

# **GAMIAN-EUROPE'S PROPOSAL FOR AN EU STRATEGY FOR MENTAL HEALTH**



## Why address mental health at EU level?

There are many reasons why mental health should be a health and social policy priority across the board. First of all, mental disorders cause immense suffering for individuals, families, and communities. They put pressure on health, educational, economic, labour market, and social welfare systems across the EU.

These disorders are highly prevalent and increasing in the EU: 50 million citizens – about 11% of the population – are estimated to experience mental health disorders. Depression is the most prevalent health problem in many EU-Member States, with suicide remaining a major cause of death: in the EU, there are about 58,000 suicides per year (75% are committed by men). Nine of the ten countries with the highest rates of suicide in the world are in the European Region.

Only 50 % of those affected by depression receive treatment. In European countries, at least 30% of people with severe mental disorders do not have access to mental health care, and the majority do not benefit from the interventions that have proved to be effective in prevention and promotion.

There is a link between mental health problems and losses of productive human capital: research has shown that there are substantial costs associated with mental disorders, such as higher presenteeism and absenteeism or significantly reduced earnings.

Stigma, prejudice, and discrimination, unfortunately, are widespread and have a huge impact on those affected seeking or receiving help and support.

On a more positive note, there is increasing data proving that positive mental health and well-being is a key factor for social cohesion, economic progress, and sustainable development in the EU – so the need to prevent mental illness and promote mental health is increasingly recognised by policymakers.

In many or most cases mental ill-health can be prevented, cured, treated, and managed. A more widespread understanding of this fact might help to combat stigma.

## EU action to date

Over recent years the European Commission has taken various steps to ensure a place for mental health on the EU political agenda. The Commission Green Paper 'Improving the mental health of the population: Towards a strategy on mental health for the European Union' (2004) proposed an EU-strategy to focus on promoting the mental health of all. However – and disappointingly – the idea of a concrete strategy did not meet with sufficient support from the Member States so instead, the Commission came forward with the European Pact for Mental Health and Well-being (2008); This concentrated on 5 themes, i.e. prevention of depression and suicide, mental health in older people, mental health in youth and education, mental health in workplace settings and stigma and social inclusion.

A number of high level conferences took place, leading to a set of Council Conclusions (2011). These recognised mental well-being as an essential constituent of health and quality of life, and a prerequisite for the ability to learn, work and contribute to social life. Importantly; the Conclusions invited Member States to make mental health and well-being a priority of their health policies and to develop strategies and/or action plans on mental health including depression and suicide prevention.

The Council Conclusions also invited Member States and the Commission to put in place a Joint Action on Mental Health and Well-being (2013), building on the findings of the Pact, aiming at building a framework for action in mental health policy at U level.

When this Joint Action came to an end, the EU-Compass for Action on Mental Health and Well-being – a mechanism to collect, exchange and analyse information on policy and stakeholder activities in mental health – took over. This Compass aimed to disseminate the ‘European Framework for Action on Mental Health and Well-being’ as developed by the Joint Action and it monitors mental health and wellbeing policies and activities by Member States and non-governmental stakeholders. The Compass has now come to an end.

Currently, no specific action on mental health is ongoing; mental health is now one of the many parts of the Commission’s more general chronic disease agenda.

## **So, what next?**

All in all, it is fair to say that, while relevant, EU-level action on mental health has been disappointing – and the current move to address mental health as part of the general chronic disease agenda will decrease the visibility and potential of mental health issues even more. So clearly, action needs to be taken to ensure a robust place for mental health on the EU policy agenda. And, importantly, this would be consistent with the 2019 EPSCO Council and Finnish Presidency Conclusions, calling for a comprehensive EU Mental Health Strategy.

The MEP Alliance for Mental Health coordinated by GAMIAN-Europe, aims to do just that. It was launched in 2009 and works to ‘advocate the development of sound EU policies which contribute to prevention of mental health problems and ensure good services, care and empowerment for those affected by mental health problems’.

The Group meets 3 times a year and aims to address current EU policy files and topics; its co-chairs regularly table Written Questions as well as amendments to Commission reports to ensure a strong mental health dimension in all policies that have a bearing on health and well-being.

Since its inception, the Group has stimulated stronger collaboration between the various EU-level mental health stakeholders and to amplify the voice of patients in policy development.

One of its main activities over the last two years has been the development of a rationale and draft framework for a future EU level Action Programme on Mental Health and Well-being.

Prepared by GAMIAN-Europe, it outlines the specific reasons why there is a need for such an Action Plan and makes the case for the added value of a much more ambitious EU-level initiative in this area, building on the work that has already been done.

All Member States are facing the same issues in relation to tackling mental ill-health, both with respect to prevention and mental health promotion as well as the development and implementation of effective and sustainable care provision models. For instance, the current trend towards community health care requires clear strategies and policies to ensure quality of and access to appropriate care.

Many countries are struggling with this development and Member States can (continue to) benefit from cooperation, mutual learning and the exchange of good (and bad) practice.

GAMIAN-Europe and the Alliance believe that, through the various EU-level actions that have already been taken, the foundations have been laid for more ambitious and structured actions, which will actually engage the relevant policy makers as well as other stakeholders (e.g. patients). There are EU level precedents for more ambitious actions in specific health areas, for instance in fields of cancer and rare diseases.

A more ambitious approach would also be in line with the expected outcomes of the Joint Action, which aimed to 'build capacity of national mental health leaders and other stakeholders in mental health policy development and the creation of mechanisms supporting a structured collaboration between key actors in the implementation of mental health policies in Europe'. And, importantly, it would be consistent with the 2019 EPSCO Council and Finnish Presidency Conclusions, calling for a comprehensive EU Mental Health Strategy.

## **The Strategy would consist of 6 strands:**

### **1. Inclusion of mental health as a priority in health and social policy development mainstreaming:**

There is a need, recognised by the Joint Action to explicitly include mental health in all areas that have a direct or indirect bearing on mental health, such as the Health Programme, the European Pillar of Social Rights, the European Social Fund, the Disability Strategy, the social Open Method of Coordination (addressing accessible, high quality and sustainable health and long term care systems), Horizon Europe, the European Semester Process, Actions on Corporate Social Responsibility, health and safety in the work place and the Employment Strategy.

### **2. Awareness-raising and good practice exchange: mutual learning and exchange:**

The EU Action programme should ensure and coordinate an effective exchange of information, experience and good practice between relevant stakeholders and Member States. Another option to raise awareness would be to consider designating one of the coming years as the European Year of Mental Health.

### **3. Stimulate the development of national action plans on mental health and well-being:**

As already referred to in the 2011 Council Conclusions, national action plans on mental health could be put in place, using the existing national actions plans on cancer and rare diseases as models: these plans should be established to explore appropriate measures for mental health in order to ensure that patients with mental health problems have access to high-quality care, including diagnostics, treatments and rehabilitation. National plans can also be useful for mutual learning and exchange., with the Group of Governmental Experts on Mental Health acting as a coordinating mechanism for a structured and effective exchange and mutual learning.

### **4. Financial support:**

A number of the above initiatives hold the potential for funding (e.g. the EU4Health Programme, the Structural Funds, Horizon Europe). This funding could contribute to capacity building of mental health organisations in relation to provision of support (e.g. emotional support, exchanges, information) and advocacy (e.g. policy development, practical solutions). It could also support the exchange of information, research and networking.

### **5 . Data collection and monitoring:**

The Horizon Europe programme should continue to issue specific calls for research projects addressing mental health in future calls for proposals. Also, the Eu4Health programme should explicitly address mental health as part of its annual work programmes and priority setting.

### **6. Inclusion of people affected by mental health problems in relevant EU consultations, fora and Advisory boards:**

Any strategy or policy addressing mental health should be developed as a joint effort by all key stakeholders from societal and policy sectors concerned, including representative organisations active in the field of mental health should explicitly be included in social and health consultations as well as in relevant fora and advisory boards.

There are EU-level precedents for this type Strategy and given the impact and relevance of mental ill health on individuals, their families, their communities and society as a whole, it is imperative that action should be taken. It has already been recognised by the EU-level that 'complementary action and a combined effort at EU-level can help Member States tackle these challenges by promoting good mental health and well-being in the population, strengthening preventive action and self-help, and providing support to people who experience mental health problems and their families'. The Council and national governments have urged the European Commission to take action. Initiatives like the Joint Action have laid the foundations for a more sustained and structured effort at EU and national levels. The momentum of the Joint Action, which came to a close several years ago already should be revived e as a useful starting point for a more ambitious effort to ensure sound policy development, with the ultimate aim to improve the quality of life of those affected by mental health problems.