

Europe's wealth of unhappiness



REUTERS

something more concrete. Mari Fressu at Mental Health Europe praises the focus on wellbeing (rather than simply on illness), but she says her organisation had hoped for a strategy that would put binding commitments on member states.

EU countries have, however, proved reluctant to cede control over new areas to the Commission. Some of the Commission's ideas (floated in a 2005 green paper) failed to win support; for instance it had proposed that people with mental illness should be included under the scope of the Fundamental Rights Agency, an idea that was not taken up.

The Commission tries to make a virtue of its lack of powers. One official explains that what the Commission wants to do "cannot be achieved by legislation," adding that "what we really need here is an exchange [of knowledge] and a change of attitudes."

The Commission hopes to keep the pact moving forward by hosting conferences to help countries exchange ideas on the five themes. However plans for European ministers to issue Council of Ministers conclusions on mental health in 2009 look doubtful. The proposal has yet to be confirmed within the Commission.

A Commission official says: "The EU can be a facilitator; it can be a catalyst. It can help to identify good practice and identify commonly endorsed elements for action." Most Brussels-based campaign groups echo these words, but the risk nevertheless persists that they will remain just words.

The Commission official contends that the pact is having an influence and reports encouraging feedback from some new member states, which say that EU action has helped open a dialogue and put mental health on the government's agenda.

Too soon

It is too soon to judge the impact of the EU's pact, but it seems that international declarations have a galvanising effect. Since the 2005 Helsinki conference more than half of countries in the European region have revamped their mental health policy. Several countries are making efforts in specialist areas: Germany on depression and Belgium on suicide prevention, while Spain and Poland are tackling drug and alcohol dependency. Efforts are being made to make Europe a less unhappy place.

*The WHO's European region covers 43 countries including the EU 27, the Balkans and countries in the former Soviet Union, as well as Norway, Switzerland and Israel.

The European Commission has succeeded in putting mental health on the EU agenda despite a lack of formal powers in this field, writes **Jennifer Rankin**

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Vacature.



Europe is rich but not happy. That emerges from the data on Europe's mental health. More than a quarter of adults (27%) experience some kind of mental health problem, while eight EU countries hold the sad distinction of having some of the highest rates of male suicide in the world.

Human cost

The human cost of mental illness is well-known to specialists, but has often been invisible elsewhere. Mental health lacks the political clout enjoyed by the economy, social security and the future of the welfare state.

This is changing as policymakers wake up to the fact that Europe's state of mind is an economic issue. According to the European Commission, it costs the EU 3-4% of its gross domestic product – an estimate that includes the cost of benefits paid and productivity lost from people being off work because of mental illness. In some countries more people are on benefits because of mental health problems than on the unemployment register. According to the World Health Organization (WHO), by 2020 depression will be the greatest cause of illness in the developed world.

Big problems

Big problems often lead to calls for big European solutions. But for the moment, the EU has a narrow and

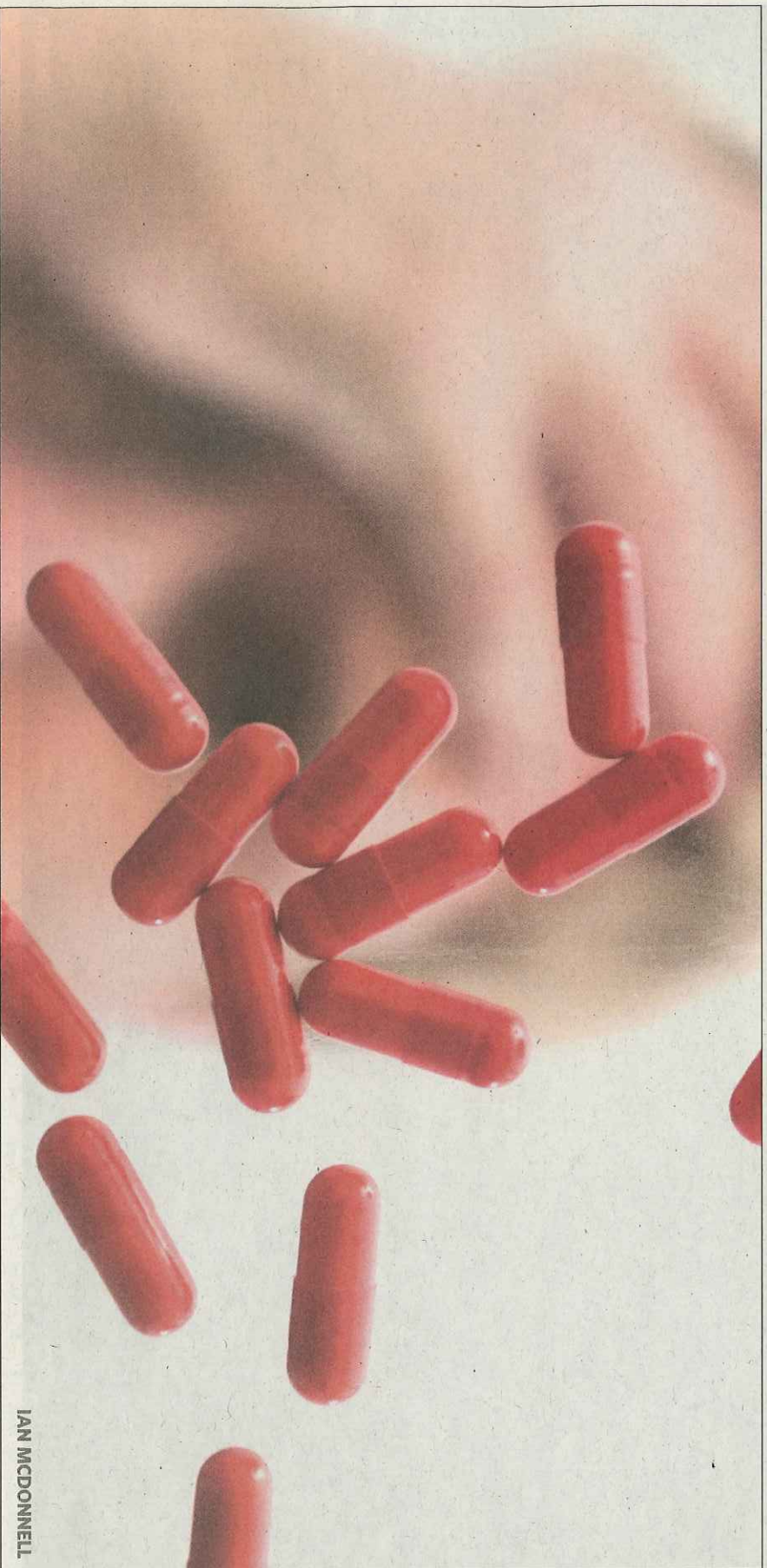
specific remit on health that is unlikely to move into new territory. With control over health services closely guarded by member states, the EU has carved out a role on public health and promoting learning between its members.

Milestone

In October 1999 Finland (then in the presidency chair) put mental health on the EU's agenda for the first time. Another milestone had another Finnish connection: at a WHO conference in Helsinki in 2005, ministers from across the WHO's European region* declared that mental health and wellbeing were "fundamental to quality of life and productivity". A ten-year action plan accompanied the lofty statement, covering services, anti-discrimination and promoting mental health.

Worthy statements

The EU repeated many of these worthy statements in the European Pact for Mental Health and Wellbeing launched in June. This four-page statement restates the severity of the problem and calls for action in five areas: prevention of depression and suicide, tackling discrimination, promoting mental health among young people, in the workplace and among older people. Mental-health campaigners applauded the sentiments, although they had hoped for



IAN McDONNELL

Healthcare systems divide the Union

Access to mental healthcare services varies widely across the EU, writes **Jennifer Rankin**

Suicide statistics may be the saddest way to measure Europe's diversity. The variation is startling. In Lithuania 44 people in every 100,000 took their lives in 2002, while Greece registered 3.6 in 100,000. Lithuania is an anomaly, where the suicide rate is much higher than in its Baltic neighbours – but they too have above average suicide rates (Latvia 27.3 and Estonia 26 in 100,000) (see graph). High levels of alcoholism and the transition from communism are suspected causes.

Spending on mental health also varies widely. A survey in 2004 by the Mental Health Economics European Network showed that Luxembourg spent around 13% of its health budget on mental health, while Slovakia spent 2% – and that as a proportion of a smaller budget.

DG Sanco, the relevant European Commission department, has long been convinced that comparisons

can induce laggard governments to devote more resources to healthcare. But meaningful comparisons about mental health and mental health services are difficult for lack of information – a deficiency exposed sharply since countries signed up to agreements focusing on international comparisons, notably the Helsinki declaration in 2005 and the EU's Mental Health and Wellbeing Pact earlier this year (see Page 20).

WHO study

To help fill this gap, the European Commission is funding a study by the World Health Organization (WHO). The WHO surveyed provision for mental healthcare in 43 countries in its European region and will present its findings on world mental health day in October.

Matthijs Muijen, a WHO expert who worked on the study, says "the main finding

Good services, mixed quality

Muijen says that the structure of UK services is good, but the quality of its services is more mixed, with a system that is "more supply-driven than the French and German systems, which allow more choice for their patients. The Nordic countries also get good marks from the WHO, but Portugal and Greece trail behind.

Some trends are common across Europe. Big institu-

tions are being replaced by community-based services. Service-users and their advocacy groups want a bigger say in their care. Policymakers increasingly recognise the need to link health and social care services with employment, education and housing. Services are being replaced by mental countries are also working on campaigns to reduce the stigma of mental illness and to promote good mental health in schools.

But Muijen says that some countries – he does not name them – are reluctant to involve service-users and

carers more closely in shaping services. "It is often based on fear – that they are going to be more criticised, which is often not the case". But he thinks that information and the example of other countries will chip away at these fears.

DEATH RATE FOR SUICIDE PER 100,000 PEOPLE IN THE EU (2002)

Source: European Commission



PILOT TRAINING MODULE ON ACTIVE EUROPEAN CITIZENSHIP

Association of the Local Democracy Agencies

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For more information, please see:
<http://alda-europe.eu>

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