



**COUNCIL OF
THE EUROPEAN UNION**

Brussels, 20 May 2011

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NOTE

from: Council Secretariat
to: Permanent Representatives Committee (Part I)/Council
Subject: EMPLOYMENT, SOCIAL POLICY, HEALTH AND CONSUMER AFFAIRS
COUNCIL MEETING ON 6 JUNE 2011

The European Pact for Mental Health and Well-being: results and future action
- *Adoption of Council conclusions*
(Public debate, pursuant to Article 8(3) CRP [proposed by the Presidency])

1. The Working Party on Public Health discussed and agreed on the draft Council conclusions as set out in the Annex.
2. COREPER is invited to confirm the Working Party's agreement and submit the draft conclusions for adoption by the Council (EPSCO) at its meeting on 6 June 2011.
3. The Council is invited to adopt the draft conclusions and forward them for subsequent publication in the Official Journal.

Draft Council conclusions

The European Pact for Mental Health and Well-being: results and future action

THE COUNCIL OF THE EUROPEAN UNION

1. RECALLS that under Article 168 of the Treaty on the Functioning of the European Union, Union action is to complement national policies and be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health; it is also to encourage cooperation between Member States in those areas where Member States, in liaison with the Commission, coordinate among themselves their policies and programmes, and the Commission may, in close contact with the Member States, take any useful initiative to promote such coordination, in particular initiatives aiming at the establishment of guidelines and indicators, the organisation of exchange of best practice, and the preparation of the necessary elements for periodic monitoring and evaluation;
2. RECALLS the Commission's Green Paper of 14 October 2005 on “Improving the mental health of the population - Towards a strategy on mental health for the European Union”;
3. RECALLS 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;
4. RECALLS the EU high-level conference “Together for Mental Health and Well-Being” held in Brussels on 13 June 2008, which established the European Pact for Mental Health and Well-Being;

5. RECALLS the 2010 Report of the WHO on Mental Health and Development: “Targeting people with mental health conditions as a vulnerable group” that was welcomed by the United Nations General Assembly Resolution 65/95 of 1 December 2010 on global health and foreign policy;
6. RECALLS the Europe 2020 Strategy’s Flagship Initiative “European Platform against Poverty”, which states that on almost every account people with mental health problems are among the most excluded groups in society and they consistently identify stigmatisation, discrimination and exclusion as major barriers to health, welfare and quality of life;
7. RECALLS the Europe 2020 Strategy’s Flagship Initiative “An agenda for new skills and jobs” and the Communication from the Commission on a European contribution towards full employment¹, which states that in order to raise employment rates substantially workers’ physical and mental health need also to be taken into account to address the demands of today’s working careers, which are characterised by more transitions between more intense and demanding jobs and by new forms of work organisation;
8. RECALLS the Conference “Discovery research in neuropsychiatry: depression, anxiety and schizophrenia in focus” held in Budapest on 18-19 March 2011;
9. RECOGNISES that mental well-being is an essential constituent of health and quality of life, and a prerequisite for the ability to learn, work and contribute to social life;
10. RECOGNISES that according to recent research evidence a high level of mental health and well-being of the population is an important factor for the economy, and that mental disorders lead to economic loss for instance through lower business productivity, lower participation in employment, and costs to individuals, families, and communities dealing with mental disorders;

¹ COM (2010) 682 final.

11. RECOGNISES that mental disorders are disabling and represent the greatest share of disability-adjusted life years in the EU, depression and anxiety being the leading causes of that burden;
12. RECOGNISES that according to WHO-estimations, mental disorders affect every fourth citizen at least once during their life and can be found in more than 10% of the EU population during any given year;
13. RECOGNISES that suicide remains a significant cause of premature death in Europe, with over 50 000 deaths a year in the EU, and that in nine out of ten cases it is preceded by the development of mental disorders;
14. RECOGNISES that considerable inequalities in mental health status exist between Member States and within Member States and also between social groups of which socioeconomically disadvantaged groups are the most vulnerable;
15. RECOGNISES that the determinants of mental health and well-being, such as social exclusion, poverty, unemployment, poor housing and bad working conditions, problems in education, child abuse, neglect and maltreatment, gender inequalities as well as risk factors such as alcohol and drug abuse are multifactorial, and can often be found outside health systems, and that therefore improving mental health and well-being in the population requires innovative partnerships between the health sector and other sectors such as social affairs, housing, employment and education;
16. RECOGNISES the importance of educational institutions and workplaces as settings for actions in the field of mental health and well-being, as well as the benefits they can gain from such actions for their own objectives;
17. RECOGNISES that authorities and other actors at regional and local levels play a key role in action for mental health and well-being, both as agents for improving mental well-being in their own right, and as promoters of participation from other sectors and communities;

18. RECOGNISES that users of mental health services and their family members, carers as well as their organisations have a specific and valuable expertise to contribute and should be involved in policy action on mental health and well-being;
19. RECOGNISES the need for research on mental health and well-being and mental disorders and WELCOMES the contribution that EU Research Framework Programmes have made to this;
20. WELCOMES the results of the five thematic conferences organised under the European Pact for Mental Health and Well-Being as follows²:
 - the Conference on “Promotion of Mental Health and Well-being of Children and Young People – Making it Happen” held in Stockholm on 29-30 September 2009,
 - the Conference on “Prevention of Depression and Suicide – Making it Happen” held in Budapest on 10-11 December 2009,
 - the Conference on „Mental Health and Well-Being in Older People – Making it Happen” held in Madrid 28-29 June 2010,
 - the Conference on “Promoting Social Inclusion and Combating Stigma for Better Mental Health and Well-being” held in Lisbon on 8-9 November 2010,
 - the Conference on “Promoting Mental Health and Well-being at Workplaces” held in Berlin on 3-4 March 2011.
21. INVITES Member States to:
 - Make mental health and well-being a priority of their health policies and to develop strategies and/or action plans on mental health including depression and suicide prevention;

² The documents of the thematic conferences are available here:
http://ec.europa.eu/health/mental_health/policy/conferences/index_en.htm

- Include the prevention of mental disorders and the promotion of mental health and well-being as an essential part of these strategies and/or action plans, to be carried out in partnership with the relevant stakeholders and other policy sectors;
- Improve social determinants and infrastructure which support mental well-being and improve access to this infrastructure for people suffering from mental disorders;
- Promote, where possible and relevant, community-based, socially inclusive treatment and care models;
- Take measures against the stigmatisation and exclusion of and discrimination against people with mental health problems and to promote their social inclusion and their access to education, training, housing and work;
- Make best use of the possibilities offered by the Structural Funds in the field of mental health in particular for the reform and further improvement of their mental health systems without prejudice to the future financial framework;
- Use the potential offered by technology applications, including e-Health, for improving mental health systems and services, prevention of mental disorders and the promotion of well-being;
- Take steps towards greater involvement of the health and social sectors along with social partners in the field of mental health and well-being at the workplace, to support and complement employer-led programmes where appropriate;
- Support activities (e.g. training programmes) that enable professionals and managers particularly in healthcare, social care, and workplaces to deal with matters concerning mental well-being and mental disorders;
- Strengthen mental health promotion of children and young people by supporting positive parenting skills, holistic school approaches to reduce bullying and to increase social and emotional competences as well as supporting families where a parent has a mental disorder.

22. INVITES Member States and the Commission to:

- Continue the cooperation as a follow-up to the European Pact for Mental Health and Well-being;
- Set up a Joint Action on Mental Health and Well-being under the EU Public Health Programme 2008-2013 providing a platform for exchange of views, cooperation and coordination between Member States, to identify evidence based best policy approaches and practices and analyse activities in particular in the following areas:
 - Tackling mental disorders through health and social systems;
 - Taking evidence based measures against depression;
 - Building innovative partnerships between the health and other relevant sectors (e.g. social, education, employment) to analyse policy impact on mental health, to address mental health problems of vulnerable groups and the links between poverty and mental health problems, to address suicide prevention, to promote mental health and well-being and to prevent mental health disorders in different settings, such as workplaces and educational settings;
 - Managing the evolution of community-based and socially-inclusive approaches to mental health;
 - Improving data and evidence on the mental health status in populations;
- Support interdisciplinary research on mental health;
- Make optimal use of the World Mental Health Day at European, national and regional level through appropriate awareness raising actions.

23. INVITES the Commission to:

- Continue addressing mental health and well-being in partnership with EU health policy and other policy areas;
 - Further develop the European Compass for Action on Mental Health and Well-being;
 - Support Member States, by providing data on the mental health status in the population, and carrying out research on the fields of mental health and its determinants, including the health, economic and social costs caused by mental health problems, taking into account the work done by WHO and OECD;
 - Present a report on the outcomes of the Joint Action, including an inventory of evidence-based actions in mental health care, social inclusion, prevention and promotion, as well as a reflection on possible future policy actions as a follow-up to the European Pact for Mental Health and Well-being.
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