Sixth Meeting of the European National Counterparts for the WHO Mental Health Programme

Report on a WHO Meeting

Madrid, Spain
28-30 April 2003

2003
ABSTRACT

The Mental Health Programme of the WHO Regional Office for Europe has established a network of mental health professionals in the Member States, who have provided the necessary liaison between the Regional Adviser for Mental Health in the Regional Office and the mental health services in the countries. These national counterparts for mental health have been officially nominated by their ministries of health and are often working in the Ministry of Health or are the most senior government mental health professionals. The network meets twice yearly in a different location.

In April 2003, the network met in Madrid, Spain, kindly hosted by the Ministry of Health and Welfare of Spain and the Ministry of Health of the Autonomous Region of Madrid. Counterparts from almost 30 countries of the Region took part at the meeting, as well as invited speakers, representatives of the Spanish central and regional health authorities, professionals and NGO representatives acting in the field of mental health.

The programme included a session on the situation of mental health in Spain, with presentations of the main reform changes undergone or planned to be carried out, and with a following discussion and feedback from the counterparts. In the international network part, topics that were presented and discussed were mental health curricula harmonization, mental health economics, value-based mental health and the relation between neuropsychiatry and mental health. All the topics were addressed and debated with the background of the forthcoming WHO ministerial conference on mental health - Facing the challenges, building solutions, Helsinki, January 2005.

Keywords

MENTAL HEALTH
MENTAL HEALTH SERVICES - organization and administration
HEALTH CARE REFORM
HEALTH POLICY
PSYCHIATRY - education
HEALTH ECONOMICS
SPAIN
EUROPE
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Madrid, Spain, 28-30 April 2003

Monday, 28 April 2003

Welcome and Official Opening

Dr Wolfgang Rutz, WHO Regional Office for Europe (WHO/EURO)

Dr Rutz welcomed the participants and thanked them for their effort to attend the meeting. He also thanked Professor López-Ibor for taking the initiative of organizing this event in Madrid and to the Spanish Ministry of Health and Consumer Affairs and the Ministry of Health of the Region of Madrid for their efforts to make it possible. He expressed conviction that there would be an interesting and fruitful exchange of ideas and experiences during the three days.

Dr Lluis Bohigas, Ministry of Health and Consumer Affairs, Spain

Dr Bohigas welcomed the participants on behalf of the Spanish organizers and expressed his hope that the meeting would be scientifically useful and gainful.

He briefly explained that the Spanish health care system had undergone major changes in the last years and that the governance of the system had been decentralized to the autonomous regions. A lot of lessons have been learnt and attempts have been made to assure cohesion among the decentralized regions, in which budgets are also decentralized. In this context, the main role of the Ministry of Health is to coordinate public health and health care services, draft health legislation, assure equity in access and keep a system of information which allows the evolution at regional level to be known.

Dr J. I. Echániz, Ministry of Health of the Region of Madrid

Dr Echániz began by addressing the issue of the burden imposed by mental illness on society and the importance of giving a higher place to mental health on the political agenda.

From this perspective, he mentioned the 54th World Health Assembly in May 2001, in which health ministers from all parts of the world committed themselves to addressing the pressing needs of the population and calling for international support and action.

He also informed of the recently elaborated Mental Health Plan of the Community of Madrid (2003-2008), which is a milestone in the development of mental health care in the region. The plan presents an analysis of the situation of the psychiatric and mental health care and proposes a set of strategic recommendations and lines of action through more efficient resource allocation. Particular attention is paid to users and their families, as well as to mental health professionals’ continuous education.

Dr Gudjon Magnusson, WHO Regional Office for Europe (WHO/EURO)

Dr Magnusson thanked the representatives of the Ministry of Health for their hospitality in hosting this meeting and welcomed the national counterparts. He took the opportunity to give the
participants sincere greetings from the Regional Director, Dr Marc Danzon, who is very much concerned with the mental health situation in Europe. He also emphasized the tradition of a close collaboration between Regional Office and the Government of Spain and expressed his hope that this would continue in the future.

Dr Magnusson made reference to the positive political atmosphere for mental health issues that had been created since 2001, the WHO year of mental health. At its meeting in 2001 in Madrid, the WHO Regional Committee requested, in Resolution EUR/RC51/R5, that the Regional Director include mental health as a technical subject on the agenda for the meeting of the 53rd Regional Committee, to be held in Vienna in September, 2003. He informed that the document to be presented to the RC 53 would contain the background and panorama of needs in the area of mental health in European Member States, the main steps of mental health policy development and awareness in Europe, main strategies of action, tools, channels and collaborators, the challenge of “no public health without mental health”, actions taken, ongoing and planned, and will introduce the ministerial conference on mental health, planned to take place in Helsinki, Finland in 2005.

Moreover, Dr Magnusson emphasized the importance of the title of the conference “Facing the challenges - building solutions” and explained that the outcome of the conference would be the Helsinki Mental Health Action Plan for Europe, setting out common and sustainable policy recommendations.

Dr Magnusson concluded by stressing the need of active involvement of Member States in the preparation of the conference and pointed out that the support and assistance of the mental health counterparts in identifying case studies was strongly needed.

Professor Juan José López-Ibor, WHO national mental health counterpart from Spain

Addressing the participants, Professor López-Ibor stated that he received enthusiasm and support from Spanish health authorities and from Madrid and Valencia community to organize this event. He highlighted the importance of the Madrid Declaration on ethics in mental health services approved by the World Health Assembly in May 2001 and mentioned the big challenges of social transition that urged broadening the interest for mental health issues.

Plenary session I

Mental Health in Europe: Problems, processes, visions – an update

Dr Wolfgang Rutz, WHO/EURO

Dr Rutz presented a brief overview of the mental health situation across the European Region of WHO, emphasizing the huge differences between countries in percentage of GDP spent on health care and in mental health care expenditure. Trends in suicide rates among males and females in the Region were also indicated, and the topic was signaled as a matter of increasing concern.

In addition, a panorama of mental health related problems was presented: mortality crisis, stress-related morbidity, troubles in attention and conduct for children and adolescents, societal stress, expressed in a societal syndrome consisting of depression, personality disorders – post traumatic stress reaction, aggression and violence, accidents, alcohol consumption and cardiovascular diseases, risk-taking behavior (including sexually), death by external causes, homicide and purposeful injury. Other issues hinted at were trends in distribution of psychiatric beds and staff.
It was indicated that the societal transition and adverse societal environment were leading to stress and helplessness, loss of identity, loss of significance and loss of control. Several categories of population at risk with regard to alcohol consumption, drug addiction, depression, suicide, cardiovascular diseases and violence were mentioned: adolescents in United Kingdom, Finland, France and Scandinavia, elderly in Eastern Germany, Lithuania and Portugal, farmers in Ireland, Wales and Poland, and the whole society in countries in transition. Special attention was paid to adolescents and to the need of smoothly integrating adolescence psychiatry into adult psychiatry and community based mental health.

Dr Rutz referred to the ten recommendations of the World health report 2001 (Chapter V – The Way Forward), as well as to the need for partnership and co-operation between governmental organizations, Members States, WHO/EURO and WHO/HQ and NGOs.

In conclusion Dr Rutz made reference to several important events which have taken place or will be organized as evidences of a mental health momentum:

- the European Commission seminar Future Mental Health Challenges in Europe, 11-12 December 2002, Luxembourg;
- the Council of Europe Seminar The Protection and Promotion of the Human Rights of Persons with Mental Disabilities, 7-8 February 2003, Copenhagen;
- the ministerial conference Mental Illness and Stigma, 27-29 March 2003, Athens;
- the technical meetings of the Stability Pact Mental Health project;
- the forthcoming conference Mental Health in Europe – New Challenges, New Opportunities, 9-11 October 2003, Bilbao;
- the WHO ministerial conference on mental health Facing the Challenges, Building Solutions, 12-15 January 2005, Helsinki, and the pre-events related to it.

Focus on Mental Health – Partnership and common tasks

Dr Simo Kokko, WHO/EURO

Dr Kokko gave an extensive presentation on the WHO ministerial conference on mental health - Facing the challenges, building solutions - organized by WHO/EURO, the European Union and the Council of Europe and hosted by the Government of Finland on 12-15 January 2005 in Helsinki.

He began by recalling that mental health and mental health policy development had come a long way, that mental health care reforms had begun in 1970-1980 and several important initiatives had been taken in the past five years to make policy-makers in the WHO European Region more aware of the burden imposed by mental illness.

It was indicated that the role of WHO/EURO in mental health was emphasized through the mental health programme, networks and task forces in key areas, collaborating centres, facilitation of interaction between intergovernmental organizations and non-governmental organizations.

The ministerial conference places its roots in the Regional Committee decisions in 2001, which pushed forward to achieve a common vision, an agreement of the guiding principles and a shared action plan between the Member States, despite their heterogeneity.

The conference will be attended by policymakers, professionals, care givers, service users and family members. The aims of the conference will be:

- to review the status of European policies for mental health and mentally ill health;
to explore the settings and age groups in which mental health and inclusion should be 
promoted and mental ill health addressed (such as schools, workplaces, health services);

to identify the barriers to the promotion of mental health and the prevention and 
treatment of mental ill health in communities and individuals;

to suggest evidence-based solutions that could be shaped into common and sustainable 
policies;

to develop an action plan that provides policy recommendations to be followed up by 
WHO.

The conference will address key issues of mental health policymaking, promotion, prevention of 
mental disorders and mental health care. Experience in the development of country mental health 
policies, of good examples or improved services and other lessons to be learnt will be presented. 
Topics of stigma and human rights attached to mental ill health and care services will be a 
through theme in all parts of the conference.

Dr Kokko concluded by describing the extensive preparatory work which is being prepared 
(series of pre-events), but also the importance of the follow-up and implementation activities.

Mr Horst Kloppenburg, European Commission

Mr Kloppenburg expressed his pleasure at being invited at this meeting and stressed that co-
operation with international organizations was an explicit requirement under the health 
competence of the European Union.

From this perspective, he referred to the increasing co-operation between the European 
institutions and WHO, stemming from an Exchange of Letters in 2000 between Commissioner 
Byrne and WHO Director-General, Dr Brundtland, which identified various priority areas, 
amongst which was mental health.

Mr Kloppenburg said that emphasis was placed on the role of mental health promotion actions 
and prevention strategies during the life cycle and crucial transitions in life (for example from 
school education period to working life, from working life to retirement). He suggested that a 
focus might be not only on the psychiatric approach, but also on the concept of mental health and 
well-being.

Mr Kloppenburg concluded his intervention by underlining that informal partnerships needed 
also to be established and sustained.

Comments

Replying to interventions from the floor concerning the right of being treated in another country, 
Mr Kloppenburg explained that EU Foundation Treaty did not provide a legal basis for this, but 
that the European Court of Justice recognized the right of free movement of citizens within the 
Union and of medical treatment in acute cases and reimbursement according to the national laws.

On the question of criminality and violence, it was indicated that the criminal law was totally 
dependent on Member States, forensic psychiatry being based on national ground. It was also 
noted that abuse of psychiatry was a tricky issue and it was pointed out that a very 
comprehensive presentation on legal aspects of psychiatry had been given at the last mental 
health counterparts meeting (Bucharest, Romania, April 2001).

It was highlighted that WHO was committed to give legal expertise and welcomed offers of 
concrete collaboration.
Mental health curricula harmonization

Professor Manuel Gómez-Beneyto, University of Valencia

Professor Gómez-Beneyto presented the point of view of the Union of Medical Specialists (UEMS) – the main political representative organization for medical specialties in the EU and associated countries – concerning the harmonization of psychiatric training and continuing medical education in Europe.

Education is a key element in this field and UEMS has been pursuing the formulation of a common policy in the field of postgraduate training. Therefore, harmonization is necessary for promoting equity in providing mental health care, preventing tensions related to free movement of specialists and helping raising the standards of less developed countries.

The main barriers in harmonizing specialist care were enumerated:

- diversity of national training guidelines: national vs. regional authorities, variation in duration of training;
- diversity in structure and organization of services: community vs. hospital orientation, focus on acute vs. chronic disorders, existence of sub-specialties (e.g. child psychiatry);
- inequality of training resources: differences in facilities and human resources, dependency on private funding, service commitments substituting training needs;
- evolving identity of psychiatry: internal professional and scientific growth, rivalry with other specialties, growth of bio-medical model, previously unattended population needs;
- poor compliance with the training programmes: scarcity of facilities and settings, trainees used as manpower, cultural permissiveness and unaccountability.

It was also indicated that the European Council for Continuing Medical Education (ECCME) was created to harmonize and improve the quality of specialized medical care in Europe by facilitating transfer of continuous medical education credits, previously approved by national authorities.

Several proposals for strategies of harmonization of psychiatric training in Europe were presented:

- improving communication: disseminating reports and recommendations, promoting trainees and trainers exchange, linking with other associations, coping with language barriers;
- setting standards: the European Charter on Psychiatric Training, promoting quality through visitation of European training centres (the UEMS International Visitation Charter) and promotion of national visitation (the assessment scheme for national visitation);
- elaborating a psychiatrist profile (UEMS working group).

Regarding continuous medical education, the main barriers for harmonizing were indicated:

- high number and variety of stakeholders (consumers, doctors, health authorities, professional associations, profit associations);
- diversity of national programmes of continuous education;
- lack of funds for a European action;
- conflicting views and aims among European organizations;
- language and geographic barriers.

It was concluded that ECCME had a well developed and already tested operational system for European accreditation of continuous medical education and that collaboration between the
national continuous medical education authorities and the UEMS, the World Psychiatric
Association and the Association of European Psychiatrists was strongly needed.

In the ensuing discussions, it was emphasized that WHO was willing to support curricula
harmonization and continuous medical education.

**WHO Counterparts session**

**EU Action Programme on Public Health**

**Mr Horst Kloppenburg, European Commission**

Horst Kloppenburg presented the EU Programme of Community Action in the Field of Public
Health for 2003-2008 and explained that this was the legal base for initiating and supporting
financial activities in the area of health. He pointed out that it was not a research programme, but
that it aimed at putting into practice the results of research.

The overall aim of the public health programme is to contribute towards the attainment of a high
level of physical and mental health and well-being and a greater equality in health matters
throughout the Community. Priority should be given to health-promoting actions that address the
major burden of disease.

The programme includes three main strands:

- health information system - development and dissemination of health information,
  knowledge, including statistics, reports, reviews, analysis and advice on issues of
  common interest to the Community and to Member States;
- rapid reaction to health threats, including major diseases and reaction to unforeseen
  events;
- activities related to health determinants by developing and implementing health
  promotion and disease prevention activities.

It was also emphasized that several cross-cutting themes are closely linked with the activities in
the area of health determinants. These include in particular evaluating quality and efficiency of
health promotion strategies and measures, promotion of health for the ageing population and
addressing the socio-economic determinants of health.

**WHO European Ministerial Conference on Mental Health “Facing the challenges - building solutions”, Helsinki, January 2005**

**Dr Simo Kokko, WHO EURO**

Additional information on the contents of the Ministerial Conference on Mental Health was
given by Dr Kokko. He pointed out that a review of mental health policy-making across the
Member States of the WHO European Region would be first presented.

One day will be dedicated to a comprehensive look at the key substance areas of promotion,
prevention and care. Issues such as stigma and human rights will be also included. It is intended
to dedicate another day to implementation of policies, presentations of solutions and lessons
learnt and of a common vision on what the ministers could agree. The last half day will include
the Resolution and launch of implementation: the Helsinki Mental Health Action Plan.
Dr Kokko gave further information on the section “country analysis”, which will use in-depth analyses of selected mental health policy developments in countries, indicator-type data on all countries and selection of innovative solutions and practices.

Concluding his presentation, he confirmed the importance of national mental health counterparts’ input and invited them to make a preliminary contribution to this section by completing a short questionnaire on country-analysis.

**Working Groups – Contribution of Member States to the Conference**

**Workshop 1 – Mental Health policy development: strategies, priorities, interventions and programmes**

Facilitator: Dr Laszlo Tringer (Hungary)
Rapporteur: Dr Andres Lehtmets (Estonia)

Andorra (Dr J. Obiols Llandrich), Bosnia and Herzegovina (Dr I. Ceric), Lithuania (Dr O. Davidoniene), Switzerland (Dr H. Heise)

The group exchanged information of mental health programmes in their countries. Issues discussed were mainly mental health programmes as separate sections or as part of public health programmes, prevention strategies in mental health, and the question to whom belongs the responsibility of initiating action.

Referring to mental health legislation, it was discussed whether countries should have separate mental health laws (and the issue of stigmatization related to it) or whether mental health aspects should be included in a public health law.

In addition, there was a discussion on mental health services and institutional changes occurring in accession countries, including overall development in the direction of community-based services, accessibility and availability of services. The importance of evaluation and monitoring of services was also emphasized.

Finally, it was discussed how to engage policy-makers and administrators to discuss issues of mental health. It was generally agreed that this was not an easy task.

**Comments**

It was commented that there was no single correct answer concerning legislation. In well advanced systems, there is sufficient understanding that mental health is part of the public health, but there is a continual need to emphasize this.

**Workshop 2 – Public mental health: societal stress, suicide prevention, crisis intervention, promoting mental health of children and adolescents, reduction of stigma**

Facilitator: Dr Heinz Katschnig (Austria)
Rapporteur: Dr Frans Clabbers (The Netherlands)

Armenia (Dr S. Torosyan), Bosnia and Herzegovina (Dr J. Simic Blagovcanin), Finland (Dr V. Taipale), Kazakhstan (Dr Z. Alimkhanov), The Former Yugoslav Republic of Macedonia (Dr V. Micev)

Discussion was focussed on the question ”What is public mental health”? The prevention side, especially primary prevention, was most often outlined and comments were given on the complexity of social and biological issues.
Secondary prevention was also noted and an example was given of a positive experience by a successful suicide prevention programme within the armed forces.

Other points highlighted were the importance of training staff outside mental health services and of providing psychological help outside traditional settings.

The issue of stigmatization was also addressed and the need to fight discrimination through good laws was highlighted. The importance of good examples on this issue was also pointed out.

**Comments**

Concern was expressed about the increasing suicide rates, and the need to set up national and regional programmes of suicide prevention.

**Workshop 3 – Restructuring of services: new community care, role of hospitals, services for children and adolescents, rehabilitation**

Facilitator: Dr John Glad (Norway)
Rapporteur: Dr Peter Breier (Slovakia)

Bulgaria (Dr M. Okoliyski), Georgia (G. Naneishvili), Kyrgyzstan (Dr V. Ten), Poland (Dr W. Klosinski), Ukraine (Dr V. Kuznetsov)

It was first explained that the notion of community care had different definitions in various countries. A suggestion was made that it should be further discussed how community care can play a role in different cultural contexts.

A clear trend to a shift from hospital care to community care in all the countries in the group was indicated. Problems reported referred to the integration of psychiatric and mental health care into general health care, reduction of financial resources in passing to community care, epidemiological data missing, lack of research studies that prove the need for community care, division of regional and governmental funding, splitting of responsibilities between health care and social care, shortage of social workers in many countries.

The impact of legislation was also discussed and Poland reported that a new law was being prepared and that it was expected to assure patients’ right and access to appropriate services.

Other issues tackled were the balance between community care and hospital care and the role of specialized psychiatric hospitals and forensic hospitals, as well as ways of including psychiatry into education and care.

It was noted that the group did not have the time discuss to adolescent psychiatry and geriatric psychiatry.

**Comments**

On the issue of community care, it was highlighted that there were different conceptions (community care opposed to hospital care, polyclinic, outpatient care) and that it constituted a subject for reflection for the ministerial conference in 2005.

In the ensuing discussion about general practitioners and their co-operation with mental health services, Norway described a model initiated to develop ambulatory mental health teams for community-based centres that can give support to primary care services. Another project mentioned was training clinical psychologists to work in primary health care system.
Workshop 4 – NGOs and their role: human rights, social inclusion, partnerships

Facilitator: Dr Bogdana Tudorache (Romania)
Rapporteur: Dr Maria João Heitor dos Santos (Portugal)

Belgium (Mr. B. Cools), Croatia (Dr N. Henigsberg), Germany (Dr A. Brockmann), Latvia (Dr M. Taube), Spain (Dr J. López-Ibor), Uzbekistan (Dr N. Khodjaeva)

It was outlined that countries in the group had different experiences and levels of mental health and civil society development. While the NGO sector was considered a very broad field, with various types of roles, the discussion focused on NGOs related to families and users. It was therefore highlighted that user associations may not be representatives of the whole group and there was a discussion on the place and role of professionals to stimulate and create these types of associations or federations. The importance of the advocacy process and lobbying for mental health and respect of patient’s rights was again emphasized.

The main difficulties identified were the lack of funding and resources as well as the need for more information and training. From this perspective, it was pointed out that collaboration with main stakeholders is essential: professionals, families, users, media representatives, government, national and local policy-makers, international partners. Partnerships between health authorities and labour and social affairs authorities was also recommended.

It was concluded that a common goal of NGOs might be to reduce stigma, even by borrowing the slogan Facing the challenges, building solutions from the forthcoming WHO ministerial conference.

Comments

On the issue of collaboration between stakeholders, it was indicated that there existed huge variations among countries. In some countries, mental health associations occupy a very insignificant position, whilst in others, associations of users and their families are becoming very professional in fundraising, particularly with pharmaceutical companies.

Another comment referred to the paternalistic tendency of professionals in their attitude towards users, their families and their limited power.

Tuesday, 29 April 2003

Plenary session II

Mental Health Economics: New European dimensions

Professor Martin Knapp, London School of Economics and Institute of Psychiatry

Professor Knapp began by explaining that the role of economics was to help decision makers to obtain the best outcomes out of legislatively fixed budgets.

The interest in economic evaluation stems from three needs:

- the need to find out the costs of a service/intervention/policy (costs)
- the need to see how the cost savings from the service compare with the amounts expended (cost-offset);
- the need to understand the link between costs and outcomes (cost-effectiveness).
In mental health, there are several economic dimensions of relevance: mortality, disability (DALYs), employment and productivity, service use and costs, expenditure levels, social exclusion, family and societal impacts, quality of life.

Mental health problems have wide-ranging impacts, often stretching over many years. There are many costs for patients and families. Ideally, this should all be reflected in the evaluation of interventions. Hence, costs and outcomes need to be measured quite broadly and their distribution needs to be considered.

It was highlighted that there was a clear relation between (1) treatments and treatment outcomes (such as symptoms, social functioning, quality of life, caregiver impact, patient satisfaction) and (2) long-term costs savings (health care utilization, social support, employment, integration, adherence, externalities).

The relationship between employment and mental health was also discussed. People with mental health problems find it much harder to get paid employment, productivity losses due to mental health problems (absenteeism) are large (91 million lost work days p.a. in the UK), but also, on the other hand, employment can also be the cause of mental health problems.

In addition, Professor Knapp pointed out several advantages of European mental health economics evaluations:

- it is easier and quicker to recruit a sample of patients;
- they build in heterogeneity of services and treatments, and hence there is a greater external validity.
- sometimes they are important for regulatory bodies;
- they can explore cross-country differences and examine Europe-wide policies;
- they work towards the promotion of mental health in the whole community.

It was however emphasized that carrying out European studies represented a challenge: pooling costs and outcomes across countries was difficult because of differences in basic demography and epidemiology, in culture and meaning of health and quality of life, in societal preferences, health financing arrangements, availability of health care and other services, in incentives to staff and institutions and perspectives adopted in decision making.

Two illustration of these challenges were presented:

- EPSILON - a cross sectional instrument development study (on schizophrenia) in five Western European countries (Netherlands, Denmark, United Kingdom, Spain, Italy);
- a recent Randomized Clinical Trial of two atypical antipsychotics in 4 eastern European countries (Slovenia, Estonia, Hungary, Latvia) and 4 western European countries (Austria, Belgium, France, Germany).

The Mental Health Economics European Network, set up within a EC funded project (November 2002-April 2004) and coordinated by Mental Health-Europe and the London School of Economics was also introduced. The Network spans all 15 Member States, plus Norway and Iceland, and aims to prepare a framework for identifying and collecting data on economic dimensions relevant to mental health systems, and to build up information and indicators for the Members States to allow comparisons between countries. The Network activities will focus on 7 themes: financing of mental health care, expenditure and costs on mental health care, services and professionals, employment of people with mental health problems, summary of economic evaluations, epidemiological data with economic potential and resource allocation.

In conclusion, Professor Knapp informed that the book *Mental Health Policy and Practice across Europe* is in preparation for the ministerial conference in 2005.
Value-based mental health

Professor K. W. L. Fulford, Warwick University

Professor Fulford explained that value-based medicine (VBM) was the theory and practice of effective health care decision-making for situations in which legitimately different (and hence potentially conflicting) value perspectives were in play.

While evidence-based medicine (EBM) is a response to the growing complexity of the facts guiding clinical decision-making, VBM is a response to the growing complexity of the relevant values. In the increasingly complex environment of modern health care, there is a need of a “fact+value” model, including both EBM and VBM.

From this perspective, ten principles of VBM were presented:

1. All decisions stand on two feet, on values as well as on facts, including decisions about diagnosis. For example, what is required for a diagnosis of schizophrenia is both (1) the presence of certain specific experiences and/or behaviours and (2) a change in social and/or occupational functioning, which is a change for a worse.

2. We tend to notice values only when they are diverse or conflicting, and hence are likely to be problematic. In psychiatry, diagnostic classification is more overtly value-laden than in other areas of medicine in four respects:
   a. the language of psychiatry’s official classification is value-laden (e.g. the American Diagnosis and Statistical Manual),
   b. some of the specific categories are defined in part by value-judgments (e.g. personality disorders and paraphilias),
   c. the differential diagnosis of many psychiatric disorders includes moral categories (e.g. alcoholism vs. drunkenness, psychopathy vs. delinquency;
   d. Criterion B (social-occupational dysfunction) for schizophrenia and corresponding criteria for other functional psychoses are overtly evaluative in form.

3. Scientific progress, in opening up choices, is increasingly bringing the full diversity of human values into play in all areas of health care. Advances in the medical sciences underpinning psychiatry, such as studies clarifying side effects of some medicines, by opening up choices in treatment, allow the person receiving the treatment to make a value-based decision, for example, on the continuation of the treatment.

4. VBM’s “first call” for information is the perspective of the patient or patient group concerned in a given decision.

5. Conflicts of values are resolved primarily not by reference to a rule prescribing a “right” outcome, but by processes designed to support a balance of legitimately different perspective (“multi-perspective” principle).

6. Careful attention to language use, in a given context, is a powerful method of raising awareness of values. Rather than just thinking about meanings in the abstract, we should examine the language people actually use (the words and the phrases) as a guide to understanding.

7. A rich resource of both empirical and philosophical methods is available for improving our knowledge of other people’s values. Our tendency, even when aware of values, is to assume that other people’s values are the same as our own.
8. Ethical reasoning is employed in VBM primarily to explore differences of values, rather than, as in quasi-legal bioethics, to determine “what is right”.

9. Communication skills have a substantive rather than a merely executive role in clinical decision-making. Two particular skills stand out as being essential: patient-perspective skills (the skills of listening to and exploring the values of a patient) and multi-perspective skills (skills involved in coming to a balance of values in situations of conflict).

10. VBM, although involving a partnership with ethicists and lawyers, puts decision-making back where it belongs, with users and providers, as patients, professionals and managers.

In conclusion, it was indicated that value-based medicine was indeed a first-rank obligation for psychiatry, as it is a science concerned with areas of human experience and behaviour, over which human values vary widely and legitimately. Value-based medicine is also leading to a development of a set of tools for policy and practice in mental health.

Comments
Discussion was held in regard to the differences between ICD-10 classification and DSM classification (foocussed more on symptoms), as well as to the role of psychiatry as rather a science per values, than as pure science.

Neuroscience and mental health

Professor Francisco Mora, University Complutense de Madrid

Professor Mora presented some theoretical reflections on Neuroscience and Psychiatry, starting with the challenges faced by Man, during the last hundred years, in analyzing the universe and himself.

Scientists in every discipline, with their available tools, analyzed pieces of their field of study by dividing and subdividing it. In a universe in which everything is a continuum, Man became aware that he would never reach an acceptable understanding of a single piece of reality, since its full meaning only existed when linked together to another fragment of that same reality, sometimes to a different level of organization.

Science in general, and neuroscience in particular, created their own tools of analysis which include their specific language of description and understanding. The time has come for neuroscience, cognitive neuroscience and psychiatry to try to make a synthesis and build up bridges between different levels of analysis: genes, molecules, organelles, microcircuits, neuronal compartments, nerve cells, specific regions and distributed systems up to performance, mental operations and consciousness.

From this perspective, it was highlighted that the interaction of genes was probably more important than genes themselves, that attention should be paid to the correlation of genes and environment and to the relationship of that environment and the individuality of the person. It was pointed out that there was an identity between brain processes and mind processes and that it was only the different descriptive language that made them seem different. This was seen as one of the major tasks of neuroscience today: approximate languages for a better understanding of that unique reality, which is Man.

Moreover, it was explained that, the implications of this perspective, in which brain and mind are viewed within the framework of identity, had consequences for all fields of knowledge, mainly biology and medicine, and therefore psychiatry. It could be therefore expected that not only
medicines, but also the words themselves, when a therapist speaks to his patient, produce changes in his mind and also in his brain.

It was therefore concluded that, from this perspective, the biological and socio-psychological approaches were joint.

**Discussion in Groups**

The counterparts and the Spanish participants were invited to split up in 4 groups and discuss the following issues:

**Group I - Violence and mental health**

Rapporteur: Dr Alfredo Calcedo

Dr J. J. López-Ibor, Dr Arnal Alonso, Dr J.A. Contreras, Dr J Vallejo, Dr E. Gonzáles Guitian, Dr A. Fernández Liria, Dr B. Rios Rial, Dr M. Desviat Muñoz, Dr F. Navarro Mateu, Dr J. Martínez Carretero, Dr I. Ceric, Dr V. Taipale, Dr V. Ten, Dr W. Klosinski

The group considered it essential to make a distinction between violence as social problem and violence as severe mental disorder. From this perspective, it was suggested that, in terms of research, preventive programmes should be addressed separately.

Referring to the violent behaviour related to severe personality disorders, it was noted that there was a tendency in some countries to make a clinical problem of it.

It was also stressed that WHO should address the compulsory treatment in mental health settings and it was indicated that some countries had specific legislation obliging psychotic patients to continue the medication treatment. The group considered this a difficult task for WHO, as legislative norms vary across countries and are strongly related to culture and historical situations.

In conclusion, it was advised that good community follow-up was needed, also in the case of highly security units.

**Group II - Long term care**

Rapporteur: Dr Fermin Mayoral

Dr E. Haizing, Dr J. J. Martinez, Dr F. Morillo Garay, Dr M. Franco Martin, Dr C. Molina I Parrilla, Dr Miguel Simón, Dr M. Peréz Pérez, Dr P. Ruiz Romero, Dr S. Moncada, Dr A. Manrique Naharro, Dr J. Simic Blagovcanin, Dr G. Naneishvili, Dr M. Taube, Dr M. Heitor dos Santos, Dr V. Micev.

It was pointed out that the de-institutionalization process had significant effects on the long-term care of psychiatric patients. Criticism was expressed from some country representatives regarding the lack of treatment in long-term psychiatric care settings. A new type of population, less passive young people, seems to use these services, which makes management more difficult.

Co-morbidity was highlighted as an issue of concern, especially when related to substance abuse. To face these new problems, it was recommended that new service priorities should be elaborated, focussed on comprehensive and integrated services, in order to reduce clinical symptoms.
The crucial importance of partnerships between health sector and labour and education sector was underlined.

**Group III - Immigration, culture and psychiatry**

Rapporteur: Dr Luis Caballero

Dr J. Gonzáles García, Dr J. Herrero Ortiz, Dr J. J. Melendo Granados, Dr E. García-Camba, Dr J. M. García-Sancho, Dr F. Catalá, Dr M. López Alvarez, Dr S. Torosyan, Dr M. Okoliyski, Dr A. Brockmann, Dr O. Davidoniene, Dr B. Tudorache, Dr V. Kuznetsov, Dr J. Obiols Llandrich.

The group discussed the relation between mental health, culture, and immigration and indicated main types of immigrants: refugees, asylum seekers, workers, settlers.

It was pointed out that mental health needs and use of services might not be the same for immigrants and people in the host countries, and that there was a natural different distribution of mental disorders among immigrants. The integration in the host culture was seen as a mental health protective factor.

The heterogeneity of immigrants was underlined as one of the causes of research difficulties, when trying to make comparisons studies on ethnicity, race, nationality, place of birth or duration of stay. These difficulties consist of language barriers, translation problems, misinterpretation of questions, cross-cultural equivalence.

It was concluded that the utilization of mental health services by immigrants depended on geographical factors and variations in needs and access to care.

**Group IV - Primary care and mental health**

Rapporteur: Dr Diego Palao

Dr R. Del Pino López, Dr E. Díez Fernandez, Dr M. Mercader, Dr J. M. López Jiménez, Dr F. Montilla García, Dr J. Gómez-Hortiguela Amillo, Dr J. L. Vásquez Barquero, Dr H. Katschnig, Dr N. Henigsberg, Dr L. Tringer, Dr F. Clabbers, Dr S. Milovanovic, Dr N. Khodjaeva.

The group started by discussing the aim of primary mental health care, which is to enhance early detection and improvement of health care process in the population suffering from mental disorders.

It was indicated that 25-30% of the patients consulting general practitioners (GPs) suffered from a mental disorders and that many cases went unrecognized and untreated at primary care level.

It was pointed out that the integration of mental health into primary health care was possible if it was implemented progressively, taking into consideration the variation of environments, health organizations and resources available across European countries.

It was also underlined that an important line of action was to develop GPs skills for mental health care and to integrate them in multidisciplinary teams (the consultation-liaison model between primary care and mental health care teams). From this perspective, the importance of enhancing continuous undergraduate and postgraduate education was again highlighted.

Furthermore, a set of priorities for primary mental health care was suggested:

- Recognition and management of depression and anxiety disorders;
- Recognition of suicide risk and formulation of specific programmes for adolescents and suicide attempts;
Management of alcohol related health problems;
Management of stress related disorders.

The group concluded by discussing the importance of creating appropriate conditions for integrating mental health in primary care, of evaluating and monitoring the services and of developing information systems, based on registration of patients with severe mental disorders (or others) in primary health care settings.

**Group V - Management and organization of mental health**

Rapporteur: Dr Pere Bonnet

Dr S. Molina García, Dr J. Artal Simón, Dr S. Alcaraz, Dr J. Ballester i Rosello, Dr R. Roca Castelló, Dr F. Márquez Gallego, Dr J. Del Yerro Alvarez, Dr E. Baca Baldomero, Dr C. Giribet Muñoz, Dr V. Aparicio Basauri, Dr B. Cools, Dr A. Lehtmets, Dr Z. Alimkhanov, Dr J. Glad, Dr P. Breier, Dr V. Ten.

The group worked on the necessity of including the culture of management into teaching programmes related to mental health systems. Several actions to be taken at different management level were proposed:

- Reinforce staff’s interpersonal and communication skills at clinical level;
- Reinforce the leadership of professionals at top management level;
- Emphasize the approach of a multi-professional team work;
- Introduce management classes in health schools curricula and among various professionals involved in mental health
- Develop continuous medical education.

In addition, some reflections on the organization of mental health care systems were presented:

- Planning mental health care service provision should include a wide range of services, at different levels of care;
- An Individualized Treatment Plan should allow allocating the most beneficial resource level/scheme to every mentally-ill person;
- Mental health systems need to focus on specific risk groups and establish clear priorities;
- Attention was given to continuity of care and to the need of co-ordination between various level of care. It was emphasized that the continuity of care must respect the patient’s rights and needs.

It was concluded that there was a need to define indicators related to accessibility and quality of care, which could be used across countries, and that information systems must be a key tool for planning and evaluation.
Wednesday, 30 April 2003

Plenary session III

The mental health situation in Spain – problems and advances

Dr Isabel de la Mata, Ministry of Health and Consumer Affairs, Spain

Dr de la Mata presented the results of a survey carried out in October 2002 on the mental health situation in Spain covering issues like: access to services, provision of services, integration of services in the public mental health network, extension of the public coverage, available resources, specific programmes, pilot experiences, deficiencies. The survey was made on the basis of a questionnaire which was distributed to all autonomous communities.

The results showed that there was a complete integration of services only in 11 autonomous communities, the situation being unequal in the other communities. The public service providers are predominant and there are a few private mental health centres. In three autonomous communities there is collaboration between mental health services and social services, but the involvement of the city councils is generally quite limited. The main access to care is made through the primary health care organization structure, secondly through hospitals emergency departments, and through non-health services, i.e. social, education and community care.

It was expressed that the reform process in mental health followed an irregular rhythm in various autonomous communities and that the non-uniform power-sharing scheme hampered coordination, especially in regions with less power.

However, a common tendency to give more importance to mental health is registered. A network of mental health centres has been well developed, but the mental health service network is quite weakly integrated in the general public health network, with the exception of short-stay hospital units within the general hospitals. There is also a big variety of pilot projects across regions. In some autonomous communities, the link with the social residential needs of the patients has not been made.

In addition, a big diversity of information systems in the autonomous communities was pointed out. It was emphasized that traditional systems of data collection, with little presence of automatic data collection, were predominant.

Several deficiencies were indicated: scarcity of human resources and insufficient training, shortage of structural resources, lack of space for socio-health related activities, problems in co-ordination and organization, need of a chart of mental health services, need of advice and support to mental health staff working in primary care settings, weakness of specific programmes in all areas of health, need of quality evaluation of services, and burden of psychiatric hospitals.

In conclusion, the recommendations of the survey were presented:

- Analyse the existing resources to adapt them to the demand;
- Elaborate standards of care for the most important and frequent problems, in collaboration with the Ministry of Health and Consumer Affairs and the autonomous communities and with the participation of scientific bodies and associations of users and their families;
- Establish a common system of basic indicators for all the autonomous communities;
Create a database of programmes and projects that can be consulted by all autonomous communities in order to avoid duplication and strengthen the system;

- Elaborate a chart of mental health services, as an element facilitating users’ relationship with the system, accessibility and transparency of the public system.
- Set clear limitation of responsibilities within the various services of the mental health and social networks;
- Regularly monitor and evaluate the main issues assessed in the report, along with other aspects that may be of relevance for the mental health system.

**Comments**

The relationship between devolution and equity was discussed and the question was raised whether the 17 regional health services could represent a threat to equity. The complex issue of carrying out relevant comparative surveys across regions of the same country or countries of the WHO European Region was addressed.

It was also pointed out that it was important to allocate resources according to the differences across regions, but also to take into account that national health services do not generally guarantee rehabilitation and social services.

Information was given that a new Mental Health Act was under debate in Spain and that its main purpose was to assure a better coverage, through reforming the structure of services.

Emphasis was made at the end of discussions on the WHO policy of promoting services integration, inter-sectoral approach, and support of NGOs and users and families involvement.

**The way forward: The WHO Ministerial Conference on Mental Health**

**Dr Simo Kokko, WHO/EURO**

Dr Kokko presented the conclusions drawn from replies to questionnaires distributed during the morning.

He pointed out once again that the network of WHO mental health counterparts needed to be fully involved in the preparation of the conference and that their contribution was essential for developing some programme items.

The replies to questionnaires showed that differences between countries constitute a huge challenge. This consists mainly of how to agree on a joint action plan when factors in play are fundamentally different.

On the level of mental health policy process, priority ratings were given mainly to general planning of policy and reducing stigma at societal level, while it was considered that mental health promotion should be developed especially through activities focussing on children and adolescents and support to children with mentally ill parents.

Concerning prevention of mental disorders, interest was shown for crisis intervention, suicide prevention, prevention of substance abuse, but also for supporting persons with somatic illness and setting up interventions in traumatic situations or war.

Cooperation with the primary health care sector was identified as a priority issue by most of the counterparts from the western European countries, while building community-based services, training of mental health professionals and increasing funding of mental health services represented topics of concern for the majority of eastern and central European countries.
Regional aspects
Dr Wolfgang Rutz invited the groups to divide according to sub-regions and to present an update of the mental health situation in the countries.

Eastern European sub-region
Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine, Uzbekistan
6 countries present: Armenia, Georgia, Kazakhstan, Kyrgyzstan, Ukraine, Uzbekistan
Rapporteur: Dr Dr Nargiza Khodjaeva (Uzbekistan)

Dr Khodjaeva expressed the satisfaction of the Newly Independent States of being a member of the WHO EURO mental health counterparts network and of having the opportunity of sharing knowledge and experiences with colleagues from other countries.

She stated that the meeting was useful, especially regarding the emphasis put on community mental health care and primary care, and also on involvement of NGOs in the mental health policy field. The differences and peculiarities among countries concerning the organization structure of services, as well as in issues related to treatment, represented another issue brought forward.

The scarcity of financial resources in Eastern European sub-region countries as well as the difficulty in changing societal attitudes regarding mental illness were pointed out as major problems.

In conclusion, the importance of a follow-up of such events was highlighted and the example was given of the WHO Training Forum on Mental Health Policy-Making and Service Development, held in Tunis, 27-29 November 2002, which was the starting point for some countries in elaborating plans for community mental health care.

Central European sub-region
Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Hungary, Poland, Romania, Serbia and Montenegro, Slovakia, Slovenia, The Former Yugoslav Republic of Macedonia.
9 countries present: Bosnia and Herzegovina, Bulgaria, Croatia, Hungary, Poland, Romania, Serbia and Montenegro, Slovakia, Slovenia, The Former Yugoslav Republic of Macedonia
Rapporteur: Dr Bogdana Tudorache (Romania)

Dr Tudorache presented the main issues discussed within the group of the central European sub-region. One of the topics addressed was the necessity of a mental health law which should be the basis for the elaboration of a future mental health plan. However, there was a danger of having a law but no implementation norms or allocated resources.

Another issue raised was the difference in mental health service provision between rural and urban areas, between the capital and other cities, and the range of problems connected to this.

Continuation and harmonization of long-term projects with short-term government mandate, which implicates policy and budgets changes, was another topic of concern. It was suggested that a solution to this problem could be that NGOs continuously inform and try to involve members of the parliamentary health commission(s) in projects related to mental health policy.

The role of media campaigns in fighting stigma and discrimination was reported as crucial in many countries. Information was given also on NGOs activities and of their lobbying in relation
to government. Therefore, it was expressed that there was a need to find a better mechanism of cooperation with public authorities, and also a need to assess the role and activities of NGOs. Another issue discussed was the diversity of ethnic and language groups in this part of Europe and the social problems related to this.

Dr Tudorache concluded by highlighting the need for partnership and pointed out that some of the countries were involved in the Mental Health project of the Stability Pact initiative, under the auspices of WHO and the Council of Europe. They found this to be a valuable and promising cooperative activity.

**Western European sub-region**

Austria, Belgium, France, Germany, Ireland, Liechtenstein, Luxembourg, The Netherlands, Switzerland, United Kingdom.

5 countries present: Austria, Belgium, Germany, Netherlands, Switzerland.

Rapporteur: Dr Anna Brockmann (Germany)

Dr Brockmann reported a strong movement towards a community-based psychiatry in countries of the western Europe sub-region, along with the process of reform of psychiatric services. She emphasized that the main problems addressed by the counterparts were related to rehabilitation and to mentally ill elderly.

In Germany, for example, the psychiatric reform had a strong impact at regional level, where standards in terms of equipment and investment for mental health varied across regions and rural and urban areas. From this perspective, it was noted that Eastern Germany represented an example of transition period, but also an example of rapid changes and improvements.

Other issue addressed by the group was the broad concept of “mental health” and the difficulties encountered by people to understand it. In the same line, “psychiatry” was indicated as a stigmatizing notion, implying refusal of people of getting involved with it.

**South European sub-region**

Andorra, Albania, Greece, Israel, Italy, Malta, Monaco, Portugal, San Marino, Spain, Turkey.

3 countries present: Andorra, Portugal, Spain.

Rapporteur: Dr Joan Obiols Llandrich (Andorra)

Dr Llandrich indicated that no major changes happened in the last few years in Andorra, but that fruitful contacts were initiated with the Catalan government. Migration was raised to be a issue of concern and a problem for mental health services, since 70% of the country population was made up of immigrants. The need for a trans-cultural psychiatry in this context was emphasized. Concern for suicide attempts was also discussed, with mention of high suicide rates for second immigrant generation population from Portugal.

**North European sub-region**

Denmark, Finland, Iceland, Norway, Sweden, Estonia, Latvia, Lithuania

3 countries present: Finland, Norway, Estonia, Latvia.

Rapporteur: Dr Andres Lehtmets (Estonia)

It was highlighted that psychiatry had still a leading role to play within the mental health area in northern Europe.
With regard to Baltic countries, it was pointed out that good examples of regional-cooperation in mental health policy were registered. It was indicated that this was based on a set of common problems and culture-related issues.

**Future activities and next counterparts meeting**

Dr Wolfgang Rutz thanked the counterparts for their interactive discussions and valuable input and underlined the importance of finding commonalities between countries, of improving partnerships and co-operation.

He also informed that the network of WHO national mental health counterparts had two new members from Luxembourg and Tajikistan and that there were changes in the nomination of counterparts from France, Italy, Latvia, Lithuania and Russia.

In addition, he referred again to the ministerial conference in 2005 where a series of pre-events will be organized in order to prepare the setting of the political and technical agenda in mental health for the next years. Dr Rutz encouraged the counterparts to play an active role in the preparation of these events.

Information was given also on the 53rd session of the WHO Regional Committee for Europe (Vienna, 8-11 September, 2003), which will have mental health and children and adolescents’ health as main policy and technical agenda items. A resolution concerning support to organize the ministerial conference in 2005 will be submitted for adoption by the Committee.

In conclusion, Dr Rutz informed that it is hoped to hold the next mental health counterparts meeting in Israel, in October 2003*, and would focus on information emerging from different modules developed at the WHO Headquarters mental health policy forum in Tunis, 2002.

**Official Closure**

Dr Rutz thanked the Spanish organizers again for their hospitality and generosity in hosting the meeting and to the Spanish experts, invited speakers and WHO mental health counterparts for participating in the plenary sessions and workshops and showed his satisfaction on the quality of the meeting, the contributions given and ideas exchanged.

The Spanish health authorities expressed their honour and pleasure to have hosted the meeting and stated that the Ministry of Health and Consumer Affairs was well aware of the importance of mental health and continued working for an effective mental health policy and action.

*later changed to December 2003
Annex – List of participants

**Andorra**  
Dr Joan Obiols Llandrich, Director, Mental Health Centre, Hospital Na Sa de Meritxell, Escaldes-Engordany.

**Armenia**  
Dr Samvel Torosyan, Chief Psychiatrist, c/o Ministry of Health, Yerevan.

**Austria**  
Professor Heinz Katschnig, Ludwig-Boltzmann Institute for Social Psychiatry, Vienna

**Belgium**  
Mr Bob Cools, Ministry of Environment and Health, Brussels

**Bosnia & Herzegovina**  
Professor Ismet Ceric, Clinical Center University of Sarajevo  
Dr Joka Simic Blagovcanin, Ministry of Health and Social Protection, Sarajevo

**Bulgaria**  
Dr Mihail Okoliyski, National Center for Public Health, Sofia

**Croatia**  
Dr Neven Henigsberg, Medical School, University of Zagreb

**Estonia**  
Dr Andres Lehtmets, Head Center of Psychiatry, Tallinn

**Finland**  
Professor Vappu Taipale, Director General, National Research and Development Centre for Welfare and Health-STAKES, Helsinki

**Georgia**  
Professor George B. Naneishvili, M. Asatiani Research Institute of Psychiatry, Tbilisi

**Germany**  
Dr Anna Brockmann, Federal Ministry of Health, Bonn

**Hungary**  
Professor Laszlo Tringer, Psychiatric department, Semmelweiss Medical School, Budapest

**Kazakhstan**  
Dr Zhuldyzbek Alimkhano, Institute of Advanced Study of the Ministry of Health, Almaty

**Kyrgyzstan**  
Dr Vladimir Ten, Kyrgyz State Medical Academy, Bishkek

**Latvia**  
Dr Maris Taube, Psychiatry Centre, Riga

**Netherlands**  
Dr Frans Clabbers, Directorate for Mental Health and Addiction Policy, Ministry of Health, Welfare and Sport, Den Haag

**Norway**  
Dr John Glad, Department of psychiatry, Norwegian Board of Health, Oslo

**Poland**  
Dr Wojciech Klosinski, Ministry of Health Policy and Medical Care, Warsaw

**Portugal**  
Dr Maria Joao Heitor dos Santos, Direcção Geral da Saude, Lisbon
Romania
Dr Bogdana Tudorache, Psychiatrist, Romanian League for Mental Health, Bucharest

Serbia and Montenegro
Dr Srdjan Milovanovic, Institute of Public Health of Serbia, Belgrade

Slovakia
Dr Peter Breier, Department of Psychiatry, General Hospital Ruzinov, Bratislava

Spain
Professor Juan Lopez-Ibor, Clinica Lopez-Ibor, Madrid

Switzerland
Dr Herbert Heise, Universitäre Psychiatrische Dienste, Bern

The Former Yugoslav Republic of Macedonia
Professor Vitomir Micev, Macedonian Medical Association, Skopje

Ukraine
Professor Valery N. Kuznetsov, Medical Academy of Postgraduate Training, Kiev

Uzbekistan
Dr Nargiza Khodjaeva, Ministry of Health, Tashkent

European Commission
Mr Horst Kloppenburg, DG Health and Consumer Protection

Speakers
Dr Lluis Bohigas, Ministry of Health and Consumer Affairs, Spain
Dr Pere Bonet, Hospital General de Manresa, Spain
Dr Luis Caballero, Clinica Puerta de Hierro, Madrid, Spain
Professor Alfredo Calcedo Jr, Hospital General Universitario Gregorio Marañón
Dr José Ignacio Echániz Salgado, Ministry of Health of the Region of Madrid
Professor K.W.M. Fulford, Department of Philosophy, University of Warwick
Professor Manuel Gomez-Beneyto, University of Valencia
Professor Martin Knapp, London School of Economics and Political Science – Health and Social Care
Dr Isabel de la Mata, Directorate of Health and Programmes Services, Ministry of Health and Consumer Affairs, Spain
Dr Fermin Mayoral, Hospital Carlos Haya, Malaga, Spain
Professor Francisco Mora, School of Medicine, University Complutense of Madrid.
Dr Diego Palao, Hospital de Vic, Spain

Observer
Mr David McDaid, London School of Economics – Health and Social Care

Rapporteur
Ms Roxana Radulescu, Mental Health Europe, Brussels, Belgium
WHO Regional Office for Europe
Ms Frances Ingels, Programme assistant, Mental Health
Ms. Johanna Kehler, Programme assistant, Mental Health
Dr Simo Kokko, Short term consultant, Mental Health Conference Coordinator
Dr Gudjon Magnusson, Director, Division of Technical Support – Reducing Disease Burden
Dr Wolfgang Rutz, Regional Adviser, Mental Health

Invited Spanish participants
Dr Sebastián Molina García, Andalucia Health Services, Sevilla
Dr Evelyn Haizing, Andalucía Health Services, Sevilla
Dr Rafael del Pino López, Andalucia Health Services, Sevilla
Dr José Maria Arnal Alonso, Aragon Health Services, Zaragoza
Dr Julia Gonzales García, Aragon Health Services, Zaragoza
Dr Ana Rivases Aunes, Aragon Health Services, Zaragoza
Dr Juan Jose Martínes Jambrina, Asturia Health Services
Dr Eugenia Díez Fernández, Asturias Health Services, Oviedo
Dr Jesús Artal Simón, Cantabria Health and Social Council
Dr Jesús Herrero Ortiz, Cantabria Health and Social Council
Dr Rafael Peñalver, Castilla (La Mancha) Health Services
Dr Flor Morillo Garay, Castilla (La Mancha) Health Services
Dr José A. Contreras, Castilla (La Mancha) Health Services
Dr Manuel A. Franco Martin, Castilla (León) Health and Social Welfare Council, Valladolid
Dr Josep Ballester I Rosselló, Catalan Health Services, Barcelona
Dr Cristina Molina i Parrilla, Catalan Health Services, Barcelona
Dr Mercé Mercader, Catalan Health Services, Barcelona
Dr Julio Vallejo, Catalan Health Services, Barcelona
Dr Rosa Roca Castelló, Valencia Health Services
Dr Miguel Simón, Estremaduran Health Services, Merida
Dr Fernando Márquez Gallego, Gallician Health Services, Santiago de Compostella
Dr Francisco Ferre Navarrete, Madrid Health Council
Dr José Jaime Melendo Granados, Madrid Health Council
Dr José Maria López Jiménez, Madrid Health Council
Dr Maria Jesús del Yerro Alvanez, Madrid Health Council
Dr Marisa Pérez Pérez, Madrid Health Council
Dr Elia Gonzáles Guitian, Madrid Health Council
Dr Eduardo García-Camba, Hospital de La Princesa, Madrid
Dr Alberto Fernández Liria, Hospital Príncipe de Asturias, Alcalá de Henares
Dr Jerónimo Sáiz Ruíz, Hospital Ramón y Cajal, Madrid
Dr Joaquín Santodomingo Carrasco, Hospital La Paz, Madrid
Dr Enrique Baca Baldomero, Clínica Puerta de Hierro, Madrid
Dr Berta Ríos Rial, Hospital General de Móstoles, Madrid
Dr Manuel Desviat Muñoz, Instituto Psiquiátrico « José Germain », Leganés, Madrid
Dr Francisco Montilla García, Getafe Mental Health Services, Madrid
Dr Carlos Giribet Muñoz, Psychiatric Hospital “Román Alberca”, Murcia Health Services
Dr Fernando Navarro Mateu, Murcia Health Services
Dr Julio C. Martín García-Sancho, Murcia Health Services
Dr Pedro Ruíz Romero, La Rioja Health and Social Services, Logroño
Dr Josep M. Martínez–Carretero, Institute of Health Studies, Barcelona
Dr Salvador Moncada, Occupational Health Centre, Barcelona
Dr F. Catalá, School of Public Health of Andalucía
Dr Gómez-Hortiguela Amillo, National Health of Work Hygiene and Security, Madrid
Dr Victor Aparicio Basauri, Centre of Evaluation and Investigation of Mental Health Services, Oviedo
Dr José Luis Vásquez Barquero, University Hospital « Marqués de Valdecilla », Santander
Dr Marcelino López Alvarez, Andalucía Foundation for Social Integration, Sevilla
Dr Andrés Manrique Naharro, Instituto Aragonés para el Desarrollo de la Enfermería, Zaragoza
Dr Augustin Ozamir, Basque Government Mental Health Department, Vitoria-Gasteiz
Dr Micheline Selmes, Alzheimer Foundation, Spain, Madrid
Dr Enrique Baca Baldomero, Spanish Psychiatry Society, Madrid
Dr Alfredo Calcedo, Spanish Society of Legal Psychiatry, Madrid
Dr Mariano Hernández Monsalve, Spanish Association of Neuropsychiatry, Madrid
Dr Rosa Ruiz Salto, Federation of Mental Health Families (FEAFES)
Dr Yolanda Cardona Muntaner, FEAFES
Dr Carmen Leal Cercós, Society of Biologic Psychiatry
Sixth Meeting of the European National Counterparts for the WHO Mental Health Programme

Report on a WHO Meeting

Madrid, Spain
28-30 April 2003

2003