

**WHO EUROPEAN MINISTERIAL CONFERENCE
ON MENTAL HEALTH**

Facing the Challenges, Building Solutions

Helsinki, Finland, 12-15 January 2005



EUR/04/5047810/6
14 January 2005
52667

MENTAL HEALTH DECLARATION FOR EUROPE

Facing the Challenges, Building Solutions

Preamble

1. We, the Ministers of Health of Member States in the European Region of the World Health Organization (WHO), in the presence of the European Commissioner for Health and Consumer Protection, together with the WHO Regional Director for Europe, meeting at the WHO Ministerial Conference on Mental Health, held in Helsinki from 12 to 15 January 2005, acknowledge that mental health well-being are fundamental to the quality of life and productivity of individuals families, communities and nations, enabling people to experience life as meaningful and to be creative and active citizens. We believe that the primary aim of mental health activity is to enhance people's well-being and functioning by focusing on their strengths and resources, reinforcing resilience and enhancing protective external factors.
2. We recognize that the promotion of mental health and the prevention, treatment, care and rehabilitation of mental health problems are a priority for WHO and its Member States, the European Union (EU) and the Council of Europe, as expressed in resolutions by the World Health Assembly and the WHO Executive Board, the WHO Regional Committee for Europe and the Council of the European Union. These resolutions urge Member States, WHO, the EU and Council of Europe to take action to relieve the burden of mental health problems and to improve mental well-being.
3. We recall our commitment to resolution EUR/RC51/R5 on the Athens Declaration on Mental Health, Man-made Disasters, Stigma and Community Care and to resolution EUR/RC53/R4 adopted by the WHO Regional Committee for Europe in September 2003, expressing concern that the disease burden from mental disorders in Europe is not diminishing and that many people with mental health problems do not receive the treatment and care they need, despite the development of effective interventions. The Regional Committee requested the Regional Director to:
 - give high priority to mental health issues when implementing activities concerning the update of the Health for All policy;
 - arrange a ministerial conference on mental health in Europe in Helsinki in January 2005.
4. We note resolutions that support an action programme on mental health. Resolution EB109.R8, adopted by the WHO Executive Board in January 2002, supported by World Health Assembly resolution WHA 55.10 in May 2002, calls on WHO Member States to:
 - adopt the recommendations contained in *The world health report 2001*;
 - establish mental health policies, programmes and legislation based on current knowledge and considerations regarding human rights, in consultation with all stakeholders in mental health;
 - increase investment in mental health, both within countries and in bilateral and multilateral co-operation, as an integral component of the well-being for populations.

5. Resolutions of the Council of the European Union, recommendations of the Council of Europe and WHO resolutions dating back to 1975 recognize the important role of mental health promotion and the damaging association between mental health problems and social marginalization, unemployment, homelessness and alcohol and other substance use disorders. We accept the importance of the provisions of the Convention for the Protection of Human Rights and Fundamental Freedoms, of the Convention on the Rights of the Child, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment and of the European Social Charter, as well as the Council of Europe's commitment to the protection and promotion of mental health which has been developed through the Declaration of its Ministerial Conference on Mental Health in the Future (Stockholm, 1985) and through its other recommendations adopted in this field, in particular Recommendation R(90)22 on protection of the mental health of certain vulnerable groups in society and Recommendation Rec(2004)10 concerning the protection of the human rights and dignity of persons with mental disorder.

Scope

6. We note that many aspects of mental health policy and services are experiencing a transformation across the European Region. Policy and services are striving to achieve social inclusion and equity, taking a comprehensive view of the balance between the needs and benefits of diverse mental health activities aimed at the population as a whole, groups at risk and people with mental health problems. Services are being provided in a wide range of community-based settings and no longer exclusively in isolated and large institutions. We believe that this is the right and necessary direction. We welcome the fact that policy and practice on mental health now cover:
 - i. The promotion of mental well-being;
 - ii. The tackling of stigma, discrimination and social exclusion;
 - iii. The prevention of mental health problems;
 - iv. Care for people with mental health problems, providing comprehensive and effective services and interventions, offering service users and carers¹; involvement and choice;
 - v. The recovery and inclusion into society of those who have experienced serious mental health problems.

Priorities

7. We need to build on the platform of reform and modernization in the WHO European Region, learn from our shared experiences and be aware of the unique characteristics of individual countries. We believe that the main priorities for the next decade are to:
 - i. foster awareness of the importance of mental well-being;
 - ii. collectively tackle stigma, discrimination and inequality, and empower and support people with mental health problems and their families to be actively engaged in this process;
 - iii. design and implement comprehensive, integrated and efficient mental health systems that cover promotion, prevention, treatment and rehabilitation, care and recovery;
 - iv. address the need for a competent workforce, effective in all these areas;
 - v. recognize the experience and knowledge of service users and carers as an important basis for planning and developing mental health services.

Actions

8. We endorse the statement that there is no health without mental health. Mental health is central to the human, social and economic capital of nations and should therefore be considered as an integral and essential part of other public areas such as human rights, social care, education and employment. Therefore we, ministers responsible for health, commit ourselves, subject to national constitutional structures and responsibilities, to recognizing the need for comprehensive evidence-based mental health policies and to considering ways and means of developing, implementing and reinforcing such policies in our countries. These policies, aimed at achieving mental well-being and social inclusion of people with mental health problems, require actions in the following areas:
 - i. promote the mental well-being of the population as a whole by measures that aim to create awareness and positive change for individuals and families, communities and civil society, educational and working environments, and governments and national agencies;

¹ The term "carer" is used here to describe a family member, friend or other informal care-giver.

- ii. consider the potential impact of all public policies on mental health, with particular attention to vulnerable groups, demonstrating the centrality of mental health in building health, inclusive and productive society;
 - iii. tackle stigma and discrimination, ensure the protection of human rights and dignity and implement the necessary legislation in order to empower people at risk or suffering from mental health problems and disabilities to participate fully and equally in society;
 - iv. offer targeted support and interventions sensitive to the parenting and education of children and young people and the care of older people;
 - v. develop and implement measures to reduce the preventable cause of mental health problems, comorbidity and suicide;
 - vi. build up the capacity and ability of general practitioners and primary care services, networking with specialized medical and non-medical care, to offer effective access, identification and treatments to people with mental health problems;
 - vii. offer people with severe mental health problems effective and comprehensive care and treatment in a range of settings and in a manner which respects their personal preferences and protects them from neglect and abuse;
 - viii. establish partnership, coordination and leadership across regions, countries, sectors and agencies that have influence on the mental health and social inclusion of individuals and families, groups and communities;
 - ix. design recruitment and education and training programmes to create a sufficient and competent multidisciplinary workforce.
 - x. Assess the mental health status and needs of the population, specific groups and individuals in a manner that allows comparison nationally and internationally;
 - xi. Provide fair and adequate financial resources to deliver these aims;
 - xii. Initiate research and evaluation and dissemination of the above actions.
9. We recognize the importance and the urgency of facing the challenges and building solutions based on evidence. We therefore endorse the Mental Health Action Plan for Europe and support its implementation across the WHO European Region, each country adapting the points appropriate to its needs and resources. We are also committed to showing solidarity across the Region and to sharing knowledge, best practice and expertise.

Responsibilities

10. We, the Ministers of Health of the Member States in the WHO European Region, commit ourselves to supporting the implementation of the following measures, in accordance with each country's constitutional structures and policies and national and subnational needs, circumstances and resources:
- i. enforce mental health policy and legislation that sets standards for mental health activities and upholds human rights;
 - ii. coordinate responsibility for the formulation, dissemination and implementation of policies and legislation relevant to mental health within government;
 - iii. assess the public mental health impact of government action;
 - iv. eliminate stigma and discrimination and enhance inclusion by increasing public awareness and empowering people at risk;
 - v. offer people with mental health problems choice and involvement in their own care, sensitive to their needs and culture;
 - vi. review and if necessary introduce equal opportunity or anti-discrimination legislation;
 - vii. promote mental health in education and employment, communities and other relevant settings by increasing collaboration between agencies responsible for health and other relevant sectors.
 - viii. Prevent risk factors where they occur, for instance, by supporting the development of working environments conducive to mental health and creating incentives for the provision of support at work or the earliest return for those who have recovered from mental health problems;
 - ix. address suicide prevention and the causes of harmful stress, violence, depression, anxiety and alcohol and other substance use disorders;
 - x. recognize and enhance the central role of primary health care and general practitioners and strengthen their capacity to take on responsibility for mental health;
 - xi. develop community-based services to replace care in large institutions for those with severe mental health problems;
 - xii. enforce measure that end inhumane and degrading care;

- xiii. enhance partnerships between agencies responsible for care and support such as health, benefits, housing, education and employment;
 - xiv. include mental health in the curricula of all health professionals and design continuous professional education and training programmes for the mental health workforce;
 - xv. encourage the development of specialized expertise within the mental health workforce, to address the specific needs of groups such as children, young people, older people and those with long-term and severe mental health problems;
 - xvi. provide sufficient resources for mental health, considering the burden of disease, and make investment in mental health an identifiable part of overall health expenditure, in order to achieve parity with investments in other areas of health;
 - xvii. develop surveillance of positive mental well-being and mental health problems, including risk factors and help-seeking behavior, and monitor implementation;
 - xviii. commission research when and where knowledge or technology is insufficient and disseminate findings.
11. We will support nongovernmental organizations active in the mental health field and stimulate the creation of nongovernmental and service user organizations. We particularly welcome organizations active in:
- i. organizing users who are engaged in their own activities, including the setting up and running of self-help groups and training in recovery competencies;
 - ii. empowering vulnerable and marginalized people and advocating their case;
 - iii. providing community-based services involving users;
 - iv. developing the and coping skills and competencies of families and carers, and their active involvement in care programmes;
 - v. setting up schemes to improve parenting, education and tolerance and to tackle alcohol and other substance use disorders, violence and crime;
 - vi. developing local services that target the needs of marginalized groups;
 - vii. running help lines and internet counseling for people in crisis situations, suffering from violence or risk of suicide;
 - viii. creating employment opportunities for disabled people.
12. We call upon the European Commission and the Council of Europe to support the implementation of this WHO Mental Health Declaration for Europe on the Basis of their respective competences.
13. We request the Regional Director of WHO Europe to take action in the following areas:
- (a) *Partnership*
 - i. encourage cooperation in this area with intergovernmental organizations, including the European Commission and the Council Europe.
 - (b) *Health information*
 - i. support Member States in the development of mental health surveillance;
 - ii. produce comparative data on the state and progress of mental health and mental health services in Member States.
 - (c) *Research*
 - i. establish a network of mental health collaborating centers that offer opportunities for international partnerships, good quality research and the exchange of researchers;
 - ii. produce and disseminate the best available evidence on good practice, taking into account the ethical aspects of mental health.
 - (d) *Policy and service development*
 - i. support governments by providing expertise to underpin mental health reform through effective mental health policies that include legislation, service design, promotion of mental health and prevention of mental health problems;
 - ii. offer assistance with setting up “train the trainer” programmers;
 - iii. initiate exchange schemes for innovators;
 - iv. assist with the formulation of research policies and questions;
 - v. encourage change agents by setting up a network of national leaders of reform and key civil servants.

- (e) *Advocacy*
- i. inform and monitor policies and activities that will promote the human rights and inclusion of people with mental health problems and reduce stigma and discrimination against them;
 - ii. empower users, carers and nongovernmental organizations with information and coordinate activities across countries;
 - iii. support Member States in developing an information base to help empower the users of mental health services;
 - iv. facilitate international exchanges of experience by key regional and local nongovernmental organizations;
 - v. provide the media, nongovernmental organizations and other interested groups and individuals with objective and constructive information.
14. We request the WHO Regional Office for Europe to take the necessary steps to ensure that mental health policy development and implementation are fully supported and that adequate priority and resources are given to activities and programmes to fulfil the requirements of this Declaration.
15. We commit ourselves to report back to WHO on the progress of implementation of this Declaration in our countries at an intergovernmental meeting to be held before 2010.

Minister of Health and
Social Services of Finland

WHO Regional Director for Europe