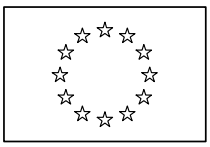

COMMISSION OF THE EUROPEAN COMMUNITIES

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GREEN PAPER

Improving the mental health of the population. Towards a strategy on mental health for the European Union

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GREEN PAPER

Improving the mental health of the population.
Towards a strategy on mental health for the European Union

1. INTRODUCTION

The mental health of the European population is a resource for the attainment of some of the EU's strategic policy objectives, such as to put Europe back on the path to long-term prosperity, to sustain Europe's commitment to solidarity and social justice, and to bring tangible practical benefits to the quality of life for European citizens[1].

However, the mental health of the EU population can be considerably improved:

- Mental ill health affects every fourth citizen and can lead to suicide, a cause of too many deaths;

- Mental ill health causes significant losses and burdens to the economic, social, educational as well as criminal and justice systems;

- Stigmatisation, discrimination and non-respect for the human rights and the dignity of mentally ill and disabled people still exist, challenging core European values.

Improvement is possible. Many initiatives have already been taken. Further development and consolidation of the existing actions is required. The January 2005 WHO European Ministerial Conference on Mental Health established a framework for comprehensive action, and created strong political commitment for mental health. It invited the European Commission, a collaborating partner of the conference, to contribute to implementing this framework for action, in line with its competencies and the Council's expectations and in partnership with the WHO.

This Green paper is a first answer to this invitation. It proposes to establish an EU-strategy on mental health. This would add value: by constituting a framework for exchange and cooperation between Member States; by helping to increase the coherence of actions in the health and non-health policy sectors in Member States and at Community level; and by allowing involvement of a broad range of relevant stakeholders into building solutions.

The purpose of this Green Paper is to launch a debate with the European institutions, Governments, health professionals, stakeholders in other sectors, civil society including patient organisations, and the research community about the relevance of mental health for the EU, the need for a strategy at EU-level and its possible priorities.

In accordance with the provisions made in Article 152 of the EC Treaty, some of the proposals for action in the field of public health made in this Green Paper fall under Community competence. Further proposals will be the exclusive competence of Member States. For proposals for action in other policy fields, the appropriate legal bases will apply.

The Commission's intention is to publish the results of the consultation process together with, if appropriate, its proposal for a strategy on mental health for the EU by the end of 2006.

2. MENTAL HEALTH – CENTRAL FOR CITIZENS, SOCIETY AND POLICIES

There is no health without mental health. For *citizens*, mental health is a resource which enables them to realise their intellectual and emotional potential and to find and fulfil their roles in social, school and working life. For *societies*, good mental health of citizens contributes to prosperity, solidarity and social justice. In contrast, mental ill health imposes manifold costs, losses and burdens on citizens and societal systems.

Mental health, mental ill health and its determinants:

The WHO describes **mental health** as: "a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"[2].

Mental ill health includes mental health problems and strain, impaired functioning associated with distress, symptoms, and diagnosable mental disorders, such as schizophrenia and depression.

The mental condition of people is determined by a **multiplicity of factors** (annex 1)**,** including biological (e.g., genetics, gender), individual (e.g., personal experiences), family and social (e.g., social support) and economic and environmental (e.g., social status and living conditions).

3. THE SITUATION – MENTAL ILL HEALTH, A GROWING CHALLENGE FOR THE EU

The health dimension

More than 27% of adult Europeans are estimated to experience at least one form of mental ill health during any one year (see annex 2)[3].

The most common forms of mental ill health in the EU are anxiety disorders and depression. By the year 2020, depression is expected to be the highest ranking cause of disease in the developed world[4].

Currently, in the EU, some 58,000 citizens die from suicide every year (annex 3), more than the annual deaths from road traffic accidents, homicide, or HIV/AIDS[5].

Mental and physical health is closely inter-related. One implication: Integrating mental health into the provision of general hospital care can significantly shorten hospitalization periods, thereby releasing economic resources.

The impact on prosperity, solidarity and social justice

The implications of mental ill health are manifold:

Mental ill health costs the EU an estimated 3%-4% of GDP, mainly through lost productivity[6]. Mental disorders are a leading cause of early retirement and disability pensions[7].

Conduct and behavioural disorders in childhood incur costs for the social, educational as well as criminal and justice systems (see annex 4)[8].

Further intangible costs concern how society treats mentally ill and disabled persons. Despite improved treatment options and positive developments in psychiatric care, people with mental ill health or disability still experience social exclusion, stigmatisation, discrimination or the non-respect of their fundamental rights and dignity.

4. DEVELOPING RESPONSES: POLICY INITIATIVES ON MENTAL HEALTH

The growing perception of mental ill health as a problem has triggered policy makers, health professionals and other stakeholders to look for solutions, most recently at the January 2005 WHO European Ministerial Conference on Mental Health[9].

There is agreement that a first priority is to provide effective and high-quality mental health care and treatment services, accessible to those with mental ill health[10].

However, although medical interventions play a central role in tackling challenges, they alone cannot address and change social determinants. Therefore, in line with the WHO strategy, a comprehensive approach is needed, covering the provision of treatment and care for individuals, but also action for the whole population in order to promote mental health, to prevent mental ill health and to address the challenges associated with stigma and human rights. Such an approach should involve many actors, including health and non-health policy sectors and stakeholders whose decisions impact on the mental health of the population. Patient organisations and civil society should play a prominent role in building solutions.

4.1. The European Community, its mandate and activities in the field of mental health

The mandate for action at Community level in the field of public health is defined in Article 152 of the EC-Treaty. It stipulates that "a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities"[11]. Community action shall complement national policies for improving health, preventing illness and disease, health information and education, as well as reducing drug-related damage, and shall encourage cooperation between Member States in these fields. Member states are exclusively competent for the organisation of health services and care. For other Community policies the appropriate legal bases apply.

Based on these competencies, mental health is an issue for the European Community through:

- The contribution that good mental health of the population can make to some of the EU's strategic policy objectives;

- The role of the Community to encourage and support cooperation between Member States and to address inequalities between them; and

- The obligation for the Community to contribute to a high level of human health protection through all its policies and activities.

Over the past years, several specific initiatives have been developed in different Community policies:

– The Community's **health policy** has covered mental health since 1997 through specific projects and policy initiatives[12] (annex 5). The *EU Public Health Programme 2003-2008*[13] provides the legal basis for action. Further related priorities addressed the abuse of drugs and the harm done by alcohol.

– Initiatives under the Community's **social and employment policy** targeted the non-discrimination of people with mental ill health, the social inclusion of people with mental disabilities, and the prevention of stress at the workplace, including:

  – The adoption of directive 2000/78/EC which prohibits inter alia discrimination on grounds of disability in the field of employment[14];

  – Actions under the European Year for People with Disabilities in 2003; and

  – The adoption of a European Framework Agreement on work-related Stress between social partners in 2004.

– The Community's **Framework Programmes for Research** have been and continue to be an importance source of funding for European research on mental health[15]. An example is the "MHEDEA-2000"-project, which carried out a European assessment of mental health disability[16]

– **Information society and media policy** supported the development of Information and Communication Technology (ICT) -based tools for use in prevention, diagnosis and care[17].

– **Regional policy** supports infrastructure investments in the health sector that is beneficial to the regions' structural adjustment.

– **Educational policy** addresses mental health as part of its policy work (e.g. on key competences for the knowledge society) and through projects.

– As part of the Community's **freedom, justice and security policy**, the DAPHNE II-programme combats violence against children, young people and women[18]. Such violence can cause mental health problems.

However, a comprehensive strategy on mental health, which would link all these activities, does not yet exist at Community level. Such a strategy would strengthen the coherence and effectiveness of current and future initiatives.

4.2. Mental health in Member States

There are significant inequalities between (and also *within*) Member States. One example is suicide rates, which range from 3.6 per 100,000 population in Greece to 44 per 100,000 population in Lithuania, the highest in the world[19]. The proportions of the health budgets dedicated to mental health are also highly variable across Member States (see annex 6).

The 2004 report "The state of mental health in the European Union"[20] found that the status of mental health is not uniform across Member States, instead, reflecting a diversity between countries, their situations, traditions and cultures.

Country stories compiled in the 2005 publication "Mental health promotion and mental disorder prevention across European Union Member States: an overview"[21] present challenges, policies and structures across Member States.

Given the diversity between Member States, it is not possible to draw simple conclusions or to propose uniform solutions. However, there is scope for exchange and cooperation between Member States and the opportunity to learn from each other.

A number of policy documents adopted by the Council of Ministers since 1999[22] , signalled a wish of Member States to use the EU-level for cooperation in the field of mental health. The Council Conclusions adopted in June 2005 reinforced this message by inviting Member States to give due attention to the implementation of the results of the WHO European Ministerial Conference on Mental Health. The Commission was invited to support this implementation on the basis of its competencies.

5. THE NEED FOR AN EU-STRATEGY ON MENTAL HEALTH

The establishment of a strategy on mental health at EU-level would add value by:

(1) Creating a framework for exchange and cooperation between Member States;

(2) Helping to increase the coherence of actions in different policy sectors;

(3) To open up a platform for involving stakeholders including patient and civil society organisations into building solutions.

The consultation should identify in which way the Community's policies and financial instruments, for instance the Framework Programmes for Research, contribute to improving the mental health of the population. Member States are encouraged to assess with the regions and the Commission how the Structural Funds can be better used to improve long-term care facilities and health infrastructure in the field of mental health. A horizontal contribution of the Commission could be to generate information and knowledge on the status of mental health in the EU, about the determinants of mental health and the possibilities to tackle mental ill health.

The WHO's strategy for the European Region, the outcomes of activities under the EU's Programmes, as well as evidence available in Member States should be used to develop the strategy.

The Commission proposes that an EU-strategy could focus on the following aspects:

(1) Promote the mental health of all;

(2) Address mental ill health through preventive action;

(3) Improve the quality of life of people with mental ill health or disability through social inclusion and the protection of their rights and dignity; and

(4) Develop a mental health information, research and knowledge system for the EU.

6. SEEKING SOLUTIONS – OPTIONS FOR ACTION

There is a need to translate the existing political commitments into action. Projects under the EU's Public Health Programmes have shown that action is possible and can be successful and cost-effective. Other projects have contributed to an improved knowledge and information base on mental health in the EU.

The network "Implementing Mental Health Promotion Action (IMPHA)"[23] has developed an Internet database describing existing programmes, a review of the evidence in prevention and promotion, and an action plan "Mental health promotion and Mental Disorder Prevention. A Policy for Europe"[24].

6.1. Promoting mental health and addressing mental ill health through preventive action

Promotion of mental health and prevention of mental ill health address individual, family, community and social determinants of mental health, by strengthening protective factors (e.g., resilience) and reducing risk factors[25] (annex 7). Schools and workplaces, where people spend large parts of their time, are crucial settings for action.

6.1.1. Promoting the mental health of the population

Building mental health in infants, children and adolescents

As mental health is strongly determined during the first years of life, promoting mental health in children and adolescents is an investment for the future. Teaching parenting skills can improve child development. A holistic school approach can increase social competencies, improve resilience, and reduce bullying, anxiety and depressive symptoms.

Some successful actions identified through EU-projects[26]:

Babies and children: address postnatal depression in mothers; improve parenting skills; home visits of nurses to assist future and new parents; interventions of nurses at school.

Adolescents and young people: conducive school environment and ethos; resource packs on mental health for students, parents and teachers.

Promoting mental health in the working population

While good mental health increases work capacity and productivity, poor working conditions including the intimidation by colleagues lead to poor mental health, sick leave and increased costs. Up to 28% of employees in Europe report stress at work[27]. Interventions to improve individual capacity and to reduce stressors in the work environment increase health and economic development.

Some successful actions identified through EU-projects[28]:

A participative workplace and management culture; identification of mental ill health in staff; working arrangements in line with staff needs (e.g. flexible working time).

Promoting mental health in older people

An ageing EU-population, with its associated mental health consequences, calls for effective action. Old age brings many stressors that may increase mental ill health, such as decreasing functional capacity and social isolation. Late life-depression and age-related neuro-psychiatric conditions, such as dementia, will increase the burden of mental disorders. Support interventions have shown to improve mental well being in older populations.

Some successful actions identified through EU-projects[29]:

Social support networks; encouragement of physical activity and participation in community and volunteering programmes.

Targeting vulnerable groups in society

Low social and economic status increases vulnerability for mental ill health. Job loss and not being in employment can lower self-esteem and lead to depression. Migrants and other marginalised groups are at increased risk for mental ill health. Interventions for the unemployed to re-enter the labour market can be cost effective. Support to vulnerable groups can improve mental health, strengthen social cohesion, and avoid associated social and economic burdens.

Some successful actions identified through EU-projects[30]:

Counselling for groups at risk; support to enter the labour market; supported employment for those with mental ill health or disability.

Possible initiative at Community level:

Suggestions developed through the consultation process in response to this Green paper could feed into a proposal by the Commission for a **Council Recommendation on the promotion of mental health**[31]

6.1.2. Addressing mental ill health through preventive action

Preventing Depression

Depression is one of the most serious health problems in the EU.

The 2004 Commission expert-report "Actions Against Depression" analyses depression and its implications for public health as well as social and economic systems, and presents options for action[32].

School approaches including life skills, and bullying prevention, workplace approaches to reduce stress, and physical activity in older groups can all reduce depressive symptoms. Raising public awareness of depression can encourage seeking help and decrease stigma and discrimination.

Some successful actions:

Cognitive behavioural interventions; psychological support for those at risk; training health care professionals in prevention, recognition and treatment of depression.

Reducing substance use disorders

Alcohol, drugs and other psychoactive substances are often a risk factor for, or a consequence of, mental health problems. Drugs and alcohol are established priorities of health policy at Community level:

- *Drugs*

In 2004, the Council adopted a EU Drug Strategy 2005-2012[33]. In 2005, the Council adopted a Drugs Action Plan for the years 2005-2008[34]. By the end of 2006 the Commission plans a report on the Member States' implementation of the Council Recommendation[35].

- *Alcohol*

In 2001 the Council adopted a Recommendation on the drinking of alcohol by young people. The Commission is assessing the implementation of the Recommendation, and preparing a comprehensive Community strategy to reduce alcohol-related harm.

Preventing suicide

Suicide prevention strategies are being developed across Member States. Evidence to prevent suicide supports: restricting the access to methods for committing suicide, training of health care providers and collaboration between secondary care and follow-up care after suicide attempts.

Successful action:

The European Alliance against Depression (EAAD) aims to reduce depression and suicidal behaviour by creating regional networks of information between the health sector, patients and their relatives, community facilitators and the general public. A pilot project showed decreases of 25 % in suicides and suicide attempts, particularly among young people[36].

Possible initiative at Community level:

Suggestions developed through the consultation process in response to this Green paper could feed into a proposal by the Commission for a **Council Recommendation on the reduction of depression and suicidal behaviour.**

6.2. Promoting the social inclusion of mentally ill or disabled people and protecting their fundamental rights and dignity

People with mental ill health or disability meet fear and prejudice from others, often based on misconceptions about mental ill health. Stigma increases personal suffering, social exclusion and can impede access to housing and employment. It may even prevent people from seeking help for fear of being labelled. Article 13 of the EC Treaty sets out a legal basis for action at Community level for combating discrimination inter alia based on disability. There is also a need for a shift in the attitudes of the public, social partners, public authorities and Governments: improving public awareness about mental ill health and treatment options, and encouraging the integration of mentally ill and disabled people into work life, can create greater acceptance and understanding across society.

A change in paradigm

The *deinstitutionalisation* of mental health services and the establishment of services in primary care, community centres and general hospitals, in line with patient and family needs, can support social inclusion. Large mental hospitals or asylums can easily contribute to stigma. Within reforms of psychiatric services, many countries are moving away from the provision of mental health services through large psychiatric institutions (in some new Member States, such institutions still account for a large share of the mental health services infrastructure) towards community-based services. This goes hand in hand with instructing patients and their families as well as the staff in active participation and empowerment strategies[37].

A study for the Commission, "Included in Society"[38], confirmed that replacement of institutions by community-based alternatives in general provides opportunities for better quality of life for disabled people. A new study will analyse and present how current financial resources could be best used to meet the needs of people with disabilities, and will provide evidence about the cost of de-institutionalisation[39].

Relevant activities of other international organisations:

Within the **WHO network of Health Promoting Hospitals,** a *Task Force on Health Promoting Psychiatric Services*[40] has identified models of good practice of mental health promotion in psychiatry.

The **Council of Europe** in 2006 will initiate work to develop a "European reference tool for ethics and human rights in mental health"

Some patients seek psychiatric inpatient care on a voluntary basis. *Compulsory* placement of patients in psychiatric institutions and involuntary treatment affects severely their rights. It should only be applied as a last resort, where less restrictive alternatives have failed.

The project "Compulsory Admission and Involuntary Treatment of Mentally Ill Patients – Legislation and Practice in EU-Member States"[41] showed that legal regulations across EU countries were very heterogeneous. Cultural traditions and attitudes and the structure and quality of the mental health care systems also determine actual practice. The prevalence of compulsory admissions varies greatly between Member States.

Challenges to the mental health and dignity of persons may also exist in other residential environments, such as nursing homes for older people, children's homes or prisons.

Possible initiatives at Community level:

- Suggestions developed through the consultation process could identify **best practice for promoting the social inclusion and protecting the rights of people with mental ill health and disability**.

- People with mental ill health or disability and the situation in psychiatric institutions could be included in the activities of the **Fundamental Rights Agency** of the EU, which will become operational by 1 January 2007[42].

6.3. Improving information and knowledge on mental health in the EU

Mental health is poorly covered by existing health monitoring systems. Major efforts are needed to harmonise existing national and international indicators on mental health and disability in populations to create a comparable dataset across the EU. More data is required on the social, demographic and economic determinants of mental health, as well as promotion and preventive infrastructures, activities and resources.

It should be identified how available Community instruments such as the Seventh Framework Programme for Research[43] could be used to build research capacities and to support research for mental health in the EU. Better knowledge on the relevance of mental health and the consequences of mental ill health to health, quality of life, economic and social welfare, social inclusion and fundamental rights, and to mental health services (e.g., equity, access) would allow improvement of current practice.

Possible initiative at Community level:

An **interface between policy and research** could be established convening Community and national authorities, academic institutions and stakeholders. Its role could be to give advice on relevant mental health indicators for the EU, the monitoring of mental health, and on priorities for research activities at EU-level.

7. A CONSULTATION PROCESS FOR THE DEVELOPMENT OF AN EU-STRATEGY ON MENTAL HEALTH

The crosscutting relevance of mental health makes it appropriate to develop an EU-strategy on mental health based on a broad and inclusive consultation process.

The following activities are envisaged:

7.1. Creating a Dialogue with Member States on Mental Health

This forum will enable exchange and cooperation between Member States. One objective is to identify priorities and elements for an action plan on mental health, leading to a set of core actions in health and non-health policies together with targets, benchmarks, timelines for action and a mechanism to monitor implementation. The WHO Mental Health Action Plan for Europe could serve as model, together with the Action Plan "Mental Health Promotion and Mental Disorder Prevention: A Policy for Europe" developed under the EU-Public Health Programme[44]. The Dialogue should also consider the need for the two proposed Council Recommendations on a) the promotion of mental health and b) the reduction of depression and suicidal behaviour.

7.2. Launching an EU-Platform on Mental Health

The EU-Platform on Mental Health should promote cross-sectoral cooperation and consensus on mental health through involving a variety of actors such as policy makers, experts and stakeholders from the health and non-health sectors, and representatives of civil society. The Platform should analyse key mental health aspects, identify evidence-based practice, develop recommendations for action, also at Community level, and identify best practice for promoting the social inclusion of people with mental ill health and disability and for protecting their fundamental rights and dignity, all of which can be fed into the Dialogue with Member States.

7.3. Developing an interface between policy and research on mental health

This third group shall engage relevant stakeholders to stimulate a dialogue around the development of an indicator system that would include information on mental health and its determinants, impact assessment and evidence based practice. It would explore the most effective ways to identify research priorities, and to ensure a better interface between data systems, research knowledge and policy-making. Its recommendations could be included in the Action Plan.

8. NEXT STEPS

There is widespread agreement that the human, social and economic dimension of mental health need wider recognition by policy makers and greater public awareness. Important initiatives are being taken at the level of Member States, the EU and the WHO.

The Commission invites all interested citizens, parties, organisations and the European Union institutions to contribute to the preparation of a possible EU-Strategy and an Action Plan on Mental Health by commenting on this Green Paper.

The Commission is particularly interested in views on the following questions:

(1) How relevant is the mental health of the population for the EU's strategic policy objectives, as detailed in section 1?

(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?

(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?

Contributions in the context of this consultation process should be sent to the Commission by **31 May 2006**, by email to the address "mental-health@cec.eu.int", or by post mail to the following address:

European Commission

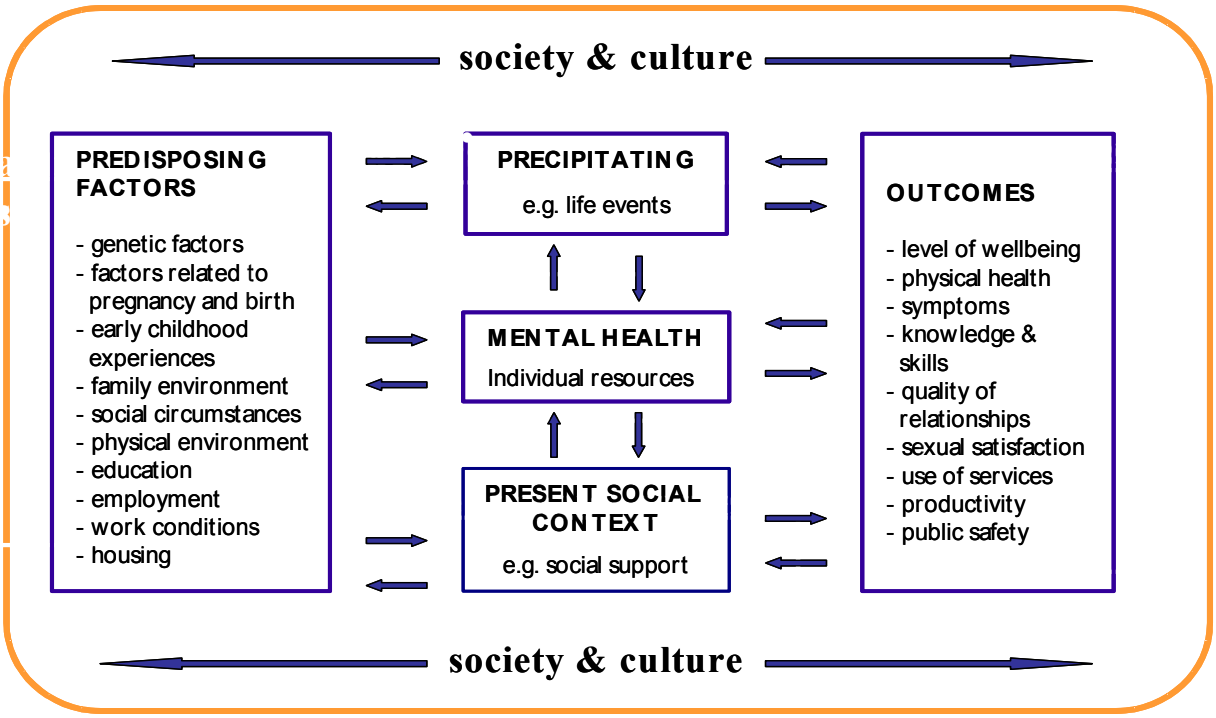
Directorate-general for Health and Consumer Protection

Unit C/2 "Health Information"

L-2920 Luxembourg

This Green paper and the contributions received will be published on the Commission's website[45], unless requests not to do so have explicitly been made. In late 2006, the Commission intends to present its analysis of the responses received together with, if appropriate, its proposal and/or initiatives for a strategy on mental health for the EU.

ANNEX 1
The functional model of mental health



Source:

Lahtinen, E., Lehtinen, V., Riikonen, E., Ahonen, J. (eds.): Framework for promoting mental health in Europe, Hamina 1999

ANNEX 2
Estimated number of subjects in the general EU population (age 18–65) affected by mental disorders within past 12 months[46]

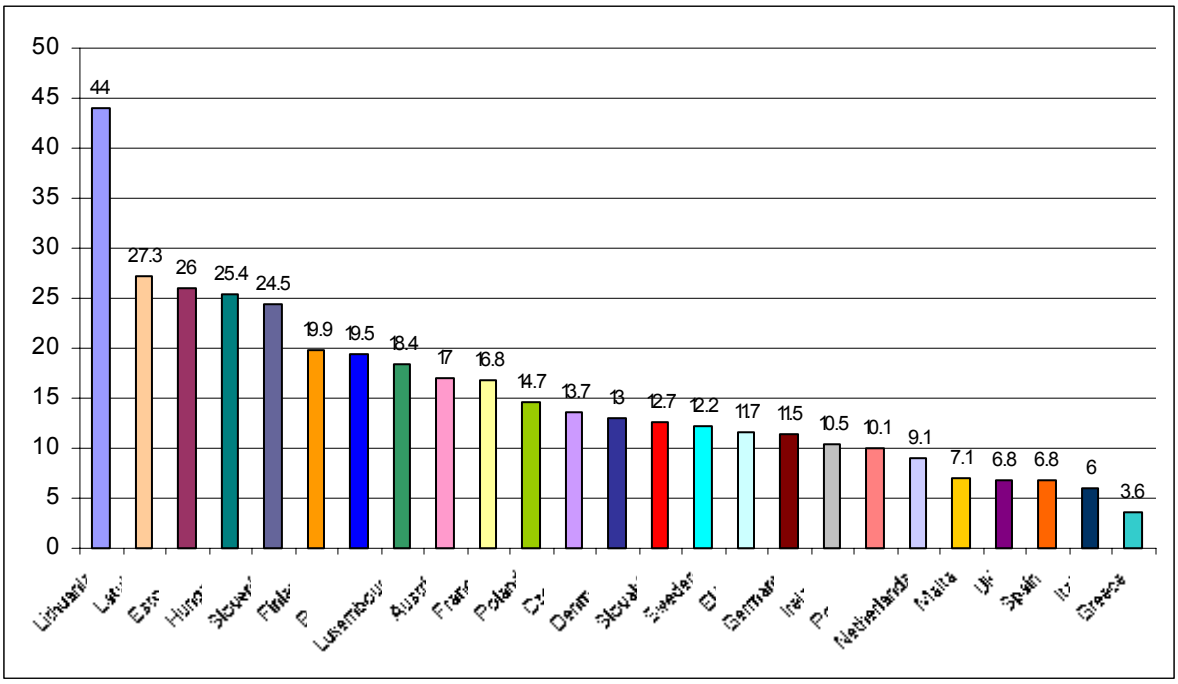
Diagnosis (DSM-IV)	12-month estimate (%)	12-month estimate (million)
Alcohol dependence	2.4	7.2
Illicit substance dependence	0.7	2.0
Psychotic disorders	1.2	3.7
Major depression	6.1	18.4
Bipolar disorder	0.8	2.4
Panic disorder	1.8	5.3
Agoraphobia	1.3	4.0
Social phobia	2.2	6.7
Generalised Anxiety Disorder (GAD)	2.0	5.9
Specific phobias	6.1	18.5
Obsessive-compulsive Disorder (OCD)	0.9	2.7
Somatoform disorders	6.3	18.9
Eating disorders	0.4	1.2
Any mental disorder	27.4	82.7

Source:

Hans-Ulrich Wittchen, Frank Jacobi (2005). Size and burden of mental disorders in Europe: a critical review and appraisal of 27 studies. European Neurospsychopharmacology, Volume 15, Number 4, pp. 357-376. 12-months values rounded by Commission. Percentage values based on Commission's own calculations.

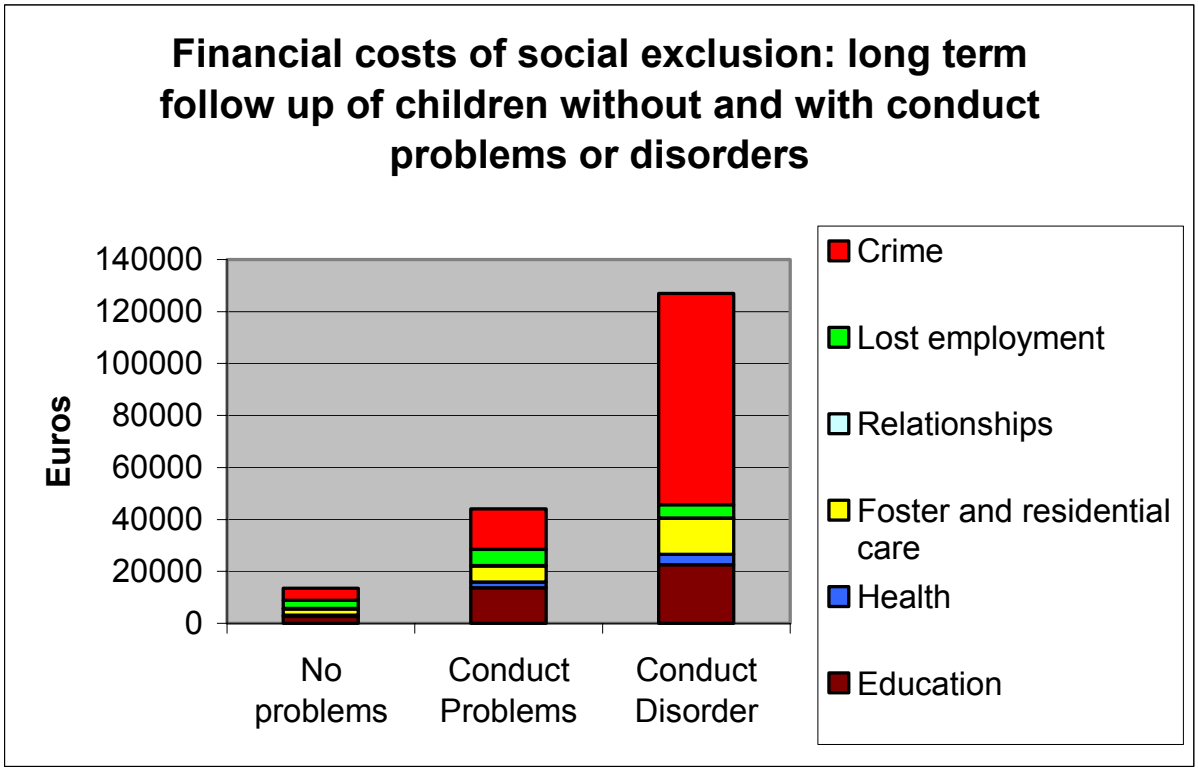
ANNEX 3

Standardised death rate for suicide per 100.000 people across EU Member States in 2002[47]



ANNEX 4

Long term economic costs of mental health problems. Costs converted to Euros and 2002 prices used



Source:

Scott, S.; Knapp, M.; Henderson, J.; Maughan, B.: Financial cost of social exclusion. Follow-up study of anti-social children into adulthood, British Medical Journal (BMJ), 323, 191-196. Costs converted into Euro-values by David McDaid, Mental Health Economics European Network.

ANNEX 5

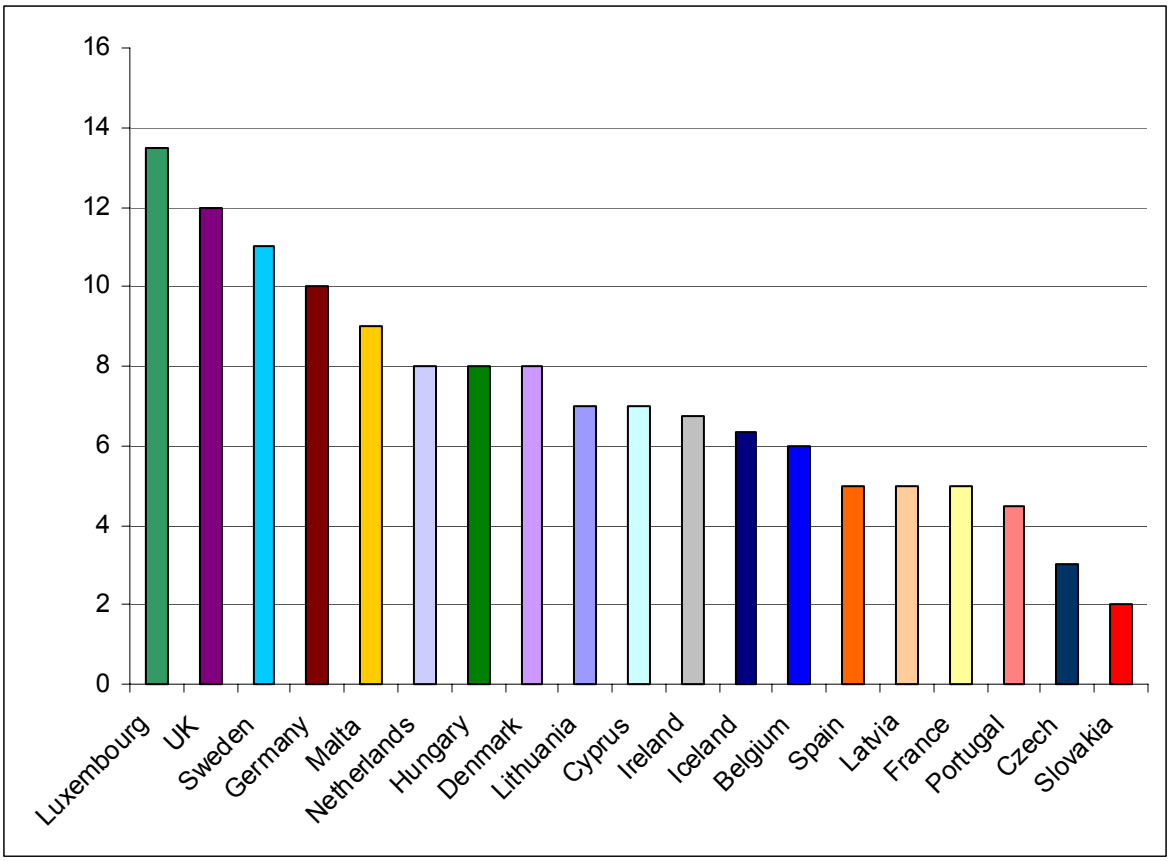
Summary of selected EC events relating to mental health between 1999 and 2005

Year	Title of the event	Level	Council resolutions/conclusions
04/1999	Balancing Mental Health Promotion and Mental Health Care	Joint EU/WHO Meeting	
10/1999	European Conference on Promotion of Mental Health and Social Inclusion	EU Presidency	Council resolution on the promotion of mental health
03/2000	Health Determinants in the EU	EU Presidency	Council resolution on action on health determinants
06/2000	Violence and Promotion of Mental Health of Children and Young People	EU Presidency	
09/2000	Prevention of Youth Suicide	EU Presidency	
01/2001	Young People and Alcohol	WHO Ministerial conference/EU Presidency	Council conclusions on a Community strategy to reduce alcohol-related harm
09/2001	Future Mental Health Challenges in Europe: Impact of Other Policies on Mental Health	Joint EU/WHO Meeting	
10/2001	Coping with Stress and Depression-Related Problems in Europe	Joint EU Presidency and WHO	Council conclusions on combating stress and depression-related problems
12/2002	Future Mental Health Challenges in Europe: Strengthening Co-operation between EU and WHO	Joint EU/WHO seminar	
03/2003	Mental Illness and Stigma in Europe: Facing up to the Challenges of Social Inclusion and Equity	Joint EU Presidency, WHO and Council of Europe	Council conclusions on combating stigma and discrimination in relation to mental health

10/2003	Mental Health in Europe: New Challenges, New Opportunities	EC-funded conference/co-sponsored by WHO	
09/2004	The Mental Health of Children and Adolescents	Jointly organised by Commission/WHO/ Luxembourg	
01/2005	WHO Europe Ministerial Conference on Mental Health	Commission as a coorganiser	

ANNEX 6

Mental Health Expenditure in European Economic Area countries (% of total health expenditure)



Source:

Mental Health Economics European Network (2004)

ANNEX 7
Social, environmental and economic determinants of mental health

Risk factors	Protective factors
Access to drugs and alcohol	Empowerment
Displacement	Ethnic minorities integration
Isolation and alienation	Positive interpersonal interactions
Lack of education, transport, housing	Social participation
Neighbourhood disorganisation	Social responsibility and tolerance
Peer rejection	Social services
Poor social circumstances	Social support and community networks
Poor nutrition	
Poverty	
Racial injustice and discrimination	
Social disadvantage	
Urbanisation	
Violence and delinquency	
War	
Work stress	
Unemployment	

Source:

WHO: Prevention of Mental Disorders. Effective Interventions and Policy Options, Summary Report, Geneva 2004, p.21

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[3] Wittchen HU, Jacobi F: Size and burden of mental disorders in Europe: a critical review and appraisal of 27 studies. European Neurospsychopharmacology, Volume 15 (2005), Number 4, pp. 357-376. Percentage values based on Commission's own calculations.

[4] WHO, World Health Report 2001, p. 11. http://www.who.int/whr/2001

[5] Deaths caused by traffic accidents: 50700, homicide: 5350, HIV/AIDS: 5000, WHO figures for 2002. Own calculations based on Eurostat statistics and WHO Health For All Mortality Database

[6] Estimation by ILO. http://agency.osha.eu.int/publications/newsletter/8/en/index_23.htm

[7] As confirmed by Mental Health Economics European Network, project co-funded from Community Health Promotion Programme (1997-2002), implemented by Mental Health Europe-Santé Mentale Europe, (2001-2003), http://www.mentalhealth-econ.org.

[8] Scott S, Knapp M, Henderson J, Maughan B: Financial costs of social exclusion: follow-up study of antisocial children into adulthood, British Medical Journal, 323 (2001), 191-196.

[9] The conference established a Mental Health Declaration for Europe and a Mental Health Action Plan for Europe, both for the WHO European Region. http://www.euro.who.int/mentalhealth2005

[10] Only 26% of adult Europeans with a mental disorder have a contact with formal health services (Alonso, J., Angermeyer, M., Bernert, S.et al. (2004). Use of Mental Health Services in Europe: Results from the European Study on Epidemiology of Mental Disorders (ESEMeD) Project. Acta Psychiatr Scand; 109 (suppl 420): 47-54.

[11] Article 152 of the EC Treaty, http://europa.eu.int/eur-lex/en/treaties/selected/livre235.html

[12] An overview is given in the publication: "Action for Mental Health. Activities co-funded from European Community Public health Programmes 1997-2004", http://europa.eu.int/comm/health/ph_determinants/life_style/mental_health_en.htm. A list of all completed and ongoing such projects can be found under: http://europa.eu.int/comm/health/ph_projects/project_en.htm

[13] Decision No 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 adopting a programme of Community action in the field of public health (2003-2008). Official Journal L 271, 09.10.2002

[14] Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation, Official Journal L303 of 2.12.2000, 16-22

[15] Fifth Framework Programme for research, technological development and demonstration activities (1998 to 2002), Decision No 182/1999/EC of the European Parliament and of the Council of 22.12.1998, Official Journal L26/1 of 01.02.1999,.Sixth Framework Programme for research, technological development and demonstration activities covering the period 2002-2006, Decision N° 1513/2002/EC of the European Parliament and of the Council of 27.06.2002, Official Journal L232/1 of 29.08.2002; Official Journal L294/1 of 29.10.02.

[16] Mental health disability : a european assessment in the year 2000, MHEDEA-2000, RTD Project QLG5-1999-01042, http://dbs.cordis.lu/fep-cgi/srchidadb?ACTION=D&SESSION=41092005-9-8&DOC=18&TBL=EN_PROJ&RCN=EP_DUR:36&CALLER=PROJ_LIFE

[17] A list of health-related projects under the Information Society Technologies Programme (IST) under Reseach Framework Programmes can be found under http://www.cordis.lu/ist/ka1/health/projectbooklet/others.htm. Mental health-related projects include MULTIPLE, ALDICT, ACTION, TASK, ASTRID, MEDIATE and VEPSY UPDATED.

[18] http://europa.eu.int/comm/justice_home/funding/daphne/funding_daphne_en.htm

[19] Eurostat. Figures for 2002 (Greece: latest available figure), as in annex 2.

[20] Project co-funded from the Community Health Monitoring Programme (1998-2002), implemented by the Mutelle Générale de l'Education Nationale, Paris (2001-2004). The project covered the former 15 Member States of the EU, Norway and Iceland, .http://europa.eu.int/comm/health/ph_projects/2001/monitoring/fp_monitoring_2001_frep_06_en.pdf. A corresponding project to collect data and information for the new Member States is currently being implemented as part of the "project "Mental health Information and Determinants for the European Level", cofunded from the Community Public Health Programme (2003-2008), implemented by STAKES, Finland, http://www.stakes.fi/mentalhealth/mindful.html.

[21] Established through the project co-funded from the Community Public Health Programme (2003-2008): Generalitat de Catalunya, European Platform for Mental Health Promotion and Mental Disorder Prevention: indicators, interventions and strategies. Http://www.impha.net

[22] Council resolution of 18 November 1999 on the promotion of mental health. Official Journal C 086, 24/03/2000 P. 0001 - 0002, Council Recommendation of 5 June 2001 on the drinking of alcohol by young people. Official Journal L161, 16/06/2001, P. 0038- 0041
Council conclusions of 5 June 2001 on a Community strategy to reduce alcohol-related harm. Official Journal C 175, 20/06/2001 P. 0001- 0002
Council conclusions of 15 November 2001 on combating stress and depression-related problems. Official Journal C 006 , 09/01/2002 P. 0001 - 0002
Council Conclusions on combating stigma and discrimination in relation to mental illness of 2 June 2003. Official Journal C 141, 17/06/2003 P.0001-0002
Council conclusions on a Community Mental Health Action of 3 June 2005. http://europa.eu.int/comm/health/ph_determinants/life_style/mental/docs/ev_20050602_en.pdf

[23] Project co-funded under Community Health Promotion Programme (1997-2002): Academic Centre of Social Sciences, University of Nijmegen: Integrating mental health promotion interventions into countries's policies, practice and the health care system (2002-2005), www.imhpa.net

[24] The documents can be downloaded under http://europa.eu.int/comm/health/ph_projects/2002/promotion/fp_promotion_2002_frep_16_en.pdf and http://www.imhpa.net

[25] For further reading: WHO: Promoting Mental Health. Concepts, Emerging Evidence, Practice. Summary Report, Geneva 2004; WHO: Prevention of Mental Disorders. Effective Interventions and Policy Options, Summary Report, Geneva 2004. http://www.who.int/mental/evidence/en

[26] Projects co-funded from the Community Health Promotion Programme: Mental Health Europe-Santé Mentale Europe, Mental Health Promotion of Adolescents and Young People (2000-2001), http://europa.eu.int/comm/health/ph_projects/2000/promotion/promotion_project_2000_full_en.htm#14;
Mental Health Europe-Santé Mentale Europe, Mental Health Promotion of Children up to 6 years of Age (1997-1999), http://europa.eu.int/comm/health/ph_projects/1998/promotion/promotion_project_1998_full_en.htm#17.

[27] Merllie, D. & Paoli, P. (2001) Ten years of working conditions in the European Union. Dublin: European Foundation for the Improvement of Living and Working Conditions

[28] Projects co-funded from the Community Health Promotion Programme: Belgische Interuniversitair Centrum, Coping with Stress and Depression-related Problems in Europe (2001-2003), http://europa.eu.int/comm/health/ph_projects/2001/promotion/promotion_project_2001_full_en.htm#7;
Mental Health Promotion and Prevention Strategies for Coping with Anxiety, Depression and Stress related disorders in Europe (2001-2003), http://europa.eu.int/comm/health/ph_projects/2001/promotion/promotion_project_2001_full_en.htm#2

[29] as in footnote 21

[30] Project co-funded from the Community Health Promotion Programme: Universidad de Deusto, Faculty of Sociology, Unemployment and Mental Health, http://europa.eu.int/comm/health/ph_projects/1999/promotion/promotion_project_1999_full_en.htm#6

[31] Council Resolution of 18.11.1999 (cf. footnote 22) on the promotion of mental health invited the Commission to consider, after consultation of the member states, the need to draw up a proposal for a Council recommendation on the promotion for mental health.

[32] Expert Report “Actions against depression. Improving mental and well-being by combating the adverse health, social and economic consequences of depression”, Commission 2004. http://europa.eu.int/comm/health/ph_determinants/life_style/mental/depression_en.htm

[33] http://europa.eu.int/comm/health/ph_determinants/life_style/drug/documents/drug_strategy0512_en.pdf

[34] Official Journal C 168 of 08/07/2005, p. 1-18

[35] http://europa.eu.int/eur-lex/pri/en/oj/dat/2003/l_165/l_16520030703en00310033.pdf

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[43] Proposal for a Decision of the European Parliament and of the Council concerning the Seventh Framework Programme of the European Community for research, technological development and demonstration activities (2007 to 2013) COM(2005) 119 final of 6th April 2005

[44] Developed under The project "Implementing Mental Health into Policy Actions (IMHPA)" www.imhpa.net

[45] http://europa.eu.int/comm/health/ph_determinants/life_style/mental/green_paper/consultation_en.htm

[46] Total population EU countries (plus Iceland, Norway, Switzerland; age 18-65): 301,7 million

[47] Source: Eurostat, For Greece latest year available. Please note that the official statistics very likely underestimate death from suicide. Recording a death as suicide depends on many factors, including cultural and religious ones.