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Improving the mental health of the population — towards a strategy on mental health for the EU

European Parliament resolution on improving the mental health of the population. Towards a strategy on mental health for the European Union (2006/2058(INI))

The European Parliament,

— having regard to the Green Paper from the Commission — 'Improving the mental health of the population. Towards a strategy on mental health for the European Union' (COM(2005)0484),

— having regard to Articles 2, 13 and 152 of the EC Treaty,

— having regard to the Charter of Fundamental Rights of the European Union [1],

— having regard to Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation [2],

— having regard to the Council Resolution of 18 November 1999 on the promotion of mental health [3],

— having regard to the declaration of the WHO European Ministerial Conference of 15 January 2005 on facing the challenges of mental health in Europe and building solutions,

— having regard to its resolution of 23 March 2006 on demographic challenges and solidarity between the generations [4],

— 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 and the opinions of the Committee on Employment and Social Affairs and of the Committee on Women's Rights and Gender Equality (A6-0249/2006),

A. whereas one in four people in Europe experience at least one significant episode of mental ill health during their lives; whereas mental ill health affects everyone in the EU either directly or indirectly, and during the course of any one year 18,4 million people in the European Union aged between 18 and 65 are estimated to suffer from major depression; whereas good mental health enables citizens to be intellectually and emotionally fulfilled and integrated into social, educational and professional life; whereas, conversely, poor mental health gives rise to expense, social exclusion and stigmatisation,

B. whereas mental health conditions substantially detract from the quality of life of those either directly or indirectly affected,

C. whereas economic costs to society of mental ill health are enormous, with some estimates putting them at between 3 % and 4 % of GDP in the Member States of the European Union,

D. whereas mental health conditions already have a very significant economic, health and social impact, which is set to increase as the rate of incidence rises, given the ageing population and changes in society,

E. whereas some 58 000 European Union citizens commit suicide each year, more than the annual deaths from road traffic accidents or HIV/AIDS, and whereas ten times this number attempt suicide,

(1) OJ C 364, 18.12.2000, p. 1.
(2) OJ L 303, 2.12.2000, p. 16.
(3) OJ C 86, 24.3.2000, p. 1.
(4) Texts Adopted, P6_TA(2006)0115.

F. whereas, in view of the assignment of competences in the EC Treaty, the added value of a Community strategy on the mental health of the people of Europe lies primarily in the field of prevention,

G. whereas in some European countries up to 85 % of the money devoted to mental health is spent on maintaining large institutions,

H. whereas a lack of understanding and investment in mental health promotion has contributed to deteriorating health and disabilities among individuals and societal problems,

I. whereas approximately 40 % of all prisoners have some form of mental disorder and whereas they are up to seven times more likely to commit suicide than people in the community, and whereas inappropriate imprisonment can worsen the disorder and prevent rehabilitation,

J. whereas throughout the European Union not enough attention or resources have been given to the mental health of children and young people, even though mental ill health is increasing significantly among the young,

K. whereas there is a clear gender dimension to the issue of health, particularly as regards eating disorders, neurodegenerative disorders, schizophrenia, mood disorders, anxiety, panic, depression, abuse of alcohol and other psychoactive substances, as well as suicide and delinquency, areas which also require systematic research,

L. whereas women tend to seek assistance from services more than men and are prescribed twice as many psychotropic drugs as men; whereas pharmacokinetic studies have shown that women have less tolerance to such products,

M. whereas the prevention, early identification, intervention and treatment of mental disorders significantly reduces the personal, financial and social repercussions,

N. whereas a great number of people suffer from neurodegenerative disorders and this number is expected to grow on account of, inter alia, longevity and the concomitant increase in the elderly population,

O. whereas in most European Union countries there has been a move from long-term institutionalised care, both for children with developmental and behavioural problems which jeopardise their normal development, particularly in the educational sphere, and for adults with chronic and severe disorders and for those with learning disabilities, towards supported community living, but whereas this has been without proper planning and resourcing of community services,

P. whereas mental health problems related to violence against women and girls are poorly identified; whereas accounts of victimisation are routinely not taken into account and many women and girls are reluctant to disclose a history of violent abuse unless doctors and medical personnel ask about it directly,

Q. whereas the precondition for good mental health is an upbringing in a healthy family environment providing both material and psychological security and parental love,

1. Welcomes the Commission's commitment to mental health promotion; calls for greater priority for this in health policies, with the emphasis on prevention, and in the Union's research policy, and believes this should be mainstreamed into the policies and legislation of all Commission Directorates and all Member State ministries, which should make a commitment to harmonising the current national and international mental health indicators, with a view to ensuring a comparable set of data at EU level;

2. Considers that the gender dimension has not been duly taken into account in the Green Paper; calls, therefore, for this dimension to be systematically considered in the measures proposed to promote mental health, in preventive measures and in research, in which studies have to date been insufficient and inadequate, to such an extent that progress on the prevention and cure of mental illness has been significantly less great than in the case of other diseases;

3. Considers the role of doctors in monitoring patients to be of paramount importance;

4. Believes that good mental health is a prerequisite for the overall health and well-being of European citizens and for a healthy economic performance in the EU; encourages and supports all measures which aim to help prevent mental disorders;

5. Stresses the need to think about the best way to use the available Community instruments, such as the 7th research framework programme, in order to build up a capacity capable of supporting research into mental health in the Union;

6. Believes that any future proposal by the Commission relating to mental health should involve partnership and consultation with and the participation of those who have experienced or are experiencing mental health problems, their families and carers and advocacy NGOs, associations of family members and other interested parties, so as to make decision-making processes more representative and inclusive, and should promote networking among members of the families of psychiatric patients;

7. Highlights the sizeable differences in mental health expenditure in individual Member States, both in terms of the absolute amount and as a proportion of health care expenditure as a whole;

8. Believes that different actions will be needed to achieve the three aims of mental health promotion, mental health improvement and mental disorder prevention; believes that the aims of such actions should be to provide appropriate information, to obtain relevant knowledge and to develop appropriate attitudes and skills in order to safeguard the mental and physical health and improve the quality of life of European citizens;

9. Stresses the need for careful use of terms such as 'Mental Ill Health', 'Mental Health Disorders', 'Severe Mental Illness' and 'Personality Disorder';

10. Stresses the importance of the need for early screening, detection and diagnosis and of integrated, tailor-made treatment;

11. Stresses the need to combat, through appropriate action, inequalities in the treatment of mental diseases which are evident in this field;

12. Calls for people with learning disabilities to be included within any future strategy, as they face similar issues as people with mental disorders, including social exclusion, institutionalisation, abuse of human rights, discrimination, stigma and lack of support for themselves and their families and carers; calls, at the same time, for greater efforts to recognise cognitively gifted children and young people as such and to provide better support for them;

13. Stresses the importance of mutual help and the leading role played by people's experience of treatment, illness and recovery;

14. Welcomes the Commission's highlighting of children, employees, older people and disadvantaged members of society as key target groups, but would extend this to include, for example, those with severe mental illness, those with long-term and terminal illnesses, the disabled, prisoners, ethnic and other minority groups, rough sleepers, migrants, persons in precarious jobs and the unemployed, and the range of mental health and care issues of specific reference to women;

15. Recognises that personality disorder presents particular challenges of diagnosis, treatment or management and care, requiring more research and distinct policies; calls on the Commission also to devote attention to aggression, the determinants of aggressive behaviour and its psychological consequences;

16. Acknowledges that men and women may have different mental health needs, and calls for more research particularly into the link between compulsory in-patient care and self-harm and the higher rate of prescription of psychotropic drugs among women;

17. Stresses the need for research into the proven variations in structure and activity between the brains of men and women, in order to develop separate approaches and treatments for the two sexes in the field of mental health;

18. Calls for support for mothers during the prenatal and postnatal periods in order to prevent depression or other psychopathological conditions which manifest themselves in significant numbers of cases in these situations;

19. Believes that good mental health of mothers and parents helps children to develop without hindrance and grow into healthy adults;

20. Calls for a multi-disciplinary and multi-agency response to tackling complex mental ill health situations, such as how best to support children or adolescents with developmental or behavioural problems or eating disorders, and/or whose parents in many cases themselves suffer from mental ill health (or are kept in long-term institutions);

21. Notes that socially-defined images of how girls' and women's bodies should look have an impact on women's and girls' mental health and well-being, resulting inter alia in an increase in eating disorders;

22. Points out that mental ill health and mental disorders commonly have their roots in early childhood and stresses the importance of research into a healthy early childhood;

23. Stresses the importance of continuing training and in-service training of the intermediaries: teaching staff, care workers, social and judicial services and employers;

24. Welcomes the fact that the Green Paper recognises that social and environmental factors, such as personal experiences, family, and social support; living conditions such as poverty, living in big cities, and rural isolation; and working conditions, such as job insecurity, unemployment, and long working hours, play a role in the mental health of people; stresses that mental disorders are one of the reasons for early retirement and disability pensions;

25. Considers that good working conditions contribute to mental health and calls for employers to introduce 'Mental Health at Work' policies as a necessary part of their health and safety at work responsibility, with a view to ensuring the 'best possible jobs' for and best possible incorporation into the labour market of persons with mental disorders, and that these should be published and monitored within existing health and safety legislation, while also taking workers' needs and views into account;

26. Welcomes the social initiatives within social policy and employment policy to promote the non-discriminatory treatment of individuals with mental ill health, the social integration of individuals with mental disabilities, and the prevention of stress in the workplace;

27. With regard to the EU employment strategy, emphasises the influence of mental health on employment as well as the influence of unemployment on people's state of mental health;

28. Believes Member States should work together to find and implement effective strategies to reduce suicide, particularly among young people and other at risk groups;

29. Calls for greater recognition of the connection between discrimination, violence, and poor mental health, which underlines the importance of combating all forms of violence and discrimination as part of the strategy for the promotion of mental health through prevention;

30. Sees one of the greatest challenges in mental health as being the ageing of Europe's population and urges that more emphasis is given to research into the mechanisms and causes of neurodegenerative diseases or other psychiatric illnesses in the elderly and to their prevention as well as their care, including the development of new therapies;

31. Further believes that emphasis should be placed on the link between the consumption of alcohol and illegal drugs and mental disorders; considers that alcohol and drug addiction cause serious mental and physical health problems and problems for society as a whole; calls on the Commission to review without delay what detoxification programmes and methods of treatment are the most effective;

32. Stresses that people with mental disorders should be treated and cared for with dignity and humanity and that medical care and support services should be effective and of a high quality, accessible to all sufferers and universal; that there should be a clear understanding as to their rights to be or not to be treated; that they should be empowered wherever possible to participate in decisions about their own treatment and consulted collectively on services; that, when prescribed medicines, they should have the fewest possible side effects; and that there should be information and advice for those who wish to withdraw safely from medication;

33. Believes that the use of force is counterproductive, as is compulsory medication; believes that all forms of in-patient care and compulsory medication should be of limited duration and should, wherever possible, be regularly reviewed and subject to the patient's consent or, in the absence of such consent, to authorisation by the appropriate authorities used only as a last resort;

34. Takes the view that any restriction of personal freedoms should be avoided, with particular reference to physical containment, which requires monitoring, verification and vigilance by democratic institutions responsible for upholding individual rights, in order to guard against abuses;

35. Calls for the defeat of stigma to be at the heart of any future strategy, e.g. by establishing annual campaigns on mental health issues in order to combat ignorance and injustice, as the stigma attached to mental ill health leads to rejection by society in every field from employment to family, and from community to health professionals; considers furthermore that with a view to improving the mental health and conditions of patients, basic social and civil rights should be guaranteed, such as the right to housing and economic support for those unable to work and the right to marry and manage one's own affairs; further believes that stigma is in fact a form of discrimination and should be tackled by anti-discrimination laws;

36. Recognises that an element of the stigma is a widespread perception that mental health disorders are acute and lifelong, whereas it is important to stress that, with appropriate help, people can recover, while others will achieve remission or a sufficient level of functionality or stability;

37. Emphasises the need to reform mental health services so that they are based on high-quality community care at home or in sheltered accommodation with access to proper health and social care; with regular monitoring and assessment; with respite care for people with mental health problems and their carers; with a one-stop-shop approach to accessing health, social, housing, training, transport, benefits and other services; stresses that this should be backed up by a range of in-patient services for acute, chronic or secure needs but always with independent monitoring of anyone who receives compulsory in-patient care;

38. Stresses, with this in mind, the need to support cooperatives formed by psychiatric patients and all activities geared to the inclusion of users and former patients and to earmark resources for the training of staff, so as to enable them to take account of all the needs of psychiatric patients;

39. Stresses the need for continuous training on mental health matters for general and family practitioners and other professionals in primary health care services;

40. Recognises that local government has an integral role to play in promoting good mental health, supporting those in poor mental health within their local communities and bringing together the various strands of a multi-agency approach to mental health service delivery;

41. Believes that dual diagnosis of people with mental health and addiction problems should normally lead to concurrent treatment;

42. Stresses that mental and physical aspects of health are interlinked, that mental disorders can have a biological, social, emotional or historical basis which must be addressed in order for other approaches to be successful, and that some psychiatric medicines can actually worsen the underlying biological condition;

43. Calls for greater attention to the psychological consequences and symptoms of somatic diseases; stresses the need to give equal importance to mental and physical well-being in hospital care protocols, including for the treatment of serious and/or incurable illnesses; and believes it is essential for medical and paramedical personnel working in other specialised fields to undergo continuous training in psychopathology since disorders often remain undiagnosed or are underestimated;

44. Supports the Commission's comments on deinstitutionalisation, as long-term stay in psychiatric institutions can lead to the protraction and exacerbation of psychopathological conditions, reinforcement of stigma and social exclusion, but acknowledges that greater efforts must be made to convince the public of the better results achieved when people with severe mental or learning disorders receive care in the community;

45. Suggests that the Commission should collect, through the Public Health Programme, data on mental illness, recovery rates of treated patients and the effectiveness of their reintegration in society;

46. Suggests the Commission identify sites and examples of good practice and disseminate details of these to all Member States, these 'Demonstration Sites' being comparable to WHO sites under their 'Nations for Mental Health' programme; considers that demonstration sites, 'demonstration treatments' and 'demonstration prevention strategies' could be important ways of reducing mental health inequalities between Member States; calls on the Commission to involve knowledge institutes in identifying demonstration sites, demonstration treatments and demonstration prevention strategies;

47. Believes that, because all persons (according to UN General Assembly Resolution A/RES/46/119 of 17 December 1991 on the protection of persons with mental illness and the improvement of mental health care) have the right to the best available mental health care, best practice and relevant information should be disseminated and be available to all citizens;

48. Believes that the term 'treatment' should be interpreted broadly, with the emphasis on identifying and eliminating social and environmental factors, while the use of medication should be a last resort, particularly in the case of children and young people; criticises the growing medicalisation and pathologisation of life stages, without a comprehensive search for causes; calls for account to be taken of factors such as personal experiences, family, social support and living and working conditions which play a role in mental illness as well as genetic factors;

49. Draws attention to the large number of children who grow up in state care institutions in some Member States, especially in some of the new ones; urges the Commission to support more effectively the creation of alternative systems, which would help parents from risk groups to care for their children properly; calls for the 'Child and adolescent mental health in an enlarged Europe: development of effective policies and practices' project, which would coordinate progress in children's mental health strategy in the Member States, to be started as quickly as possible and effectively implemented;

50. Further believes that in addition to treatment, an appropriate social and work environment as well as family and community support are required to prevent mental health problems and improve and promote mental well-being and the therapeutic strategy for and rehabilitation of sufferers of mental disorder; stresses the need for research into environments conducive to mental health and recovery;

51. Urges the Commission to support continuing reforms in any Member State that practised the abuse of psychiatry, over-use of medication or incarceration, or inhumane practices such as caged beds or excessive use of seclusion rooms, particularly in some of the new Member States; stresses that in some of the new Member States mental health indicators in society are as a rule drifting in the wrong direction, with a lot of suicides, violence and dependencies, especially on alcohol; underlines that these countries inherited inadequate mental health care systems and large psychiatric and care institutions which increase social exclusion and stigma, while at the same time there is a lack of community services which need to be integrated into general health and social protection systems; calls on the Commission to place the reform of psychiatry on the agenda for EU accession negotiations; considers that prison is not a suitable environment for those suffering mental ill health and that alternatives should be actively pursued;

52. Calls for more research into therapeutic and psychological interventions, into the development of more effective drugs with fewer side effects, into determinants of mental disorders and suicide, into outcome measurements for investment in mental health promotion and into methods contributing to successful recovery and remission; calls, in particular, for special attention to be devoted to research into medicines more suitable for children; stresses, moreover, that research must not be confined to pharmaceuticals but must extend to epidemiological, psychological and economic studies on the community and the social determinants of mental illness; further calls for an increase in the involvement of service users in all aspects of mental health research;

53. Believes further that more research is needed into stigma and ways to counter it; the experience of individual service users and their carers; working relations between different services and professions and former service users; and cross-border provision;

54. Believes that mental heath services should receive sufficient funding to reflect the cost of mental disorders to individuals, health and social care services, and society as a whole, so as to be effective and command public confidence;

55. Believes that it is essential to apply high quality, individualised methods of promoting mental health, taking into account the particular needs of individuals and target groups;

56. Recognises the valuable contribution that family members and informal carers make to supporting people with mental health problems, and equally recognises that many of them will have their own care needs, and will need information and support from professionals if they are to continue providing care; further recognises the valuable contribution that service users can make in supporting each other;

57. Stresses the need to use vocabulary and terminology which will help to combat stigma, e.g. measures to eliminate prejudice, change attitudes and criticise stereotypes in regard to every category of mental disorder;

58. Calls for a 'Mental Health Coordinating and Monitoring Group' to be established by the Commission to collect information on mental health practice and promotion in the EU, to assess the adequacy (in terms of numbers and training) of existing mental health professionals and infrastructure, and to disseminate information on best practice to all Member States and all parties involved in the treatment of mental health; stresses that patients' organisations, those providing treatment, care institutions and knowledge institutes must be involved in this Coordinating and Monitoring Group;

59. Calls on the Commission to follow up the Green Paper with a proposal for a directive on mental health in Europe and the defence of and respect for the civil and fundamental rights of persons suffering from mental disorders;

60. Urges the EU and ACP countries to work closely on investing in good mental health through development and Cotonou policies;

61. Instructs its President to forward this resolution to the Council, the Commission, the governments of the Member States, the acceding and the candidate countries, the ACP countries and WHO-Europe.

P6_TA(2006)0342

Simplifying and improving the Common Fisheries Policy (2006-2008)

European Parliament resolution on the 2006-2008 Action Plan for simplifying and improving the Common Fisheries Policy (2006/2053(INI))

The European Parliament,

— having regard to the Communication from the Commission to the Council and the European Parliament entitled '2006-2008 Action Plan for simplifying and improving the Common Fisheries Policy' (COM(2005)0647),

— having regard to the Commission Communication entitled 'Perspectives for simplifying and improving the regulatory environment of the Common Fisheries Policy' (COM(2004)0820) and the Commission staff working document entitled 'Analysis of the possibilities of simplification and improvement of the regulatory environment of the Common Fisheries Policy and of its implementation' (SEC(2004)1596),

— having regard to the Commission Communication to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions entitled 'Implementing the Community Lisbon Programme: a strategy for the simplification of the regulatory environment' (COM (2005)0535),

— having regard to the Council conclusions of 15 April 2005 concerning the Commission Communication entitled 'Perspectives for simplifying and improving the regulatory environment of the Common Fisheries Policy' (8077/2005),

— having regard to the interinstitutional agreement on better law-making which was concluded on 16 December 2003 by the European Parliament, the Council and the Commission [1],

— having regard to Rule 45 of its Rules of Procedure,

— having regard to the report of the Committee on Fisheries (A6-0228/2006),

A. whereas improving and simplifying the legislative environment with a view to making it more efficient and transparent is a priority task for the European Union which will benefit ordinary people and help to increase competitiveness, growth and sustainable development, thereby contributing to the achievement of the Lisbon objectives,

B. whereas administrative bodies in the Member States and those who work in the fisheries sector deplore the dispersal and the juxtaposition of measures, the lack of clarity and accessibility in the case of existing texts and the difficulties stemming from the administrative burden created by a multitude of requirements, some of which are superfluous,

C. whereas the task of simplifying the rules governing the Common Fisheries Policy (CFP) calls for the extensive involvement of fishermen and of the other parties concerned,

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[1] OJ C 321, 31.12.2003, p. 1.