EUREGHA Working Group on Mental Health and Suicide Prevention

Support statement European Pact for Mental Health and Well-being

The European Regional and Local Health Authorities platform (EUREGHA) Working Group on Mental Health and Suicide Prevention welcomes and supports the European Pact for Mental Health and Well-Being. The Working Group was established in April 2009 as a platform for regions to share experiences in the fields of policy development, implementation of preventive initiatives and research on issues of relevance for suicide prevention.

The EUREGHA Working Group on Mental Health and Suicide Prevention and Suicide Prevention

The working group was set up by regional and local authorities who identified the prevention of suicide as a major concern. The European Commission Consensus Paper of June 2008 and the European Pact for Mental Health and Well-Being raised awareness amongst the regional and local level on the importance of having this discussion on a trans-regional level and of involving the EU dimension and initiatives in their cooperation.

The working group contributed to the Mental Health Pact conference "Prevention of Depression and Suicide- Making it Happen" held in Budapest 10-11 December 2009, with a presentation by our Flemish member. The Flemish Agency for Care and Health provided a presentation about actions to prevent suicide at local/regional level in the parallel session 2: determinants and risk factors of suicide.

Challenges for the prevention of suicide in European regions

The regions of The EUREGHA Working Group on Mental Health and Suicide Prevention particularly welcome the call of the Pact for policy makers and stakeholders to take action on the prevention of suicide in all areas outlined in the text.

Furthermore, the regions believe that, in view of the role played by a wide range of sectors (not only health) in promoting mental wellbeing, a key challenge is to convey the importance of mental well-being to national, regional and local policy makers, stakeholders and the general public.

This challenge has to be met on several fronts:

1. Education and awareness-raising of the general public to counter the lack of understanding and the stigma and discrimination which continue to surround mental health;

2. Mainstreaming mental health as an important component of public health as well as all other relevant policy areas (social policy, employment, education etc.). The effectiveness of many health promotion interventions hinges on addressing the psychosocial aspects of health-related behaviour;

3. Developing concepts and terminology for mental health that are culturally appropriate, sensitive and meaningful to different sectors;

4. Influencing national, regional and local policy makers and decision makers to explain the relevance and importance of mental health to health, social and economic policies, including the need for mental health promotion within the workplace. Raising awareness of the economic impact mental health problems have in these areas and of the need for action to de-stigmatise mental disorders;

5. Raising awareness among public institutions and service provider organisations of their role in contributing both to the mental well-being of the population and to the social inclusion and to the safeguarding of the human rights of people with mental health problems;

6. Fostering supportive environments by promoting mental health during the lifecycle, including mental health promotion actions in schools, work place and nursing homes;

7. Fostering support to bereaved families, colleagues and friends.

The regions have also identified some additional important challenges to be tackled:

- Shortage of Data and Registry: Although good quality data on suicide are available from Eurostat and in WHO databases and from the numerous European and national projects, allowing comparisons between different member states, age groups and genders and the monitoring of change over time, there is still a lack of clear comparable data between regions in Europe. In this regard, it is important to highlight the need of data collection at regional level given the existing discrepancies in suicide rates between regions within the same Member State, e.g. in Italy suicide rates are significantly higher in the North than in the South.[1] Furthermore, the under-reporting of suicide as a result of the misallocation of suicides to other causes of deaths, could be considered another interesting aspect to be addressed.[2]

- The media role: Certain kinds of media reports on suicides can lead to subsequent suicidal actions due to imitation. Suicidal people are often intensively preoccupied with the issue of self-inflicted death. In this state, a related television or press report can have a significant influence on their decision.[3] Therefore is therefore a strong need for cooperation and networking with journalists and editors to share consensus guidelines for the reporting of suicides.

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[1] Scocco P, de Girolamo G, Vilagut G, Alonso J: Prevalence of suicide ideation, plans, and attempts and related risk factors in Italy. Results from the European Study on the Epidemiology of Mental Disorders-World Mental Health study. Comprehensive Psychiatry. 49(1):13-21, 2008

[2] Phillips & Ruth (1993); Vichi et al (2008)

[3] EAAD

- In Europe, nearly 60 per cent of the population use the internet in Europe.[4] The internet eliminates physical and geographical barriers, providing anonymity and access to information 24 hours per day[5] and represents therefore a suitable channel to convey preventative measures through chats, help-lines, emails, and asynchronous online support groups. These minimise the hurdle of time and distance and guarantee anonymity, which reduces the psychological barriers to seek help. The advent of the internet and social networking has also strongly influenced communications among young people. The relationship between the internet and suicide is complex: on the one hand it can encourage the vulnerable to act, and on the other it provides an opportunity for complementary preventative measures by offering support groups through chat rooms, emails, or self help groups run by mental health providers.[6]

European Projects –EUREGENAS and OSPI-Europe

Following the identification of the above mentioned challenges, a number of regions and other organisations active in the working group submitted in March 2010 a joint project proposal to the Public Health Programme in the field of mental health promotion and suicide prevention. The "EUropean REGions ENforcing Actions against Suicide" – EUREGENAS project aims to involve a large number of local and regional authorities with the intent to create capacity within the field of mental health promotion and suicide prevention and foster better community-based systems of early detection, support and referral so as to reach the most vulnerable groups and reduce suicide rates. Stemming from an already established partnership, the project aims to create and multiply positive spin-offs between and within the regional and local authorities so as to boost the community-based early detection and referral systems of suicidal behaviour.

In line with EU Health Strategy, the project undertakes a holistic approach to public health by availing of new technology and communication and management models in order to make health services more accessible to people who deliberately avoid seeking help via the traditional channels. The creation of sustainable networks, the implementation of cluster management plans and piloting actions targeting survivors are strategic means to encourage greater responsiveness and support within communities to enable mental health-enhancing behaviour.

The project is complementary to existing European and international projects and research and findings, including the European Alliance Against Depression's (EAAD) 4-level approach that has already been implemented in different regions in 17 European countries.[7] The EAAD's OSPI-Europe collaborative research project funded by the European Commission under the Seventh Framework Programme aimed to provide EU members with an evidence based prevention concept for suicidality.[8]

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[4] Internet World Stats
[5] Burns et al (2009)
[6] Gilat & Shahar (2007); Adeleko et al 2006
[7] EAAD

Conclusions and recommendations

The EUREGHA Working Group on Mental Health and Suicide Prevention welcomes the opportunity offered to regions and other stakeholders by the European Pact for Mental Health and Well-Being to actively contribute to the debate on the promotion of mental health and well-being. We will look to continue contributing to this debate providing the best practices of actions targeting the regional and local level and the views of our regional experts.

At EU level, we feel it is of crucial importance to link efforts to promote mental health and well-being to inherent initiatives promoting the well being of the population.

The pilot partnership on active and healthy ageing that was launched on 6 October 2010 as one of the key elements of the "Innovation Union". We believe that the goal of the partnership to enable citizens to live longer independently in good health by increasing the average number of healthy life years is closely related to the aims of the Mental Health Pact and of the ones of The EUREGHA Working Group on Mental Health and Suicide Prevention and one that will only be achieved through collaboration between all stakeholders, including regional and local authorities. In the field of e-mental health the Commission is currently financing 6 projects for a total of € 19 million. The regions of EUREGHA call for the promotion of regional and local initiatives to develop internet self help tools as a complement to traditional services.

In its flagship initiative 'Agenda for New Skills for New Jobs,' the Commission has outlined how it will work with Member States to meet the EU 2020 target of increasing the employment rate for women and men to 75 %. One of the 13 accompanying measures foreseen is to work with Member States to develop action plans in order to fill the shortage of health workers, with special emphasis on assisting vulnerable groups. The Communication also highlights the importance of workers' mental health in reaching the Union's goals. The EUREGHA Working Group on Mental Health and Suicide Prevention welcomes the initiative's aim to efficiently include vulnerable groups into the labour market such as people with mental health problems and recommends high skilled jobs and tailored training programmes are promoted in the care sector in order to create a skilled workforce that can meet the demands of an ageing Europe and of shortages in the health workforce and resources.

The regions of EUREGHA recommend that research initiatives continue to fund research in the field of mental health promotion under the Health theme of the Cooperation Programme of the Seventh Framework Programme (FP7).

The regions of EUREGHA also invite the Commission to take on board the recommendations outlined in the Committee of the Regions' own-initiative opinion of Adam Banaszak (PL/EA) "The Role of Local and Regional Authorities in the Implementation of the Health Strategy 2008-2013"[9]. The opinion stresses the need to change the way in which the strategy is implemented in order to take full account of the interests and experience of local and regional authorities and calls for health indicators and objectives to be included in the Europe 2020 strategy, notes the many possibilities for improving the way in which the strategy operates, especially as regards European funds, mechanisms

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[9] Committee of the Regions (2010)

and structures for implementing the strategy, regional health indicators and objectives as well as adapting healthcare systems to meet new challenges;

Considering the mid-term review of the Public Health Programme we would be keen to see a move towards the topics of Mental Health as part of the last two years of the Public Health Programme with project grants which have been very useful for the development and implementation of actions at local and regional level.

The EUREGHA Working Group on Mental Health and Suicide Prevention would also like to promote the launch of a Joint Action on mental health and wellbeing under the EU Public Health Programme 2008-2013 providing a platform for exchange of views, cooperation and coordination for Member States and local and regional authorities. The joint action should capitalise on the results and platforms created by past and current European projects, as well as national, regional and local initiatives tackling issues such as suicide prevention at a population level, mental health at work, actions targeting the elderly and children and adolescents looking to identify and analyse evidence-based best practices and policy approaches as well as building innovative partnerships between the health and other sectors for the promotion of mental health and wellbeing at local and regional level across the EU. Also special attention should be granted to innovative models of multi-level governance structures.

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