



# European Commission Green Paper: Improving the Mental Health of the Population. Towards A Strategy on Mental Health for the European Union

## Summary of Consultation Meetings



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# 1. Background

The Green Paper was launched by the Commission on 14<sup>th</sup> October 2005 and was intended to build on: work within past and current EU-Public Health Programmes; on mental health-related Council documents since 1999; and on the 2005 WHO European Ministerial Conference on Mental health and its results.

The following priorities are identified in the Green Paper:

- To promote the mental health of all
- To tackle the major mental disorders and support vulnerable groups
- To improve the quality of life of people with mental ill health or disability through social inclusion and the protection of their rights and dignity
- To develop a mental health information system for the EU- to promote mental health in the whole population.

## **The key messages contained in the Green Paper include:**

- ⇒ **Mental health is crucially important for key EU policy objectives (e.g. health, quality of life, economic and social welfare, transition into a knowledge society). However serious challenges can be identified.**
- ⇒ **The mental health of the EU-population is not as good as it should be ( e.g. high suicide rates in some Member States, increased diagnosis of conduct disorders in children and young people, and a rise in working days lost to the economy due to mental ill health)**
- ⇒ **There is now a considerable and growing body of *evidence on interventions* to promote mental health and to prevent mental ill health and it is important to ensure this evidence is better known and more widely utilised and integrated into policies and programmes.**
- ⇒ **People with mental ill health or disability experience stigma and discrimination and their fundamental rights are not always respected. Stigma can impede recovery by affecting individual's willingness to seek help and can contribute to social exclusion. The EU has a clear mandate to act in this field.**
- ⇒ **There is a need to improve information collection to facilitate the effective monitoring of mental health service systems. In addition, more and better information is required on the determinants of mental health and further research needed into the effectiveness of interventions in an EU context.**

The Green Paper proposed several initiatives that might be developed by the Commission, for example:

- Council Recommendations on: mental health promotion; potentially with the aims of the reducing the burden of depression, or reducing the incidence of suicide.
- Identification and promulgation of best practice in promotion social inclusion and protecting the rights of people with mental ill health and disability
- Proposing that the work of the Fundamental Rights Agency of the EU should include people with mental ill health and disability and extend to psychiatric institutions

## 2. Consultation Process: Context and Framework

The Green Paper acknowledged that the development and implementation of an effective EU strategy on mental health would require broad and inclusive consultation and therefore proposed several strands of activity:

- Creation of a dialogue with Member States (MS) to identify priorities and an action plan and consider the need for Council Recommendations, as above
- The launch of an EU Platform for mental health to promote cross sectoral cooperation in progressing the objectives of the proposed strategy
- The establishment of an interface between policy and research on mental health to promote the development of indicators and monitoring systems and to propose priorities for mental health research.

The launch event set in place structures for consultation by constituting three consultation groups: Dialogue with Member States (composed of Government representatives); an EU-Platform for Mental Health (representing the health and other sectors as well as civil society and patient and family organisations); and a Policy / Research Interface subgroup (involving academic experts).

These consultation bodies took part in three thematic consultation meetings which provided opportunity for information sharing, debate and discussion on key questions arising from the Green Paper:

- **16 – 17<sup>th</sup> January 2006, Luxembourg:** Mental health promotion and mental disorder prevention
- **16 – 17<sup>th</sup> March 2006, Vienna:** Social inclusion and fundamental rights
- **18 – 19<sup>th</sup> May 2006, Luxembourg:** Information, data and knowledge

Details (agendas, steering papers, presentations) of these meetings are available from:

[http://ec.europa.eu/health/ph\\_determinants/life\\_style/events\\_mental\\_health\\_en.htm](http://ec.europa.eu/health/ph_determinants/life_style/events_mental_health_en.htm)

The following overarching questions taken from the Commission Green paper were considered in the consultation meetings:

- In what ways is the mental health of the population relevant to EU strategic policy objectives?
- Would the development of an EU strategy on mental health add value, and in what ways?
- Are the initiatives proposed in the GP appropriate, to support coordination between MS, to promote integration of mental health into other areas of policy and policy implementation and to achieve better liaison between research and policy?

The consultation process continued to 31<sup>st</sup> May 2006. Over 250 written responses were received from a wide range of bodies and networks across the EU. This report summarises the material presented at the three thematic consultation meetings and the discussions which took place, but does not take account of the formal written consultation responses, which were being analysed by the Commission.

The WHO participated in the consultation and indicated its full support for the Green Paper and readiness to work in partnership with the Commission to further shared aims and objectives for mental health in Europe.

### 3. First Thematic Consultation Meeting: Promotion and Prevention in Mental Health

**Key points raised at the first thematic meeting included:**

- ⇒ **Recognition of the broad relevance of mental health and wellbeing at all levels across the social and policy spectrum, and therefore the competencies of the EU.**
- ⇒ **Member States have varied structures for mental health promotion and could benefit from culturally and politically sensitive collaborative approaches to this agenda.**
- ⇒ **There are many challenges in facilitating transferability of programmes, information and outcomes between Member States. However, there is also willingness and momentum within a diverse stakeholder group to negotiate these.**
- ⇒ **A wide range of activities actions were suggested for EU level action.**

Mental health is integral to well being and therefore involves all sectors. The concepts of 'Public Mental Health or Population mental health' signal a new approach, and can provide a useful framework within which to develop strategies for change and to build alliances with other sectors whose involvement is crucial for success. MH promotion works at individual, community and government / societal level.

Strategies required to promote mental health at each of these levels include:

- Development of resources, materials, tools and services
- Building capacity: skills, knowledge, confidence, networks
- Public policies that enable mental health to be mainstreamed
- Supportive environments for living, working, learning etc.
- Partnerships and collaboration

It is important that strategies and programmes are designed to address what is already known about the risk and protective factors for individuals and communities.

#### **Current situation of promotion and prevention in the EU**

MS face very similar challenges in promoting the mental health of their populations. However, different cultures and contexts require different strategies and actions. Mental disorders account for a considerable and growing proportion of the disease burden in Europe and the associated costs.

Currently although MS have a range of policies and programmes on mental health and mental health promotion appears to be moving up the agenda, the infrastructure and resources to support implementation are often poorly developed.

## **Relevance of promotion and prevention to other policy areas**

Responsibility for many of the determinants of mental health lies outside the health care sector and the engagement of other sectors is therefore essential to the success of promotion and prevention strategies.

Promotion and prevention can contribute to current policy objectives in relation to employment, health and safety at work, productivity and economic success, migration, social cohesion, and health gain. There are strong social and economic grounds for promoting the mental health of the EU population; failure to do so would have significant social and economic consequences.

## **Key challenges for implementation**

- Developing programmes must build on available evidence and should be tailored to target population and local conditions.
- Knowledge on how to implement effective promotion and prevention programmes needs strengthening. Mechanisms to promote coordination and sharing of information would avoid duplication.
- NGOs have a valuable contribution to make that is currently under-recognised.
- Capacity building remains a key issue to ensure that skills and knowledge are developed and supported through strong leadership

More work is needed to:

- clarify concepts and language to promote engagement of key sectors
- develop indicators that measure positive mental health not only ill-health
- generate comparable data, to track change and trends over time
- broaden the understanding of mental health determinants

## **Areas for action**

Actions at EU level to support mental health promotion and mental disorder prevention should encompass:

- The development of an EU strategy, action plan and monitoring system.
- Improved information and knowledge systems, including support for research and evaluation in the areas highlighted above, as part of the 7<sup>th</sup> Framework Programme.
- Targeted action, through specific recommendations on promotion and disorder prevention.
- Promotion of intersectoral collaboration by engaging with other Directorates and reaching out to a wider range of stakeholders.
- Support for coordination, exchange and dialogue through mechanisms such as the proposed Platform for mental health, to ensure effective interfaces between policy, research and implementation and to help address inequalities.

- Building capacity through programmes and networks to exchange knowledge and skills.
- Undertake proofing of EU policies to assess mental health impact.

## 4. Second Thematic Consultation Meeting: Social Inclusion and Fundamental Rights in Mental Health.

The key themes of the second thematic meeting included the following:

- **Recognition that social exclusion in relation to mental ill health was significant, and the stigma and social exclusion detrimentally affect people's willingness to engage services and health promotion.**
- **Ending social exclusion is a function of civil society, and not solely a function of health policy and health services.**
- **A range of initiatives is in place in Member States to address social exclusion, and the stigma associated with mental ill health. These originate in health and health promotion, but also through rights based activities. NGOs play an important role both in setting and delivering this agenda.**
- **In addition to the concern about the effect on individuals in society, there was concern about the rights of individuals with mental health disorders whilst receiving treatment, on a voluntary or involuntary basis.**
- **The meeting felt strongly that there was a role for the emerging Fundamental Rights Agency in addressing social exclusion and affirming the human rights of people who experience mental ill health.**

There is an urgent need to find a global strategy in view of needs associated with mental ill health. In this work, social inclusion and promoting fundamental rights are key.

How the EC can contribute to improved quality of life for people affected by mental illness or disorder through social inclusion and through respect for dignity and fundamental rights? Social inclusion and protection of people with disability are responsibilities for Member States (MS) but also fall within EC jurisdiction.

### 4.1 Social inclusion

#### **Current situation in relation to the social inclusion of people with mental health problems**

Social exclusion is a major public health risk that affects the mental health of a very large number of people across the EU.

People with mental ill health or disability meet fear and prejudice from others, often based on misconceptions about mental ill health. Stigma increases personal suffering and can prevent help seeking. Social exclusion and discrimination can impede access to services and resources such as housing and employment. Article 13 of the EC Treaty sets out a legal basis for community level action to combat discrimination based on disability.

Social exclusion can be considered in terms of the loss or reduction of rights and participation in society. Social exclusion takes many forms: subtle stigmatisation and social distancing; self-stigmatisation; territorial exclusion; and discrimination. It is important to address all aspects, through actions at different levels.

The relationship between mental health and social exclusion is bi-directional and multidimensional. This raises challenges about how to prevent negative events or protect against their consequences. Social exclusion has both economic and social consequences, leading to increased, sustained costs to public services, negative social and personal effects in terms of quality of life, and lost capacity in the labour market.

Promoting social inclusion can help the EC promote economic growth and flourishing societies, as set out in the Lisbon agenda.

### **Key challenges**

- Respecting the rights of service users and achieving closer co-operation with service users groups and with professionals
- Tackling negative attitudes and stereotypes about mental health problems/ mental illness that give rise to negative behaviour. Social inclusion requires a change in the view point of professionals, society and service users themselves
- The inadequate development of sustainable community based mental health facilities across MS and the lack of adequate professional standards and competencies in community based systems of care
- Access to employment is a key area for development, to assure income, social identity and contribution to community life. Promoting and supporting re-integration into the labour market is crucial in seeking to eliminate the prejudices and stigma associated with mental health problems
- Mental health problems account for a sizeable proportion of expenditure on disability benefits and there is a need to ensure that benefit systems support the integration of people with mental disorders
- NGOs play an important role in promoting the social inclusion of marginalized groups and are a key resource in pursuing the objectives of the Green Paper, although are often under funded.

### **Areas for action at EU level**

There is scope for the Green Paper to act as a catalyst to promote social inclusion through the actions of a wide range of stakeholders:

- Early interventions in childhood
- Support for employment
- Promotion of social networks
- Flexible funding and use of (EC) structural funding to assist reform and promote inclusion and non discrimination
- Empowerment through consumer-directed use of resources
- Legislative measures to ensure conformance

Possible initiatives at Community level could include promoting the exchange of best practice to promote social inclusion and protect the rights of people with mental disorders:

- To develop common indicators
- To work in collaboration with other main bodies: WHO (strategy), EC (implementation) and Council of Europe (Human rights)

## 4.2 Fundamental Rights

### **Current situation in relation to the fundamental rights of people with mental health problems in the EU**

There are a number of elements in place and in development that create a supportive framework for the promotion of human rights in the EU. Article 6 of the treaty of EU and the Charter of Fundamental Rights to affirm rights and make them more visible to the public. A Network of Independent Experts on Human Rights, established in 2002, proofs the Commission's legislative proposals to ensure compatibility with human rights. There are proposals for a Fundamental Rights Agency to provide assistance and expertise and to raise awareness of the Charter. In addition, the EC Department of Justice, Liberty and Freedom has developed a range of guidelines and tools.

The Green Paper signals a change of paradigm, in line with human rights. But with a move away from institutional care, there is a risk that needs become less visible. There is a need to develop proactive community services and to ensure that money follows the patient.

### **Key challenges**

There is a high degree of variability of practices in the use of involuntary admission to psychiatric hospital, the duration of which can vary 40-fold between countries. This suggests that culture, tradition and values may be strongly implicated. It would be useful to have a shared foundation of common principles in all legislation.

Looking at equal rights and responsibilities of people with mental disorder raises issues of non discrimination. Different standards may apply to people with mental disorders compared with other groups e.g. those with communicable diseases. The present paradigm tends to presume legal incapacity and deprives people of liberty often without appropriate safeguards.

Fundamental rights need to include rights of access to treatment for those in need, including migrants and asylum seekers. Pressures on services can limit access for this group. Rights to treatment should be broadly defined to include psychological and vocational / occupational interventions.

Deinstitutionalization should not be seen as an end in itself but as a means to develop the support required for someone to live and participate in their community.

There are measures that would enhance the protection of fundamental rights such as: access to independent advocacy; the use of trained psychiatrist and professional diagnostic terminology in decisions about compulsion; the harmonisation of time frames for compulsory placement; and distinguishing between detention and treatment.

### **Areas for action at EU level**

Work is required to review and expand the paradigm within which we are working. The EU can assist by supporting more research and involving the whole population in discussion and debate on issues of rights and ethical and legal frameworks.

There are considerable variations in the use of compulsory measure in different MS and this need to be monitored.

An EU mental health strategy would be useful in promoting the development of community based services and the rights of people with mental health problems and their families.

The EU could assist by mapping of Human Rights legislation and structures across member states, defining concepts: rights, obligations and structures

The Fundamental Rights Agency: should have a supervisory role to uphold minimum level of rights

## 5. Third Thematic Consultation Meeting: Information, Data and Knowledge in Mental Health

The key themes of the third thematic meeting included:

- **Recognition of progress made and scope for further activity.** Through the EU Public Health programme, proposals for mental health indicators have been put forward, to cover: demographic and socio-economic data; mental health status; determinants of mental health; and mental health systems.
- **Consistent, cyclical data collection and analysis is vital to the monitoring of interventions under the proposed strategy, and for the ongoing demonstration of efficacy for continued investment.**
- **Cross-referencing of data in health as well as other areas of interest is vital, as data on mental health and wellbeing can often be extrapolated from other measures.**
- **There are gaps in existing knowledge, and in proposed data for capture. These**

### Current Situation

The Helsinki WHO declaration makes a commitment to improve surveillance of mental health and well being as well as of mental health problems, through standardised indicators and EU wide health surveys. The Green Paper refers to the development of mental health research and knowledge system and recognises the need for more information on positive mental health and its determinants and for more opportunity to share practice.

DG SANCO's objectives in relation to information are:

- To develop an EU system of information and knowledge on health that is accessible to experts and the public
- To become the reference point for information to monitor the health of Europeans
- To act as the basis for public health policy development

### Key Challenges

A shared vision for mental health research should be driven by a desire to improve lives and to foster equality and inclusion. The proposed strategy should outline priorities for EU mental health research, informed by the consultation discussions.

Improved information and knowledge are necessary for several purposes:

- Monitoring, to assess and track changes over time in mental health status at national and EU level
- Mapping social changes which are likely to have mental health consequences
- To provide evidence of what works, when, at what cost to be able to make the case for investment in MHP and MDP and to inform policy development and implementation.

## **Topics**

Gaps in knowledge were identified in the following areas:

**Key groups:** children, young people, ethnic minorities, asylum seekers  
**Key sectors:** employment, social inclusion,  
**Levels:** individual outcome data on health and quality of life; health impact assessment of policies; population attitudes

Data on mental health systems are often out of step with policy and practice in some MS: for example, available data tend to be hospital focused; and there are few data on children and young people's mental health.

The current picture of mental health in the EU is therefore incomplete and does not cover all the domains required. In addition, data tend to be available in many different places and are not drawn together coherently to enable useful analysis.

Mental health is currently picked up in a range of different indicators although significant gaps remain. Data comparability continues to be a critical issue.

## **Areas for action at EU level**

- Creating an infrastructure to facilitate the exchange of best practices, to add value. This would include building stronger relationships between the research community, policy makers and service providers and strengthening research capacity through training and through opportunities for cross sectoral collaboration.
- Regular monitoring of and reporting on the state of mental health in the EU
- Development of indicators that include mental health determinants

## 6. Conclusion

The need for an EU strategy on mental health was strongly endorsed through the consultation meetings as a means of affirming that good mental health is central to the achievement of EU strategic objectives.

The development and implementation of a strategy could provide an unprecedented opportunity to take action, in view of the compelling case on both economic and social grounds for investment of resources and effort in mental health. Stakeholders engaged in the consultation process indicated a strong wish to work with the EU towards common objectives. At the same time in seeking solutions, it will be important to recognise diversity and difference among Member States in seeking solutions.

The value of an EU strategy has been demonstrated in other policy areas of health services and public health, in promoting the exchange of practices, co-operation and collaboration.

It will be important to take a whole population approach that aims to achieve improved mental health for all, combined with targeted actions directed at groups in vulnerable circumstances and life stages. The promotion of fundamental rights and social inclusion needs to go hand in hand and be linked to promotion and prevention. A public health approach to mental health strategy is also essential to help connect the mental health agenda into other EU policy areas.

Mental health is (or should be) on everyone's agenda and effective action to improve mental health requires collaboration across sectors.

The EU role should be to provide resources and support for the development of materials and tools for implementation, enable the exchange and sustainability of best practice, facilitate the use of existing networks to support cross sectoral approaches, to make connections with overarching EU priorities, to monitor progress.

## 7. Next Steps

This summary report and the other reports coming out of the consultation meetings plus the responses to the open consultation on the Green paper will be published on the Commission's website:

[http://ec.europa.eu/health/ph\\_determinants/life\\_style/events\\_mental\\_health\\_en.htm](http://ec.europa.eu/health/ph_determinants/life_style/events_mental_health_en.htm)

The consultation submissions from organisations and individuals are currently being analysed by the Commission Services. A summary report is due for publication in autumn.

This summary report will form the basis for decisions about the further follow-up to the Green Paper.

## **Appendix A**

[The Scottish Development Centre for Mental Health](#) (SDC) is leading a three year partnership project, SUPPORT, working with [STAKES](#), the Finnish National Research and Development Centre for Welfare and Health and NHS Health Scotland.

The SUPPORT project is funded jointly by the European Commission, with matched funding from the Scottish Executive and the Finnish government.

This project will provide administrative, technical and scientific support to further the European Commission's mental health priorities.

This will include supporting the EU Platform on Mental Health; the completion of the final stages of consultation on the Green Paper and the development and implementation of the proposed strategy and action plan.

The project will promote the visibility and impact of the Commission's work on mental health, through a range of actions such as networking, communication and the production and dissemination of materials and promote co-operation and build capacity across sectors and among member states.

The project's primary objectives will be to:

- Support the Platform on Mental Health and associated working groups / task forces
- Raise the profile and promote the visibility of the Commission's priorities for mental health, the work of the Platform and the activities and outcomes of Commission funded projects relating to mental health
- Support processes agreed by Commission Services to take forward strategy development and implementation arising from the Green Paper

A website for the SUPPORT project is under development and will shortly be available at [www.supportproject.eu](http://www.supportproject.eu). This site will contain project documents, work plans and reports of seminars and activities.

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