

AIM-AEIP JOINT POSITION PAPER MENTAL HEALTH PROMOTION AND WELL-BEING May 2015

Status of Mental Health in the European Union

Mental illnesses are among Europe's most burdensome yet least addressed groups of diseases.¹ According to estimations by the World Health Organisation (WHO), they affect every fourth citizen at least once during their life and concern more than 10% of the European Union (EU) population. WHO's 2012 estimates show that 12% of disability-adjusted life years are a direct result of mental problems, a figure which represents over half the impact of cancer or heart disease and more than four times that of diabetes.² Overall life expectancy of people experiencing mental ill-health is between 15 and 25 years lower than that of the general population. They are more inclined to developing other types of diseases like cardiovascular diseases or cancer.³

Not only does mental ill-health represent a drastic health burden, but it also represents a substantial weight for European economy. Mental ill-health cuts GDP in Europe annually by 3 to 4%. Moreover, according to the OECD, the proportion of work disability due to mental disorders is raising in all member states.

Poor mental health also has broader societal impacts. Indeed, people suffering from a mental health problem experience higher rates of unemployment, are poorer than the general population, have more absences from work and suffer from reduced productivity at work. All these factors in turn lead to indirect economic costs.⁴ It is the overall economy that bears the costs of higher social and health expenditures.

The Article 151 TFEU states that Member States shall have as their objectives the promotion of employment and improved living and working conditions, so as to make possible their harmonisation while improvement is being maintained.

Good working conditions and prevention of mental health disorders contribute to a healthy workforce, which contributes to sustainable social protection schemes and strengthen social cohesion across Member States.

The above mentioned figures are very much likely to worsen if proper action fails to be taken. Europe is undergoing a drastic demographic change due, amongst others, to increasing longevity. The proportion of the population above 65 in 2050 is expected to be around 30%, with 11% of people over 80. This situation will have an impact on public mental health, and on social and health systems as a whole, further threatening their sustainability.

¹ *Mental Health and Integration. Provision for Supporting People with Mental Illness: A Comparison of 30 European Countries.* The economist Intelligence Unit Limited, 2014.

² *Mental Health Action Plan 2013-2020,* World Health Organisation, 2013.

³ *Sick on the Job? Myths and Realities about Mental Health at Work,* OECD, 2012.

⁴ *Making Mental Health Count. The Social and Economic Costs of Neglecting Mental Healthcare.* OECD, 2014.

To address these issues, the European Commission carried out some initiatives in the field.

In 2008, the European Pact for Mental Health and Well-Being was launched, encouraging the promotion and implementation of mental illness and mental health promotion interventions, by addressing Member States' governments, regional and local authorities, non-governmental actors and civil society organisations, whose decisions might have an impact on mental health policies.

The Joint action on Mental Health and Well-Being launched in 2013 aims at setting a framework for action in mental health policy. The objective of the JA MH-WB is to contribute to the promotion of mental health and well-being, the prevention of mental disorders, and the improvement of care and social inclusion of people with mental disorders in Europe.

Europe2020 aims at increasing the number of workers in the labour market. To achieve this, a good-health is necessary to make work sustainable and productive working lives. Promoting active and healthy ageing is thus one of the EU key policy objectives.

We call for...

- 1. *A strengthening of mental health promotion and prevention of mental disorders:*** About one in two adults with a mental illness developed it before the age of 15. Early identification and proper treatment can help reduce the costs linked to mental ill-health, increase chances of recovery and improve the quality of life of people affected. Promotion and prevention should be considered as key components of mental health policies and mental health systems. Mental health promotion initiatives in early childhood, educational, working, care and other social settings should be encouraged.
- 2. *A greater Commitment to Raising awareness on mental health issues, key in the fight against social exclusion:*** EU and national campaigns should be organized in order to raise awareness on mental health issues and combat stigma, which constitutes a barrier to integration and to finding treatment. The governance of systems plays here a key role by including human rights issues and multiplying the efforts to combat anchored negative perceptions. Mental Health should be mainstreamed and considered as important as physical health, both in terms of service delivery and how it is valued by individuals.
- 3. *Mental health surveillance, quality of service, data collection and the definition of indicators:*** The current lack of availability of pertinent data makes greater understanding and improvement difficult. Comparable information on outcomes and evidence-based knowledge on risk and protective factors to mental health is essential to make real progress, and assess strategies and treatment. Research and programmes to foster innovation sensitive to issues related to gender, age and culture should be supported both at European and member states' level. The exchange on good practices and their outcomes among Member States should also be fostered. Meaningful benchmarks on mental health systems and service providers should be published.

4. ***A strengthening of primary care:*** Only about one quarter of Europeans affected by a mental health problem get any treatment at all, and just 10% receive care that could be described as “notionally adequate”.⁵ Under-treatment contributes to the high social and economic cost of mental ill-health. Bridging the gap can save health systems and national economies money in the medium to long term, apart from the benefits from getting people back to work, which has proven to be beneficial not only to Member States’ economy but also to people’s health and mental well-being, by returning them a feeling of having a place in society, enabling them to socialize and communicate, and of course improving their financial condition.

5. ***The completion of the shift towards community based mental healthcare:*** Ensuring the access for people with mental illness to medical help and services is vital and so is finding ways for people living with mental illness to be treated and to live active lives within the wider community. This universal access can be achieved by encouraging community-based rather than institutionalised care. A greater empowerment of people suffering from mental illnesses can also help to reduce the burden of care-giving on families and carers.

6. ***Comprehensive and coordinated policies both at EU and national level to implement the active inclusion of people affected by mental illness:*** Employment and educational policies and infrastructures should be adapted to people with mental illnesses and participation opportunities provided. Moreover, there is a need for better integration, flexibility and adaptation of social settings. Restructuration would often allow the reintegration of people undergoing mental illnesses. Work as educational content and environment should be adapted and return-to-work/education management plans put in place. Work, learning, public and social environments should be considered as a healing arena for people with mental health problems and increase mental health competence. Institutional cultures should promote coping strategies, mobilize resources and reduce barriers to service use.

7. ***Increase power to accelerate resilience, service access and innovations with cooperation and sharing resources:*** Against the backdrop of scarce resource more resilient mental health systems need the power of well-integrated collective capable of creating high-synergy gains and best results. Strong, sound and person-oriented mental health infrastructures require institutionalized competency networks across sectors and disciplines with clear accountabilities.

Sources

1. *Mental Health and Integration. Provision for Supporting People with Mental Illness: A Comparison of 30 European Countries.* The economist Intelligence Unit Limited, 2014.
2. *Making Mental Health Count. The Social and Economic Costs of Neglecting Mental Healthcare.* OECD, 2014.
3. *Sick on the Job? Myths and Realities about Mental Health at Work,* OECD, 2012.
4. *Mental Health Systems in the European Union Member States, Status of Mental Health in Populations and Benefits to be Expected from Investment into Mental Health.* European profile of prevention and promotion of mental health (EuroPoPP-MH), 2013.

⁵ *Mental Health and Integration. Provision for Supporting People with Mental Illness: A Comparison of 30 European Countries.* The economist Intelligence Unit Limited, 2014.



AIM is the umbrella organisation of health mutuals and health insurance funds in Europe and in the world. Through its 61 members from 27 countries, AIM provides health coverage to 230 million people in the world and 160 million in Europe through compulsory and/or complementary health insurance and managing health and social facilities. AIM strives to defend the access to healthcare for all through solidarity-based and non-for profit health insurance. Its mission is to provide a platform for members to exchange on common issues and to represent their interests and values in the European and international Institutions.

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AEIP, the European Association of Paritarian Institutions, represents the social protection institutions jointly managed by social partners (paritarian institutions) and aims to promote the paritarian management of social protection at the EU-level. The values supported by AEIP are based on a balanced representation of employers and employees which is a typical feature of joint – paritarian management, solidarity and transparency. Through its working groups, AEIP works on EU coordinated pension schemes, pension funds, healthcare and unemployment schemes, local investments as well as paid holiday plans.

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AIM and AEIP are active members of the European Alliance on Mental Health in All Policies, together with the European Public Health Alliance (EPHA), GGZ Nederland and Mental Health Europe (MHE).

The Alliance is an informal co-operation around the specific issue of mental health which aims at raising awareness on mental health disorders as an emerging risk for social protection and economic growth and to stimulate policy development at the EU level.