Parliamentary Assembly
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COUNCIL OF EUROPE
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Resolution 1460 (2005)[1]

Improving the response to mental health needs in Europe

Parliamentary Assembly

1. The World Health Organization (WHO) estimates that in Europe, in one out of every four families, at least one person suffers from a behavioural disorder and that more than 30 million people each year suffer from severe depression. Yet only a small minority of people suffering from mental disorder receive appropriate care. Scientific research in the field of behavioural medicine has demonstrated the fundamental link between mental and physical health.

2. In view of the humanist principles to which Council of Europe member states' laws habitually refer, it is vital for them to give the political dimension of mental health legislation due prominence and to reaffirm its grounding in the sphere of humanist legislation. The Parliamentary Assembly notes, however, that national laws often fail to emphasise sufficiently the political dimension of mental health. Well-defined mental health policies are essential for the quality of life of all citizens, public health in general and society's productivity.

3. The level of budgetary appropriations earmarked for mental health is an indicator of the conception of humankind prevailing in a particular society.

4. Many countries in central and eastern Europe do not yet have mental health legislation consistent with human rights principles as set out in the European Convention on Human Rights or the case-law of the European Court of Human Rights. Where such legislation does exist, it too often remains unimplemented and unmonitored.

5. In addition to legislative reform where it is necessary, the Assembly advocates effective long-term action in the field of mental health which requires the adoption of a policy to increase the budgets committed to it by governments in order to establish new programmes and to train skilled staff. It believes that, if such a policy is to be developed, the views of users and their relatives must be taken into account as much as those of the professionals and that, in implementing such a policy, the authorities in charge of mental health must also be more open to user representation.

6. The arrangements for mental health care in the various countries must be integrated with the overall public health systems. National law makers must be aware of the importance of the views of general practitioners, the need to involve them in drafting mental health legislation and the urgent imperative of providing general practitioners with a solid grounding in this field. If care and treatment of mental disorder are the responsibility of primary health care providers, the great majority of people should have quicker and easier access to services.

7. Care for persons suffering from mental disorder must be provided by appropriate services, so that adequate treatment is provided corresponding to these persons' individual therapeutic needs. In many countries, the past few years have seen a shift away from care of the mentally-ill in institutions to community-based provision. The Assembly supports this tendency and recalls that this process should be concomitant with a transfer of sufficient financial resources enabling patients to be cared for outside institutions. Care provided within the community often has a more favourable influence on the outcome of chronic mental disorder and on patients' quality of life.

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1. Assembly debate on 24 June 2005 (24th Sitting) (see Doc. 10544, report of the Social, Health and Family Affairs Committee, rapporteur: Mr Evin). Text adopted by the Assembly on 24 June 2005 (24th Sitting).

8. The concept of "sector" used to define the organisation of mental health services should be updated to incorporate the concept of "network". The interests of users, as well as advances in clinical research, are incontrovertibly best served by close institutional links between the public psychiatric service and general medicine, other medical disciplines, all public and private health care systems, medical and social institutions and the vast array of other partners in the various social services, authorities and associations.

9. The Assembly believes that psychiatric treatment must be based on an individualised approach, with a treatment protocol being prepared for every patient. Treatment must span a broad range of rehabilitation and therapeutic activities. It is still not made sufficiently clear in international law instruments or in mental health legislation that psychiatric therapy is individual and intensely personal by nature, involving an individualised plan of continuing care, based on a relationship between patient and practitioner. It is still all too often the case that the treatment given to a patient consists mainly of pharmacotherapy, either because there is a shortage of suitably skilled staff and appropriate facilities or because philosophies based on patient control and supervision still prevail. Initial and in-service training of different specialists should be part of national mental health policies in order to respond better to the varied and individualised needs of each patient.

10. The Assembly also stresses the importance of public educational and awareness-raising campaigns in order to remove some of the obstacles to care and treatment by explaining what mental disorders are, how they can be treated, what the chances of a cure are and what rights patients have. Campaigns of this kind would help to reduce stigmatisation and discrimination and narrow the gap between mental and physical health.

11. The Assembly has recalled on several occasions that the protection of human rights has to be an integral part of a health policy, especially in the field of mental health. Therefore, it welcomes the recent advances made by the Committee of Ministers, in particular with Recommendation Rec(2004)10 concerning the protection of the human rights and dignity of persons with mental disorder, and Recommendation No. R(1999)4 on principles concerning the legal protection of incapable adults.

12. In addition to the need to have laws guaranteeing the rights of particularly vulnerable persons, the Assembly stresses the need for states to ensure, through independent monitoring methods, that the methods practised respect the dignity of these persons, particularly where patients admitted to hospital without their consent are concerned.

13. While, as provided for in Article 20 of Recommendation Rec(2004)10, every state may designate in its own legislation the authority responsible for determining involuntary admission to hospital ("a court or another competent body"), the Assembly considers it necessary to emphasise the advantage of the authority concerned being able to offer the best possible guarantees of its own independence and that any challenges to its decisions may be made under procedures which safeguard both the rights of the persons concerned and the proper conduct of proceedings relating to decisions on such admissions. The greatest safeguards in this respect seem to be afforded by the tendency to involve a civil court in such decisions.

14. The Assembly also stresses that appeals by persons involuntarily undergoing treatment or placement should be regularly considered by courts which offer genuine guarantees of defence for these persons, including access to legal aid.

15. The Assembly proposes that the problem raised by situations of neglect, abandonment and abuse of people with severe mental disorder, either within families or in institutional care, be tackled in the legislative context: European countries should tailor their civil law measures for the protection of adults to this state of affairs. The Assembly believes that effective criminal sanctions must be introduced for any persons with positions of responsibility in institutions, or in some cases heads of families, who are directly responsible for these problematic situations.

16. In the light of the foregoing, the Assembly calls on the governments of member states:

to undertake legislative reform, where necessary, in order to ensure respect for the rights of persons suffering from mental disorder in conformity with the principles of the European Convention on Human Rights, the case-law of the European Court of Human Rights and the recommendations of the Committee of Ministers, in particular Recommendation Rec(2004)10;

in co-operation with the associations of professionals, users and their relatives, to formulate, adopt and implement a mental health policy in accordance with the guidelines previously set out and the principles laid down by the WHO, particularly in the Mental Health Declaration and the Action Plan for Europe adopted in Helsinki in January 2005;

to grant special attention to the improvement of the mental health of children and adolescents;

to make available the budget needed to implement such a policy by identifying the proportion of overall health expenditure earmarked for mental health, particularly for the community-based provision of care and services;

to pay particular attention to the conditions under which persons hospitalised for mental disorder are admitted to hospital and treated, and take action to prevent any abuse and disregard of the human rights or human dignity of such persons;

to ensure independent monitoring and evaluation of mental health programmes in close co-operation with professionals, users and their relatives;

within the framework of the Council of Europe and in co-operation with the WHO, to participate in the exchange of experience and good practice relating to mental health.