

# ANNUAL REPORT 2004

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# 1. MESSAGE FROM THE PRESIDENT

Placed under the sign of Education for Change, the year 2004 marked a milestone in mental health policy in Europe. "Education for change" was the revealing title of our Conference in Nova Gorica, a conference full of political exchanges and of new ideas, the recommendations of which will remain an example of clarity in the fight against discrimination of people with mental health problems. Exchange at European level, exchange among mental health services' users and families, in order to work together, this is the meaning of "education for change".

We had to be well prepared for the changes that followed. We have been fighting for years for persons with mental health problems to stop being invisible, to have a say in a participatory democracy. And this is happening now.

Preceded by the Council of Europe Recommendation No. Rec (2004) 10 concerning the protection of the human rights and dignity of persons with mental disorders, the Helsinki Declaration on Mental Health proposed by the WHO and supported by the European Commission and the Council of Europe and endorsed by the governments of the 52 member states of the WHO European Region, engages these countries in a new policy. It's about turning the back to traditional psychiatry in order to firmly engage in a positive mental health policy.

This Annual General Assembly aims to give to this Declaration the audience and the visibility it deserves. The Declaration is not only important for countries of Central and Eastern Europe which have come out of traditional asylum practices, it is not only important for new EU Member States, which are currently going through psychiatric reforms, it is also extremely important for some Western European countries where the declarations of intention are still not followed by changes in practice.

Indeed, one of Mental Health Europe's aims is to support the implementation of political intentions and declarations. This is why we have been involved in a large programme of social inclusion together with Inclusion Europe, Autism Europe and Open Society Institute. Community mental health services, brought closer to people, will increasingly replace big residential institutions. We intend to accomplish this together, by joining efforts of all those who work in the same direction. The next MHE Congress in Cyprus will put emphasis on this crucial collaboration between users, families, professionals and civil society in order to achieve social inclusion.

Mental Health Europe aims to contribute to the elaboration of European policies through active participation in the EC Mental Health Working party, the European Disability Forum and in the Social Platform.

Finally, Mental Health Europe is committed to bring together European NGOs to achieve these objectives.

For this purpose, the organisation has gone through a significant change in 2004 and its burden is placed today on Mary van Dievel's shoulders. Having collaborated closely with Josée van Remoortel since the very beginning, the leadership went naturally to her. As work is not lacking, merit either, and it is with my warm thanks that I give the floor to her.

Claude Deutsch,

President.

## 2. MESSAGE FROM THE DIRECTOR

2004 continued to be a particular difficult year for Mental Health Europe, in many respects.

There were major financial problems, partly caused by the increase of the own contribution requested by the European Commission – DG SANCO for an important European project that MHE wanted to carry out, and finally had to withdraw from. Another difficulty was that no additional funding from the corporate world or from foundations had been found during the last three years.

These financial problems obliged the Board to take drastic decisions regarding the staff of MHE.

Kirsten Zenzinger and Carole Défossé left Mental Health Europe at the end of July. Kirsten Zenzinger worked as co-ordinator of the EU project on Harassment and Discrimination faced by people with psychosocial disability in health services. We are very thankful to Kirsten for her precious contribution in various MHE projects these last four years.

Carole Défossé worked very efficiently as administration and information officer since 1 November 2003.

Kirsten and Carole, thank you for your work and friendly presence. We will miss you very much and we send you our best wishes for the future.

The MHE Board appointed me as Director of Mental Health Europe at their meeting on 20 November 2004. I was nominated Acting Director after Pascale van den Heede had left the organisation in June.

I want to thank Roxana Radulescu, project co-ordinator, and Benoit Broekmans, accountant, who continued to assist me with the project work and the daily running of the office during these difficult months.

Special thanks also to our Senior Policy Advisers, John Henderson and Josée Van Remoortel, who helped and guided me in my new responsibilities.

Also thanks to an active Executive Committee, and to some of our Board members who were always ready to represent MHE at various occasions.

My plans for the following year are multiple:

- put Mental Health Europe again on the foreground as the organisation concerned with Mental Health Promotion and Prevention;
- continue to raise Mental Health Europe's profile as the European NGO active in the field of non discrimination, defending the human rights and dignity of people with mental health problems, working towards their full social inclusion;
- try to persuade our member organisations of the importance of the policy work necessary at European level for their own work and that of their governments in the mental health field;
- strengthen our contacts with the -European Commission, WHO/Euro, Council of Europe.

I need your input, your help, your ongoing support to realise this.

Mary van Dievel,

Director.

### **3. MHE's MISSION**

For more than two decades Mental Health Europe (MHE) has had a history of promoting and representing mental health in its broadest sense in Europe. MHE has found recognition and acknowledgement for its leading and innovative role. In recent years the benefits and the necessity of having a European voice for mental health have become evident.

MHE offers an opportunity for every organisation that wants to contribute to the building of Europe, in the European Union and in the larger Europe. MHE supports the emancipation of different groups in the mental health field in order to establish equal partnership and opportunities among the different parties and to ensure that the mental health needs of the total population are met.

MHE plays an important role in raising awareness and in combating the taboos, stigma and prejudice associated with mental illness.

In order to fulfil this strategic role, MHE has official relations with the World Health Organization Regional Office for Europe, has a participative status with the Council of Europe and a liaison function for Mental Health Promotion with the European Commission.

MHE is a member of several European advocacy groups: the European Public Health Alliance, the European Disability Forum, the Social Platform, the European Women's Lobby, etc.

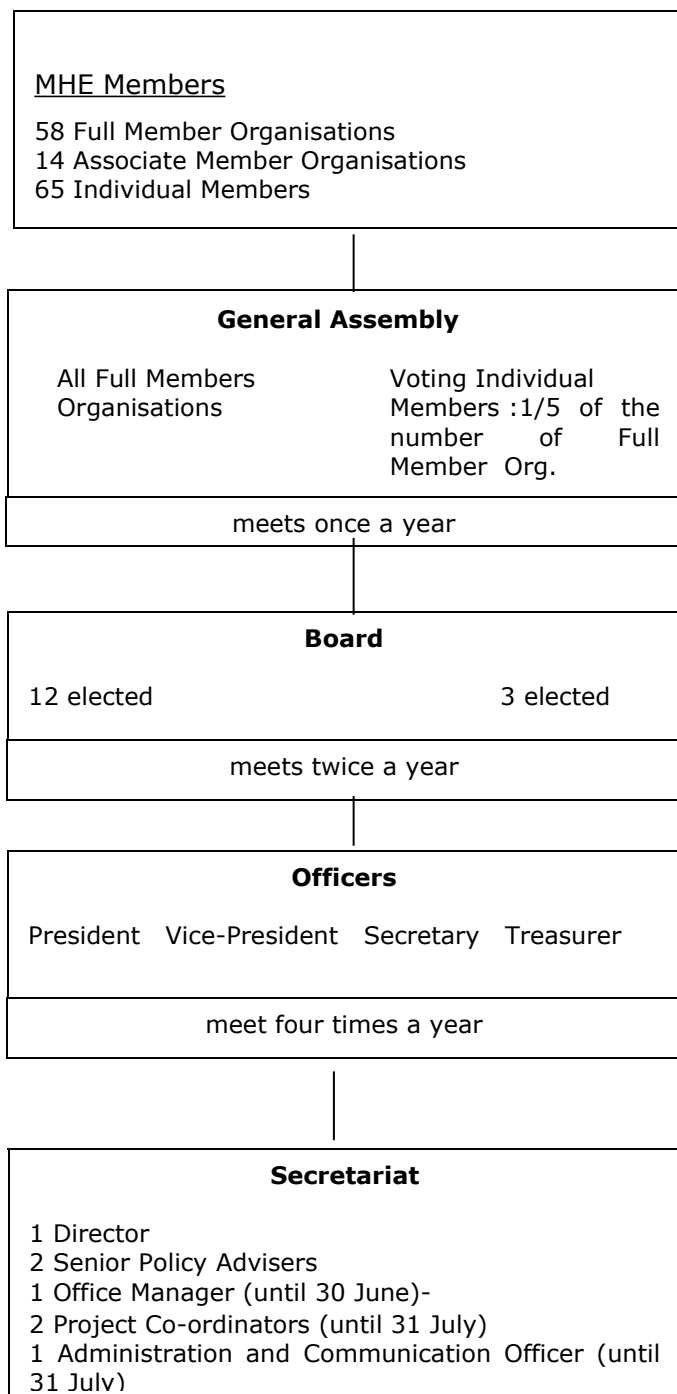
MHE functions as the European Regional Council of the World Federation for Mental Health and furthers WFMH's objectives in Europe.

# 4. MHE's PORTRAIT

MHE's Constitution

## 4.1. Structure

Mental Health Europe is a representative organisation of associations and organisations in the Mental Health field in Europe. It includes professionals, consumers, volunteers and carers active in the Mental Health field at local, regional, national or European level. On 31 December 2004, MHE had 58 Full Member organisations, 16 Associate Member organisations and 65 Individual Members.



## **4.2. General Assembly**

MHE's General Assembly was held on 28 May 2004 in Nova Gorica, Slovenia. The main aim of was to approve the newly elected Board members and to adopt the accounts balance and budget of 2003.

A long debate was devoted to the financial difficulties that MHE was facing.

Another important point of the debate was the adoption of the Recommendations that were elaborated in the context of the EU supported project "Harassment and Discrimination faced by people with a psychosocial disability in health services: a European Survey".

The decision was taken to review the statutes of MHE in order to adapt them to the requirements of Belgian law on international NGOs and to fulfil MHE's statutory obligation to review its statutes every 5 years. Josée Van Remoortel, Senior Policy Advisor, will be co-ordinating this task.

## **4.3. Board**

12 Board members are representatives of the Full member organisations, and 3 are elected from the group of voting Individual Members to the General Assembly.

The new Board was elected in May 2004:

1. Victor Aparicio Basauri, Spanish Neuropsychiatric Association (Spain)
2. Claude Deutsch, Advocacy France (France)
3. Leo de Graaf, De Gelderse Roos (Netherlands)
4. Brian Howard, Mental Health Ireland (Ireland)
5. Peter Kampman, InterMinds (Scotland, UK)
6. Nace Kovač, Slovenian Association for Mental Health SENT (Slovenia)
7. Pirkko Lahti, Finnish Association for Mental Health (Finland)
8. Elisabeth Muschick, Pro Mente Austria
9. Pětr Nawka, Association for Mental Health Integra (Slovakia)
10. Pino Pini, Associazione Italiana per la Salute Mentale AISMe (Italy)
11. Dimitris Tataridis, Society of Social Psychiatry and Mental Health (Greece)
12. Tor Øystein Vaaland, Norwegian Council for Mental Health (Norway)

Voting Individual Members

- Malgorzata Kmita (UK)
- Inge Schöck (Germany)
- Colette Versporten (Belgium)

Ex Officio :

- John Henderson - Senior Policy Adviser (UK, Scotland)
- Josée van Remoortel - Senior Policy Adviser (Belgium)
- Mary van Dievel - Director (Belgium)

Officers :

- President                      Claude Deutsch
- Vice-President                Malgorzata Kmita
- Treasurer                      Colette Versporten
- Secretary                        Pino Pini.

We welcome new Board members - Victor Basauri, Elisabeth Muschick, Pětr Nawka, Dimitris Tataridis and Tor Øystein Vaaland - and we thank the outgoing Board members - Karl Dantendorfer, Mariano Hernandez, Knud Jensen, Eric Messens, Jan Pfeifer, Jenny Steenhaut and Aart-Jan Vrijlandt.

The Board of MHE met 4 times in 2004:

28 February 2004, Brussels

A first issue discussed at this meeting was the WHO European Ministerial Conference on Mental Health (12-15 January 2005) to be held in Helsinki in January 2005 and Mental Health Europe's involvement in the planning and in the pre-events.

A second important issue was the increased own contribution (40%) requested by the European Commission for the EU project on Implementation of Mental Health Promotion and Prevention Policies and Strategies (EMIP). It was impossible for MHE to raise such a high amount of money. A number of short-term strategies were examined. The Board decided however to withdraw in principle from the project and gave mandate to the Officers to make a final decision by the end of March 2004. If the final decision were to withdraw from the project, the consequence would be that all MHE staff would be dismissed.

It was also agreed to set up a Strategic Finance Committee that would map out a strategy for the next two years, including activities, fundraising and putting priorities. The Council of Europe Collective Complaints procedure was discussed. As this was a rather complex and costly procedure, it was decided that MHE would assist member organisations if they wanted to start a procedure, but they would themselves have to prepare the case and cover the costs.

The decision was taken to set up a MHE Committee on Women's Issues, composed of the women of MHE's Board. This Committee would work by e-mail. The Board also approved the proposal to set up a membership drive. Another key point was that MHE would in principle organise a European conference every two years.

The involvement of user and family organisations in MHE's structures was debated and it was decided that these organisations should become full members of MHE and nominated for Board membership via the official way.

27 May 2004, Nova Gorica, Slovenia

The most important point of discussion at this meeting was the Strategic Fundraising Plan prepared by an external consultant.

The President explained that MHE's cash flow situation was very worrying. At a teleconference meeting with the Officers and Senior Policy Advisers, it was decided to send dismissal letters to the MHE Secretariat staff.

Various emergency plans and scenarios were presented and discussed.

29 May 2004, Nova Gorica, Slovenia

A second Board meeting, with the newly elected Board confirmed at the General Assembly dd. 28 May, took place in Nova Gorica.

The first point on the agenda was the election of the Officers. Claude Deutsch was elected President, Malgorzata Kmita Vice-President, and Pino Pini Secretary. Colette Versporten, who could not be present, was asked to stand for the position of Treasurer and she accepted.

The discussion on the proposed Strategic Fundraising and Emergency Plans was continued and it was agreed that MHE did not need yet another analysis of its strengths and weaknesses, but concrete proposals for fundraising.

As usually, an update was given on MHE's projects and activities.

20 November 2004, Brussels

Again, a major point of concern was MHE's financial situation. Given the high own contribution that MHE had to raise for EU projects, it was questioned whether it was wise to continue carrying out EU co-financed projects. On the other hand, it was stressed that these

projects gave MHE visibility. It was decided that MHE should be very selective with projects and negotiate each time to reduce its own contribution.

MHE's coordination activities in the field of non-discrimination of people with mental health problems were discussed in depth.

The Board agreed to re-activate the 'Forum of European NGOs in the mental health field'. The decision was taken to organise the MHE's conference 2006 in Nicosia, Cyprus.

The Council of Europe Recommendation on the protection of the human rights and dignity of persons with mental disorders was briefly discussed; this matter was to be discussed in depth at MHE's Human Rights Committee meeting.

An update was given on MHE's projects and activities. |

The Board appointed Mary van Dievel as the new Director of MHE.

#### **4.4. Officers meetings**

Mental Health Europe's Officers had only one face-to-face meeting, but various teleconferences were held.

##### Teleconference 19 January 2004

At this conference call, a number of pending items were discussed: follow up of the decisions taken at the Board meeting dd. 20 October 2003, follow up of the membership drive for which preparatory actions had started, the financial implications of carrying out or not the project "Implementation of mental health promotion and prevention policies and strategies" (EMIP), the state of the art for the MHE conference in Slovenia and the state of the art regarding Board elections.

##### Teleconference 22 March 2004

At this conference call, the decision was taken to send the dismissal letters to the staff one month earlier than decided at the Board meeting dd. 28 February.

##### Meeting 18-19 August 2004

A meeting of the Officers with the external consultant who prepared the Strategic Plan, took place on 18 August 2004. It was decided to organise a Strategic Planning meeting with the Board of MHE.

A meeting with the Officers only took place on 19 August. Working relations between the MHE office, Executive Committee and Board were discussed. It was agreed to use the term 'Executive Committee' instead of 'Officers'.

An in-depth discussion took place on the financial situation regarding the various EU projects and consequences for MHE staff.

The President stressed that MHE's members did not know each other well enough and suggested to undertake action in this field. This was however not possible with the current limited staffing.

A strategy to approach Members of European Parliament was discussed.

The four offers received for the organisation of MHE's conference 2006 were examined. The Officers also considered MHE's representation in various umbrella networks and meetings/conferences/events.

#### **4.5 MHE Secretariat**

Mary van Dievel was nominated Acting Director after Pascale van den Heede left the organisation in early June.

Kirsten Zenzinger and Carole Défossé left Mental Health Europe at the end of July. Both had been made redundant as a result of the restructuring because of financial problems at MHE.

Roxana Radulescu continued as project co-ordinator.

In November, the Board appointed Mary van Dievel as new MHE Director.

John Henderson and Josée Van Remoortel continued in a voluntary capacity as Senior Policy Advisers, guiding the European projects and representing MHE at various international meetings.

## **5. MHE'S INTERNAL ACTIVITIES**

### **5.1. MHE Annual Conference**

This international Conference on Mental Health, Education and Prevention (27-29 May 2004, Nova Gorica, Slovenia) was organised in collaboration with ŠENT, a Slovenian NGO providing community services for people with mental health problems and for their families. ŠENT has also initiated an anti-stigma programme in Slovenia and is represented in the Boards of CEFEC (Confederation of European Social firms, Employment Initiatives and Social Co-operatives) and of MHE.

The 3-day programme provided a truly representative view and experience of the many faces of mental health.

The theme of the conference was "Education for change" and the main objective was to review modern findings about how to deal with discrimination of people suffering of mental health problems. The focus was on children, adolescents and young people, since schools and families can successfully help to strengthen mental health of individuals.

Presentations and discussions were also dedicated to education of the public and how to strengthen mental health know-how in a given community, how to recognise factors supporting and strengthening mental health.

Another key issues were successful education programmes from European and Slovene institutions, addressed to mental health professionals, families and friends, teachers, migrants, refugees, disabled persons, etc.

MHE presented the project "Harassment and discrimination faced by people with a psychosocial disability in health services" and the recommendations that were developed for policy-makers. The participants signed the «Declaration» emanating from this project and welcomed the posters, printed in four languages.

An important part of the Conference was devoted to the empowerment of users and survivors of psychiatry. Different people having suffered from mental health problems presented their projects and a Round Table discussion was held on how to involve them in training professionals. It was highlighted that their experience and complaints could radically help to improve the quality of services.

Another very interesting session was the collaboration with the media. Different projects and good practices on how to involve journalists were presented and discussed.

During the final session of the Conference, a set of recommendations was presented, discussed and finally endorsed by the participants. It was concluded that, in order to narrow the gap between the actual practical work, the needs of society and the education programmes, mental health care services, educational services and social services must work together.

About 200 participants from all over Europe joined us for this important event!

### **5.2. Human Rights Committee**

MHE's Committee on Human Rights held a meeting on 20 November 2004, in the framework of the Project «Co-ordination of capacity building, fight against discrimination and awareness raising in the field of mental health: an European challenge » supported by the European Commission, DG Employment and Social Affairs.

The key topic on the agenda was the discussion of the Council of Europe Recommendation No. Rec (2004) 10 concerning the protection of the human rights and dignity of persons with mental disorders.

Josée van Remoortel, together with Andrew Jackson from the Pro Bono Network prepared a list of comments and questions that were further discussed. The Committee decided to initiate a consultation with MHE members and ask them to provide comments on this Recommendation and specify what they wanted to retain or to change.

The results of this consultation will be brought back to the next General Assembly.

### **5.3. Collective Complaints**

MHE is one of the few International Non-Governmental Organisation entitled to lodge a collective complain with the Council of Europe. From this perspective, MHE was represented by Mary van Dievel and Andrew Jackson at a *Training Seminar on Collective Complaints* organised by the Social Platform on 15 November 2004.

The aim of the seminar was to improve the knowledge that European NGOs have on the collective complaints mechanism and to offer a practical training on how to lodge a complaint. Issues addressed were: "What are the rights protected by the European Social Charter?", "How to determine that a violation is taking place?", "Who can lodge a complaint and how?", "What about its impact?".

The seminar offered the opportunity for participants to become acquainted with the complaint lodged by the European Roma Rights Centre against Italy and Greece and with the complained lodged by Autism Europe against France.

### **5.4. Membership Drive**

In March 2004, MHE initiated a membership drive, with the aid of an external consultant. Personalised letters, together with a membership forms and a flyers were sent by post to 75 organisations and individuals (user groups, professionals, mental health organisations) in the new EU Member States and the Central and Eastern European countries.

Moreover, interviews with some representative of member organisations were carried out to have an insight on ways in which MHE is perceived and on members' expectations from MHE. The result was 6 new full member organisations, 3 associate members, 13 individual members and another 25 organisations/individuals who expressed interest in becoming a MHE member.

### **5.5. European projects**

In 2004, MHE was the leader of four European wide projects and acted as partner in other seven European projects.

#### **Harassment and Discrimination faced by people with psychosocial disability – a European Survey**

The project, supported by the European Commission - DG Employment and Social Affairs, aimed at gathering information about ways to tackle the harassment and discrimination that people with psychosocial disability face in the field of health services (general health care services and mental health care services) because of their mental health problems. Specific objectives were to raise awareness about this type of discrimination and to develop tools to prevent and to tackle discrimination for selected target groups: the user movement, family organisations, the disability movement, (mental) health workers, politicians and policy makers.

The following tools were developed in the scope of the project:

- A training pack for (mental) health professionals;
- Recommendations aimed at policy makers;
- A poster and a brochure with information on where to seek for help when being discriminated. (available in English, French, German, Spanish and Dutch);
- A booklet with examples of best practices from Austria, Germany, Netherlands, Spain and United Kingdom.

The results of this project were presented on 23 April 2004 during a European seminar, which provided the opportunity for an exchange of ideas between participants from the five countries of the project (Austria, Germany, Netherlands, Spain and the UK) but also from Belgium, Greece and Malta.

In May and June, the project partners organised national seminars in their countries to present the findings of the project at national level and to look for effective ways to disseminate them to the selected target groups.

A **Declaration** was drawn up promoting strategies to combat discrimination, which was signed by the participants and also posted on the MHE website. A copy of the Declaration can also be obtained from MHE Secretariat.

## **Mental Health Economics I**

This project, supported by the European Commission- DG Health and Consumer Protection- aimed to collect analyse and compare data on economic dimensions relevant to mental health systems in EU Member States, Norway and Iceland.

The project lasted 18 months and was completed in August 2004. It was carried out in collaboration with the London School of Economics – Health and Social Care, which assured the technical and scientific co-ordination.

The project provided the framework to set up a **Mental Health Economics European Network**, which included persons with expertise experience of health economics and mental health from research, educational governmental and non-governmental sector. The outcomes of the project consisted in a set of **Policy Recommendations** and four Research papers (“Role of Mental Health Economics”, “Financing Mental Health in Western Europe”, “Employment and Mental Health”; “Capacity Building in Mental Health Economics”).

Key findings highlighted in these papers were:

- The health and socio-economic consequences of mental health problems are profound, being at least 3-4% of European Gross National Product.
- The majority of these costs are incurred outside the health care sector. Lost productivity through absenteeism, sick leave and early retirement can account for between 60% and 80% of all the costs of mental health problems.
- Cost effective interventions are available, but much less is known about the cost effectiveness of mental health promoting interventions.
- Funding for mental health in many countries appears low, being under 10%, while the contribution to overall European disease burden of mental health disorders is in excess of 20%.
- Many mental health related services both for promotion and treatment are provided outside health sector, e.g. in social care sector. Access and entitlements to services outside the health care sector may be variable across and within countries, and substantial out of pocket payments may be incurred.
- Capacity for mental health economic evaluation is growing, but remains highly limited in some parts of Europe.

## **Mental Health Economics II**

MHE supported LSE Health and Social Care to draft the proposal for a new project on mental health economics, in response to the 2004 Call for Proposals of DG Health and Consumer Protection.

The primary overarching aim of the project is to gather and analyse information and knowledge in respect of the economics of mental health to contribute to the promotion and protection of public health across Europe.

The proposed work would build upon the work of the existing Mental Health Economics European Network (MHEEN) by deepening the work in the 17 current partner countries, and extend the Network into 14 new countries (the 10 new member states, three candidate countries and Liechtenstein).

The proposal was accepted for funding and the project will be coordinated by LSE Health and Social Care in collaboration with MHE.

### **Guidelines for country-based programmes of suicide prevention**

The objective of the project was to gather information about existing programmes and strategies of suicide prevention in the WHO European Region, not only at national level, but also at regional and local level. The project was financed by the Belgian Federal Public Service for Health, Food Chain Safety and Environment and was completed in October 2004.

MHE prepared a report - *Guidelines for country-based programmes of suicide prevention* - in close collaboration with the WHO European Network on Suicide Prevention and Research and the Department of International Relations of the Belgian Federal Public Service for Health, Food Chain Safety and Environment.

The report provides information on principles needed to create effective suicide prevention strategies, at country, regional and local level and gives examples of national and regional strategies of suicide prevention in the WHO European Region. It also takes into considerations the conclusions and recommendations of the conference "Suicide Prevention Strategies in Europe" hosted by the Belgian Federal Public Service for Health, Food Chain Safety and Environment in Brussels, 11-12 March 2004.

In the framework of the same project, MHE organised the Belgian pre-vent of the WHO Ministerial Conference on Mental Health – Suicide Prevention Strategies in Europe (11-12 March 2004), which was hosted by the Belgian Federal Public Service of Public Health, Food Chain Safety and Environment.

The conference was attended by more than 70 participants from the WHO European Region member states, representing health policy makers and technical experts.

In the follow-up of the conference, a first version of a Briefing sheet on Suicide in Europe was drafted by MHE team. The final document was presented as background documentation at the WHO European Ministerial Conference on Mental Health (Helsinki, 13-15 January 2005).

### **Co-Ordination of Capacity Building, Fight Against Discrimination, and Awareness Raising in the Mental Health Field : A European Challenge !**

The project started in September 2004 and is supported by the EC, DG Employment, Social Affairs and Equal Opportunities, within the Action Programme to combat discrimination.

The overall aim of the project is to reinforce capacity building of MHE member organisations, especially in the new EU Members States, and to involve them in the EU policy making process, by providing them accessible comprehensive information regarding EU legislation on non-discrimination, EU policy on disability and social inclusion, and by supporting them to promote European actions at the national level and to collaborate with other European NGOs. Another aim was to ensure that the views of our member organisations are expressed at European policy level.

Specific objectives of the project include :

- organising training sessions for our members from the new Member States;
- organising visits to provide exchange of experience and knowledge, and encourage support from our member organisations by organising "twinning" projects;
- preparing information packs with relevant information about the European Union, the Council of Europe and the United Nations policies, and about the developments in the fields of mental health and human rights;
- building the capacity of our member organisation to set up Mental Health Associations in the new Member States.

Persons with mental health problems, their families and carers, activists for mental health, professionals (psychiatrists, psychologists, social workers, nurses, managers and local and national policy makers) will be involved in this work.

### **The Differences between Mental Illness and Intellectual Disability**

In collaboration with Inclusion Europe (the European NGO working for and with people with intellectual disability), Mental Health Europe produced a leaflet on the differences between mental illness and intellectual disability.

Intellectual disability and mental illness are often confused, but are very different. Treating the two different groups as one leads to wrong assumptions, faulty service planning and often to discrimination of one group by the other. It is clear that medical doctors, therapists and education professionals must be able to distinguish the two groups as a basis for adequate interventions. But also policy makers at local, national and European level must recognise the differences to be able to provide for both groups the necessary support systems.

This leaflet is available in English, French, Slovenian, Estonian, Macedonian, Hungarian, Czech, Bulgarian, Romanian and Polish at MHE Secretariat. The target groups for this leaflet are health professionals (general practitioners, nurses, social workers) and teachers.

### **Parents School – Lifelong Learning for Mental Health**

The end of the project was April 2004. The project was co-ordinated by the Estuar Foundation (Romania) and was supported by the European Commission, DG Education and Training - Grundtvig Programme.

The aim of the project was to create a training pack and European good practices in education for mental health addressed to parents of mentally ill offspring, NGO staff and specialist working in mental health and develop information, guidance and counselling services for them.

MHE's role was to increase European visibility of the project and to contribute to disseminating projects results.

Learning by experience was the philosophy of the project. Parents from Romania, Poland and UK had the opportunity to meet and discuss about their problems, to exchange experiences and find out solutions appropriate to their needs. The approach was to give them a role as trainers, disseminators and promoters of information campaigns.

One of the main issues coming out of the project was that parents of mentally ill offspring have often an extensive life experience, but lack information and knowledge about ways of coping with these problems and have limited skills to communicate about these.

A training of trainers Manual, adapted to each country, was elaborated. The Manual includes parents' testimonies and practical exercises for trainers which turn on principles of organising a support group, strategies for maintaining and reinforcing group cohesion, development of communication abilities and ways of coping with suffering.

The "Parent's School Manual" can be downloaded in English, Polish and Romanian from: <http://parents-school.estuar.org/>

## Included in Society

Supported by the European Commission – DG Employment and Social Affairs-, the project “Included in society” analysed the conditions in and prevalence of large residential institutions for disabled people in Europe.

The project was led by Inclusion Europe, in collaboration with Mental Health Europe, Autism Europe, the Open Society Institute, the Tizard Centre, the Centre for Policy Studies at Central European University, the Association for Research and Training for Integration in Europe, the European Association of Service Providers, the European Network of Independent Living, and the European Disability Forum.

To mark the end of this project and also the beginning of a European movement for more and better community-based residential services, a Conference on Community-Based Residential Services, was organised in Brussels, on 22-23 October 2004, which brought together more than 120 participants.

People with disabilities, family members, representatives of the European Commission and the European Parliament, of various European organisations were invited to express their views. Examples were given on the influence of research on policy in Italy, on the implementation of a national de-institutionalisation policy in Greece and on experiences with mainstreaming disability policy.

A publication with all findings and policy recommendations of the project was released during the conference<sup>1</sup>. The report gives evidence of more than 2500 institutions in 25 countries where more than 160 000 people with mental illness, learning disabilities, autism and complex dependency needs still live excluded from society and often in inhuman conditions. This first part of the study reveals the lack of comparable data about institutional service in the studied countries. The second part, studying in-depth residential institutions in France, Hungary, Poland and Romania shows that residents often live lives characterised by hours of inactivity, boredom and isolation, that staff numbers are frequently too low to provide rehabilitation and therapy, that physical environment is relatively impersonal and does not provide privacy and that contacts with family, friends and community are limited.

Together with the report, the participants agreed on a **Commitment** that will be used to convince the politicians at all level **to stop the building of new large residential institutions in Europe**. The text of the **Commitment** and the possibilities to endorse it can be found on the website [www.community-living.info](http://www.community-living.info), in 23 European languages.

The report “Included in Society’ can be obtained from MHE Secretariat, in English and French.

## Implementation of Mental Health Promotion and Prevention Policies and Strategies in EU Member States and Applicant Countries (EMIP)

The EMIP project receives financing from the European Commission’s Public Health Programme and will run from July 2004 to July 2006.

Initially elaborated by MHE, the project was taken over by the Federal Institute for Occupational Safety and Health, Dortmund, Germany, because of the MHE’s difficulty to cover the 40% own contribution.

In an earlier EC funded project (2001-2003), in which MHE was one of the leading partners, policy recommendations for promotion of strategies to cope with stress, anxiety, depression and related disorders, were developed. Now this project is proposed to introduce and implement these strategies in the 25 EU Member States and in Romania and Bulgaria by concerted action between various key networks.

The project aims at:

- Improving mental health information and knowledge for the development of mental health in public health;

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<sup>1</sup> [www.inclusion-europe.org/mediapages.htm](http://www.inclusion-europe.org/mediapages.htm).

- Promoting mental health and prevent mental disease through addressing health determinants;
- Addressing specifically the issues like prevention of stress, anxiety, depression, suicide and of other related disorders.

More specific objectives are :

- to establish a linkage with the EC Working Party on Mental Health in order to collect and exchange relevant data on the burden of stress, anxiety, depression, suicide and related disorders and by this means to ascertain in Member States appropriate settings and target populations for promotion and prevention interventions;
- to introduce to Member States and Applicant countries effective and appropriate best practices developed from previous EC projects on Mental Health promotion and prevention of mental illness.

### **Implementation Mental Health Promotion Action (IMHPA)**

Supported by the European Commission, DG Health and Consumer Protection, by the Ministry of Health in the Netherlands and by the Ministry of Social Welfare and Health in Finland, the project aims to develop and disseminate evidence-based mental health promotion and mental disease prevention strategies across Europe and to facilitate their integration into countries' policies, programmes and into health care professionals' daily clinical work.

MHE is one of the European associations involved in this project, co-ordinated by the University of Nijmegen The Netherlands. The project builds on expanding the work of previously EC funded mental health projects and stimulates sustained information and action for mental health promotion and prevention in the European region.

The project offered a framework to develop:

1. A standardized Internet database of evidence-based programmes and policies of mental health promotion and mental disorder prevention containing over 20 programme descriptions of published effective programmes.
2. A training manual for primary health care professionals explaining ways to include mental health promotion in daily clinical practice. The manual was tested on a group of General Practitioners and got the accreditation for the training from the Royal College of General Practitioners in the Netherlands.
3. A European Policy Action Plan for mental health promotion and mental disorder prevention.

### **European Alliance Against Depression project**

MHE is a partner in this project funded by the European Commission, DG Health and Consumer Protection and coordinated by the Psychiatry Clinic of the University of München. The aim of the project, which started in April 2004, is to improve the detection and treatment of depression by general practitioners and to reduce the number of suicides and attempted suicide in the participating countries.

Based on the successful work of the "Nuremberg Alliance Against Depression", the project gathers 18 European partners representing 16 different countries, a World Health Organisation work group and a professional IT partner.

Actions will be taken at four levels:

- Cooperation with general practitioners (e.g. training sessions, video, telephone lines);
- Public relations activities (e.g. media guidelines);
- Training sessions for multipliers (e.g. priests, social workers, media etc.);
- Special offers for high-risk groups and self help activities.

Lucas, a research centre of the University of Leuven, is carrying out the research in the Flemish region, on behalf of Mental Health Europe.

A first meeting with a broad group of professionals from the health and social sectors from part of the Flemish region took place in Bruges, Belgium, on 29 October 2004.

## **5.6. Newsletter**

Since January 2000, Mental Health Europe has been publishing a monthly Newsletter, in English and French.

In 2004, the Newsletter continued to be an appreciated information instrument, monitoring EU policy developments in the field of mental health, disability and social inclusion and providing constant information about MHE activities, MHE members' activities, the World Health Organization, the World Federation for Mental Health, the Council of Europe, the European Institutions (Council, Commission, Parliament), and about some of our European partners.

The MHE Newsletter is available both in printed and electronic format.

## **5.7. MHE Website**

In 2004 many improvements have been made at MHE's web site. A section on Forthcoming events was set up, which allows visitors to become acquainted with main international conferences, congresses seminars in mental health, social protection, disability and health care related issues.

The website is also an important tool of communication and provides an overview of MHE past and current projects, information on membership and an update, update on forthcoming events.

The web site can be consulted at the following address: [www.mhe-sme.org/](http://www.mhe-sme.org/)

## 6. MHE'S EXTERNAL ACTIVITIES

In 2004, MHE continued to monitor policy developments with particular relevance for mental health, social inclusion and human rights, emanating from the European Commission, European Parliament, Council of Ministers, Council of Europe, the World Health Organisation and other UN agencies.

Strengthening mental health on European agenda continued to be at the heart of MHE's concerns and actions.

### **6.1. World Health Organisation**

Mental Health Europe is in official relation with the World Health Organisation – Regional Office for Europe (WHO/EURO).

#### **Pre-conferences of the 2005 WHO Ministerial Conference on Mental Health**

MHE supported the preparation of the WHO Ministerial Conference on Mental Health, by being involved in a series of pre-conferences organised by WHO/EURO member states.

1. Mental Health Europe organised and provided technical input to the preparation of the **Pre-conference Meeting on Suicide Prevention Strategies in Europe** (Brussels, 11–12 March 2004), which was hosted by the Belgian Federal Public Service Health, Food Chain Safety and Environment).

Health policy-makers and experts on mental health and suicidal behaviour from 36 Member States in the WHO European Region discussed current evidence in practices, targets and settings for suicide prevention, and formulated recommendations for strategies of suicide prevention.

Presentations were given on strategies to prevent suicide in children and adolescents in Denmark, specific initiatives in a multi-sectoral context in Germany and in the Newly Independent States and on regional experiences in Belgium.

The participants drew several conclusions and suggested several courses of action:

1. The prevention of suicide and attempted suicide requires a public health approach. The burden of suicide is so large that prevention could be considered the responsibility of an entire government, under the leadership of the health ministry.
2. Suicide-prevention programmes are needed and should consider specific interventions for different groups at risk (such as elderly people and new parents), allocate tasks to different sectors (such as education, labour and social affairs) and be evaluated.
3. Health-care professionals, especially in the emergency services, should be trained in the effective identification of suicide risk and proactive collaboration with mental health services.
4. Both health professionals and the general public should be educated about suicide as early as possible, with a focus on both risk and protective factors.
5. Policy-oriented research on and evaluation of suicide prevention programmes is needed.
6. The mass media should be involved in suicide prevention via training, and use of the WHO guidance on media treatment of suicide.

2. On 30 June 2004, in Paris, was held the **WHO pre-conference meeting on Mental Health and risk factors across the European Union**. MHE was represented by John Henderson, Senior Policy Adviser.

The meeting was attended by participants from all EU Member States, and was organized by the Mutuelle générale de l'Éducation nationale (MGEN).

The main topic of discussion was how policy-makers could best use comparisons of mental health status and services in different countries, particularly in the light of the WHO European Ministerial Conference on Mental Health (12-15 January 2005).

In addition, a report produced by the European Commission, Health and Consumer Protection Directorate-General, *The state of mental health in the European Union*<sup>2</sup> was launched. The report combined two main kinds of data: routinely collected statistics (on deaths from suicide the consumption of alcohol and illicit and psychotropic drugs) and results from general surveys on the population's mental health and access to care for mental problems.

The participants agreed that documented knowledge of the population's mental health status and its determinants was essential for the development of mental health programmes and enabled the planning, monitoring and improvement of policies.

3. MHE was present at the **Pre-conference on the mental health of children and adolescents**, held in Luxembourg, 20–21 September 2004. John Henderson, MHE Senior Policy Advisor, was involved in the technical preparation of the conference.

The meeting was organized jointly by the European Commission Directorate-General for Health and Consumer Protection, the WHO Regional Office for Europe and Luxembourg's Ministry of Health and Social Security.

The issue of mental health for of children and adolescents is causing increasing concern, and the participants of the meeting – representatives and experts from countries across the WHO European Region – made recommendations on services, care, disorder prevention and mental health promotion activities for children and adolescents, including how to tackle problems related to adolescents' use of alcohol and illegal drugs.

The general recommendations included giving the mental health of infants, children and adolescents greater priority on governments' agendas and allocating appropriate funding resources to it. The participants also suggested that national action plans on mental health include the mental health of children and adolescents among their priorities. They proposed that both primary care and specialized services develop and operate mental health services sensitive to the needs of young people, in close collaboration with schools, day-care centres and young people's families and extended families, neighbours and friends.

Moreover, young people should have an active role in decision-making about services intended for them. In addition, the participants agreed that vulnerable groups, such as migrant children and adolescents, require special attention.

Another important recommendation stressed the need to improve the quality of services by establishing specialist training for health care professionals in children and adolescents' mental health, and by training and employing adequate numbers of specialists.

4. At the **WHO consultative meeting with nongovernmental organizations**, held on 26 November 2004 in Copenhagen, MHE President Claude Deutsch expressed MHE views.

The meeting, bringing together representatives of a number of European and national organisations working in the field mental health, offered the space for NGOs to analyse and comment on the WHO draft Action Plan for Mental Health and to express ideas for implementation of this plan and for future NGOs involvement

A WHO proposal for a partnership with mental health NGOs was introduced. The proposal, called "The Collaborative Way", was to create a Network with representative of civil society working in mental health (users, carers and NGOs) that will support the WHO Regional Office for Europe to promote best practices, set up a database with information on NGOs activity and to co-operate with government agencies.

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<sup>2</sup> ([http://europa.eu.int/comm/health/ph\\_projects/2001/monitoring/fp\\_monitoring\\_2001\\_frep\\_06\\_en.pdf](http://europa.eu.int/comm/health/ph_projects/2001/monitoring/fp_monitoring_2001_frep_06_en.pdf)),

## **European Network for Prisons and Health**

Having a longstanding interest in mental health in prisons, MHE was present at the Annual Meeting of the WHO European Network for Prisons and Health (22 October 2004, De Leeuwenhorst, the Netherlands).

A number of countries, The Netherlands, Ireland, Poland, Romania, Spain, The Russian Federation, Germany, Scotland, Slovakia, etc. presented their experiences and gave examples of good practices and study cases.

On behalf of Mental Health Europe, Colette Versporten, MHE Treasurer, presented the paper «Consensus statement on mental health promotion in prisons», stressing the need for promoting discussion and reflection on the situation of people with mental health problems in prisons, and the need for taking also into account the particular situation of people with disabilities. Participants discussed also the progress work on the publication "The WHO guide on prison health", which should be published in 2005.

### **6.2. Council of Europe**

Mental Health Europe is one of approximately 400 International NGOs that enjoy the participatory status with the Council of Europe. This status is governed by Committee of Ministers' Resolution (2003)8. The NGOs having obtained this status are particularly representative in the field(s) of their competence and at the European level and share the Council of Europe's aims, and contribute actively to its work. They hold annual plenary conferences to decide on the general lines of action for the coming year. A Liaison Committee meets at regular intervals with a view to promoting a permanent two-way dialogue and co-operation between the Council of Europe Secretariat and the NGOs.

Bringing together 46 member countries, the Council of Europe aims at defending human rights, parliamentary democracy and the rule of law, and at assisting the countries in carrying out and consolidating political, legal and constitutional reform in parallel with economic reform. It also aims at providing know-how in areas such as human rights, local democracy, education, culture and the environment.

Another key point is that MHE is one of a much smaller handful of organisations that have been given the right to submit collective complaints for abuse of human rights.

MHE has monitored the activities of the Council of Europe, especially those related to human rights and social cohesion, with particular emphasis on the European Court of Human Rights, European Social Charter, European Committee for the Prevention of Torture and Inhuman and Degrading Treatment, on social affairs and public health, health and ethics, equality between men and women.

On 22 September, the Committee of Ministers of the Council of Europe adopted *Recommendation no. Rec (2004)10<sup>3</sup>* to Member States concerning the protection of the human rights and dignity of persons with mental disorders, together with an Explanatory Memorandum. MHE has initiated a broad consultation with its member organisations on the situation of persons with mental disorders in their countries, from a human rights perspective.

In line with its mission to support member organisation to increase knowledge and experiences about European policy developments and about the functioning of European institutions, MHE invited several representatives of its member organisation to attend and take a role in various meetings hosted by the Council of Europe.

Nace Kovač - MHE Board member and Director of ŠENT (the Slovenian Association for Mental Health) - took part in the Working Visit of NGOs representatives from Central and Eastern Europe, in Strasbourg, 2-7 October 2004.

Katarína Čermáková, Director of the Slovak League for Mental Health, represented MHE at the Council of Europe training course "Developing leadership skills and interaction with

<sup>3</sup> [http://www.coe.int/T/E/Legal\\_Affairs/Legal\\_co-operation/Bioethics/News/Rec\(2004\)10%20e.pdf](http://www.coe.int/T/E/Legal_Affairs/Legal_co-operation/Bioethics/News/Rec(2004)10%20e.pdf)

public authorities”, during 8-14 November 2004 in Strasbourg. The main aims of the training course were to encourage and empower young representatives to actively participate in the work of the Liaison Committee of INGOs enjoying participatory status with the Council of Europe and to create a space for discussion about the role of NGOs in the political decision process, in the development and implementation of policies and to help participants to find tools and develop skills in implementing their new knowledge in their daily work.

On 27 January 2004 the International NGOs Liaison Committee elected its new president, Mrs. Annelise Oeschger from the international movement ATD – Fourth World, at a time when the Committee of Ministers changed the statutes of the International NGOs with participation status, giving them a greater say and participation in its work.

Among her work priorities, Mrs Oeschger set out the commitment to demonstrate that human rights and democracy are absolutely vital to assuring progress and greater security in Europe and that particular attention would be paid to countries that were not candidates for European Union membership, as they risked being forgotten and falling back into old ways.

### **6.3. EU Constitution**

MHE followed the debates on the EU Constitution, which culminated with the adoption of a new Constitutional Treaty for Europe at the European Council Meeting, on 17 and 18 June 2004.

The constitution brings together for the first time the many treaties and agreements on which the EU is based. It defines the powers of the EU, stating where it can act and where the member states retain their right of veto. It also deals with regulations concerning the Union's separate policy areas by explaining the different procedures used to reach a decision in each policy area. The next hurdle will be ratification of the Treaty in each of the 25 Member States.

The New Constitutional Treaty will, if ratified, enter into force in 2009.

### **6.4. EU Enlargement**

After the historic enlargement of the EU with the accession of ten new Member States, MHE looked for ways of collaboration with NGOs from the new Member States in a joint effort for better mental health services and respect of the rights of people with mental health problems.

The election of the new European Parliament was an opportunity for MHE to continue its work of promoting mental health issues on European agenda. MHE attempted to identify Members of the European Parliament that would have an interest in mental health in order to inform them about policy developments on issues related to mental health, social inclusion, disability and the needs of mental health NGOs.

MHE followed the work of the European Parliament Health Intergroup via the reports from the European Public Health Alliance. Developments of the EP Disability Intergroup were monitored particularly through EDF reports or directly by MHE when mental health related issues were part of the discussion.

Later in the year, MHE kept an eye on the hearings conducted by the European Parliament of the new Commissioners and informed its members particularly about the hearing of Commissioner designate Kyprianou and Commissioner designate Spidla. On that occasion, Mr. Kyprianou highlighted his determination to build on the long running commitment of the EU Public Health Programme in the field of mental health.

## **6.5. European Commission**

### **DG Employment and Social Affairs**

MHE continued tracking developments of the global strategy of the European Union regarding disability issues and Equal opportunities for people with psychosocial disability and on the recent developments at European level in the non-discrimination field. Attention was given to the Racial Equality Directive and the Employment Equality Directive, which were being transposed in national legislation of EU Member States.

MHE responded to the call for proposals VP/2004/009 for the support to European level NGOs representing and defending the rights of disabled people and was granted a project on "Co-ordination of capacity building, the fight against discrimination, and awareness raising in the mental health field".

MHE disseminated information also on the Community Action Programme to combat social exclusion, which aims at improving the capacity of EU Member States to address social exclusion and poverty effectively. The programme is addressed to Member states, local and regional authorities, bodies responsible for combating social exclusion, social partners, Bodies providing social services, non-governmental organisations, universities and research institutes, national statistical offices and media.

### **DG Health and Consumer Protection**

MHE played an expert role in the EC Mental Health Working Party. The task of the Mental Health Working Party is to assist in the implementation of the health information and knowledge strand of the Public Health Programme (2003-2008), and provide a forum for discussion to exchange knowledge and experiences on mental health. At the 2004 meeting of the Mental Health Working Party, MHE was represented by John Henderson and Claude Deutsch.

MHE contributed to the report "Actions Against Depression - Improving mental health and well-being by combating the adverse health, social and economic consequences of depression" which was released by the European Commission at the end of 2004. The report builds on a whole range of past and current mental-health related activities under the Programme of Community action in the field of public health (2003-2008). John Henderson was part of the core group of experts who drafted the report.

#### Responses to Commissioner Byrne's reflection strategy

On 15 July 2004 the Health and Consumer Protection Commissioner, David Byrne, launched a consultation process on the future of EU health policy ("Enable good health for all"). Stakeholders were invited to respond by 15 October 2004 and a wide variety of organisations have submitted comments.

MHE welcomed that the new Strategy was dealing with prevention, promotion, and the support of users involvement and that it took a strong position for the integration of health in the Lisbon agenda and in combating social exclusion. However, MHE expressed regret that the outcomes of several European supported projects were not taken into account and that the EU and WHO motto "NO HEALTH WITHOUT MENTAL HEALTH" was forgotten.

MHE also welcomed putting health as the centre of EU policymaking and drew attention on the worrying situation of people with mental health problems in the new Member States. It stressed that it was important to support these countries to adapt their mental health care to European standards and to invest in exchanging good practices.

Moreover, supporting and encouraging groups of users of mental health services in the new EU Member States was of major importance in this process. Last, MHE welcomed the shift to invest in promotion and prevention activities and to focus on health, instead of illness.

#### European Health Forum

MHE is also a member of the European Health Forum and attended the 2004 meeting on 11 October.

The EHPF is an information and consultation mechanism involving stakeholders in the health field in order to provide an opportunity to organisations of patients, health professionals,

health service providers and others to make contributions to health policy development and to its implementation.

## **6.6. Relations with other Organisations and Networks**

### **World Federation for Mental Health**

As the European Regional Council of the World Federation for Mental Health (WFMH), MHE continued to disseminate information about WFMH activities. The theme of World Mental Health Day 2004 was the relationship between Physical and Mental Health: Co-occurring Disorders ».

The 2004 World Mental health Day Campaign provided a broad overview of the topic, including introductory information on the co-occurrence of specific physical and mental disorders and an overview of current research on this topic. The campaign paid particular attention to cardiovascular disease, diabetes, cancer and HIV/AIDS.

Through its Newsletter and separate mails, MHE encouraged its members to plan and participate in various events to celebrate this day in their countries.

About 16 member organisations reported about activities undertaken around the World Mental Health Day 2004. These included: campaigns combating stigma and discrimination, information campaigns on mental disorders, on consequences of traumatic events, concerts and street actions to raise awareness on mental health, various activities of mental health promotion, press conferences, a campaign aimed at raising responsibility of private sector on mental health issues, conferences on empowerment of people with mental illness, launch of a new Volunteer Befriending service to support people with mental illness and their families, video projections and a debate around video practice in psychiatry, various local events, television broadcasts, exhibitions, prize awarding for best media practices in mental health promotion, etc..

#### Tribute to Richard Hunter

In February Richard Hunter, former Deputy Secretary General of the World Federation for Mental Health, passed away at the age of 89. His career as a mental health advocate and reformer spanned over sixty years. In 1992, he designed and created the Federation's World Mental Health Day project as a global mental health education campaign to focus worldwide attention on a major mental health issue each year. Since its inception, World Mental Health Day has gained recognition as the main global public awareness and education programme in the mental health field, with its annual campaign materials packet now distributed to over 4500 local and national organisations in 190 countries.

### **European Disability Forum**

In 2004, MHE continued its close collaboration with the European Disability Forum, in the Board of which Josée van Remoortel (MHE Senior Policy Advisor) is playing an active role.

MHE persisted efforts to mainstream mental health in EDF's activities and to highlight that psycho-social disabilities are often "invisible" and that people suffering from them face a double discrimination in every day life.

MHE contributed to the EDF position paper on the draft Council of Europe Action Plan on Disability and gave an input to the EDF Response to the European Commission Green Paper on Equality and non-discrimination in an enlarged Europe, which included a response on behalf of the whole European disability movement.

MHE also disseminated information about the work on the UN Resolution on Human Rights of People with Disabilities, in which EDF had a key role.

MHE participated in the implementation of a project conducted by the EDF on "Capacity Building of Disability Organisations in Ten Eastern and Central European Countries". MHE was present at the four study visits organised in Brussels for representatives of the ten countries (presentations on MHE activities and projects were given by Josée van Remoortel and Roxana Radulescu).

In September-October, several country visits were made by MHE vice-president Malgorzata Kmita (in Latvia, Slovenia and Poland) and by Roxana Radulescu (in Romania and Bulgaria), in order to meet with representatives of the National Councils of Disabled People, and encourage them to strengthen the voice of NGOs representing users of mental health services and people with psycho-social disabilities. Other aims of the visits were to inform the National Councils about the role and activities of MHE and to identify possibilities of membership and future collaboration.

In the framework of the same project, Claude Deutsch, President of Mental Health Europe participated in a meeting of National Disability Council Leaders, organised in Budapest by the European Disability Forum (EDF). This meeting was a good opportunity to measure the impact of the presence, thoughts and concerns of disabled people and of their families regarding European policies and the impact of these European policies on national policies.

### **The Platform of European Social NGOs**

The Platform of European Social NGOs is the alliance of representative European federations and networks of non-governmental organisations active in the social sector. The Social Platform promotes social justice and participatory democracy by voicing the concerns of its member organisations.

As a member of the Platform, MHE is represented in the General Assembly and the Steering Group, in the Enlargement Working Group, in the Health and Social Policy Working Group, as well as in the Working Group on Fundamental Rights and Non-discrimination.

In 2004 MHE was represented by Elisabeth Muschik, Nace Kovač or Malgorzata Kmita at various meetings of these working groups.

MHE disseminated information and supported the Platform's position on social services, seen as a key element for social cohesion, on the Green book on Equality and Non Discrimination, highlighting the need for a rights' based approach and on the future of the Lisbon process.

MHE also participated in a training seminar organised by the Social Platform on the "Collective Complaints" in November 2004 and informed its members about this.

### **European Public Health Alliance**

MHE is a member of the European Public Health Alliance (EPHA), which represents over 100 non-governmental and other not-for-profit organisations working in support of health in Europe. EPHA aims to promote and protect the health interests of people living in Europe and to strengthen the dialogue between the EU institutions, citizens and NGOs in support of healthy public policies.

EPHA holds regularly a policy co-ordination meeting with its members, in order to update them on major health policy developments from the Commission and the Parliament and in order to provide them the opportunity to share information about their work. Roxana Radulescu represented MHE at these meetings.

### **6.7. Protest against human rights' abuse**

In February 2004, MHE took position to the denial of medical care at the psychiatric hospital in Poiana Mare (Romania), where seventeen patients have reportedly died of malnutrition and hypothermia.

MHE sent letters to the Romanian Minister of Health, Romanian President, Romanian Prime-Minister and the Romanian Ambassador in Brussels, expressing concern at the situation in Poiana Mare and urging the government to take urgent measures to prevent any further deaths, including the provision of adequate food, medication, heating fuel, bedding and appropriate clothes for all the patients.

MHE also called the government to establish a comprehensive and independent public inquiry into the situation at the Poiana Mare hospital and in other psychiatric hospitals, leading to concrete improvement in the care of patients.

MHE also encouraged its members to send appeals on this issue.

## **6.8. Participation in conferences and meetings**

Mental Health Europe was represented at many meetings, conferences and events in 2004:

- 8 January 2004 – Brussels – meeting with Herbert de Graaf regarding Strategic Planning MHE (Pascale van den Heede, Mary van Dievel)
- 20 January 2004 – Brussels – meeting of the Social Platform's Social Policy Working Group (Mary van Dievel)
- 26 January 2004 – Brussels – conference call regarding the Included in Society project (Josée van Remoortel, Mary van Dievel)
- 7 February 2004 – Brussels – meeting with national partners and experts of EU project Harassment and Discrimination faced by people with psychosocial disability in health services – (Josée van Remoortel, Kirsten Zenzinger, Pascale van den Heede)
- 7 February 2004 – Brussels – closing event European Year of People with Disabilities (Mary van Dievel)
- 11 February 2004 – Brussels – meeting with Diana Smith regarding membership recruitment campaign
- 19-20 February 2004 – Brussels – meeting of the Policy Committee for the Included in Society project (Josée van Remoortel)
- 19 February 2004 – Brussels – meeting with representatives of the National Disability Councils from Poland, Czech Republic and Slovakia, organised by the European Disability Forum (Roxana Radulescu)
- 25 February 2004 – London – meeting with Martin Knapp, David Mc Daid and Claire Curran at London School of Economics regarding the Mental Health Economics I project (Roxana Radulescu, Pascale van den Heede)
- 28 February 2004 – Brussels – Board meeting MHE (Pascale van den Heede, Mary van Dievel, Josée van Rzemortel, John Henderson)
- 1 March 2004 – Luxembourg – meeting of the secretariat of the EC Working Party on Mental Health (John Henderson)
- 1 March 2004 – Luxembourg – meeting with David Mc Daid on the EC report "Actions against depression" (John Henderson)
- 3 March 2004 – meeting with Herbert de Graaf regarding the MHE Strategic Planning (Mary van Dievel)
- 4 March 2004 – Brussels – meeting with representatives of the National Disability Councils from Bulgaria, Hungary and Romania (Roxana Radulescu)
- 11-12 March 2004 – Brussels – pre-conference of the WHO European Ministerial Conference on Mental Health "Suicide Prevention Strategies in Europe" (Pascale van den Heede, John Henderson, Roxana Radulescu, Carole Défossé)
- 22/03/2004 – Brussels – meeting with MHE President and Senior Policy Advisers re. developments at MHE (LdG, JH, PVdH, MVD, JVR)
- 22 March 2004 – Luxembourg – Information Day on Public Health Programme (Roxana Radulescu)
- 24 March 2004 – Antwerp – meeting with Robert van Voren, Geneva Initiative for Psychiatry (Leo de Graaf)
- 31 March 2004 – Brussels – meeting with Lisa Pavan-Woolfe responsible for Horizontal Issues at DG Employment and Social Affairs, European Commission (Pascale van den Heede, Josée van Remoortel)
- 1 April 2004 – Brussels – ENGOs Directors meeting at European Disability Forum (Pascale van den Heede)
- 6 April 2004 – Conference call with MHE Officers regarding developments at MHE
- 7 April 2004 – Brussels – EPHA Policy Co-ordination meeting (Roxana Radulescu)
- 13 and 16 April 2004 – Dublin – WFMH Board meeting and conference (Leo de Graaf, Brian Howard)
- 23 April 2004 – Brussels – European seminar for the EU project on Harassment and Discrimination of people with psychosocial disability in health services (Leo de Graaf, Mary van Dievel, Josée van Remoortel, Kirsten Zenzinger)
- 24 April 2004 – Brussels – final meeting of partners and experts of the EU project on Harassment and Discrimination faced by people with psychosocial disability in health services (Kirsten Zenzinger)

- 27 April 2004 – Brussels – meeting of Policy Committee and Experts for the EU project on Included in Society (John Henderson, Josée van Remoortel)
- 03 May 2004 – Brussels – European NGO Directors meeting organised by European Disability Forum (Mary van Dievel)
- 6 May 2004 – London – national UK seminar of the EU project on Harassment and Discrimination (Kirsten Zenzinger)
- 14-16 May 2004 – Warsaw – General Assembly of the European Disability Forum (Mary van Dievel)
- 17 May 2004 – Brussels – Social Platform Enlargement Committee meeting (Peter Kampman)
- 27-29 May 2004 – Nova Gorica, Slovenia – MHE Board meetings and MHE conference on Education in Mental Health
- 27 May 2004 – Salzburg, Austria – national Austrian seminar of the EU project on Harassment and Discrimination (Kirsten Zenzinger)
- 4 June 2004 – Berlin – national German seminar of the EU project on Harassment and Discrimination (Kirsten Zenzinger)
- 21 June 2004 – Brussels – ENGO Directors meeting organised by the European Disability Forum (Mary van Dievel)
- 24-25 June 2004 – Brussels – final partners meeting Mental Health Economics I project (Carole Défossé, John Henderson, Roxana Radulescu)
- 25 June 2004 – Brussels - preparatory meeting 3<sup>rd</sup> Round Table on Social Inclusion (Claude Deutsch)
- 29 June 2004 – Brussels - meeting with EDF Director Stefan Trömel on involvement MHE in EDF Enlargement project (Josée van Remoortel)
- 30 June 2004 – Paris – Pre-conference of the WHO European Ministerial Conference on Mental Health “The status of mental health in EU countries” (John Henderson)
- 2-3 July 2004 – Budapest, Hungary – visit of the Social Platform Enlargement Committee (Nace Kovač)
- 6-7 July 2004 – Prague, – EU conference on Equal Rights in an Enlarged Europe” (Elisabeth Muschick)
- 6 July 2004 – Brussels – meeting with MHE Treasurer Colette Versporten (Mary van Dievel)
- 2004 August 2004 – Brussels – meeting with Andrew Jackson from the European Pro Bono project (Mary van Dievel, Josée van Remoortel)
- 18 August 2004 – Brussels – meeting with Herbert de Graaf on Strategic Planning MHE (Claude Deutsch, Malgorzata Kmita, Mary van Dievel, Josée van Remoortel)
- 19 August 2004 – Brussels – meeting MHE Executive Committee (Claude Deutsch, Malgorzata Kmita, Mary van Dievel, Josée van Remoortel, Colette Versporten)
- 23-25 August 2004 – Alpbach, Austria – Alpbach Forum (Elisabeth Muschick)
- 30 August 2004 – Brussels – meeting with Elisabeth Muschik, new MHE Board member (Mary van Dievel, Josée van Remoortel)
- 1 September 2004 – Brussels – meeting with Raluca Nica, Director of the Romanian League for Mental Health (Roxana Radulescu, Mary van Dievel)
- 13-14 September 2004 – Brussels - 3<sup>rd</sup> Policy Committee meeting for Included in Society project (Josée van Remoortel)
- 15 September 2004 – Brussels - European Public Health Alliance Policy Coordination meeting (Roxana Radulescu)
- 20-21 September 2004 – Luxembourg – Pre-conference of the WHO European Ministerial Conference “Mental Health of Children and Adolescents” (John Henderson)
- 20 September 2004 – European NGOs Directors meeting organised by the European Disability Forum (Josée van Remoortel)
- 22-23 September 2004 – Luxembourg - EC Working Party on Mental Health (Claude Deutsch, John Henderson)
- 25 September 2004 – Brussels – Management Committee meeting for the Included in Society project (Josée van Remoortel)
- 29-30 September 2004 – Brussels – 1<sup>st</sup> Executive Committee meeting of the EU project on Implementation of Mental Health Promotion and Prevention Strategies and Policies in EU Member States (John Henderson, Mary van Dievel)
- 4-5 October 2004 – Bucharest, Romania – meeting of the partners in the project “Parents’ School: Lifelong Learning for mental Health) (Roxana Radulescu)

- 4-5 October 2004 – Brussels – launch of European Pro Bono project (Mary van Dievel, Colette Versporten)
- 6 October 2004 – Brussels – meeting on European NGOs activities at European Disability Forum (Josée van Remoortel)
- 8 October 2004 – Brussels – visit of group of Dutch Directors of Mental Health Institutions (Mary vna Dievel, Leo de Graaf, Roxana Rdaulescu)
- 9 October 2004 – Brussels – Board meeting European Disability Forum (Josée van Remoortel)
- 10 October 2004 – General Council meeting European Disability Forum (Mary van Dievel)
- 11 October 2004 – Bucharest, Romania – visit to Romanian National Disability Council in the framework of the EDF Enlargement project (Roxana Radulescu)
- 13-14 October 2004 – Sofia, Bulgaria – visit to Bulgarian National Disability Council in the framework of the EDF Enlargement project (Roxana Radulescu)
- 18 October 2004 – Brussels – European NGOs Directors meeting organised by European Disability Forum (Mary van Dievel)
- 20-22 October 2004 – De Leeuwenhorst, Netherlands – meeting of WHO European Network for Prisons and Health + conference (Colette Versporten)
- 20 October 2004 – Paris – EuroPsy Happening (Claude Deutsch)
- 22-23 October 2004 – Brussels - final conference Included in Society project (Victor Basauri, Leo de Graaf, Claude Deutsch, Mary van Dievel, Josée van Remoortel)
- 27 October 2004 – Brussels – European Public Health Alliance Policy Coordination meeting (Roxana Radulescu)
- 15 November 2004 – Brussels – NGO training seminar on the Council of Europe Collective Complaints Mechanisms organised by the Social Platform (Mary van Dievel)
- 16 November 2004 – Brussels – Social Platform meetings : Social Policy Working group and Fundamental Rights Working Group (Elisabeth Muschick)
- 16 November 2004 – Brussels – European NGOs Action Group (Josée van Remoortel)
- 19 November 2004 – meeting with Jo Casselman, President of the Flemish Mental Health Association (John Henderson, Mary van Dievel)
- 24 November 2004 – Brussels – European Public Health Alliance Policy Coordination meeting (Roxana Radulescu)
- 26 November 2004 – Copenhagen, Denmark – preparatory meeting with NGOs for the WHO European Ministerial Conference on mental Health (Claude Deutsch)
- 30 November 2004 – Brussels – meeting with Juha Lavikainen and Ulla Katila-Nurkka from Stakes, Finland (Roxana Radulescu, Mary van Dievel)
- 2-3 December 2004 – Brussels – seminar European Day of Disabled People (Mary van Dievel, Colette Versporten)
- 8 December 2004 – Brussels – Extraordinary General Assembly and seminar European Public Health Alliance (Mary van Dievel, Colette Versporten)
- 9-11 December 2004 – Sofia, Bulgaria – European Commission conference on equal opportunities for people with disabilities, in Sofia, Bulgaria. (Josée van Remoortel)
- 14 December 2004 – Brussels – European NGOs Directors meeting organised by European Disability Forum (Mary van Dievel)
- 15 December 2004 – Vienna- Visit to Pro Mente Austria and Pro Mente Vienna (Mary van Dievel)
- 16-17 December 2004 – Vienna- 2<sup>nd</sup> Executive Committee meeting for the EU project on Implementation of Mental Health Promotion and Prevention Strategies and Policies in EU Member States (John Henderson, Mary van Dievel)
- 22 december 2004 – Brussels – meeting with Cendrine Bursztein, Schneider's Children Medical Centre of Israel (Mary van Dievel)

# FINANCES

