

## **West Midlands Regional Health Partnership Response to EU Green paper on Mental Health**

The West Midlands Regional Assembly Health Partnership's vision is that the "West Midlands Region becomes a healthier region by 2020, by improving health, prosperity and opportunity". Embracing the promotion of mental health, the prevention of mental ill health and tackling the social exclusion, stigma and discrimination experienced by those with mental ill-health is vital to its endeavours to achieve this vision. Therefore the Health Partnership welcomes and fully supports the proposal for the development of an EU-strategy for mental health, being fully aware of the burden of poor mental ill health both on the individual and family but also on the community and society as a whole.

The Health Partnership is a multi-sectoral partnership, bringing together a variety of public, private and voluntary sector groups and representatives. Its core functions include focusing on reducing health inequalities in the broadest sense, identifying, measuring and making recommendations in regional policy development, supporting regional research and best evidence policy making and disseminating good models of practice. It is clear to us that our vision will only be achieved through promoting work across organisational boundaries to enable us to address the social determinants of poor health and mental ill-health. The partnership welcomes the support offered through the strategy to increase the coherence of actions in the health and particularly non-health policy sectors in Member states and at the Community level and the proposals for the development of information and knowledge on mental health, all of which are wholly in line with its own pursuits.

The current activities of the Partnership centre on a number of aims:

- Promoting the economic viability of localities and getting people back to work, including supporting the development of employment opportunities for people with mental health problems. 'The Pathways to work pilots' of which there is one in the West Midlands region are a key initiative here together with employment support programmes using individual placement and support models expounded in the Social exclusion Unit report on Mental health (2004).
- Increasing Regional Participation in activity by 50,000 people per year, including raising the public's understanding of the ameliorating effects of physical activity on mental health and well-being e.g. the use of exercise in the treatment of mild and moderate depression (NICE guidance 23,2004), exercise on prescription schemes, green gyms and the Mental Health Foundation report Up and Running (2005)
- Promote the vision of being a smoke free region including supporting the implementing of a smoke free NHS by end 2006. This target presents some particular difficulties for mental health service providers requiring additional support which is being provided directly through the Regional Tobacco Control Co-ordinator and NIMHE West Midlands. In addition two areas in the region (BSMHT and Warwickshire) are working with PMA on a package to develop and deliver their smoke free policy.
- Improving the access to healthier lifestyles and health services including working with regional transport planning process to inform issues around accessibility – including meeting the needs of people experiencing mental health problems/disability.

- Supporting regional measures to encourage more active forms of travelling such as walking and cycling
- Input to regional strategy consultations e.g. Regional Housing Strategy – Homelessness and mental health

#### New areas proposed for development

Healthy workplace - including the adopting of a number of policy/practice guidance e.g. Stress Management Standards (Health and Safety Executive 2004) Workplace interventions for people with common mental health problems (British Occupational Health Research Foundation, 2005) , Health, work and well-being – Caring for our future (DWP,DH & HSE 2004)

#### Potential areas for development

- Children and Young people
- Older people.

These Regional Health Partnership activities reflect the view in the Green paper that low social and economic status increases the vulnerability for mental ill health and that migrants and other marginalised groups are at increased risk for mental ill health. The West Midlands also has an ageing population and this will mean that more future support and intervention will be needed for people suffering decreasing functional ability and social isolation. Improved mental health in the workplace is also a key partnership theme and interventions to improve individual capacity and reduce stressors in the workplace are essential to maintain an economically active workforce.

The Partnership is currently engaged in producing a 5 year Regional Health Strategy which will bring together all the above action to support the achievement of it's vision for 2020.

## **Specific responses to the consultation questions**

### **How relevant is the mental health of the population for EU's strategic policy objectives (section 1)?**

#### **Europe's strategic policy objectives**

- Put Europe back on the path to long-term prosperity
- to sustain Europe's commitment for solidarity and social justice
- to bring tangible benefits to the quality of life for European citizens.

The Health Partnership supports the view taken in the 2005 WHO declaration on mental health which clearly stated that “there is no health without mental health. Mental health is central to the human, social and economic capital of nations and should therefore be considered as an integral and essential part of other public policy areas such as human rights, social care, education and employment”

### **Tackling inequalities/ social determinants**

If we as member states and the community as a whole through collaborative and concerted action are to increase prosperity, improve quality of life and work together for social justice then clearly these objectives will not be achieved without due attention to improving mental health and well-being, preventing mental ill health and tackling the stigma and discrimination and exclusion of associated with mental ill-health within our populations. To do so signifies the need for action at the individual level but importantly at the social level to address the wider determinants of mental ill health. "Inequality and exclusion are both a cause and consequence of mental health problems (Rogers and Pilgram 2003; SEU 2004; in Making it Possible (2005).

The case of the burden of mental ill-health on the community is made in sections 2 and 3 and 4.2 of the green paper, in terms of prevalence rates and cost in human, economic and treatment terms. Figures cited refer solely to diagnosed mental illness and suicide rates and therefore only present a partial view of the burden of disease. It is not clear whether promotion and prevention costs are included in the mental health costs, as this is difficult to quantify. Quantifying such information may uncover further inequalities across member states in terms of promotion and prevention expenditure..

The Health Partnership strongly believes that tackling inequalities in relation to the determinants of mental ill-health together with inequalities in provision within and across member states will significantly contribute to increased prosperity in individual terms (improved health and ability to contribute) and consequently in economic terms (more inclusive and productive communities), not to mention the ethical dimension.

### **Would an EU strategy add value to existing and envisaged actions and are the proposed priorities adequate (section 5)?**

#### **Priorities;**

- **Promote the mental health of all**
- **Address mental ill health through preventive action**
- **Improve the quality of life of people with mental ill health or disability through social inclusion and the protection of their rights and dignity**
- **Develop a mental health information, research and knowledge system for the EU.**

There is no doubt that a framework which creates coherence of actions in different policy sectors across member states and provides a platform for involving stakeholders, including patient and civil society organisations into building solutions around the four priorities would add value to and help to build on action being taken forward on these priorities in England see:

- CSIP/NIMHE (2005) Making It Possible: Improving Mental health and Well-being in England: London Department of Health
- Social Exclusion Unit (2004) Mental Health and Social Exclusion: social exclusion unit report London: Office of the Deputy Prime Minister
- NIMHE(2004) From here to equality: a strategic plan to tackle stigma and discrimination on mental health grounds Leeds: NMHE
- Department of Health (2004) Choosing health: making healthy choices easier: the Stationary Office

- Department of Health (1999) The National Service Framework for Mental health: London: The Stationary Office
- Department of Health (2006) Our health, our care, our say: a new direction for community services

Actions from the above policy and practice guidance are, wherever possible and relevant integrated into the work of the Health Partnership and will be reflected in the West Midlands Regional Health Strategy. Mental health has also been forwarded as a possible theme for strategic review by the West Midlands Regional Assembly. The development of an EU-strategy on mental health, raising the profile and giving far more priority to addressing mental health issues than has been previously received, would significantly strengthen such proposals.

## **Are the proposed initiatives appropriate to support the co-ordination between member states (section 6 & 7)**

### **Section 6 (of Green Paper)**

#### ***“Possible initiative at Community level:***

*Suggestions developed through the consultation process in response to this Green paper could feed into a proposal by the Commission for a Council Recommendation on the promotion of mental health”*

The settings of schools and workplace, the target groups of infants, children and adolescents, older people and vulnerable groups are echoed in the priority areas for action identified in Making it Possible (2005). However, also included is action on equality and inclusion, emphasising the need to work through existing programmes to narrow inequalities in health, education, regeneration, sustainable development as well as employment. Specific indicators are set on people having access to a wide range of sources of support for emotional and psychological difficulties, reiterated in Our health, Our care, Our say (DH 2006).

Other areas included in Making it Possible are Early Years as a setting and Children’s Centres for developing and delivering local interventions for parents and children.

Life satisfaction of young people has risen in most European countries but not in the UK (Donavan and Halpern 2002, Making it Possible) and there is a need to support the development of self esteem and opportunities for young people to make a positive contribution, for example schools facilitating pupil participation in volunteering opportunities. There is also the need to remember those outside the school setting who are often the most vulnerable e.g. looked after children and youth offenders. .

Communities are also included, setting indicators around improved quality of life and life satisfaction, high-lighting the importance of the benefits to communities where there are high levels of social capital e.g. reciprocity, participation and cohesion (Campbell and McLean 2002; Morgan and Swann 2004 in Making it possible, 2005).

Other areas where mental health promotion can make a strategic contribution to strengthening the mental health and well-being of communities include:

- Role of creativity and participation in the arts

- Strengthening work on alcohol harm reduction, tackling binge and underage drinking
- Community safety and fear of crime
- Access to green open spaces, transport housing and the built environment
- Physical activity, walking, cycling and exercise

Another priority area within Making It Possible is violence and abuse, high-lighting the significant contribution to reducing depression, self harming behaviour and improving overall mental well-being by supporting victims of domestic violence, reducing levels of alcohol related violence and empowering communities to reduce the acceptability of violent behaviour.

A final priority is around marketing mental health, ensuring individuals have the knowledge skills and capacity to achieve positive mental health working with the media, and across sectors. As well as increasing understanding about mental health problems, to encourage positive and accepting attitudes to people with mental health problems.

We note that some of the above areas would appear to have been reflected in a number of the EU Community policies outlined in section 4.1

***“Possible initiative at Community level:***

*Suggestions developed through the consultation process in response to this Green paper could feed into a proposal by the Commission for a Council Recommendation on the reduction of depression and suicidal behaviour.”*

With regard to depression we would note that the use of exercise can benefit all ages and is certainly recommended in the treatment of mild and moderate depression (NICE guidance 23,2004) see also the exercise on prescription schemes and green gyms Mental Health Foundation report Up and Running (2005)

We would suggest a need to focus on preventing suicide not purely in terms of the reduction in suicidal behaviour. In the UK 75% of people who commit suicide are not in touch with mental health services. Training and awareness raising needs to go far beyond health care and secondary care providers and action needs to go hand in hand with promoting mental health and well-being of communities - promoting a combined approach.

***“Possible initiatives at Community level:***

- *Suggestions developed through the consultation process could identify best practice for promoting the social inclusion and protecting the rights of people with mental ill health and disability.*
- *People with mental ill health or disability and the situation in psychiatric institutions could be included in the activities of the Fundamental Rights Agency of the EU, which will become operational by 1 January 200742.”*

The National Social Inclusion Programme delivered through the Mental Health programme within CSIP is a responses to the SEU report on Social Exclusion and Mental Health (2004) it covers the 8 strands of activity around the following themes, Employment, Income and Benefits, Community Participation, Housing, Education, Direct

Payments, Social Networks. The Health Partnership reflects and integrates action within its own action plans where ever it can add value to local activity. The Partnership would welcome and support the suggested community initiatives to further promote social inclusion and human rights.

***“Possible initiative at Community level:***

*An interface between policy and research could be established convening Community and national authorities, academic institutions and stakeholders. Its role could be to give advice on relevant mental health indicators for the EU, the monitoring of mental health, and on priorities for research activities at EU-level.”*

The Health Partnership strongly supports in particular the development of mental health indicators and monitoring of mental health as opposed to mental illness. One of the biggest barriers to implementing mental health and well-being initiatives is our inability to provide measures of mental health as opposed to mental illness and to provide clear accepted indicators to see the achievement of mental health outcomes and provide reliable, consistent data sources to set baselines and monitor progress etc seen recently during the development of Local Area Agreements. Many people struggle with this issue at national, regional and local levels and any concerted action which could bring together expertise from across the member states, to work together, would be extremely helpful. In addition to offering the opportunity to enhancing and influencing a combined research agenda.

**Section 7 (Of Green Paper)**

**Creating a Dialogue with Member States on Mental Health**

**Launching an EU-Platform on Mental Health**

**Developing an interface between policy and research on mental health**

Exchange and co-operation between member states on the recommendations of the promotion of mental health and the reduction of depression and suicidal behaviour is welcomed. Evidence based practice and identifying best practice to promote social inclusion of people with mental ill health must include engagement with service users as well as those currently unable to obtain adequate services. The development of an indicator system to include information on mental health and its wider social determinants, impact assessment and evidence based practice together with a research agenda and joined up action across data systems, research knowledge and policy-making is also to be welcomed.

**Conclusion**

In conclusion the West Midlands Regional Assembly Health Partnership welcome and support the proposals as set out in this Green Paper. The proposals in their view could be strengthened through a stronger emphasis within the proposed options for action on tackling the broader social determinants of mental ill health and engaging the non-health policy sectors in such endeavors.