Basic information

2006/2058(INI) INI - Own-initiative procedure	Procedure completed
Improving the mental health of the population, a strategy for the European Union. Green Paper **Subject** 4.20 Public health	

Key players

European Parliament

Committee responsible	Rapporteur	Appointed
ENVI Environment, Public Health and Food Safety	BOWIS John (PPE-DE)	29/11/2005

Committee for opinion	Rapporteur for opinion	Appointed
EMPL Employment and Social Affairs	SINNOTT Kathy (IND/DEM)	27/10/2005
ITRE Industry, Research and Energy	The committee decided not to give an opinion.	
LIBE Civil Liberties, Justice and Home Affairs	The committee decided not to give an opinion.	
FEMM Women's Rights and Gender Equality	VINCENZI Marta (PSE)	21/03/2006

Council of the European Union

Council configuration	Meetings	Date
Employment, Social Policy, Health and Consumer Affairs	2733	2006-06-01

European Commission

Commission DG	Commissioner
Health and Food Safety	KYPRIANOU Markos

Key events

Date	Event	Reference	Summary
14/10/2005	Non-legislative basic document published	COM(2005)0484	Summary

16/03/2006	Committee referral announced in Parliament		
01/06/2006	Debate in Council		
13/07/2006	Vote in committee		Summary
18/07/2006	Committee report tabled for plenary	A6-0249/2006	
05/09/2006	Debate in Parliament		
06/09/2006	Decision by Parliament	T6-0341/2006	Summary
06/09/2006	Results of vote in Parliament		
06/09/2006	End of procedure in Parliament		

Technical information	
Procedure reference	2006/2058(INI)
Procedure type	INI - Own-initiative procedure
Procedure subtype	Initiative
Legal basis	Rules of Procedure EP 55
Stage reached in procedure	Procedure completed
Committee dossier	ENVI/6/33969

Documentation gateway

European Parliament

Document type	Committee	Reference	Date	Summary
Committee opinion	EMPL	PE369.909	25/04/2006	
Committee draft report		PE371.880	03/05/2006	
Amendments tabled in committee		PE374.304	13/06/2006	
Committee opinion	FEMM	PE374.496	21/06/2006	
Committee report tabled for plenary, single reading		A6-0249/2006	18/07/2006	
Text adopted by Parliament, single reading		T6-0341/2006	06/09/2006	Summary

European Commission

Document type	Reference	Date	Summary
Non-legislative basic document	COM(2005)0484	14/10/2005	Summary

Improving the mental health of the population, a strategy for the European Union. Green Paper

2006/2058(INI) - 14/10/2005 - Non-legislative basic document

The Commission has prepared this Green Paper following a WHO European Ministerial Conference on Mental Health in January 2005. During the Conference the European Commission was invited to consider what the most appropriate framework would be for the implementation of a European mental health strategy. The presentation of this Green Paper is a first answer to this invitation.

The Commission notes that the mental health of the EU population can be improved upon considerably. Mental ill health, for example, affects every four citizen, leading in many cases to suicide. Further, mental ill health can result in significant economic, social, judicial and educational burdens. Stigmatisation, discrimination and non-respect for the human rights and dignity of the mentally ill remains pervasive, challenging the core values of the European Union.

In response to these needs this Green Paper proposes to establish an EU strategy on mental health. The strategy would be enacted through a framework for the exchange of best practice as well as acting as an instrument for Member State co-operation in the field of mental ill health. The purpose of the Green Paper is to launch a debate within the European institutions, within Governments, health professional circles, stakeholders, civil society and the research community regarding the relevance of mental health for the EU, the need for a strategy at EU level and its possible priorities.

To put the problem into figures, the Green Paper points out that more than 27% of adult European are estimated to experience at least one form of mental ill health during any one year, with the most common forms of mental ill health in the EU being anxiety disorders and depression. By the year 2020 it is expected that depression will be the highest ranking cause of disease in the developed world. Currently, in the EU some 58 000 citizens dies from suicide every year – more than the annual deaths from road traffic accidents, homicide or HIV/AIDS. Mental ill health costs the EU an estimated 3-4% of GDP through lost productivity.

The mandate for Community action is defined in Article 152 of the EU Treaty which stipulates that a “high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities”. Community intervention in the field of mental health can provide a number of opportunities. For example, the EU is well placed to:

- create a framework for the exchange of co-operation between the Member States
- help increase the coherence of actions in different policy sectors and
- open up a platform for stakeholders such as patient and civil society organisations.

The following activities are foreseen:

- **Creating a dialogue with Member States on Mental Health:** This forum will help facilitate co-operation between the Member States on mental health issues. One objective being to set a core of actions combined with targets, benchmarks, time-lines and a monitoring mechanism. The dialogue should also address the two proposed Council Recommendations on a) the promotion of mental health and b) reducing depression and suicidal behaviour.
- **Launching an EU-Platform on Mental Health:** The purpose of this platform would be to promote cross-sectoral co-operation and consensus on mental health through the involvement of a variety of actors such as policy makers, experts and stakeholders from both the health and non-health sectors. Such a Platform would allow for a closer analysis of mental health, help to identify evidence-based practices, develop recommendations for action and help identify best practice for promoting the social inclusion of those with mental health problems.
- **Developing an interface between policy and research on mental health:** The purpose of this third group will be to engage stakeholders and to set up an indicator system to include information on mental health, 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.

In order to help realise an EU strategy on mental health the Commission invites all interested parties to contribute to the preparation of a possible EU-Strategy and an Action Plan on Mental Health by commenting on the Green Paper. A list of questions are posed and include, inter alia, - How relevant is the mental health of the EU’s population? Would the development of a comprehensive EU-strategy on mental health add value to the existing and envisaged actions? Are the initiatives being proposed the correct ones in order to foster co-operation between the Member States, to promote the integration of mental health into health and non-health policies?

Contributions should be sent to the Commission by 31 May 2006.

Improving the mental health of the population, a strategy for the European Union. Green Paper

2006/2058(INI) - 06/09/2006 - Text adopted by Parliament, single reading

The European Parliament adopted a resolution based on the own-initiative report by John **BOWIS** (EPP-ED, UK) in response to the Commission's Green Paper on a strategy on mental health for the European Union. It pointed out that during the course of any one year, 18.4 million people in the EU aged between 18 and 65 were estimated to suffer from major depression. Economic costs to society of mental ill health were enormous, with some estimates putting them at between 3% and 4% of GDP in the Member States. Further statistics show that some 58 000 EU citizens commit suicide each year, more than the annual deaths from road traffic accidents or HIV/AIDS, and ten times this number attempt suicide.

Accordingly, Parliament welcomed the Commission's commitment to mental health promotion, and called for greater priority for this in health policies, with the emphasis on prevention, and in the Union's research policy. However, it felt that the gender dimension had not been duly taken into account in the Green Paper, and called for this dimension to be systematically considered in the measures proposed to promote mental health, in preventive measures and in research, in which studies had to date been insufficient.

Parliament called on the Commission to follow up the Green Paper with a proposal for a directive on mental health in Europe and the defence of and respect for the civil and fundamental rights of persons suffering from mental disorders. Any future proposal by the Commission should involve partnership and consultation with those who had experienced mental health problems, their families and carers and advocacy NGOs. People with learning disabilities should be included within any future strategy, as they faced similar issues as people with mental disorders, including social exclusion, institutionalisation, abuse of human rights, discrimination, stigma and lack of support for themselves and their families and carers.

Welcoming the Commission's highlighting of children, employees, older people and disadvantaged members of society as key target groups, Parliament stated that it would extend this to include those with severe mental illness, those with long-term and terminal illnesses, the disabled, prisoners, ethnic and other minority groups, rough sleepers, migrants, persons in precarious jobs and the unemployed, and the range of mental health and care issues of specific reference to women.

Parliament called for the defeat of stigma to be at the heart of any future strategy, e.g. by establishing annual campaigns on mental health issues in order to combat ignorance and injustice, as the stigma attached to mental ill health leads to rejection by society in every field.

Parliament went on to make several recommendations, the key ones being as follows:

- there should be a multi-disciplinary and multi-agency response to tackling complex mental ill health situations, such as how best to support children or adolescents with developmental or behavioural problems or eating disorders, and/or whose parents in many cases themselves suffer from mental ill health (or are kept in long-term institutions);

- employers should introduce "Mental Health at Work" policies as a necessary part of their health and safety at work responsibility;

- there should be greater recognition of the connection between discrimination, violence, and poor mental health, which underlined the importance of combating all forms of violence and discrimination as part of the strategy for the promotion of mental health through prevention;

- one of the greatest challenges in mental health is the ageing of Europe's population. Parliament urged that more emphasis be given to research into the mechanisms and causes of neurodegenerative diseases or other psychiatric illnesses in the elderly and to their prevention as well as their care, including the development of new therapies;

- emphasis should be placed on the link between the consumption of alcohol and illegal drugs and mental disorders;

- people with mental disorders should be treated with dignity and humanity; there should be a clear understanding as to their rights to be or not to be treated; they should be empowered wherever possible to participate in decisions about their own treatment and consulted collectively on services; when prescribed medicines, they should have the fewest possible side effects; and there should be information and advice for those who wish to withdraw safely from medication;

- there should be more research into therapeutic and psychological interventions, into the development of more effective drugs with fewer side effects, into determinants of mental disorders and suicide, into outcome measurements for investment in mental health promotion and into methods contributing to successful recovery and remission;

- the Commission should support continuing reforms in any Member State that practised the abuse of psychiatry, over-use of medication or incarceration, or inhumane practices such as caged beds or excessive use of seclusion rooms, particularly in some of the new Member States. In some of the latter mental health indicators in society were drifting in the wrong direction, with a lot of suicides, violence and dependencies, especially on alcohol. Parliament called on the Commission to place the reform of psychiatry on the agenda for EU accession negotiations, and felt that prison was not a suitable environment for those suffering mental ill health and that alternatives should be actively pursued.

Parliament went on to draw attention to the large number of children who grow up in state care institutions in some Member States, especially in some of the new ones. The Commission should support more effectively the creation of alternative systems, which would help parents from risk groups to care for their children properly. Parliament called for the "Child and adolescent mental health in an enlarged Europe: development of effective policies and practices" project, which would coordinate progress in children's mental health strategy in the Member States, to be started as quickly as possible and effectively implemented.

Finally, Parliament called for a "Mental Health Coordinating and Monitoring Group" to be established by the Commission to collect information on mental health practice and promotion in the EU, to assess the adequacy (in terms of numbers and training) of existing mental health professionals and infrastructure, and to disseminate information on best practice to all Member States and all parties involved in the treatment of mental health.