Towards an
EU-Strategy on Mental Health

**Presentation of
Spanish NHS Mental Health Strategy
Madrid, 21 March 2007**

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Mental health- Mandate of the EU

- Article 152 EC-Treaty:
  - Obligation for Community policies to contribute to high level of human health;
  - EU-level to complement and support Member State action in promotion, prevention, tackling health threats, health information;
  - Respect Member State responsibilities in organisation and delivery of care.

- Mandates under relevant other policies:
  - Social inclusion and protection, non-discrimination, health and safety at work;
  - Education;
  - Research, information society;
  - Regional development.

- *Many policies are concerned and can contribute to mental health.*

Mental health-Relevance for health

- *11.5% of the population have a mental disorder during 12 months (some estimations suggest much higher incidence rates);*

- *Mental health problems are the biggest cause of DALY's and a major cause of Health Life Years lost.*

- *Mental Health problems range in severity. Especially severe disorders have a massive impact on health and quality of life of the affected, families and carers.*

- *Mental health problems are closely related to suicidal behaviour. Suicide is the cause of death of 60.000 citizens in the EU each year, more than victim of traffic accidents, HIV/AIDS, violence, drugs, …*

But mental health should be seen as a resource, not only a challenge!

Mental health and EU strategic objectives

- *Prosperity:*

  - Sustainable success in the knowledge society requires good intellectual capabilities and high levels of productivity and employability, which depend on a high level of population mental health;

  Social cohesion:

  - *I*nterrelation mental health and social cohesion;

  Security:

  - Interrelation mental health and level of violence, impact on accidents and injuries.

  The level of mental health is of central relevance for the EU's ability to realise its strategic objectives.

Mental health
Diversity and commonalities

- *Diversity between (and within) Member States :*
  - Mental health patterns in population;
  - Priority in health budgets;
  - Priority of promotion and prevention;
  - Health systems (institutions – community care).

- *Commonalities:*
  - Growing perception of mental health as a priority;
  - Growing commitments (WHO Declaration).

EU-level work can promote exchange between Member States, involve policies and stakeholders, contribute through EU-policies.

Mental health
Can EU action add value?

- *Spanish Autonomous Communities*
  Without doubt, an EU strategy that led to the introduction of an open coordination method would be a very useful stimulus and support for mental health care.

- *Belgium*
  We firmly support the creation of a framework for exchange and cooperation between Member States

- ***Germany***
  The added value of a Community strategy would therefore mainly lie in the support of the exchange of experience and knowledge between Member States

- ***Sweden***
  We do feel that structured cooperation on mental health at EU level can provide the EU and its
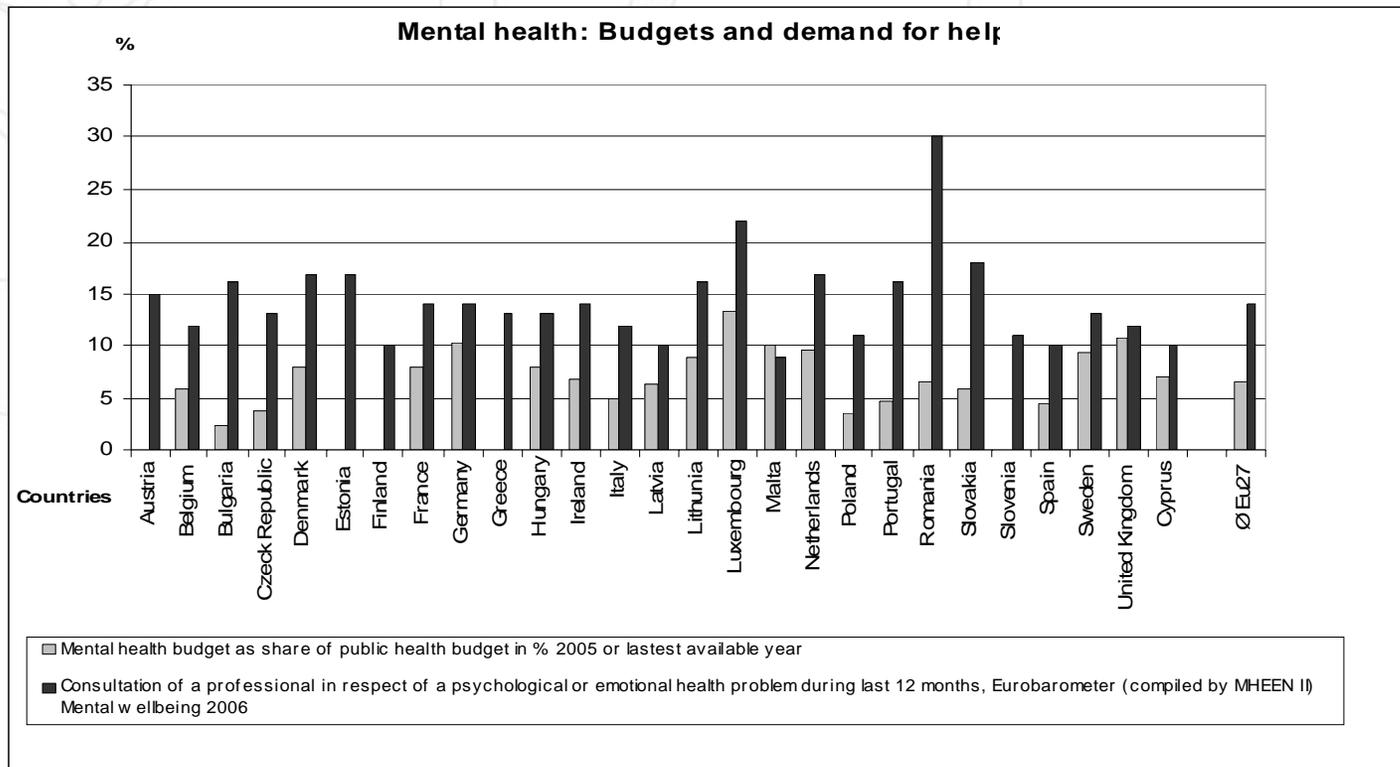
Mental health
Key reactions to Green Paper

- *Broad support for Mental Health Strategy;*
- *Respect diversity and responsibilities of Member States;*
- *Focus on organising an exchange on key issues;*
- *Be pragmatic, no possibility to define targets;*
- *Involve other Community policies;*
- *Be compatible with the WHO Declaration.*

Member States expressed that a flexible structured exchange on key issues in mental health at EU-level can help them in finding solutions to their specific challenges.
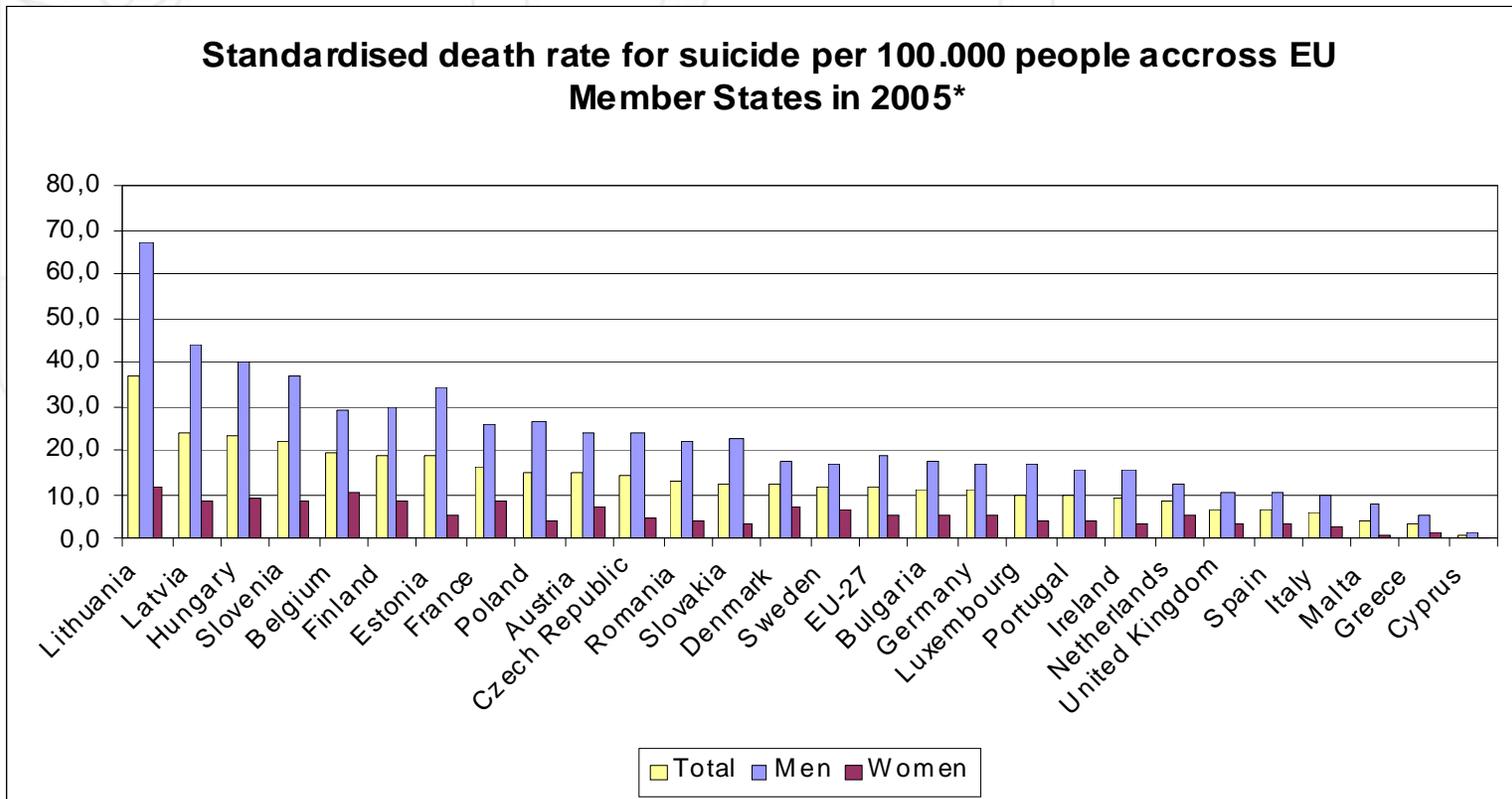
Mental health
Some key issues

Building priority for mental health

Mental health: Budgets and demand for help

Countries

☐ Mental health budget as share of public health budget in % 2005 or lastest available year

■ Consultation of a professional in respect of a psychological or emotional health problem during last 12 months, Eurobarometer (compiled by MHEEN II) Mental well being 2006

Mental health Some key issues

■ Prevention

Standardised death rate for suicide per 100.000 people accross EU Member States in 2005*

Mental health
Some key issues

■ *Prevention - tackling risk factors*

- *Ambiguity of the concept;*
- *Some scepticism in psychiatry;*
- *Some research evidence;*
- *Experience from practice:*

Example BT Group: 30% less work absence;
80 % less early retirement;
75% of people in longterm absence can return on their old job.

Mental health
Some key issues

■ *Promotion - strengthening protective factors*

- *Relatively young concept;*

- *Meets scepticism;*

- *Evidence emerging:*

Example Character Education Programme
"Positive Action" (US)
Evaluation showed:
Average improvement of behaviour by 19 %points;
Average improvement of academic performance by 15%points.

Mental health
Some key issues

■ *Towards community care*

Psychiatric care beds per 100.000 inhabitants, 2004 or latest year available (Source: Eurostat)				
0-50	51-75	76-100	101-150	>150
Italy (13,1)	Estonia	Luxembourg	Lithuania	Malta
Cyprus	Sweden	United	Latvia	Netherlands
Hungary	Austria	Kingdom	Belgium	(175,8)
Spain (47,8)	Portugal	Slovakia		
	Bulgaria	Ireland		
	EU-15	Finland		
	EU-27	France		
	Poland	Greece		
	Slovenia			
	Romania			

Mental health
Some key issues

■ *Research and data*

- *7th FP Research;*
- *European Community Health Indicators;*
- *EPREMED;*
- *Eurobarometer.*

Mental health
Conclusion

- *Mental health is a common interest, and improving it requires contributions from many;*

- *EU offers opportunities for exchange to the benefit of the EU as a whole and Member States and Regions themselves;*

- *Commission intends to present a strategy paper before summer;*

- *The Spanish initiative to make mental health a top priority in its NHS strategy sends an important signal to others.*

Mental health-
Taking stock

- In reality there are a number of challenges:
Prosperity:
Mental health problems huge costs and losses (3-4% of GDP).
Most costs incur outside of the health sector, with reduced productivity being the main factor;
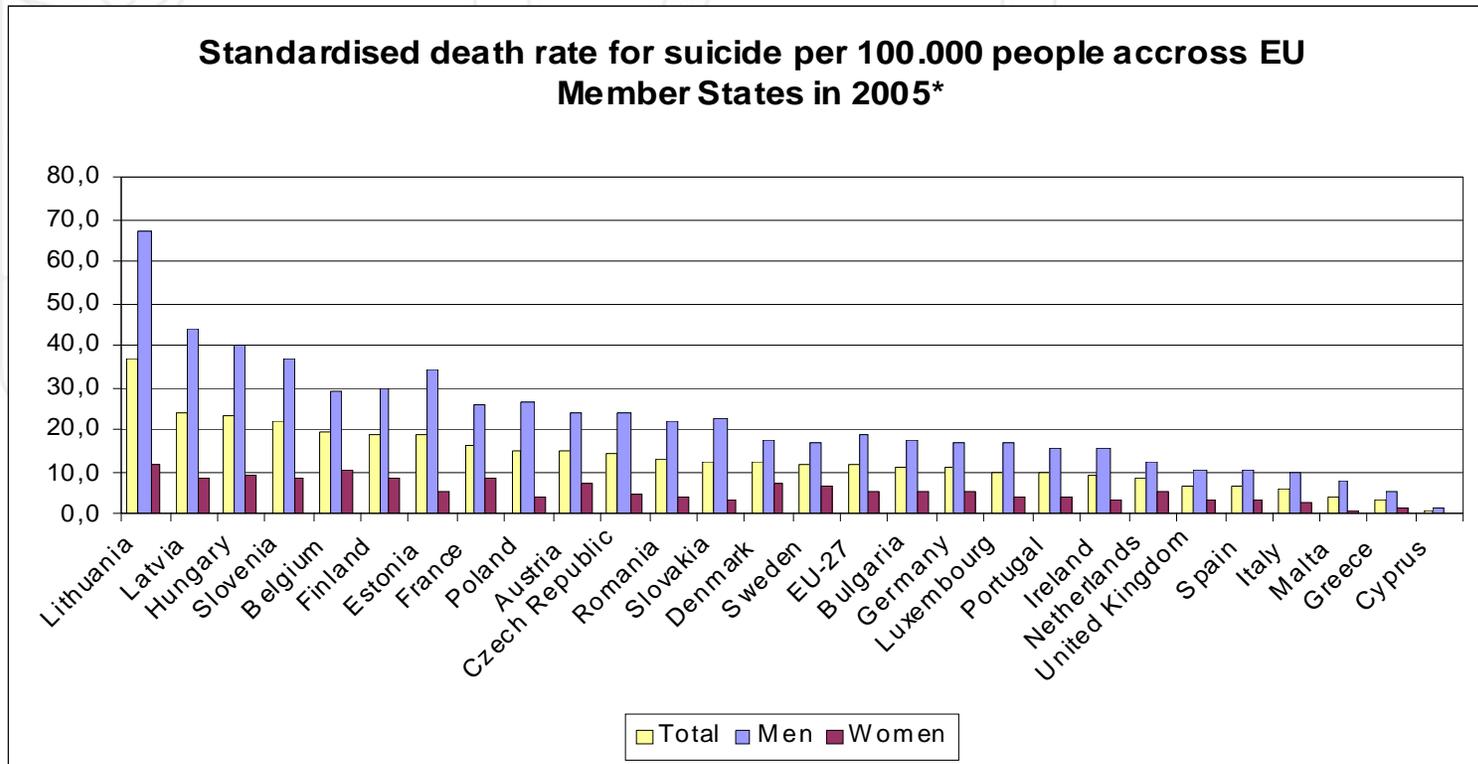
Social cohesion:
People with mental health problems face stigma and discrimination, at the same time socially disadvantage groups are at increased risk of mental illness;

Security:
Conduct disorders support antisocial behaviour and mental health problems contribute to accidents.

Mental health-
Great diversity across the EU

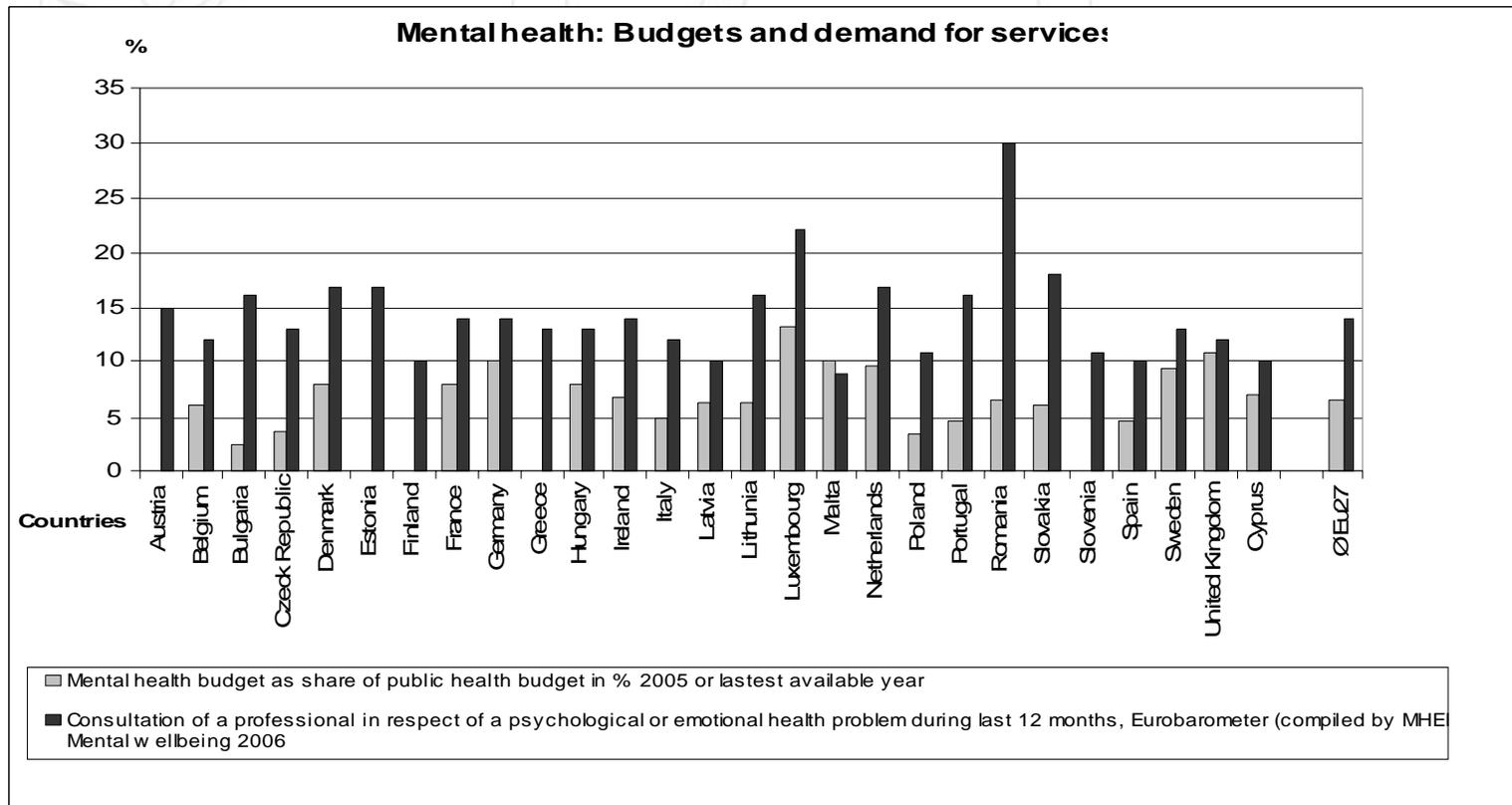■ Example 1: Suicide rates (Eurostat)

Standardised death rate for suicide per 100.000 people accross EU Member States in 2005*

Legend: □ Total ■ Men ■ Women

Mental health-
Great diversity across the EU

■ Example 2: Number of psychiatric beds (Eurostat)

0-50	51-75	76-100	101-150	>150
Italy Hungary Spain	Estonia Sweden Austria Portugal Bulgaria Poland Slovenia Romania	Luxembourg United Kingdom Slovakia Ireland Finland France Greece	Lithuania Latvia Belgium	Malta Netherlands

Mental health-
A priority?

■ Example from health policy:

Mental health: Budgets and demand for services

Legend:
□ Mental health budget as share of public health budget in % 2005 or lastest available year

■ Consultation of a professional in respect of a psychological or emotional health problem during last 12 months, Eurobarometer (compiled by MHE/Mental wellbeing 2006

Mental health-
A priority?

■ Example from business word:

CBI estimates:
- 36 % of work absenteeism in UK is caused by stress, anxiety and depression;

But:
- only 20% of businesses have a policy in place – and only few of these believe it is understood and effective (Shaw Trust 2006);

On the other hand:
- *BT Group* reduced work absenteeism by 30%, early retirement by 80%, 75% of long-term ill can return on their workplace

Mental health-
A need for broad action

- There is a need for more priority of mental health in the health field and others which influence population mental health;

- The evidence-base needs to be developed further;

- Exchange and cooperation would help:

   -between countries;
   -across sectors;
   -between policy, practice and research.

- Need for a pragmatic approach because evidence, consensus and common language need further development.

Mental health-
Green paper consultation

- Much support to the initiative in spite of some criticism.

- Many Member States wish more cooperation, respecting diversity and responsibility and in line with WHO Declaration. Some did not see the need for a strategy;

- Other contributors also supported the initiative, but wished that certain aspects are included or strengthened:

Mental health-
The role of psychiatry

- Psychiatry is a key partner in population mental health;

- Treatment, care, rehabilitation, training of doctors, early detection of problems and availability of therapy are of key importance. Therefore there is a need for more priority in health policies;

- But other aspects are also important:
  - promotion and prevention to address determinants;
  - social inclusion, work against stigma and discrimination.

- Therefore, psychiatry is invited to engage into partnership with the relevant actors to work towards mental health promoting education, workplaces, communities etc.

Mental health-
What has been achieved

- Greater visibility of mental health;

- Many Member States have expressed Mental Health as a priority;

- Baseline study on WHO Declaration has been launched.

- Mental health a core area in consultation paper on health strategy, a priority in the new Health and Safety at Work Strategy, addressed under 7th FP Research;

- Call for proposals open to create mechanism for leadership practices;

- Business is showing interest;

- Psychiatry is reflecting its role.

Mental health-
End of presentation

Mental health-
Increasing awareness

■ Awareness about the *challenges*:

- A major public health concern;
- The impact on educational levels, employability, productivity;
- The social dimension;
- Availability of care

Mental health-
Increasing awareness

■ Awareness about the *positive potential*:

- Strengthens health and quality of life, is a driver of prosperity, social cohesion, public security;
- Increasing evidence about possibilities to achieve improvement;
- Increasing interest and number initiatives

Mental health-
... but still shortcomings

- -   not yet sufficiently perceived as a priority;
- -   lack of human and financial resources;
- -   action in isolation and without common language;
- -   Member States make common commitments but have no fora for exchange

Mental health-
Green Paper proposals

- Promote exchange between Member States;
- Promote cross-sectoral cooperation;
- Strengthen research and its interface with policy application

Mental health-
Green Paper consultation

- Is mental health important?
- Would EU-involvement add value?
- Are the right priorities proposed?

Mental health-
Green Paper consultation process

- 237 written contributions;
- High-level event;
- 3 technical meetings

Mental health-
Green Paper consultation results

■ Is mental health important for the EU's ability to reach its strategic objectives?

- strong relevance (DE)
- crucial (BE)
- direct link (UK)
- reasonable to assume is fundamental (SE)
- …

Mental health-
Green Paper consultation results

■ Added value of EU-involvement?

- Belgium

We firmly support the creation of a framework for exchange and cooperation between Member States as an important milestone in the development and more detailed elaboration of a joint EU-strategy on mental health. A network of representatives of member states in the field of mental health would be very much welcomed. We recognise the added value of increasing and stimulating the coherence of actions in different policy sectors.

Mental health-
Green Paper consultation results

■ Added value of EU-involvement?

- France

L'intérêt d'une initiative au niveau de l'Europe serait :- de favoriser le partage d'expériences entre Etats membres dans le domaine de la santé mentale et partant la coopération entre les Etats membres ;- d'approfondir des questions clés au sein de groupes de travail thématiques dans le cadre d'un« forum » tel que proposé..

Mental health-
Green Paper consultation results

■ Added value of EU-involvement?

- Germany

The added value of a Community strategy would therefore mainly lie in the support of the exchange of experience and knowledge between member States in the thematic priority fields Prevention and Health Promotion, Quality of life, Social Inclusion and combating the Stigma surrounding Mental Health.

Mental health-
Green Paper consultation results

■ Added value of EU-involvement?

- Sweden

We do feel that structured cooperation on mental health at EU level can provide the EU and its Member States with added value. Added value can, inter alia, be created by building up knowledge through the exchange of experience, know-how and evidence-based practice within the domain of public health.

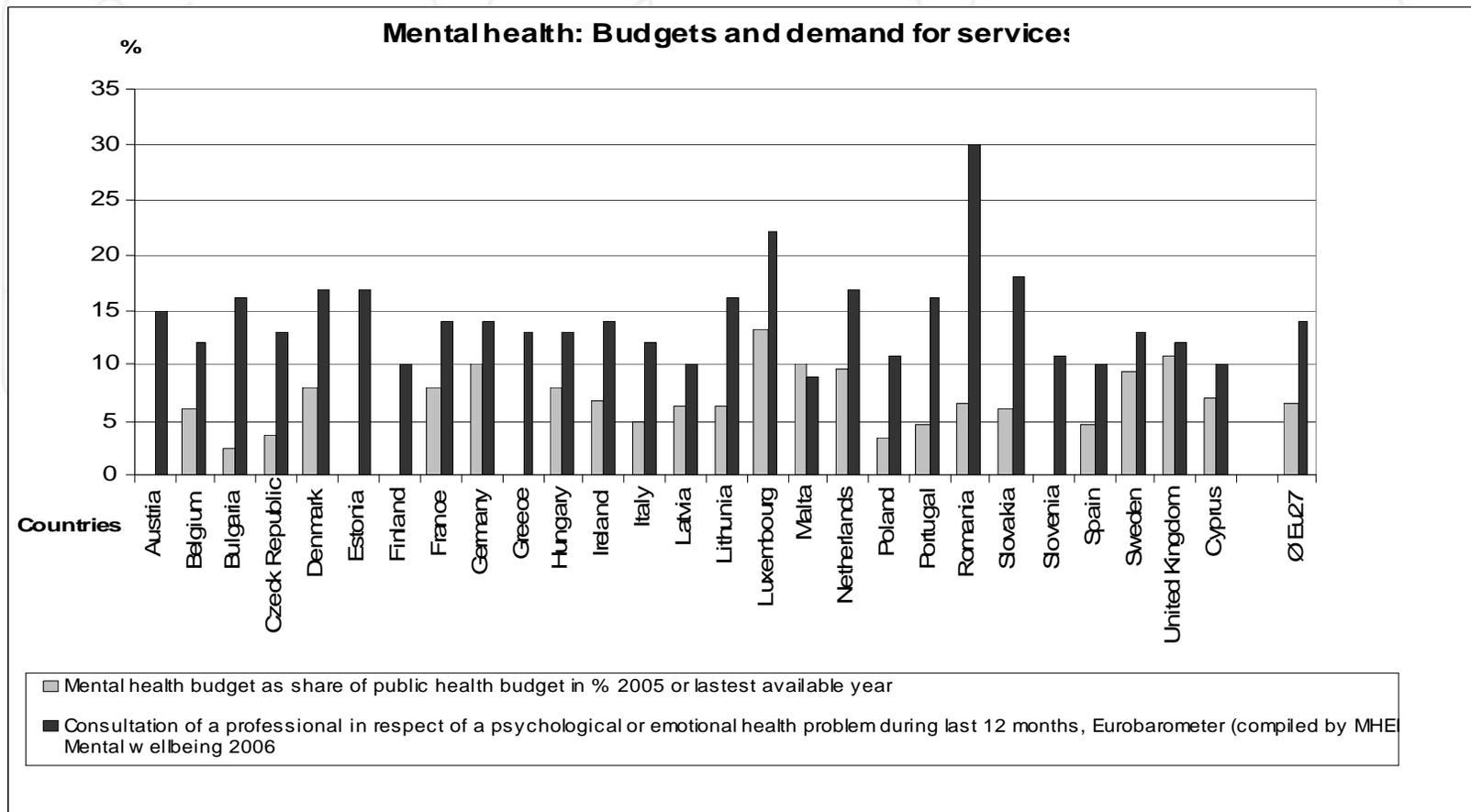# Mental health-
Green Paper consultation results

■ At the same time, Member States stress:

- diversity;
- responsibilities;
- cooperation with WHO.

Some Member States are in favour of exchange, but they do not see the need for a strategy.

Mental health-
From commitment to action
Still a long way to go:

Mental health: Budgets and demand for services

%

Countries: Austria, Belgium, Bulgaria, Czeck Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithunia, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom, Cyprus, Ø EU27

☐ Mental health budget as share of public health budget in % 2005 or lastest available year

■ Consultation of a professional in respect of a psychological or emotional health problem during last 12 months, Eurobarometer (compiled by MHE Mental wellbeing 2006

Mental health-
Priorities expressed by others

- Need for clarity about definitions;
- Gender aspects;
- Encompass the various mental disorders;
- Need to target interventions on vulnerable groups, incl. carers;
- Link with physical health/comorbidity
- Deinstitutionalisation only an issue for countries with less advanced reforms;
- Problems created by budgetary constraints;
- Need for earlier detection and more rapid drug authorisation;
- Need to involve patient organisations;
- Roles of local levels.

Mental health-
Next steps

■ Strategy Communication hopefully to be adopted before summer:
- Raise awareness;
- Promote exchange between Member States;
- Involve sectors;
- Use EU-policies and financial instruments.

Mental health-
Next steps

■ Fields of Action could be:
- Building priority;
- Prevention;
- Promotion;
- Social inclusion, stigma, rights;
- Extending the knowledge base.

Mental health- Achievements so far

- Awareness has been created;
- Successful consultation including an EP-Resolution and EESC-Opinion;
- Mental health (MH) a core area in consultation document on EU-health strategy;
- MH promotion as a priority in new H&S at Work Strategy;
- MH consolidated as a public health priority in 7th FP Research;
- Contacts to social partners/ business world have been established;
- Call for proposals to develop mechanism for recognising leadership practices;
- WHO baseline questionnaire launched;
- MH emphasised in social reality stocktaking exercise (BEPA, Group of Policy Advisers).

Mental health-
Role of Psychiatry

-   Role in health sector;

-   Key actor in improving public health in
        partnership with educational, economic,
        social sectors;

-   Provider of knowledge through research and
        epidemiological data.

Mental health-
End of presentation

Mental health-
Increasing awareness

- There is now a growing interest in mental health:

  Health field:

  - European Conferences and Council Conclusions on Mental Health since 1999;

  - WHO Ministerial Conference on Mental Health of 2005;

  - Commission Green Paper on Mental Health

Mental health-
Burden of disease

- There is no health without mental health.

  Approx. 10% of the population experience mental disorders during any year;

  Mental illness is the leading cause of the loss of healthy life years, a structural indicator for the EU's performace against its objectives;

  Mental disease is expected to become the leading cause of premature death and DALYs by 2020, together with coronary heart disease;

  Physical health and mental health are closely interrelated.

Mental health-Workplace issue

- Priority of Community Health and Safety at Work Strategy (2001-2006);

  Social Partner Framework Agreement on Stress Prevention;

  Ongoing consultation of social partners on work-life balance;

  Enhanced priority in new Community Health and Safety at Work Strategy?

- Mental health as a concern in the Social Inclusion context and the Disability Action Plan;

Mental health-
Workplace concern

■ Mental illness is the fourth leading cause of work absenteeism;

Mental illness causes long absences;

Mental health problems (including imported ones) reduce productivity (stress, presenteeism, absence, work disability, early retirement).

Mental health- Workplace concern

■ People with mental health problems face an increased risk of unemployment (but unemployment can also be the reason for mental health problems);

People with severe mental disorders have one the lowest employment rates (20% vs. 65% among those with physical disability);

Bringing people with mental disorders into paid employment is possible (supported employment).

Cost of Depression (Thomas &Harris, BJP 2003)

Productivity 90%

Mortality 6%

Service costs 4%
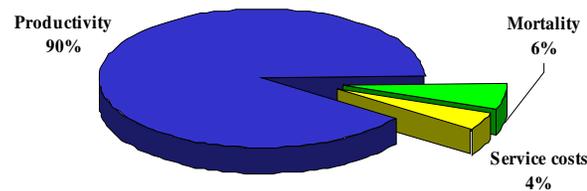
Mental health-
Knowledge society

■ 2006: Recommendation on key competences for life long learning

Refers to:

Social competence is linked to personal and social well-being which requires an understanding of how individuals can ensure optimum physical and mental health, including as a resource for oneself and one's family and one's immediate social environment, and knowledge of how a healthy lifestyle can contribute to this. For successful interpersonal and social participation it is essential to understand the codes of conduct and manners generally accepted in different societies and environments (e.g. at work).

Mental health-
Project activities

■ Since 1997 project activities under Community programmes:

EAAD- European Alliance Against Depression;

MHEEN I+II- Mental Health Economics European Network

Best practice in mental health promotion at work place

EQOLISE – Promoting employment of people with mental disorders

Mental health- insufficient awareness

■CBI (Confederation of British Industry):

36% of absences caused by stress, anxiety disorders, depression;

70% of employers estimate that 5% of staff or less are affected during lifetime;

20% have a policy in place. Of those 16% beleive it is understood, and 14% believe it is effective.

(Shaw Trust 2006)

Mental health-insufficient awareness

Spending for mental health from health budgets (MHEEN 2004)
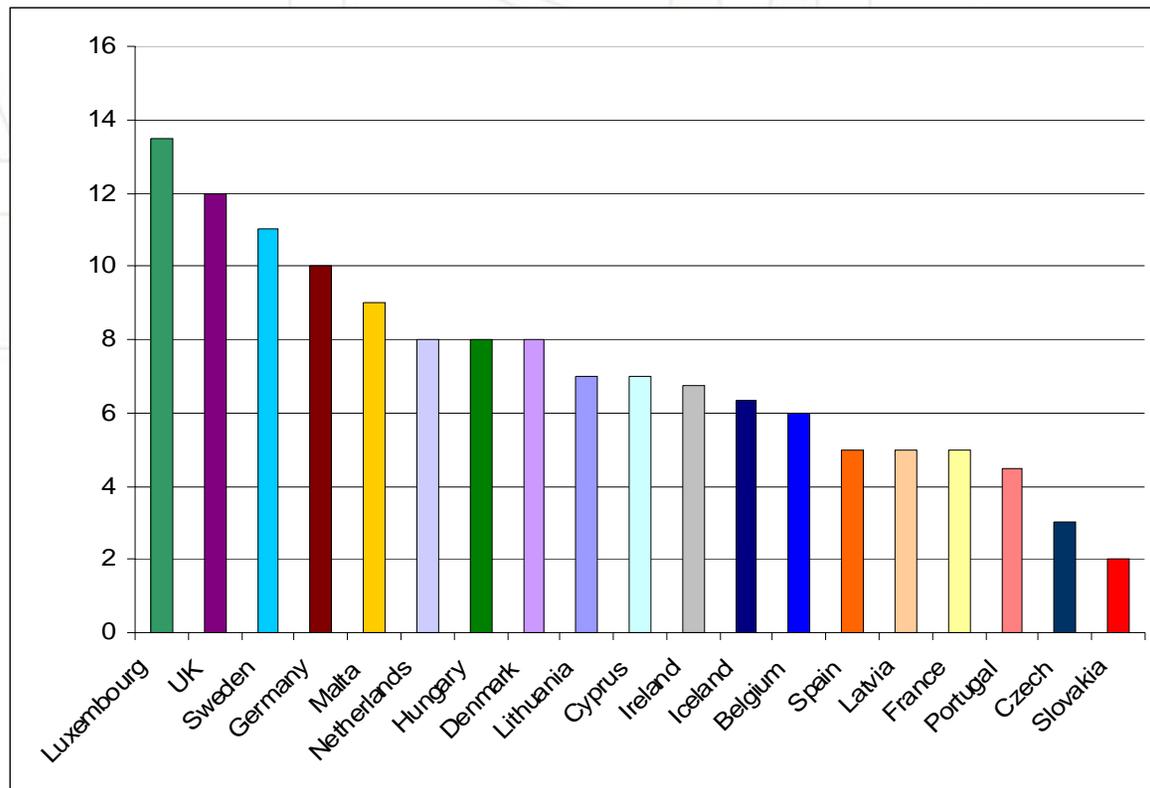
Mental health-
Green Paper of 2005

■ Proposed to pull the strings together; proposed comprehensive (integrated) strategy; presented mental health as common a concern;

Extensive consultation confirmed:

- more priority for mental health desired;
- wish for more exchange;
- respect diversity and responsibilities;
- work across sectors – workplace as a key setting with an own interest in mental health and the ability to influence it.

Mental health-
From Green Paper to strategy

■ Ongoing work on mental health strategy. Adoption before summer targeted.

Pragmatic action-oriented approach. No regulation desired – instead better implementation of existing commitments:
- Raise awareness and priority;
- Identify and disseminate best practice in key settings;
- Identify success factors;
- Monitor actions;
- Adopt consensus-based Council Recommendations

Mental health-
From Green Paper to strategy

■ Focus areas (Green Paper):

- Prevention/Promotion;
- Social inclusion/Protection of Rights;
- Information/Research

■ Recognition of leadership:

Open call for proposals: "create mechanism for visible recognition of leadership practices in mental health promotion and mental disorder prevention in health settings, educational institutions, at the workplace and in communities."

Mental health-
Allies needed

■ Strategy to be implemented with:

- Governments;
- Stakeholders (health, educational, workplace professionals; civil society organisations);
- Research community.

■ An interface between research, application and policies.

■ Much emphasis on dissemination of good practice and on reporting of activities.

Mental health-Workplace is key

■ Workplaces have an own interest in mental health.
The workplace can be a key setting for:
- mental health promotion and prevention activities;
- to maintain people in the workplace and to reinsert them, thereby promoting social inclusion.

■ There are win-win opportunities for business/employers and public health.

Mental health- Improvement is possible

■ Evidence of (cost-) effectiveness of workplace interventions.

(Testimony from BT Group)

■ Help in making mental health a success factor for the EU's economic competitiveness and in mainstreaming good practice.

■ A possibility for good performers to do good and to profile themselves.

Mental health- Expectations from employers

■ Business/employer participation in work on mental health strategy, i.e. Through defining and reporting good practice;

■ High-level group on mental health?

■ Business/employer input into working groups and development of Council initiatives.