



European Parliament Interest Group on Mental Health, Well-being and Brain Disorders

Date: Tuesday 17 December, 12:30 - 14.00
Topic: **The WHO's Mental Health Action Plan**

Mrs Antonya Parvanova MEP opened the meeting and reminded participants of its aims, i.e.

- to be informed of the WHO Mental Health Action Plan;
- to hear the views of EU-level policy makers on the Plan;
- to have an open discussion on how the Plan can be advanced at EU level.

Mrs Parvanova warmly welcomed the Plan's vision and comprehensive overall goal. While measures to address mental health are outside the EU remit, the EU level can support the implementation of the Plan by making sure that mental health remains on the EU (and national) policy agenda. The Joint Action on Mental Health and the European Mental Health Pact are the obvious 'hooks' for the Action Plan; however, there are many other policies and activities where mental health could – and should – feature, such as social inclusion, health in the work place, chronic disease, health inequalities, active and healthy ageing innovation partnership, education and schools, housing and many others.

Mrs Parvanova expressed her appreciation of the fact that the Plan was developed in cooperation with many relevant stakeholders -particularly patients- as this makes it all the more relevant to those affected by mental illness and their carers. This patient-centred focus is also on line with the recent Manifesto published by the European Patients Forum.

Care should not only focus on medicinal treatment; it should be holistic and adapted to true patients' needs as well as help overcome stigma.

Many of the issues raised in the Plan have been raised in the Interest Group meetings since its inception in 2009; it is very much in line the Group's priorities. Mrs Parvanova underlined the intention to re-instigate the Interest Group in the new Parliament as much remains needs to be done to ensure that mental health part becomes of EU level health initiatives as a matter of course. The Plan can help build commitment; but Member States will need stronger guidance on how to manage its effective implementation.

Key note speaker **Dr Matt Muijen (Programme Manager Mental Health, WHO Europe)** started by briefly introducing the World Health Organization as a specialized agency of the United Nations. Today there are 193 Member States involved. The WHO mandate relates to giving worldwide guidance in the field of health, setting global standards for health, cooperating with governments in strengthening national health programmes and developing and transferring appropriate health technology, information and standards.

The WHO defines health as *"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."*

The WHO Global Mental Health Action Plan was adopted at WHA in May 2013, and the WHO European Mental Health Action Plan adopted at a WHO Regional Conference in September 2013. The need for such a Plan is clear given the burden of neuro-psychiatric conditions in Europe. Huge treatment gaps exist; Dr Muijen provided many examples, e.g. only half of those affected by depression actually receive treatment.

The scope of the Plan relates to well-being, rights and services, and these are linked to seven main objectives, which comprise sets of specific actions. Due to time constraints, Dr Muijen focused on four of those. The first relates to everyone having an equal opportunity to realize mental wellbeing throughout their lifespan, particularly those who are most vulnerable. There are many factors with an impact on mental health. Amongst the health determinants are smoking, alcohol, diet, obesity and exercise. Amongst determinants of wellbeing are the early years, school, employment, social status, income, relationships, the environment and being part of a minority group.

The second objective states that people with mental health problems are citizens whose human rights are fully valued, protected and promoted. One of the issues here is the fact that there is no powerful tool to ensure that this will be achieved as the Convention on the Rights of People with Disabilities has yet not been ratified across Europe.

The third objective relates to mental health services being accessible, competent, affordable and available in the community according to the need of patients. Services should comprise secure places, acute beds, residential care, community teams, primary care and self-help. Easily accessible and local services are at the heart of the Action Plan. However, the differences in quality of and access to services are huge. For instance, figures from 2011 indicate that the percentage of annual health expenditure allocated to mental health ranges from around 13% in France to some 1,5 % in Bulgaria. The fourth objective states that people are entitled to respectful, safe and effective treatment. Again, reference was made to the huge treatment gaps in Europe and the differences between countries. In this context, Dr Muijen provided information from a recent OECD study on prescription rates. Some perplexing contradictions have come to light: while there are many examples of over-prescription, many of those who need treatment do not receive any. Moreover, of those patients that receive treatment, some 50 % either disengage from treatment or do not turn up. Developing services which are actually found useful by those in need remains a huge policy challenge. Other challenges relate to mental health promotion and illness prevention, development of the service capacity, increasing the acceptability of mental health systems, offering better treatment and choosing priorities equitably. In the current economic climate, choices have to be made and priorities set. According to Dr Muijen, some of those priorities are to

- protect groups at risk.
- strengthen role primary care.
- establish acceptable community services, close large institutions.
- assure competency and morale of staff.
- involve users and families in quality improvement.

In conclusion, Dr Muijen stated that the WHO is currently working with Ministries of health in 25 countries. Partnerships with other agencies are also being formed, as it is clear that the Plan will need to be 'carried' by all relevant stakeholders – including patient and carers organisations.

Taking over the chair, **Marian Harkin MEP** first congratulated Dr Muijen for receiving the GAMIAN-Europe Award for 2013. She underlined the policy focus of the meeting, welcoming the fact that the main three EU institutions were represented to provide a response to the WHO Mental Health Action Plan. She thanked Dr Muijen for his comprehensive yet succinct presentation of the Plan and welcomed its comprehensive nature as well as its cross-cutting principles, more specifically the notion

of empowerment of patients and the multi-sectoral approach. The first resonates well with the current trend towards truly putting the patient at the centre, the second underlines the need for a comprehensive policy approach.

Mrs Harkin also welcomed the WHO's focus on vulnerable groups, e.g. those affected by poverty and chronic health conditions, infants and children exposed to maltreatment and neglect, substance use, minority groups, indigenous populations and older people.

She underlined the impact of the global financial crisis in terms of budget cuts as well as its impact on mental health and the disproportionately higher rates of disability and mortality amongst those affected by mental illness. The response of health systems is clearly inadequate as the current treatment gaps are simply too large and therefore unacceptable.

The next speaker, **Juergen Scheftlein (European Commission, DG SANCO)** congratulated the WHO on the comprehensive Action Plan, underlining the strong collaboration between the WHO and the Commission in the development of the Plan (and in general). The Commission has been involved for many years, also in the earlier Plan. Discussions have taken place between the Commission and the WHO in relation to the Action Plan on non-communicable diseases, with the Commission advocating inclusion of mental health in this initiative. It was disappointing that the Commission position was not taken over by the WHO; however, this new and dedicated Mental Health Action Plan is very welcome. The Commission's close link with the WHO can be seen from the participation in mutual meetings and WHO representatives being part of the Advisory Board of the EU Joint Action on Mental Health. The adoption of the European Action Plan on Mental health almost coincided with the Lithuanian Presidency conference on mental health, which is an example of good synchronisation. The Lithuanian Presidency conclusions on mental health, with its focus on intersectoral cooperation, youth and the need to strengthen coordination between Member States, are also very much in line with the Action Plan.

While the WHO reports to and mainly focuses on Ministries of health, DG SANCO is trying to reach colleagues in other policy areas as well, to ensure a broader reach and impact of mental health measures. Empowerment and self-management are high on the Commission's mental health agenda, and Mr Scheftlein provided an example relating to depression where the Commission has sponsored self management activities and projects. E-health is another area where the Commission is active and supportive, as there are interesting tools that can help empower patients and their families. Choices will need to be made on mental health priorities, but perhaps this is more a matter of balance than of real choice as all issues are interlinked? A strong argument for addressing mental health is the clear link between productivity and mental health but other kinds of areas where interventions could make difference could also be put forward.

The next respondent, **Dimitris Florinis (Health Attaché, Permanent Representation of Greece to the EU)** underlined mental health as a major challenge to EU health systems and while it is an issue of national competence, the EU has a crucial complementary role to play. The outcome of the Joint Action on Mental Health and Well-Being, launched by the European Commission earlier this year, will in all probability lead to special report proposing future policy actions, which will be submitted to the Council.

Mr Florinis underlined the importance of international and regional initiatives such the WHO's European Mental Health Action Plan. This Plan reflects the main issues in the field of mental health, in particular issues faced by vulnerable groups. Given the current economic environment, it is a major challenge for health systems to ensure that health services are accessible and available. The link between health and mental health and the impact of the broader socioeconomic environment influenced the development of the priorities of the upcoming Greek Presidency of the Council. Greece will continue the current Trio Presidency programme in the health sector, dealing with the current economic situation and its impact on health and health systems. The focus is on measures towards

enhancing public health in the EU as well as on innovation in the health sector and the Greek Presidency aims to finalise the current legislative work. While not specifically focusing on mental health, a number of current files have an impact in this field such as the Transparency Directive, which aims to ensure the transparency of the measures regulating the prices and their reimbursement by public health insurance systems. This new Directive will allow access to innovative medicinal products, will ensure entry into the market of generic medicinal products and will encourage and promote research and development of pharmaceutical sector. Another priority relates to the Clinical Trials Regulation as a significant tool for the development of clinical research. In terms of non legislative priorities, the Presidency will prepare sets of Council conclusions on the economic crisis and health care and on healthy diet and physical activity. Migration and public health and e-Health will also be addressed. Mr Florinis underlined his strong belief in the fact that only a healthy population can bring back growth in the EU.

The final respondent was **Claudette Abela Baldacchino MEP**, who underlined the need for politicians to be much more open about mental health and related issues. Stigma seems to be a major factor; if it is our vision to promote an equal world, stigma is the first element to be addressed. Stigma is everywhere, and the stigma attached to mental ill health is in many cases worse than the actual mental health problem itself. A Eurobarometer survey conducted in 2010 showed that 61% of the Maltese people stated that they would not have any difficulty to talk to a person with significant mental health problems. However, to determine stigma towards mental illness, or the lack of it, involves more than just talking to a person.

Mrs Abela Baldacchino welcomes the shift taking place from intramural to community care, and providing services at the local level. This will also support those affected by mental health issues to 'normal' lives, which will help counter stigma as well; this will empower and engage patients. Shifting powers from the national to local and regional authorities will also help to bring the services closer to those citizens that need the care and resources need to be ensured at this level. It needs to be borne in mind that families also need support.

In terms of what the EU can do, subsidiarity clearly is an issue. The Parliament can ask Questions to help focus priorities in service provision (for instance, Mrs. Abela Baldacchino recently tabled a Parliamentary Question in relation to help lines for those in mental distress). Governments need to keep investing in services, as the current crisis has magnified the issues: access to services is getting increasingly difficult. Moreover, the number of people in precarious jobs – with related stress and mental distress- is on the increase. While choices need to be made in life and in policy, those hardest hit by the crisis need to be supported. Member States can learn from each other's research and best practice. Mrs. Abela Baldacchino concluded her contribution by welcoming the WHO's Action Plan, in particularly its vision on the need for patients to fully participate in social life.

Open Discussion

Marian Harkin MEP, opening the discussion, underlined the importance of the current economic crisis and its frightening impact on mental health. She quoted a recent survey which has pointed out the huge effect of debt on people's mental health: those people finding themselves in a position where they cannot manage their debt run a four times higher risk of being affected by depression. Given the current and increasing number of people in precarious jobs, this is a hugely important statistic.

Issues raised in the discussion:

- Reimbursement of costs is an important factor in services uptake as this directly relates to access.
- Stigma and discrimination are rampant in health services. A recent survey has demonstrated that in some EU Member States, those with the DSM IV diagnose have less of a chance to be reimbursed.
- There are some useful examples of projects where services are being brought to the people, e.g. Trefpunt Zelfhulp in Belgium empowers self help groups and patients.
- There is no accommodation for mental disorders at work (e.g. autism ADHD, Dyslexia). This needs to be changed as some 3,5 % of those of working age are affected by ADHD. Moreover, reasonable accommodation at work is part of the Convention on the Rights of People with Disabilities, and mental health should be considered as part of that.
- The WHO Plan does not seem to take into account e-Health. As Europe is a frontrunner in this field, it should be part of the Plan. Migration and mental health also seem to be missing from the Plan. According to Dr Muijen however, these issues are on the WHO agenda.
- The Action Plan was generally positively received, particularly as it takes into account the diversity of European countries and it includes indicators and evaluation criteria for success.
- Stigma can indeed be addressed by politicians being more open to about (their) mental health; celebrities talking about their mental health issues (such as the wife of the Maltese Prime-minister and the former Norwegian prime-Minister) provide good examples of supporting greater acceptability. The more mental health is discussed, the more stigma is being defeated.
- It was noted that there is a need for the different parts of government to work together and get involved if the WHO Plan is to succeed. It will need the active engagement of all. For instance, in the European Parliament the EMPL and ENVI Committees could work together much more strongly.

Questions remain as to how to bring this about. In the Parliament, any Committee must deal with the impact of the crisis but it is difficult to work on cross-cutting issues in practice. For instance, the EMPL Committee prepared an Own initiative report on vulnerable groups, but mental health was not considered.

- At Commission level, DG SANCO is actively making links with other DGs to ensure a comprehensive approach to mental health and to create a broad ownership for mental health issues, as could be seen at the recent Lithuanian Presidency conference on mental health (with 4 Commission DG's and 2 Commission agencies present). The Commission is also preparing an Informal paper on the contribution of EU policies to mental health, which will be finalised soon.
- Questions were asked as to whether the transfer from institutional to community care will lead to more work and involvement of patients associations and whether this enlarged task will be recognised in terms of financial support for those organisations. According to Dr Muijen, there will be great opportunities for user organisations as the closure of hospitals will be accompanied by services put out to tender.
- Questions were asked as to how we can turn the laudable objectives of the Plan into more concrete actions and effective implementation. It would be good to look at the practical initiatives that are currently underway to reach achieve these objectives. The Joint Action is one example, but it would be useful to put in place more.
- Choices are difficult but they will need to be made. There is a lot of debate of the policy consequences that have led to mental health problems, and the negative consequences of policy decisions need to be kept to a minimum as far as possible. A distinction needs to be made between utilitarian vs. egalitarian interventions and the move unfortunately seems to be towards utilitarian societies rather than egalitarian.