Mental health in the enlarged European Union: need for relevant public mental health action

ANDREJ MARUŠIČ

On 1 May 2004 ten new countries will join the European Union (EU), which as a result will comprise 25 culturally quite different countries. Each enlargement of the EU so far has been a difficult experience for both the existing member states and the new entrants, since each membership change has altered the structure and the sharing of costs and benefits of membership. Furthermore, each new member brings its own traditions, preferences, strengths and weaknesses, including the mental health of its population and its psychiatric services. Are we ready for the changes to come?

MENTAL HEALTH IN THE EUROPEAN UNION

The European Commission has already recognised that mental health problems are of major importance to all societies and to all age groups in the EU. It has been agreed that mental health problems are a significant contributor to the burden of disease, and that related loss of quality of life can not only cause human suffering and disability, but also increase social exclusion and mortality. It has also been pointed out that stigma in relation to mental health contributes negatively to equality and social inclusion. Accordingly, the needs to collect good-quality data on mental health (valid and reliable across time and across Europe), to support action based on evidence, to promote prevention and appropriate treatment of mental disorders, to aid access to treatment and the integration of people with mental disorders into society, and to raise awareness of the real burden of mental disorders, are all priorities.

Is the European Community action programme for public mental health effective enough to achieve these objectives, especially after the enlargement has taken place? Most probably not. In terms of health informatics, the reporting and analysis of mental health statistics and the quality of public mental health reports leave much to be desired. Access to and transfer of data at EU level will need to be improved. Although the health determinants objectives do cover some aspects of mental health, the health threats programme ignores mental illness almost entirely. Mental health threats that should be covered include surveillance development and integration (the rights of people with mental disorders continue to be violated in the EU, as exemplified by cases exposed by associations such as the Geneva Initiative on psychiatry).

MENTAL HEALTH IN THE NEW ENTRANT COUNTRIES

Why is it so important to anticipate a public mental health initiative following the enlargement? Of the ten new member states, eight are located in central and eastern Europe – Hungary, Estonia, Poland, the Czech Republic, Slovenia, Latvia, Lithuania and Slovakia – and two in the Mediterranean – Cyprus and Malta. Most of these countries are small in both size and population (with the exception of Poland) and also in terms of their economic capacity. The latter factor will undoubtedly have restricted mental health research, which is reflected in these countries’ lower number of internationally recognised publications (Table 1). Clearly, psychiatrists from the new member states do not publish

<table>
<thead>
<tr>
<th>Country</th>
<th>Population1</th>
<th>Number of publications2</th>
<th>Rate n/10^6 inhabitants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ireland</td>
<td>3 786 900</td>
<td>84</td>
<td>22.18</td>
</tr>
<tr>
<td>Finland</td>
<td>5 176 220</td>
<td>53</td>
<td>10.24</td>
</tr>
<tr>
<td>Denmark</td>
<td>5 293 000</td>
<td>38</td>
<td>7.18</td>
</tr>
<tr>
<td>Sweden</td>
<td>8 872 294</td>
<td>54</td>
<td>6.09</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>438 500</td>
<td>2</td>
<td>4.56</td>
</tr>
<tr>
<td>Austria</td>
<td>8 110 200</td>
<td>31</td>
<td>3.82</td>
</tr>
<tr>
<td>Malta</td>
<td>385 809</td>
<td>1</td>
<td>2.59</td>
</tr>
<tr>
<td>Estonia</td>
<td>1 369 515</td>
<td>3</td>
<td>2.19</td>
</tr>
<tr>
<td>Germany</td>
<td>82 187 616</td>
<td>179</td>
<td>2.18</td>
</tr>
<tr>
<td>Netherlands</td>
<td>15 925 513</td>
<td>32</td>
<td>2.01</td>
</tr>
<tr>
<td>France</td>
<td>59 079 000</td>
<td>92</td>
<td>1.56</td>
</tr>
<tr>
<td>UK</td>
<td>59 755 660</td>
<td>80</td>
<td>1.34</td>
</tr>
<tr>
<td>Lithuania</td>
<td>3 499 536</td>
<td>4</td>
<td>1.14</td>
</tr>
<tr>
<td>Greece</td>
<td>10 645 000</td>
<td>12</td>
<td>1.13</td>
</tr>
<tr>
<td>Slovenia</td>
<td>1 977 229</td>
<td>2</td>
<td>1.01</td>
</tr>
<tr>
<td>Belgium</td>
<td>10 161 000</td>
<td>10</td>
<td>0.98</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>10 272 503</td>
<td>9</td>
<td>0.88</td>
</tr>
<tr>
<td>Spain</td>
<td>40 173 504</td>
<td>35</td>
<td>0.87</td>
</tr>
<tr>
<td>Latvia</td>
<td>2 372 984</td>
<td>2</td>
<td>0.84</td>
</tr>
<tr>
<td>Hungary</td>
<td>10 210 971</td>
<td>8</td>
<td>0.78</td>
</tr>
<tr>
<td>Italy</td>
<td>57 761 956</td>
<td>39</td>
<td>0.68</td>
</tr>
<tr>
<td>Poland</td>
<td>38 646 200</td>
<td>14</td>
<td>0.36</td>
</tr>
<tr>
<td>Portugal</td>
<td>10 210 553</td>
<td>3</td>
<td>0.29</td>
</tr>
<tr>
<td>Slovakia</td>
<td>5 400 679</td>
<td>1</td>
<td>0.19</td>
</tr>
<tr>
<td>Cyprus</td>
<td>693 789</td>
<td>0</td>
<td>0.00</td>
</tr>
</tbody>
</table>

2. Publications found using query [NAME OF EU COUNTRY] and PSYCHIATRY in the Science Citation Index and the Social Sciences Citation Index for the years 1994–2004.
as frequently as their EU colleagues, and
the size of the population cannot be the
only reason.

If we look at the content of these publi-
cations, it is clear that they concern differ-
ent mental health problems. The best way
to explain this difference is by looking at
official mental health indicators: for exam-
ple, looking at deaths from suicide, five of
the new member states rank among the
top nine countries in Europe in terms of sui-
cide rates, which are well above those in
the rest of Europe (26–44 per 100 000 per year).

Kleinman & Becker (1988) and newly joined
member states will also
cover other relevant public mental health
concerns, such as suicidal behaviour or
premature mortality related to mental ill-
ness. For example, about 70% of deaths
from suicide occur in people aged 25–64
years, which are from the socio-economic
point of view the most productive years.

Such deaths impose great economic bur-
dens on society through lost future produc-
tivity. Suicide claims substantially more life
years and more future personal income during
the age interval 20–64 years than either of
the two ‘major killers’, cardiovascular
disease and cancer. The average number of
years of productivity lost through suicide is
twice the number lost through cerebro-
vascular disease and ischaemic heart dis-
ease. In Slovenia – which is only fifth in
the new table of national suicide rates in
the EU – death from suicide accounts for
the greatest loss of future income (Šešok
et al, 2004); suicide in Slovenia is:

- the leading cause of future lifetime
  income lost;

- the leading cause of valued years of
  potential life lost;

- the second leading cause of working
  years of potential life lost, with an
  average number of 21.7 years per
  person who died prematurely;

- the second leading cause of premature
  years of potential life lost (29.7 years
  per person who died prematurely);

- the third leading cause of premature
  death (rate 15.9 per 100 000 inhabi-
tants aged 0–64 years).

Bearing this in mind, would it be too
daring to plan to set up a European
Monitoring Centre for Suicide and
Attempted Suicide?

The accession of ten more countries to
the EU will expand its borders from
Sweden to Greece and from Ireland to
Lithuania. Many of the central European
countries have former political and eco-
nomic ties that extend as far as Asia, and
will bring a new slant to traditional Eur-
pean thinking. At such a moment there
should be a journal to play a ‘bridging
role’ between these merging parts of the
world. One way forward for the British
Journal of Psychiatry would be to commis-
sion research reports from more familiar
and less known parts of the world at the
same time and in equal measure. This
would in turn help research coordinators
in Britain and elsewhere to involve as
many reliable research teams from around
the world as possible. Contemporary
scientific funding (e.g. the Sixth Frame-
work Programme) continues to promote
multicentre research activities across Eu-
rope, and the more new member countries
are involved, the better.

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Access the most recent version at DOI: 10.1192/bjp.184.5.450

References
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