

*Lithuanian Presidency conference*  
*“Mental health: Challenges and Possibilities”*

*Conclusions*

**Vilnius, Lithuania, October 10-11, 2013**

## **I. Context**

Mental health is central to the functioning and well-being of all EU citizens (as an objective of the EU; Art.3 of the Treaty on the Functioning of the EU). Europe’s mental capital, the potential of the emotional, cognitive and intellectual abilities in its population, is one of the essential resources for **smart, sustainable and inclusive** growth – which are main objectives within the Europe 2020 strategy.

Mental health is important for learning, working, social development and the social cohesion of societies. Without mental health, the potential for economic growth is limited. At a time when the aims of increasing productivity and reducing social and health inequalities go hand in hand, there is an urgent need to reduce the human, societal and economic costs of mental health problems by way of effectively implementing modern policies and practices.

Europe’s mental capital is under threat. Insecurity, unemployment, social exclusion, lack of trust and hope are affecting many people in Europe, putting strain on their mental resources and leading to depression, substance misuse, violence and sometimes suicide. In addition, mental health problems are associated with physical diseases and early mortality.

Mental health problems can affect people at any stage of their lives. Mental disorders often have their onset at a young age. They are the major cause of disability and early retirement at the beginning of the 21st century. Strong evidence is available for effective and efficient interventions to protect mental health, strengthen resilience, and to prevent and treat mental disorders. However, most people at risk of or suffering from mental health problems do not receive any form of intervention.

The decreasing resources available to public services make it necessary to use them in the most effective and efficient ways. Actions to promote mental health and prevent mental health problems, and services to treat and support people with mental health problems are often lacking adequate and sustainable support to cope effectively with serious challenges.

## **II. Challenges**

Although most EU countries have drafted modern mental health policies, based on human rights values and the objectives to offer evidence-based promotion and prevention and community-based mental health services, there are still many gaps in implementing these policies. Findings from the study “Mental Health Systems in the European Union Member States, Status of Mental Health in

Populations and Benefits to be expected from Investments into Mental Health”<sup>1</sup> offer us some insight into the state of mental health in EU countries. The main challenges we believe that need to be addressed now are:

- 1. Intersectoral dimension and the need to adequately address promotion and prevention.** In spite of increasing awareness and activities in early childhood education and care, schools, workplace settings and local communities, effective actions that improve the well-being of the population and prevent the development of mental health problems, increasing resilience and reducing or eliminating exposure to risk factors throughout the lifespan are not yet sufficiently available across the EU. Interventions in place often do not reach the most vulnerable groups. Health systems still spend too small a proportion of their budgets on promotion and prevention, and have not developed sufficient cooperation with other sectors, which could better achieve their objectives if their actions were to consider mental health requirements. Despite significant decreases during the last ten years, suicide rates remain at high levels in several Member States.
- 2. Inequalities, social inclusion and participation in learning and labour markets:** Social inclusion, success in schools and work are key protective factors for mental well-being, but too often people experiencing mental health problems enter into a cycle of disadvantage, poverty and exclusion. The relationship is two-way. Although most of them want to work, people with mental health problems have one of the lowest employment rates. Several countries have high youth unemployment, and this may lead to long-term damage to mental health. Migrants and asylum-seekers are further groups at high risk of mental health problems.
- 3. The treatment gap.** Only half the people affected by mental disorders are treated. Some countries have made good progress with the implementation of community-based mental health care. However, there are also instances where services are not accessible, acceptable, effective and affordable. Even if they are, too often mental health services are shunned because of the stigma associated with mental health problems, distrust of mental health services and bad care experiences that stop people coming back. While a broad spectrum of biomedical and psychosocial interventions is recommended by research, including web-based technologies, effective psychosocial interventions are often not available or affordable, especially for children and adolescents in need, and other population groups, which are particularly strongly exposed to the consequences of the crisis.
- 4. Human rights:** Across the EU, conditions of care in hospitals and residential settings have been given attention, but there are still places where people with mental disorders and disabilities are cared for in large institutions, without choice or opportunities for social inclusion. Cases of neglect and abuse continue to be reported. The number of children, including very young ones, who are placed in residential care, remains unacceptably high in some Member States. All countries, as well as the EU, have ratified the CRPD, and actions to meet its requirements and that of other human rights instruments have to be put in place.

---

<sup>1</sup>The study “Mental Health Systems in the European Union Member States, Status of Mental Health in Populations and Benefits to be expected from Investments into Mental Health” was carried out by Chiara Samele, Stuart Frew and Norman Urquia and was launched during the Vilnius conference, October 10-11, 2013.

5. **Workforce and carers:** Across the EU many countries are struggling to develop a general and specialist workforce in sufficient numbers and that is adequately trained to offer modern and effective mental health and well-being interventions, including the use of E-Health applications. Regional disparities, in particular between urban and rural areas, and outward migration of mental health professionals cause additional challenges. Alignment of education training requirements with needs and expectations of people and readiness to work in diverse conditions across the EU need to be addressed. The essential role of informal carers is often not sufficiently recognised, and they receive too little support;
6. **Lack of consistent information and research gaps:** The diversity of promotion activities and health systems, the lack of systematic evaluation and the absence of an agreed set of mental health indicators stand in the way of comparison and shared learning, as also noted in the above mentioned report “Mental Health Systems in the European Union Member States”. In addition, in spite of the importance of mental health and the prevalence and costliness of mental disorders, mental health and well-being remains a field with many knowledge gaps and gaps in the understanding of risk and protective factors and of effective and efficient interventions.

The need to give the necessary priority to mental health and emotional well-being, to protect and promote human rights of all EU citizens, to strengthen the accessibility and responsiveness of health systems to people with mental health problems, to build partnerships with other sectors and to improve knowledge about, and understanding of mental health and illness by individuals, families, employers is a pre-requisite for a cohesive, inclusive and productive society based on solidarity and sharing of responsibilities across the EU.

### III. Responsibilities

Member States have the responsibility to safeguard the mental health and well-being of their population, and the obligation to provide citizens with access to mental health services of high quality.

Inspired by EC and WHO policy initiatives, Member States have made some progress towards strengthening mental health promotion and prevention, and towards replacing institutional care by community-based approaches.

The European Pact for Mental Health and Well-being was launched in 2008 as a framework for cooperation and exchange. We state here again priority areas identified by the Pact, which remain valid:

1. Prevention of Suicide and Depression;
2. Promotion of Mental Health and Well-being of Children and Adolescents;
3. Promoting Mental Health and Well-Being in Workplaces;
4. Older People’s Mental Health and Well-being;
5. Promoting Social Inclusion and Combating Stigma.

The Pact was implemented through a series of conferences between 2009 and 2011. Council Conclusions from 2011 invited Member States to continue the work recommended under the Pact.

In 2012, Countries were invited to set up a Joint Action for Mental Health and Well-being under the Health Programme, to continue work between EU health policy and other EU policies, and to further develop the EU Compass for Action on Mental Health.

In September 2013, all EU countries adopted the resolution of the Regional Committee of the WHO Regional Office for Europe, endorsing the European Mental Health Action Plan in Cesme, Turkey. Its aims are: to improve the mental well-being of the population and reduce the burden of mental disorders; to respect the rights of people with mental health problems; and establish accessible, safe and effective services. Member States call for partnership with other intergovernmental agencies to achieve its objectives in the Resolution.

#### **IV. Findings from the conference**

The conference concluded the urgent need to address the challenges by actions that are evidence based, efficient, and sensitive to the need and cultures of countries and their population groups. The challenges identified under section II were confirmed. A number of evidence-based good practices were presented and highlighted the significant opportunities for public health, and also for learning, social welfare and economic productivity, which can arise from a greater consideration of mental health requirements in policymaker and stakeholder decisions, strengthened care in the community, and in particular strengthened intersectoral cooperation. There was particular focus on young people's mental health, risk factors contributing to it such as alcohol and exposure to violence and bullying, and on ways to promote whole-school approaches. The value of exchanging experiences and good practices, with a focus on opportunities, between EU Member States was underlined. Priorities and Actions were proposed as specified below.

#### **V. Priorities**

The conference identified the following priorities, which play important roles in making mental health systems more responsive to mental health needs in the population and to develop partnership action with other sectors:

1. To strengthen mental health promotion and mental disorder prevention throughout life by actions through healthcare systems and in partnership with relevant non-health sectors which build resilience, strengthen protective factors and reduce risk factors, create healthy life environments, are gender-sensitive and have a particular focus on the young and vulnerable groups;
2. To provide mental health services that are accessible and affordable, available in the community according to need, equipped with a competent general and specialised workforce and make use of the potential of e-Health;
3. To strengthen the mental health literacy of citizens, in particular children, and enable them to take care of their mental health;
4. To promote the social inclusion of people with mental health problems, their success in learning and their access to and participation in labour markets;
5. To empower people with mental health problems and their carers, promote their rights and put an end to their discrimination and stigmatisation;

6. To improve the understanding of mental health and illness and information about the mental health status of the population.

## VI. Invitation for actions

**Member States are invited to take action, where relevant and possible, in the following fields:**

1. To continue addressing mental health as a health policy priority in line with the results of the implementation of the European Pact for Mental Health and Well-being so far, the Council Conclusions of 2011, and the objectives of the new WHO European Mental Health Action Plan;
2. To continue efforts to improve the responsiveness of health systems to population mental health needs and reducing the treatment gap, in particular by:
  - Providing access to affordable, competent, non-stigmatised and non-stigmatising mental health services, including those provided through E-Health technologies, adapted to specific needs and age groups,
  - Completing, with the support of the European Structural and Investment Funds, the transition from institutional care to community-based and service user-friendly infrastructures and services, with particular attention to the 2014-2020 programmes,
  - Demonstrating leadership in developing partnership action with non-health sectors, thus promoting the social inclusion, rights and empowerment of people with mental health problems.
3. To strengthen health promotion and disease prevention, by increasing the level of awareness in the population about mental health issues and access to information and self-help and self-management tools and by developing comprehensive multi-sectoral approaches to prevention, including in primary healthcare, schools, employment, community, social welfare and other settings of possible social integration.
4. To continue taking action on investing in the good mental health and well-being of children and youth, including through effective programmes aimed at promotion of parenting skills, and prevention of violence against children, promoting participation of children, investing in effective family-focused alternatives to institutional care of children, developing and sustaining effective and user-friendly child and adolescent mental health services, involving primary health care, educational settings and child protection services.
5. To improve the responsiveness of health systems to address the needs of disadvantaged children, including children with mental health problems; and ensure that all children can make full use of their universal right to healthcare, including through disease prevention and health promotion as well as access to quality health services, as stipulated in the European Commission Recommendation Investing in Children.

6. To continue taking action on investing in good mental health of older people, including through promotion of their active participation in community life and ensuring that older people have access to quality health and social services.
7. To use the context of the economic crisis and of the fiscal austerity policies, which many Member States have engaged in, as an opportunity for introducing innovative approaches, which can help to improve the quality and cost-efficiency of mental health systems.
8. To put particular emphasis on the implementation of the policies and action plans already in place;
9. To ensure that community-based services have a supportive policy and legal framework and sufficient and sustainable funding for providing effective and user-friendly psychosocial interventions, particularly at local level where these services are provided; to use the expertise of professionals working in local health and social welfare services and promote horizontal cooperation between health and social services at local level to ensure recovery across the different areas of a person's life;
10. To promote vertical cooperation between national, regional and local authorities to ensure policy implementation and adequate services delivery.
11. To continue using the Joint Action on Mental Health and Well-being as an instrument for the exchange on mutual situations and challenges, the identification and dissemination of good practices, the development of policy recommendations and the preparation of an endorsed common framework for action on mental health and well-being.
12. To invest available EU funding to supplement national efforts of social inclusion and mental health promotion, with special focus on protection of the rights of each individual to live in the family and community environment and to be protected from institutional placement and other stigmatising approaches.

**Member States and the Commission are invited to take action, where relevant and possible, in the following fields:**

1. To integrate mental health and well-being in recognition to its relevance for public health, the Social Investment Package and the Europe 2020-strategy, into ongoing health policy work between Member States and Commission on active and healthy ageing, the sustainability of health systems and chronic diseases, the development of a healthy workforce, and the promotion of E-Health, and to use these work processes to address major shortcomings in health systems responses to the mental health needs of populations, such as by closing the existing treatment gap for mental disorders.
2. To include mental health measures in the 2014-2020 programming documents, such as in the Partnership Agreements, and relevant Operation Programmes, in order to build community-based, accessible and affordable mental-health services.

3. Promote prevention and early intervention policies to mental health problems within the Europe 2020 strategy, recognising their impact to achieve the employment target, the poverty target and the education targets – in particular its role in preventing and tackling early school leaving.
4. Promote the participation of children and young people in play, recreation, sport and cultural activities, thus investing in cost-effective ways for the good mental and physical well-being of European citizens.
5. The Group of Governmental Experts on Mental Health and Well-being to consider in the context of the EU Compass for Action on Mental health and Well-being: regularly exchanging information and knowledge on good practices, progress and developments in mental health in Member States and at EU-level; the development of a concise set of common objectives and indicators for this, as well as the modalities for a regular review of the progress made; in this process to take note of the study “Mental health Systems in the European Union Member States, Status of Mental Health in Populations and Benefits to be Expected from Investments in Mental Health” and the conclusions of the Vilnius conference; to consider setting up work under which Member States could be invited to communicate their concrete activities of turning the European Pact for Mental Health and Well-being into action, in line with modern public mental health principles, and to encourage the Group of Governmental Experts to report back to the European Health Commissioner in 2014.
6. To use the expertise of civil society and to engage non-governmental organisations, as providers of effective services and independent human rights and mental health system performance monitoring activities, in mutually useful partnership with governmental agencies.
7. Ensure that active inclusion is specified and acknowledged in all relevant policies and that they identify mental health as one of the priorities.
8. To further strengthen the measurement framework for monitoring mental health and well-being of the general population. To mainstream the information on population mental health into the Eurostat dashboard of quality of life indicators, and review and improve existing European monitoring tools that contain or could contain indicators on mental health and well-being, such as future editions of EU-SILC ad-hoc modules, European Quality of Life Survey and European Working Conditions Survey.
9. To take forward these points in partnership with the WHO, and we call on the WHO to support these points in accordance with the WHO European Mental Health Action Plan.
10. To continue addressing mental health and well-being as a priority of EU-health policy and, in this context, to include mental disorders as one of the major non-communicable disease groups into the future work on chronic diseases;
11. To continue partnership action between EU-health policy and other EU-policy areas, in particular but not only by;
  - a. Addressing mental health as a priority of EU-occupational safety and health policy, and to consider it in EU-social inclusion, social protection and employment policies, the implementation of the European Social Fund, and in cooperation with the activities of

the European Agency for Safety and Health at Work and the European Foundation for the Improvement of Living and Working Conditions;

- b. Addressing mental health as a priority of EU-education policy activities on early child education and care and on school education, by including mental health in future work to strengthen ‘whole school’-approaches and by considering inviting a study on “Mental health, educational attainment, school failure and early school-leaving in the EU”;
- c. Continuing to address mental health as a priority of youth policy, taking account of the importance of mental health aspects in promoting the transition of young people from school into work – for instance by facilitating awareness about this among schools, social actors, public employment agencies and social partners, and by encouraging coordinated approaches between them and by integrating action on mental health and well-being into a possible European Year of Youth if confirmed;
- d. Considering addressing the rights of people with mental health problems and disabilities under the European Disability Strategy and in cooperation with the Fundamental Rights Agency;
- e. Using EU-information society policy to promote the potential of e-Health and m-Health for reducing the treatment gap in mental health and for strengthening self-help and management prevention and health promotion;
- f. Exploring and giving suggestions for investment of EU resources, in particular structural funds to be effectively invested in line with modern public mental health principles;
- g. Giving prevention and measures that promote mental health and address mental disorders in clinical and non-clinical settings a priority in EU-research policy and the future Horizon 2020-programme, which underpins the “European Mental Health Action Plan adopted by all Member states, and corresponds to its importance for public health, active and healthy ageing, lifelong learning, social capital and economic growth;
- h. Taking actions through EU statistical policy to improve the availability of data about the mental health status of the population;
- i. To give due attention to mental health and well-being in the context of the European Semester on economic and social policy coordination and the financial assistance programmes to Member States under the Economic and Monetary Union, highlighting opportunities for improving effectiveness, efficiency and sustainability of mental health systems and services in the policies of Member States.