



**Mental Health Europe's response  
to the Commission consultation on EU Action to reduce health inequalities**

Mental Health Europe (MHE) welcomes the European Commission consultation on health inequalities and believes that action on the EU level needs to be taken to address health inequalities.

MHE believes that mental health should be included as a key priority in a European strategy on health inequalities as mental health and well-being are central to understand wider health and social issues.

Mental health is more than a health issue, it influences and is influenced by a wide range of social and economic factors. Positive mental health or well-being contributes to healthier lifestyles, better physical health, improved recovery from illness, fewer limitations in daily life, higher educational attainment, greater productivity, employment and earnings, better relationships, more social cohesion and improved quality of life. All these factors are interrelated and affect the lives of individuals and communities<sup>1</sup>.

Mental Health Europe has consulted with its members on those issues and this document presents an overview of their position.

**On general data:**

**1) What do you think will be the trends regarding health inequalities? – Are they increasing or decreasing for example – please supply evidence if possible.**

This question shall take in consideration health inequalities between Member States as well as between socio-economic groups:

a) Health inequalities between Member States:

- Evidence shows that health inequalities are increasing in the European Union<sup>2</sup>.
- In the light of the economic crisis in the European Countries, the number of unemployed people and people without social insurance is expected to raise. There are also signs that governments' investments in public health will be reduced. The social indicators which are related to health - such as work, income and education - will decline. All these factors are likely to increase health inequalities.

In Greece for instance, there are very few services working on prevention and providing primary care in mental health. An exception is the (limited) presence of Mobile Psychiatric Care Units, developed by non-governmental organisations; patients are usually sent to

<sup>1</sup> WHO/Europe report "Mental health, resilience and inequalities":  
[http://www.euro.who.int/mentalhealth/topics/20090309\\_1](http://www.euro.who.int/mentalhealth/topics/20090309_1)

<sup>2</sup> <http://www.health-inequalities.org/>

private care units. These policies will increase health inequalities as the less privileged people will be further affected.

- Two aspects must be taken into consideration: the health inequalities within the EU Member States and those ones between EU Member States. These have a different impact because of national and EU regulations and legislative frameworks (if any). In the field of mental health in particular, the related economic implications and differences among and within member states are well known<sup>3</sup>.
- Expenditure for health issues is barely connected with the value of health, therefore, little growing rates of the national income lead generally to reduced budget reduced growth in the national income generally leads to a reduced budget for the health sector – a counterproductive attitude at a time where expenditure should not only stabilise but improve the “national health”.
- The quality of health care in the EU-15 is different from the one in the EU-27. Gaps and inequalities are still persistent. We should not only think locally, we should simultaneously think globally, considering all EU Member States.

#### b) Health inequalities between socio-economic groups:

- The differences between Member States are decreasing as a result of the changes occurring at EU level. However, the gaps are still significant and the differences between social and economical groups are increasing (resulting from minor increases of inequalities in every field including access to care)
- In some health sectors, such as mental health in particular, where the determinants are very different, it is a necessity that ALL determinants are addressed as a matter of urgency. Working and focusing only on a few determinants (like genetics) could actually worsen the situation by giving people unrealistic expectations, thus increasing inequalities at both member state level and socio/economic group level.
- Health inequalities seem to be increasing at the same time as the income inequalities are increasing, not only between Member States but also between different socio-economic groups. A lower socio-economic status generally leads to an unhealthier lifestyle (wealthier people define health as well-being, the less affluent define health as the absence of illness). An unhealthy lifestyle tends to self fulfill the argument “little health for little socio-economic status”.
- The affluent individuals have, in every country, possibilities to access high level healthcare, whereas a greater proportion of the population depends on public health care. The global financial depression is causing high rates of unemployment, which, on the other hand, deepens health inequalities and makes the acquisition of health services more difficult. In view of the fact that people in socio-economic groups will increase, mental health problems will also increase.

## **2) What kind of indicators do you think would be necessary to better monitor the extent of Health Inequalities in the EU?**

- The indicators that can better monitor the extent of health inequalities in the EU, are the following:
  - a) Life expectancy, years of life in good health and indicators monitoring the quality of life. This in correlation with:
  - b) gender, human behaviour and lifestyles, social class, country of origin (immigrants), place of residence (rural or urban area), education, the quality of the natural

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<sup>3</sup> See findings from the MHE-LSE led European project “Mental Health Economics European Network”: <http://www.lse.ac.uk/collections/PSSRU/researchAndProjects/mheen.htm>

environment, the available health services, the public investments in health, the existence of specialised equipment, the accessibility in health services and citizens' access to information.

Indicators which provide information on all the determinants (medical, social, cultural, political, etc) involved in the different health related sectors:

- attainability of services (within a certain time frame and including public transport)
- access to health information and access to specialist consultants
- health should also be considered as the "possibility of daily support by relatives/friends/social networks" that helps the individual who suffers from health problems
- the percentage that a State invests in prevention - a certain percentage of the national income should be preserved only for this kind of actions
- indicators that ensure that different groups (age, sex/gender, migrants etc.) have different needs and these "different group needs" are taken into consideration
- Special indicators on mental health should be developed independently of traditional indicators

### **3 - If you think monitoring and reporting needs improvement in this area, what kind of monitoring tools should be used?**

- Different kind of tools prepared with the active contribution of associations representing users along a two ways process: bottom-up and top-down
- Tools that support the different needs of different groups within a community (state, EU, global)
- Long term monitoring should be preferred
- Establishing a "health/wellbeing-economy-ratio" that represents the importance of health for the whole economic growth
- Health is very much connected with wellbeing which leads to a positive view on the world and confidence in the future, therefore developing positive thinking and attitudes to develop resilience is crucial
- Monitoring should look more in-depth at the factors that help to improve the mental health status
- It is necessary for all European Countries to elaborate common, valid and balanced tools in order to create field surveys, statistical measurements and systematic records, which can be comparable. These measurements have to take into account the variables referred in question number 2.

#### **On scope of level of EU action/subsidiarity:**

#### **4) Do you think action at EU level could make a difference in addressing health inequalities? Why?**

##### **Yes, because:**

- A wide understanding of the consequences of health inequalities requires that they are put on the EU agenda.
- EU influence is very positive in the social/mental health field. A greater EU competence in health issues would be welcome.

- the EU has importance and competency in regulating living and working conditions – therefore the EU can establish (at least) minimum standards to combat health inequalities
- The EU could be very helpful in addressing health inequalities, through the following actions:
  - to provide information on the (human and financial) impact of health inequalities
  - to use common and valid tools and indicators that will help with monitoring the problem and producing comparable information
  - to allow exchanges of experience and best practices through community tools such as the Open Method of Coordination (OMC)
  - to promote research in more fields
  - to fund the poorest countries through financial mechanisms such as the Structural Funds
- The EU should establish a framework that will assist the different states to better consider their health issues in relation to other states and to different socio/economics groups.

**5) How should relevant stakeholders be supported and engaged at EU level in tackling health inequalities?**

The EU can support the relevant stakeholders in many different ways:

- providing information and awareness of the effects of inequalities in health
- helping with monitoring all sides of the problem in all European countries, so that everyone is aware of the impacts.
- disseminating relevant information
- engaging the national governments in putting the issue as high priority on their political agendas
- elaborating a common European policy agenda including the commitment of all members to common objectives and policies in order to tackle health inequalities
- providing the stakeholders with general guidelines, In addition to the possibility of sharing knowledge and experiences between countries.
- supporting the self employed people and providing them with basic social and health security and a supportive pension-security-system
- ensuring that EU supports is directed mainly to those Member States that are struggling with problems caused by poverty.

**6) Should there be a common commitment at EU level to reduce health inequalities for example by committing to common milestones and reduction targets?**

**If yes, what do you think these milestones or targets should be (what variables? what extent?)**

MHE members are of the opinion that there should be a common commitment at the EU level to reduce health inequalities. The milestones/targets should include the following:

- Common objectives at European level have to be established in order to tackle health inequalities. Common commitment is crucial. It might, however, be difficult to set common goals as there is such a diversity of the starting situations in the Member States,

- but there should be common EU milestones that express a common EU commitment to reduce health inequalities
- The common goals should be the following:
    - Dissemination of the available data and information on the effects of inequalities in health.
    - Use of common tools aimed at the collection of comparable data on the extent of the problem in each country.
    - A timetable and strategies to address the problem, intermediate objectives and long-term benefits.
    - Exchange of experience and best practices.
  - Variables to be included are as follows: life expectancy, years of life with good health and quality of life, indicators in correlation with gender, social class, country of origin (immigrants), living conditions, place of residence (rural or urban area) , education level, the quality of the natural environment, available health services, public investments in health, development of new health units, evaluation of existing units, people's access to health services, and the access of citizens to information.

### **7) What would be the right tools to ensure that common goals are achieved on national and EU level (reporting, benchmarking, OMC, etc)?**

Innovative methodology and tools should be developed to gather comparable data and to determine whether the objectives are achieved. The best tools to ensure that common goals are achieved at all levels are reporting and dissemination of good practices.

### **8) To what degree can health inequalities be addressed through health policy? How?**

Health policy should address health inequalities by using a more "person-centered" approach that takes into account the individual's surroundings and social structures that subsequently influence the health status of the individual.

The health inequalities are connected with the inequalities of income and living conditions, so it is not only question of health policy but also of social and economic policy. In the field of mental health in particular, this cannot be addressed by health policy alone. Health policy is extremely relevant but has to be developed by involving the services and the users locally.

Health policy needs to be supported by a political will, a political priority aiming at a coherent, comprehensive and continuous national plan for health. The goal is a comprehensive plan on taking measures for prevention and improvement of health and quality of life for all citizens, equally and fairly. Inequalities in health arise from the lack of a coherent health policy. Only if the overall health policy and other policies that affect health (e.g. social, economic, education and justice) change, it is possible to reduce the disparities in this field. This cannot be achieved by fragmentary action.

### **9) Which and to what extent should other policy areas, such as social policy, contribute to reducing health inequalities.**

The role of social policy is crucial. Health and mental health in particular have social impacts and therefore also require the development of social policy measures, as well as education and judicial measures.

Inequalities in health arise because of factors such as social class, country of origin (immigrants), living conditions, place of residence and ease of access to health services (rural or urban), education, quality of physical environment (pollution in degraded areas, policies for energy), available health services, governments' investments in health, access of citizens to information and policies for accident prevention. Policies for all the above areas can help reduce health inequalities. Mental Health Europe strongly believes that there should be a synergy among the social, justice, education, environment and health policies.

### **Possible Actions and impacts:**

#### **10) Given the current economic situation can you think of any immediate action that EU or Member States could take to avoid an increase of health inequalities in the short term?**

Although the current economic situation makes it harder for EU to invest more money in an effort to reduce health inequalities, some immediate actions which are effective and less expensive can be taken:

- By informing about the impact that mental health problems have on all sectors (social, economical, etc)
- By supporting people who become unemployed (given the current economic situation) and increasing the unemployment benefit rates to a level where health is still possible and poverty resulting in a decrease of wellbeing and a reduction in good health can be avoided
- By providing a essential level of health care for every EU citizen, migrants and Asylum seekers
- By establishing new and varied sources of investment n the health and care sectors
- By using structural funds to address health inequalities
- A partnership of public and private non-profit organizations is necessary. There is experience and good practice particularly in the area of mental health, developed by NGOs. NGOs can help to promote awareness and education for the population on the issue of prevention and health promotion. It is less costly and is relatively efficient.
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#### **11) Do you believe that investments through structural funds could help to reduce health inequalities. If so how and why?**

The investments through the Structural Funds can assist in reducing health inequalities, if they can be used to support small scale local projects. They can support the poorest countries in their health policies. Frequently the burning issue is both the lack of political will, and the lack of resources, money, expertise and equipment that lead to inequalities. Investments through structural funds could indeed help the poorest countries to reduce health inequalities. In such a framework, these countries would save the money which is paid by the social insurance funds to people who have poor health, because of inequalities in this field. In this way even the poorest countries could save money that could be invested in tackling health inequalities.

These investments have to be combined with the development of policies that engage the politicians and the governments to prioritise the above mentioned issues.

The structural funds should be used especially to decrease the poverty in some Member States. The management of these funds should be regulated to ensure that the money is not consumed by organisations – the beneficiary must be the individual person.

**12) Where do you think should future investments through structural funds be mainly spent to be effective for reducing health inequalities and what would be the expected impact of that spending?**

- Physical health and mental health must be addressed "equally" as they have the same importance. For instance, the absence rates in the employment sector in Austria (latest findings) is half based on physical problems and half on mental problems. More investments in the mental health sectors are necessary.
- The investment should be put in :
  - education and public awareness about the importance of prevention and health education
  - education and training of staff and scientists to gain new knowledge
  - exchange of best practices
- In general the investment in information, education, prevention and human resources will have more stable and continuous results than only providing the hardware and equipment ( although also needed some times)
- Investments should be made to improve the community "all in" services (low scale, easy access knowing the population and the possibilities for help)

**13) What in your opinion are other areas that EU and Member States should be encouraged to focus on to achieve a reduction of health inequalities?**

In the European Union there should be acknowledgment of the fact that a well maintained social, health and education policy is the prerequisite of financial success.

It is important that policies aimed at the reduction of inequalities in health are part of a comprehensive plan that includes social equality policies in all areas relevant for the citizens (and all vulnerable groups such as immigrants, mentally ill) equality of information, education, and work.

**14) To what extent would existing coordination and monitoring processes at EU level need to be improved to strengthen joint action on health inequalities?**

Coordination should be improved at all levels (EU, national and local). The work under the social OMC and the Health Strategy as well as financial support through EU structural funding has to continue.

The Communication could be integrated with a Commission proposal for a Council recommendation setting out the principles for the Community and national policies. This will highlight the main areas of action and the policy principles to be pursued; this further would increase the political commitment of all participants without interfering with Member States responsibilities.

**15) What could be possible actions in other EU policy areas on health inequalities and what could be their impact?**

All the other areas must be involved in health issues. In particular a better collaboration between DG Health, Employment and Social Affairs and Justice would be welcome.

**16) What shall be done by the EU in order to facilitate the exchange of experiences between Member States, regions and cities?**

- To support European NGOs to look for good practices in lowering the inequalities on mental health
- To make use of existing programmes like “healthy cities”, which principles could be adapted to promote health in other key settings
- To develop specific community programmes in order to exchange experiences and transfer knowledge in the field of health inequalities

**17) How should EU policies be streamlined in order to reach targeted beneficiaries in the best way? (Disadvantaged, women, migrants, children)**

The objectives should take into account the specific needs of the target population. The beneficiaries should be involved in the planning and be engaged in the policy making process.

NGOs and organisations actively dealing with those specific groups can be extremely helpful to:

- Implement specific programmes targeting different groups
- Ensure that not only the vulnerable groups are targeted, but also the “general population” in order to promote (mental) health and wellbeing for the society as a whole

**18) To what extent do you think are the improvement of research capacities advantageous for fighting HI? Can you name any concrete examples?**

Research can be very useful if it involves local, regional, national and European stakeholders and if it creates close links among local knowledge, thus bringing Europe to the local level and vice versa.

The research should be directed towards the accumulation of social problems in one generation and their transmission to the next generation.

- research capacities must allow researchers to work on special topics that improve the health conditions of anyone in the EU and to ensure a decent salary for their work
- funding for research should be made accessible and sustainable
- private-public partnership should be encouraged and NGOs should be involved as these are not only a valuable source of evidence-based information but they are also valuable partners to reach the local level and can identify the genuine needs of the population.

**Other points:**

**19) Do you know of any examples of good practice in addressing health inequalities which would be helpful to share with the Commission or other stakeholders – if yes please supply details.**

**General recommendations for good practices:**

- raising awareness on all kind of inequalities that arise in the modern societies
- giving provisions to all institutions that define health as a general target, ranging from local institutions and state authorities to firms/enterprises and so on
- from a preventive point of view it is always better to start with the youngest who are the new generation

- health and solidarity should always be focused on a three way basis: individual base, social network base and (national/EU) framework base
- engage the unengaged: involve the representatives of the most disadvantaged groups

### **Some good practices' examples from MHE members:**

#### **AISME project on Local Mental health Systems (Italy)**

Local associations, services and governments of different European places, aware of the fact that many health issues belong to the local community, want to know each other and to compare the local systems to better address common concerns. An Italian-Scottish project is being set up with aim to compare four local communities in relation to mental health.

Since 1981 the **Society of Social Psychiatry and Mental Health (Greece)** has developed **Mobile Units of Psychiatric Care in rural areas**. The therapists provide quality services to a certain section of the population; those who have no access to mental health services. The therapists work very close with the patient, his family and the community. They provide primary care and prevention services, they develop programs of education and sensitization of the community in mental health issues, and they work for the rehabilitation of the chronic mentally ill people as part of their own community. These services face efficiently the inequalities in accessibility to quality health services, which is often a problem for both mentally ill people and for people living in rural areas.

In **Finland** the **health care in the workplace** is working well and meets with the needs of the working population. **Counseling activities** have been developed in Finland **for the unemployed**. This means regular health inspections and counseling for those unemployed, especially if they belong to a risk group from the point of view of health inequalities.

**Pro mente Austria** established the institute for "Prevention and Research" and the "Pro mente Academy", offering education and training for professionals working in the field of social psychiatry.

*Mental Health Europe  
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#### **About Mental Health Europe**

Mental Health Europe (MHE) is an organisation committed to the promotion of positive mental health, the prevention of mental distress, the improvement of care, advocacy for social inclusion and the protection of human rights for people with mental health problems, their families and carers. MHE vision is of a Europe where mental health and well-being is given high priority in the political spectrum and on the European health and social agenda, where people with mental health problems live as full citizens with access to appropriate services and support when needed, and where meaningful participation is guaranteed at all levels of decision-making and administration. MHE's values are based on dignity and respect, equal opportunities, freedom of choice, anti-discrimination, social inclusion, democracy and participation.

[www.mhe-sme.org](http://www.mhe-sme.org)