

# EUROPEAN PACT FOR MENTAL HEALTH AND WELL-BEING



EU HIGH-LEVEL CONFERENCE  
TOGETHER FOR MENTAL HEALTH  
AND WELLBEING

Brussels, 12-13 june 2008



Slovensko predsedstvo EU 2008  
Slovenian Presidency of the EU 2008  
La Présidence slovène de l'UE 2008



# EUROPEAN PACT FOR MENTAL HEALTH AND WELL-BEING

We, participants in the EU high-level conference TOGETHER FOR MENTAL HEALTH AND WELL-BEING, Brussels, 13 June 2008, acknowledge the importance and relevance of mental health and well-being for the European Union, its Member States, stakeholders and citizens.

## I – WE RECOGNISE THAT

- Mental health is a human right. It enables citizens to enjoy well-being, quality of life and health. It promotes learning, working and participation in society.
- The level of mental health and well-being in the population is a key resource for the success of the EU as a knowledge-based society and economy. It is an important factor for the realisation of the objectives of the Lisbon strategy, on growth and jobs, social cohesion and sustainable development.
- Mental disorders are on the rise in the EU. Today, almost 50 million citizens (about 11% of the population) are estimated to experience mental disorders, with women and men developing and exhibiting different symptoms. Depression is already the most prevalent health problem in many EU-Member States.
- Suicide remains a major cause of death. In the EU, there are about 58,000 suicides per year of which 3/4 are committed by men. Eight Member States are amongst the fifteen countries with the highest male suicide rates in the world.
- Mental disorders and suicide cause immense suffering for individuals, families and communities, and mental disorders are major cause of disability. They put pressure on health, educational, economic, labour market and social welfare systems across the EU.
- Complementary action and a combined effort at EU-level can help Member States tackle these challenges by promoting good mental health and well-being in the population, strengthening preventive action and self-help, and providing support to people who experience mental health problems and their families, further to the measures which Member States undertake through health and social services and medical care.

## II – WE AGREE THAT

- There is a need for a decisive political step to make mental health and well-being a key priority.
- Action for mental health and well-being at EU-level needs to be developed by involving the relevant policy makers and stakeholders, including those from the health, education, social and justice sectors, social partners, as well as civil society organisations.
- People who have experienced mental health problems have valuable expertise and need to play an active role in planning and implementing actions.
- The mental health and well-being of citizens and groups, including all age groups, different genders, ethnic origins and socio-economic groups, needs to be promoted based on targeted interventions that take into account and are sensitive to the diversity of the European population.
- There is a need to improve the knowledge base on mental health: by collecting data on the state of mental health in the population and by commissioning research into the epidemiology, causes, determinants and implications of mental health and ill-health, and the possibilities for interventions and best practices in and outside the health and social sectors.

## III – WE CALL FOR ACTION IN FIVE PRIORITY AREAS

### I – PREVENTION OF DEPRESSION AND SUICIDE

Depression is one of the most common and serious mental disorders and a leading risk factor for suicidal behaviour. Every 9 minutes a citizen dies as a consequence of suicide in the EU. The number of suicide attempts is estimated to be ten times higher. Reported rates of suicide in Member States differ by a factor 12.

Policy makers and stakeholders are invited to take action on the prevention of suicide and depression including the following:

- Improve the training of health professionals and key actors within the social sector on mental health;

- Restrict access to potential means for suicide;
- Take measures to raise mental health awareness in the general public, among health professionals and other relevant sectors;
- Take measures to reduce risk factors for suicide such as excessive drinking, drug abuse and social exclusion, depression and stress;
- Provide support mechanisms after suicide attempts and for those bereaved by suicide, such as emotional support helplines.

## II – MENTAL HEALTH IN YOUTH AND EDUCATION

The foundation of life-long mental health is laid in the early years. Up to 50 % of mental disorders have their onset during adolescence. Mental health problems can be identified in between 10% and 20% of young people, with higher rates among disadvantaged population groups.

Policy makers and stakeholders are invited to take action on mental health in youth and education including the following:

- Ensure schemes for early intervention throughout the educational system;
- Provide programmes to promote parenting skills;
- Promote training of professionals involved in the health, education, youth and other relevant sectors in mental health and well-being;
- Promote the integration of socio-emotional learning into the curricular and extracurricular activities and the cultures of pre-schools and schools;
- Programmes to prevent abuse, bullying, violence against young people and their exposure to social exclusion;
- Promote the participation of young people in education, culture, sport and employment.

## III – MENTAL HEALTH IN WORKPLACE SETTINGS

Employment is beneficial to physical and mental health. The mental health and well-being of the workforce is a key resource for productivity and innovation in the EU. The pace and nature of work is changing, leading to pressures on mental health and well-being. Action is needed to tackle the steady increase in work absenteeism and incapacity, and to utilize the unused potential for improving productivity that is linked to stress and mental disorders. The workplace plays a central role in the social inclusion of people with mental health problems.

Policy makers, social partners and further stakeholders are invited to take action on mental health at the workplace including the following:

- Improve work organisation, organisational cultures and leadership practices to promote mental well-being at work, including the reconciliation of work and family life;
- Implement mental health and well-being programmes with risk assessment and prevention programmes for situations that can cause adverse effects on the mental health of workers (stress, abusive behaviour such as violence or harassment at work, alcohol, drugs) and early intervention schemes at workplaces;
- Provide measures to support the recruitment, retention or rehabilitation and return to work of people with mental health problems or disorders.

## IV – MENTAL HEALTH OF OLDER PEOPLE

The EU-population is ageing. Old age can bring with it certain risk factors for mental health and well-being, such as the loss of social support from families and friends and the emergence of physical or neurodegenerative illness, such as Alzheimer's disease and other forms of dementia. Suicide rates are high in older people. Promoting healthy and active ageing is one of the EU's key policy objectives.

Policy makers and stakeholders are invited to take action on mental health of older people including the following:

- Promote the active participation of older people in community life, including the promotion of their physical activity and educational opportunities;
- Develop flexible retirement schemes which allow older people to remain at work longer on a full-time or part-time basis;
- Provide measures to promote mental health and well-being among older people receiving care (medical and/or social) in both community and institutional settings;
- Take measures to support carers.

## V – COMBATING STIGMA AND SOCIAL EXCLUSION

Stigma and social exclusion are both risk factors and consequences of mental disorders, which may create major barriers to help-seeking and recovery.

Policy makers and stakeholders are invited to take action to combat stigma and social exclusion including the following:

- Support anti-stigma campaigns and activities such as in media, schools and at the workplace to promote the integration of people with mental disorders;
- Develop mental health services which are well integrated in the society, put the individual at the centre and operate in a way which avoids stigmatisation and exclusion;
- Promote active inclusion of people with mental health problems in society, including improvement of their access to appropriate employment, training and educational opportunities;
- Involve people with mental health problems and their families and carers in relevant policy and decision making processes.

## IV – WE LAUNCH THE EUROPEAN PACT FOR MENTAL HEALTH AND WELL-BEING

The Pact recognises that primary responsibility for action in this area rests with Member States. However, the Pact builds on the EU's potential to inform, promote best practice and encourage actions by Member States and stakeholders and help address common challenges and tackle health inequalities.

The reference context for the Pact is the EU-policy acquis on mental health and well-being that has emerged through initiatives across Community policies over the past years, together with the commitments which Member States' Ministers of Health made under the WHO Mental Health Declaration for Europe of 2005 and relevant international acts such as the United Nations Convention on the Rights of Persons with Disabilities.

The Pact brings together European institutions, Member States, stakeholders from relevant sectors, including people at risk of exclusion for mental health reasons, and the research community to support and promote mental health and well-being. It is a reflection of their commitment to a longer-term process of exchange, cooperation and coordination on key challenges.

The Pact should facilitate the monitoring of trends and activities in Member States and among stakeholders. Based on European best practice, it should help deliver recommendations for action for progress in addressing its priority themes.



## V – WE THEREFORE INVITE

- Member States together with further relevant actors across sectors and civil society in the EU and international organisations to join the European Pact for Mental Health and Well-being and to contribute to its implementation;
- The European Commission and Member States, together with the relevant international organisations and stakeholders:

▪

