

International Policy Overview: mental health and depression

Version: March 2011
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This policy overview is linked to the following topic in the National Public Health Compass [in Dutch] (National Kompas Volksgezondheid):

- [Preventie van depressie](#) (prevention of depression), especially to the sub-topics:
 - [Wat zijn de effecten?](#) (what are the effects of intervention?), and
 - [Zijn er verschillen tussen Nederland en andere landen?](#) (are there differences between the Netherlands and other countries?)
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This policy overview is linked to the following European Community Health Indicators (ECHI):

- [23\(a\). Depression: self-reported prevalence](#)
- [23\(b\). Depression: register-based prevalence](#)
- 32. Suicide attempt (no documentation available yet)
- [72\(a\). Selected outpatient visits: self-reported visits](#)
- [72\(b\). Selected outpatient visits: register-based visits](#)

Currently no data for these indicators are available yet in the European Health Indicators database/[data presentation tool](#) at the website of the European Commission.

1a. Summary

Mental health policies: evidence for effective policy measures and interventions

Indicated prevention using cognitive behavioral therapy is effective in reducing depression incidence
Only for a small number of interventions, aimed at people with symptoms of depression (indicated prevention), it has been shown in a convincing way that they decrease the incidence of depression, i.e. the occurrence of new cases. These interventions are all based on the American 'Coping with depression' intervention, and use cognitive behavioral therapy. A substantial evidence base exists to support the effectiveness in the primary care setting of collaborative care, case management and stepped care in improving patient adherence with treatment and improved clinical outcomes for depression. Clinician education and guidelines, when offered by themselves, are largely ineffective strategies. There is also evidence to support the effectiveness of suicide prevention programmes for the general and at risk school populations. Internet based interventions and integrated community approaches seem promising developments. However, currently many aspects of internet-based interventions still need to be investigated, and not much evidence on the effectiveness of community-based approaches is available yet.

Mental health policies in international perspective: EU policies and strategies

The European Pact for Mental Health and Well-being is the key policy document at EU level
In its 2005 Green Paper 'Improving the mental health of the population: towards a strategy on mental health', the European Commission confirmed its commitment to the mental health of its citizens. This Green Paper was a first response to the WHO mental health declaration for Europe (see below). In June 2008 the European Pact for Mental Health and Well-being was established, recognizing mental health as a human right and as a key resource for the success of the EU as a knowledge-based society and economy. Policy makers and stakeholders are invited to take action on five priority areas:

- Prevention of depression and suicide
- Mental health in youth and education
- Mental health in workplace settings
- Mental health of older people
- Combating stigma and social exclusion

Deliverables on the priorities of the Pact are being communicated through the EU Compass for action on mental health and well-being.

Mental health policies in international perspective: impact of WHO and other intergovernmental organizations

2005 WHO Mental Health Declaration for Europe was important starting point for action
In January 2005, the Mental Health Declaration for Europe and the Mental Health Action Plan for Europe were signed and endorsed on behalf of ministers of health of the 52 Member States in the European Region. Since then, WHO/Europe has supported countries as they develop their own plans and policies to improve mental health promotion, prevention, care and treatment. One of the action points related to the Mental Health Declaration of Europe is evaluating effectiveness and generating new evidence. WHO/Europe supports this action point through the Health Evidence Network (HEN). HEN aims to give access to independent and reliable health information and evidence and has published several products in the field of mental health policy. Fundamental rights and dignity of the mentally ill are important topics for the Council of Europe, and OECD has done work in the area of

disability benefit systems and mental health problems, and indicators to measure the quality of mental health care.

National mental health policies and strategies

In many EU Member States in 2006 mental health promotion and mental disease prevention did not yet have a clear place in mental health policies

From a 2006 overview of national mental health policies, made at the request of the European Commission, the conclusion can be drawn that in many countries the focus of mental health policies is on treating patients rather than on mental health promotion and mental disease prevention. Stigmatization of mental health patients still is a big problem in many countries. Especially the new EU Member States report the necessity to make a shift from institutional care to community based care. Scotland, Finland and Australia are presented as good policy examples in a 2008 report produced by RIVM. These countries implement central, coherent and integrated policies in the area of preventing depression and other mental disorders and the promotion of mental health, and they distinguish themselves with long-term involvement in and national government commitment to the prevention of mental health disorders.

1b. Samenvatting

Beleid op het gebied van geestelijke gezondheid: bewijs voor doeltreffende maatregelen en interventies

Geïndiceerde preventie gebaseerd op cognitieve gedragstherapie is effectief in het verminderen van de incidentie van depressie

Slechts voor een klein aantal interventies, gericht op mensen met symptomen van depressie (geïndiceerde preventie), is overtuigend aangetoond dat ze resulteren in een daling van de incidentie van depressie. Dat wil zeggen dat er door deze interventies minder nieuwe gevallen van depressie ontstaan. Deze effectieve interventies zijn allemaal gebaseerd op de Amerikaanse interventie 'Omgaan met depressie' ('Coping with depression') en maken gebruik van cognitieve gedragstherapie. Er is substantieel bewijs dat in de eerste lijn samenwerkingsverbanden, case management en 'stepped care' effectief zijn. Deze interventies zorgen voor verbeterde therapietrouw en voor verbeterde klinische toestand van patiënten. Klinisch onderwijs en klinische richtlijnen zijn ineffectief wanneer ze als enkelvoudige strategieën worden ingezet. Er zijn ook aanwijzingen voor de effectiviteit van programma's ter preventie van suïcide gericht op de algemene schoolpopulatie en op hoog risico schoolpopulaties. Interventies via internet en geïntegreerde benaderingen in de wijk lijken veelbelovend ontwikkelingen. Er moeten echter nog veel aspecten van interventies via internet nader onderzocht worden, en er is nog niet veel bekend over de effectiviteit van geïntegreerde wijkinterventies.

Beleid op het gebied van geestelijke gezondheid in internationaal perspectief: EU beleid en strategieën

Het European Pact for Mental Health and Well-being is het belangrijkste beleidsdocument van de EU
In 2005 bevestigde de Europese Commissie in haar groenboek 'Improving the mental health of the population: towards a strategy on mental health' haar inzet voor de geestelijke gezondheid van haar burgers. Dit groenboek was een eerste reactie op de WHO 'mental health declaration for Europe' (zie hieronder). In juni 2008 werd het European Pact for Mental Health and Well-being opgericht, waarin werd erkend dat geestelijke gezondheid een mensenrecht is en een belangrijke bron voor het succes van de EU als een kennismaatschappij en -economie. Het Pact nodigt beleidsmakers en andere belanghebbenden uit om actie te ondernemen op vijf prioritaire gebieden:

1. Preventie van depressie en zelfmoord
2. Geestelijke gezondheid van kinderen/jonge mensen en in het onderwijs
3. Geestelijke gezondheid op de werkplek
4. Geestelijke gezondheid van oudere mensen
5. Bestrijding van stigmatisering en sociale uitsluiting

Via het EU Compass for action on mental health and well-being wordt bekend gemaakt wat bereikt is met betrekking tot deze prioriteiten.

Beleid op het gebied van geestelijke gezondheid in internationaal perspectief: impact van de WHO en andere intergouvernementele organisaties

2005 WHO Mental Health Declaration for Europe was een belangrijk startpunt voor actie

In januari 2005 werden de Mental Health Declaration for Europe en het Mental Health Action Plan for Europe ondertekend en goedgekeurd door de ministers van volksgezondheid van de 52 lidstaten in de WHO Europese Regio. Sindsdien heeft WHO-Euro landen ondersteund bij het ontwikkelen van plannen en beleid ter bevordering van de geestelijke gezondheid, en op het gebied van preventie, zorg en behandeling. Een van de actiepunten in de Mental Health Declaration for Europe is het

evalueren van effectiviteit het genereren van nieuw bewijs. WHO-Euro bewerkstelligt dit via het Health Evidence Network (HEN). HEN heeft tot doel om onafhankelijke en betrouwbare gezondheidsinformatie te verstrekken en heeft verschillende producten gepubliceerd over beleid op het gebied van de geestelijke gezondheid. Fundamentele rechten en de waardigheid van patiënten met psychische problemen zijn belangrijke onderwerpen voor de Raad van Europa. De OESO heeft werk verricht op het gebied van arbeidsongeschiktheidsuitkeringen en geestelijke gezondheidsproblemen, en van indicatoren om de kwaliteit van de geestelijke gezondheidszorg te meten.

Beleid en strategieën op het gebied van geestelijke gezondheid op nationaal niveau

In 2006 hebben in veel EU-lidstaten geestelijke gezondheidsbevordering en preventie van psychische ziekten nog geen duidelijke plaats in het beleid

Uit een in 2006 op verzoek van de Europese Commissie gemaakt overzicht van nationaal beleid op het gebied van de geestelijke gezondheid kan de conclusie worden getrokken dat in veel landen de focus van het beleid ligt bij de behandeling van patiënten en niet bij geestelijke gezondheidsbevordering en preventie van psychische ziekten. Stigmatisering van psychiatrische patiënten is nog steeds een groot probleem in veel landen. Vooral in de nieuwe EU-lidstaten is een verschuiving van institutionele zorg naar community based care nodig. Schotland, Finland en Australië komen voorbeelden van goed beleid naar voren in een RIVM rapport uit 2008. Deze landen voeren centraal, coherent en geïntegreerd beleid op het gebied van preventie van depressie en andere psychische stoornissen en de bevordering van de geestelijke gezondheid. Ook onderscheiden ze zich door beleid voor de langer termijn en de inzet van de nationale overheid voor de preventie van psychische stoornissen.

2. Definition and scope

2.1. What kinds of policies are described in this overview?

Mental health policies generally have a broad scope, as illustrated by the definition of mental health policies used in the [WHO Global Atlas report](#): 'Mental health policy is a specifically written document of the Government or Ministry of Health containing the goals for improving the mental health situation of the country, the priorities among those goals and the main directions for attaining them. A mental health policy may include the following components: advocacy, promotion, prevention, treatment and rehabilitation'.

In this overview as much as possible we aimed to filter out those elements of mental health policies focusing on mental health promotion and mental disease prevention. Regarding the latter, here as much as possible we tried to focus on prevention of depression. Often however in mental health policies prevention of depression and prevention of suicide are addressed together, so information on prevention of suicide is also provided in this overview (also see paragraph 2.5.).

In paragraph 3 on effective policy measures and interventions the state of the art of knowledge about effectiveness of local interventions is described. In paragraph 5 on national policies and strategies information is provided on whether/how national authorities provide regulatory frameworks to accommodate mental health promotion and mental diseases prevention, including the types of interventions described in paragraph 3.

During the past few years the benefits of stimulating good mental health and the importance of tackling the burden of mental health disease have been acknowledged by the European Union and international organizations such as WHO, as well as by Member States. This has resulted in many initiatives on exchanging good practice examples, of which the most important ones are described in this overview. Nevertheless, solid epidemiological information on the occurrence of good mental health and mental disease, as well as on their determinants, is currently lacking at European level.

2.2. Are there relevant subgroups to address?

In paragraph 3 on effective policy measures and interventions, according to common terminology in this field, we discern different target groups for preventive action to provide a framework for describing the effectiveness of interventions.

There are several subgroups that have an increased risk for poor mental health/depression, such as elderly persons, people who have very stressful work, or prisoners. Given the broadness of the topic addressed in this overview, we will not systematically focus on specific subgroups; that would make this overview too long. Sometimes examples of policies related to specific subgroups are given as an illustration.

2.3. Limitations related to mapping policies

When describing policies, one mostly is limited to official documents, e.g. laws or national strategy papers. This implies that often it is not clear to what extent rules and regulations are being enforced

in practice, or to what extent plans have actually been put into action. This limitation should be taken into account while reading this policy overview. An additional limitation comes from the fact that only information available in English and/or Dutch has been used for compiling this overview.

2.4. Geographical scope

The focus in this overview mainly is on Europe. This is because 1) within Europe countries generally are reasonably comparable, and 2) a lot of information has been compiled for the European Union Member States/broader European region under the regulatory mental health frameworks provided by the European Union and WHO. It is emphasized however that though mental health policies in Europe are converging, large differences still exist with regard to the organization of mental health care, especially between Eastern and Western European countries.

2.5. Terminology applied in international context

In the Netherlands improving the impact of prevention of depression is one of the specific aims of the national prevention strategy. In the international regulatory frameworks however the focus is on the broader concept 'mental health', which includes both (the promotion of) good mental health and (the prevention of) mental disease, including depression. Commonly (prevention of) depression and suicide are addressed together.

3. Mental health policies: evidence for effective policy measures and interventions

Preventive interventions for depression can be targeted at different population groups

Several types of depression prevention can be discerned, based on the specific population groups that are being targeted:

- parts of the general population, such as school classes, without considering individual risks (universal prevention);
- persons carrying an increased risk for developing depression, such as children of depressed parents, people suffering chronic physical disease, the unemployed (selective prevention);
- persons suffering increased symptoms of depression, but not severe enough to be classified as clinically depressed (indicated prevention).

Indicated prevention using cognitive behavioral therapy is effective in reducing depression incidence

In the Dutch Health Status and Forecasting Report 2010 ([Report on effectiveness of prevention](#) [in Dutch]) an overview of available international and national evidence on (cost-)effectiveness of preventive interventions for depression was provided. In general one can conclude that only for a small number of interventions, aimed at people with symptoms of depression (indicated prevention), it has been shown in a convincing way that they decrease the incidence of depression, i.e. the occurrence of new cases. These interventions are all based on the American 'Coping with depression' intervention, and use cognitive behavioral therapy. For some forms of universal and selective prevention there is evidence that they have a favorable effect on determinants of depression, such as coping skills and self-esteem. Currently there is however no evidence that such interventions also are effective in decreasing the occurrence of depressive symptoms or new cases of depression.

Opportunities exist to improve effectiveness of primary care

The Health Evidence Network (HEN) assessed in 2004 the [evidence on effectiveness of capacity building of primary health care professionals in the detection, management and outcome of depression](#). They concluded that a substantial evidence base exists to support the effectiveness of collaborative care, case management and stepped care in improving patient adherence with treatment and improved clinical outcomes. Clinician education and guidelines, when offered by themselves, are largely ineffective strategies. A near uniform finding was that the improved outcomes of successful strategies are associated with increased health care costs.

Suicide prevention programmes for the general and at risk school populations are effective

The main conclusions of the 2004 Health Evidence Network (HEN) report '[For which strategies of suicide prevention is there evidence of effectiveness?](#)' are that in the general school population, suicide prevention programmes based on behavioural change and coping strategies were found to be effective. Moreover, in adolescents at high risk, school-based suicide prevention programmes based on skill training and social support appeared to be effective in reducing risk factors and enhancing protective factors. For adult patients who have attempted suicide or deliberate self-harm, there is some evidence, in a very controlled setting, of the benefits of cognitive behavioural therapy. Trends towards benefits were also seen with the use of problem solving, emergency cards, dialectical therapy and the medication flupenthixol. A new international review of available evidence aimed at identifying successful elements of suicide preventive programmes is currently taking place within the FP7 (DG Research) funded [OSPI Europe project](#); optimizing suicide prevention programs and their implementation in Europe. The outcomes are not yet available.

Internet based interventions and integrated community approaches seem promising developments

The internet offers possibilities to enlarge the numbers reached by self-support interventions, as such interventions are flexible and anonymous. Nevertheless, many aspects of these types of interventions still need to be investigated, such as the reasons for dropping out and how to best reach and address specific subgroups. The community is an important setting for health promotion and prevention; different relevant actors are active within the community (primary care providers, home care providers, social workers, etc.) and aspects that influence people's health (physical and social environment) are mostly determined at community level. Moreover, determinants, risk factors and health problems, such as low income, smoking, overweight, and mental health problems, often cluster within certain communities. Therefore it seems logical to try to tackle these health problems and their underlying causes through an integrated community-based approach. Currently however not much evidence on the effectiveness of such approaches is available yet.

4. Mental health policies in an international perspective

European countries work on their mental health policies within different supra- and international settings. They are Member States of the supranational European Union (EU) and have to work under EU rules, regulations and agreements (which in the case of mental health all are non-binding). Next, they collaborate under the umbrella of intergovernmental organizations such as the World Health Organisation (WHO), the Organisation for Economic Cooperation and Development (OECD), and the Council of Europe. Both perspectives will be addressed here.

4.1. EU policies and strategies

Development of an EU mental health strategy resulted in Pact for Mental Health and Well-being

In its 2005 Green Paper '[Improving the mental health of the population: towards a strategy on mental health](#)', the European Commission confirmed its commitment to the mental health of its citizens. This Green Paper was a first response to the WHO mental health declaration for Europe. In June 2008 the participants in the EU conference "Together for Mental Health and Wellbeing", acknowledged the importance and relevance of mental health and well-being for the EU, its member states, stakeholders and citizens, and this was put down in the [European Pact for Mental Health and Well-being](#).

Depression is one of the focal points within a broader EU mental health approach

In the [European Pact for Mental Health and Well-being](#) mental health is recognized as a human right and as a key resource for the success of the EU as a knowledge-based society and economy. Complementary action and a combined effort at EU-level can help member states 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. Policy makers and stakeholders are invited to take action on five priority areas:

- Prevention of depression and suicide
- Mental health in youth and education
- Mental health in workplace settings
- Mental health of older people
- Combating stigma and social exclusion

Work on priorities EU Compass for action on mental health and well-being are reported in Compass

Deliverables on the priorities of the Pact are being communicated through [the EU Compass for action on mental health and well-being](#). Stakeholders can add the following types of information to the Compass for the five priorities of the Pact:

- Policies and good practices
- Reports and studies
- Policy documents, recommendations and declarations
- Implementation

Compass for action on mental health and well-being holds a database on policies and good practices

The reported [policies and good practices](#) are being organized in a database according to the five priorities of the pact. For the priority 'Prevention of depression and suicide' the following subdivision is present in the database:

- Addressing the determinants of mental health and risk factors for depression and suicide
- Interdisciplinary health professionals' dimension
- Intersectoral dimension
- Media / Internet
- Health care
- Knowledge Base: Data and Research

Mental health is addressed at different policy levels within the EU

Next to the Commission policies described above European Parliament and the Council of Ministers have also taken action in the field of mental health. In the period 2001-2005 the Council of Ministers adopted a number of Council acts on mental health ([2001](#), [2003](#), [2005](#)) and, following the adoption of the Pact for Mental Health and Well-being, the European Parliament in 2009 adopted a [Resolution](#) addressing mental health. Several European Agencies are also active in the field of mental health,

such as [EUROFOUND](#) (European Foundation for the Improvement of Living and Working Conditions), [EU-OSHA](#) (European Agency for Safety and Health at Work), and the [FRA](#) (European Union Agency for Fundamental Rights).

Textbox: calls European Parliament for Member State action in the field of mental health

In its [resolution of 19 February 2009 on Mental Health](#), the European Parliament:

- Calls on the Member States to implement cross-sectoral programmes for the prevention of suicide, especially among young people and adolescents, promoting a healthy lifestyle, reducing the risk factors such as easy access to pharmaceuticals, drugs, harmful chemical substances and alcohol abuse; considers that it is particularly necessary to guarantee the provision of treatment for people who have attempted to commit suicide and of psychotherapeutic treatment for the families of people who have committed suicide;
- Calls on the Member States to set up regional information networks between healthcare professionals, service users and people with mental health problems, their families, their educational establishments and places of work, together with local organisations and the public in order to reduce depression and suicidal behaviour;
- Calls for information to be made more widely available concerning the single European emergency call number 112, such as attempted suicide or mental crises, so as to allow rapid intervention and the provision of emergency medical assistance;
- Calls on the Member States to set up specific training courses for general practitioners and for the staff of psychiatric services, including doctors, psychologists and nurses, on the prevention and treatment of depressive disorders and suicide risk awareness and management.

A large number of projects on mental health has been funded by the European Commission

Under the former Public Health Programme (2003-2008) and the current Health Programme (2008-2013) a large number of projects on mental health have been and are being funded. These projects deal with issues such as data collection and indicator development, health promotion and prevention policies, capacity building and improving mental health in specific groups such as children, the elderly or prisoners. An overview of projects funded under the Public Health Programmes can be found at the [website of DG SANCO](#). An overview of projects on mental health funded also by other DGs of the European Commission other than SANCO can be found at the website of the [SUPPORT project](#). The SUPPORT project was funded under the former Public Health Programme and its aim was to support the development, delivery and implementation of the EU Strategy on Mental Health. The website has last been updated in 2009 but is still on-line.

4.2. Impact of WHO and other intergovernmental organisations

2005 WHO Mental Health Declaration for Europe was important starting point for action

At the WHO European Ministerial Conference on Mental Health, held in Helsinki in January 2005, The [Mental Health Declaration for Europe](#) and the [Mental Health Action Plan for Europe](#) were signed and endorsed on behalf of ministers of health of the 52 Member States in the European Region. Since then, WHO/Europe has supported countries as they develop their own plans and policies to improve mental health promotion, prevention, care and treatment. The commitments centre on twelve key areas of action, amongst others: demonstrating the centrality of mental health, preventing mental health problems and suicide, ensuring access to good primary care for mental health problems, creating a sufficient and competent workforce, establishing good mental health information, and evaluating effectiveness and generating new evidence.

WHO/Europe and European Union work together to tackle mental health problems

In response to the Mental Health Declaration for Europe, the European Union launched the 2005 Green Paper 'Improving the mental health of the population: towards a strategy on mental health', which ultimately resulted in the Pact on Mental Health and Well-being (see EU policies and strategies). Under the umbrella of these related WHO and European Union policies, joint action has been undertaken by WHO/Europe and the European Union. Concrete examples are the co-funded partnership [project on empowering people with mental health problems and their carers](#), and the 2008 report [Policies and practices for mental health in Europe](#).

Health Evidence Network summarizes and synthesizes evidence for (mental) health policy making
One of the action points related to the Mental Health Declaration of Europe is evaluating effectiveness and generating new evidence. WHO/Europe supports this action point through the [Health Evidence Network](#) (HEN). HEN is a network of organizations or institutions promoting the use of evidence in health policy or health technology assessment. It aims to give access to independent and reliable health information and evidence. HEN has published several products in the field of mental health policy (for more information on two of these products see paragraph 3). HEN works together with the [Observatory on Health Systems and Policies](#). The Observatory published in 2007 the book '[Mental health policy and practice across Europe](#)', which provides a comprehensive overview of past and current mental health policy practices in Europe. Some of the main challenges identified in this book are closing mental health institutions and moving towards community based care; promoting broad quality of life, including aspects such as employment and removal of discriminatory barriers; and developing an evidence-based decision-making approach.

Textbox: areas of action [Mental Health Declaration](#) and [Action Plan](#) for Europe of WHO/Europe

- promoting mental well-being for all
- demonstrating the centrality of mental health
- tackling stigma and discrimination
- promoting activities sensitive to vulnerable life stages
- preventing mental health problems and suicide
- ensuring access to good primary care for mental health problems
- offering effective care in community-based services for people with severe mental health problems
- establishing partnerships across sectors
- creating a sufficient and competent workforce
- establishing good mental health information
- providing fair and adequate funding
- evaluating effectiveness and generating new evidence

Fundamental rights and dignity of the mentally ill are important topics for the Council of Europe
The fundamental rights and dignity of the mentally ill are important issues for the [Council of Europe](#), as is illustrated by several policy documents, such as the 2004 [Recommendation of the Committee of Ministers to Member States concerning the protection of human rights and dignity of persons with mental disorder](#), the 2005 [Resolution on Improving the response to mental health needs in Europe](#) of the Parliamentary Assembly, and the 2009 [Recommendation of the Committee of Ministers to Member States on monitoring the protection of human rights and dignity of persons with mental disorder](#). The Council of Europe is an international organisation in Strasbourg which comprises 47 countries of Europe. It was set up to promote democracy and protect human rights and the rule of law in Europe.

OECD finds that biggest challenge to disability benefit systems is related to mental health problems
OECD's 2010 thematic review '[Sickness, Disability and Work: Breaking the Barriers](#)' found that probably the biggest new challenge to disability benefit systems in OECD countries is the rising

incidence of disabilities related to mental health problems. Therefore in 2010 OECD launched a new project 'Disability and Work: The Challenges for Labour Market Inclusion of People with Mental Health Problems'. The project aims to generate information and evidence to guide better and more integrated social, labour, and possibly health, policies to increase labour market participation of individuals with mental health-related disabilities in OECD countries. As a tool for supporting the early stages of the project a [discussion paper](#) was developed. In 2008 OECD published a [Policy Brief](#) containing a review of what is known about the scope of mental health problems in OECD countries, their social and economic costs, and the resources available to treat them. Another OECD activity in the field of mental health is related to the [development of indicators for measuring the quality of mental health care](#).

5. National mental health policies and strategies

The European Commission gathers information on national strategies on website

In the framework of its strategy on mental health and well-being (see paragraph 4.1.), the European Commission gathers documents on national policies and strategies and makes these available on their website. Different types of information are provided: [Mental Health Briefing Sheets](#), which present facts and activities in Member States; [national policies](#); and [regional policies](#). Mental Health Briefing Sheets are available for all 27 EU Member States, though not all of these have been validated yet by the Member States. Up till now national and regional documents are only available for a limited number of countries.

In many EU Member States mental health promotion and mental disease prevention do not yet have a clear place in mental health policies

The European Network on Mental Health Promotion and Mental Disorder Prevention compiled, at the request of and co-funded by the European Commission, comprehensive documentation on mental health policies. In 2006 the report '[Mental health promotion and mental disorder prevention across European Member States: a collection of country stories](#)' was published. Next to information on national policies, information on e.g. commitment, programmes across settings, and organization and resources are provided in the report. Some general conclusions that can be drawn from these country overviews is that in many countries the focus of mental health policies is on treating patients rather than on mental health promotion and mental disease prevention. Stigmatization of mental health patients still is a big problem in many countries. Especially the new EU Member States report the necessity to make a shift from institutional care to community based care.

Promoting mental health and integrated policies are components of policies in Scotland, Finland and Australia

In 2008 the Dutch National Institute for Public Health and the Environment (RIVM) published the report '[Learning from our Neighbours; Cross-national inspiration for Dutch public health policies: smoking, alcohol, overweight, depression, health inequalities, youth, screening](#)'. In this report, Dutch mental health policy is compared with three good practice examples; Scotland, Finland and Australia. These countries are among the countries that implement central, coherent and integrated policies in the area of preventing depression and the promotion of mental health, and they distinguish themselves with long-term involvement in and national government commitment to the prevention of mental health disorders. They also implement policies on the promotion of mental health in association with the prevention of mental health disorders. One of the main conclusions of the report was that the Netherlands were lagging behind in implementing an integrated health policy. Dutch policies on preventing depression have been aimed at individual risk factors, such as depression symptoms. However, the risk for depression can also be reduced by ensuring healthy living conditions, such as a healthy and safe home environment, good social conditions, good social

relationships and a good education for the entire population. It was recommended that the Dutch government should also reduce such environmental risk factors by including these in its policy on preventing depression.

Mental health programmes in Europe show convergence, but depression prevention programmes are still diverse

In the 2008 report '[Policies and practices for mental health in Europe - meeting the challenges](#)', WHO-Europe provides a comprehensive overview of policies on mental health in the Member States of the WHO European region. Their general conclusion is that mental health policies, interventions and services show a trend towards convergence. Most policies and legislations cover a comparable scope. However, programmes and activities to prevent depression show greater diversity of interventions and target groups than health promotion or anti-stigma programmes do. Austria, Germany and Spain (Catalonia) are partners in the [European Alliance against Depression](#). Bosnia and Herzegovina (Federation of Bosnia and Herzegovina), Czech Republic and Israel reported specific mass-media campaigns and other close collaboration with the mass media. Latvia implemented a crisis phone line. In Belgium and especially in the Flemish region, a public campaign for the primary prevention of depression: Fit in je hoofd, goed in je vel (Fit in your head, good in your skin) has been run, offering a web site with exercises for mental fitness for preventing depression. In Germany, a Competency Network for Depression and Suicidality has been established, a national network aimed at optimizing research and care related to depressive disorders funded by the Federal Ministry for Education and Research.

WHO Project Atlas provides general information on mental health resources around the world, including policies

[Project Atlas of the Department of Mental Health and Substance Abuse of WHO Headquarters](#) is designed to collect, compile and disseminate data on mental health and neurology resources in the world. Resources include policies, programmes, financing, services, professionals, treatment and medicines, information systems and related organizations. Next to a set of indicators, short predefined country reports are available in the database as well. The database provides very general information (e.g. do countries have a mental health policy yes/no) for the years 2004-2005 without any meta-information. Hence, only very general conclusions can be drawn based on its contents.

6. References and resources

Organizations

- European Union
 - European Commission, mental health policy: http://ec.europa.eu/health/mental_health/policy/index_en.htm
 - European Agencies:
 - EUROFOUND (European Foundation for the Improvement of Living and Working Conditions). <http://www.eurofound.europa.eu/>
 - EU-OSHA (European Agency for Safety and Health at Work). <http://osha.europa.eu/en>
 - FRA (European Union Agency for Fundamental Rights). http://fra.europa.eu/fraWebsite/home/home_en.htm
- WHO
 - WHO Headquarters: http://www.who.int/mental_health/en/
 - WHO, Regional office for Europe: <http://www.euro.who.int/en/what-we-do/health-topics/diseases-and-conditions/mental-health>
 - WHO, Health Evidence Network (HEN): <http://www.euro.who.int/en/what-we-do/data-and-evidence/health-evidence-network-hen>
 - WHO, Observatory on Health Systems and Policies: <http://www.euro.who.int/en/home/projects/observatory>
- Council of Europe: http://www.coe.int/t/dg3/health/mental_en.asp
- OECD, indicators for measuring quality mental health care: http://www.oecd.org/document/25/0,3343,en_2649_33929_37091033_1_1_1_37407,00.html
- NGOs
 - Global Alliance of Mental Illness Advocacy Networks-Europe (GAMIAN-Europe): <http://www.gamian.eu/index.htm>
 - European Federation of Associations of families with Mental Illness (EUFAMI): http://www.eufami.org/index.php?option=com_content&task=view&id=12&Itemid=36
 - European Social Network (ESN): <http://www.esn-eu.org/Home/index.htm>
 - The European Alliance Against Depression (EAAD): <http://www.eaad.net/index.php>
 - Mental Health Europe (MHE): <http://www.mhe-sme.org/en/about-mental-health-europe.html>

Projects

- Projects funded under EU Public Health Programme 2003-2008 and Health Programme 2008-2013. http://ec.europa.eu/health/mental_health/projects/index_en.htm
- OSPI Europe project (optimizing suicide prevention programs and their implementation in Europe): <http://www.ospi-europe.com/en/ospi-project-description.php?hs=id3&display=none>
- SUPPORT project. Supporting activities and facilitating exchange of information and knowledge : <http://www.supportproject.eu/home.htm>
- Empowerment of service users and carers. Joint WHO/European Commission project: <http://www.euro.who.int/en/what-we-do/health-topics/diseases-and-conditions/mental-health/activities/empowerment-of-service-users-and-carers>

Databases

- EU Mental Health Compass. http://ec.europa.eu/health/mental_health/eu_compass/index_en.htm

- EU Mental Health Compass, database on policies and good practices.
https://webgate.ec.europa.eu/sanco_mental_health/
- Database of mental health related projects across at least six programmes funded by the European Commission, SUPPORT project.
<http://www.supportproject.eu/projectsdefault.htm>
- Health Evidence Network (HEN): <http://www.euro.who.int/en/what-we-do/data-and-evidence/health-evidence-network-hen/search-hen>
- European Commission website, overview of national mental health policies:
http://ec.europa.eu/health/mental_health/policy/national_authorities/ms_overview_en.htm#fragment1
- European Commission website, overview of regional mental health policies:
http://ec.europa.eu/health/mental_health/policy/national_authorities/ms_overview_en.htm#fragment2
- WHO Project Atlas on mental health resources:
http://www.who.int/mental_health/evidence/atlas/en/

Policy documents

European Union

European Commission:

- Green Paper 'Improving the mental health of the population: towards a strategy on mental health' (2005).
http://ec.europa.eu/health/archive/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf
- European Pact for Mental Health and Well-being (2008).
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European Parliament:

- European Parliament resolution of 19 February 2009 on Mental Health.
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Council of Ministers:

- Council conclusions on combating stress and depression-related problems (2001). [http://eur-lex.europa.eu/smartapi/cgi/sga_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=EN&numdoc=52002XG0109\(01\)&model=guichett](http://eur-lex.europa.eu/smartapi/cgi/sga_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=EN&numdoc=52002XG0109(01)&model=guichett)
- Council meeting - Employment, Social policy, Health and Consumers affairs: Conclusions on Mental health (2003).
http://ec.europa.eu/health/ph_determinants/life_style/mental_020603_en.pdf
- Council conclusions on a Community Mental Health Action (2005).
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WHO:

- WHO Mental Health Declaration for Europe. <http://www.euro.who.int/en/what-we-do/health-topics/diseases-and-conditions/mental-health/publications/2005/who-mental-health-declaration-for-europe>
- WHO Mental Health Action Plan for Europe.
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Council of Europe

- Recommendation Rec(2004)10 of the Committee of Ministers to member states concerning the protection of the human rights and dignity of persons with mental disorder:
[https://wcd.coe.int/wcd/ViewDoc.jsp?Ref=Rec\(2004\)10&Language=lanEnglish&Site=CM&BackColorInternet=DBDCF2&BackColorIntranet=FDC864&BackColorLogged=FDC864](https://wcd.coe.int/wcd/ViewDoc.jsp?Ref=Rec(2004)10&Language=lanEnglish&Site=CM&BackColorInternet=DBDCF2&BackColorIntranet=FDC864&BackColorLogged=FDC864)

- Resolution 1460 (2005). Improving the response to mental health needs in Europe: <http://assembly.coe.int/Main.asp?link=http://assembly.coe.int/Documents/AdoptedText/ta05/ERES1460.htm>
- Recommendation CM/Rec(2009)3 of the Committee of Ministers to member states on monitoring the protection of human rights and dignity of persons with mental disorder: [https://wcd.coe.int/wcd/ViewDoc.jsp?Ref=CM/Rec\(2009\)3&Language=lanEnglish&Ver=original&Site=CM&BackColorInternet=DBDCF2&BackColorIntranet=FDC864&BackColorLogged=DC864](https://wcd.coe.int/wcd/ViewDoc.jsp?Ref=CM/Rec(2009)3&Language=lanEnglish&Ver=original&Site=CM&BackColorInternet=DBDCF2&BackColorIntranet=FDC864&BackColorLogged=DC864)

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