

Mental health green paper HOPE position paper

HOPE, the Hospital and Healthcare Federation welcomes the initiative of the European Commission to start the consultation process on mental health. Mental health is a major and complex issue. HOPE agrees that an EU strategy on mental health is highly important for the future well being of the citizens and economy of the EU, within the framework of the provisions made in Article 152 of the EC Treaty.

Mental health has always been on the agenda of HOPE. More precisely, HOPE started in 1999 annual seminars bringing together professionals, patients and institutions. The last one was organised in 2005 in Dublin on “Quality and Choice in Mental Health”.

HOPE answers to the Commission’s invitation for comments with the following views:

1. How relevant is the mental health of the population for the EU’s strategic policy objectives?

HOPE considers the mental health of the population for the EU’s strategic policy objectives as extremely relevant. Mental health problems cause difficulties in several economic and social areas of life, HOPE members experience it daily as healthcare providers but also as employers.

Firstly, as regards the prosperity, mental health illnesses provoke significant economic losses caused by absenteeism and poor productivity capacities. In addition, there are high insurance costs due to the disability insurance claims.

Secondly, in terms of solidarity and social justice, the mental health illnesses cause a community isolation which occurs even after “de-institutionalisation” of the psychiatric care. In the working environment, people with mental illness lose their social status. It has been observed also that in prisons, most prisoners have a diagnosable mental illness.

Finally, mental health has a broad impact on the quality of life. Mental health disorders have an important impact on personal relationships: make household formations fragile and social networks weaker. Through downward occupational mobility mental illness has also an impact on poverty. There exist also long term effects – especially for the seriously mentally ill.

2. Would the development of a comprehensive EU-strategy on mental health add value to the existing and envisaged actions and does section 5 propose adequate priorities?

In the section 5 of the Green Paper four priority aspects for the EU strategy are listed (i.e. promoting mental health; preventive action, social inclusion, and research and knowledge).

HOPE supports the proposed initiatives and confirms that in the area of mental health, EU strategy could have a significant impact.

Firstly, EU strategy on mental health will enable a better coordination of different activities led by the EU policy makers, researches and relevant stakeholders. HOPE considers the present lack of an EU integrated approach as significant. At the same HOPE would like to raise the importance of coordinating the strategies and the practical actions of EU with those of the WHO.

Secondly, the EU strategy will bring an added value because of the member states variations related to:

- the way systems are organised. “*Deinstitutionalisation*” is one of the core aspects of any strategy to address the issues of respect, fight against stigma and social inclusion. Many EU countries efficiently reformed their psychiatric systems by setting up a network of community based services. However “*deinstitutionalisation*” has to be clearly defined and evaluated. It should not be a goal in itself. It is important that patients receive a treatment adapted to their need, which can sometimes be best delivered in an in-patient environment.
- Technical interventions - there are especially different social and psychological methods
- Employment rates of people with mental health problems
- Stakeholder involvement and funding

3. Are the initiatives proposed in sections 6 and 7 appropriate to support the coordination between Member States, to promote the integration of mental health into the health and non-health policies and stakeholder action, and to better liaise research and policy on mental health aspects?

HOPE wants to stress that exposing variations between member states should constitute a fundamental goal of the EU strategy. Thus, the open method of coordination is highly appropriate to helping member state realise how their policies compare with others, and thus stimulating the sharing of good practice.

From the other side, it should be also stressed that all levels: member states, regional, local together with local psychiatric institutions, hospitals and ambulatory services should be involved in the EU initiative on mental health.

Regarding the **promotion** of the mental health, HOPE considers that the four areas (i.e.: infants, children and adolescents; working population; older people; vulnerably groups in society) are sensible. There should be more actions related to education at schools for young people. The identification and prevention of problems early on (before adulthood) is now acknowledged as a major priority for reorganising mental health services, and should be a cornerstone for prevention.

HOPE supports the initiative of **prevention** proposed in the three areas such as preventing depression, reducing substance use disorders and prevention of suicide, however these initiative could be vastly more effective. Nowadays, the knowledge on how to reduce suicide and depression is well developed and the knowledge of substance abuse is improving. Early detection and early treatment are realistic aims also for other pathologies. Thereby, HOPE considers that the key issue would be to generalise this information across member states.

The attention should be put on the importance of primary prevention, in order to recognize and prevent a psychological illness and disturbance at the very beginning, as well on the early treatment (secondary prevention) of psychological disturbances, which will bring a value to the healthcare service delivered to all citizens and will increase the quality of life and working abilities.

The question of primary prevention is extremely complex, as apart from the psychological factors and social context, specified in the Green Paper, the mental illness could have a biologic and genetic origin.

The antidiscrimination approach should be considered as fundamental in the European strategy. In the primary prevention of the mental illnesses the educational surrounding (schools) has an important role to play, and when it

comes to adults with mental health disorders the working place should settle more integrative measures.

Thereby the early treatment need to be implicit, and should create anti-stigma measures. In the Green Paper this approach seems to have been highlighted, nevertheless this conceptual idea should be integrated more into a practice.

The further action on promotion of **social inclusion** of mentally ill or disables people, as proposed in the paragraph 6.2. is very sensible again. HOPE wants to suggest that fundamental to all of mentally ill people would be to adopt a target of employment rate for those with mental health illness. This is achievable, and in the past has been used in some EU member states.

HOPE considers the proposed action on **improving information and knowledge** on mental health through research (e.g. 7FP) as essential. Nevertheless, it should not be dominated by fashionable science (currently neuro-imaging; and in the past – drug treatments). A genuinely multi-disciplinary approach is needed for this area which is very complex, and cannot be addressed through any simple solution.

Conclusion

HOPE supports fully all the proposed initiatives; however the EU approach should support more the development of a pro-active, high quality and energetic strategy for the area of mental health, which would itself be the vehicle for specifying many more specific initiatives that could be taken. HOPE considers that for more effective EU strategy the priorities should be sharper.

It would be also good to see a multi-phase and long term attempt to gather evidence and promote research into mental health issues, whether social, scientific or policy related, through which an evolving EU wide mental health strategy could mature and some real impact.

Finally, HOPE would like to thank for the opportunity to comment on the Mental Health Green Paper and looks forward to the future proposed strategy on mental health.

31 June 2006