

MENTAL WELL-BEING:
FOR A *SMART, INCLUSIVE AND SUSTAINABLE* EUROPE

**A paper to present first outcomes of the implementation
of the 'European Pact for Mental Health and Well-being'**

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Contents

1.	Introduction	3
2.	The role of the European Union in mental health and well-being	4
2.1	Mental well-being in the EU Health Strategy	4
2.2	Priority areas	4
2.3	Thematic Conferences	4
2.4	The EU Compass	5
3.	Mental well-being in the Europe 2020 context	6
3.1	Mental well-being for a <i>smart</i> Europe	6
3.1.1	Knowledge and information-based society	6
3.1.2	Productivity vs. disability	6
3.2	Mental health protection for a <i>sustainable</i> Europe	7
3.2.1	The EU Sustainable Development Strategy (2006)	8
3.2.2	Suicide – threat to sustainability	8
3.2.3	Impact on mental health and well-being: Assessing sustainability	8
3.2.4	Mental health promotion and mental disorder Prevention: Investment for the future	8
3.3	Mental health for an <i>inclusive</i> Europe	8
3.3.1	Inequalities between and within Member States	8
3.3.2	Childhood and adulthood inequalities and mental health	9
3.3.3	Social inclusion of mental health services	9
4.	The Pact implementation phase – findings	10
4.1	Promotion of mental health and well-being of children and young people	11
4.2	Prevention of Suicide and Depression	12
4.3	Older people's mental health and well-being	13
4.4	Promoting social inclusion and combating stigma	14
4.5	Promoting mental health and well-being in workplaces	16
4.6	The EU-Compass for action on mental health and well-being	18
5.	Looking forward	20
6.	Attachment	22
6.1	Key concepts in mental health	22
7.	References	23

1. Introduction

The aim of this document is a) to concisely present the relevance of mental well-being for the Europe 2020 strategic objectives and b) to present the outcomes of the first implementation phase of the European Pact for Mental Health and Well-being in the context of EU- health policy and its strategic policy objectives.

In June 2008, the “European Pact for Mental Health and Well-being” was launched at the High-Level Conference “Together for Mental Health and Well-Being” as a joint effort of the Commissioner for Health and Commissioner for Employment, Social Affairs and Equal Opportunities. The Pact objectives are to support and inform European Union (EU) Member States’ policy-makers and other stakeholders, and to promote best practice and encourage actions to help address common challenges and tackle health inequalities. The Pact provides an EU-framework that enables exchange and cooperation between Member States or stakeholders in different sectors (including health, employment and education) to act on the challenges and opportunities in promoting better mental health for the European population.

The Pact entered its implementation phase in 2009 with a series of five Thematic Conferences in each of the priority areas, which were hosted by Member States in partnership with the European Commission and other stakeholders, and linked to EU - Presidencies. In addition, the EU Compass for Action on Mental Health and Well-being was established, an online searchable database with over 130 descriptions of good practice and key policy documents in the 5 priority areas from across the EU.

2. The role of the European Union in mental health and well-being

2.1 Mental well-being in the EU Health Strategy

Mental well-being is fundamental to achieving the strategic objectives of the EU health policy. The Commission's White Paper on health for the years 2008-2013¹ include European health values, recognition of the links between health and economic prosperity, and integration of health in all policies. All of these principles are highly relevant to public mental health policy.

Promotion of mental health is an indispensable part of the public health agenda. Mental health is closely linked to general health: Mental health problems predict physical disorders and early death. In addition, the same socio-economic factors (determinants such as wealth, education, inclusion and employment) are linked to mental health and physical health, creating mental and physical health inequity.

2.2 Priority areas

One initiative of EU health policy in the field of mental health was the establishment of the European Pact for Mental Health and Well-being² in 2008. Its aim is the promotion of mental health, prevention of mental disorders and promotion of social inclusion, by putting emphasis on five Priority Areas:

- Prevention of Depression and Suicide
- Mental Health and Well-being of Children and Young People
- Mental Health and Well-Being in Workplaces
- Older People's Mental Health and Well-being
- Promoting Social Inclusion and Combating Stigma

The Pact provides a framework for co-operation between the EU Member States, and institutions, and also relevant stakeholders, to identify best practices to tackle the problems in the Priority Areas and to develop recommendations and frameworks for action.

2.3 Thematic Conferences

The Pact was supported by the European Parliament's Resolution on mental health of 2009³, and entered its implementation phase with a series of five Thematic Conferences in each of the Priority Areas. The EU-Council Conclusions on 'The European Pact for Mental Health and Well-being: results and future action' from 6 June 2011 welcomed the results of the five thematic conferences and invited Member States to make mental health and well-being a priority of their health policies and to develop strategies and/or action plans on mental health. The Thematic Conferences were hosted by Member States in partnership with European Commission and other stakeholders. The

events have been hosted by or linked to each Presidency of the European Council over the timeframe of the implementation phase:

- 29 – 30 September 2009, Stockholm --> **Promotion of Mental Health and Well-being of Children and Young People – Making it Happen.** Swedish European Presidency event, organised by the European Commission and Swedish Ministry of Health and Social Affairs.
- 10 – 11 December 2009, Budapest → **Prevention of Suicide and Depression – Making it Happen.** Organised jointly by the Ministry of Health of the Republic of Hungary and the European Commission with the support of the Swedish European Presidency and in collaboration with the WHO Regional Office for Europe.
- 28 – 29 June 2010, Madrid → **Older People’s Mental Health and Well-being – Making it Happen.** Spanish European Presidency event, organised by the European Commission and Spanish Ministry of Health and Social Affairs.
- 8 – 9 November 2010, Lisbon → **Promoting Social Inclusion and Combating Stigma for better Mental Health and Well-being".** Organised by the European Commission's DG SANCO and the Ministry of Health of Portugal, in cooperation with the European Commission's DG EMPL and the Ministry of Labour and Social Solidarity of Portugal, with the Support of the Belgian Presidency of the European Union.
- 3 – 4 March 2011, Berlin → **Promoting Mental Health and Well-Being in Workplaces.** Organised by the European Commission and the German Federal Ministry of Health in cooperation with the German Federal Ministry of Labour and Social Affairs, with the support of the Hungarian EU-Presidency, and supported by the BKK Federal Association.

2.4 The EU Compass for Action on Mental Health and Well-being

In parallel, to facilitate and encourage the longer-term exchange and uptake of good practice across European Member States, the Commission set up the EU Compass for Action on Mental Health and Well-being – an online resource providing a collection of statements by Member States and other stakeholders, relevant documents and a database of standardised descriptions of good practice and policies for the improvement and promotion of mental health and well-being.⁴

3. Mental well-being in the Europe 2020 context

The Europe 2020 growth strategy outlines the steps to a *smart, inclusive and sustainable* Europe.⁵ Implementation of the European Pact for Mental Health and Well-being contributes with important building bricks for the Europe 2020 strategy.

3.1 Mental well-being for a *smart* Europe

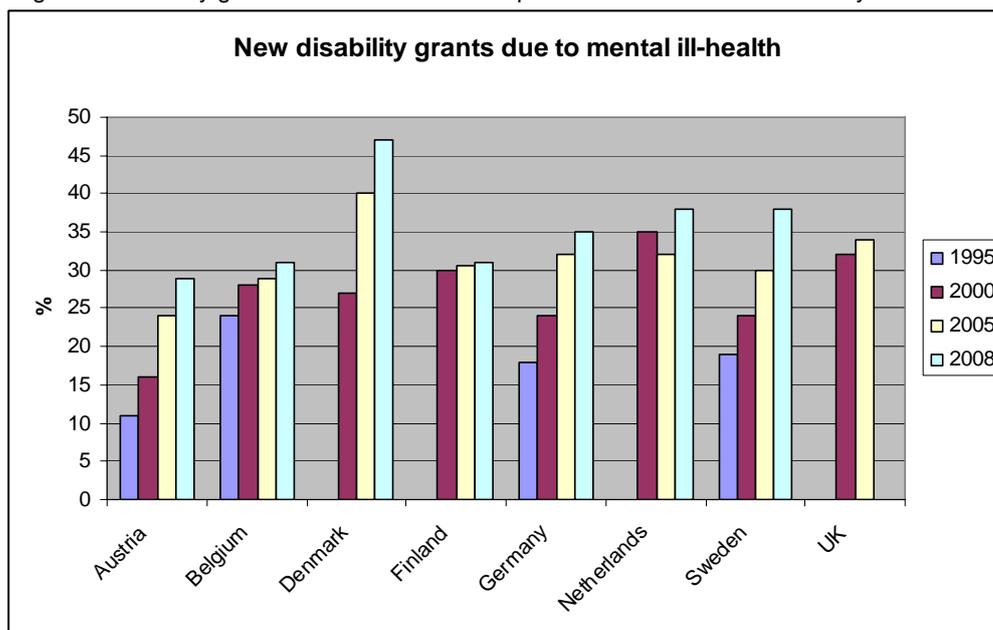
3.1.1 Knowledge and information based society

The societal impact of mental health is brought about through its close links to educational achievements and productivity. In a digital information society, people work increasingly with their minds instead of their hands, and educational requirements are high. This makes mental health a crucial component of economic growth. A smart Europe needs a high level of mental capital. Good mental health allows people to work longer and enjoy working, flourishing and contributing to the support of an ageing EU population.

3.1.2 Productivity vs. disability

Mental health problems are a growing source of productivity loss in many EU countries – with increasing share of sick leaves, disability benefits and early retirement due to mental disorders. Today, psychological distress and mental health problems are the leading cause for work absenteeism in the EU. In many countries one in three new disability grants is due to mental health problems (Figure 1).

Figure 1: Disability grants due to mental health problems are on the rise in many EU-countries



Source: OECD 2010

Costs of lost productivity due to mental health disorders far exceed the costs of treatment or preventive action. It has been estimated that the total cost of mental health problems in EU is 3-4% of the GDP.⁶

Without investments and action in workforce mental health promotion and well-being, the current increasing trend in disability grants and early retirement due to mental health problems will not be reversed and the Europe 2020 target of having 75% of the 20-64 years old European in employment will not be reached.

3.2 Mental health protection for a *sustainable* Europe

3.2.1 The EU Sustainable Development Strategy

The EU Sustainable Development Strategy, adopted in 2006⁷, provides a long-term vision and constitutes an overarching policy framework. Improving mental health and tackling suicide risk are among the stated public health objectives of this Strategy. According to the Strategy, health policies should aim at creating and implementing plans to help women and men achieve and maintain positive emotional states and thus improve their well-being, their subjective perception of the quality of their life and their physical and mental health.

3.2.2 Suicide – threat to sustainability

Deaths by suicide illustrate the unsustainable disparities linked to mental health. In 2008, about 57 000 people in the EU completed a suicide, i.e. on average one person every 9 minutes.⁸ Each year, more people in the EU die from suicide than from traffic accidents. Yet, completed suicides are just the tip of the iceberg, as non-fatal self-harm is estimated to be 10-40 times more common than suicides.⁹ Suicide is one of the leading causes of death for young males, and a major cause of health inequality and geographical health disparities in Europe, which are, in turn, threats to sustainability.

3.2.3 Impact on mental health and wellbeing - assessing sustainability

Sustainable development cannot be achieved without caring for the well-being including mental well-being of all European citizens. In order to realise its economic, social and environmental policy objectives, the EU must also protect and promote its human capital and the mental well-being of citizens.

3.2.4 Mental health promotion and mental disorder prevention – investment for the future

Organisations in health and non-health sectors stand to make significant economic gains from investing in interventions to promote mental health and prevent mental disorders (see Figure 3). This is particularly true of non-public sector organisations.

Figure 3. Return on Investment into mental health promotion and mental disorder prevention

Economic pay-offs per £1 investment	NHS	Other public sector	Non-public sector	Total
Early identification and intervention as soon as mental disorder arises				
Early intervention for conduct disorder	1.08	1.78	5.03	7.89
Health visitor interventions to reduce postnatal depression	0.40	-	0.40	0.80
Early intervention for depression in diabetes	0.19	0	0.14	0.33
Early intervention for medically unexplained symptoms ^b	1.01	0	0.74	1.75
Early diagnosis and treatment of depression at work	0.51	-	4.52	5.03
Early detection of psychosis	2.62	0.79	6.85	10.27
Early intervention in psychosis	9.68	0.27	8.02	17.97
Screening for alcohol misuse	2.24	0.93	8.57	11.75
Suicide training courses provided to all GPs	0.08	0.05	43.86	43.99
Suicide prevention through bridge safety barriers	1.75	1.31	51.39	54.45
Promotion of mental health and prevention of mental disorder				
Prevention of conduct disorder through social and emotional learning programmes	9.42	17.02	57.29	83.73
School-based interventions to reduce bullying	0	0	14.35	14.35
Workplace health promotion programmes	-	-	9.69	9.69
Addressing social determinants and consequences of mental disorder				
Debt advice services	0.34	0.58	2.63	3.55
Befriending for older adults	0.44	-	-	0.44

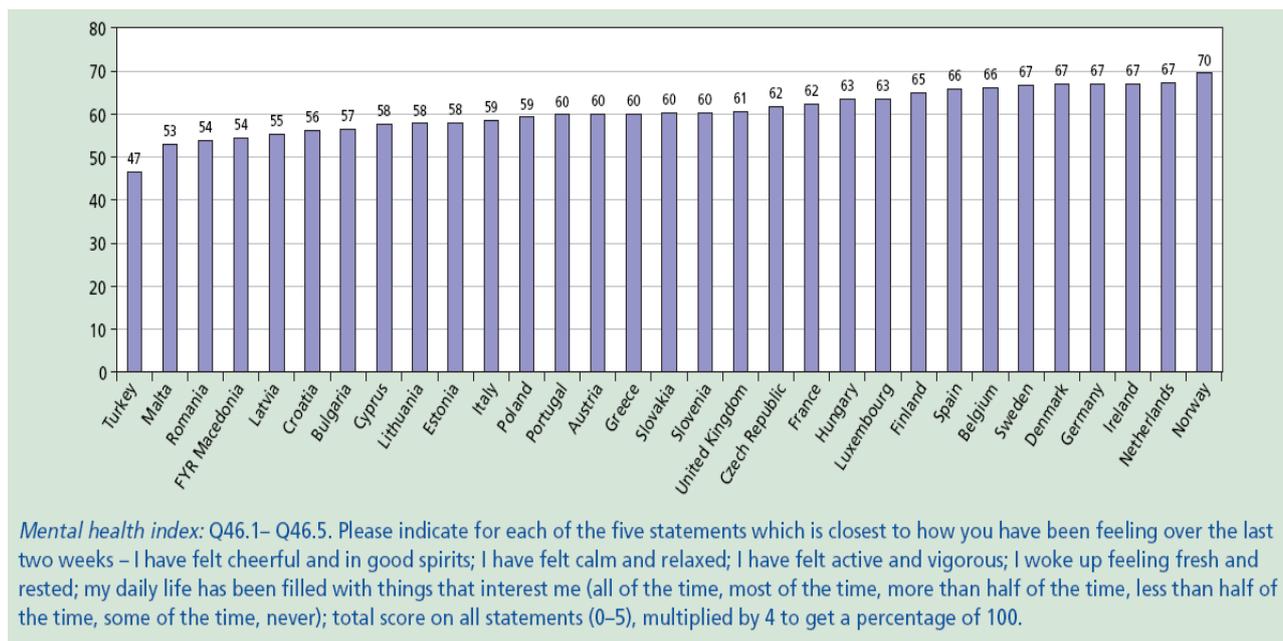
Source: Martin Knapp (LSE) et al (ed.): Mental health promotion and mental illness prevention: The economic case, 2011, calculations for the UK.

3.3 Mental health for an *inclusive* Europe

3.3.1 Inequalities between and within Member States

The distribution of mental health and mental disorders contributes to health inequalities in the European Union. Mental well-being and mental health problems are variable across European Member States (Figures 2).^{10,11} Major inequities also exist within countries: mental health problems are linked to socio-economic disadvantages, with people from socially disadvantaged groups facing much higher rates of mental health problems.

Figure 2: Mean mental health index, by European Member States



Source: Second European Quality of Life Survey – First Findings (2007)

3.3.2 Childhood and adulthood inequalities and mental health

This trend can already be observed in children and teenagers. School drop-outs have a strong association to mental health problems and are more frequent in lower socio-economic groups. The mental health of people belonging to vulnerable groups, experiencing multiple disadvantages, is of particular concern.

Childhood experiences have powerful influence on the development of mental health or mental disorders in adulthood. The most efficient strategy for strengthening mental health of Europeans and the future workforce is to invest in the environments of disadvantaged children during the early childhood years.¹² Mental health promotion throughout the life-span and starting in childhood and adolescence will result in fewer school drop-outs and fewer Europeans at risk of poverty and social exclusion.

3.3.3 Social inclusion of mental health services

Community-based services are preferable to old-fashioned institutional approaches. They offer better accessibility to mental health care, reduce the stigmatisation of users, and have been shown to be more effective at promoting recovery and social inclusion. They offer better conditions to protect the human rights of people with mental disorders. They also deliver significant better outcomes on adherence to treatment, clinical symptoms, quality of life, housing stability, and vocational rehabilitation; and are associated with higher levels of user satisfaction.

4. The Pact implementation phase - findings

With the series of Commission Thematic Conferences recently complete, a number of conclusions have been drawn and priorities identified within frameworks for action, through inclusive and democratic processes, in the 5 Pact Priority Areas. These conclusions have been reached through consultation of the conference background papers, and through discussion at the events themselves.

4.1 Promotion of Mental Health and Well-being of Children and Young People

(Swedish EU-Presidency event, Stockholm, 29 – 30 September 2009¹³)

4.1.1 The problem

Mental health problems and disorders can deprive children and youth of quality of life, adversely affect their healthy development, and may be recurrent or chronic, appearing as important precursors to adult mental disorders.

Findings from several epidemiological studies suggest that levels of certain mental disorders could be increasing among young people¹⁴ and that the age of onset of these disorders is decreasing¹⁵.

Societal, political and cultural changes in recent decades have influenced the exposure of European children and adolescents to risk and protective factors. These changes include complex phenomena such as changes in family structure or the economic migration of workers to richer European countries. Omnipresent forms of media and new technology, such as television, mobile phones and the internet present new opportunities, but also new risks to European children in the form of expanding and potentially intrusive social domains, and contracting and limited physical domains, which can affect their safety and well-being.

4.1.2 Areas for action

Among the most important domains, in which effective action to improve the mental health and well-being of youth can be carried out, are:

- Parents, family and early years
- Educational settings and learning
- Health services to promote mental health and prevent mental disorders
- the community environment
- new media technologies and the internet

4.1.3 Key priorities and principles

The Stockholm Thematic Conference conclusions emphasise several points and opportunities for action:

- The promotion of mental well-being of children by providing inter-sectoral support;
- Advice and training for parents, and the importance of high-quality childcare for all children;
- The role of the community environment in empowering young people to voice their opinions and in mental health promotion action through multiple contexts;
- A role for new media in mental health promotion was envisaged, taking into consideration the need to improve young people's skills in safe internet use, as well as possibilities for exploiting the potential of new media to promote well-being.
- Integration of mental health promotion, such as life skills training and socio-emotional learning, in all educational settings was recommended.
- The integration of promotion and prevention of mental disorders into mainstream health services for children and adolescents was highlighted.

4.2 Prevention of Suicide and Depression

(Event hosted by the Hungarian Ministry of Health and supported by the Swedish EU-Presidency, Budapest. 10 – 11 December 2009¹⁶)

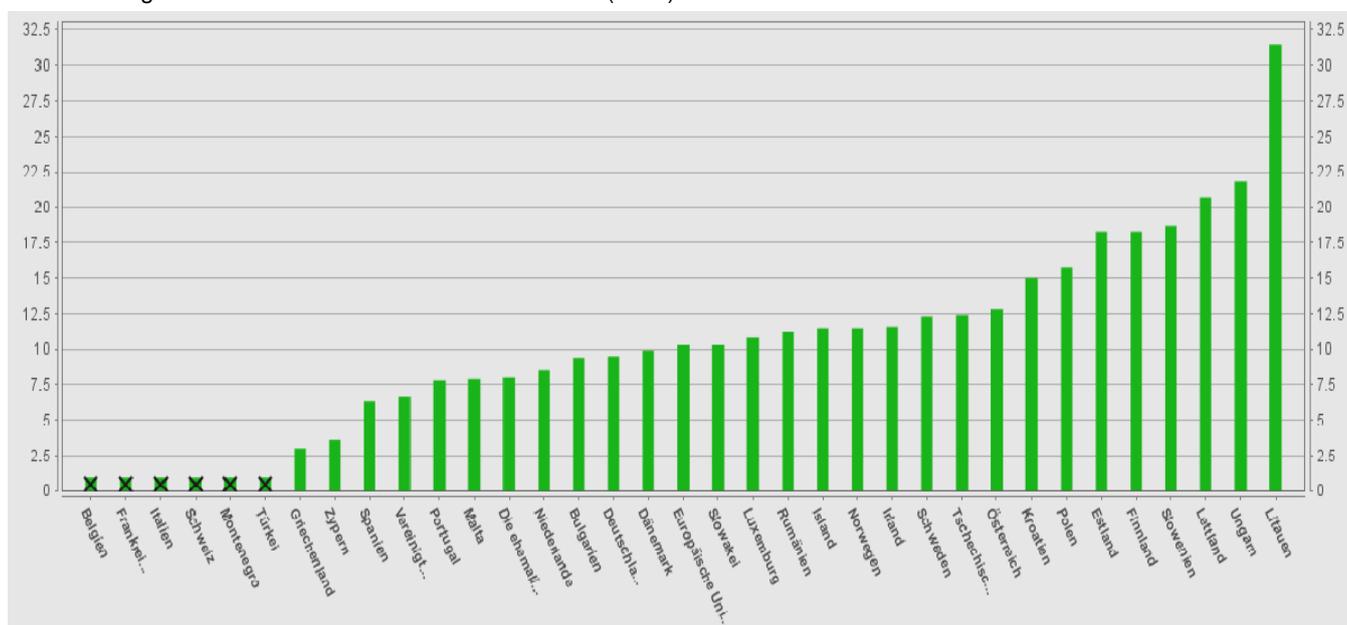
4.2.1 The problem

Depressive disorder and suicide are pressing public health challenges: Depressive disorder is a major contributor to the European burden of disease, incurring high social and economic costs and constituting a major threat to Europe's productivity. Major depressive disorder alone affects 13% of Europeans at some point in their lives¹⁷. Estimates for the total disease burden in the WHO European Region indicate that in 2004 depression accounted for 5,6% of all DALYs¹⁸ in Europe¹⁹. The World Health Organization expects the role of unipolar depression to increase, especially in high- and upper- middle income countries, reaching 8,5% and 6,0%, respectively, of the total burden of disease in 2030. One reason for the major contribution which depressive disorders make to the burden of disease in Europe is that they start earlier than most physical disorders.

Suicides have strong links to inequity and are variously distributed across Europe (Figure 3). Major risk factors for suicide are poverty, poor education, unemployment, high debt, high level of alcohol use, social isolation, physical and mental ill health and major negative life events. Within countries, there can be over six times as many suicide deaths in the most deprived 20% of areas compared

with the least deprived 20%. The current economic crisis may increase suicide rates, unless adequate social protection, alcohol control and suicide prevention measures are undertaken.

Figure 3. Suicide rates of EU Member States (2009)



Source: Eurostat 2009

4.2.2 Areas for action

Prevention of both depressive disorders and suicide are possible and cost-effective. Evidence-based solutions which the EU, Member States and stakeholders can adopt and implement do exist in the form of policies, practices and initiatives aimed at tackling depression and suicide in a number of different areas:

- Strategies, policy frameworks and targets;
- Programmes to address determinants and risk factors;
- Systems to mainstream mental health in health disciplines;
- Building partnerships with other policies and sectors;
- Improving access to healthcare;
- Providing a wide range of interventions and protective measures through e-health, internet and media;
- Building a robust and relevant knowledge base.

4.2.3 Key priorities and principles

The conference conclusions stressed the following:

- There is a need to address the multiple roots of depression and suicide by building partnerships and developing strategies and action plans *across* sectors.
- EU level action to prevent depression and suicide is needed to reduce the huge public health impact, and the suffering and the costs connected to these issues.
- The link between mental and physical health problems (and the subsequent added benefits of mental disorder prevention in the physical arena) was strongly made.
- Mental health promotion and prevention of depression has to start in childhood by building resilience and creating socio-emotional competence and coping skills.
- Addressing risk factors relating to the economic crisis and to social determinants of mental health can improve population mental health.

4.3 Older People's Mental Health and Well-being

(Spanish EU-Presidency event, Madrid. 28 – 29 June 2010²⁰)

4.3.1 The problem

Mental health and well-being in later life affect us all as we all move towards our own older age. There are humanitarian, social and economic reasons why we should pay more attention to these issues.

The European population is ageing: The demographic change the European Union is facing, resulting from low birth rates and increasing longevity, means that in the coming decades there will be fewer young people and young adults, and a greater number of older workers, pensioners and very old people. The proportion of the population above 65 years of age in 2050 will be around 30%, and 11% will be over 80 years old in EU25 countries²¹.

Promoting good mental health in older people is one way to maximise the valuable contributions that older people can make to society and to the economy, while minimising the costs of care related to poor mental health.²² More Healthy Life Years means a healthier workforce, and less retirement on the grounds of ill health.

Ageing in good physical and mental health is a right of all Europeans. Such rights extend to a reduction in the stress of carers, active social lives for all and ensuring equitable access to health care systems and employment opportunities, both in the paid and voluntary sectors.

A wide variety of Member States' policies, not restricted to those specifically addressed at mental health, have an impact on the mental well-being of older people. Older people from certain groups

face a higher risk for mental health problems. This includes older women, those living in or at risk of poverty, experiencing chronic illness, suffering abuse and belonging to cultural or ethnic minorities.

4.3.2 Areas for action

Effective policies and practices to improve mental health and well-being of older people can be carried out with a number of different perspectives:

- Mental health promotion in old age (addressing determinants such as social participation and inclusion, life-styles, living environments and retirement policies)
- Prevention of mental disorders (and addictions)
- Protecting older people in specific vulnerable situations
- Improving health care and treatment systems
- Promoting the mental health of informal and family carers

4.3.3 Key priorities and principles

Conclusions arising from the conference highlighted a number of key points and priorities:

- A healthy lifestyle, safe living environment and meaningful, active participation in society and the community are important protective factors for mental health and well-being in old age.
- Special emphasis needs to be put on older people in vulnerable groups.
- Fostering accessible environments and support for autonomous living.
- Enhanced prevention of mental disorders through improved identification of older people at risk of mental health problems and proactive action in primary care settings.
- Supporting and promoting the mental health of informal carers, who are often older people themselves (which has positive outcomes both for the mental health of carers and the older people they care for).

4.4 Promoting Social Inclusion and Combating Stigma

(Event hosted by the Portuguese Ministry of Health and supported by the Belgian EU-Presidency, Lisbon, 8 – 9 November 2010)

4.4.1 The problem

Some groups in society are more exposed to risk factors of mental health problems than others. These groups often include the same individuals who also face wider health inequalities. Associations between social position and prevalence of common mental disorders have been described in a number of studies, with clear increases of risk in those from less privileged groups, including those with poor education, unemployment or material deprivation²³.

Stigma and discrimination faced by people with a mental illness is widespread²⁴ and found to be more stigmatising than that attributed to physical illnesses²⁵. This presents a key public health challenge.

However, there is evidence that deliberate interventions to improve public knowledge about mental health issues can be successful, and can reduce the effects of stigmatisation. The continuation of reforms of psychiatry toward community-based approaches contributes in a significant way to reducing the stigmatisation and social exclusion of people with mental disorders, and to protecting their rights.

4.4.2 Areas for action

Effective actions in several domains have been identified:

- Through initiatives to strengthen social protection and inclusion
- Breaking the cycle of discrimination due to mental health problems
- Facilitating recovery by promoting employment and meaningful activities
- Safeguarding the rights and citizenship of people affected by mental illness
- Offering comprehensive health and social support for people with mental health problems

4.4.3 Key priorities and principles

The conference reached a number of concluding statements and implications for action:

- The widespread stigmatisation, discrimination and social exclusion of people with mental health problems are unacceptable.
- The reduction of discrimination (behavioural outcomes) is more important than the elimination of the stigma that produces it, because behaviour is more susceptible to change and this change can be achieved faster.
- The evaluation of social inclusion and anti-poverty measures should include mental health and well-being outcomes. Member States and regions should be encouraged to use structural funds to support the social inclusion of people with mental health problems and to improve the quality of mental health systems.

Crucial interventions include:

- The promotion of direct contact, on an equal basis, between targeted groups and people with mental health problems;
- Empowerment and protection of the rights of people with mental health problems.
- People with direct experience of mental health problems and their carers should be involved in the planning, design, delivery, monitoring and evaluation of mental health policies and services.

- Mental health services need to be of high quality, community-based and recovery-oriented.
- Services must emphasise social support measures rather than purely clinical issues.

4.5 Promoting Mental Health and Well-Being in Workplaces

(Event hosted by the German Ministry of Health, in cooperation with the German Ministry of Labour and Social Affairs, and supported by the Hungarian EU-Presidency, Berlin, 3 – 4 March 2011)

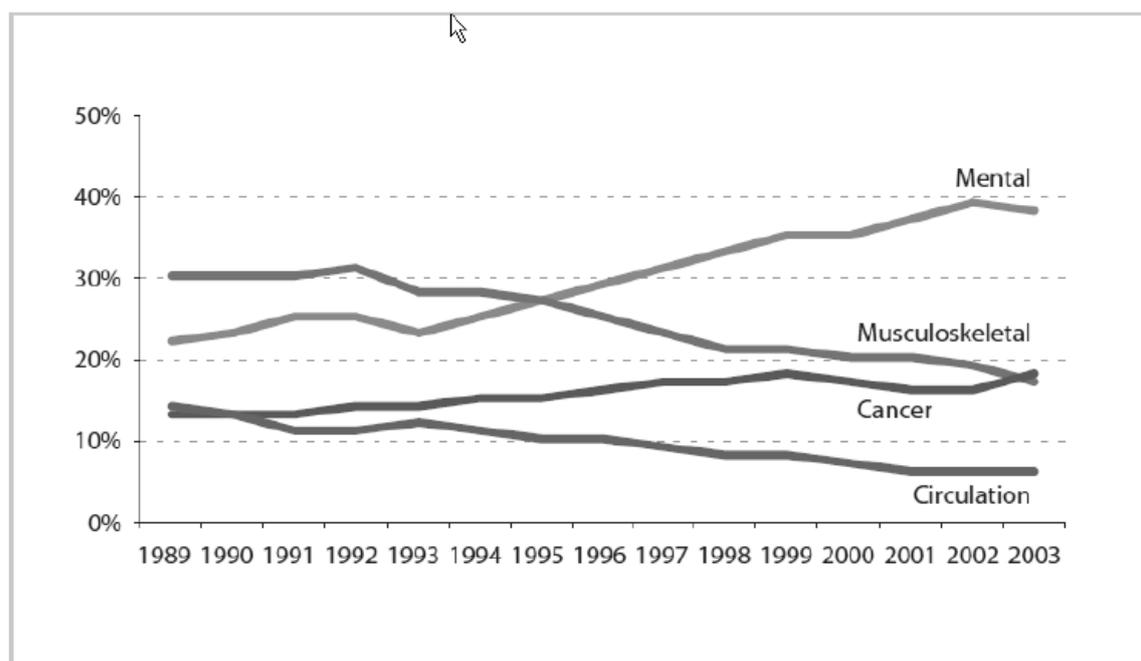
4.5.1 The problem

Employment is good for mental health and aids recovery after mental illness. However, societal changes, such as globalisation, economic crises and working life changes put workers' mental health increasingly under pressure.²⁶ Much more is being expected of working citizens in terms of mobility and flexibility, there is an increasing proportion of mental intellectual work, growing demands with respect to qualifications, acceleration of production, service and communication processes, new technologies which facilitate constant availability, increasingly frequent workflow interruptions and the dissolution of boundaries in the workplace, a rise the personal responsibility of employees and growing complexity of work-related demands, and increasing instability in social relationships.

The consequences of these trends, exacerbated by job insecurity brought about by the current economic downturn, can be increasing psychological strain on workers. This can be evidenced by examining the reasons for early retirement (see Figure 4. for an illustration from Germany).

Underperforming at work (presenteeism) because of mental health problems, such as anxiety or stress, adds to productivity loss. Psychological distress is increasingly reported by young people in many EU countries, who will be the European workforce of the future.

Figure 4. Trend in reasons for early retirement on health grounds in Germany.



Source: German Federal Health Monitoring (2007)

These developments affect both the private and the public sector, across all Member States, although the increased burdens are more clearly visible in some sectors of society than in others.

Such changes require a high degree of adaptability and outstanding coping skills on the part of workers. Working conditions which are associated with negative mental stress and strain are capable of endangering not only employees' mental health, but also the enterprise's innovative capacity and competitiveness.

Against this background, prevention and health promotion are steadily gaining importance. The creation of healthy framework conditions at the workplace offers an opportunity to eliminate disease-causing factors while promoting employees' health skills. The result can be a positive working atmosphere, with a high degree of motivation and low levels of absenteeism.

4.5.2 Areas for action

Effective initiatives are holistic, addressing both the organisational and individual level and include several of the following:

- Building mentally healthy workplaces (mental health promotion, e.g. good management techniques, healthy work culture, flexible conditions);
- Interventions for workers at risk (prevention of mental disorders, indicated & selective. e.g. Coping with stress, problem-solving skills, 'mindfulness' training);
- Supporting employees with mental disorders and (re)integration into workplace (e.g. assisted integration, graduated return to work after sickness);

- Monitoring and risk assessment (e.g. employee well-being surveys, open communication channels for problems).

4.5.3 Key priorities and principles

Conclusions from the conference emphasised:

- The investment in well-being at the workplace has positive economic returns for businesses, as well as health and social security systems.
- There is a good case for improved partnership working between health and social security systems, the social partners, occupational health services, individuals with lived experience of poor mental health, employers and employees to facilitate more investment in measures to protect mental health and well-being in the workplace.
- Support from government is particularly needed to stimulate actions in small and medium sized enterprises, where the lack of resources and information are barriers to mental health promotion.
- In addition, the public sector should be an exemplary employer in terms of well-being and learn from the private sector, where many effective initiatives are in up and running and producing returns on investment.

4.6 The EU Compass for Action on Mental Health and Well-being ²⁷

In parallel to the series of Thematic Conferences, the EU Compass for Action on Mental Health and Well-being, an online resource aimed at facilitating the exchange of good practice and policies, and the dissemination of relevant documents, has been developed.

The principle aim of the instrument is to facilitate and encourage the implementation of the European Pact of Mental Health across Europe. The development of the Compass started in 2009 and followed an ongoing process with each section being created, added to and completed in parallel to and following each of the 5 Thematic Conferences.

The EU Compass includes 4 types of resources:

- 1) Database of Policies and Good Practices. A searchable collection of examples of good practice, both programmes and policies, developed at the international, national or regional level.
- 2) Policy Documents, Recommendations and Declarations. A number of policy documents, including some national or regional Mental Health Plans and Strategies, as well as a selection of key documents from the European Commission.

- 3) Reports and Studies. Key reports and scientific documents, covering general mental health issues or specific topics related to the priority areas.
- 4) Implementation. A number of Statements from relevant stakeholders, Institutions and public bodies demonstrating support to the process and commitment to future action in mental health.

A total of over 130 standardised descriptions giving examples of good practice and policy, 25 policy documents or declarations and 30 reports and studies, from across Europe, are already available in the EU Compass. The formal launch of the EU Compass could take place at the occasion of the EPSCO-Council on 5-6 June, 2011.

5. Looking forward

5.1 Concluding the series of Thematic Conferences

The *five* successful Thematic Conferences and the contributions made to the EU Compass database, so far, have shown relevance of mental health to the strategic objectives of the EU.

In conclusion, it was emphasised that the role of health systems is not only to provide treatment and care of (mental) illness, but also to support mental well-being promotion and preventive actions in schools, workplaces and social policies.

This support includes making the case that mentally healthier learning, working and living conditions improve educational outcomes and increase productivity levels and further social welfare.

The common messages, arising from the implementation phase of the European Pact for Mental Health and Well-being are: The need to make mental health and well-being a priority in health and non-health sectors including monitoring the impact of policies on mental health outcomes; to prevent mental ill health, promote mental well-being and improve early recognition and treatment in health services; to provide accessible and integrated community mental health services; to work against the discrimination of people with mental disorders by protecting their rights and promoting their social inclusion; to invest more in promotion and prevention policies and practices, across the whole life span and in multiple settings.

5.2 Priorities for action

- 1) Put in place mental health strategies and / or action plans.
- 2) Building capacity of health systems to tackle mental health, including through:
 - Training of all health professionals, including in particular general practitioners and nurses, on mental health (enabling them to detect and treat mental disorders);
 - Providing an appropriate health workforce specialised in mental health (including psychiatrists and psychotherapists);
 - Integrating mental health services into local communities (closing asylums and reducing institutional care as much as possible) and networking health and social services, in particular in long-term care.
- 3) Strengthened priority for promotion and prevention of mental disorders, in particular depression, and suicide through health sector and with other sectors, by:
 - Integrating mental health promotion into preschools and schools (through social and emotional learning programmes),

- workplaces (by incorporating it into occupational health strategies) and local development;
 - Implementing suicide prevention programmes.
- 4) Combat the stigmatisation, discrimination and exclusion of people with mental disorders and provide targeted support to them.
- 5) Improving knowledge and information on the status of mental health in the population and on determinants, by:
- Making mental health a research priority;
 - Collecting comparable data on mental health within and between Member States.

Investment in mental health has benefits that go well beyond the health sector. To achieve mental well-being of Europeans and to build a common mental capital, we need to see all policies accepting mental well-being as their own interest and responsibility.

6. Attachment

6.1 Key concepts in mental health

Mental well-being denotes a state of mental health, happiness, life satisfaction and quality of life. Although mental health is a crucial component of mental well-being, mental well-being is also determined by circumstances not related to mental health.

Mental health refers to an emotional and psychological state, which is an indispensable part of health. There is no health without mental health. Mental health determines how an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life.

Mental capital is a resource, formed by the mental health of individuals. It can be the attribute of an individual, a group of individuals, a community or even a country or global region. Investing in mental health pays off in the form of increased mental capital.

Mental health problems refer to signs and symptoms of mental distress, not necessarily meeting the clinical criteria of a mental disorder.

Mental disorders are psychological or behavioural patterns, causing distress and/or disability, defined by international standardised diagnostic criteria. Common mental disorders are depression, anxiety disorders and substance/alcohol use disorders. Disability is a core feature of some mental disorders, such as dementias, autism and psychoses like schizophrenia.

7. References

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- ¹ Commission of the European Communities (2007). White paper. Together for health: A strategic approach for the EU 2008-2013. COM(2007) 630 final. Brussels: Commission of the European Communities. Available: http://ec.europa.eu/health-eu/doc/whitepaper_en.pdf
- ² European Commission, Slovenian EU Presidency, WHO Regional Office for Europe (2008). European Pact for Mental Health and Well-being. Brussels: European Commission. Available: http://ec.europa.eu/health/mental_health/docs/mhpact_en.pdf
- ³ European Parliament (2008). Mental health. 2008/2209(INI).
- ⁴ European Commission (2010). Compass Database. Available: http://ec.europa.eu/health/mental_health/eu_compass/index_en.htm
- ⁵ European Commission (2010). Europe 2020. http://ec.europa.eu/europe2020/index_en.htm.
- ⁶ Gabriel P, Liimatainen M-R. Mental health in the workplace. Geneva: International Labour Office, 2000.
- ⁷ Council of the European Union (2006). Sustainable Development Strategy. 10917/06. Available: <http://register.consilium.europa.eu/pdf/en/06/st10/st10917.en06.pdf>
- ⁸ Eurostat (2010). Eurostat database: Causes of death. Available: http://epp.eurostat.ec.europa.eu/portal/page/portal/health/public_health/data_public_health/database
- ⁹ Schmidtke A, Bille-Brahe U, De Leo D, et al. Suicidal behaviour in Europe - Results from the WHO/EURO Multicentre Study on Suicidal Behaviour. Göttingen: Hogrefe & Huber, 2004.
- ¹⁰ The European Opinion Research Group (EORG) (2003). The mental health status of the European population. Eurobarometer 58,2. Luxemburg: European Commission, Directorate-General Health and Consumer Protection (SANCO).
- ¹¹ TNS Opinion & Social (2010). Mental health. Special Eurobarometer 345 / Wave 73.2. Brussels: European Commission. Available: http://ec.europa.eu/health/mental_health/docs/ebs_345_en.pdf
- ¹² Knudsen EI, Heckman JJ, Cameron JL, Shonkoff JP. Economic, neurobiological, and behavioral perspectives on building America's future workforce. Proc.Natl.Acad.Sci.U.S.A 2006;103:10155-62.
- ¹³ Stewart Brown, S., Solantaus, T., Stattin, H., Hagen, I., Paulus, P. Braddick, F. & Gabilondo, A. (2009). Promotion of Mental Health and Well-Being in Children and Young People: Conference Background Document and Framework for Action. Luxembourg: European Communities. Available online: http://ec.europa.eu/health/mental_health/events/ev_20090929_en.htm#fragment3
- ¹⁴ Kestilä L. Pathways to health. Determinants of health, health behaviour and health inequalities in early adulthood. 2008.

-
- ¹⁵ Fombonne E. Increased rates of psychosocial disorders in youth. *Eur.Arch.Psychiatry Clin.Neurosci.* 1998;248:14-21.
- ¹⁶ Wahlbeck K. (2009). Background document for the Thematic Conference on Prevention of Depression and Suicide. Luxembourg: European Communities. European Communities, 2009. Available online: http://ec.europa.eu/health/mental_health/docs/depression_background_en.pdf
- ¹⁷ Alonso J, Angermeyer MC, Bernert S, Bruffaerts R, Brugha TS, Bryson H et al. Prevalence of mental disorders in Europe: results from the European Study of the Epidemiology of Mental Disorders (ESEMeD) project. *Acta Psychiatr.Scand.Suppl* 2004;21-7.
- ¹⁸ DALYs - Disability Adjusted Life Years.
- ¹⁹ World Health Organization (2008). The global burden of disease: 2004 update. Geneva: World Health Organization. Available: http://www.who.int/entity/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf
- ²⁰ Lang, G., Resch, K., Hofer, K. Braddick, F. & Gabilondo, A. (2010). Background document for the Thematic Conference on Mental Health and Well-being among Older People. Luxembourg: European Communities. European Communities, 2010. Available online: http://ec.europa.eu/health/mental_health/docs/older_background.pdf
- ²¹ European Commission (2005). Green Paper "Confronting demographic change: a new solidarity between the generations". Available online: <http://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2005:0094:FIN:EN:PDF>
- ²² Lee M. Promoting mental health and well-being in later life. London: Age Concern and Mental Health Foundation, 2006.
- ²³ Fryers T, Melzer D, Jenkins R, Brugha T. The distribution of the common mental disorders: social inequalities in Europe. *Clin.Pract.Epidemol.Ment.Health* 2005;1:14.
- ²⁴ Thornicroft G, Brohan E, Rose D, Sartorius N, Leese M. Global pattern of experienced and anticipated discrimination against people with schizophrenia: a cross-sectional survey. *Lancet* 2009;373:408-15.
- ²⁵ Corrigan PW, River LP, Lundin RK, Wasowski KU, Campion J, Mathisen J et al. Stigmatizing attributions about mental illness. *J.Comm.Psychol* 2000;28:91-102.
- ²⁶ McDaid, D (2008). Mental Health in Workplace Settings. Consensus Paper. Luxembourg: European Communities. Available: http://ec.europa.eu/health/archive/ph_determinants/life_style/mental/docs/consensus_workplace_en.pdf
- ²⁷ The Compass can be accessed online at: http://ec.europa.eu/health/mental_health/eu_compass/index_en.htm

