

The committee advised on standards of disclosure that would be included in the donor's informed consent. These comprise 22 fields that cover all aspects of the donor experience, from the reason for donation to the principles of confidentiality. The advisory committee also published two sample documents that covered initial consent for evaluation and consent to surgery.

The shortage of available organs has raised concerns that potential donors could be pressured, perhaps unwittingly, by relatives and overenthusiastic clinicians. Transplant teams must make every effort to ensure that donors are not coerced in any way when making their decision. Even after that decision has been made, potential donors must be screened and told that they may be ineligible for a variety of reasons and that they can change their mind about donating at any time. The process involves psychological assessment and medical consultation, physical examination, laboratory investigations, and an array of imaging tests including some form of renal angiography. Donors must also be warned that these investigations might show up previously undetected pathology.

Before surgery, teams should inform donors about the surgical technique to be used and the expected postoperative course, including any alternative procedures that may become necessary, and the potential morbidity (both physical and psychological) and mortality. Depression, psychological illness, and family conflict are more likely in older donors and those who lack social support, and after rejection of the donated organ.<sup>10</sup> It is important to explain to donors the evidence on outcomes for both donors and recipients.

Most living donors are relatives with altruistic reasons for donating who have a strong desire for recipients to do well.

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Competing interests: None declared.

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## Europe's mental health strategy

### *Responsibility extends beyond health authorities*

Many countries in western Europe are experiencing increasing numbers of sickness spells and early retirements due to mental disorders and problems.<sup>1</sup> However, the importance of good mental health is still not acknowledged universally. In the era of the information society, mental stressors are public health threats of increasing magnitude.

A recently presented green paper by the European Commission on mental health promotes discussion on the relation between the European Union's strategic policy objectives and the mental health of Europeans.<sup>2</sup> The paper builds on the Helsinki Action Plan of the World Health Organization's European Ministerial Conference on Mental Health 2005.<sup>3</sup> The potential adoption of a union-wide mental health strategy later this year could signal an upgrade in the status of mental health issues within the union and within each member state.

The paper acknowledges the need for European action on mental health. Each year, about 60 000 European Union citizens die from suicide, more than the total annual deaths from road traffic accidents.<sup>4</sup> Meanwhile, many countries still have no suicide prevention policy,<sup>5</sup> even though evidence based measures for suicide prevention are effective and available.<sup>6</sup>

The economic consequences of mental health problems—mainly in the form of lost productivity—are estimated to be 3-4% of gross national product.<sup>7</sup> In any given year a quarter of Europeans are likely to be affected by mental disorders,<sup>8</sup> while only 25% of these will have contact with formal health services.<sup>9</sup>

The new mental health strategy proposed by the green paper should focus on the promotion of mental health, preventive actions, social inclusion, and the protection of the rights of people with mental disorders, as well as on developing a European mental health information system. The lessons of the successful control of infectious and cardiovascular diseases indicate that the road to improved mental health among populations lies not in investment in mental health services but in promotion and prevention activities. Yet these remain challenging, as individual, familial, and societal determinants of mental health often lie in non-health domains such as social policy, education, and urban planning. Promising new evidence has, however, indicated that effective interventions exist<sup>10</sup>: interventions in local communities,<sup>11</sup> home visiting programmes,<sup>12</sup> and school programmes<sup>13</sup> are some examples of effective interventions for improving mental health.

*BMJ* 2006;333:210-1

Mental health is a marginal issue in existing European Union health infrastructures, and there is no specific unit devoted to mental health either in the European Commission services or at the European Centre for Disease Control. Though the need for a mental health information system is acknowledged in the paper, it does not suggest any sustainable European infrastructures for monitoring and information dissemination. There is an obvious need for new European institutions to complement and support national activities; such structures could include a European clearinghouse for evidence on mental health interventions, an institute providing guidelines on mental health practice, and an observatory for mental health. None of these activities exist today on a sustainable basis in spite of the achievable European benefits that would be gained.

The European Commission has been given the chance to take a lead and contribute to the introduction of progressive national and regional mental health policies in Europe. Many countries have neglected the need for a comprehensive mental health policy for too long.<sup>5</sup> For the most part, mental health is seen as a matter for health authorities only, and many existing policies focus on the development of services. The commission can change this pattern by advocating the inclusion of mental health not only in European public health policy but also in social and employment policy; research policy; and freedom, justice, and security policies. Such a shift would likewise transform the alcohol policy of the European Union, in which mental health considerations have so far been notoriously overshadowed by trade considerations.

The commission's green paper is open for consultation by member states, organisations, and individual citizens ([http://europa.eu.int/comm/health/ph\\_determinants/life\\_style/mental/green\\_paper/consultation\\_en.htm](http://europa.eu.int/comm/health/ph_determinants/life_style/mental/green_paper/consultation_en.htm)). Input into the consultation will help shape the future mental health of Europeans. The European Parliament's response to the green paper is scheduled for September and is an opportunity to raise

awareness and political commitment for mental health issues.

Mental health is a major challenge for European health policy. Good mental health contributes to prosperity, solidarity, and social justice, and cannot be achieved by the health sector alone. All sectors have to be involved in the promotion of mental health.

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Competing interests: None declared.

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## Reforms to NHS commissioning in England

*Will general practitioners think the incentives are worth the effort?*

The government's reforms to the NHS in England have focused on strengthening the role of healthcare providers through the creation of NHS foundation trusts and the procurement of additional capacity from the independent sector. Much less attention has been given to the role of healthcare commissioners. New guidance from the Department of Health describes how commissioning will be developed and also gives an update on the progress of the whole NHS reform programme.

There will probably be up to 100 NHS foundation trusts in England by the end of 2007 compared with 40 today, further enabling "a decisive shift from top-down to bottom-up" and completing the job of strengthening the role of healthcare providers.<sup>1</sup> In an important development, the update guidance trails the possibility

that providers of community services may become foundation trusts. Community NHS foundation trusts would enable the services provided directly by primary care trusts to be run independently of their commissioning functions. Equally important is the proposal that NHS foundation trusts should be able to operate outside their own areas and beyond traditional settings for acute care. This would allow horizontal integration of providers through the formation of foundation trust chains, and vertical integration as some organisations providing hospital care added intermediate care and community services to their portfolios.

*This article was posted on bmj.com on 19 July 2006: <http://bmj.com/cgi/doi/10.1136/bmj.38917.441944.80>*