

Mental Health Promotion and Mental Disorder Prevention

A policy for Europe

Mental Health Promotion and Mental Disorder Prevention

A Policy for Europe

This document has been prepared by Eva Jané-Llopis and Peter Anderson on behalf of the “Implementing Mental Health Promotion Action” (Imhpa) network. Imhpa has been co-financed by the European Commission, the Ministry of Health, Welfare and Sports (VWS) of the Netherlands and the National Research and Development Centre for Welfare and Health (STAKES) of Finland. The project has the participation of representatives of 20 European countries and the collaboration of several European Networks and the Regional Office for Europe of the World Health Organization. Since April 2003, Imhpa has been engaged in the development of an Internet database of evidence based mental health promotion and mental disorder prevention programmes; a set of training initiatives including a training manual for primary health care professionals and a policy for mental health promotion and mental disorder prevention. The policy is presented in this document and is supported by a longer background technical document. The responsibility of the content of both documents lies with the authors, and the content does not represent the views of the European Commission; nor is the Commission responsible for any use that may be made of the information contained herein. For more information and the electronic version of the document, see: <http://www.imhpa.net>

This document is a result of the project *"Integrating mental health promotion interventions into countries' policies, practice and the health care system"*. The project is financially supported by the European Commission, the Ministry of Health, Welfare and Sports of the Netherlands (VWS), and the National Research and Development Centre for Welfare and Health (STAKES) of Finland.

The responsibility for the contents of this publication lies with the authors.

Neither the European Commission, the Ministry of Health, Welfare and Sports of the Netherlands (VWS), nor the National Research and Development Centre for Welfare and Health (STAKES) of Finland, anyone acting on their behalf, nor the authors responsible for this publication, are liable for any of the consequences which may arise from using the information contained in this document.

This document should be quoted:

Jané-Llopis, E. & Anderson, P. (2005). *Mental Health Promotion and Mental Disorder Prevention. A policy for Europe*. Nijmegen: Radboud University Nijmegen.

ISBN: 90-9019046-5.

Radboud University Nijmegen, the Netherlands
Nijmegen, 2005

<http://www.imhpa.net>

Layout and cover design by Scriptura, Nijmegen, the Netherlands

Printed in the Netherlands

Contents

The need for action in Europe	4
Main priority	
Develop country based action plans for mental health promotion and mental disorder prevention	8
Ten action areas	
1 Support parenting and the early years of life	10
2 Promote mental health in schools	12
3 Promote workplace mental health	14
4 Support mentally healthy ageing	16
5 Address groups at risk for mental disorders	18
6 Prevent depression and suicide	20
7 Prevent violence and harmful substance use	22
8 Involve primary and secondary health care	24
9 Reduce disadvantage and prevent stigma	26
10 Link with other sectors	28
Five common principles	
1 Expand the knowledge base for mental health	30
2 Support effective implementation	32
3 Build capacity and train the workforce	34
4 Engage different actors	36
5 Evaluate policy and programme impact	38
Summary	40
Acknowledgements	45

The need for action in Europe

Positive mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”¹; it is a global public good; it is an integral part of the health and well-being of the citizens of Europe and a fundamental human right; it is a prerequisite for a viable, socially responsible and productive Europe as envisaged by the Lisbon strategy²; it enhances social cohesion and social capital and improves safety in the living environment.

A lack of positive mental health is a threat to public health, the quality of life and the economy of Europe. In the year 2002, neuropsychiatric conditions accounted for one quarter of all European ill-health and premature death; depression being the second leading cause of disability after ischaemic heart disease³.

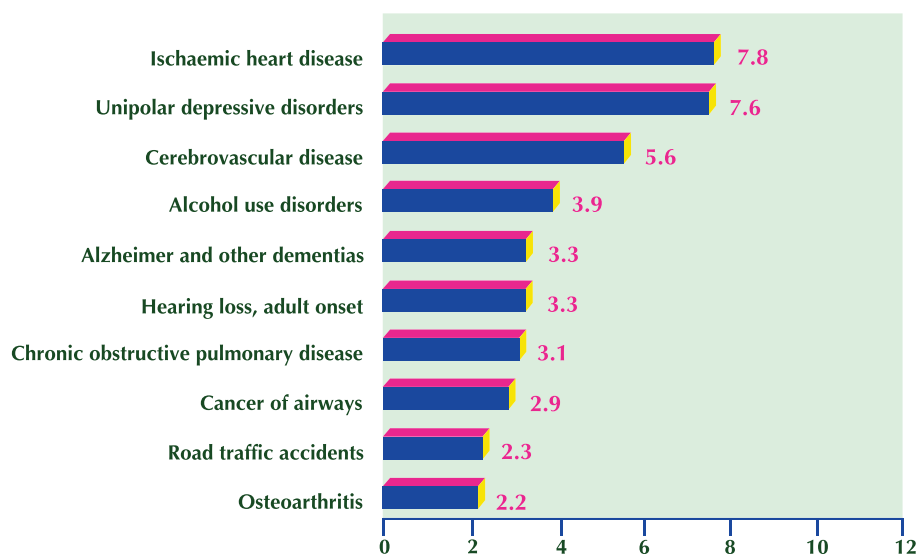


Figure 1 Proportion (%) of burden of disease in the European Union in Disability Adjusted Life Years (DALYs), a measure of ill-health and premature death, by cause⁴.

¹ http://www.who.int/mental_health/evidence/en/promoting_mhh.pdf

² Lisbon strategy: http://europa.eu.int/comm/lisbon_strategy/index_en.html

³ Full support for the evidence presented in this document can be found in the accompanying document “Mental health promotion and mental disorder prevention. Background for a policy for Europe” (Jané-Llopis & Anderson, 2005). Annotations included in this document only refer to official European Commission (EC) and World Health Organization (WHO) documents, communications and action plans.

⁴ Data presented is for the EU 25 derived from the figures in the WHO 2004 World Health Report

The social and economic costs of mental ill-health for societies are wide ranging, long lasting and enormous⁵. The cost of mental health problems is estimated to be between 3% and 4% of gross national product⁶. Of this, health care costs account for an average of 2% of gross national product.

Poor mental health and mental and behavioural disorders are present at all ages, for both genders and in different cultures and population groups. However, people with lower socio-economic status are much more likely to experience mental disorders than people with higher socio-economic status. Mental disorders cause an enormous burden to individuals and families, can reduce employment, productivity and earnings and increase the risk of criminal activity, motor vehicle accidents, child abuse and neglect, divorce, homelessness, domestic violence and suicide. Although suicide rates have been declining in Europe since the 1980s, they remain the highest in the world and are some 80% higher in the new Member States than in the old.

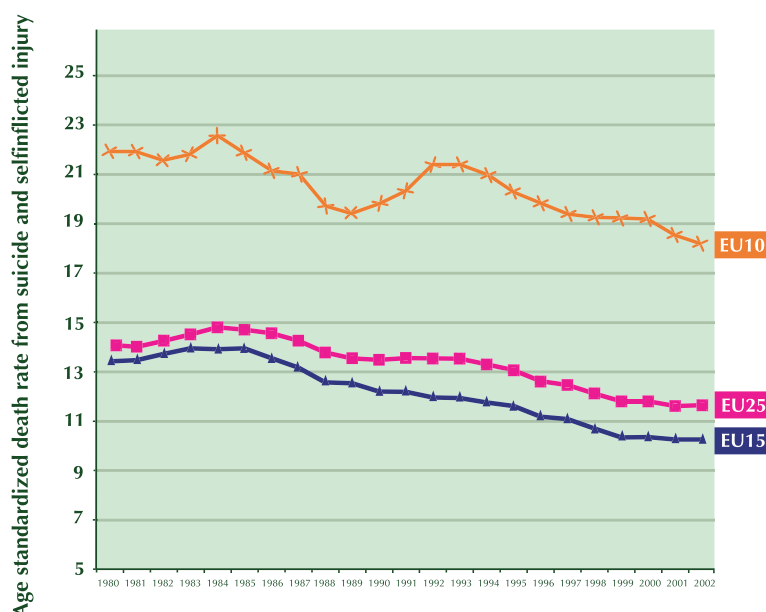


Figure 2 Age standardized death rate from suicide and self-inflicted injury, all ages, 1980 to 2002 for EU25, EU15 and EU10. Source: WHO Health for all database.

⁵ <http://www.who.int/whr/2001/en/>

⁶ Investing in mental health, WHO 2003. http://www.who.int/mental_health/media/en/investing_mnh.pdf; The State of Mental Health in the European Union. http://europa.eu.int/comm/health/ph_projects/2001/monitoring/ip_monitoring_2001_frep_06_en.pdf

The right to health⁷ and mental health⁸ is enacted in many United Nations declarations and conventions. Mental disorders and disabilities also lead to discrimination and marginalization, which in turn can increase economic instability and decrease social capital, social cohesion and the economies of Europe. The United Nations Declaration on the Rights of Persons with Mental Illness states as a fundamental right that there shall be no discrimination on the grounds of mental illness⁹. The proposed Constitution for Europe of June 2004¹⁰ prohibits any form of discrimination based on disability.

Positive mental health cannot be gained by treating mental disorders alone. For example, providing the most effective evidence based treatment for one half of all people with depression would only reduce the current burden of depression by less than one quarter. On the other hand, evidence demonstrates that mental health promotion and mental disorder prevention can lead to health, social and economic gain, increases in social inclusion and economic productivity, reductions in the risks for mental and behavioural disorders and decreased social welfare and health costs¹¹.

Mental health is everybody's business; it is not only an issue for the health sector, but also for other sectors of public policy. Action for mental health is an issue of shared responsibility, and health and economic gains can be achieved by the support and action of many different sectors and actors in society. Links need to be created and support mobilized with, amongst others, criminal justice, education, environment and urban planning, finance, housing, labour, and social welfare. According to the existing Union Treaty, in achieving harmonisation of the internal market, a high level of human health should be guaranteed (Article 95 paragraph 3), and a high level of human health protection must be ensured in the definition and implementation of all Community policies and activities (Article 152)¹².

To ensure positive mental health, to reduce the enormous health and economic burden of mental disorders, to reduce poverty and reinforce social cohesion as envisaged by the Lisbon strategy, each European country should develop and implement

⁷ <http://www.un.org/Overview/rights.html>; <http://www.who.int/about/en/>; <http://www.unicef.org/crc/crc.htm>

⁸ http://www.unhcr.ch/html/menu3/b/a_ceschr.htm

⁹ <http://www.un.org/documents/ga/res/46/a46r119.htm>

¹⁰ http://europa.eu.int/constitution/index_en.htm. To enter into force, the treaty needs to be ratified by all Member States

¹¹ http://www.who.int/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf

¹² Article 95 and 152. http://europa.eu.int/eur-lex/lex/en/treaties/dat/12002E/pdf/12002E_EN.pdf

a comprehensive action plan for mental health promotion and mental disorder prevention, paying attention to the following ten action areas and five common principles:

Ten action areas

1. Support parenting and the early years of life
2. Promote mental health in schools
3. Promote workplace mental health
4. Support mentally healthy ageing
5. Address groups at risk for mental disorders
6. Prevent depression and suicide
7. Prevent violence and harmful substance use
8. Involve primary and secondary health care
9. Reduce disadvantage and prevent stigma
10. Link with other sectors

Five common principles

1. Expand the knowledge base for mental health
2. Support effective implementation
3. Build capacity and train the workforce
4. Engage different actors
5. Evaluate policy and programme impact



Main priority

Develop country based action plans for mental health promotion and mental disorder prevention

Making the case

Very limited resources are dedicated to the prevention of mental disorders and the promotion of mental health, despite the opportunities for health, social and economic gain for society. To tackle the problem of mental ill-health in European countries, a public health approach to action is crucial, encompassing and prioritizing promotion and prevention alongside care and rehabilitation, particularly in the new Member States, where the prevalence of mental disorders is higher. Following the Council Resolution of 18th November 1999 on the promotion of mental health¹³ and to support the outcome of the WHO Ministerial Conference on Mental Health¹⁴, Member States should strengthen mental health promotion and the prevention of mental disorders in their policies. Comprehensive action plans for prevention and promotion in mental health should be developed in all countries. Resources allocated to mental health should be proportional to the burden of mental health problems and distributed between prevention and promotion to support implementation, research, infrastructure and professional development.

Aim



All European Member States have a country based Action Plan for mental health promotion and mental disorder prevention

¹³ Official Journal 2000/C 86/01

¹⁴ WHO European Ministerial Conference on Mental Health; Facing the Challenges, Building Solutions; Helsinki, January 2005

Actions

- ❑ European countries should develop and implement an Action Plan for mental health promotion and mental disorder prevention based on country needs and priorities;
- ❑ Country based Action Plans for prevention and promotion in mental health should be endorsed by the highest political body at each level;
- ❑ European countries should ensure adequate funding for the implementation of the Action Plans; earmarked financial incentives could be offered, for example from a special Mental Health Fund paid for by tobacco and alcohol taxes, to implement the Action Plan.



Ten action areas

1 Support parenting and the early years of life

Making the case

Investment in a healthy start in life influences development in childhood, adolescence and adulthood. During pregnancy and the early years of life parents, especially from impoverished backgrounds or suffering from mental disorders, are at increased risk of mental health problems and more likely to fail in providing a healthy start of life for their children; this in turn can lead to an increase in mental health problems and disorders in children that follow through into adolescence and adult life, with consequences across generations. The use of addictive substances during pregnancy can cause harm to the foetus and child, doubling the risk of low birth weight with all its subsequent consequences. Delays in language development and consequent failure to learn in primary school reduce self-efficacy, result in poor educational achievement and increase the risk of adolescent psychiatric symptoms and later mental disorders. Positive proactive parenting can increase children's self-esteem, their social and academic competence, and protect against later disruptive behaviour and substance use disorders. Pre-school education improves children's cognitive, language and socio-emotional development and leads to long-term social and economic benefits (for example, increases in employment, literacy and social responsibility, decreases in teenage pregnancy, crime and arrests, and providing economic gains as large as seven times the return on investment).

Aims

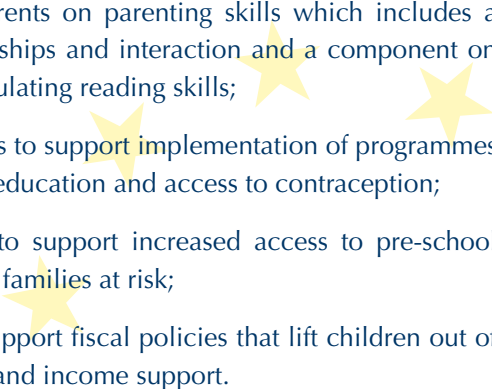


Increase parental support and skills especially in families at risk

Decrease the use of alcohol, drugs and tobacco during pregnancy

Increase access to pre-school for children of families at risk

Actions

- ❑ Define and identify high risk populations, for example parents from socially and economically disadvantaged groups, parents suffering from a mental disorder, or low income or teenage single women;
 - ❑ Develop tool kits of evidence based parenting interventions to support implementation delivered by trained health and social welfare providers;
 - ❑ Implement evidence based antenatal home based interventions for pregnant women and their partners among high risk populations that include education on health behaviour, parenting skills and mother-baby interaction;
 - ❑ Implement screening and brief intervention programmes for pregnant women to reduce or stop the use of alcohol, drugs and tobacco, delivered by relevant trained health care providers;
 - ❑ Implement early detection and treatment of post-partum depression in combination with parenting interaction interventions to support depressed mothers in developing parenting skills;
 - ❑ Provide education for first time parents on parenting skills which includes a component on child-parent relationships and interaction and a component on pre-school preparation through stimulating reading skills;
 - ❑ Engage with family planning services to support implementation of programmes to prevent early pregnancy through education and access to contraception;
 - ❑ Engage with the education sector to support increased access to pre-school education, especially for children of families at risk;
 - ❑ Engage with the finance sector to support fiscal policies that lift children out of poverty, such as through tax credits and income support.
- 

2 Promote mental health in schools

Making the case

One fifth of adolescents under the age of 18 suffer from developmental, emotional or behavioural problems and one in eight have a mental disorder. For example, 4% of 12-17 years olds and 9% of 18 year olds suffer from depression¹⁵. Schools have a significant influence on the behaviour and development of all children and adolescents and provide an efficient means of promoting the health, academic and emotional development of young people. Poor school performance and early mental health problems can increase the risk of antisocial behaviour, delinquency, substance use disorders, teenage pregnancy, conduct problems and involvement in crime. Conversely, school involvement is related to positive social and emotional development, increased employment and earnings, and access to health, social, and community resources. A holistic school approach to mental health promotion increases mental well-being and reduces the risk for mental disorders of children and adolescents. In addition, attention should be paid, together with the youth sector, to identifying and reaching out of school and marginalized children and adolescents to integrate them into the education process and to provide them with effective mental health promotion and mental disorder prevention programmes.

Aims



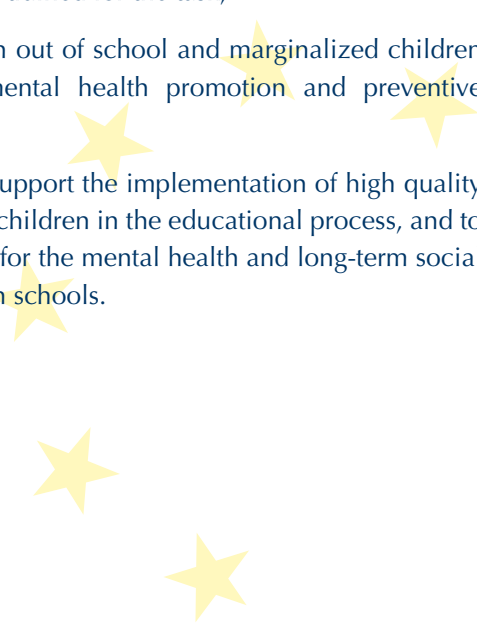
Increase mental health promotion at school

Increase measures of mental disorder prevention for at risk children and adolescents at school

Increase the reach of education and mental health promotion and mental disorder prevention programmes for out of school and marginalized children and adolescents

¹⁵ Conclusions of Pre-Conference "The Mental Health of Children and Adolescents" organized by European Commission, WHO Regional Office for Europe and the Ministry of Health of Luxembourg, September 2004. http://europa.eu.int/comm/health/ph_determinants/life_style/mental/docs/ev_20040921_rd01_en.pdf

Actions

- ❑ Implement a holistic school approach, involving children and adolescents, that includes mental health promotion through skill building strategies and changing the school environment;
 - ❑ Ensure that existing school health promotion initiatives (including the WHO Network for Health Promoting Schools) integrate evidence based mental health promotion components;
 - ❑ Screen and identify children and adolescents at risk of mental and behavioural disorders;
 - ❑ Ensure that holistic school approaches combine evidence based mental health promotion components to increase social learning with preventive interventions for children and adolescents identified at risk for mental and behavioural disorders;
 - ❑ Develop toolkits of evidence based mental health promotion components and targeted preventive interventions for children and adolescents, to support implementation by different providers trained for the task;
 - ❑ Engage with the youth sector to reach out of school and marginalized children and adolescents and offer them mental health promotion and preventive interventions where needed;
 - ❑ Engage with the education sector to support the implementation of high quality educational curricula, to integrate all children in the educational process, and to collect and disseminate the evidence for the mental health and long-term social benefits of promoting mental health in schools.
- 
- A series of seven yellow five-pointed stars of varying sizes are arranged in a diagonal line from the middle-right of the page towards the bottom-left corner.

3 Promote workplace mental health

Making the case

The Lisbon strategy for the economic and social renewal of Europe stresses the need for both more and better jobs, and for improved social inclusion and gender equality¹⁶. In Europe, 28% of employees report stress at work, the second most common health symptom. Stressors at work increase the risk of anxiety, depression and burn-out. Working conditions that can lead to mental health problems include a negative management style, low social support, poor communication and information, noise, work overload, time pressure, repetitive tasks, interpersonal conflict, job insecurity, lack of control and job autonomy and organizational changes. The provision of training and social support at work, and the development of empowerment can lead to improvements in competence, coping strategies, job satisfaction, work capacity and reduced stress. The 1989 Framework Directive¹⁷, the 2001 Council conclusions on combating stress and depression-related problems¹⁸, and the Communication on health and safety at work¹⁹ all emphasized the importance of good working conditions, social relations and the promotion of well-being at work.

Aims



Increase mental health promotion at work

Increase the proportion of workplaces that endorse, adhere to and comply with legislation that deals with the psychosocial work environment

Increase the opportunity for both more and better jobs as outlined in the Lisbon strategy

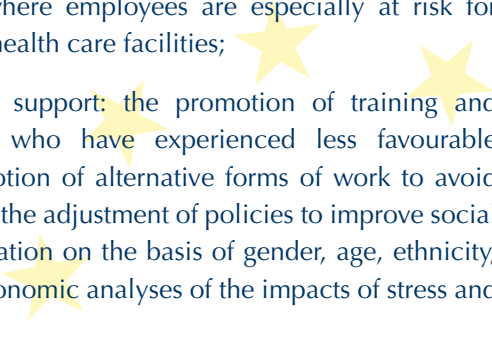
¹⁶ http://europa.eu.int/comm/lisbon_strategy/index_en.html

¹⁷ Official Journal L 183, 29/06/1989, p1-8

¹⁸ Official Journal 2002/C 6/01

¹⁹ COM (2002) 118 final, 11 March 2002

Actions

- ❑ Encourage and support the creation of healthy companies and workplaces, which include a safe working environment, mentally healthy working practices, programmes to promote mental health and address psychosocial risk factors at the workplace, mental health impact assessment for marketed products, and contributions to the mental health and social development of communities;
 - ❑ Ensure that Health and Safety policies in the workplace explicitly address mental health promotion and prevention, as well as the prevention, identification and management of depression and anxiety and the prevention of suicide;
 - ❑ Implement preventive interventions at the work place that include job redesign, modifications in ergonomics, time and workload, social support and role clarification;
 - ❑ Implement anxiety, stress and burn-out prevention and management programmes for employees at risk and early detection and brief intervention programmes for employees to deal with alcohol, drug or mental health problems once they have already occurred;
 - ❑ Identify and support workplaces where employees are especially at risk for mental disorders, including mental health care facilities;
 - ❑ Engage with the labour sector to support: the promotion of training and employment, especially of those who have experienced less favourable conditions earlier in life; the promotion of alternative forms of work to avoid long-term structural unemployment; the adjustment of policies to improve social inclusion and to diminish discrimination on the basis of gender, age, ethnicity, or disability; and the inclusion of economic analyses of the impacts of stress and job insecurity on productivity.
- 

4 Support mentally healthy ageing

Making the case

Between 1998 and 2025 the proportion of people in Europe who are over 60 years of age will increase from 20% to 28%²⁰. Over the next 30 years, the proportion of people aged over 80 years as a share of those aged over 65 years will increase in Europe as a whole from 22% to over 30%²¹. This rapid increase in the ageing population implies a shift in the demographic structures in society, bringing with it an increased risk of some mental disorders (for example, dementia and depression), age-related chronic diseases and decreases in quality of life of older populations. In addition to loss of health and functional and cognitive abilities, elder populations are more likely to experience individual losses both within their social network (for example, bereavement and diminished social contacts) as well as within their personal positioning in life (for example, facing retirement and loss of income), increasing the risk of mental disorders and suicide. Age, pain, visual impairment, stroke, functional limitations, negative life events, bereavement, loneliness, lack of social support and perceived inadequacy of care increase the risk of depression in the elderly. Clinical dementia is the single biggest cause of dependency among persons aged over 75 years. The mental health of older populations can be improved through physical activity and social support. The risk of dementia is likely to be reduced by preventing cranio-cerebral traumas, and reducing risk factors for cerebrovascular diseases.

Aims



Improve the mental health of ageing populations including those with chronic illnesses


Decrease discrimination of elder populations

Increase the endorsement, adherence and compliance of legislation and policies that promote the health and well-being of older people

²⁰ Madrid International Plan of Action on Ageing, 2002

²¹ WHO Regional Office for Europe; http://www.euro.who.int/ageing/Product/20020319_1

Actions

- ❑ Ensure the implementation of human rights conventions and instruments that combat discrimination of older persons;
 - ❑ Ensure mechanisms to encourage the ongoing social, cultural, economic and political contribution of older persons in society and in the decision making process, for example through volunteering, community participation, and intergenerational integration;
 - ❑ Engage with the education sector to modernize educational systems for lifelong learning, including literacy;
 - ❑ Engage with the labour sector to promote employment opportunities through to old age and encourage older workers to remain in the workforce;
 - ❑ Engage with other sectors to enable those who have disabilities to fully participate in community life;
 - ❑ Develop a health and social welfare policy to ensure that all older people have access to health and social benefits, especially those of lower economic background;
 - ❑ Develop social support networks, community based programmes and recreation centres for older people, including migrants;
 - ❑ Implement and provide access to interventions such as aerobic exercises, Tai-Chi, or other forms of physical activity for older people;
 - ❑ Engage with the health sector and social services to provide hearing aids, cataract surgery or other supportive interventions to avoid social isolation;
 - ❑ Implement programmes to screen and intervene for cardiovascular risk factors, such as raised blood pressure, to reduce the risk of vascular caused dementia;
 - ❑ Ensure the implementation of road safety legislation to reduce cranio-cerebral traumas earlier in life.
- 

5 Address groups at risk for mental disorders

Making the case

Different groups are at increased risk for mental disorders across Europe. Especially people from low socio-economic backgrounds or living in poverty, ethnic minority groups, migrants, refugees and homeless people, populations suffering from societal stress due to socio-political and economic changes, disabled people, families and carers of people with mental disorders, those suffering from a chronic physical illness and those undergoing life transitions such as job loss, divorce, bereavement, are at particular risk for poor mental health and mental disorders, including child abuse, post traumatic stress disorders, depression, anxiety, substance use disorders, aggression, violence and suicidal behaviour. For example, 33% of people with cancer suffer from major depression; children of parents with a mental illness are at 50% increased risk of a mental health problem later in life. In addition, groups at risk are less likely to integrate in the society, less likely to find steady jobs and more likely to be in receipt of welfare benefits in the long run. The social and economic burden associated with at risk populations is substantial and includes increased health care costs, increased costs to the welfare system, and increases in crime rates, injuries, divorce, and a variety of other societal and economic consequences.

Aims



Improve the mental health and decrease the risk for mental disorders in populations at risk

Increase the social inclusion for groups at risk (for example migrants and unemployed)

Actions

- ❑ Identify groups at risk for mental disorders across the lifespan;
- ❑ Develop tool kits of available evidence based preventive interventions for different groups at risk to support implementation by a range of providers trained for the task;
- ❑ Implement evidence based prevention programmes for depression, anxiety, stress and other problems, targeted to the specific needs of at risk groups, and tailored sensitively to background and culture;
- ❑ Use cognitive behavioural effective interventions for at risk children (for example, “Friends” programme) to prevent anxiety and depression;
- ❑ Implement inclusion interventions for migrants and refugees;
- ❑ Implement programmes to support those finding difficulties in entering the labour market by increasing their skills and preventing the associated mental health strain;
- ❑ Implement social support networks and/or effective preventive interventions for groups at risk undergoing a major life transition, including divorced and bereaved groups;
- ❑ Implement evidence based interventions for groups at risk such as patients with long-term illness, carers, families of people with a mental disorder, and marginalized populations to increase their resilience and quality of life and prevent associated mental disorders;
- ❑ Implement mental health promotion and empowerment programmes for people with mental and behavioural disorders to improve their well-being and quality of life;
- ❑ Develop plans for emergency preparedness in case of major crises, including evidence based interventions (for example cognitive behavioural therapy as an early measure to prevent post traumatic stress disorder);
- ❑ Engage with health and social welfare sectors to improve access for vulnerable populations to health and social benefits.

6 Prevent depression and suicide

Making the case

Depression, accounting for 7.6% of ill-health and premature death in 2002, is the second top cause of disability in the European Union. During adulthood some 3% of men and 5% of women experience a new major depression each year. Children who have suffered child abuse during infancy and childhood, who have been exposed to violence between their parents, who have suffered parental loss, parental divorce, or who have a mentally ill parent are at 50% increased risk of school problems and mental disorders, including depression and anxiety. Depression and anxiety disorders are present concurrently as much as half of the time, and anxiety can be a risk factor for the development of later depression. The onset of depression and its recurrence is determined by a wide range of factors that can be influenced throughout the life span. Depression increases the risk of suicide. Although European suicide rates are declining, they remain the highest in the world and are some 80% higher in the ten new Member States than in the old fifteen. Suicide is the second most common cause of death after traffic accidents for Europeans aged between 15 and 35 years. Alcohol use disorders and co-morbidity with depression heightens suicide risk. Effective community approaches to prevent depression and suicide in the population should comprise multiple actions and be identified as a priority.

Aims



Decrease the number of people suffering from depression

Decrease suicide rates especially in countries and population groups with currently high rates

Actions

- ❑ Identify groups at risk for depression and suicide;
- ❑ Develop tool kits of evidence based depression and anxiety preventive interventions to support implementation by a range of trained providers;
- ❑ Develop and provide support to prevent postpartum depression in mothers at risk through professionally based home visits;
- ❑ Implement mother-baby interaction antenatal and post-natal home based interventions to promote attachment development and health behaviour of mothers suffering from depression, anxiety or another mental disorder;
- ❑ Implement depression and anxiety prevention programmes based on effective cognitive behavioural models for children at risk;
- ❑ Ensure that health care providers are trained and provide problem solving skills to patients at increased risk for emotional problems, diagnosis and treatment for depression and recognition of suicidal risk;
- ❑ Ensure that secondary care offers psychological support to those suffering from a chronic physical illness;
- ❑ Increase the awareness of the population through media campaigns on the prevalence, symptoms, prevention and early interventions for depression and suicide and ensure objective reporting on suicide and attempted suicide;
- ❑ Maintain evidence based support services for suicide prevention;
- ❑ Train health care professionals, especially in emergency services, to identify suicide risk and to collaborate with mental health services;
- ❑ Engage with other sectors to reduce access to means of suicide such as ensuring the continued detoxification of domestic gas and car exhaust, the implementation of safety measures for high buildings and bridges, and controls on the availability of sedatives, pain-killers and pesticides.

7 Prevent violence and harmful substance use

Making the case

Aggression and violence at home and in the community lead to anxiety, depression, delinquency, theft and vandalism, physical and sexual abuse and murder and homicide. Violence against intimate partners occurs in all countries and includes acts of physical aggression as well as sexual coercion, psychological abuse and controlling behaviours. Women, especially from low-income groups are more likely to suffer violence. Other types of violence such as abuse and neglect also affect children and elder populations leading to mental health problems and disorders. Young people who live in neighbourhoods with high levels of crime and poverty are at greater risk of violence. Rates of youth violence rise in times of armed conflict and repression and during times of social, political and economic transition²². The Council of Europe emphasized the need for an integrated prevention policy, implemented at all levels²³. Substance use disorders are a classified mental disorder and are co-morbid with a wide range of mental and behavioural disorders including violence, depression and suicide. They lead to intoxication and dependence, cause a wide range of harm to others and are an important cause of socio-economic inequalities in health. Alcohol is estimated to cause over 25% of male and 12% of female deaths from self-inflicted injuries, 40% of male and 25% of female deaths from poisoning, and 40% of male and 30% of female homicides.

Aims



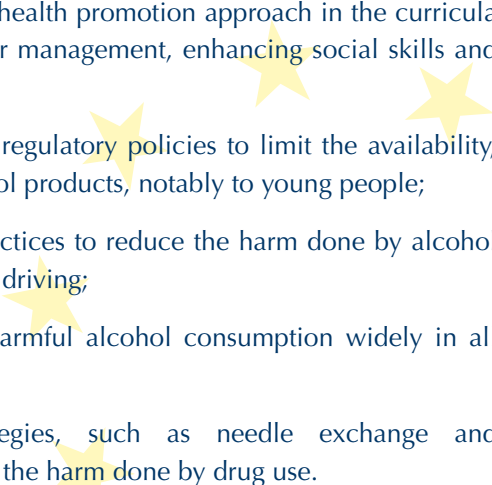
Decrease aggression and violence in the community

Decrease the harm done by alcohol and illicit drugs

²² World Report on Violence and Health, WHO 2002. http://www.who.int/violence_injury_prevention/violence/world_report/en/full_en.pdf

²³ http://www.coe.int/t/e/Integrated_Projects/violence/09_Final_Report/

Actions

- ❑ Develop common standards for collecting and counting statistics related to crime and violence;
 - ❑ Collect and exchange information about evidence based projects to prevent violence;
 - ❑ Develop a comprehensive and coordinated policy and action plan to deal with everyday violence at the country, regional and local levels, engaging with other sectors such as social and educational policies to integrate violence prevention and promote social inclusion;
 - ❑ Develop community support for violence prevention, particularly for women, and implement community based policy initiatives and neighbourhood prevention programmes;
 - ❑ Develop and introduce screening tools or systems of recognition of signs of violent incidents in health care and criminal justice settings and refer victims to appropriate agencies for follow-up and support;
 - ❑ Implement a school holistic mental health promotion approach in the curricula which includes classroom behaviour management, enhancing social skills and bullying prevention;
 - ❑ Establish and implement fiscal and regulatory policies to limit the availability, accessibility and marketing of alcohol products, notably to young people;
 - ❑ Establish and enforce regulatory practices to reduce the harm done by alcohol intoxication, including drinking and driving;
 - ❑ Implement brief interventions for harmful alcohol consumption widely in all countries;
 - ❑ Implement risk-containment strategies, such as needle exchange and maintenance programmes to reduce the harm done by drug use.
- 

8 Involve primary and secondary health care

Making the case

Mental health problems amongst people visiting primary health care are often expressed through a range of physical symptoms. A large proportion of patients suffering from physical illness, for example between one quarter and one third of hypertension patients, cancer patients, patients with diabetes and stroke patients suffer from major depression. There is a high degree of co-morbidity between mood disorders and alcohol use disorders. During a 12 month period, one in eight people with a mood disorder have a substance use disorder, and, conversely, one in six people with an alcohol use disorder have a mood disorder. Education of health care providers, screening and the provision of brief interventions for patients in primary and secondary health care can reduce the use of harmful substances, mental health problems and suicide. Providing primary care based effective interventions for one half of all people with depression would reduce the current burden of depression by 12-25%, and for one quarter of people with harmful alcohol consumption would reduce the current burden of alcohol use disorders by 17%.

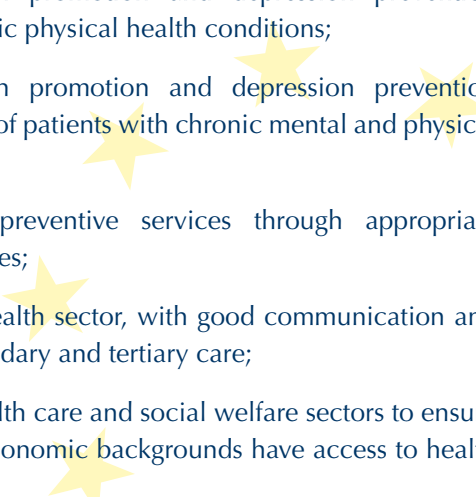
Aims



Increase the skills of health care providers for prevention in primary and secondary care to reduce mental health problems and substance use disorders

Increase the implementation of preventive measures in primary and secondary care to reduce mental health problems and substance use disorders

Actions

- ❑ Provide undergraduate, vocational and continuing education and training with accreditation to increase the awareness of the co-morbidity between mental health problems and physical illness in primary and secondary health care;
 - ❑ Provide undergraduate, vocational and continuing education and training with accreditation to health care providers on screening and brief interventions for emotional problems, mental disorders and harmful substance use, and diagnosis and management of depressive disorders;
 - ❑ Provide undergraduate, vocational and continuing education and training with accreditation for the implementation of mental health promotion and targeted prevention interventions for groups at risk including postpartum depression and patients with chronic physical health conditions;
 - ❑ Implement screening and brief interventions for emotional problems and harmful substance use in health care and the diagnosis and management of depressive and other mental disorders;
 - ❑ Implement effective mental health promotion and depression prevention interventions for patients with chronic physical health conditions;
 - ❑ Implement effective mental health promotion and depression prevention interventions for the informal carers of patients with chronic mental and physical health conditions;
 - ❑ Support the implementation of preventive services through appropriate reimbursement and incentive schemes;
 - ❑ Ensure that there is an integrated health sector, with good communication and cooperation between primary, secondary and tertiary care;
 - ❑ Engage with the financiers of the health care and social welfare sectors to ensure that at least those from low socio-economic backgrounds have access to health care.
- 

9 Reduce disadvantage and prevent stigma

Making the case

Lack of income, education and the social exclusion resulting from disadvantage are some of the main risk factors for mental disorders. Social exclusion also results from racism, discrimination, stigmatization, hostility and unemployment. These processes prevent people from participating in education or training, and gaining access to services and citizenship activities. People who live in, or have left, institutions, such as prisons, children's homes and psychiatric hospitals, are particularly vulnerable. Improved advantage leads to good mental health, social cohesion and increased physical health and productivity. The Lisbon strategy emphasized the need to reinforce social cohesion and reduce poverty to progress towards the economic and social renewal of Europe²⁴. The stigma frequently associated with disadvantage and mental health problems and disorders deprives people of their dignity, interferes with their full participation in society and abuses their human rights. Stigmatization is not only suffered by those with a mental illness but also by those who have a different belief, cultural background or behaviour. Stigma and discrimination are one of the crucial barriers to be overcome if social inclusion and cohesion are to be promoted.

Aims



Decrease the number of people with socio-economic disadvantage

Decrease social exclusion and discrimination

Decrease the number of people that are socially isolated and stigmatized because of their beliefs or mental disorder

Increase social support and cohesion in the community

²⁴ http://europa.eu.int/comm/lisbon_strategy/index_en.html

Actions

- ❑ Engage with social inclusion units and other sectors to develop policies and programmes to protect minority and vulnerable groups from discrimination and social exclusion and to support the implementation of community development programmes in high-risk areas;
- ❑ Provide support to non-governmental organizations that represent marginalized and impoverished groups and enable them to increase social cohesion and improve access to community coping resources;
- ❑ Provide support to networks of people with mental and behavioural disorders and their families and carers to assess and advocate for policies and programmes that reduce stigma and social exclusion;
- ❑ Implement the consensus statement on mental health promotion in prisons, prepared by the Health in Prisons project of the World Health Organization²⁵;
- ❑ Implement public information programmes and educative measures to improve the public's knowledge regarding the causes, prevalence, symptoms, course, effects and treatment options for mental disorders;
- ❑ Develop and implement policies and legislation that reduce the stigmatization, discrimination and marginalization of people with mental and behavioural disorders, increasing their access to home, work, public and social life;
- ❑ Develop anti-stigma and discrimination campaigns aimed at employers, schools, and the media, to dispel stereotypes, cultural myths and misconceptions about mental illness;
- ❑ Provide support and treatment services that enable persons suffering from a mental illness to participate fully in all aspects of community life.

²⁵ <http://www.hipp-europe.org/events/hague/0040.htm>

10 Link with other sectors

Making the case

Sound and integrated public policies, such as those that address education, labour, urban planning, nutrition, transport and poverty also improve mental health and disorders as well as increase social capital. Improved mental health is an additional reason for such sound public policies, and their mental health impact needs to be assessed, placing mental health as a contributor to sustainable development as envisaged by the Lisbon strategy²⁶. Better education increases cognitive-emotional and intellectual competencies, job perspectives and reduces social inequity and the risk of mental disorders, including depression. Improving nutrition in socio-economically disadvantaged children can lead to improved cognitive development and educational outcomes and reduced risk for mental ill-health. Improved housing conditions can promote mental health and increase safety, and social and community participation. Improving urban shape, zoning strategies, noise levels and public amenities can promote urban health and help to reduce stress, social dislocation and violence. Cycling, walking and the use of public transport provide physical activity, reduce fatal accidents and increase social contact. Regular physical activity promotes a sense of well-being and protects older people from depression.

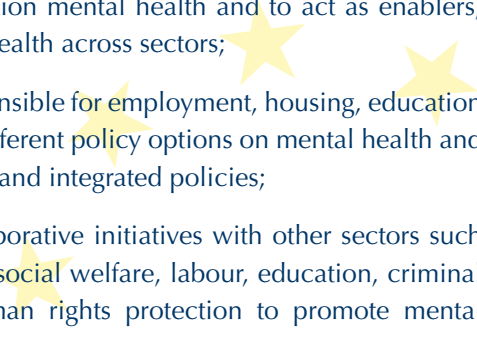
Aim



Increase partnerships with different sectors, in particular education, finance, housing, labour, nutrition, transport, and urban planning, to assess the impact and to promote the added value of different policy options on improving mental health and its associated social and economic benefits

²⁶ http://europa.eu.int/comm/lisbon_strategy/index_en.html

Actions

- ❑ Integrate mental health promotion components into existing and implemented health promotion and public health policies and programmes, such as those funded by the public health programme of the European Commission and those supported by the different WHO Health Promoting Networks;
 - ❑ Implement educational and intervention strategies to improve the life skills and psychosocial well-being of people, empowering them to manage life situations, and to participate in promoting mental health in their community;
 - ❑ Engage with the public health sector to demonstrate the mental health, social and economic benefits of policies that remove barriers to health care, social welfare, and affordable housing;
 - ❑ Engage with the labour, education and family welfare sectors to demonstrate the mental health benefits of reducing social stratification by targeting policies and programmes to vulnerable groups;
 - ❑ Develop training and advocacy efforts to inform and prepare health and professionals from other sectors to recognize the importance and benefit of their policies and actions for population mental health and to act as enablers, mediators and advocates for mental health across sectors;
 - ❑ Engage with mainstream sectors responsible for employment, housing, education and finance to assess the impact of different policy options on mental health and to promote the added value of sound and integrated policies;
 - ❑ Identify and engage in specific collaborative initiatives with other sectors such as environment and urban planning, social welfare, labour, education, criminal justice, nutrition, transport and human rights protection to promote mental health and prevent mental disorders.
- 

Five common principles

1 Expand the knowledge base for mental health

Making the case

All policies and actions to improve mental health need a firm knowledge base. Research policies for mental health promotion should anticipate future needs and challenges and identify the gaps in evidence where the knowledge base is insufficient, including the assessment of the cost-effectiveness of interventions or the development of new approaches to deal with broader societal changes, for example, socio-economic deprivation. There must be a better match between the needs for mental health promotion research as perceived by decision-makers and planners and the research priorities set by the research community. European countries should engage in international research collaboration and develop, use and report on a common set of mental health indicators, including indicators of structural, environmental, behavioural and social determinants to monitor the impact of implemented policies and programmes. Groups at risk should be identified on the basis of country information. Information systems for gathering and widely disseminating the knowledge base should be developed and supported, such as registries and databases. Mechanisms such as practical toolkits or guidelines should ensure that new evidence from research is introduced into daily practice.

Aim



Put in place research, information and communication systems that better support the acquisition, effective utilization, and dissemination of knowledge to promote mental health and to prevent mental disorders

Actions

- ❑ Develop multi-sectoral European and country based research policies for mental health promotion and mental disorder prevention, addressing the gaps in evidence and the development of new approaches to deal with societal challenges;
- ❑ Set up systems to match the needs for mental health promotion research as perceived by decision-makers and planners and the research priorities set by the research community;
- ❑ Strengthen research collaboration at the European level with better exchange of information;
- ❑ Develop and support information systems to make knowledge widely available such as registries and databases that include information on effective policies and strategies to support and improve implementation;
- ❑ Set up European and country based mechanisms to ensure that new evidence from research is used in daily practice, through practical toolkits and guidelines;
- ❑ Promote a system for the epidemiological surveillance of mental health, strengthening the operational definitions of existing indicators in the European Community Health Indicators²⁷ and the European Health Promotion Indicators²⁸ projects;
- ❑ Carry out periodic population-based mental health surveys, building on existing systems;
- ❑ Develop and assess indicators of structural, environmental, behavioural and social determinants of mental health, including indicators of the mental health impacts of non-health sector policies and programmes;
- ❑ Use the information obtained to identify groups at risk, to develop interventions, to improve existing practices and to set up new priorities.

²⁷ http://europa.eu.int/comm/health/ph_information/implement/wp/indicators/ev_20040219_en.htm

²⁸ <http://www.brighton.ac.uk/euhpid/>

2 Support effective implementation

Making the case

Where not already in place, country based Action Plans on mental health promotion and mental disorder prevention (and, where relevant, local community, municipal and regional within a country) should not only be prepared, but also implemented. Effective implementation requires resources, personnel and infrastructures, commensurate with the size of the burden. When action points and programmes are widely implemented, programme implementers and programme evaluators need to ensure that there is a high quality of implementation, that the supportive elements that are needed for success are provided, and that the action points and programmes are adapted to match each specific cultural situation. Available infrastructures and resources that could support implementation of prevention and promotion in mental health should be identified and partnerships developed. In addition, use should be made of administrative, financial and management instruments to support multi-sectoral implementation, and of measures to affect and support implementation, research and training. The use of quality assurance in implementation, and continuous improvement of implemented action will be essential. Emphasis should be given to mechanisms to inform, involve and promote networks of influence and development within civil societies.

Aims



Create and strengthen appropriate administrative, financial and management instruments to ensure a high quality of implementation of action points and programmes

Secure widespread support for taking action on mental health promotion and mental disorder prevention

Actions

- ❑ Develop, implement, periodically update and review comprehensive multi-sectoral policies, strategies, plans and programmes for mental health promotion and mental disorder prevention at the country, regional, municipal, and local community levels;
- ❑ Establish or reinforce and finance coordinating mechanisms or focal points for mental health promotion and mental disorder prevention;
- ❑ Adopt effective legislative, executive, administrative and/or other measures to implement action points and programmes for mental health promotion and mental disorder prevention;
- ❑ Adopt cross-border cooperation and cooperate, as appropriate, with competent international and regional intergovernmental organizations and other bodies to achieve the implementation of action points and programmes for mental health promotion and mental disorder prevention, including the European Commission and the World Health Organization;
- ❑ Ensure adequate financing for the effective implementation of action points and programmes for mental health promotion and mental disorder prevention;
- ❑ Identify and create partnerships with those existing infrastructures at the country, regional and local levels, that can support implementation;
- ❑ Strengthen and modernize public health infrastructures and functions in line with the needs of mental health promotion and mental disorder prevention;
- ❑ Engage the media and communication sector to inform, educate and persuade all people of the individual and collective importance of mental health promotion and mental disorder prevention, and to provide options for action;
- ❑ Identify evidence based policies and programmes and develop tool kits to support implementation, which include training modules for programme providers and guidelines for implementation.

3 Build capacity and train the workforce

Making the case

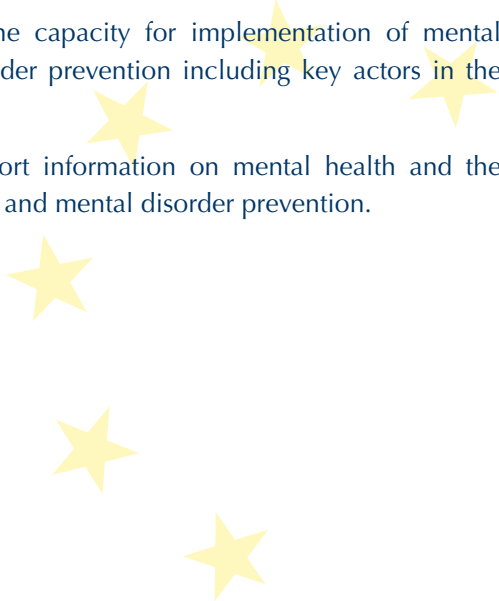
Mental disorder prevention and mental health promotion require a broad based professional workforce as well as an informed active citizenry. European countries and the European Community should build capacity by ensuring that all education of health care professionals imparts the relevant knowledge, attitudes and skills for mental health promotion and mental disorder prevention; that the education of public health professionals prepares them to act as enablers, mediators and advocates for mental health in all sectors, and to work with a broad set of partners in society; and that the education of professionals in other sectors prepares them to recognize the importance and benefit of their policies and actions for population mental health. Interdisciplinary research training programmes should be made available to develop research skills to conduct evaluations and to improve the quality and effectiveness of practice. Other key actors in the community are crucial and should be identified, provided with appropriate training, and engaged in implementation. New training opportunities must respond to the needs for expertise in all roles and tasks to be undertaken.

Aim



Build up an effective workforce for mental health promotion and mental disorder prevention both in the health sector and in other sectors that have an impact on mental health

Actions

- ❑ Ensure that the education of public health professionals prepares them to act as enablers, mediators and advocates for mental health in all sectors, and to work with a broad set of partners in society;
 - ❑ Ensure that the education of professionals in other sectors prepares them to recognize the importance and benefits of their policies and actions for population mental health;
 - ❑ Support the development and training of a specialized workforce for the provision of promotion and preventive services for mental health;
 - ❑ Support the development of integrated training schemes for health care providers that include components of promotion of mental health and prevention of mental disorders in already existing training initiatives and university curricula;
 - ❑ Ensure that the education of health care professionals imparts the relevant knowledge, attitudes and skills for mental health promotion and mental disorder prevention, including good quality public health practice, and the essential aspects of economics and social sciences relevant to improving mental health;
 - ❑ Develop strategies that broaden the capacity for implementation of mental health promotion and mental disorder prevention including key actors in the community;
 - ❑ Develop advocacy tools that support information on mental health and the benefits of mental health promotion and mental disorder prevention.
- 
- A decorative graphic consisting of several yellow stars of varying sizes, arranged in a diagonal line from the middle-right of the page towards the bottom-left.

4 Engage different actors

Making the case

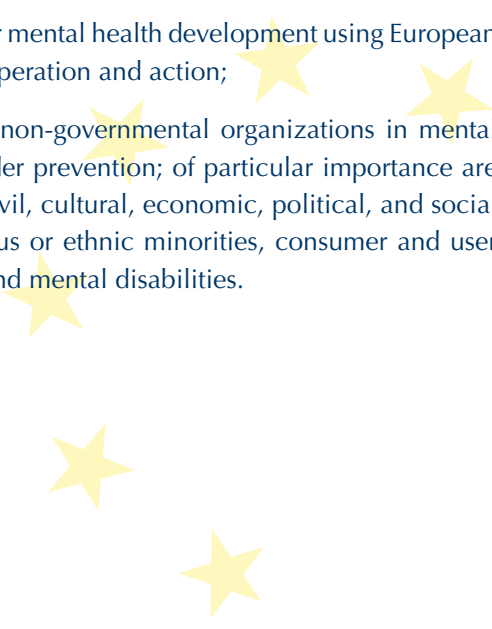
European countries and the European Community should ensure that structures and processes exist at all levels to facilitate the harmonized collaboration of all actors and sectors in mental health development. Many of these potential partners are not aware of the benefits they can gain from investing in mental health promotion or of the added value of the mental health outcomes of their existing policies. One of the problems is the lack of mechanisms to bring partners together in systematic cooperation. There is a need to overcome the problems posed by single-sector approaches and specific organizational objectives, budgets and activities. The health sector can provide leadership by engaging in active promotion and advocacy for mental health and by encouraging other sectors to join in multi-sectoral activities. Small changes in the way that the private sector does business can unlock money which will not only improve mental health but also increase profitability. Partnerships are required at the international, country, regional and local levels, involving a wide range of actors, governmental and non-governmental, professionals in and outside the health sector, the industry and the private sector, the education sector, the media and civil society. The involvement of all sectors is fundamental to ensuring that programmes reflect priorities, have widespread support and are sustainable. Especially non-governmental organizations are essential partners for accountability for mental health; they are a vital component of a modern civil society advocating change and creating a dialogue on policy.

Aim



Engage different actors at all levels, including governmental and non-governmental organizations, the public and private sector to work together to promote mental health

Actions

- ❑ Strengthen existing partnerships for mental health and social development, such as the networks of cities, schools and workplaces, and explore the potential for new partnerships at all levels;
 - ❑ Engage with all sectors and actors in mental health to identify and take into account the mutual benefits of investment in mental health;
 - ❑ Create mechanisms to facilitate the joint development, implementation and evaluation of policies and strategies for promoting mental health and preventing mental disorders across different sectors and actors;
 - ❑ Disseminate information to other sectors on the multiple health, social and economic gains to be made in mental health;
 - ❑ Emphasize the need to build alliances and partnerships for mental health at all levels, empowering people and creating networks;
 - ❑ Provide public health leadership that motivates, inspires, facilitates and engages all sectors for mental health;
 - ❑ Strengthen international solidarity for mental health development using European structures for intergovernmental cooperation and action;
 - ❑ Support and strengthen the role of non-governmental organizations in mental health promotion and mental disorder prevention; of particular importance are those organizations that deal with civil, cultural, economic, political, and social rights, the rights of children, religious or ethnic minorities, consumer and user groups, and persons with physical and mental disabilities.
- 
- A series of yellow stars of varying sizes are arranged in a diagonal line from the bottom right towards the middle of the page, partially overlapping the text of the last two list items.

5 Evaluate policy and programme impact

Making the case

European countries and the European Community should require all sectors of society to be accountable for the mental health impact of their policies and programmes, recognizing the benefits to themselves of promoting and protecting mental health. Mental health impact assessment must therefore be applied to any social and economic policy or programme, as well as development projects, likely to have an impact on mental health. Accountability also rests with government leaders who create policy, allocate resources and initiate legislation. Mechanisms such as mental health policy audits, litigation for health damages and public access to reports on mental health impact assessments can ensure that both the public sector and private industry are publicly accountable for the mental health effects of their policies and actions. Accountability can be achieved through mechanisms for coordinating, monitoring and evaluating progress in policy implementation and through procedures for reporting to elected bodies, as well as through the mass media. Provision for this should be made in country based action plans, which should include indicators to measure progress towards each objective and action point, a clear mechanism for their collection and analysis and predetermined periods for evaluation timed to feed into revised action plans. Specific objectives and action points allow progress towards them to be monitored, give all partners and sectors a common understanding of the scope of the action plan and strengthen accountability for mental health.

Aims



All sectors of society to be accountable for the mental health impact of their policies and programmes

Monitor the impact of implemented policies, programmes and action points, and revise them accordingly

Actions

- ❑ Set up and maintain health and health-related information databases to support the monitoring and evaluation of mental health promotion policies and programmes, enhance accountability for mental health, facilitate the sharing of knowledge within and between countries, and help raise citizens' awareness of the importance of mental health promotion and mental disorder prevention;
- ❑ Develop a harmonized, comparable system across countries to evaluate the impact of European and country based mental health policies and programmes and to monitor progress towards improved mental health;
- ❑ Ensure long-term evaluation and monitoring of implemented policies and programmes, which not only include outcomes on mental health and mental health determinants, but also long-term benefits on physical health, and social and economic outcomes;
- ❑ Undertake regular mental health audits and mental health impact assessments for health sector and non-health sector policies and programmes;
- ❑ Ensure that effective mechanisms are in place to incorporate evaluation results and evidence based elements in the revision and improvement of programmes;
- ❑ Dedicate at least 10% of implementation budgets to monitoring and evaluation.



Summary

The need for action on mental health

Positive mental health is an integral part of the health and well-being of the citizens of Europe and a prerequisite for a viable, socially responsible and productive Europe; it enhances social cohesion and social capital and improves safety in the living environment. A lack of positive mental health accounts for one quarter of all European ill-health and premature death, costing countries between 3% and 4% of gross national product. Positive mental health cannot be gained by treating mental disorders alone; it is everybody's business and an issue for the criminal justice, education, environment and urban planning, finance, housing, labour, and social welfare sectors. Mental health promotion and mental disorder prevention can lead to health, social and economic gain, increases in social inclusion and economic productivity, reductions in the risk for mental and behavioural disorders and decreases in social welfare and health care costs.

Develop country based action plans for mental health promotion and mental disorder prevention

Each country should develop and implement a comprehensive action plan for mental health promotion and mental disorder prevention, as a principal mechanism to promote mental health, to reduce the enormous health and economic burden of mental disorders and to reinforce social cohesion. Where sufficient funds for implementation are not secured, they could be identified through a special Mental Health Fund financed by earmarked tobacco and alcohol taxes. Action plans should pay attention to the ten action areas and five common principles outlined below.

Ten action areas

1. Support parenting and the early years of life

Home based interventions for pregnant women that include education on health behaviour, parenting skills and mother-baby interaction should be implemented for high risk populations. This will enable a healthy start in life, leading to positive developments that reach through to adulthood.

2. Promote mental health in schools

Mental health promotion components should be integrated into school health promotion initiatives, including the WHO Network for Health Promoting Schools. This will increase the positive influence that schools can have on the behaviour, mental health and development of children and adolescents.

3. Promote workplace mental health

Engagement should be made with the labour sector to support the promotion of training, employment and improved social inclusion of those who have experienced less favourable conditions earlier in life. The creation of healthy companies and workplaces, which include mentally healthy working practices, should be encouraged. These will lead to more and healthier jobs and reduce work related stress.

4. Support mentally healthy ageing

Community participation, social support networks and labour policy should be developed to encourage the ongoing social, cultural, economic and political contribution of older persons in society. This will mitigate against the increased risk of mental illness, for example depression, whose burden is likely to increase with an ageing population.

5. Address groups at risk for mental disorders

Tool kits of available evidence based preventive interventions for different groups identified at risk for mental disorders should be prepared to support implementation by a range of providers. Toolkits can include depression prevention for carers or for patients with long-term illness, and plans for emergency preparedness in case of major disasters. Targeting groups at risk can reduce the excess health and social welfare costs that may arise.

6. Prevent depression and suicide

Prevention of depression based on cognitive behavioural models should be implemented for children and adolescents at risk. Health care providers in primary care should be trained to diagnose and treat depression and to recognize suicidal risk. Environmental measures to reduce access to means of suicide should be supported. These interventions will reduce both depression, the second top cause of disability in Europe, and suicide, which is the highest in the world and 80% higher in the ten new Member States than in the old fifteen.

7. Prevent violence and harmful substance use

Comprehensive and coordinated policies and actions should be made at the country, regional and local levels, to reduce the everyday violence, especially against women, children and young people that occurs particularly in neighbourhoods with high rates of social exclusion. Action should be taken on drinking environments and the ready availability of alcohol to reduce the intentional and unintentional injuries and violence that result from alcohol intoxication.

8. Involve primary and secondary health care

Education and training on screening and brief interventions for emotional problems, mental disorders and harmful substance use should be provided to health care professionals, particularly those working in primary care, and should be supported by incentive mechanisms for implementation. Widespread implementation could reduce the current burden of depression by one fifth, and the current burden of alcohol use disorders by one sixth.

9. Reduce disadvantage and prevent stigma

Engagement should be made with social inclusion units and other sectors to implement policies and community development programmes to protect vulnerable groups from discrimination, stigma and social exclusion, and to reduce the impact that lack of income, education and disadvantage have on the risk for mental disorders.

10. Link with other sectors

Specific collaborative initiatives should be made with other sectors such as environment and urban planning, social welfare, labour, education, criminal justice, nutrition, transport and human rights protection. Mental health promotion components should be integrated into existing health promotion and public health policies and programmes of the European Commission and the different WHO Health Promoting Networks. This will promote mental health, prevent mental disorders and increase the visibility of the impact of other policies on mental health.

Five common principles

1. Expand the knowledge base for mental health

The knowledge base for mental health should be translated into practical toolkits and guidelines to make use of existing and new evidence from research in daily practice. The operational definitions of mental health indicators in the European Community Health Indicators and the European Health Promotion Indicators projects should be strengthened, including indicators for policies and infrastructures. Mental health surveys should be carried out, at least every two years.

2. Support effective implementation

Country and, where relevant, local community, municipal and regional coordinating mechanisms and focal points or centres for mental health promotion and mental disorder prevention should be established and supported by resources, personnel and infrastructures that are commensurate with the size of the burden of mental and behavioural disorders and that reflect the priorities identified in the developed action plans.

3. Build capacity and train the workforce

Professionals in public health and other sectors should receive education and training to prepare them to act as enablers, mediators and advocates for mental health in all sectors, to work with a broad set of partners in society, and to recognize the importance and benefit of multi-sectoral policies and actions for population mental health.

4. Engage different actors

Structures and processes should be ensured at all levels to facilitate the harmonized collaboration of all actors and sectors in mental health development, to strengthen existing partnerships for mental health and social development, such as the networks of cities, schools and workplaces, to support and strengthen the roles and responsibilities of non-governmental organizations, and to disseminate information to other sectors on the multiple health, social and economic gains to be made in mental health.

5. Evaluate policy and programme impact

At least 10% of implementation budgets should be dedicated to monitoring and evaluating the impact of implemented policies and programmes. Results should be incorporated in revisions of improved policies and programmes. Policies and programmes should be supported by regular mental health audits and mental health impact assessments, in both health and non-health sector policies and programmes, to ensure accountability for mental health of all sectors of society.

Acknowledgements

This document and the accompanying background technical document have been prepared by the authors on behalf of the Imhpa network. The policy task force has been involved in a consultation process commenting and contributing to different drafts of the documents. The authors also wish to acknowledge the support and input in the document of the other partners of the Imhpa network. In addition, particular thanks are due to Professor Rachel Jenkins, Professor Heinz Katschnig, Professor Maria Kopp, Dr. Csilla Csoboth, David McDaid, Dr. Kiki Petroulaki, Professor Eleni Petridou, and John Bowis MEP, for their comments and input to the final draft of the document. We are very grateful to Milou Leunissen for her considerable support in the publication of the document.

Members of the Policy task force

Dr. Athanassios Constantopoulos

Centre for Mental Health
Greece

Professor Czeslaw Czabala

Institute of Psychiatry and Neurology
Poland

Mr. John Kenneth Davies MA

International Union for Health Promotion
and Education (IUHPE)
United Kingdom

Dr. John Henderson

Mental Health Europe
Belgium

Professor Lars Jacobsson

WHO Collaboration Centre for Research and
Training in Mental Health
Department of Psychiatry,
University of Umea
Sweden

Dr. Maria Joao Heitor dos Santos

Directorate General of Health
Portugal

Professor Maurice Mittelmark

Department of Education and Health
Promotion
Research Centre for Health Promotion
University of Bergen
Norway

Associate Professor Dainius Puras

Centre of Child Psychiatry and Social
Paediatrics
Clinic of Psychiatry
Vilnius University
Lithuania

Members of the Training and Database task forces

Dr. Margaret Barry

Department of Health Promotion,
National University of Ireland, Galway
Ireland

Professor Josipa Basic

Faculty of Education and Rehabilitation
Sciences, University of Zagreb
Croatia

Dr. Hartmut Berger

European Network of Health Promoting
Hospitals (ENHPH)
Germany

Ms. Elizabeth Gale

Mentality
United Kingdom

Dr. Ines Garcia Sanchez

Andalusian School of Public Health
Spain

Ms. Emma Hogg

NHS Health Scotland
Scotland

Professor Clemens Hosman

Department of Clinical Psychology,
Radboud University Nijmegen
The Netherlands

Dr. Karl Kuhn

Federal Institute for Occupational Safety
and Health (FIOSH)
European Network of Workplace Health
Promotion (ENWHP)
Germany

Dr. Beatrice Lamboy

National Institute for Prevention and Health
Education (INPES)
France

Dr. Andrej Marusic

Institute of Public Health of the Republic
of Slovenia
Slovenia

Professor Juergen M. Pelikan

Ludwig-Boltzmann-Institute for Sociology
of Health and Medicine
Institute of Sociology, University of Vienna
Austria

Professor Mirella Ruggeri

Department of Medicine and Public Health
University of Verona
Italy

Dr. Marco Stegagno

Department of Medicine and Public Health
University of Verona
Italy

Professor Airi Varnik

Estonian-Swedish Institute of Suicidology
Estonia

Professor Kristian Wahlbeck

National Research and Development Centre
for Welfare and Health (STAKES),
Mental Health Unit
Finland

To ensure that mental health is a global public good, and to reduce the enormous health and economic burden of mental disorders, each European country should develop and implement a comprehensive action plan for mental health promotion and mental disorder prevention, paying attention to the following ten action areas and five common principles:

Ten action areas

1. Support parenting and the early years of life
2. Promote mental health in schools
3. Promote workplace mental health
4. Support mentally healthy ageing
5. Address groups at risk for mental disorders
6. Prevent depression and suicide
7. Prevent violence and harmful substance use
8. Involve primary and secondary health care
9. Reduce disadvantage and prevent stigma
10. Link with other sectors

Five common principles

1. Expand the knowledge base for mental health
2. Support effective implementation
3. Build capacity and train the workforce
4. Engage different actors
5. Evaluate policy and programme impact

IMHPA has received financial support from the European Commission, the Ministry of Health, Welfare and Sports of the Netherlands (VWS), and the Ministry of Social Affairs and Health of Finland



This report was produced by a contractor for Health & Consumer Protection Directorate General and represents the views of the contractor or author. These views have not been adopted or in any way approved by the Commission and do not necessarily represent the view of the Commission or the Directorate General for Health and Consumer Protection. The European Commission does not guarantee the accuracy of the data included in this study, nor does it accept responsibility for any use made thereof.