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41. Calls for programmes to be set up that will encourage experimentation with new economic and social models, to initiate framework research programmes, by including social economy subjects in calls for proposals under the Seventh Framework Programme, to envisage the use of a 'multiplier' applied to the official statistics and to introduce instruments for measuring economic growth from a qualitative and quantitative point of view;

42. Calls on the Commission and the Member States to include a social economy dimension in the establishment of Community and national policies and in EU programmes for enterprises in the fields of research, innovation, finance, regional development and development cooperation, and to support the establishment of social economy training programmes for EU, national and local administrators and to ensure the access of social economy enterprises to programmes and actions for development and external relations;

43. Urges the Member States to make provision for training projects involving higher education, university and vocational training courses designed to create awareness of the social economy and of business initiatives based on its values;

44. Calls on the Commission and the Member States to support the development of skills and professionalism in the sector, in order to enhance the role of the social economy in labour market integration;

45. Calls on the Commission to devise a EU legal framework enabling territorial partnerships to be established and maintained between the social economy sector and local authorities, and to lay down criteria for the purposes of recognising and enhancing the social economy, fostering sustainable local development, and promoting the general interest;

46. Calls on the Commission to aim for conditions which will facilitate investments in the social economy, in particular through investment funds, guaranteed loans and subsidies;

47. Calls on the Commission to reassess:

— its Communication on the promotion of co-operative societies in Europe, and Regulation (EC) No 1435/2003 on the Statute for a European Cooperative society, as provided for therein;

— its Communication on Promoting the Role of Voluntary Organisations and Foundations in Europe;

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48. Instructs its President to forward this resolution to the Council, the Commission, the governments and parliaments of the Member States, the European Economic and Social Committee, the Committee of the Regions, and the Social Protection Committee.

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## Mental Health

P6\_TA(2009)0063

### European Parliament resolution of 19 February 2009 on Mental Health (2008/2209(INI))

(2010/C 76 E/05)

*The European Parliament,*

— having regard to the EU high-level conference 'Together for Mental Health and Well-Being' held in Brussels on 12-13 June 2008, which established the European Pact for Mental Health and Well-Being,

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- having regard to the Commission's Green Paper on 'Improving the mental health of the population - Towards a strategy on mental health for the European Union' (COM(2005)0484),
  - having regard to its resolution of 6 September 2006 on improving the mental health of the population - towards a strategy on mental health for the European Union <sup>(1)</sup>,
  - having regard to the declaration of the European Ministerial Conference of the World Health Organisation (WHO) of 15 January 2005 on facing the challenges of mental health in Europe and building solutions,
  - having regard to the conclusions of the European Council of 19-20 June 2008, which underlined the importance of closing the gap in health and in life expectancy between and within Member States and stressed the importance of prevention activities in the field of major chronic non-communicable diseases,
  - having regard to its resolution of 15 January 2008 on the Community strategy 2007-2012 on health and safety at work <sup>(2)</sup>
  - having regard to the United Nations (UN) Convention on the Rights of Persons with Disabilities,
  - having regard to Articles 2, 13 and 152 of the EC Treaty,
  - having regard to the Charter of Fundamental Rights of the Union,
  - having regard to Rule 45 of its Rules of Procedure,
  - having regard to the report of the Committee on the Environment, Public Health and Food Safety (A6-0034/2009),
- A. whereas mental health and well-being are central to the quality of life of individuals and society and are key factors in the EU's Lisbon Strategy objectives and the revised strategy on sustainable development, and whereas the prevention, early detection, intervention and treatment of mental disorders significantly reduce the personal, financial and social consequences thereof,
- B. whereas various EU strategic documents have highlighted the importance of mental health in realising those objectives and the need for practical measures in that respect,
- C. whereas the added value of the Community's mental health strategy lies primarily in the field of prevention and the promotion of the human and civil rights of people with mental health problems,
- D. whereas mental health problems are widespread in Europe, with one in four people experiencing mental health problems at least once in their lives, while many more are indirectly affected, and whereas the standard of mental health care varies considerably between different Member States, especially between the old Member States and some of the new Member States,
- E. whereas gender-specific aspects should be taken into account when considering the subject of mental health, and whereas more women than men suffer from mental disorders and more men than women commit suicide,

<sup>(1)</sup> OJ C 305 E, 14.12.2006, p. 148.

<sup>(2)</sup> Text adopted, P6\_TA(2008)0009.

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- F. whereas suicide remains a significant cause of premature death in Europe, with over 50 000 deaths a year in the EU, and whereas, in nine out of ten cases, it is preceded by the development of mental disorders, frequently depression, and whereas, moreover, the rate of suicide and attempted suicide among people who are in prison or in detention is higher than among the general population,
- G. whereas devising policies to reduce the incidence of depression and suicide goes hand in hand with the protection of human dignity,
- H. whereas, even though depression constitutes one of the most frequent and serious disorders, measures to combat it often remain inadequate, and whereas only a few Member States have implemented prevention programmes,
- I. whereas, however, there is still a lack of understanding and investment in the promotion of mental health and prevention of disorders and a lack of support for medical research and for people with mental health problems,
- J. whereas the financial cost to society of mental ill-health is estimated at between 3 % and 4 % of the Member States' gross domestic product (GDP), and whereas in 2006 the cost to the EU of mental illness was EUR 436 000 million, and whereas most of that expenditure was made outside the health sector, primarily because of systematic absence from work, incapacity for work and early retirement and estimated costs do not in many cases reflect the additional financial burden of co-morbidity, which is more likely to affect persons with mental health problems,
- K. whereas social and economic disparities can increase mental health problems, and whereas the rates of mental ill-health are higher among vulnerable and marginalised groups, such as the unemployed, immigrants, prisoners and former prisoners, users of psychotropic substances, persons with disabilities and persons with long-term illnesses, and whereas specific actions and appropriate policies are necessary to assist their integration and social inclusion,
- L. whereas there are significant disparities between and within the Member States in the field of mental health, including with regard to the areas of treatment as well as social integration,
- M. whereas persons with mental health problems are more at risk than the rest of the population of developing a physical disease and have a lower likelihood of receiving treatment for these physical diseases,
- N. whereas, while physical and mental health are of equal importance and there is interaction between them, mental health often remains undiagnosed or underestimated and receives inadequate treatment,
- O. whereas in most Member States there has been a move away from long-term institutionalised care towards supported living in the community, and whereas, however, this process has taken place without proper planning and resourcing, without control mechanisms and often with budget cuts, which are threatening to cause re-institutionalisation of thousands of citizens with mental illness,
- P. whereas the European Mental Health and Physical Health Platform was set up in 2008, gathering high-level representatives from key organisations,
- Q. whereas the foundations for lifelong mental health are laid during a person's first few years of life and whereas mental illness is common among young people, in whom early diagnosis and treatment is of the utmost importance,
- R. whereas the ageing of the EU's population entails more frequent occurrence of neurodegenerative disorders,

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- S. whereas the discrimination and social exclusion experienced by people with mental health problems and their families are the consequences not only of mental disorder but also of the stigma, rejection and social marginalisation they encounter, and are risk factors which impede their search for assistance and treatment,
  - T. whereas the European Union has designated 2010 as the European Year for Combating Poverty and Social Exclusion,
  - U. whereas research is producing new data on the medical and social dimensions of mental health, and whereas, however, there are still significant gaps and consequently care should be taken not to hamper the public or private medical research effort by imposing a series of, often onerous, administrative requirements or excessive restrictions on the use of relevant models for the development of safe and effective medication,
  - V. whereas learning disabilities (mental handicap) share many of the same characteristics and give rise to the same needs as mental disorders;
  - W. whereas much improvement is essential in the training of medical professionals who encounter mental illness sufferers, including medical practitioners and members of the judiciary,
  - X. whereas mental health disorders are ranked first in terms of human morbidity,
1. Welcomes the European Pact on Mental Health and Well-Being and the recognition of mental health and well-being as a basic priority for action;
  2. Firmly supports the invitation to cooperate and foster action between the EU institutions, the Member States, the regional and local authorities and the social partners on five priority areas for the promotion of the mental health and well-being of the population, including all age groups, and different genders, ethnic origins and socio-economic groups, combating stigma and social exclusion, strengthening preventive action and self-help and providing support and adequate treatment to people with mental health problems and to their families and carers; stresses that any such cooperation must fully comply with the principle of subsidiarity;
  3. Calls on the Member States to develop an awareness of the importance of good mental health, particularly among healthcare professionals and target groups such as parents, teachers, those providing social and legal services, employers, carers and, particularly, the public at large;
  4. Calls on the Member States, in cooperation with the Commission and Eurostat, to improve knowledge about mental health and about the relationship between mental health and the years of healthy life, through establishing mechanisms for the exchange and dissemination of information in a clear, easily accessible and comprehensible manner;
  5. Calls on the Commission to propose common indicators to improve the comparability of data and facilitate the exchange of best practices and cooperation between the Member States to promote mental health;
  6. Considers that the emphasis should be on the prevention of mental ill-health through social intervention, with particular focus on the most vulnerable groups; stresses that, in cases where prevention is insufficient, non-discriminatory access to therapeutic treatment should be encouraged and facilitated and that people with mental health problems should have full access to information about innovative forms of treatment;
  7. Calls on the EU to use the funding facilities available under the Seventh Framework Programme for more research in the field of mental health and well-being and the interaction between mental and physical health problems; calls on the Member States to explore the funding facilities for mental health initiatives under the European Social Fund and the European Regional Development Fund;

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8. Calls on the Member States to make optimum use of the Community and national resources available to promote mental health issues and organise awareness and training programmes for everyone in key positions to promote early diagnosis, immediate intervention and proper management of mental health problems;
9. Calls on the Commission to conduct and publish a survey of mental illness services and mental health promotion policies across the EU;
10. Calls on the Member States to adopt UN resolution 46/119 on 'the protection of persons with mental illness and the improvement of mental health care' drawn up by the United Nations Commission on Human Rights and adopted by the General Assembly of the United Nations in 1991;
11. Calls on the Member States to give people with mental health problems the right to equal, full and appropriate access to education, training and employment, in accordance with the principles of lifelong learning, and to ensure that they receive adequate support for their needs;
12. Stresses the need for clear and long-term planning for the provision of high-quality, effective, accessible and universal community and in-patient mental health services and for the adoption of criteria for monitoring by independent bodies; calls for better cooperation and communication between primary healthcare professionals and mental health professionals to deal effectively with problems associated with mental and physical health, by encouraging a holistic approach which takes into account the overall profile of individuals from the point of view of physical and mental health;
13. Calls on Member States to introduce screening for mental health problems in general health services and for physical health problems in mental health services; furthermore, calls on Member States to establish a comprehensive model of care;
14. Asks the Commission to seek and record the experiences of patients regarding side effects of medication through European Medicines Agency (EMA) guidelines;
15. Asks the Commission to extend the mandate of the European Centre for Disease prevention and Control (ECDC) to include mental health;
16. Calls on the Commission to disseminate the results of the thematic conferences to be held in order to implement the goals of the European Pact and to propose a 'European Action Plan for the Mental Health and Well-Being of Citizens and Medical Research';
17. Encourages the establishment of an EU Platform on Mental Health and Well-being to implement the European Pact, consisting of representatives of the Commission, the Presidency of the Council, Parliament, the WHO and service users, people with mental health problems, families, carers, non-governmental organisations, the pharmaceutical industry, academics and other relevant stakeholders, while deploring the failure to adopt a directive at European level as advocated in the above-mentioned European Parliament resolution on the Commission's Green Paper on mental health;
18. Calls on the Commission to keep the proposal for a European Strategy on Mental Health and Wellbeing as its long-term objective;
19. Calls on Member States to draw up up-to-date mental health legislation which is in line with international obligations as regards human rights – equality and the eradication of discrimination, the inviolability of private life, autonomy, bodily integrity, the right to information and participation – and which codifies and enshrines the basic principles, values and objectives of mental health policy;

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20. Calls for the adoption of common European guidelines defining disability in accordance with the provisions of the UN Convention on the Rights of Persons with Disabilities;

#### ***Prevention of depression and suicide***

21. Calls on the Member States to implement cross-sectoral programmes for the prevention of suicide, especially among young people and adolescents, promoting a healthy lifestyle, reducing the risk factors such as easy access to pharmaceuticals, drugs, harmful chemical substances and alcohol abuse; considers that it is particularly necessary to guarantee the provision of treatment for people who have attempted to commit suicide and of psychotherapeutic treatment for the families of people who have committed suicide;

22. Calls on the Member States to set up regional information networks between healthcare professionals, service users and people with mental health problems, their families, their educational establishments and places of work, together with local organisations and the public in order to reduce depression and suicidal behaviour;

23. Calls for information to be made more widely available concerning the single European emergency call number 112, such as attempted suicide or mental crises, so as to allow rapid intervention and the provision of emergency medical assistance;

24. Calls on the Member States to set up specific training courses for general practitioners and for the staff of psychiatric services, including doctors, psychologists and nurses, on the prevention and treatment of depressive disorders and suicide risk awareness and management;

#### ***Mental health in youth and education***

25. Calls on the Member States to provide support to school staff in order to develop a healthy climate, and build relationships between school, parents, health service providers and the community in order to strengthen the social integration of young people;

26. Calls on the Member States to organise support programmes for parents, particularly for disadvantaged families, and to promote the allocation of posts for counsellors in each secondary school to assist the social-emotional needs of young people, with a special focus on prevention programmes such as self-esteem enhancement and crisis management;

27. Stresses the need for health system planning which meets the need for specialist mental health services for children and adolescents, taking into account the move from long-term institutionalised care towards supported living in the community;

28. Stresses the need for the early detection and treatment of mental health problems in vulnerable groups, with particular reference to minors;

29. Proposes that mental health should be incorporated into the programmes of study of all healthcare professionals and that provision should be made for continuous education and training in that sector;

30. Calls on Member States and the European Union to cooperate in raising awareness of the deteriorating mental health situation of children with emigrant parents and to introduce school programs aimed at helping these youngsters to cope with the psychological problems related to the absence of their parents;

#### ***Mental health in workplace settings***

31. Declares that the workplace plays a central role in the social integration of people with mental health problems and calls for support for their recruitment, retention, rehabilitation and return to work, with the emphasis on the integration of the most vulnerable groups, including ethnic minority communities;

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32. Calls on the Member States to encourage research into the working conditions which may increase the incidence of mental illness, particularly among women;

33. Calls on the Member States to promote and implement specific vocational training courses for people with mental health problems taking into account their abilities and potential, in order to facilitate their integration into the employment market as well as to develop workplace reintegration programmes; stresses also the need for proper training of employers and their employees to deal with the specific needs of people with mental health problems;

34. Calls on employers to promote a healthy working climate, paying attention to work-related stress, the underlying causes of mental disorder at the workplace, and tackling those causes;

35. Calls on the Commission to require businesses and public bodies to publish annually a report on their policy and work for the mental health of their employees on the same basis as they report on physical health and safety at work;

36. Encourages employers, as part of their health and safety at work strategies, to adopt programmes to promote the emotional and mental health of their workers, provide support options which are confidential and non-stigmatising and introduce anti-bullying policies; calls on the Commission to disseminate positive models by publishing such programmes on the Internet;

37. Calls on the Member States to ensure that people who are entitled to sickness or disability benefits because of mental health problems are not deprived of their right of access to employment and that they will not lose the benefits related to their disability/sickness as soon as they find a new job;

38. Calls for the full and effective implementation by Member States of Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation <sup>(1)</sup>;

### ***Mental health of older people***

39. Calls on the Member States to adopt appropriate measures to improve and maintain a high quality of life for the elderly and to promote health and active ageing through participation in community life, including the development of flexible retirement schemes;

40. Stresses the need to promote research into prevention and care with regard to neurodegenerative disorders and other age-related mental illnesses and for any future Commission action or proposal to distinguish between Alzheimer's disease or similar neurodegenerative disorders and other forms of mental illness;

41. Encourages the development of an interface between research and policy in the field of mental health and wellbeing;

42. Notes the need to assess the co-morbidity of elderly people and the need for the training of healthcare personnel to increase knowledge about the needs of the elderly with mental health problems;

43. Calls on the Commission and the Member States, in the context of the open method of coordination on social protection and integration, to take measures to support carers and to develop guidelines for nursing and long-term care in order to help prevent maltreatment of the elderly and to allow them to live with dignity in an appropriate environment;

<sup>(1)</sup> OJ L 303, 2.12.2000, p. 16.

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***Combating stigma and social exclusion***

44. Calls for the organisation of public information and awareness campaigns through the media, the Internet, schools and workplaces, in order to promote mental health, increase knowledge about the most common symptoms of depression and suicidal tendencies, de-stigmatise mental disorders, encourage people to seek the best and most effective assistance and promote the active integration of people experiencing mental health problems;

45. Stresses the crucial role of the media in changing perceptions of mental illness and calls for the development of European guidelines for responsible coverage of mental health by the media;

46. Calls on the Member States to support and encourage the empowerment of organisations which represent people with mental health problems and their carers in order to facilitate their participation in the formulation and implementation of policy and in all stages of research into mental health;

47. Considers that de-stigmatising mental illness involves abandoning the use of invasive and inhumane practices as well as those practices based on the custodial approach;

48. Considers that it is necessary to promote and support psychological and social rehabilitation activities delivered by small public, private or public-private residential centres which provide day-care facilities or continuous care, are similar in scale and ethos to family units and are located in an urban setting, so as to encourage residents' integration at every stage of the therapeutic and rehabilitation process;

49. Welcomes the Commission proposal for a new directive against discrimination on the basis of religion or beliefs, disability, age or sexual orientation beyond the employment sector and calls for the immediate adoption of this directive in order effectively to protect persons with mental health problems from discrimination;

50. Calls on all Member States to ratify without delay the Hague Convention of 13 January 2000 on the International Protection of Adults;

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51. Instructs its President to forward this resolution to the Council, the Commission, the governments and parliaments of the Member States and the European Office of the WHO.

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**Follow-up of the energy efficiency national action plans: a first assessment**

P6\_TA(2009)0064

**European Parliament resolution of 19 February 2009 on Follow-up of the energy efficiency National Action Plans: a first assessment (2008/2214(INI))**

(2010/C 76 E/06)

*The European Parliament,*

— having regard to the Council Resolution of 7 December 1998 on energy efficiency in the European Community <sup>(1)</sup>,

— having regard to the Commission Communication of 19 October 2006 entitled Action Plan for Energy Efficiency: Realising the Potential (COM(2006)0545),

<sup>(1)</sup> OJ C 394, 17.12.1998, p. 1.