



## **Mental Health in the National Strategic Reports on Social Protection and Social Inclusion 2008-2010**

Analysis of the national reports by MHE members

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Nowadays more and more people face mental health problems. Many countries have developed strategies for the implementation of new policies such as the improvement of the access to social services and de-institutionalisation processes to move from big psychiatric hospitals to smaller and more personalised and appropriate structures to address the specific needs.

Mental Health Europe has consulted its members to give feedback on the National Strategic Reports on Social Protection and Social Inclusion 2008-2010 regarding the taking into consideration of the mental health aspect in the reports. Some MHE members have been involved in the preparations of the National Strategic Reports 2008-2010 in the course of public consultation processes. At the same time, however, mental health aspects are reflected in most of the NSRs in a very limited way only, or not at all. Most countries mention health policies and social inclusion and protection, in general, but only indicate very few direct links to mental health and often do not give any direct reference at all to the mental health aspect. Mental health is being affected in an indirect way by the improvement of mental health and well-being through overall socio-political measures. All in all, the financing of mental health-related policies and projects is poor in most of the countries.

Mental Health promotion and prevention programs are lacking in most of the NSRs. One general obstacle to tackle mental health problems often is the lack of available data for analysing the situation in a country which sometimes makes it difficult to define concrete targets.

In the following we would like to highlight some positive aspect of the national reports to show good practices in the field of the promotion of mental health as well as to give some recommendations for policy makers.

### **Positive Findings and Good Practice**

In **Austria**, there are special services for different groups such as “Integrative Training” for young (unemployed) people that include consultation and diagnostics

mechanisms for young people with mental health problems. Prevention of violence (especially in schools) is also a target. One other initiative is the development of special offers to try to help people suffering from dementia and their caring relatives. The inclusion of people with mental disorders into the labour market is based on an "Employment Offensive" (qualification projects, working assistance and job-coaching).

**Belgium-Flanders** supports deinstitutionalisation by measures to make it possible to stay at home as long as possible where long-term care is needed (for the elderly, disabled, mental health). In the last 20 years, 50 % of the psychiatric beds have been eliminated and community-based projects been set up.

**Bulgaria** reports on progress regarding the de-institutionalisation of care structures (the number of psychiatric beds has been reduced by 50 %, while community care structures have been put forward) and states the need for diversification of providers of social services (for people with disabilities, whereas mentally ill persons are not specifically mentioned) and the need for the government to encourage public-private partnership.

The **Danish** government has presented a strategy where the aim is the recognition of mental illness as a disability (launched in 2004). Another project in Denmark deals with the test to appoint social mentors for people suffering from a temporary mental disorder. Funding has also been allocated for psychological assistance and intensified efforts to help young people with mental problems as well as improved crime prevention activities.

The **Finnish** report refers to the improvement of the welfare system, e.g. in terms of the availability of mental health services for children.

In **France**, a programme to accompany individuals who are furthest from the labour market has been established.

In **Germany**, voluntary work is supported by the tax system. This measure is supporting volunteers to work with people suffering from mental health problems (as one target group) on the one hand and also the active commitment and recognition of these persons as volunteers themselves as a good means to (re-) integrate them into society. Furthermore, special integration services with mentors for handicapped people, including people with mental health problems, were funded by the European Social Fund.

**Ireland** has adopted the Mental Health policy document "A Vision for Change" in January 2006. Its full implementation is still pending and planned for a time-frame of 7-10 years.

**Lithuania** has adopted a strategy for the national health care and long-term health care policy, including a mental health strategy, a mental health strategy implementation programme, state alcohol control programme, state tobacco control programme and a national programme for the control of drugs and prevention of drug addiction.

The **Luxemburg** NSR places well-being of children as one of their priorities, with the creation of community places to take on children so that the parents can go to work. In the case of persisting problems, they can be accommodated in boarding schools.

In **Slovenia** the accessibility to services is promoted of which also people suffering from mental health problems and their families will benefit. Furthermore, an enlargement of places for people with mental health problems in residential group homes and day centers is foreseen.

**Sweden** increased the financing of the psychiatric sector.

**Romania** aims to increase the number of community health centers and the number of qualified mental health professionals. In this frame, services provided to persons with mental health problems are being diversified.

## **Conclusions and Recommendations for Policy and Practice**

There is a common consensus that care services should be improved and be more targeted to the user groups.

Specific challenges exist in each country. Recommendations, based on the analysis of the national reports are targeted at policy makers to achieve mental health and well-being as well as social inclusion for all in Europe, have been collected from our member organisations; some selected examples are:

- Development of services that are more person- and daily-life-oriented, e.g. for ethnic minorities, adolescents, etc. (Austria)
- Integral psychiatric services (Cyprus)
- Establishment of neighbourhood centres for psychological health and well-being (UK)
- The prevention of mental health problems should start as early as possible, beginning in schools; furthermore services for children of parents suffering from mental health problems should be extended (Germany)
- Research into classification, effectiveness and cost-effectiveness of services and mapping of the existing services in certain geographical regions (UK)
- Establishment of an independent unit within the (national) ministry (Bulgaria)
- Institutional arrangements and intensified cooperation between relevant Ministries (Cyprus)
- Improvement of the situation of mental health professionals, e.g. by better training and reform of salary schemes, so that public services are staffed with better qualified and more motivated personnel (Bulgaria)
- Establishment of an efficient legal framework for the psychiatric rehabilitation, according to the guidelines of the WHO and EU, with emphasis on the rights of the users of mental health services and (re)integration into the labour market (Greece)
- More stakeholder-involvement in policy development for mental health and related policies such as employment support programmes (UK)
- An extension of the "European Refugee Project" of the Federation of Community Mental Health Care Centres with the aim to develop expertise in a centre for mental health care to deal with the trauma of refugees also to other regions/ countries (Belgium-Flanders)
- Further establishment and support of the Day Activity Centres for (ex) patients who live at home or in supported housing (Belgium-Flanders)
- Mental health promotion and prevention programmes should have a stronger focus, while partnerships for its implementation should be further established between the public authorities and NGOs (Romania)

- More supported and flexible work contracts and the extension of mentoring for people with mental health problems to enter the first labour market (France)
- The establishment of National Mental Health Action Plans and Policies (Czech Republic)
- Guarantee the rights of people with mental health problems, such as equality and non-discrimination, the right to privacy, individual autonomy, physical integrity and the right to information and participation (Czech Republic)
- Enhanced use of Structural Funds and other Community Instruments for the improvement of mental health-related strategies and services (Slovakia)

In general, the preparation phase of the National Strategic Reports should be made more transparent and accessible to civil society representatives/NGOs with the involvement of all stakeholders and to also use their competences in the implementation phase of mental health-related policies.

One way to improve national mental health policies are the transnational exchange of best practices through common projects; Mental Health Europe and its members also strongly recommend the launch of a **peer review for mental health**.

Mental Health Europe and its members call for a holistic approach in the treatment of mental health problems, favouring de-institutionalisation and community-based care structures. An important element for this strategy is the extension of adequate training for health care professionals in order to ensure good-quality care and the establishment of quality control systems.

Stigmatisation of persons with mental health problem still is a challenge to be dealt with in all countries. In this regard, (ex-) users of Mental Health services should be better empowered and measures for their successful integration into society and working life be promoted through supporting employment programmes.

Prevention policies need to play a stronger role in all countries. Especially in times of difficult economic conditions as this is the case now, it must be prevented that more people fall below the poverty line which would result in even more occurrences of mental health problems in society.

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