

# EUROPEAN PARLIAMENT

2004



2009

---

*Committee on the Environment, Public Health and Food Safety*

**2008/2209(INI)**

16.10.2008

## **DRAFT REPORT**

on Mental Health  
(2008/2209(INI))

Committee on the Environment, Public Health and Food Safety

Rapporteur: Evangelia Tzampazi

## CONTENTS

	<b>Page</b>
MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION .....	3
EXPLANATORY STATEMENT .....	8

## MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

### on Mental Health (2008/2209(INI))

*The European Parliament,*

- having regard to the EU high level conference 'Together for Mental Health and Well-Being' held in Brussels on 12-13 June 2008, which established the 'European Pact for Mental Health and Well-Being',
  - having regard to the Commission's Green Paper on 'Improving the mental health of the population - Towards a strategy on mental health for the European Union', (COM(2005)0484),
  - having regard to its resolution of 6 September 2006 on improving the mental health of the population - towards a strategy on mental health for the European Union<sup>1</sup>,
  - having regard to the declaration of the European Ministerial Conference of the WHO of 15 January 2005 on facing the challenges of mental health in Europe and building solutions,
  - having regard to the conclusions of the European Council of 19-20 June 2008, which underlined the importance of closing the gap in health and in life expectancy between and within Member States and stressed the importance of prevention activities in the field of major chronic non-communicable diseases,
  - having regard to its resolution of 15 January 2008 on the Community strategy 2007-2012 on health and safety at work<sup>2</sup>
  - having regard to the UN Convention on the rights of persons with disabilities,
  - having regard to Articles 2, 13 and 152 of the EC Treaty,
  - having regard to the Charter of Fundamental Rights of the Union,
  - having regard to Rule 45 of its Rules of Procedure,
  - having regard to the report of the Committee on the Environment, Public Health and Food Safety (A6-0000/2008),
- A. whereas mental health and well-being are central to the quality of life of individuals and society and are key factors in the EU's Lisbon Strategy objectives and the revised strategy on sustainable development,
- B. whereas EU strategic documents have highlighted the importance of mental health in

---

<sup>1</sup> OJ C 305 E, 14.12.2006, p..148.

<sup>2</sup> Text adopted, P6\_TA(2008)0009

realising those objectives and the need for practical measures in that respect,

- C. whereas the added value of the Community's mental health strategy lies primarily in the field of prevention,
- D. whereas mental health problems are widespread in Europe with one in four people experiencing mental health problems at least once in their lives, while many more are indirectly affected,
- E. whereas gender is a significant aspect of mental health,
- F. whereas suicide remains a significant cause of premature death in Europe and whereas, in nine out of 10 cases, it is preceded by the development of mental disorders, frequently depression,
- G. whereas, however, there is still a lack of understanding and investment in the promotion of mental health and prevention of disorders and a lack of support for people with mental health problems,
- H. whereas the financial cost to society of mental ill-health is estimated at between 3% and 4% of the Member States' GDP and whereas most of that expenditure is spent outside the health sector, primarily because of systematic absence from work, incapacity for work and early retirement,
- I. whereas social and economic disparities increase mental health problems and whereas the rates of mental ill-health are higher among vulnerable groups,
- J. whereas in most European Union countries there has been a move from long-term institutionalised care towards supported living in the community; whereas, however, this process has taken place without proper planning and resourcing, without control mechanisms and often with budget cuts,
- K. whereas, while physical and mental health are of equal importance and there is interaction between them, mental health often remains undiagnosed or underestimated and receives inadequate treatment,
- L. whereas, even though depression constitutes one of the most frequent and serious disorders, measures to combat it often remain inadequate; whereas only a few Member States have implemented prevention programmes,
- M. whereas the foundations for lifelong mental health are laid during a person's first few years of life and whereas mental illness is common among young people,
- N. whereas the ageing of the EU's population entails more frequent occurrence of neurodegenerative disorders,
- O. whereas the discrimination and social exclusion experienced by people with mental health problems and their families are not only the consequences of mental disorder but also risk factors which impede their search for assistance and treatment,

- P. whereas there are significant disparities between and within the Member States in the field of mental health,
- Q. whereas research is producing new data on the medical and social dimensions of mental health; whereas, however, there are still significant gaps,
1. Welcomes the European Pact on Mental Health and Well-Being and the recognition of mental health and well-being as a basic priority for action;
  2. Firmly supports the invitation to cooperation and action between the EU institutions, the Member States, the regional and local authorities and the social partners on five priority areas for the promotion of the mental health and well-being of the population, combating stigma and social exclusion, strengthening preventive action and self-help and providing support and adequate treatment to people with mental health problems and to their families and carers;
  3. Calls on the Member States to develop an awareness of the importance of good mental health, particularly among healthcare professionals and target groups such as parents, teachers, social and legal services, employers, carers and, particularly, the public at large;
  4. Calls on the Member States, in cooperation with the Commission and Eurostat, to improve knowledge about mental health and about the relationship between mental health and the healthy years of life, through establishing mechanisms for the exchange and dissemination of information in a clear, easily accessible and comprehensible manner;
  5. Calls on the Commission to propose common indicators to improve the comparability of data and facilitate the exchange of best practices and cooperation between the Member States to promote mental health;
  6. Considers that the emphasis should be on the prevention of mental ill-health through social intervention, with particular focus on the most vulnerable groups;
  7. Calls on the EU to use the funding facilities of the Seventh Framework Programme for more research in the field of mental health;
  8. Calls on the Member States to make optimum use of the Community and national resources available to promote mental health and organise awareness and training programmes for everyone in key positions to promote early diagnosis, immediate intervention and proper management of mental health problems;
  9. Calls on the Member States to give people with mental health problems access to appropriate education, training and employment and to ensure that they receive adequate support for their needs;
  10. Stresses the need for clear and long-term planning for the provision of high-quality, effective, accessible and universal mental health services and for the adoption of criteria for monitoring by independent bodies; calls for better cooperation and communication between primary healthcare professionals and mental health professionals to deal effectively with problems associated with mental and physical health;

11. Calls on the Commission to produce the results of the thematic conferences to be held in order to implement the European Pact and to propose a 'European Action Plan for the Mental Health and Well-Being of Citizens';
12. Encourages the establishment of a Consultative Platform to implement the European Pact, consisting of representatives of the Commission, the Presidency of the Council, Parliament, the WHO and service users, families, carers, NGOs and academics;

#### Prevention of depression and suicide

13. Calls on the Member States to implement cross-sectoral programmes for the prevention of suicide, promoting a healthy lifestyle, reducing the risk factors and providing support for people who have made suicide attempts and for the family environment of those who have committed suicide;
14. Calls on the Member States to set up regional information networks between healthcare professionals, service users, their families, their educational establishments and places of work, together with local organisations and the public in order to reduce depression and suicidal behaviour;

#### Mental health in youth and education

15. Calls on the Member States to provide support to school staff to develop a healthy climate, build relationships between school, parents, health service providers and the community in order to strengthen the social integration of young people;
16. Calls on the Member States to organise support programmes for parents, particularly for disadvantaged families;
17. Stresses the need for health system planning which meets the need for specialist mental health services for children and adolescents;
18. Proposes that mental health should be incorporated into the programmes of study of all healthcare professionals and that provision should be made for continuous education and training in that sector;

#### Mental health in workplace settings

19. Declares that the workplace plays a central role in the social integration of people with mental health problems and calls for support for their recruitment, retention, rehabilitation and return to work, with the emphasis on the integration of the most vulnerable groups;
20. Calls on employers to promote a healthy working climate, paying attention to work-related stress, the underlying causes of mental disorder at the workplace, and tackling those causes;
21. Encourages employers, as part of their health and safety at work strategies, to adopt programmes to promote the emotional and mental wellbeing of their workers and calls on the Commission to disseminate positive models by publishing such programmes on the Internet;

22. Calls on the Member States to ensure that people who are entitled to sickness or disability benefits because of mental health problems are not deprived of their right of access to employment and that they will not lose the benefits related to their disability/sickness as soon as they find a new job;

#### Mental health of older people

23. Calls on the Member States to adopt appropriate measures to improve and maintain a high quality of life for the elderly, to promote health and active ageing through participation in community life, including early preparation for retirement;
24. Stresses the need for research into prevention and care in regard to neurodegenerative disorders and other age-related mental illnesses;
25. Notes the need to assess the co-morbidity of elderly people and the need for the training of healthcare personnel to increase knowledge about the needs of the elderly with mental health problems;
26. Calls on the Commission and the Member States, in the context of the open method of coordination on social protection and integration, to develop guidelines for nursing and long-term care in order to help prevent maltreatment of the elderly;

#### Combating stigma and social exclusion

27. Calls for the organisation of public information and awareness campaigns through the media, the Internet, schools and places of work, in order to promote emotional health, increase knowledge about the most common symptoms of depression and suicidal tendencies, destigmatise mental disorders and promote early seeking of assistance and the active integration of people experiencing mental health problems;
28. Stresses the crucial role of the media in changing perceptions of mental illness and calls for the development of European guidelines for responsible coverage of mental health by the media;
29. Calls on the Member States to support the strengthening of organisations which represent service users and carers in order to facilitate their participation in the formulation and implementation of policy and in all stages of research into mental health;
30. Instructs its President to forward this resolution to the Council, the Commission, the governments of the Member States and the European Office of the WHO.

## EXPLANATORY STATEMENT

Mental health affects our daily lives and is a contributory factor to well-being, solidarity and social justice. Conversely, mental ill-health detracts from the quality of life of people and their families and entails expense which is a burden on the health sector and the social, economic, educational, insurance, penal and legal systems.

There is now an ever-increasing awareness that there is no health without mental health. We need only consider that:

- 1 in 4 people will experience some form of mental disorder at least once in their lives,
- depression is one of the most common disorders – affecting 1 in 6 women in Europe – and it is estimated that, by 2020, it will be the most common illness in the developed world and the second cause of disability,
- in the EU, some 59000 suicides are committed every year, 90% of which are attributable to mental disorder,
- vulnerable and marginalised groups, such as the unemployed, migrants, the disabled, people who suffer abuse, and users of psychoactive substances are more likely to suffer mental health problems,
- in an ageing Europe, neurodegenerative disorders are becoming ever more common.

There is, therefore, a need to take a concerted approach to the challenges posed by mental health because it is a matter of concern to us all. However, it is a fact that mental disorders are not met with the same seriousness as physical health.

Although there are significant differences among the Member States as regards the challenges, the structures, and policies which have been adopted, most of them have switched the emphasis from confinement and protection to care and treatment of people with mental disorders. Nevertheless, in many cases, this change has been effected without planning, without adequate resources and control mechanisms and, frequently, by cutting budgets.

At the same time, despite the improved treatment options and developments in psychiatric care, people with mental health problems and their families continue to suffer social exclusion and discrimination.

The need to promote good mental health is obvious if the objectives of social cohesion and economic growth are to be achieved on a long-term sustainable basis. At EU level, that fact has been recognised in action programmes not only on public health but also on research, non-discriminatory treatment, employment and education.

The year 2005 was a milestone for mental health. After the WHO Ministerial Conference on Mental Health, the Commission published its Green paper 'Improving the mental health of the population - towards a strategy on mental health for the European Union', which launched a debate on the means of improving the approach to mental illness and promoting mental well-being.

In its resolution adopted in 2006 on improving the mental health of the population, Parliament voiced its support for this approach in order to highlight mental health as a priority and create opportunities to rise to the challenges together.

The European Conference 'Together for Mental Health and Well-Being' held in Brussels on 12-13 June 2008, which established the 'European Pact for Mental Health and Well-Being' signalled the Member State's resolve to decide on measures to improve the mental health of the population in the framework of a cross-sectoral strategy which will go beyond the health sector and aim more generally at ensuring a high level of social protection and mental health and well-being in the fields of education and work.

In particular, the Pact proposes concentrating knowledge and best practices in order jointly to produce acceptable recommendations for measures in key areas of social and economic life. In order to boost the effectiveness of the Pact, a number of thematic conferences have been planned, whilst five consensus papers have also been drawn up in cooperation with national ministries, scientists and researchers.

#### Report of the Committee on the Environment, Public Health and Food Safety

The present proposal may represent a useful tool in bringing about the changes required in the mental health sector.

The report contains a number of general recommendations to promote the mental health and well-being of the population, to combat stigma, discrimination and social exclusion, to strengthen preventive action and self-help and to provide support and adequate treatment for people with mental health problems, their families and carers. It also contains specific recommendations in the five priority areas identified by the European Pact.

These areas are:

- prevention of suicide and depression,
- mental health in youth and education,
- mental health in workplace settings,
- mental health of older people,
- combating stigma and social exclusion.

### Prevention of suicide and depression

Your rapporteur believes that the prevention of depression and suicide calls for the implementation of cross-sectoral programmes which focus on promoting healthy lifestyles, reducing risk factors, such as easy access to medicines, drugs, alcohol abuse, and providing support for and monitoring people who have attempted suicide and the families of those who have committed suicide, making it clear that depression is a treatable disorder and suicide a preventable act. In this context, your rapporteur believes it is important to develop networks at local level in order to provide information and support for self-help.

### Mental health in youth and education

We can only achieve the objective of youth participation in sustainable development if young people are physically and mentally healthy, and properly equipped with knowledge and skills through a high level of education and training.

Your rapporteur maintains that measures must be taken to set up coordinated and integrated services, structured around young people, their families, the social partners, and education and health stakeholders covering every age group. She, therefore, calls on the Member States to organise support programmes for parents and to provide support for school personnel to develop a healthy school climate. She also stresses the need to provide specialist mental health services for children and adolescents and proposes that mental health should be included in programmes of study for all health care professionals.

### Mental health in workplace settings

Working conditions play a significant role in the mental health of the population. Conditions such as negative management techniques, lack of communication, harassment, noise, workload and lack of safety at work can result in increased stress, contribute to the development of mental disorders and induce workers to take early retirement or retire on grounds of invalidity.

At the same time, unemployment and lack of secure income increase the risk of developing mental disorders and narrow the chances of access to basic medical intervention in the field of mental health.

In order to promote mental health at the workplace and improve the EU's economic performance, your rapporteur calls on employers to implement practices which promote good mental health in the workplace in order to offer 'better' jobs. Your rapporteur also calls for the deepening and widening of initiatives to integrate people with mental health problems into the workplace through their recruitment, retention, rehabilitation and reintegration into the labour market on equal terms. Additionally, it is important that the Commission should offer the possibility of publishing and updating the measures which employers have implemented to safeguard the emotional and mental well-being of their employees.

### Mental health of older people

The risk of developing certain mental disorders increases with age and, apart from Alzheimer's disease, other problems, such as depression, stress and psychotic disorders are common. In this context, the elderly must be treated as a basic target group for the promotion of mental well-being. By caring for the elderly, we protect their right to dignified and active ageing and safeguard social cohesion. Your rapporteur supports measures to improve the quality of life for the elderly. Particular emphasis should be given to research into the mechanisms and the causes of neuro-degenerative disorders and other mental illnesses, and to their prevention and care. There is also a need to assess co-morbidity and the training of healthcare personnel in this respect since a cross-disciplinary approach to complex situations associated with mental ill-health will produce significant added value.

### Combating stigma and social exclusion

Your rapporteur believes that a European strategy for promoting mental health should be developed in terms of a knowledge-based society. This means, inter alia, that European societies should acquire a clear understanding of mental health concepts, a precise awareness of the magnitude of the problem, as recorded at the current time, of its inherent dynamic, and an awareness of the importance of their participation in shaping the conditions for developing integrated options for solutions.

Taking as her point of departure the belief that information should start in school and be extended to all areas, your rapporteur proposes that information campaigns be organised to help reduce stigma and discrimination, improve the treatment of mental disorders through early diagnosis through intervention and effective management thereof, and reduce the gap between physical and mental health. At the same time, your rapporteur stresses the need for service users and their families to take part in the development and implementation of policies so that services are better geared to needs and more user-friendly.

### Priority areas for action at European and national level

In order to promote the mental health and well-being of the population, your rapporteur:

- calls for cooperation between the EU institutions, Member States, local and regional bodies and the social partners in the five priority areas referred to in the European Pact,
- proposes the adoption of a Consultative Platform to monitor and coordinate measures to implement the Pact and calls on the Commission to present the conclusions of the conferences to be held in the context of implementing the Pact,
- stresses the need for a 'European Action Plan on the Mental Health and Well-Being of Citizens' and the need to produce appropriate mental health indicators with a view to improving the assessment of needs at national and European level,
- calls for optimum use of the available Community and national resources to promote mental health through the funding of research into prevention, new structures for decent care and effective treatment of mental illnesses, and labour market integration programmes,
- stresses the need to provide high-quality, accessible, effective and universal mental health services,

- calls for emphasis to be placed on the training of everyone in key positions relating to mental health,
- calls for access to appropriate education, training and employment for people with mental health problems and the creation of a supportive and favourable environment throughout life, with particular emphasis on the most vulnerable groups.