

EUROPEAN PARLIAMENT

2004



2009

Committee on Employment and Social Affairs

**PROVISIONAL
2005/0000(INI)**

6.2.2006

DRAFT OPINION

of the Committee on Employment and Social Affairs

for the Committee on the Environment, Public Health and Food Safety

on the Green Paper "Improving the mental health of the population. Towards a strategy on mental health for the European Union"
(2005/0000(INI))

Draftswoman: Kathy Sinnott

SUGGESTIONS

The Committee on Employment and Social Affairs calls on the Committee on the Environment, Public Health and Food Safety, as the committee responsible, to incorporate the following suggestions in its motion for a resolution:

1. Welcomes the Green Paper and the proposal to establish an EU strategy on Mental Health; agrees that the mental health of the EU population can be considerably improved;
2. Welcomes the fact that the Green Paper recognises that social and environmental factors such as personal experiences, family, social support and living conditions play a role in mental illness as well as genetic factors;
3. Notes that the Green Paper envisages that the first priority in combating mental ill health is providing effective and high quality mental health and treatment services through medical interventions; believes, however, that the first priority for combating mental ill health should be the same approach as for supporting mental health and preventing mental illness; considers that medical treatment cannot take the place of social factors which maintain the health of society in general; believes that there should be more emphasis on preventing mental ill health through social and environmental interventions such as those described in section 6.1 of the Green Paper;
4. Notes that according to the Green Paper there are considerable disparities between the suicide rates in the different Member States; considers that the social and health factors responsible for this disparity should be investigated;
5. Believes that coercion is extremely counterproductive in treating mental ill health; agrees that compulsory inpatient care should only be applied once less restrictive alternatives have failed; stresses that effective mechanisms to respect people's fundamental rights must be included in the processes and procedures relating to compulsory admission and treatment.