



Wie geht's uns in der EU?

**Tagung
Zukunft Prävention –
Herausforderung Seelische Gesundheit
Berlin, 28.9.2011**

***Jürgen Scheftlein
European Commission
DG Health and Consumers
Unit C4 "Health determinants"***

Die EU und die psychische Gesundheit

■ Vertrag von Lissabon

■ Art. 3

„The Union's aim is to promote peace, its values and the **well-being** of its peoples“

■ Art. 168 (Gesundheit)

“A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities. Union action, which shall complement national policies, shall be directed towards improving public health, preventing physical and **mental** illness and diseases, and obviating sources of danger to physical and **mental** health.”

„Member States shall, in liaison with the Commission, coordinate among themselves their policies and programmes in the areas referred to in paragraph 1. The Commission may, in close contact with the Member States, take any useful initiative to promote such coordination, in particular initiatives aiming at the establishment of guidelines and indicators, the organisation of exchange of best practice, and the preparation of the necessary elements for periodic monitoring and evaluation. The European Parliament shall be kept fully informed.“

Besitzstand und Verbindung zu den strategischen Zielen

■ **Framework Directive 89/391/EEC on occupational health and safety (rechtsverbindlich)**

„employers have a duty to ensure the safety and health of workers in every aspect related to the work“

■ **Agenda für neue Kompetenzen und Beschäftigungsmöglichkeiten (2010)**

„Due to the crisis, more jobs have been exposed to competitive pressures and deteriorating working conditions. In many instances, new forms of work and a higher number of job transitions have not been accompanied with appropriate working conditions, increasing psychological stress and psychosocial disorders. This has social and economic costs and may undermine Europe’s capacity to compete: unsafe, unhealthy work environments result in more claims for disability benefits and earlier exits from active life.“

Schlüsselaktivitäten

- Grönbuch „Die psychische Gesundheit der Bevölkerung verbessern“ (2005)
- Europäischer Pakt für psychische Gesundheit und Wohlbefinden (2008)
- Serie von thematischen Konferenzen von 2009 bis 2009
- EU-Ratsschlußfolgerungen vom 6. Juni 2011 „Der Europäische Pakt für psychische Gesundheit und Wohlbefinden: Ergebnisse und künftige Aktionen“

European Pact for Mental Health and Well-being



- Launched in 2008 by high-level conference hosted by Commissioners for Health and for Employment, Social Affairs and Equal Opportunities
- An informal commitment to working together between Governments, stakeholders from the health and other sectors on mental health challenges and opportunities
- Focus on: depression and suicide; youth and education; workplaces; older people; stigma and social inclusion

Mental Health Pact

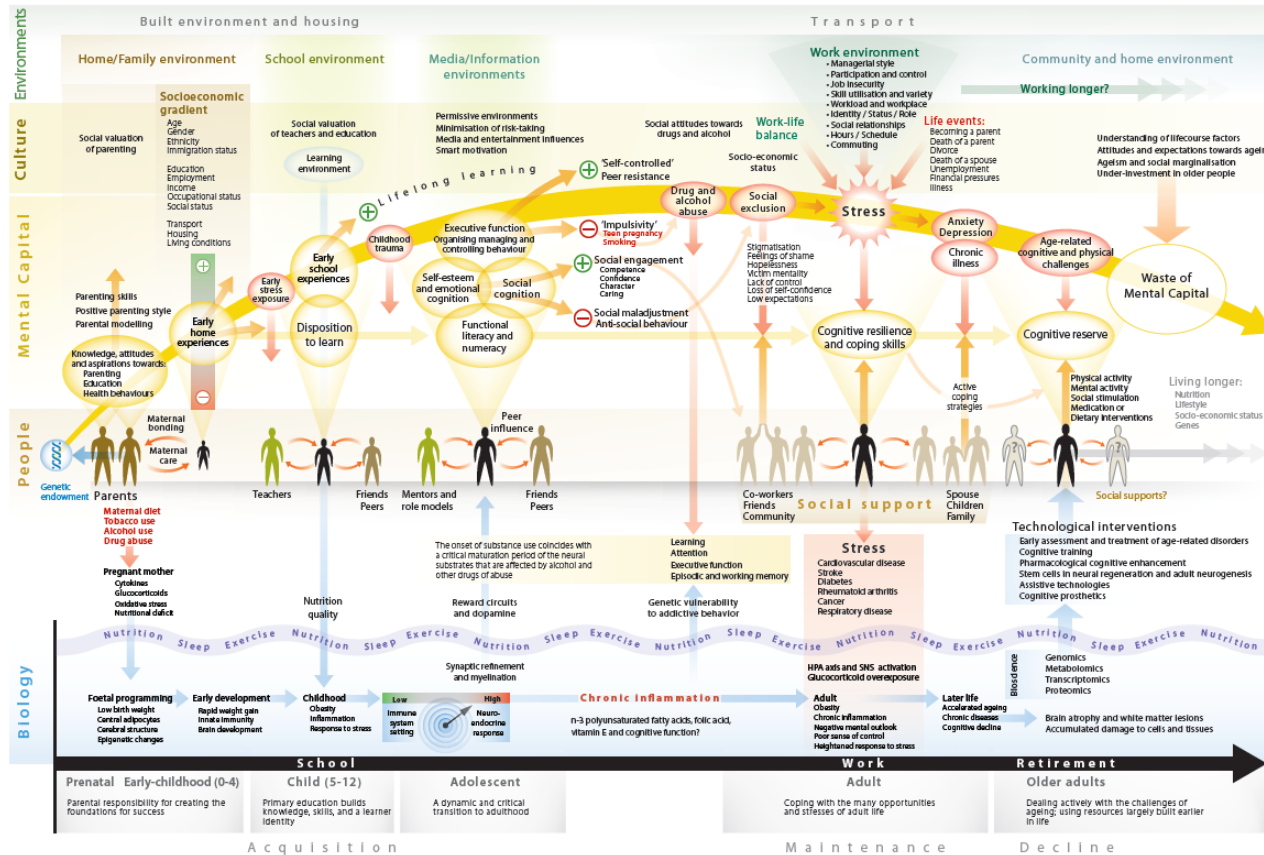
Thematic conferences

- Promoting mental health and well-being in children and young people
Stockholm, 29-30.9.09, SE-Presidency
- Prevention of Depression and Suicide
Budapest, 10-11 December 09, MoH Hungary
- Promoting mental health of older people
Madrid, 28-29 June 2010, ES-Presidency
- Promoting social inclusion and combating stigma for better mental health and well-being
Lisbon, 8-9 November 2010, MoH, MoLSS PT
- Promoting mental health and well-being in workplace settings
Berlin, 3-4 March 2011, MoH, MoLSA Germany

Ziele

- Mehr Bewußtsein über die Relevanz von psychischer Gesundheit als Herausforderung und Schlüsselressource
- Austausch guter Praktiken zur Förderung der psychischen Gesundheit und Prävention von psychischen Erkrankungen
- Förderung der Zusammenarbeit zwischen Gesundheitssektor und anderen gesellschaftlichen Bereichen, wie Soziales, Arbeitswelt, Bildung, Forschung, etc.

Umfassender Ansatz

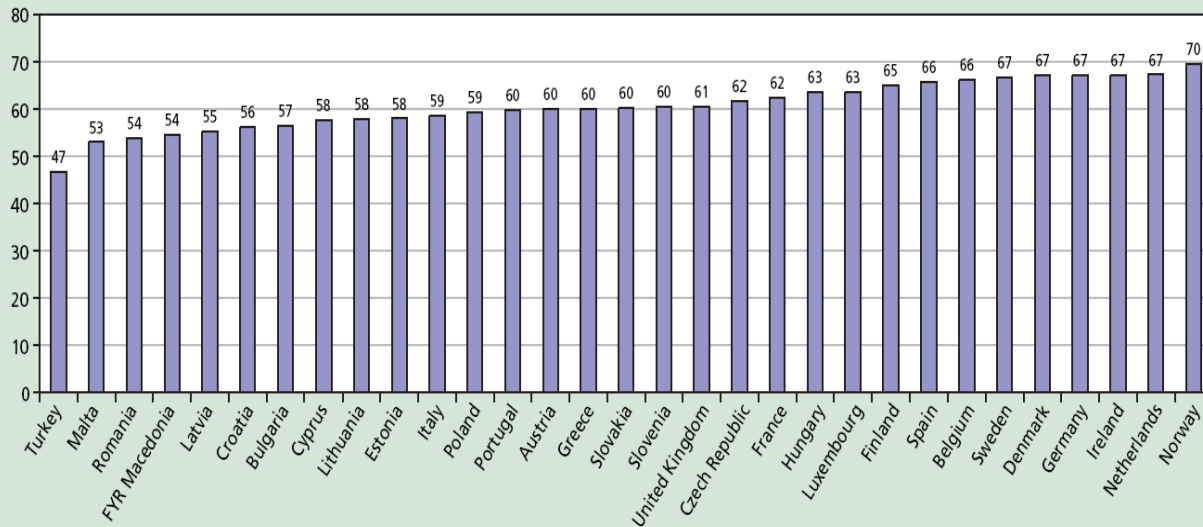


Quelle: Nature /Foresight UK, The mental wealth of nations (2008)

Bestandsaufnahme

Second European Quality of Life Survey (2008)

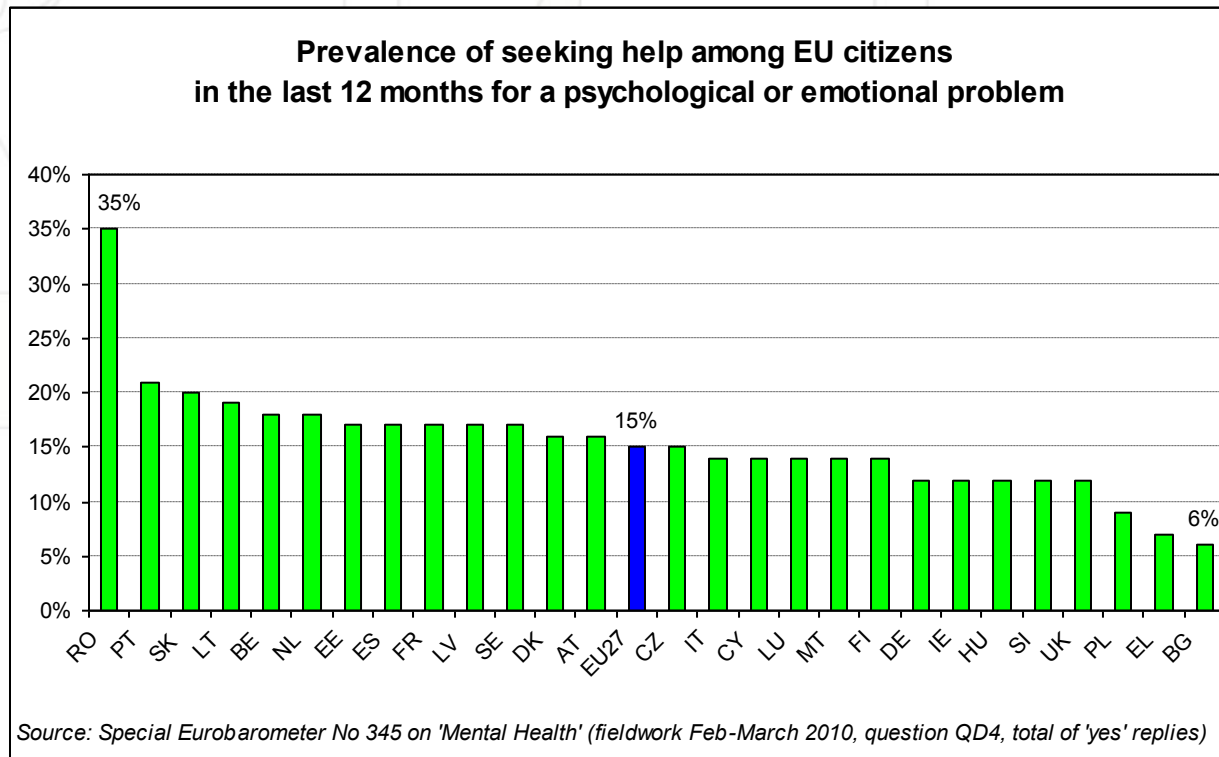
Figure 7: Mean mental health index, by country (%)



Mental health index: Q46.1– Q46.5. Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks – I have felt cheerful and in good spirits; I have felt calm and relaxed; I have felt active and vigorous; I woke up feeling fresh and rested; my daily life has been filled with things that interest me (all of the time, most of the time, more than half of the time, less than half of the time, some of the time, never); total score on all statements (0–5), multiplied by 4 to get a percentage of 100.

Bestandsaufnahme

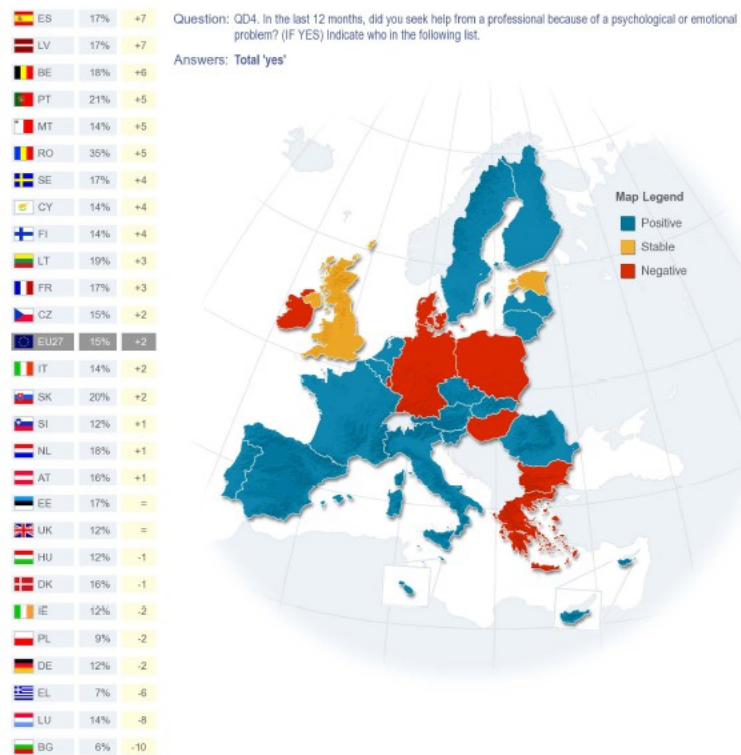
■ Eurobarometer Psychische Gesundheit 2010



Bestandsaufnahme

■ Eurobarometer Psychische Gesundheit 2010 (Entwicklung 2005/2006 – 2010)

■ Ersuchen von professioneller Hilfe

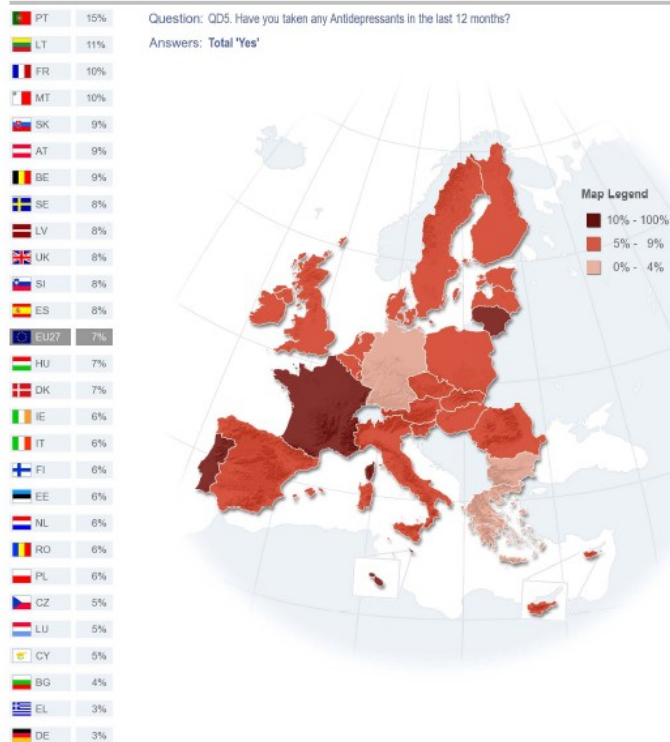


Comparison between EB73.2 (February – March 2010) and EB64.4 (December 2005 – January 2006)

Bestandsaufnahme

■ Eurobarometer Psychische Gesundheit 2010 (Entwicklung 2005/2006 – 2010)

■ Verbrauch von Antidepressiva

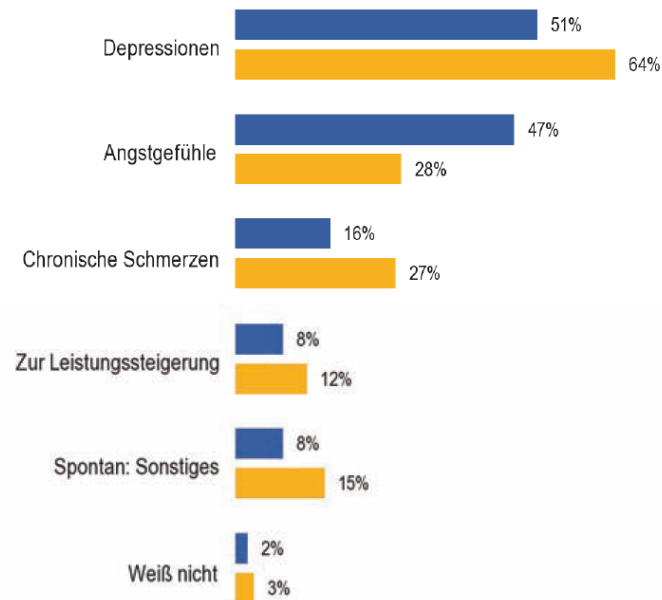


Bestandsaufnahme

■ Eurobarometer Psychische Gesundheit 2010 (Entwicklung 2005/2006 – 2010)

■ Verbrauch von Antidepressiva

QD6. Aus welchem Grund/ welchen Gründen haben Sie Antidepressiva eingenommen?



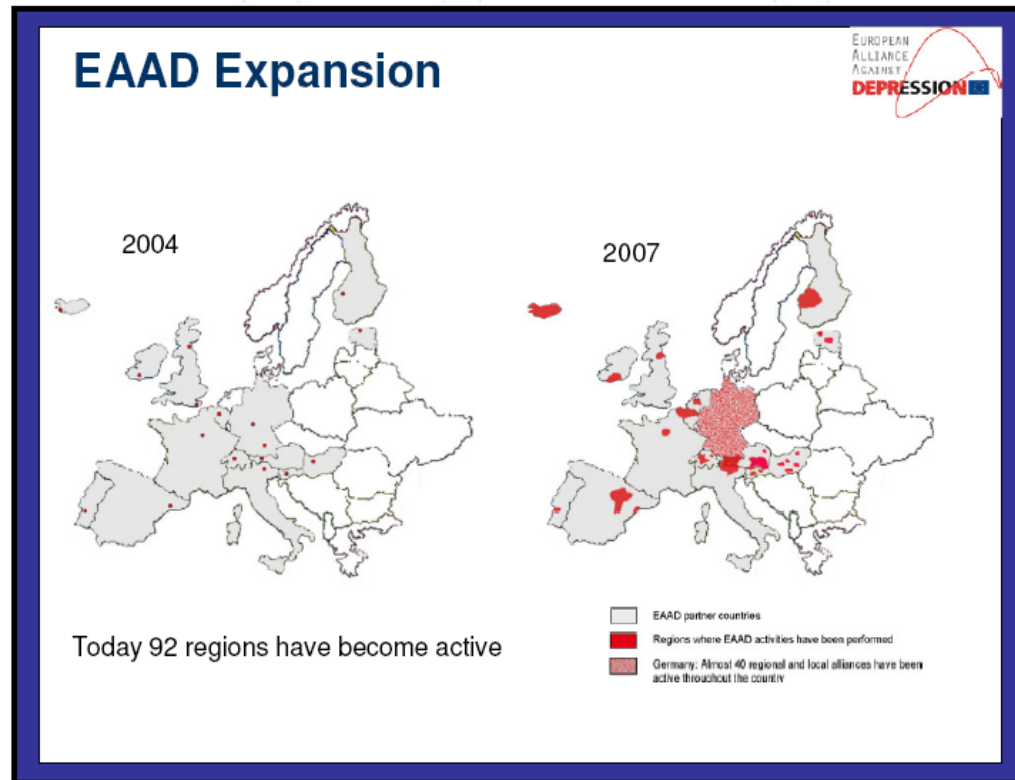
Bestandsaufnahme

■ Ungleichheiten

- Diejenigen mit den meisten negativen Erfahrungen waren diejenigen, deren Leben sozioökonomisch schwieriger ist (Angehörige von Gruppen mit niedrigem sozialen Status (Stufe 1-4) und diejenigen, welche die meiste Zeit Schwierigkeiten haben, ihre Rechnungen zu bezahlen).
- Wer sucht professionelle Hilfe:
 - Diejenigen, die Schwierigkeiten haben, ihre Rechnungen zu bezahlen und die mit niedrigem sozialen Status
- Wer sucht seltener professionelle Hilfe:
 - Männer, 15-24 jährige, Selbständige, andere „white collar“ Beschäftigte, Studenten, diejenigen ohne Schwierigkeiten, ihre Rechnungen zu bezahlen
- Wer nimmt Antidepressiva:
 - Frauen, Alleinlebende, Arbeitslose und Rentner, diejenigen mit Schwierigkeiten, Rechnungen zu bezahlen, Gruppen mit niedrigem sozialen Status, diejenigen, welche professionelle Hilfe wegen eines emotionalen Problems gesucht haben.

EU-Aktivität

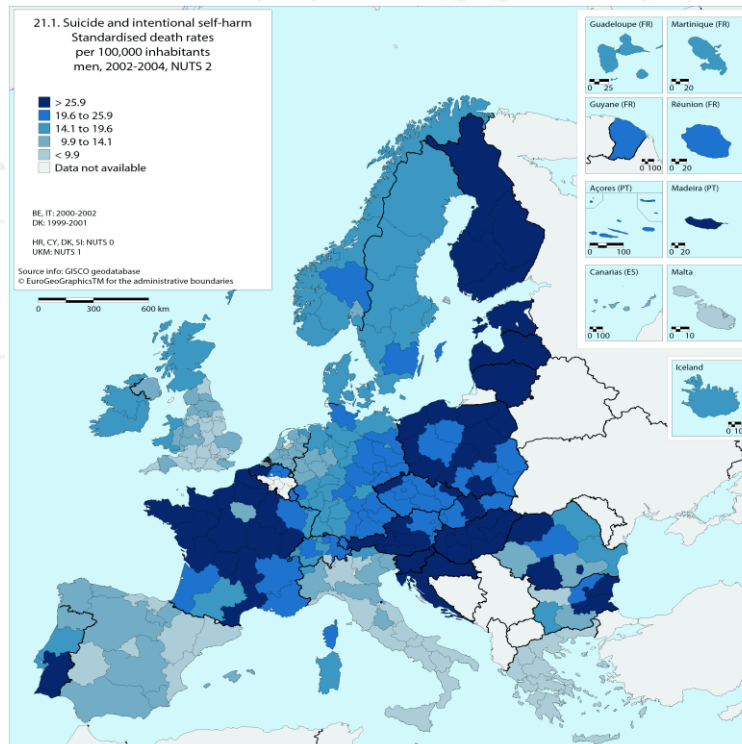
- Anschubförderung für die „European Alliance Against Depression“ aus dem EU-Programm zur Öffentlichen Gesundheit



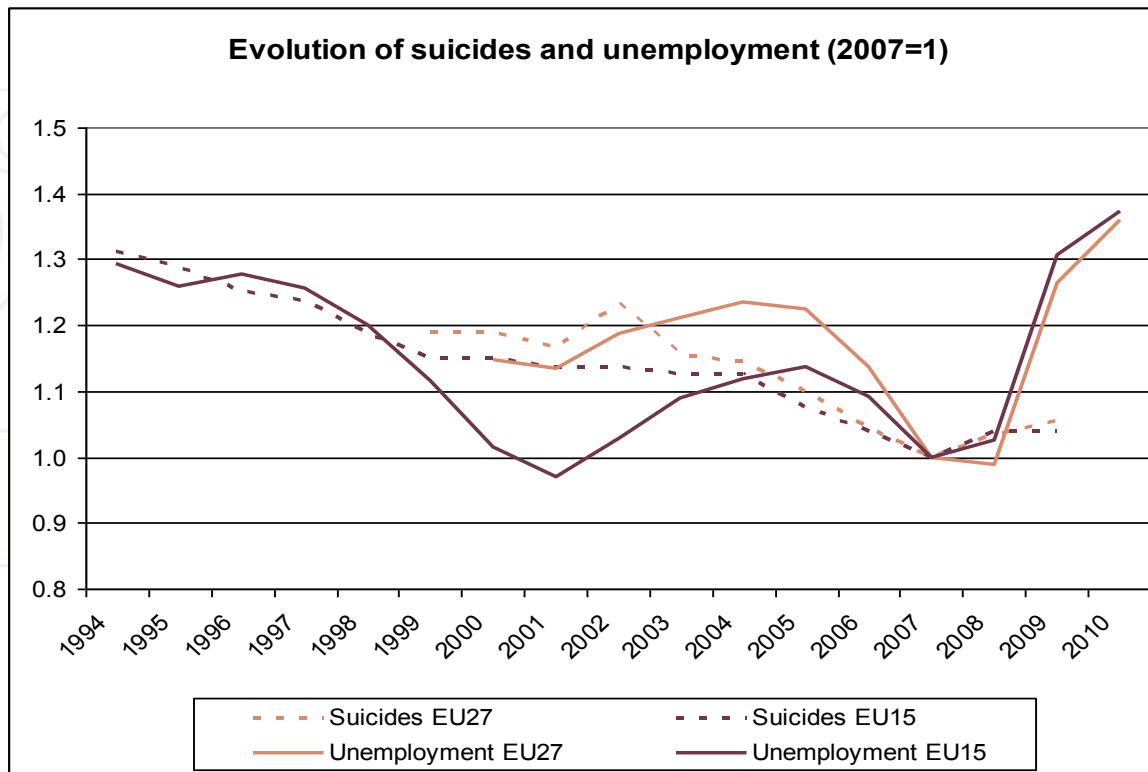
Bestandsaufnahme

■ Suizid verursacht mehr Todesfälle als Straßenverkehrsunfälle

■ 8 EU-Mitgliedstaaten sind unter den 15 Staaten mit den weltweit höchsten Suizidraten unter Männern



Evolution of suicides and unemployment



Quelle: Eurostat

Gesundheit von Kindern und Jugendlichen

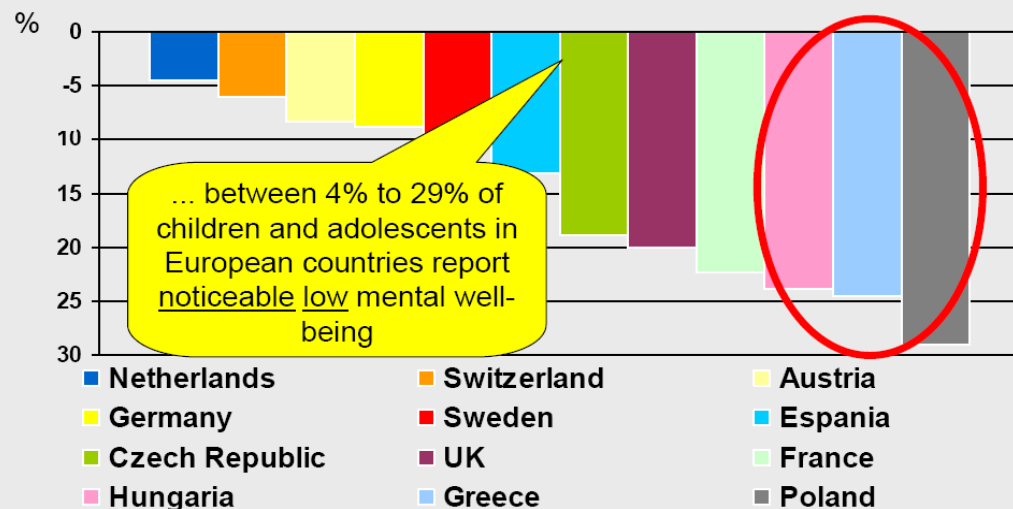
European KIDSCREEN-Study:
Average scores in mental well-being items
12-18 year old girls and boys



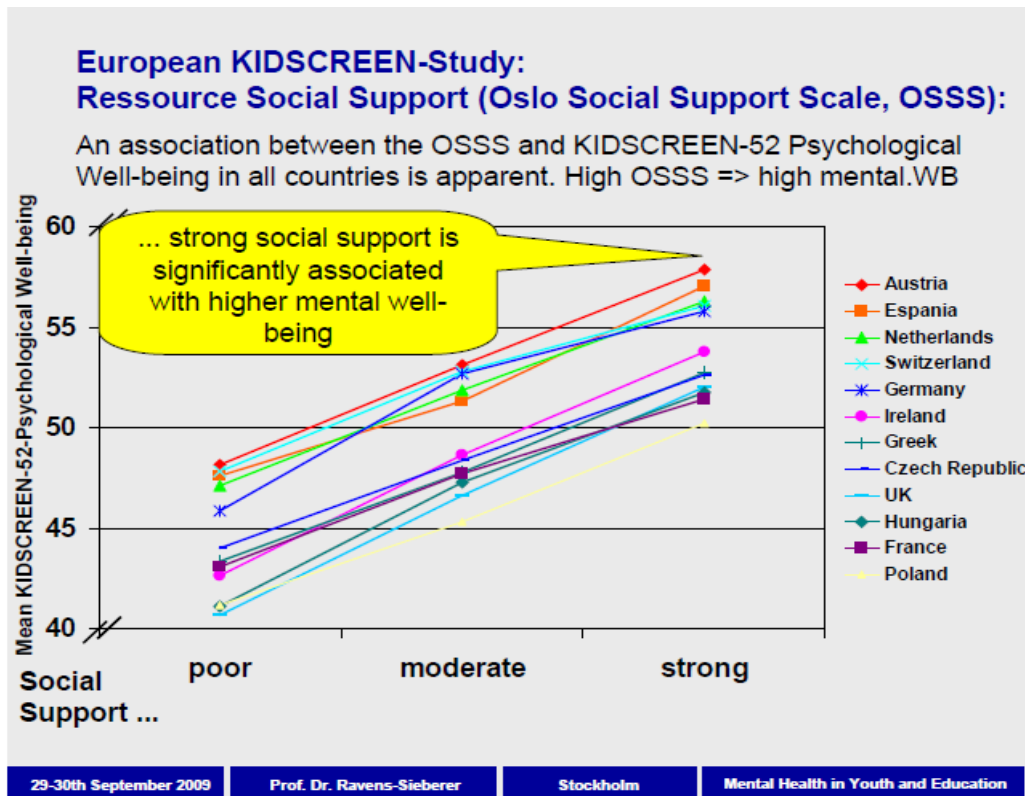
on average children and adolescents in Europe would give a positive response when asked about their mental well-being

Gesundheit von Kindern und Jugendlichen

European KIDSCREEN-Study:
However a noticeable percentage of respondents report poor mental well-being – this figure varies across countries ...

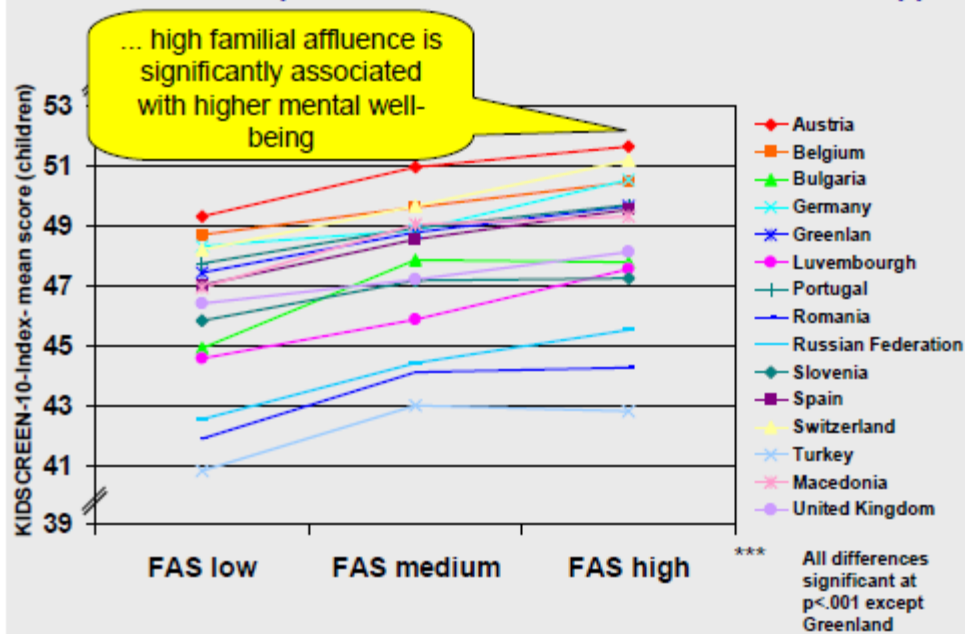


Gesundheit von Kindern und Jugendlichen



Gesundheit von Kindern und Jugendlichen

European KIDSCREEN-Study: Socioeconomic differences
- A statistically significant association between familial affluence and positive mental health for all countries is apparent ...

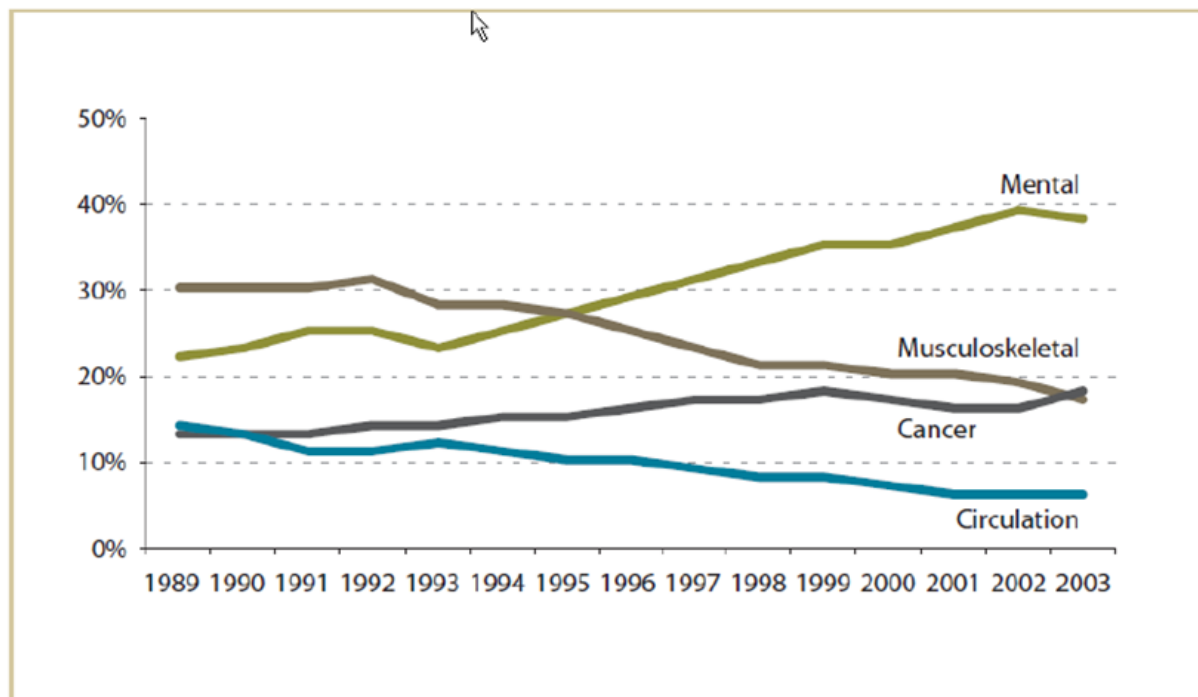


Gesundheit von Kindern und Jugendlichen

- Mangel an Kinderpsychiatern, -psychologen
- Psychische Probleme werden von den Eltern an die Kinder weitergegeben, gerade in Krisenzeiten
- Zunehmender Druck an Schulen, Programme zur Förderung psychischer Gesundheit nur in wenigen Mitgliedstaaten die Regel
- In manchen Mitgliedstaaten, ein hohes Niveau an Mobbing und Gewalt an Schulen
- Jugendarbeitslosigkeit

Arbeitswelt

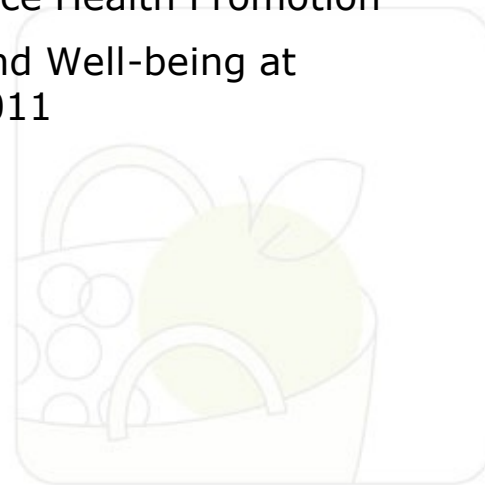
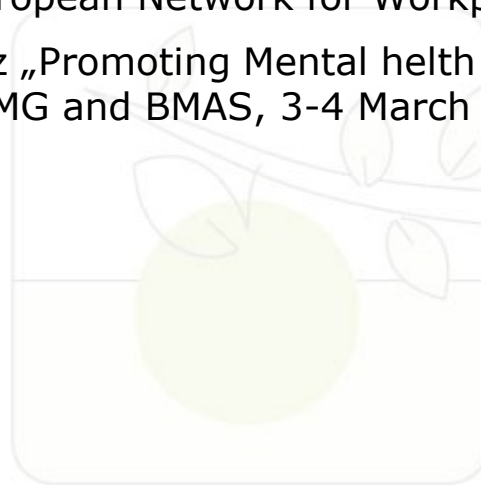
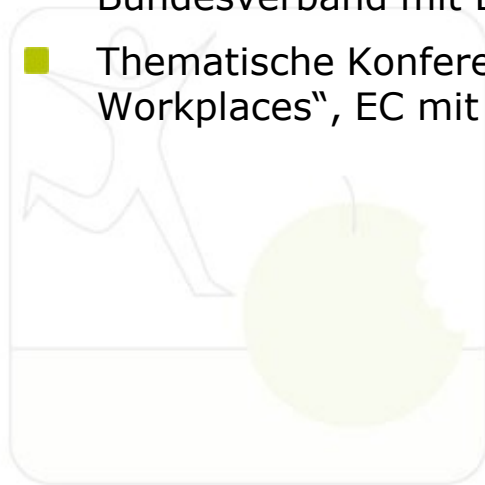
Figure 13: Trend in reasons for early retirement on health grounds in Germany



Source: German Federal Health Monitoring (2007)

Arbeitswelt

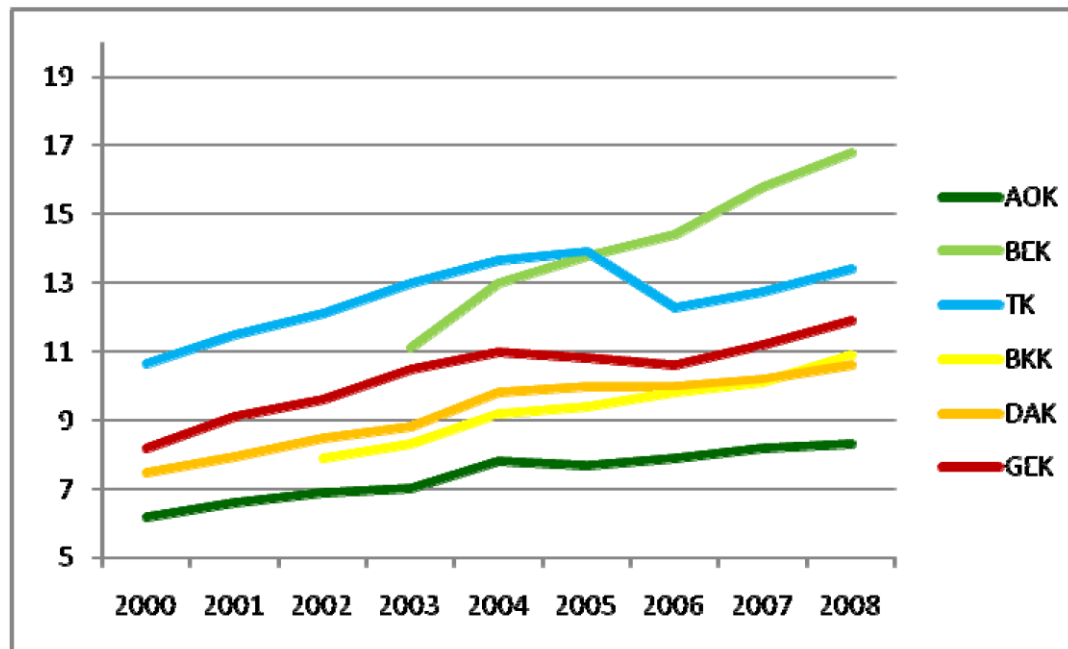
- EU-Projekte: U.a. Move Europe – Work in tune with life, geleitet von BKK Bundesverband mit European Network for Workplace Health Promotion
- Thematische Konferenz „Promoting Mental health and Well-being at Workplaces“, EC mit BMG and BMAS, 3-4 March 2011



Arbeitswelt

Abbildung 1: Psychische Erkrankungen im AU-Geschehen

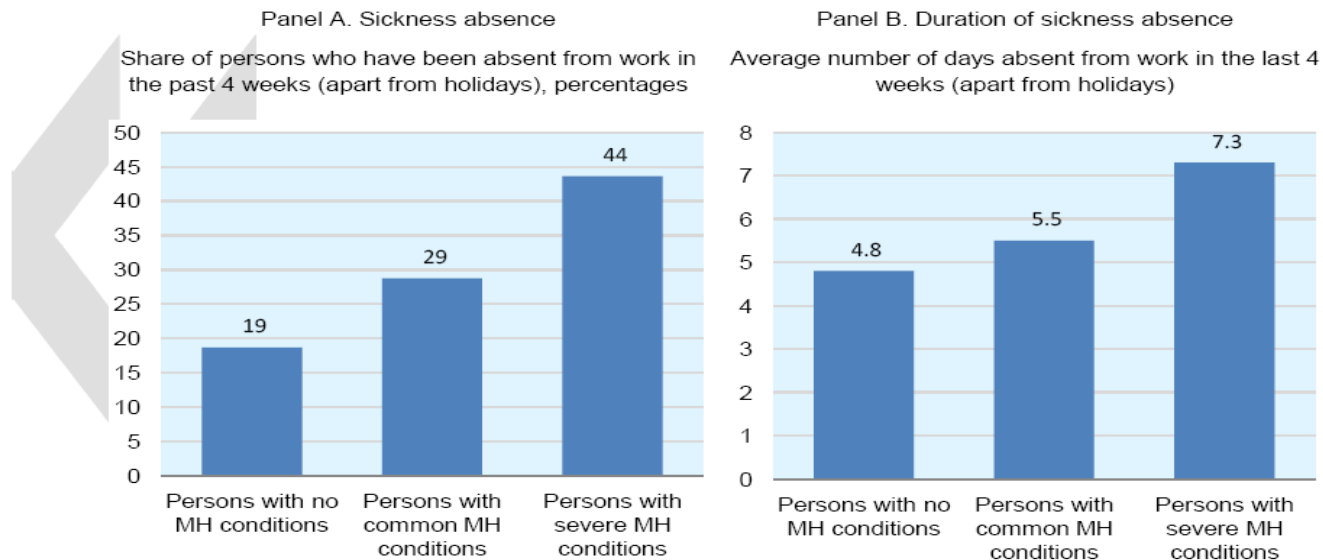
Anteil der AU-Tage durch psychische Erkrankungen



Quelle: Bundespsychotherapeutenkammer 2010

Arbeitswelt

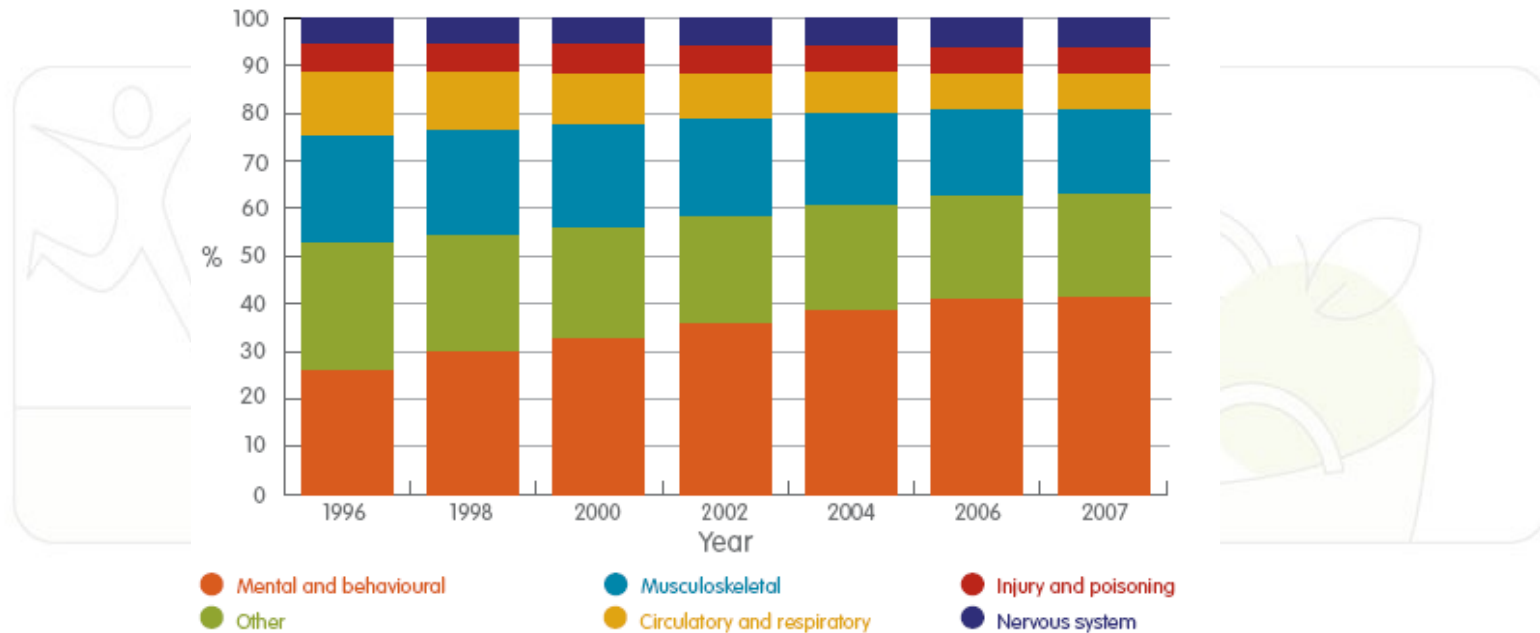
Persons with mental health problems take longer and more sick leave...



Source: OECD Secretariat calculations from Eurobarometer (2010)

Arbeitswelt

Figure 2.14 Incapacity benefits claimants by primary medical condition



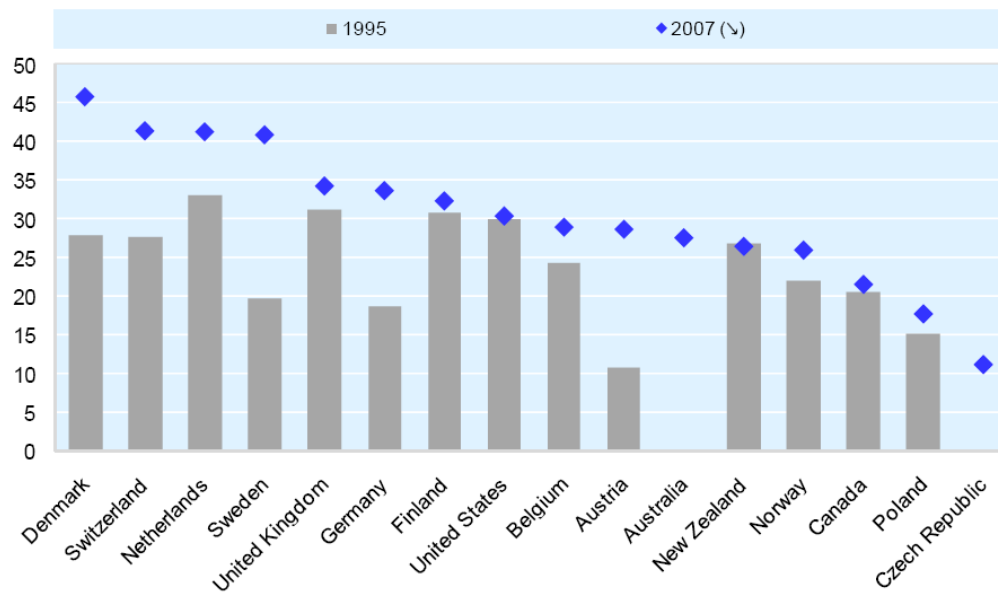
Source: DWP Administrative Data

Quelle: UK Department for Work and Pensions

Arbeitswelt

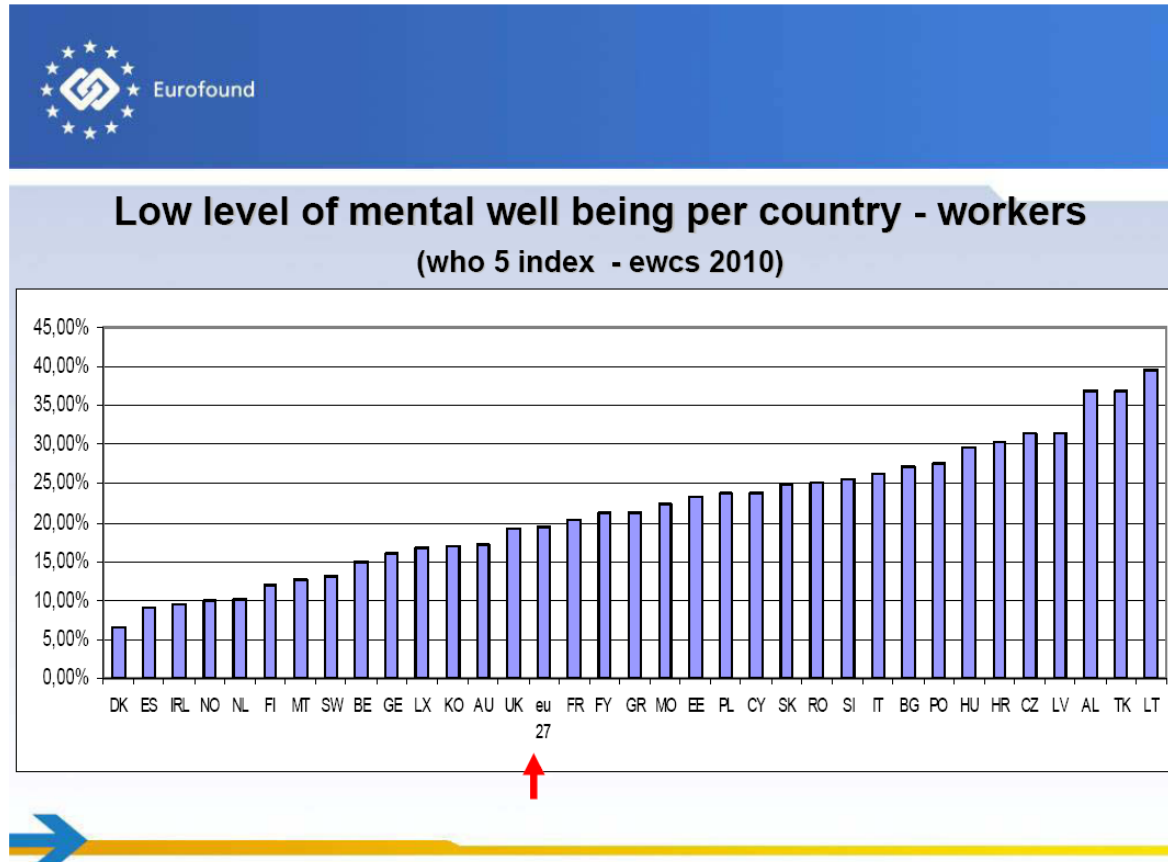
Benefit claims increasingly because of mental disability

Proportion of inflows into disability benefit due to mental health conditions
in 16 OECD countries, 1995 and 2007/08



Source: OECD (Sickness, Disability and Work review)

Arbeitswelt

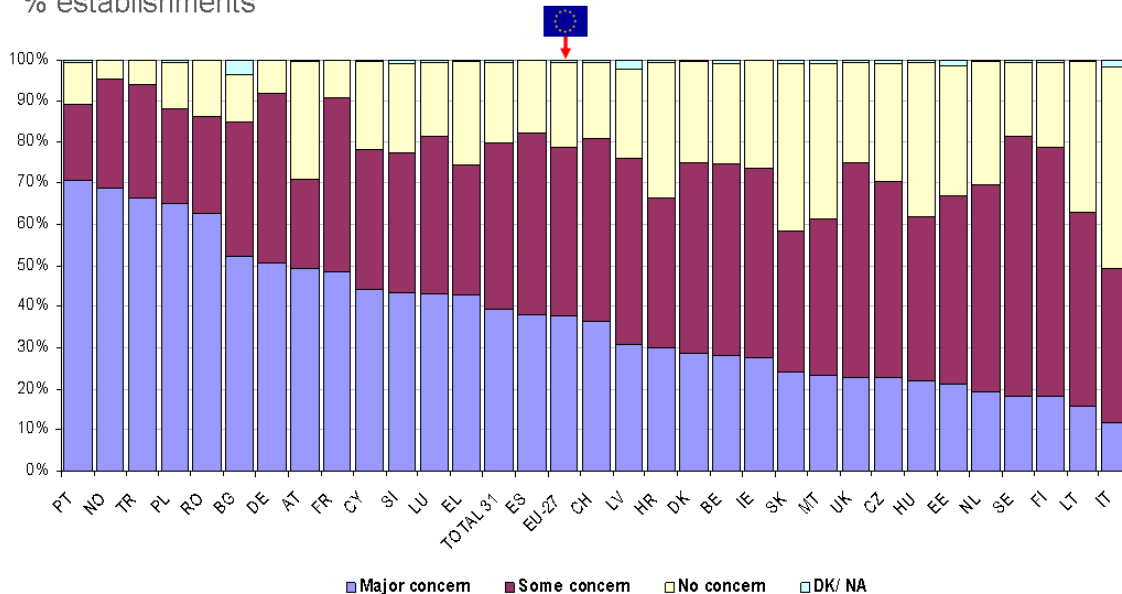


Quelle: Dublin Foundation for the Improvement of Living and Working Conditions

Arbeitswelt

Concern regarding work-related stress

% establishments

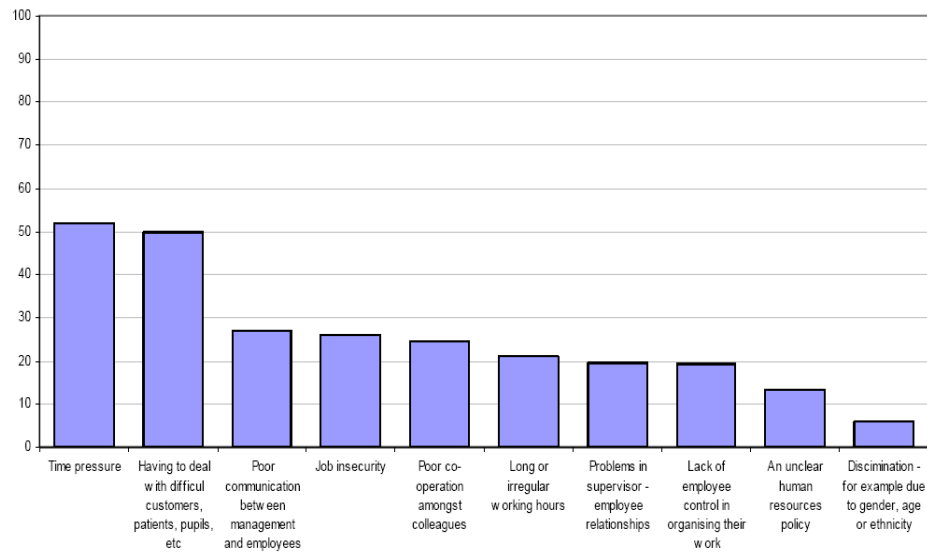


Arbeitswelt

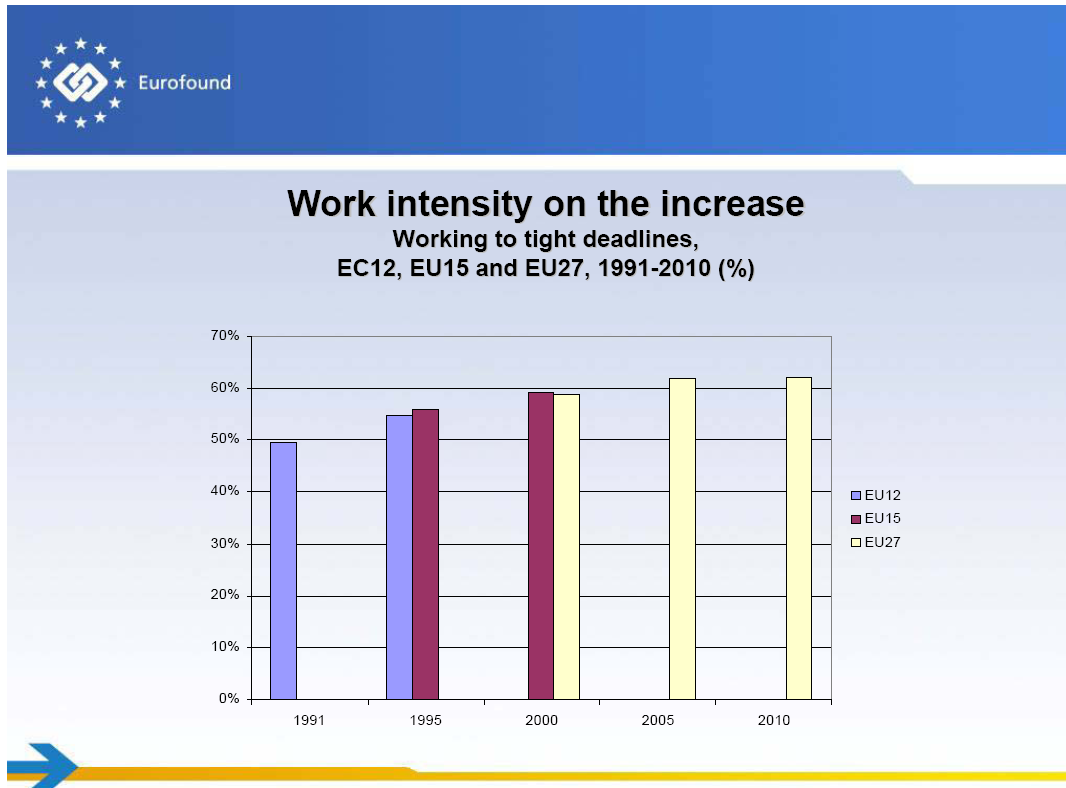
Main concerns and causes

Concern about various psychosocial risk factors

% establishments, EU27



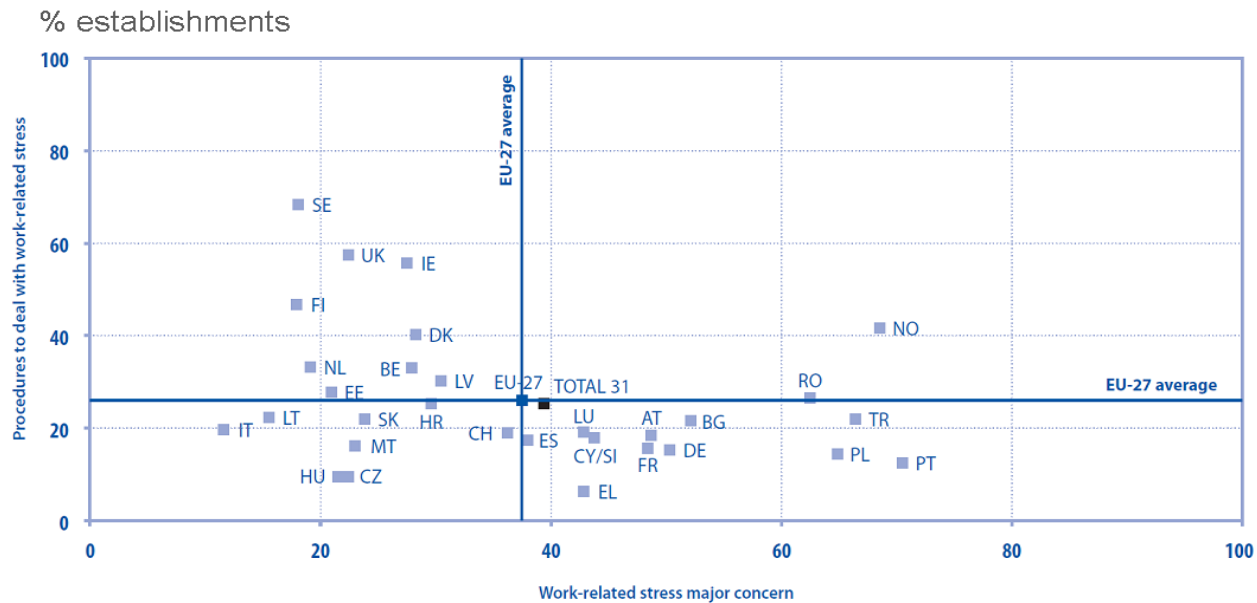
Arbeitswelt



Quelle: Bilbao Agency for Safety and Health at Work

Arbeitswelt

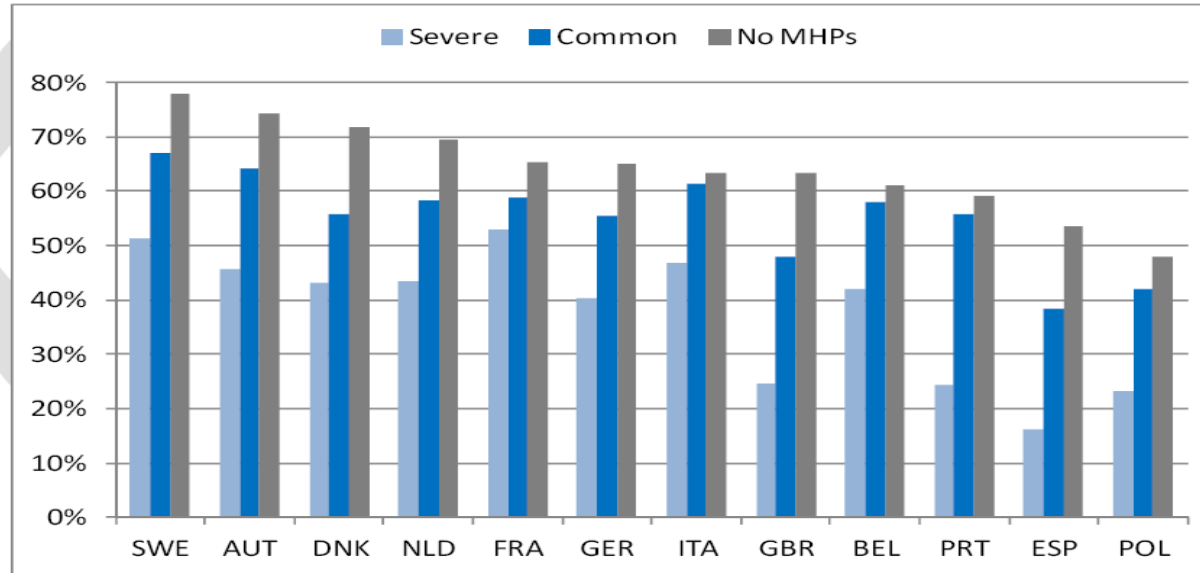
Concern regarding work-related stress **vs.** existence of procedures to deal with it



Arbeitswelt und soziale Inklusion

Mental ill-health is an obstacle for employment

Employment rates by mental health status in selected OECD countries, 2010

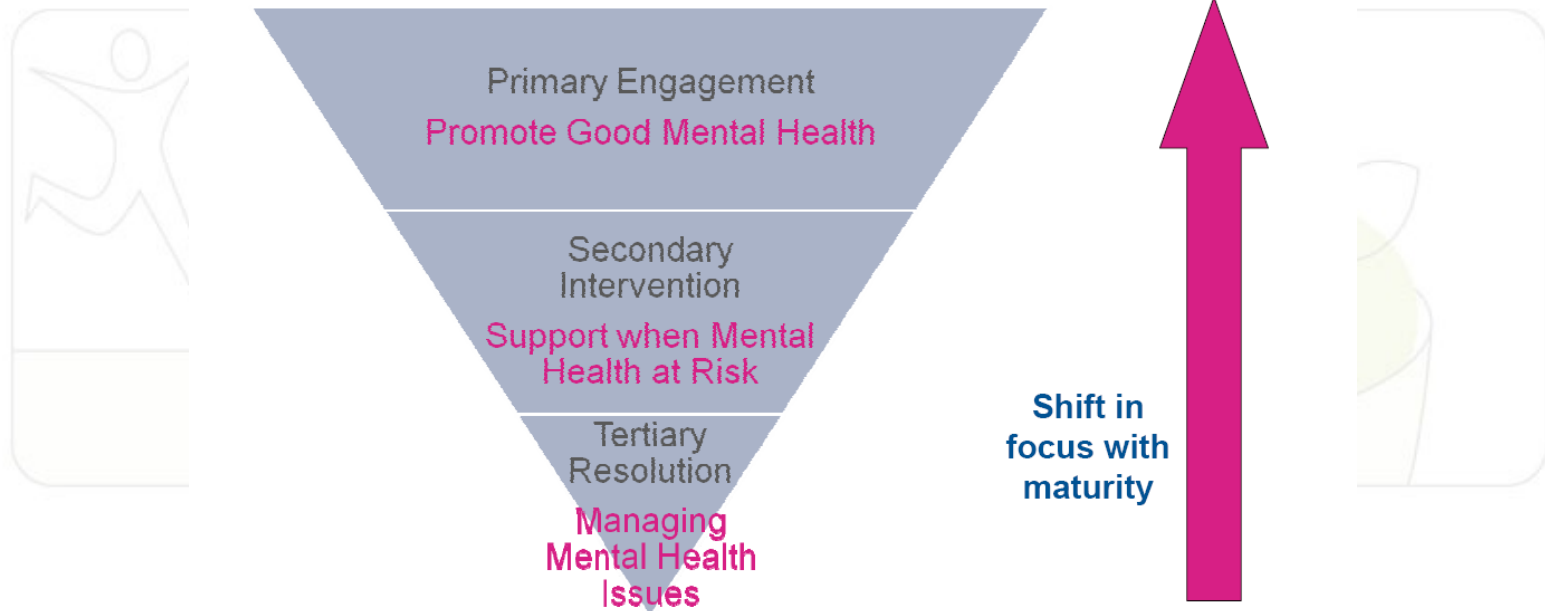


Source: OECD secretariat calculations based on Eurobarometer 2010

Quelle: OECD 2010

Arbeitswelt

Components of a framework



© British Telecommunications plc



Quelle: Paul Litchfield, BT Group

Arbeitswelt

BT Mental Health Toolkit

- Promoting good mental health

Positive Mentality

Managing Pressure

Management Competencies

Achieving the Balance

- Support when mental health at risk

STREAM

STRIDE

Health & Wellbeing Passport

Employee Assistance Management

- Managing mental health issues

Open Minds – Head First

Mental Health First Aid

Employee Assistance Programme

Occupational Health Service

Arbeitswelt

Employer activity - prevention, support and rehabilitation

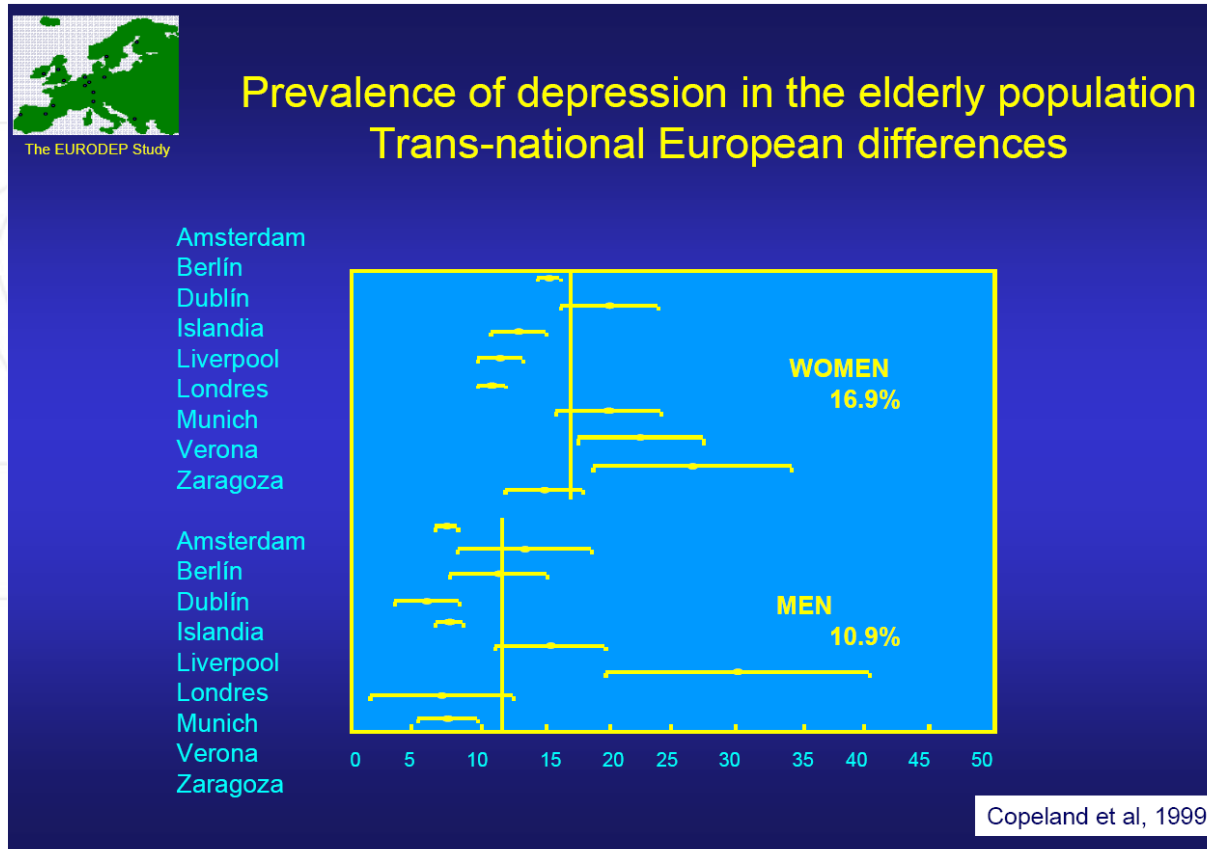


	Primary Prevention	Secondary Intervention	Tertiary Rehabilitation
Education & Training	General awareness training to workforce of mental health issues, healthy lifestyle and stigma avoidance	Training of people managers to recognise signs of distress and to signpost support services	Guidance for managers and employees on effective return to work adjustments
Assessment	Risk assessment of work and change to control psychosocial hazards	Stress audits to identify people and/or business units at risk of harm	Access to occupational health service for assessment of sick employees and advice to management
Practical Support	Adoption of flexible working (time &/or location) to help balance work and home commitments	Availability of confidential employee assistance programme	Provision of psychological support (CBT) services for mentally ill staff

Adapted from Good Work – Good Health: 2010; ETNO / Uni Europa

Quelle: Eva Jané-Llopis, Paul Litchfield, WEF / BT Group

Ältere Menschen



Quelle: Antonio Lobo, CIBERSAM, EURODEP-project

Geht's uns gut?

- Den allermeisten von uns schon.
- Aber denen in wohlhabenderen, stabilen Ländern in wohlhabenderen und stabileren Situationen geht es im Durchschnitt besser als den sozial und wirtschaftlich minderprivilegierten.
- Wichtige Determinanten:
 - sozialer Status, soziale Unterstützung, Bildung, Arbeit, Sicherheit

Was ist zu tun?

- Bereitstellung von Gesundheitssystemen, die die Bedürfnisse der Bevölkerung im Bereich psychische Gesundheit abdecken können
 - Gesundheitsförderung und Krankheitsprävention als Kernaufgabe, in Zusammenarbeit mit den gesellschaftlichen Akteuren
- Entwicklung gesunder Lebenswelten
- Soziale Inklusion und Gleichstellung von Menschen mit psychischen Erkrankungen
- Mehr Forschung und Daten

Welche Interventionen erbringen einen wirtschaftlichen Ertrag?

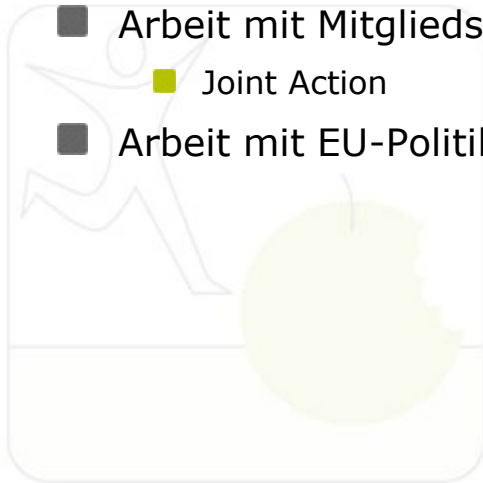
Economic pay-offs per £1 investment	NHS	Other public sector	Non-public sector	Total
Early identification and intervention as soon as mental disorder arises				
Early intervention for conduct disorder	1.08	1.78	5.03	7.89
Health visitor interventions to reduce postnatal depression	0.40	-	0.40	0.80
Early intervention for depression in diabetes	0.19	0	0.14	0.33
Early intervention for medically unexplained symptoms ^b	1.01	0	0.74	1.75
Early diagnosis and treatment of depression at work	0.51	-	4.52	5.03
Early detection of psychosis	2.62	0.79	6.85	10.27
Early intervention in psychosis	9.68	0.27	8.02	17.97
Screening for alcohol misuse	2.24	0.93	8.57	11.75
Suicide training courses provided to all GPs	0.08	0.05	43.86	43.99
Suicide prevention through bridge safety barriers	1.75	1.31	51.39	54.45
Promotion of mental health and prevention of mental disorder				
Prevention of conduct disorder through social and emotional learning programmes	9.42	17.02	57.29	83.73
School-based interventions to reduce bullying	0	0	14.35	14.35
Workplace health promotion programmes	-	-	9.69	9.69
Addressing social determinants and consequences of mental disorder				
Debt advice services	0.34	0.58	2.63	3.55
Befriending for older adults	0.44	-	-	0.44

M. Knapp, D.McDaid, M. Personnage: Mental Health Promotion and Mental Illness Prevention. The economic case. LS, 2011

Nächste Schritte

■ Implementierung des Europäischen Pakts für Psychische Gesundheit und Wohlbefinden

- Arbeit mit Mitgliedstaaten
 - Joint Action
- Arbeit mit EU-Politikbereichen



Vielen Dank

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