as the need for an improved interface between research and policy-making.

### **The Consultation Process**

On 14 October 2005, the European Commission published its Green paper “Improving the mental health of the population. Towards a strategy on mental health for the EU”. The objective of this document was to launch a broad consultation on the relevance of mental health for the EU, the need for an EU-strategy and its possible objectives.

In the context of the Green Paper a wide consultation process, including both a thematically structured series of consultation meetings, as well as an open consultation process, was launched through a high-level meeting on 24 October 2005 in Luxembourg. This high-level meeting was

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<sup>1</sup> COM (2005) 484 final of 14 October 2005, OJ (2006) C49/28 of 28 February 2006 <http://europa.eu.int/eur-lex/lex/LexUriServ/LexUriServ.do?uri=CELEX:52005DC0484:EN:NOT>

hosted by Commissioner Markos Kyprianou and was attended by policy makers, stakeholders from different sectors and civil society as well as the research community.

The structured consultation series followed the thematic structure of the Green paper:

1. Promotion and Prevention in Mental Health
2. Social Inclusion and Fundamental Rights in Mental Health
3. Research and Information in Mental Health.

For the purpose of these meetings, two groups were created. The first one was called “Dialogue with Member States”. It had as its members, policy makers from Governments of EU-Member States and accession as well as candidate countries. A second group, the “Platform on Mental Health”, brought together representatives from organisations from the health and other sectors. The Platform had a sub-group “Interface with research”, which convened mental health researchers and statisticians. There is a separate [report](#) on the structured consultation.

Moreover, the European Parliament adopted a [Resolution](#) and the European Economic and Social Committee gave an [Opinion](#) in support of the Green Paper.

## Open consultation

The open consultation on the Green Paper launched by the Commission invited European institutions, Governments, health professionals, stakeholders in other sectors, civil society including patient organisations, and the research community to communicate their views.

The questions proposed for the open consultation were:

1. *How relevant is the mental health of the population for the EU’s strategic policy objectives?*
2. *Would the development of a comprehensive EU-strategy on mental health add value to the existing and envisaged actions and are the priorities proposed adequate?*
3. *Are the initiatives proposed 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 mental health aspects?*

This analysis is based on the responses as they are posted on the Commission web site<sup>2</sup>. The Commission received 237 responses (tables 1 and 2), indicating a high level of interest on the matter. Thirteen of these responses (5%) were from national government authorities<sup>3</sup> and 19 from either regional or local level government authorities (8%), and seven (3%) from other health-related public institutions. Among the national, regional and local level responses there were responses both from the structure responsible for health, as well as from the structures responsible for overall governance. As looked from the point of view of the responding sector, the health sector, and within it health related professional groups as well as service provision NGOs were in the overwhelming

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<sup>2</sup> The website address is

[http://ec.europa.eu/health/ph\\_determinants/life\\_style/mental/green\\_paper/mentalgp\\_contributions\\_en.htm](http://ec.europa.eu/health/ph_determinants/life_style/mental/green_paper/mentalgp_contributions_en.htm)

In this analysis, the classification used on the web site is used, regardless of the fact that such classification is not unambiguous. The quotations in the following text are from these responses; the respondent is given in the parenthesis following the quotation.

<sup>3</sup> The governments that sent their responses were Belgium, Estonia, France, Germany, Latvia, Lithuania, Malta, The Netherlands, Poland, Portugal, Slovenia, Sweden, The United Kingdom

majority (40%). Responses from the other sectors were less abundant (8%), and those that received from the other sectors were mostly from organisations addressing special problems of vulnerable groups, such as employment or housing; or from religious groups. Groups representing persons with mental health problems and their families (8%), and individual citizens (16%), were also relatively active in the consultation.

As regards, the geographic distribution of the responses, 13% of them were from the European level, 21% from Germany and 25% from the United Kingdom. Responses from Austria, Belgium, Finland, Ireland, Italy, The Netherlands and Portugal together accounted for 26% of the responses, while 14% of the responses came from the remaining 16 EU countries, including three countries with no responses.

**Responses to the open consultation  
(Total number of responses 237)**

**Table 1: Number of responses by the type of the respondent**

• National level governance	13
• Regional level governance	11
• Local level governance	8
• Other public institutions	7
• European organisations	3
• Health sector and NGOs	95
• Other sectors and NGOs	20
• Social Partners	4
• Pharmaceutical Industry	3
• Patient, family member	
• Org:s, self help groups	19
• Foundations/ Charities	6
• Academia	11
• Citizens	37

**Table 2: Number of responses by the country of origin**

• European level	31
• Austria	9
• Belgium	8
• Czeck Republic	1
• Denmark	3
• Estonia	2
• Finland	10
• France	5
• Germany	49
• Greece	4
• Hungary	2
• Ireland	6
• Italy	12
• Latvia	1
• Lithuania	1
• Malta	2
• The Netherlands	9
• Poland	2
• Portugal	7
• Spain	3
• Slovenia	2
• Sweden	5
• The United Kingdom	60
• Non-EU country	3

The 237 responses include a wealth of expertise, advice and ideas. In this relatively brief summary, it is not possible to reflect all of them properly. This document has been compiled to facilitate understanding of key points received during the consultation and not as a formal Commission response. Building on the strong support received during the Green Paper consultation, the Commission intends to put forward a Mental Health Strategy in 2007 which will be informed by the wealth of the information assembled during this process.

### **How relevant is the mental health of the population for the EU's strategic objectives?**

The Green paper proposed that mental health could be an issue for the European Union through 1) the contribution that good mental health of the population can make to some of the EU's strategic objectives, 2) the role that the Community to encourage and support cooperation between the Member States and to address inequalities between them; and 3) the obligation for the Community to contribute to a high level of human health protection through all its policies and activities. The questions put for the open consultation especially asked to comment on the first point. However, in the responses also the other two were highly supported.

The Green paper emphasized the importance of mental health in the light of the EU's strategic objectives<sup>4</sup>, such as to put Europe back on the path to long-term prosperity, to sustain Europe's commitment to solidarity and social justice, and to bring tangible practical benefits to the quality of life for European citizens.

In general, all respondents stressed the importance of mental health for the well-being of the population. An overwhelming majority of the respondents agreed with the close links between the EU's strategic objectives and mental health as proposed in the Green paper.

#### Responses from national governments

National government responses all stressed the importance of mental health. Where the opinions of the national governments differed was in the nature of the linkage between the strategic objectives, especially the economic objectives, and mental health. While some governments saw a direct link.

"Malta sees a direct link between mental health, wealth and competitiveness and equally would like to see this link addressed in the forthcoming EU mental health strategy. In Malta's view, mental health is a very important basis for the EU work towards achieving the Lisbon strategy goals" (Ministry of Health, the Elderly and Community Care, Malta)

Others maintained that the linkage is more complicated. In one government's view trying to make a direct link between mental health and economic objectives was not sensible.

"The relationships between the mental health of the population and the strategic objectives mentioned in the Green Paper – long-term prosperity in the EU, solidarity and justice, and a better quality of life for European citizens – are so complicated that it is difficult to give a firm opinion on them. They probably have a mutual effect on each other. A better understanding is needed of the relevance of mental health to and its consequences for quality of life, economic and social welfare, social inclusion and the enjoyment of human rights" (Ministry of Health and Social Affairs, the Government's office, Sweden)

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<sup>4</sup> Communication "strategic Objectives 2005-2009. Europe 2010: A Partnership for European renewal. Prosperity, solidarity and security, COM(2005)12 of 26.01.2005

## Responses from other stakeholders

Among the other respondents there was a large consensus concerning the fact that there are significant costs of poor mental health in terms of costs in the health and social budgets, as well as in terms of the consequent implications for economic prosperity. In some of the contributions it was noted that the figures about the economic losses caused by mental ill health presented in the Green Paper were likely to be underestimates. The link between the Lisbon strategy and mental health, and especially between the economic development and growth and mental health, was stressed in many contributions. Many responses highlighted however, the fact that optimal mental health is first and foremost a right, rather than a resource for something else.

"EPHA strongly recommends to promote good mental health for the EU population as to allow the EU to comply with its core values and goals: achieving sustainable knowledge based growth (the Lisbon Agenda) without ignoring its commitment to protect Human Rights and strengthening social inclusion (EU Treaty article 13). An EU Strategy will be key to underpin the EU's wider commitment to solidarity, community and social justice" (European Public Health Alliance)

## Would an EU strategy add value?

### *On what matters should the EU act?*

The responses almost unanimously welcomed the green paper, and the majority of the responses supported the development of a comprehensive EU strategy on mental health. However, two Member States, France and The Netherlands, put into question the need for a comprehensive strategy on mental health, but both supported any proposal to encourage exchange and collaboration between the Member States.

"At first sight it does not appear opportune to create a 'Community strategy on mental health', the definition of such a policy not being compatible with the supporting competencies of the Community in this area. Such a strategy with general recommendations would not be able to make an improvement in the health situation amongst Member States (...).

Having said that the content of an initiative at the EU level should be:

- to encourage the sharing of experiences between Member States in the field of mental health and on the basis of cooperation between the Member States;
- to explore key questions within thematic working groups in the framework of a forum as proposed."

(Government, France)

In the Green Paper the Commission proposed that an EU-strategy should focus on the following aspects:

- 1) Promote the mental health for all*
- 2) Address mental ill health through preventive action*
- 3) Improve the quality of life of people with mental ill health or disability through social inclusion and the protection of their rights and dignity; and*
- 4) Develop a mental health information, research and knowledge system for the EU.*

In the open consultation the respondents were asked to comment on these priorities, as well as the concrete actions proposed in parts 6 and 7 of the Green paper. In general, the respondents agreed with the priority issues proposed by the Commission, giving variable weight to the various

proposed aspects. They also largely agreed with the proposed actions. As a general remark among the respondents, the need to increase the visibility and priority of mental health in policy making was unanimously stressed.

"Recognition of the importance of mental health in Europe is a significant step towards redressing the neglect that has affected this area." (Government, Poland)

It was stressed that to enable effective work for enhancing mental health more precise understanding on the determinants would be needed. It was noted that mental health determinants were not necessarily very much different from those of physical health. Much of the work should be integrated in the general public health work.

### Responses from national governments

All Member States who responded saw some scope for increasing EU level work on mental health. Many Member State respondents saw the EU as well placed to enhance the profile of mental health in policy making and to engage policy sectors beyond that of health, and thus actions on promotion and prevention were highlighted. The need to put emphases on tackling inequities and social exclusion as part of mental health promotion and prevention was expressed by several contributors. The ways in which mental health links with other EU level policy initiatives and programmes was suggested to be explored carefully and it was felt that it is important that EU level policies and initiatives were brought together. Especially central should be the incorporation the mental health considerations in the EU's own policies across various sectors, including education, employment, social, nutrition and alcohol. The importance of work place was emphasised because of its importance in promotion and prevention, and for social inclusion. Improved possibilities for combining work and family life were called for. It was also noted that mental health promotion should recognize the strong relationship between mental health, physical health and general well-being.

...an effective mental health strategy needs to engage policy sectors beyond health (including employment, education, inclusion, regeneration and human rights), and the EU is obviously well place to facilitate that engagement at a European level. This leads to another potential benefit of a strategy – to help raise the profile of mental health and improve understanding of the issues across the EU, its directorates and departments, and Member states. (Government, the United Kingdom)

"As regards promoting mental health, scientific research has identified crucial environments and setting for actions (schools and workplaces), the most receptive age groups (children and adolescents), vulnerable groups (the elderly), stages of life (maternity, or rather parenting, retirement), and gender imbalances as regards social and work pressures (women)." (Directorate-General for Health, Portugal)

Several actions and special areas for prevention were mentioned, including suicide and depression prevention, prevention of alcohol and drug related harm, prevention of discrimination, tackling work-related stress, early screening programmes, and special support for important life-periods, such as the perinatal period, or for vulnerable groups, described in more detail below.

The national government responses also drew attention to the various ways in which the situation of those with mental health problems as well as the human rights of patients could be enhanced. Substantial needs for improvement in the possibilities of persons with mental health problems to be included in the society were recognized. Closely linked with this is the issue of reducing stigma of mental health problems, and eliminating discrimination of persons with mental health problems. Special attention should be paid to eliminating stigmatisation and discrimination of persons with severe or chronic mental illnesses.

Many national government respondents commented on the need to improve mental health care and other support services for people with mental health problems as well as services and support for their families. It was highlighted that deinstitutionalisation should go hand in hand with a comprehensive development of mental health care and rehabilitation. Respondents emphasised early screening, counselling, outpatient system, as well as deinstitutionalisation with strengthened community care. It was pointed out that in some countries that have recently joined the EU, the modernisation of mental health services has been slow regardless of the urgency of such measures. Such modernization should include, among others, the legal foundations of patient rights, access to care and careful procedures concerning involuntary admissions.

As regards the role the EU should take in mental health care, the respondents' views varied. Among the Member States' responses some expressed strongly that matters concerning the organisation of mental health care remained with them, but even those respondents would welcome an EU involvement in enhancing exchange of information, knowledge and good practices so as to support the development of mental health policies in the Member States.

The need to better use the existing knowledge, including research results was stressed. Many responses highlighted the need to develop work around mental health indicators and their monitoring. It was proposed that the indicator list should not be too extensive and that the indicators should not be exclusively around mental illnesses, but also on mental health determinants and positive mental health. Two Member States, however, cautioned that finding useful indicators across countries in the light of the big differences between the countries would be difficult.

...no new indicators should be defined and applied, which some Member States could only collect with disproportionately high effort and which essentially would allow the Commission to exert an influence on national health care policies which would exceed legal EU-competencies ... Nevertheless, from the perspective of the Federal Government certain complementary actions at Community level could be useful and suitable to support necessary developments. (Federal Government, Germany)

It was also stressed that the development of mental health indicators should take account of the work already done in, for example EUROSTAT and WHO, as well as feed into the work being done by other EU bodies, such as the Social Protection Committee. In addition, the need to enhance research on mental health as well as the linkage between research and policy was stressed by many government responses. Inclusion of mental health research in the 7<sup>th</sup> Framework Programme for Research, Technological Development and Demonstration Activities was welcome. It was furthermore suggested that an inventory of existing initiatives would be useful.

#### Responses from other stakeholders

Mental health promotion and prevention were felt to be important fields for action also in the other responses. The need to address inequities in society was emphasised in several contributions. Increased cooperation between other sectors and policies was stressed. It was also noted that even if the Green Paper did not explicitly mention the Open Method of Coordination in health and long-term care that this could be an activity where mental health aspects could be integrated.

The significance of work, in terms of the importance of work for persons, but also through work related stress, work insecurity and unemployment was stressed. In addition, the importance of work was also emphasised in the context of recovery, rehabilitation and inclusion, and the need for supported employment as well as other pathways for easier transition between social benefits and employment. Contributions received from social partners, however, were against opening new

frameworks for work on mental health at work place. Instead they supported better information to employers and work councils about possibilities to address mental health. The importance of schools and day-care in mental health promotion and prevention were stressed. The potential role of media, in particular as regards its potentially harmful impact on children, on the one hand, and its potential role in either increasing or reducing stigma, on the other, was raised.

It was regretted that the effects of poverty and homelessness on mental health were missing in the Green Paper, although these aspects were seen as important both as causative factors for decreased mental well-being, as well as resulting from mental health problems. Attention was paid to the fact that many people with mental health problems have a dual diagnosis, including both mental health problems and substance dependence. The harmful effects of alcohol and drug abuse for mental health were raised, and EU-level action on this area was called upon.

It was also pointed out that healthy diet and physical activity were important in mental health promotion. Furthermore, the role of the environment for mental health wellbeing was stressed. The potential role of religion in people's mental well-being was mentioned.

The role of prevention was highlighted. For example, the need for training of day care and primary health care staff to promote healthy development and identify problems as early as possible was raised, as well as the need for support and advice for the parents. It was suggested that possibilities for parents to take care of their children for the first few years without losing their jobs should be explored.

Enhancing the well-being of people who were or had been experiencing mental health problems as well as the well-being of those close to them was emphasized. There was a large consensus that addressing stigma and social exclusion linked to mental health problems should be a central part of any strategy on mental health. It was also said that participation and inclusion should be central concepts in any strategy. The need to protect the rights of persons with mental health problems was stressed.

"Structural and legal frameworks must be given priority within the strategy in order to ensure that the human rights of people with mental health problems and that of their family/carers are protected." (Global Alliance for Mental Illness Advocacy Networks (GAMIAN), Europe)

"Focusing on stigma and discrimination is an essential first step in 'revaluing' people who have been devalued as a result of the attitudes that still prevail towards mental illness". "Further work is needed to promote mental health and to underline the importance of developing, enhancing and protecting civil, legal and human rights of people with mental illnesses." (Centre for Ethnicity and Health, University of Central Lancashire, the UK)

Various responses commented on the link between societal issues and mental health. While most of the comments concerned the societal nature of mental problems, and the role of social cohesion in promoting, preventing, caring and rehabilitating, one response also cautioned against the shifting of responsibility from social services to the medical domain. It was maintained that the strategy should put more emphasis on recovery and rehabilitation than was put in the Green Paper.

"We consider it important to draw more attention to the tremendous importance of participation in education, work, social communities and society to the well-being of people suffering from mental illnesses – just as it is for the rest of the population. ...We would like to see more emphasis on the importance of rehabilitation in the Green Paper. Particular attention should also be drawn to the impact of community and peer group empowerment in rehabilitation". (Suomen Fountain House, Finland)

Many of the responses stressed the need for action to improve mental health services. A need to strive for equity of access to mental health services was stressed. It was said that in general mental health services were not as well resourced as other health services, and that increasing pressures to cut costs and shorten patient days threatened to compromise the quality of care. It was mentioned that the lack of adequate resources will be exacerbated by the increasing need for services.

"..the first and most important step to take towards integrating mental health into global health policy would be significantly increasing investment by the Ministry of Health in the mental health sector" (VIME-Viver melhor, Portugal)

It was noted that there were important differences between countries. Concerns were expressed that in some countries care was not at an appropriate level.

"We regret to state that the quality of life of persons with mental disorders in our country is far below the standards of other EU countries. The basic problems include: lack of specialized care centers; no reimbursement and therefore no access to the most effective therapies with 2<sup>nd</sup> generation atypical drugs, and a lack of systemic and legislative solutions enabling patients to actively function in society." (POL-FAMILIA Association of families and caregivers of persons with mental health disorders; and Institute of Patient Rights and Health Education, Poland)

Deinstitutionalisation and increased emphasis on community based services and care, mentioned in the Green Paper, received wide support, but deinstitutionalisation was no longer a major issue in those EU-countries where major reforms had already been undertaken. It was also noted that deinstitutionalisation should mean significant investments in community based services and care and should not mean that hospital care for those who need it would become less available. At the same time the housing needs of persons with mental illness should be taken care of, so that one

"prevent[s] deinstitutionalization from becoming a pathway to homelessness." (European Federation of National Organisations Working with Homeless People, FEANTSA)

It was suggested that the EU could support improved mental health care and deinstitutionalization through at least the following mechanisms: exchange of best practices, exchange and training of professionals and funding of mental health sector reforms through i.e. structural funds.

As regards research, the main line of thought was that there should be more interlinkages between policy-making and research, so that research would inform policy-making and policy-needs for more information and knowledge would be channelled into research, when appropriate. Many contributions stressed that it would be important to develop a research agenda for mental health. Several contributions were concerned that the knowledge regarding mental health determinants, especially about factors that promote and enhance mental health, was insufficient, as well as the ways in which the determinants are amenable through changes in policies. Consequently, it was difficult to construct a concise list of indicators to monitor the development. There is still need for more research on the epidemiology on mental health, as well as there are plenty of research needs concerning mental health care on the various settings and regarding the various mental health care structures, as well as regarding specific clinical conditions and their treatment and care. Caution against over-reliance on research into drug treatment was given.

*On which population groups should the work focus?*

In terms of the population groups there were no significant differences between the government responses and those from other stakeholders. In general, there were several approaches to defining

the population groups. Firstly, the whole population should be targeted for mental health promotion. Secondly, there are some life situations that are especially important. Thirdly, there are vulnerable groups and situations that should be recognized. Fourthly, there are groups that are not served by standard approaches, and that therefore need special attention. Fifthly, persons with mental or neurological problems need support, care, cure or rehabilitation.

"The need of risks groups to obtain assistance is growing year on year. There are many detained persons, asylum seekers, refugees, victims of violence, military personnel, drug addicts, alcoholics, HIV-carriers, street children, families finding themselves in unfavourable socio-economic circumstances, underage mothers etc, whose inability to cope with life presents challenges not only for the social welfare systems but also for the healthcare system and to those developing the mental health service system." (Ministry of Social Affairs, Estonia)

Various population groups were mentioned to be in need of special attention, either from the promotion, prevention or care point of view. Increased emphases were suggested in particular for such groups as families expecting babies or having a newborn baby, children and their families and adolescents, as well as for elderly. The differences between genders were highlighted. It was also noted that it is important to identify among these broad groups those who are in especially vulnerable situation. In terms of general vulnerable groups many felt that the groups presented were adequately chosen, whereas others suggested additional groups, such as prisoners, sexual minorities, immigrants, refugees, prisoners, victims of trauma and abuse, those affected by war, homeless, those without education or work, alcohol and drug abusers. Also children whose parents suffer from mental or long-term physical illness or who have addiction problems, children from violent homes, children in institutions and refugee children were especially mentioned. Furthermore it was pointed out that carers of mentally ill are themselves at risk of burnout and depression. Several responses, especially from the various patient, self health and family groups, mentioned specific diagnostic groups, such as ADHD with children and Alzheimer with elderly. Dual diagnosis with mental health problems and substance abuse, as well as other co-morbidities were raised as special issues for attention. Persons with intellect disabilities were mentioned in some contributions.

## **What should be the division of labour in the area of mental health?**

### Responses from national governments

In terms of the various international actors, many governments stressed the opportunities and indeed the need to coordinate the EU actions with the WHO, and welcomed the Green Paper as a timely initiative and contribution to the implementation of the WHO Mental Health Declaration and Mental Health action Plan for Europe. Some governments also cautioned against unnecessary duplication of work.

As regards the principal actors and the role of the EU-level bodies, the main variance of opinions of the national governments was perhaps in the scope and level of involvement that the EU was expected to have in matters concerning mental health care and to what extent these were matters of the member state level or even delegated to regional and local levels. Many government responses stressed that health services are under national competence and that the role of the EU was that of coordination of information exchange and complementary functions.

"In the EU, health care is up to the individual Member State to organise. Although (public) mental health care has interfaces with other policy areas where the European Commission is active, the Netherlands Government wishes to maintain its powers in this area unfettered. However, it does see room for the Commission to play a supportive and facilitating role in the area of mental health by

facilitating the exchange of good practice." (Minister of Public Health, Welfare and Sport, the Netherlands)

It was also stressed that some countries would benefit from support from the EU level and from the other Member States, for example, in terms of enhancing intersectoral collaboration also at the Member State level, and in facilitating the transformation of the old institutional patterns of mental health care existing in some countries into a more modern one.

"In the EU strategy it should be clearly stated in that historical patterns of institutionalisation of children and adults with all kinds of social and mental health problems (including mild cases) have no future in modern Europe."

It needs to be taken into account that some of the new member states will need support from other EU member states and the EU, to develop a new level of research and monitoring capacity in the field of public health, and to introduce modern concept of public mental health as an integrated component of public health" (Ministry of Health of the Republic of Lithuania)

## Other respondents

The WHO welcomed the potential EU contribution for enhanced mental health.

"We strongly support the actions and initiatives, which are also very much in the spirit of the WHO Mental Health Declaration and Action Plan for Europe." (Regional Office for Europe, World Health Organization)

It was felt in many of the responses that the sub-national levels, especially the local level, which in many instances play an important role in developing and delivering responses that are important for mental health, were not given enough attention in the Green Paper. It was furthermore maintained that there should be a specific urban dimension to the strategy, since problems of mental illness were most commonly found in cities.

"..it would be on the level of regional and local governments that a give strategy concerning mental health would be exercised and implemented." (Danish Regions)

The importance of families, self-help and other informal carers was also stressed in many responses, as their role was not seen to be properly reflected in the Green Paper. The families are crucial in the care of those with mental health problems, but they are also in need of support in order to maintain their valuable contributions. The role of persons experiencing or having experienced mental health problems, as well as those close to them, in discussing, planning, implementing and evaluation mental health strategies, programmes, projects and services was stressed.

## Working methods

The Green paper proposed that the next steps in the consultation process were:

- 1) Creating of a dialogue with Member States on mental health by establishing a forum to identify priorities and elements for action plan,*
- 2) Launching an EU platform on mental health with a multi-stakeholder participation to analyze key mental health aspects, identify evidence-based and best practises, and develop recommendations for action*

3) *Developing an interface between policy and research on mental health to stimulate the development of an indicator system, impact assessment and evidence-based practice.*

#### Responses from national governments

The national governments mostly welcomed these actions. Especially enhancing exchange and cooperation between Member States was welcome by all, even by the government that were not convinced about a need for a more comprehensive strategy. Also actions to increase coherence in different sections regarding EU policies, was seen to have added value.

"Belgium ...proposes to focus on the creation of a core group/forum including representatives from all the Member States on the one hand, and, on the installation of an advisory group representing different stakeholders and the research community on the other hand. The forum of Member States must be the main group for implementing the strategy...The advisory group should present its views to the forum of member states. To conclude, we fully support establishment of an interdepartmental working group to safeguard the implementation of the WHO-strategy on mental health within the EU mental health policy including activities in the social sector, labour, education." (Government, Belgium)

Some governments were hesitant about the proposal concerning the platform. Others especially emphasized the role of the NGOs and the voluntary sector, and the local level and welcomed the platform.

"EU mental health platform will improve realization of different activities in mental health field, observation of human rights and social inclusion of mental illness patients"(Ministry of Health, Latvia).

#### Responses from other stakeholders

The responses from other stakeholders were especially supportive regarding establishing the multi-stakeholder platform. The importance of the participation of patient groups, as well as those of families and near-by carers was stressed. Some contributions suggested that a similar structure would also be useful at the national level.

Developing a knowledge system that would be able to make use of the existing knowledge was welcome. Caution against too much emphases on medical systems and models in the knowledge system, as well as, specifically in the indicator system was raised.

#### **Issues to be addressed in the next steps**

The underlying principles, definitions, concepts and language used in the Green Paper were discussed in several contributions. It was noted that a common understanding of mental health and ill health is needed, so as to provide the bases for collaboration and added value at the EU level.

A need to define more precisely the scope of mental health problems to be addressed in the potentially forthcoming Strategy was expressed. It was noted that mental health problems can be seen as encompassing a variety of psychological, neurological and psychiatric problems with varying severity. On the one hand it was expressed that there was a need to put more emphases on the positive end of the spectrum, and to promotion and prevention; and on the other hand to enhancing wellbeing and social inclusion of those with mental health disabilities, including reducing stigma and ensuring proper care for those severely ill. Concerns were raised that the concept of mental health as used in the Green Paper did not encompass all desired dimensions, such as ADHD<sup>5</sup>, Alzheimer, dementia, and some other long-term neurological conditions. It was noted

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<sup>5</sup> ADHD refers to Attention-deficit/hyperactivity disorder

that the challenges and opportunities to enhance mental health may vary according to the problem and its severity, and therefore more precise language may be needed.

The need to put more attention to gender dimensions, in terms of the mental health determinants, nature and prevalence of problems and care seeking patterns was stressed. Similarly cultural and ethnic differences were emphasized. Several responses stressed the need to pay attention to the fact that health systems, traditions, practices, abilities and resources vary from country to country. Concerns on deficits in human rights of mentally ill persons in some countries were raised.

It was also noted in some responses that some of the language used in the Green Paper was not chosen optimally and could in itself be interpreted as including connotations that were not conducive for reducing stigma and discrimination. For example, it was noted that one should talk about participation and inclusion, rather than integration. Furthermore the concept of social inclusion was felt to be in need of further clarification.

It was said that especially the concept of mental health promotion would benefit from further clarification, as well as from further clarification and concretization of planned activities and their implementation. This includes more work on identifying the most relevant mental health determinants, their relationship with more general public health determinants, as well as their relationship with other sectors' policies and objectives.

"If the priorities are actually to form the basis for future decisions in various policy areas, they must meet the criteria for operability and achievability. Only when a focus can actually be converted into options for action, these options for action can achieve success and this success can be assessed, can it be a guideline for a comprehensive EU strategy. If the four priorities are viewed in the light of these criteria, the conclusion to be drawn is that priority 1, the general promotion of mental health, is too vague and provides too little guidance for a comprehensive strategy." (Federal Medical Association) and Federal Psychotherapy Association, Germany).

Several responses emphasised the need to include implementation mechanisms, as well as structures for evaluation and monitoring in the strategy. It was noted that there was a need to elaborate on the mechanisms and processes of intersectoral work. It was, for example, mentioned that it remained unclear how the Commission intended to develop best practices on social inclusion and human rights, or how it intended to include mental health considerations into other EU policies. Development of mental health impact assessment of policy decisions was seen crucial.

As a method for monitoring and evaluation, several responses highlighted the need to identify a concise list of appropriate indicators on mental health, their determinants, and process indicators of their enhancement. Additional mechanisms, such as peer reviews, and exchange and training of professionals were also suggested.

"A special coordinating body should be developed at the EU level with the aim to follow-up the implementation of the adopted programmes, to coordinate the cooperation of the governmental and non-governmental organizations of individual member-states and to perform regular monitoring and evaluation activities in the field of mental health." (Ministry of Health, Slovenia).

Finally, issues concerning resources and supportive structures were raised. These issues include the resources of the EU-level work, as well as the use of the various EU-level financing instruments, such as the structural funds, the public health programme and the 7<sup>th</sup> Framework Programme. In addition, Member States, as well as regional and local government structures, may want to ensure that there are appropriate resources available so as to enable activities around mental health promotion and prevention, as well as to enable equal opportunities for persons with mental health

problems for treatment, care and rehabilitation, as well as equal rights to participate in the society, including support mechanisms to do so.

"It is important to identify the manner in which existing Community policies and financial instruments and directives can contribute to mental health [e.g. structural funds, environment, security, education]" (Health Research Board, Ireland).

"There is a need for developing a support infrastructure for promoting mental health at a European level. Support infrastructure includes mental health information strategy, the research and development strategy and the human resource Strategy. The service components include mental health promotion in schools, workplace, primary, secondary and tertiary prevention, good practice guidelines and health service links with justice, employment services, schools, NGOs and community sector" (International Union for Health Promotion and Education).