European strategies for mental health

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Summary. The most recent developments of strategies and policies in the mental health field in Europe are related to the World Health Organization (WHO) Declaration and Action Plan on Mental Health signed by all the Ministers of Health of all Member States in the European Region (2005). The Action Plan proposes ways and means of developing comprehensive mental health policies, listing 12 areas in which challenges are indicated and detailed actions are required. Afterwards the Green Paper on Mental Health has been launched by the European Commission for the definition of an European strategy. The more precise European Pact for Mental Health and Well-being has been presented in 2008. Many other international bodies (OECD, Council of Europe, etc.) have actively worked to stress the mental health issue. All are clearly referring to the Italian model, started 30 years ago.

Key words: mental health, World Health Organization, European Commission, Italian Law 180.

WORLD HEALTH ORGANIZATION

The Mental Health Declaration for Europe is the instrument designed by Member States to commit themselves to work together in order to afford one of the most challenging threads to well-being of European citizens: mental illness.

In this contribution to the “celebration” of 30 years since the issue of the Italian national law on mental health (Law 180/1978), I will try and briefly illustrate the major steps taken at European level by the different International actors towards the implementation of this new policy, never forgetting that in every official setting it is always mentioned that the whole process of affording mental health in a different way started with the “Italian experience” and the “Basaglia approach”.

INTRODUCTION

The most recent developments of strategies and policies in the mental health field at European level could, in some way, be related to a crucial event which took place in January 2005 in Helsinki (Finland). At that time a Common Declaration [1] and Action Plan [2] on mental health were signed by all the Ministers of Health of the 52 Member States in the World Health Organization (WHO) European Region, together with the major nongovernmental organizations.

The Helsinki Conference with the issue of the two documents can be regarded, at the same time, as the closure of a phase and the beginning of a new process.

From that moment and from that commitment, a number of actions have been started and a number of documents have been prepared by several international institutions, in order to support the shift from only shared principles and priorities to the promotion of real common actions and delivery of policies and services.

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sources, but also with the basic idea of a common effort, over the next five to ten years, to formulate and evaluate policies and legislation that will deliver mental health activities aimed at improving the well-being of the whole population of Europe [3].

To achieve this scope, the Action Plan proposes ways and means of developing comprehensive mental health policies, listing 12 areas in which action is required:

1. promote mental well-being for all;
2. demonstrate the centrality of mental health;
3. tackle stigma and discrimination;
4. promote activities sensitive to vulnerable life stages;
5. prevent mental health problems and suicide;
6. ensure access to good primary care for mental health problems;
7. offer effective care in Community-based services for people with severe mental health problems;
8. establish partnerships across sectors;
9. create a sufficient and competent workforce;
10. establish good mental health information;
11. provide fair and adequate funding;
12. evaluate effectiveness and generate new evidence.

For each of these areas, all regarded as crucial, there is an accurate definition of the major challenges that the Countries in the European Region have in front of them, followed by a number of detailed actions which could (or should) be considered in order to give an answer to the needs of the population.

Moreover, all this can really offer a concrete basis, for willing Governments, to start working in mental health with a new shared approach, respectful of individuals, their rights and their potentialities.

The Action Plan also identifies 12 milestones towards which Member States have to move between 2005 and 2010, as a kind of working agenda:

1. prepare policies and implement activities to counter stigma and discrimination and promote mental well-being including in healthy schools and workplaces;
2. scrutinize the mental health impact of public policy;
3. include the prevention of mental health problems and suicide in national policies;
4. develop specialist services capable of addressing the specific challenges of the young and older people, and gender-specific issues;
5. prioritize services that target the mental health problems of marginalized and vulnerable groups, including problems of comorbidity, i.e. where mental health problems occur jointly with other problems such as substance misuse or physical illness;
6. develop partnership for intersectoral working and address disincentives that hinder joint working;
7. introduce human resource strategies to build up a sufficient and competent mental health workforce;
8. define a set of indicators on the determinants and epidemiology of mental health and for the design and delivery of services in partnership with other Member States;
9. confirm health funding, regulation and legislation that is equitable and inclusive of mental health;
10. end inhumane and degrading treatment and care and enact human rights and mental health legislation to comply with the standards of United Nations conventions and international legislation;
11. increase the level of social inclusion of people with mental health problems;
12. ensure representation of users and carers on committees and groups responsible for the planning, delivery, review and inspection of mental health activities.

WHO, in cooperation with the European Commission, has designed a study to follow up the actual implementation of actions suggested by the Plan, and signed by the Ministers.

The first step of this study has just been completed, and results are now available on the website of WHO, even if a discussion on them is still required and could become the job of next months. The study, called Baseline Project, has the objective of assessing the general situation of mental health in the Member States of European Union, but also in some other Countries of WHO European Region which have been able to collect data. The areas investigated cover the same major issues listed in the 12 milestones, and data collected could be the starting point for defining indicators capable of evaluating the impact of the Declaration and the Action Plan on the definition of new policies and strategies in the Countries involved.

**EUROPEAN UNION AND EUROPEAN COMMISSION**

As already said, many other activities have been started as a consequence of the Helsinki Conference and its call for action.

The European Commission, which has been a relevant partner of WHO in the Conference, is the first International Institution who has answered the invitation to contribute to concretize the general framework for action established by the Declaration and Action Plan.

If, on one side, European Union can only act on behalf of its Member States (27, a smaller number than the 52 in the WHO European Region), on the other side it can go deeper in giving advices and in creating the right context for promoting action and cooperation.

So, in October 2005, a Green Paper on Mental Health was launched by the European Commission, with the idea of starting a debate among many different, interested and involved actors for the definition of an European strategy on mental health by also defining top priorities.

The “Green Paper. Improving the mental health of the population. Towards a strategy on mental health for the European Union” [4] is the document which has been offered to the discussion of European in-
The added value of an action promoted by the Commission can be found in its power to establish a framework for exchange of experiences and field cooperation between Member States; to help in increasing the coherence of actions in the health and non-health policy sectors, not only in Member States but also at the larger Community level; and finally to allow, as said before, the involvement of a broad range of relevant stakeholders into building common solutions.

The key issues on which the Commission has proposed to focus, as part of an effective EU-strategy, could be resumed as follows:

1. promote the mental health of all, regardless of age, gender, ethnicity, social status, etc.;
2. address mental ill health through preventive action, involving individuals, families, communities and, more specifically, relevant sectors such as schools and workplaces;
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, promoting a “change in paradigm” really capable of moving away from institutionalisation and putting people with mental problems in the middle of Community life;
4. develop a mental health information, research and knowledge system for the EU by harmonising existing information systems, developing international indicators, collecting reliable data and promoting international research.

While suggesting to discuss these aspects, the Commission also reminds that a large number of coordinated actions are already ongoing in Europe, and should be taken into account as a starting point to build upon. Successful examples are mentioned to start a confrontation aimed at modelling validat ed solutions on the different needs and situations of the different Countries.

Practical initiatives that could be promoted at European Community level are also suggested, so designing the Green Paper as a good tool for action.

Among the activities envisaged, the following are underlined:

1. creating a dialogue with Member States on mental health, through a forum that has been working for over a year, including meetings, working groups, web consultations;
2. launching an EU-platform on mental health, involving a variety of interested subjects in the discussion of priorities, the identification of best practices, the formulation of recommendations;
3. developing an interface between policy and research on mental health, so to enable the suggestion of research areas to be promoted on the basis of scientifically validated evidence.

The process of consultation and the analysis of all information gathered during a period of almost two years, have led to another important event, that took place in Brussels in June 2008.

What I am referring to is the EU high level Conference Together for Mental Health and Well-being, during which a new document has been presented and launched, the European Pact for Mental Health and Well-being [5].

It can be considered as the natural consequence of all the efforts started by the Green Paper in order to acknowledge the importance and relevance of mental health and well-being for all citizens of the European Union.

Again it is stated that complementary action and a combined effort at EU-level can help Member States in tackling the challenges we have to face in the field of mental health.

The Pact, even if recognising that primary responsibility for actions rests with any single Member State, tries and brings together a number of European institutions, states, associations and individuals, especially including people at risk of exclusion for mental health reasons, to support and promote mental health and well-being, as a reflection of their previous commitment to a longer-term process of exchange, cooperation and coordination on key topics.

There has been a selection of five priorities for which the participant in the Conference call for action:

1. Prevention of Depression and Suicide, since depression is recognised as one of the most common mental disorder and most dangerous risk factor for suicide;
2. Mental Health in Youth and Education, since early years and adolescence are regarded as crucial for building up good mental health in adulthood, and the educational system as the privileged setting for preventing disorders and promoting positive feelings, behaviours and life styles;
3. Mental Health in Workplace Settings, tacking into account both the promotion of well-being among workforce in general and the social inclusion of those suffering from some mental problem;
4. Mental Health of Older People, a central issue in an ageing Europe with a population more and more in need of support for remaining active and feeling part of society, so skipping some of the age related risk factors for ill mental health;
5. Combating Stigma and Social Exclusion related to mental disorders, attitudes that create barriers to recovery and risk to waste a rich human potential.

For each of these priority areas a Consensus Paper has been prepared [6], detailing the situation in Europe, the most relevant problems in the sector, some of the best practices that can be found in different contexts and the lines of possible future developments in seeking common solutions.

The Pact precisely aims at facilitating the monitoring of trends and activities in Member States and,
starting from European best practice, it should help deliver proper recommendations for effective actions in addressing the cited priorities.

As a conclusion of the statements included in the European Pact for Mental Health and Well-being, there is an invite to Member States, together with the larger civil society, to join Pact the and to contribute to its implementation.

At the same time the European Commission and Member States should commit themselves to: i) establish a mechanism for the exchange of information; ii) work together to identify good practices and success factors in policy; iii) develop appropriate recommendations and action plans; iv) communicate the results of the common work through a series of conferences on the Pact’s priority themes over the coming years.

Finally, the European Commission is invited to issue a proposal for a Council Recommendation on Mental Health and Well-being during 2009.

By now, we can confirm that some of the actions envisaged have already started, since a first meeting of Governmental experts is scheduled in the coming weeks, with the aim of discussing the proposals of the Pact and suggesting an agenda for their translation into actions.

ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT (OECD)

Among many other activities of international bodies, the work of the Organisation for Economic Co-operation and Development (OECD) deserves to be mentioned, and specifically the ongoing Health Care Quality Indicators Project (HCQI), which responds to the growing interest by healthcare policymakers and researchers in OECD Countries in measuring and reporting the quality of medical care. The aim of this project is to collect internationally comparable data, reflecting the health outcomes and health improvements attributable to medical care delivered in OECD countries.

In the framework of this general approach, a Subgroup has been established for approaching the area of mental health, with the same objectives [7].

The task is proving to be quite challenging, since the data required for constructing indicators are not available in all the different Countries involved, the quality of data is not homogeneous across Countries and their comparability is still quite difficult to achieve.

The first exercise on schizophrenia and bipolar disorders is now in the phase of analysis and the Group is discussing further steps to be taken.

COUNCIL OF EUROPE

Also the Council of Europe has taken part into the process of opening a season of new attention to the theme of mental health.

At the end of 2006 the first meeting of the Committee of Experts on developing a Council of Europe mental health reference tool was held in Strasbourg, followed by a second meeting in 2007 and some teleconferences.

The major goal of this working group has been to review the already existing documents of the Council of Europe focussed on human rights and ethical and social cohesion components in national mental health policies.

From this review a model framework should be prepared, for Countries to use for: i) decision making; ii) priority setting; iii) defining and developing the basic principles of equity, access, non discrimination, safety, citizens participation.

The work is still ongoing, but it should be said that it has not yet reached its aims and the knowledge of its contents is still poor around Europe.

CONCLUSIONS

In addition to the above description of actions performed by the most important institutions in Europe, there are many other initiatives of international associations, scientific societies, working groups and so on.

All can be considered as examples, more or less scientifically based, more of less useful and validated, of wide and deep interest in the matter. Which always is a good and valuable signal of the attention that the issue of mental health deserves.

At the same time, we should again and again underline that there is a strong need for better coordination at international level, in order to avoid resource wasting and money consuming overlapping, and for better finalising common efforts, which is the real added value of cooperation at European level.

Finally, one thing that has to be reminded is that there has been, over the last few years, a larger and larger acceptance, in a still complex and sometimes conservative scenario, of the principles of the respect of human rights of mental ill people and of their centrality in the whole process of care, that Italy has started 30 years ago and has been implementing all along.

Submitted on invitation.

Accepted on 30 January 2009.

References


