

## **Adopted Resolution**

### **Ensuring Mental Well Being in Europe**

#### Acknowledging:

- The fact that in any given year an estimated 18.4 million Europeans aged between 18 and 65 suffer from major depression
- An average of 58,000 people in the European Union commit suicide each year and it is believed that ten times this number attempt suicide.
- That across 28 European states, the EU, Norway, Iceland and Switzerland, which have a combined total of 466 million people, 127 million are affected by at least one brain disease.
- The European Brain Council has estimated the total cost of brain disorders to be €386 billion in 2004, or €829 per European citizen. This comprised direct medical expenses (hospital stays and medication) of €136 billion, indirect expenses (lost work days and productivity) of €179 billion direct non-medical expenses (informal care and social services) of €72 billion.
- In 2004 9 million people suffered from addiction disorders (excluding nicotine addiction), 21 million suffered from affective disorder (including depression and bipolar) and 41 million suffered from anxiety disorders (panic disorders, obsessive compulsive disorders and phobias).
- The link between mental health, conduct disorders, addiction and crime levels, particularly among young people. While the total costs of addiction in Europe totalled €57 billion in 2004, excluding nicotine, the European Brain Council has estimated that the cost of addiction related crime is conservatively estimated at €53 billion.
- The enormous and unquantifiable suffering which sufferers of mental illness endure as well as the stress and sadness which such disorders create for the families and friends of victims.

#### Noting

- The recent resolution of the European Parliament on Mental Health which called for among other things; the substantial differences in proportional spending on mental health as among Member States of the EU, defence and respect for the basic civil and human rights of mental health sufferers, a multi-disciplinary and multi-agency response, increased funding for research into mental disorders and an acknowledgement of the difference in

disorders between men and women, and more rigorous monitoring by the EU of inhumane practices in relation to the treatment victims of mental disorders.

- The Green Paper of the European Commission which sought to promote greater awareness of the problems of mental health in Europe.

YEPP, meeting in Budapest, calls for;

1. The humane and proper treatment of sufferers of mental disorders to be an important criteria for EU enlargement. Countries in negotiations with the EU about possible accession should be given assistance by the EU to meet desired standards of care. The correct treatment of persons in large institutions should be a particular concern for those assessing possible accession of a country.
2. The family, as the most basic and important unit of society, should be given the necessary resources to enable it, as much as is possible and practicable, to care for victims of mental disorders in the home. Resources should include sufficient carers allowance, adequate provision of respite care as well as training and information.
3. The orientation of health services toward early screening and monitoring of mental disorders. This requires the integration of a wide number of disciplines including; social welfare, care services as well as local government. The early detection and monitoring of latent mental disorders is essential in order to limit as much as possible personal suffering, health care and other societal costs.
4. Individual care to be a preferable trend in the area of mental health care. Large institutions can often exacerbate mental disorders as well as increasing the stigma which victims experience. Where care in the family is not possible community care and co-operatives of sufferers of mental health should be given the necessary resources to develop.
5. Member States, in conjunction and co-operation with the EU, should promote awareness campaigns and educational programmes which seek to inform the public of the prevalence and effects of mental disorders as well as challenging discrimination of mental health sufferers.
6. Member States to recognise that almost 40% many of prisoners suffer from some sort of mental disorder and as such require, during and after internment, targeted and effective mental health care.
7. Governments to recognise the correlation between addiction, particularly substance abuse and alcohol, and mental health. Areas where addiction and crime are prevalent should therefore be primary areas for initiatives to improve and detect mental health disorders.
8. Governments to recognise the link between eating disorders and the popular images communicated in the media about body size and shape. This is a mental health issue particularly relevant for young women.
9. A recognition that the ageing populations of Europe will lead to an increase neurodegenerative diseases and as such greater investment is needed, particularly in the

realm of the 7<sup>th</sup> Framework Programme, in research into the determinants of mental disorders and possible therapies and treatments.

10. Governments to each produce a national strategy for the prevention of suicide as well as substantial suicide awareness campaigns, these measures should intrinsically linked to initiatives combating drug and alcohol addiction.

*Adopted at the Council Meeting at the YEPP Seminar, 14<sup>th</sup> October 2006 (Budapest, Hungary)*