generate the independent and expert evidence to inform policy-making options to bring change, while also clarifying the added value of EU action in public health in areas which, hitherto, had been considered the responsibility of Member States. The impending follow-up to the EU Mental Health Pact will be a good starting point for developing greater policy coherence in connecting the strategies for promoting wellbeing with the strategies for treating mental illness.

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**European mental health policy should target everybody**

In this issue, Fears and Höschl underline the opportunities for strengthening the research base of psychiatry in light of the recent mental health policy actions on EU level. The mental health statement by the Federation of the European Academies of Medicine (FEAM), representing academies of medical science in 13 EU Member States, highlights the relative underfunding of brain research. However, the statement also raises a concern that European mental health policy is being sidetracked by strong stakeholders from the psychiatric community with an interest in policy support for the development of mental health services and treatments. Such a development weakens the legitimacy of EU mental health actions, and detracts the focus from population mental health and EU-wide actions on mental health determinants. Mental health is not merely the absence of mental disorders, but a mental resource of importance for the well-being of individuals, families and societies.

In spite of their public health impact, mental health issues were largely neglected in the international public health agenda until the 1990s. Then, to introduce successfully mental health issues on the European political agenda, a new approach was developed.1 Neither the high prevalence of mental disorders, nor the need for more resources in psychiatry were used as entry points, thus avoiding the stigma associated with mental disorders. Instead, it was stressed that mental health is an indivisible part of public health, and it has a significant impact on countries and their human, social and economic capital. The aim was to raise mental health from its professional, organisational and even political isolation to a broader sphere of public health, i.e. to shift the focus from the individual level towards strengthening the mental health approach at the population level. It was stressed that mental health should not be reduced to an issue about mental disorders. However, lately mental ill health and mental disorders have become more visible in Commission documents, such as the European Pact for Mental Health and Wellbeing2 and the Council Conclusions on mental health from June 2011. Extending EC mental health policy to include issues related to treatment of mental disorders carries a risk of the policy being expelled to the territory of policies for specific disorder groups. Such a development will neglect the overarching importance of positive mental health for population well-being.

**The basis of EU-level mental health policy actions**

The public health article (Article 168) of the Lisbon Treaty from 2009 provides the EC with a mandate to improve public health, prevent diseases and protect human health. Thus, the Treaty provides a clear mandate for ‘health in all policies’ actions, i.e. actions in other public activities that influence mental health either directly or indirectly.

In principle, the EC mandate does not cover health services or medical care, which fall fully under the responsibility of the Member States. The EC competence in health care is limited to specific issues such as patients’ rights in cross-border health care. However, irrespective of the restricted legal mandate, the role of the EC in health policy is growing, despite resistance from the Member States.

Regardless of the current restrictions in the health care mandate, the impact of EC policy actions on mental health should not be underestimated. Acknowledging the psycho-social determinants of mental health opens the door for horizontal actions to promote population mental health. EC actions in many non-health fields have a decisive impact on the mental health of EU citizens. The social policy agenda instruments, such as the Open Method of Coordination, the European social dialogue and the European Social Fund and other financial instruments managed directly by the Commission can foster decisive progress in mental health. Education policies can contribute to the prevention of depression.
by ensuring equal access to good quality child day care and education and to socio-emotional training. Freedom, justice and security policies can contribute to mental health by supporting empowerment and social cohesion and by restricting access to lethal suicide means, such as guns and toxic substances.

The EC mental health agenda

The WHO European Ministerial Conference for Mental Health in 2005 was a milestone in the political process to increase the visibility and political importance of mental health. The conference formed the basis for national mental health policies and was followed up in the EU with the publication of a Green Paper on mental health. Based on the Green Paper and an EU-wide consultation process with stakeholders, the focus of EC mental health policy was set to promoting well-being, preventing mental health problems, reducing stigma and improving mental health information.

Following the positive reception of the Green Paper, expectations were high for an EU-wide public mental health strategy. However, the Commission deviated from expectations and proceeded to prepare a pact for mental health, launched in 2008. The Pact puts the emphasis on five priority areas: prevention of depression and suicide; youth and education; workplace settings; older people; and combating stigma and social exclusion. Although the Pact recognizes mental health as a key resource for the success of the EU as a knowledge-based society and economy, its public health focus is weak and the introduction of depression, suicides and stigma as main topics indicates a shift towards a more restricted policy approach targeting mental health problems. It seems that the EC mental health agenda has gradually moved from the public health arena into the arena of mental disorders, which regrettably also may weaken its legitimacy in eyes of the Member States.

The Pact was followed by the European Parliament 2009 resolution on mental health, which again called on the Commission to keep the proposal for a European Strategy on Mental Health and Wellbeing as its long-term objective. In spite of the political pressure for a high-level mental health strategy, the Directorate for Health has not initiated preparations for a strategy. Interestingly, the WHO European Region has recently announced the initiation of preparations for a new mental health strategy, to be presented at the WHO Regional Committee meeting in 2012. This initiative indicates that while the Commission may be failing to grasp the full impact of mental health for European prosperity, the leadership in mental health policy in Europe is shifting back to the WHO.

Next EU-wide steps

Based on the Pact, the Council of the EU adopted a Conclusion on mental health in June 2011, inviting the Commission to continue work on mental health and well-being, especially by carrying out research and collecting data on mental health status in the population, the determinants of mental health and the costs of mental health problems. The next step in the EU mental health activities will be a Joint Action on mental health and well-being by the Commission and interested Member States. The Joint Action, to start in 2012, will provide a platform for exchanging experience between Member States, and will focus on identifying evidence-based best policy approaches and practices. The tasks assigned to the Joint Action seem to indicate a focus on mental illness and a lack of understanding of the full potential of cross-sectorial mental health promotion.

In spite of efforts by e.g. the European Brain Council and the FEAM to outline a European mental health research strategy, it is still not very clear how to best achieve European added value in mental health research. A thorough mapping of the existing research capacity and European research needs has been missing. In an attempt to create a roadmap for mental health research in Europe, the Commission is funding a three-year research project which is expected to start at the end of 2011. This project, ROAMER, aims at developing a roadmap on the promotion and integration of mental health research across Europe, including well-being research, across the geographic, disciplinary, professional dimensions and over the life-course level.

A stronger public health approach is needed

The time has come to develop a comprehensive mental health strategy for Europe in a public health framework. The Europe 2020 growth strategy outlines the steps to a smart, sustainable and inclusive Europe. The mental health of Europeans is a crucial prerequisite for meeting the employment, education and social exclusion targets of the Europe 2020 strategy. The support offered by the Parliament Resolution on mental health and the recent Council Conclusion has created a window of opportunity that should be utilized to initiate a high level strategic process.

Two decades of European-level mental health policy activities has increased awareness about the importance of mental health and sensitized decision makers. Important policy documents and valuable technical briefings have been produced. Social inclusion, fundamental rights and patient empowerment have been promoted. Although EU-level activities have had a decisive impact on national policies, it is both surprising and disappointing that we are still not developing an EU-wide mental health strategy. There seems to be a lack of full awareness about the potential impact on mental health in other policy arenas such as social and regional policy, taxation and education that may reduce partners’ understanding of the importance of an EU-wide mental health strategy. It is possible and sad, that the stigma associated with mental disorders may also have a negative impact on the willingness of decision-makers to commit them to a high-level mental health policy. Well meaning attempts to link the EC mental health agenda to mental health systems and care provision may also have undermined the legitimacy of EC mental healthy actions in the eyes of Member States. A clear public health approach is a crucial prerequisite for successfully making mental health promotion one of the core objectives and flagship initiatives of EU.

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Key points

- Two decades of European-level mental health policy activities has increased awareness about the importance of mental health and a set of key documents have been issued.
- Mental health is a crucial building brick to achieve the targets of the Europe 2020 strategy.
- The next step should be development of an EC mental health strategy in a public health framework, focusing on mental health promotion.
References


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