

Helsinki Ministerial conference – national perspectives

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The ministerial conference on mental health, which was held in Helsinki in January of this year, represents a significant milestone towards achieving a higher recognition of mental health problems and for setting priorities in health care policy in the effort to tackle the stigma attached to psychiatry and for changing the position of psychiatry among other medical disciplines. To preserve and evaluate the asset of the conference, relevant stakeholders in the field should build an alliance taking responsibility for the implementation of both – the message of the declaration and the steps outlined in the action plan. As one of the important results of the conference the attention is turned towards users and their families as the main targets of the whole effort. In other words, the main goal of the transformation of mental health care is a substantial improvement of the situation of people suffering from mental disorders and the well-being of large populations rather than the abundance of politicians, doctors and drug companies only. To achieve this, patients and family groups in many European countries should develop a mandate and a respected position in the force-field of mental health policy (Fig.1).

The suggested network of institutions presumably active in this field – like Non-Governmental Organisations (NGO), civic societies, professional organisations including the World Psychiatric Association (WPA) and intergovernmental agencies like the Council of Europe, the European Commission (EC), and the World Health Organisation (WHO) – has a counterpart on the national level: local NGOs, professional organisations including medical chambers and associations, health care centres, health care and social welfare departments etc. The first step, which should be done on national levels to follow the recommendations of the ministerial conference, is to harmonize activities of this network and set up the responsibilities and tasks of the respective bodies. We should not forget that there are quite successful programmes already running focused on the same topic: IMHPA (Implementing Mental Health Promotion Action, [1]), European Platform for Mental Health (EMHPA), HP Source (2) (a voluntary, international collaboration of researchers, practitioners and policy makers, sharing the common goal of maximising the efficiency and effectiveness of health promotion policy, infrastructures

and practices), Mental Health Working Party (3), MINDFUL (4) etc.

Second, a competent body or group has to define output criteria of the mental health care transformation and to design the benchmarking. Prior to this, professionals should define their limits and responsibilities to clarify their roles in the process (5).

Third, evidence on mental health transformation and its output have to be properly followed, processed and interpreted.

Dr. Muijen outlined the role of WHO as an institution concentrating over the next five years on the development of partnerships, the provision of health information, the production and dissemination of best evidence, supporting governments with policy and service development, and advocating the empowerment of users and care givers. On the national level, specialised institutions (e.g., WHO collaborating centres) could be assigned to take this responsibility

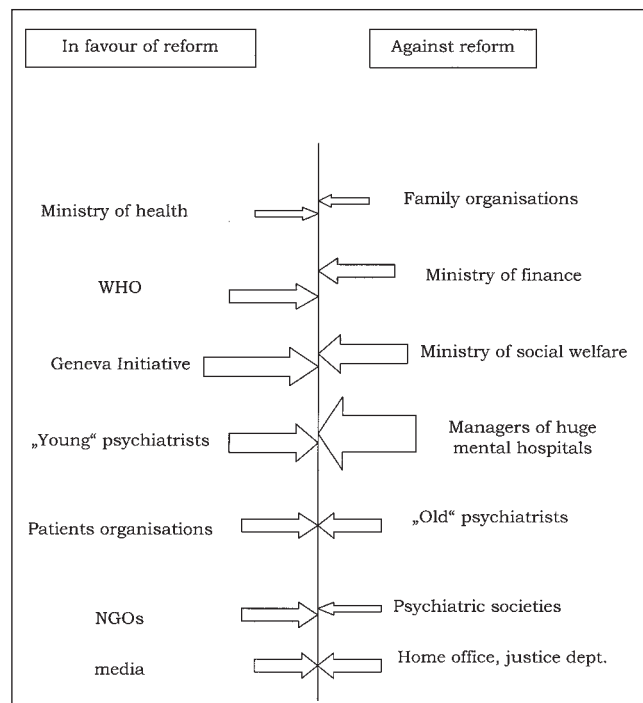


Fig.1 Hypothetical example of the force-field

as WHO counterparts. In order to achieve it, an efficient system of evaluation, communication and management should be established. To avoid redundancy and uncooperativeness, it cannot be done without close collaboration with EC and other European bodies on one side, and national governments and professional associations on the other side. Moreover, it cannot be done free of charge. So the systems of financial support on each level (WHO, EC, governmental, departmental, national grant agencies, NGOs, industry etc.) should be negotiated in advance.

Ideology by itself is not enough to produce major transformations. Only when increasing health concerns (increasing burden of mental illness as mentioned in the introduction of Muijen's article) and economic pressures (budget deficits and increasing costs of health care) markedly strengthen political will, changes will begin to take place on a larger scale.

Concerns should be articulated and the evidence must be publicly communicated, easily available, convincing and transparent. In other words, the whole process needs the steady support of the media for pressuring policy makers and informing the public.

In conclusion, to implement the recommendations of the ministerial conference a huge amount of work has to be done, which needs to be harmonized not only within Euro-

pean structures but also on the national level within the respective countries. At this present stage, to look after the procedure may be as important as the subject itself.

References

1. <http://www.imhpa.net>
2. <http://www.hp-source.net>
3. http://europa.eu.int/comm/health/ph_information/implement/wp/mental/mental_en.htm
4. <http://www.stakes.fi/mentalhealth/mindful.html>
5. Höschl C, Libiger J. Rights and responsibilities of the psychiatric profession. *Acta Psychiatrica Scandinavica* 101, 2000, Suppl. 3999: 40-1.

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