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## ANNUAL REPORT 2005



# **ANNUAL REPORT 2005**

*Presented to the General Assembly*

*Brussels, 13 May 2006*

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## **MESSAGE FROM THE PRESIDENT**

Dear Friends and Colleagues,

The year 2005 began with the “WHO/EURO Declaration and Action Plan” following the Ministerial Conference of the WHO Regional Office for Europe and the European Union. In October 2005, the European Union launched a “Green Paper on Mental Health” addressing the decisions taken in January.

These two decisions made at the highest level will certainly change national policies and practices, not only in the new Member States but also in the older States of the European Union.

It is encouraging to see that the political declarations in the area of health, especially in the area of community living, non-discrimination, dignity of the users and social inclusion correspond to the concerns expressed by MHE.

We have to especially mobilise our partners for the purpose of the Open Method of Coordination in order to advance the practices. In every country, we have to take the initiative to interconnect as much user groups, families, professionals in the health and social area, and other social actors in society for the benefit of more social inclusion.

With the support of groups that help and act for a society, which is open and less discriminating towards people with mental health problems, this can be realised.

Claude Deutsch,  
President of MHE-SME

## **INTRODUCTION**

Yet another year of intensive work has passed. It is nearly impossible to summarise in just a few pages the numerous meetings, conferences, contacts and awareness-raising activities that MHE has undertaken in 2005.

You will notice that the structure of this annual report is different from that of the previous years. The present report highlights the main areas of work in which MHE is engaged:

- Mental Health and Disability
- Mental Health and Human Rights
- Mental Health and Social Inclusion
- Mental Health Promotion and Prevention of Disorders
- Communication on Mental Health Issues

Each chapter begins with a general introduction on European-level legislation (European Commission, European Parliament, Council of Europe, WHO...) or activities in the relevant area. This is followed by a summary of what MHE has been doing in this field. We hope you will find this new approach more attractive and informative, and we welcome your comments.

An annual report also gives the opportunity to welcome new staff and say farewell to others. Roxana Radulescu decided to leave MHE to take up a job as project manager at the European Public Health Alliance starting on 16 November 2005. She has been working for three years at MHE, as project coordinator for the "Mental Health Economics" project, but also on other activities such as the co-organisation of the pre-event in Brussels on suicide prevention (March 2004), the WHO/Euro Helsinki conference (January 2005), the Grundtvig projects on training of parents and training of trainers, the updating of the MHE website etc. We are very thankful to Roxana for her precious contribution in various MHE activities these last three years and wish her all the best in her new job.

Marie-Christine Terlaeken joined MHE on 19 April 2005 as administrative assistant helping with the accountancy, a very important job! Marie-Christine is Belgian.

Fanny Muller joined MHE on 10 October 2005 for an internship of 8 months. Fanny is French by nationality, has a degree in law and is doing a Master's in European Public Management in Brussels. She is in charge of MHE's monthly Newsletter and the coordination of the MHE Committee on Mental Health and Human Rights.

Sogol Noorani joined the MHE-team on 1 December 2005. Sogol works as project coordinator on the EU-project "Good Practices for Combating Social Exclusion of People with Mental Health Problems". Sogol is German and has a Diploma in Educational Science and a Master's in Cross-Cultural Psychology. She worked at WHO Headquarters in Geneva, Switzerland, where she coordinated the Mental Health Atlas-2005 project.

We warmly welcome Marie-Christine, Fanny and Sogol.  
A new team to address new challenges!

Mary Van Dievel,  
Director

## **MHE's MISSION**

For more than two decades 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 necessity and the benefits of having a European voice for mental health have become even more evident.

MHE offers an opportunity for every organisation that wants to contribute to building a Europe in which all citizens enjoy a high level of mental health, within the European Union as well as beyond it in the larger Europe. MHE supports the emancipation of different groups in the mental health field in order to establish equal partnerships and opportunities among the different parties and to ensure that the mental health needs of the population are met.

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

In order to fulfil this strategic role, MHE works closely 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 and lobbying groups: the European Public Health Alliance, the European Disability Forum, the Social Platform, the European Women's Lobby, etc.

MHE continues to act as the European Regional Council of the World Federation for Mental Health (WFMH). Although during the last years the collaboration with the WFMH has slowed down, MHE continues to promote the World Mental Health Day and to report MHE members' related activities to the WFMH and in the monthly Newsletter. Claude Deutsch, President of MHE, is also the WFMH Regional Vice President for Europe.

## STRUCTURE OF MHE

MHE is a European NGO and representative organisation of associations and organisations active in the field of mental health at local, national, regional and European level. This includes NGOs, users of mental health services, their families and carers, professionals, research and educational institutions and volunteers. On 31 December 2005, MHE had 58 Full Member Organisations, 14 Associate Member Organisations and 56 Individual Members.

### **MHE MEMBERS**

Full Member Organisations: 58  
Associate Member Organisations: 14  
Individual Members: 56

|

### **GENERAL ASSEMBLY**

All the Full Members and Voting Individual Members.  
Associate Members and the other Individual Members can participate but have no voting right.  
Meets 1 once per year.  
Is the highest decision-making body: it decides on policy and activities.

|

### **BOARD**

Composed of 15 members: 12 representing the Full Member Organisations and 3 representing the Individual Members.  
Meets at least twice per year.

|

### **EXECUTIVE COMMITTEE**

4 members (President, Vice-President, Treasurer, Secretary).  
Elected by the Board + ex officio the Director and Senior Policy Advisers.  
Meets at least 4 times per year.

## **GENERAL ASSEMBLY**

The MHE General Assembly took place on 4 June 2005 in Brussels. About 50 persons were present.

The Assembly approved and adopted the balance of 2004 and the budget for 2005, as well as the Annual Report 2004.

An extensive discussion was dedicated to the adoption of the proposed changes to the MHE Statutes. These changes are needed to ensure compliance with the new Belgian law for not-for-profit organisations following legal advice from and consultation with the Ministry of Justice. The main changes concerned the clarification of the powers and duties of the elected bodies. Key issues were the introduction of an “Executive Committee” instead of “Officers” as an organ with specific responsibility and accountability; the proposal to have a MHE Board made up of members from at least 8 different European countries; and the proposal that MHE Board Membership should last 3 years instead of 2 years.

On the basis of these changes, the Internal Rules will be revised and discussed and presented for formal adoption at the next General Assembly meeting.

Amongst other issues, the way in which MHE could increase its own resources was discussed and the members made various suggestions.

There was a presentation on MHE involvement in various projects: in 2004-2005, MHE was leading four European projects and acted as partner in another six European projects.

The meeting continued with a policy development section, which attracted a lot of interest. Simon Wilson, Director of the Social Platform, gave a brilliant presentation on several current European policy developments: the Lisbon Strategy, the Open Method of Coordination and the Services Directive.

## **MHE BOARD (2004-2006)**

### **1) Representatives of Full Member Organisations:**

Victor Aparicio Basauri, Asociacion Española de Neuropsiquiatria, Spain  
Leo de Graaf, De Gelderse Roos, Netherlands  
Claude Deutsch, Advocacy France  
Brian Howard, Mental Health Ireland  
Peter Kampman, InterMinds, Scotland  
Nace Kovac, SENT, Slovenian Association for Mental Health  
Pirkko Lahti, Finnish Association for Mental Health  
Elisabeth Muschik, Pro Mente Austria  
Petr Nawka, Association for Mental Health Integra, Slovakia  
Pino Pini, AISME, Italy  
Dimitris Tataridis, Society of Social Psychiatry and Mental Health, Greece  
Tor Oystein Vaaland, Norwegian Council for Mental Health

### **2) Voting Individual Members:**

Malgorzata Kmita, UK  
Inge Schöck, Germany  
Colette Versporten, Belgium

The MHE Board met 3 times in 2005:

- On 5 February:

A short MHE Board Meeting was called to take place before the Strategic Planning Seminar facilitated by Kerry Napuk in order to discuss the financial situation and take consequent decisions.

- On 4 June:

At this meeting the follow-up of the General Assembly was discussed as well as the follow-up of the Strategic Planning Seminar and the next MHE Conference. The possibility of organising an informal Mental Health Intergroup in the European Parliament was considered but withdrawn for the time being.

- On 26 November:

MHE's work plan for 2006 was discussed and approved. A first draft of the 2006 budget was tabled. The European Commission Green Paper "Improving the Mental Health of the Population: Towards a Strategy on Mental Health for the European Union" was introduced and discussed.

### **EXECUTIVE COMMITTEE**

President: Claude Deutsch

Vice-President: Malgorzata Kmita

Treasurer: Colette Versporten

Secretary: Pino Pini

The Executive Committee met 3 times in 2005:

- On 14 April (telephone conference):

To discuss the programme of MHE's next conference.

- On 14 October:

To prepare the MHE Board Meeting, to further develop MHE's work plan and to further discuss the MHE Conference.

- On 25 November:

To prepare the MHE Board Meeting held later that day. At this meeting it was decided not to hold the MHE Conference 2006 in Cyprus.

### **SENIOR POLICY ADVISORS**

John Henderson

Josée Van Remoortel

### **MHE SECRETARIAT**

**Director:**

Mary Van Dievel

**Project Coordinators:**

Roxana Radulescu, "Mental Health Economics" (until 15.11.2005)

Sogol Noorani "Good Practices for Combating Social Exclusion of People with Mental Health Problems" (since 01.12.2005)

**Administrative Assistant:**

Marie-Christine Terlaeken (since 19.04.2005)

**Trainees:**

Lily Kühne (10.05-10.06.2005)

Fanny Muller (10.10.2005-)

**OTHER MHE COMMITTEES**

Membership and Accreditation Committee

Chair: Josée Van Remoortel, Senior Policy Adviser MHE  
Paul Arteel, Flemish Association for Mental Health, Belgium  
Athena Frangouli, Society of Social Psychiatry and Mental Health, Greece  
Mariano Hernandez, Individual Member, Spain  
Kristina Salonen, Finnish Association for Mental Health, Finland  
Vesna Svab, SENT, Slovenian Association for Mental Health, Slovenia

Finance Committee

Chair: Colette Versporten, Treasurer MHE  
Brian Howard, MHE Board Member, Mental Health Ireland  
Josée Van Remoortel, Senior Policy Adviser, MHE

Ex officio:

Benoit Broekmans, Accountant

Mary Van Dievel, Director MHE

Committee on Mental Health and Human Rights

Paul Arteel, Expert, Belgium  
John Connolly, Expert, Ireland  
Claude Deutsch, President MHE  
Martine Dutoit, Expert, France  
Gabor Gombos, Expert, Hungary  
John Henderson, Senior Policy Adviser MHE  
Peter Kinderman, Expert, UK  
Malgorzata Kmita, Vice-President MHE  
Nace Kovac, Sent, MHE Board Member  
Pirkko Lahti, MHE Board Member  
Elisabeth Muschik, MHE Board Member  
Mary Van Dievel, Director MHE  
Josée Van Remoortel, Senior Policy Adviser MHE  
Secretariat: Fanny Muller, Trainee MHE

Committee on Women and Mental Health

Chair: Colette Versporten, Belgium  
Malgorzata Kmita, UK  
Pirkko Lahti, Finland  
Elisabeth Muschik, Austria  
Inge Schoeck, Germany  
Mary Van Dievel, MHE  
Josée Van Remoortel, MHE

## **FINANCES**

### **COMMENTS ON THE FINANCIAL SITUATION 2005**

#### **Income and Expenditure**

##### *Income*

MHE's sources of income are EU subsidies, membership fees, income from rent and other incomes.

Additionally, there is the participation from project partners (co-financements) and various incomes (contributions from the employment office, financial and exceptional resources).

##### *Expenditure*

There are three types of expenditure:

- 1) Working costs: consisting of daily running costs of the organization and the costs of follow-up activities related to the projects. The latter costs have significantly decreased due to fewer activities in 2005.
- 2) Staff costs: have also significantly decreased after discharges in the second half of 2004.
- 3) Various costs: including financial costs (interests) are nearly identical to the last year.

The result for the year 2005 is a benefit of 1.543,67 €.

#### **Balance**

##### *Assets*

No important investment was made during the year.

On 31 December 2005 MHE had yet to receive 90.831,76 € (EU subsidies).

##### *Liabilities*

There is a negative cash flow, which has however improved from 82.209 € on 31.12.04 to 17.094,36 € on 31.12.05.

Similarly, the debt to suppliers has significantly decreased from 126.244 € on 31.12.04 to 22.451 € on 31.12.05.

The Josée Van Remoortel Farewell Fund still amounts to 5.304 €.

The external auditor (Luc Bovagnet, Accountant) has verified and approved the accounts. A copy of the report can be obtained from the MHE secretariat.

### **COMMENTS FROM THE FINANCE COMMITTEE'S PRESIDENT AND TREASURER**

The Finance Committee held three meetings in 2005 and examined in depth the MHE income and expenditure.

The year 2005 has been a year of transition towards MHE's financial recovery, thanks to the huge work, energy and determination of the new director, Mary Van Dievel. It was also due to the precious collaboration of several European partners, i.e. through

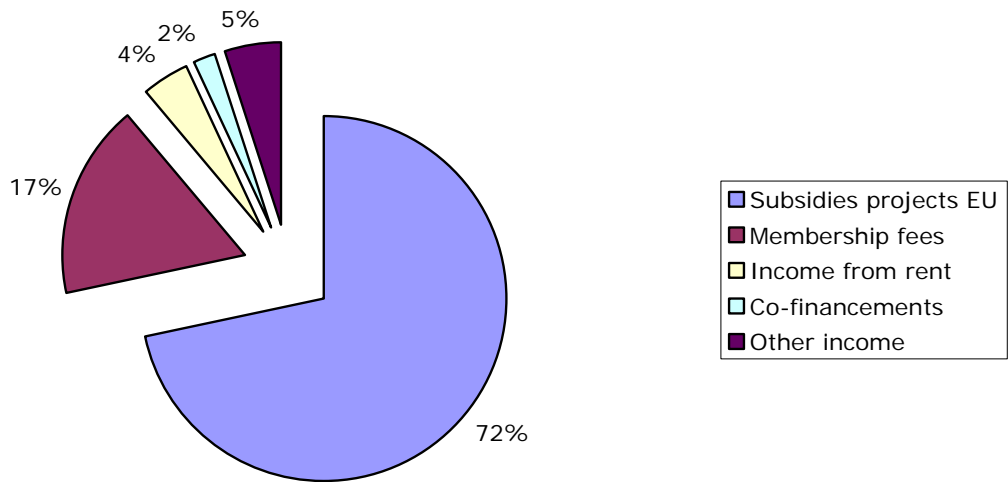
co-financing procedures. The co-financing system remains, however, an important hurdle for organizations such as MHE.

It should also be mentioned that our membership fees are too low. To be strong enough, 20 to 25% of an organization's income should come from the membership fees. This way it can be considered as a reliable and valid partner by the European Commission and other sponsors. We are well aware of the financial difficulties of some of our members, but we believe that they should contribute to MHE's activities, which they all benefit from.

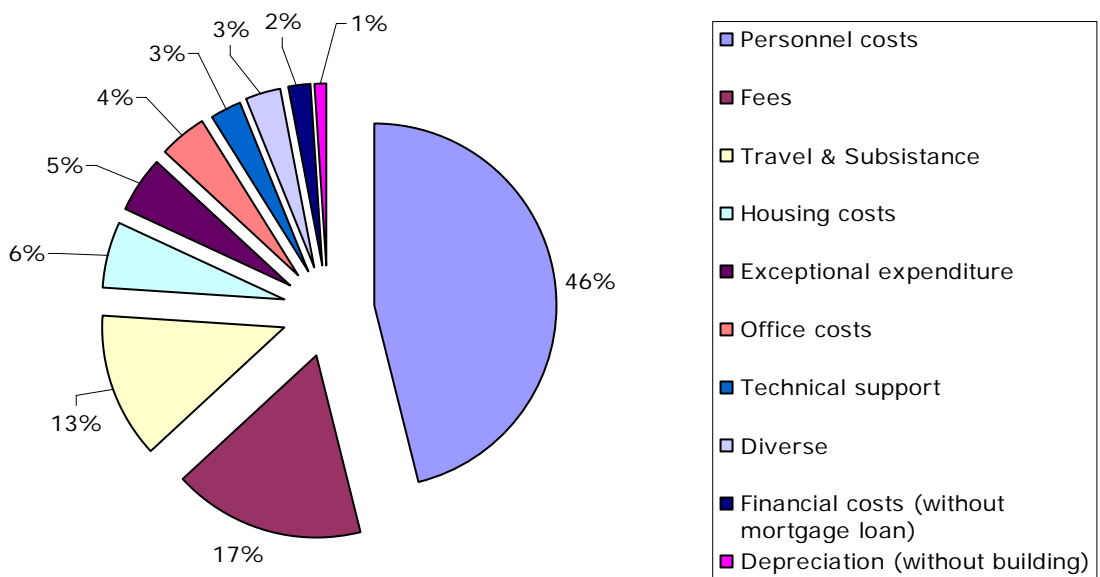
A first glance at the financial situation 2006 shows that the accounts tend to be balanced. We expect the year 2006 to be financially even more positive than 2005.

Colette Versporten,  
Treasurer

### Income 2005



### Expenditure 2004



## **MHE'S MAIN AREAS OF WORK**

### **MENTAL HEALTH AND DISABILITY**

Mainstreaming mental health in the disability field is an ongoing activity of MHE and a major area of concern for people with chronic mental health problems. A vision of disability based on human rights and not on a medical model requires an active participation of the disability organisations.

MHE has longstanding working relations with the European Disability Forum (EDF) of which it is a founding and Board member (Josée Van Remoortel). MHE is also represented in several EDF committees where it tries to highlight the specific needs of people with mental health problems who are too often excluded as they are considered "ill" and not "disabled".

Following the European Year of People with Disabilities 2003, the European Commission published an Action Plan to mainstream disability in all relevant EU policies. Through EDF, MHE is able to have an impact and an effective participation in the decision-making process but also in the development of specific actions in line with the provisions of the EU Charter of Fundamental Rights.

### **MHE Projects in the Field of Disability**

*Coordination of Capacity Building, Fight Against Discrimination and Awareness Raising in the Mental Health Field*

Three meetings were organised in the framework of this project:

1) *Seminar on "European Policies: Towards the Integration of People with Mental Health Problems"*

This event was held on 4 February 2005 in Brussels. Invited speakers from the European Commission and the European Parliament gave presentations on relevant mental health related issues, e.g. the role of the European Parliament in the development of European policies in the field of mental health; the global EU strategy regarding disability issues and discrimination in the field of disability; the EU Social Inclusion Strategy and the EU mental health policy.

Representatives of various MHE member organisations as well as other interested parties took part in this seminar.

2) *Seminar on the "WHO/EURO Declaration and Action Plan on Mental Health: The Way Forward"*

The seminar took place on 3 June 2005 in Brussels and was addressed to MHE member organisations and European NGOs active in the field of mental health. It aimed to explain the content and objectives of the "WHO Declaration and Action Plan" - adopted in January 2005 in Helsinki at the WHO European Ministerial Conference on Mental Health - and to explore ways in which mental health NGOs can get involved in promoting and implementing the Action Plan in their countries.

3) *Meeting of European NGOs Active in the Field of Mental Health*

The aim of this meeting was to find ways of consolidating and maintaining this network of European NGOs. Mary Van Dievel gave a keynote speech on mental health policy developments in Europe. Participants included representatives of CEDEP, EUFAMI, Europsy Rehabilitation and MHE.

## **MHE Activities in the Field of Mental Health and Disability**

### *Transport and Universal Access*

For the first time MHE was consulted in the area of transport. Josée Van Remoortel was invited to participate in the European Conference of the Transport Ministers and to attend its meetings on a regular basis.

MHE consulted its members and received very valuable information and statements on the needs and problems linked to transport, but also on some good practices on accessibility of public transport for people with mental health problems.

MHE developed chapter on people with mental health problems in the EU "Training Guidelines on Disabled Persons and Persons with Reduced Mobility".

### *Employment and Social Policy*

Employment is one of the major concerns for people with mental health problems. The Euro-Barometer mentions that people with mental illness are among the most disadvantaged group in the labour market (57.0%, May 2003). Eighty-seven per cent of the respondents thought they would not have a chance to find a job, i.e. in between 75% in Greece and 94% in Sweden.

MHE's objective in this area is to make sure - in collaboration with EDF and the Trade Unions – that the new European level developments in the field of social inclusion, the social protection system, retirement schemes, sheltered workshops, employment incentives, activation measures, etc. are taken into account in all local, national and regional policy initiatives.

MHE's representative in the EDF Committee on Employment and Social Policy is Elisabeth Muschik from Pro Mente Austria.

### *Complex Dependency Needs*

People with Complex Dependency Needs are particularly vulnerable persons who, due to their difficulty or inability to protest, are more at risk of discrimination and abuse. In this context the EDF Committee is working towards the development of specific recommendations and raising of awareness to ensure that the people's rights are safeguarded as well as to ensure equal opportunities and quality of life.

Mainstreaming the needs of people with complex dependency needs at all political levels, in EDF as well as in the European Parliament or the United Nations Ad Hoc Committee, is one of the main action lines.

Josée Van Remoortel is the MHE representative in the EDF Committee on Complex Dependency Needs.

### *Community Living*

MHE is active at two levels:

#### 1) EDF Task Force on Community Living

EDF has set up a Task Force on Community Living that prepared the European Day of Disabled People in December 2005. The objective of the Task Force is to support EDF's

work in the area of de-institutionalisation and the promotion of alternative solutions ensuring the dignity and full inclusion and participation of people with disability in society. It will act as a think-tank for EDF to design policy responses.

Josée Van Remoortel has been invited to be part of this expert group.

## 2) European Coalition for Community Living (ECCL)

MHE, together with other European NGOs, has set up the European Coalition for Community Living. The objective is to promote the provision of comprehensive, quality-based services as an alternative to institutionalisation.

ECCL's vision is of a society in which people with disabilities live as equal citizens, with full respect for their human rights. They must have real choices regarding where and with whom to live, choices in their daily lives and real opportunities to be independent and to actively participate in their communities.

ECCL advocates for and monitors progress towards de-institutionalisation in Europe, and provides information on the development of comprehensive, quality community-based services. ECCL uses the following definition of the term "institution":

"An institution is any place in which people who have been labelled as having a disability are isolated, segregated and/or compelled to live together. An institution is any place in which people do not have, or are not allowed to exercise control over their lives and their day-to-day decisions. An institution is not defined merely by its size".

ECCL is a cross-disability initiative and targets all actors involved in the process of de-institutionalisation and the development and provision of community-based alternatives – local, national and regional authorities, the EU, disability and other NGOs, service provider organisations and staff of the existing institutions.

MHE is represented in the Management Group by Josée Van Remoortel and John Henderson.

During 2005 several meetings were held to establish the working rules, to reach an agreement on the definition of "Institution" and "Community Living" and the membership rules and finally to prepare the workshop "The Right to Live in the Community" (to be held in Brussels on 17 May 2006). Membership of ECCL is open to all organisations and individuals concerned with community living and de-institutionalisation of persons with disabilities.

### *European Commission Green Paper on Equality and Non-Discrimination*

MHE collaborated in the elaboration of the EDF response to the European Commission's Green Paper on Equality and Non-Discrimination in an enlarged European Union.

### *EDF – ENGO Cooperation*

Disability-specific European NGOs represent the different and diverse needs and interests of disabled people at the European level. They are the main actors regarding the exchange of experience and cooperation between national and local disability-specific organisations in Europe. With the EDF they have created an excellent and effective lobbying tool, representing the common interests of all disabled people in Europe.

Together with some other ENGOS, MHE prepared the Cooperation Meeting of European-Level Disability NGOs held on 8 April 2005 in Brussels.

At that meeting they called upon:

1) the European Commission

- to recognize the specific role and expertise of disability-specific NGOs at European level.
- to establish and/or extend a regular consultation and cooperation with disability-specific ENGOS in all matters relevant to the specific group of disabled people they represent.
- to ensure the continuation of core-funding for the running costs of disability-specific ENGOS and to allow more and smaller networks to benefit from this budget line.
- to ensure continuing possibilities for project funding on various topics, allowing for the necessary flexibility to cater for the specific needs of different groups of disabled people.
- to reduce the level of co-funding required for projects to significantly less than 20% in order to facilitate the participation of smaller NGOs.

2) the National Disability Councils:

- to ensure that all disability groups are represented and to actively participate in their work.
- to increase their contacts and cooperation with disability-specific ENGOS.
- to efficiently distribute European information at national level to all national disability NGOs concerned.

3) the EDF

- to give more space and recognition to disability-specific ENGOS in EDF's work and publications.
- to better acknowledge the contribution of ENGOS to the work of EDF.
- to develop a systematic, pro-active approach to support ENGOS in their work.
- to ensure the active participation of all disability groups in EDF work and events.
- to participate in European projects after consultation and in cooperation with ENGOS.

At this meeting, José Van Remoortel gave a presentation on the "History of the European Level Disability NGOs". Mary Van Dievel is MHE's representative in this group.

### *The European Parliament Disability Intergroup*

Since its establishment, MHE collaborates with the European Parliament Disability Intergroup. The Disability Intergroup is a cross-party European Parliamentary Group made up of 110 Members of the European Parliament (MEPs) from all the Member States and representing the main political groups. Its members are dedicated to advocating for disability rights and the interests of the disability movement and have proved to be key allies in supporting EDF campaigns and values.

The inaugural meeting of the new Disability Intergroup took place at the European Parliament in Strasbourg on 27 October 2004, which duly elected the President (Richard Howitt, MEP) and Vice Presidents. The Intergroup also adopted its future work programme, which includes: the implementation of the Equal Treatment in the Workplace Directive; the future of EU policy and the Green Paper on Non-Discrimination; Structural Funds; the Social Policy Agenda; new legislation in the field of transport and the Disability Specific Directive Campaign.

On 23 April 2005, a Disability Intergroup meeting was dedicated to the new European PROGRESS programme. This programme will replace all the current European programmes in the field of non-discrimination, social inclusion, disability and equal opportunities from 2007 on. Mary Van Dievel participated in this meeting and was invited to give MHE's viewpoint: MHE is concerned that only very few European level NGOs will get funding for their core work, which would entail a considerable loss of expertise for the European Commission. Effectively, umbrella organisations such as EDF, AGE, EAPN, FEANTSA and the Social Platform do not have the expert knowledge of the disability specific NGOs. A second point of concern was the co-financement for projects in the framework of this programme, which would increase to more than 20%.

### *Non-Discrimination*

MHE representative Paul Arteel (Director of the Flemish Mental Health Association, Belgium) participated in a training seminar on disability non-discrimination law organised by EDF on 20-24 June 2005 in Maastricht.

The objective of this programme was to inform participants of the current (international) legislation on disability rights (EU Constitution, UN Disability Convention, Directive of Council of Europe) and to train participants on strategies to implement non-discrimination laws. All participants were activists who were themselves disabled, or representing disabled people, embracing the widest spectrum of impairment.

Paul Arteel - a lawyer himself - supported by two other colleagues from the UK and the Netherlands, who represented organisations of people with mental health problems, raised the issue of psycho-social and mental disability and highlighted at several occasions the specific problems and discriminations related to mental illness. It is hoped that as a result of this training seminar organisations of disabled people, including mental health associations, will bring international conventions to life. The modification of the legislation was the first step to take; now there is a dire need to raise awareness and take action to improve conditions for disabled people and to stop discrimination.

## **MENTAL HEALTH AND HUMAN RIGHTS**

There is no need to say that people with mental health problems are among the most neglected people in the world. In many countries, mental illness is not considered as a real medical condition, but viewed as a weakness of character or as a punishment for immoral behavior. Even when people with mental disorders are recognized as having a medical condition the treatment they receive is often not humane.

People with mental health problems are exposed to a wide range of human rights violations. These violations occur both:

- in psychiatric institutions through inadequate, degrading and harmful care and treatment as well as unhygienic and inhumane living conditions; and
- outside the institutional context, with people experiencing limitations in the exercise of their civil liberties and in the fields of employment, education, housing etc.

This intolerable situation is due to the stigma, myths and misconceptions that continue to be associated with mental disorders. Stigma and discrimination can, in turn, affect a person's ability to gain access to appropriate care, to get integrated into society and to recover from illness.

## **Mental Health and Human Rights at the International Level**

At present, no convention addresses the specific concerns of individuals with disabilities or people with mental disabilities. In 2001, however, the UN General Assembly decided to develop a proposal for an “International Convention on the Rights of People with Disability” (Resolution 56/168 of 19 December 2001).

The UN General Assembly established an Ad Hoc Committee to develop the draft convention entitled “Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities”. When the discussions on the draft are completed, the Ad Hoc Committee will present it back to the General Assembly for adoption.

In 2005, the Ad Hoc Committee held its fifth session from 24 January-4 February and its sixth session from 1-12 August in New York. These sessions were closed after reaching further agreements on draft articles addressing access to justice, privacy, family, independent living, full inclusion in the community, women with disabilities, children with disabilities, education, participation in political and public life, personal mobility, international cooperation and other individual rights.

Different views remain on some issues, such as the procedures for appointing a personal representative when a person with disabilities is unable to exercise legal capacity or the issue of separating forced intervention and forced institutionalization from the article prohibiting torture and cruel, inhumane and degrading punishment and treatment. The eighth session of the Ad Hoc Committee is planned for 14-25 August 2006.

## **Mental Health and Human Rights at the European Level**

### *Council of Europe*

In January 2000, a White Paper for the purpose of public consultation on the protection of the human rights and dignity of persons suffering from mental disorders was launched at the initiative of the Council of Europe Steering Committee on Bioethics and in view of drawing up guidelines.

The Council of Europe “Recommendation Concerning the Protection of the Human Rights and Dignity of Persons with Mental Disorders” (Rec. (2004)10) is the outcome of this White Paper consultation.

This Recommendation was adopted by the Committee of Ministers on 22 September 2004. The objective is to achieve a greater unity between the members of the Council of Europe, in particular through the harmonization of laws on matters of common interest.

### *European Commission*

The European Commission adopted on 27 April 2005 a new mechanism to ensure that all Commission legislative proposals are checked for compatibility with the Charter of Fundamental Rights. This involves a systematic screening of legislation from the earliest preparatory work to inter-service consultation. Another key instrument is the impact assessment on the effect of legislation on individual rights.

In June 2005, the European Commission adopted a Communication on a “Framework Strategy for Non-discrimination and Equal Opportunities for All”. The European Year of

Equal Opportunities for All 2007 will be the cornerstone of the Framework Strategy. It is designed to ensure that discrimination is effectively tackled, diversity celebrated and equal opportunities for all promoted.

The “Framework Strategy on Non-discrimination and Equal Opportunities for All” aims at the full implementation and enforcement of the European Commission anti-discrimination legislation. The strategy also looks at what more the EU can do to tackle discrimination and promote equality beyond legal protection of people’s rights to equal treatment.

In addition, a Community Action Programme was launched by the Council of the European Union, to support activities combating discrimination on grounds of racial or ethnic origin, religion or belief, disability, age or sexual orientation. The Programme runs from 2001 until 2006 and is managed by the Anti-Discrimination Unit of the Directorate-General for Employment and Social and Equal Opportunities.

On 30 June, the European Commission adopted a proposal for a Regulation establishing a European Union Agency for Fundamental Rights, which should be operational from 1 January 2007. The Fundamental Rights Agency will be an independent centre of expertise in fundamental rights working on data collection, analysis and networking, which currently does not exist at EU level. The Agency will advise the EU Institutions and the Member States on how to best prepare or implement EU legislation related to fundamental rights.

### **MHE Activities in the Field of Mental Health and Human Rights**

#### *MHE Committee on Human Rights*

The Committee was established in the framework of the “Community Action Programme to Combat Discrimination” (2001-2006) and aims at reacting on various documents related to human rights issues concerning people with mental health problems as well as formulating position papers on certain matters that MHE wishes to bring to the attention of policy makers and other stakeholders.

The committee held a meeting on 25 November 2005. The aim of the meeting was twofold:

- 1) to develop a working structure: find funds for its secretariat, enlarge its membership, elect a chair and adopt working rules;
- 2) to discuss certain issues of concern to MHE member organisations, in consideration of various documents from the EU, Council of Europe etc.

In particular, the Committee Members worked on the follow-up of the Council of Europe Recommendation on the Protection of the Human Rights and Dignity of Persons with Mental Disorder.

There was also a discussion on the implications of the likely introduction of compulsory care in the community in the EU Member States. The Committee showed concern about what might be seen as a violation of the privacy of the patient’s home and person. It was decided to prepare a reply to the request of Mind (National Association for Mental Health, United Kingdom) on this issue and to follow up the potential legislative and legal developments in the various EU Member States.

The Committee Members also discussed the allocation of a “personal budget” in the EU Member States. In 2005, MHE had conducted a survey to inquire the situation of people with mental health problems in this respect. During the Committee meeting the

members agreed to send a letter to the 25 National Disability Councils in order to finalize the survey and to raise awareness of the discrimination that people with mental health problems continue to face in that field.

#### *Other Activities*

##### ➤ *UN Convention on the Rights of Disabled People*

EDF has continued to be an active player in the negotiations for a UN Convention on the Rights of Disabled People. The process already started in 2003. An ad hoc committee, the “International Disability Caucus”, is active in drafting the Convention. MHE has been able to feed in articles dealing with legal capacity, freedom from torture, violence, unwanted medical intervention and abuse.

The “Partial Agreement in the Social and Public Health Field” Unit of the Council of Europe is drafting a European Disability Action Plan. MHE has sent written comments through EDF, as EDF is the only NGO with an observer status.

##### ➤ *EDF Committee on Human Rights*

MHE representative Martine Dutoit is one of the eight members in this EDF Committee. There has been a first meeting in September, where the Committee dealt mainly with the UN Convention and the lobbying of Governments on the not yet decided items, the EU Fundamental Rights Agency and the “Disability Specific Directive” campaign in the area of non-discrimination.

➤ Josée Van Remoortel participated in the drafting of the Council of Europe’s “Action Plan to Promote the Rights and Full Participation of People with Disabilities in Society: Improving the Quality of Life of People with Disabilities in Europe (2006-2015)”.

#### **Meetings in the Field of Mental Health and Human Rights Attended by MHE**

➤ Elisabeth Muschik attended the Social Platform multiple-discrimination seminar and the meeting of the Fundamental Rights Working Group on 6 and 7 June.

➤ On 21 June, Roxana Radulescu attended the public hearing of the European Parliament Committee on Women’s Rights and Gender Equality on the current situation of combating violence against women.

➤ Mary van Dievel, Elisabeth Muschick and Fanny Muller attended the Social Platform Conference “*Building Social Policies on Fundamental Rights*” on 11-12 October in Brussels. The aim of this meeting was to discuss how to link social policies to fundamental rights, but also to develop concrete recommendations. The opening and final plenary sessions were chaired by a diverse range of speakers: politicians, academics, social NGOs representatives.

Gilda Farrell, member of the Social Cohesion Development Division in the Council of Europe, highlighted the fact that it could not possibly be avoided to analyse economic changes when debating about fundamental rights issues. In addition, she invited the audience to think about the construction of a new form of collective responsibility that fully involves individuals. At the closing of the conference, Anne-Sophie Parent, President of the Social Platform, encouraged the European Commission to exploit article 308 of the European Charter of Fundamental Rights not only to protect fundamental rights but also to promote them.

- In November 2005, Malgorzata Kmita attended a Conference in Poland and delivered a paper on “Children and Young People’s Rights to Mental Health in the World Ridden with Conflicts created by Adults”.
- Martine Dutoit, Director of MHE Member Organisation Advocacy Paris, participated in the meeting of the EDF Committee on Human Rights organised on 16 December 2005 in Brussels.

## **MENTAL HEALTH AND SOCIAL INCLUSION**

At the European Council meeting in Lisbon (March 2000) the Heads of State and Government of the EU committed themselves to work towards a new strategic goal up to 2010: “...to become the most competitive and dynamic knowledge-based economy capable of sustainable economic growth with more and better jobs and greater social cohesion”.

At the same Lisbon Council meeting the Member States also agreed that the extent of poverty and social exclusion within the EU was unacceptable, and they agreed to establish a strategy aimed at making a decisive impact on the eradication of poverty and social exclusion. This was the first time that such a statement was made at an EU Council meeting, and it provided the basis for the EU Social Inclusion Strategy.

It also produced a new working method for the EU called the Open Method of Coordination (OMC). This method involves: 1) Agreeing broad common objectives at the EU level; 2) Establishing common indicators as a means of comparing best practice and measuring progress; 3) Translating these EU objectives and indicators into national/regional policies through the development of two yearly National Action Plans for Social Inclusion (NAPs/Inclusion); 4) Publishing reports analysing and assessing the NAPs/Inclusion; 5) Establishing a Community Action Programme to promote policy cooperation and transnational exchange of learning and good practice.

Following changes in most Governments who agreed to the Lisbon Strategy, the election of a new European Parliament and the appointment of a new Commission in 2004, an evaluation of this Strategy was started. This evaluation led to a revised Lisbon Strategy, which was agreed at the Spring Council 2005, consisting of two main strands:

- The ‘Jobs and Growth’ strategy, with a focus on economic policy and employment policy issues. Under this strategy the first three-year National Reform Programmes (NRPs) outlining planned measures in the areas of macro- and microeconomic policies as well as employment were submitted to the European Commission in October 2005.
- The ‘Streamlined’ Social Protection and Social Inclusion strategy, which brings together the NAPs/Inclusion and similar plans on pensions and health and long-term care. Following this ‘Streamlined’ Social Inclusion and Social Protection strategy, the Member States are now being asked to translate the common objectives into National Plans for each of the three areas, Social Inclusion, Pensions and Health and Long-term Care. These plans, which will cover the period 2006-2008, should be submitted to the European Commission in the form of a “National Report on Strategies for Social Protection and Social Inclusion” by 15 September 2006.

## **The Relevance of the Social Inclusion Strategy for the Field of Mental Health**

Millions of people suffer from mental health problems. Some people are able to resolve them, but for others, mental health problems can be both a cause and a consequence of social exclusion.

Social exclusion is what happens when society marginalises people so that they are not able to play a full and equal part in their community. Many people who suffer from mental health problems live in poverty and experience stigma and discrimination. They may find it hard to access employment or find adequate housing. The result is that they can become seriously isolated and excluded from social and working life.

Within the frame of the Social Inclusion Strategy, the OMC provides a good opportunity for mental health organisations to get their voice heard. It is therefore crucial for individual NGOs to raise political awareness of social exclusion of people with mental health problems and to lobby National governments to include mental health organisations in the preparation of the NAPs/Inclusion as well as the NRPs on those areas that directly affect people with mental health problems.

## **The Social Inclusion Strategy as a Key Issue for MHE**

In the last few years, there has been some progress in addressing these concerns, but a great deal still needs to be done in order to further reduce the social exclusion of people with mental health problems.

MHE's vision is of a Europe where mental health is given high priority, where people with mental health problems live as full citizens with access to appropriate services and support when needed, and where meaningful participation of people with mental health problems is guaranteed at all levels of decision-making and representation.

In line with its vision MHE carries out projects and participates in many activities and meetings with the aim to help end the stigma and social exclusion of people with mental health problems.

## **MHE Projects in the Field of Social Inclusion**

### *Good Practices for Combating Social Exclusion of People with Mental Health Problems*

The project, which is supported by the European Commission, DG Employment, Social Affairs and Equal Opportunities and led by MHE, gathers 10 partner organisations:

- 5 in the "new" EU Member States - Advocacy Group for the Mentally Ill (Cyprus), Czech Association for Mental Health, Coalition for Mental Health (Poland), Slovak League for Mental Health, Sent (Slovenia);
- and 5 in "old" EU Member States - Flemish Association for Mental Health – VVGG (Belgium), Advocacy France, Mental Health Ireland, Italian Association for Mental Health - AISMe (Italy) and Penumbra (Scotland).

The aim of the project is to demonstrate the link between mental health problems and social exclusion. The project will focus in particular on existing best practices that can contribute to tackling the inequalities that people with mental health problems encounter, in access to health, employment and education and training services, as well in the protection of their civil and human rights. Through trans-national exchange and comparison of effective practices, policy proposals to achieve social inclusion will be prepared.

The objectives of the project are:

- 1) to identify, collect and analyse the best practices against social exclusion of people with mental health problems in the participating countries;
- 2) to assess which practices are transferable to other European countries, taking into account the major existing socio-economic and cultural differences;
- 3) to organise exchange visits with the partner countries in order to meet with the policy makers, regional stakeholders and civil society;
- 4) to establish a database as a section of an on-line Directory of best practices for combating social exclusion of people with mental health problems;
- 5) to organise consultation at the European level with European NGOs active in the field of social inclusion in order to benefit from their experience and mainstream awareness about mental health issues;
- 6) to organise a European conference in order to raise the awareness of the policy makers and ensure that our findings are taken up in the National Action Plans on Social Inclusion;
- 7) to disseminate the results and to raise awareness at all levels: local, regional, national and European.

The first meeting with the project partners took place on 14-15 October 2005 in Brussels. The project partners represent a good mix of different stakeholders: some have longstanding experience in fighting discrimination and exclusion of people with mental health problems, and some smaller NGOs are eager to learn and to develop their knowledge in setting up collaboration with the different actors in the field (housing, public transport, leisure, employment).

The objective of this meeting was to give more in-depth information on the context of the project, the actions to be undertaken, the expected outcomes and financial issues. Partner organisations exchanged information on their current activities and visions for the project. Further strategies and the action list were discussed.

Mr Hugues Feltesse from DG Employment, Social Affairs and Equal Opportunities, Social Inclusion Unit, kindly accepted to join the meeting on Saturday morning, 15 October. He clarified his expectations about the project:

- to highlight the different obstacles people with mental health problems face in their effort to be considered as full members of society;
- the need to have a better view on the process of de-institutionalisation and its cost;
- the importance of "good practices" as well as their transferability and cost effectiveness;
- the monitoring of such projects.

## **MHE Activities in the Field of Social Inclusion**

### *Seminar on European Policies*

MHE organised the seminar entitled "European Policies: Towards the Integration of People with Mental Health Problems", which was held on 4 February 2005 in Brussels in the framework of the European Commission supported project "Co-ordination of capacity building, fight against discrimination, and awareness raising in the mental health field". About 25 participants were present.

John Bowis (MEP) gave a presentation on the role of the European Parliament in the development of European policies in mental health. He talked about recent

developments in the last 6 years in raising the profile of mental health on the European agenda, and he gave advice to participants on ways of approaching MEPs on this issue.

Wallis Goelen, from the European Commission, DG Employment, Social Affairs and Equal Opportunities, Integration of People with Disabilities Unit, gave an extensive presentation on the global strategy of the EU regarding disability issues and equal opportunities for people with psychosocial disabilities. Issues related to non-discrimination in the field of disability were addressed by Fiona Kinsman, a lawyer at the Anti-discrimination and Relations with Civil Society Unit.

An overview on the European Commission's activities on mental health under both the health information strand and the health determinants strand was given by Jürgen Scheftlein, DG Health and Consumer Protection, Health Information Unit. He mentioned the main projects on mental health supported by DG Health and Consumer Protection as well as some recently published reports. The Public Health Work Plan 2005 putting emphasis on the health of children and adolescents was also highlighted.

Anne Tondevold, expert from Norway at the Social Protection and Social Inclusion Unit gave a presentation on the Social Inclusion Strategy, giving special emphasis to the Community Action Programme to Combat Social Exclusion.

### **Meetings in the Field of Social Inclusion Attended by MHE**

- On 3 February 2005, Claude Deutsch and Mary Van Dievel attended a meeting with Christiane Bardoux from the European Commission, DG Employment, Social Affairs and Equal Opportunities, Integration of People with Disabilities Unit. The aim of the meeting was to present MHE's activities and role in the field of mental health and in combating the discrimination of people with mental health problems.
- Mary Van Dievel attended, on 14 February, a meeting with the European Commission's Social Inclusion Unit and a number of social inclusion networks.

The key points discussed were:

- 1) the EU Social Inclusion Strategy in the light of the mid-term review of the Lisbon Agenda;
  - 2) the new PROGRESS programme;
  - 3) evaluation of the OMC;
  - 4) the NAPs/Inclusion process in 2005;
  - 5) mid-term evaluation of the Community Action Programme to Combat Social Exclusion;
  - 6) Implementation of the Community Action Programme.
- Mary Van Dievel attended the meeting of the European Commission Social Inclusion Network on 26 May in Brussels.
  - Josée Van Remoortel attended the Luxembourg Presidency Conference "Taking Forward the EU Social Inclusion Process" on 13-14 June 2005.
  - On 12 July, Roxana Radulescu attended the seminar on minimum income schemes organised by the Social Platform.
  - Elisabeth Muschik represented MHE at the 18th CEFEC Conference "Social Economy-Innovative Approaches to Employment" held on 8-10 September in Novo Mesto, Slovenia.

- Mary van Dievel participated in the Social Inclusion Peer Review “Pathways to Social Integration of People with Mental Health Problems: The Establishment of Social Co-operatives” held on 5-7 October 2005 in Athens.
- Mary van Dievel, Elisabeth Muschik and Fanny Muller attended the Social Platform Conference “Building Social Policies on Fundamental Rights”, which was organised on 11-12 October in Brussels.
- Malgorzata Kmita participated in the “Round Table on Social Exclusion” organised by the UK Presidency on 17-18 October in Glasgow. She participated and networked in the following workshops: Key Factors I Tackling Social Inclusion; Initiatives to Support People into Work; Supporting Children at Risk of Social Exclusion.
- On 27 October, Mary van Dievel represented MHE at the European Commission Working Group of Promoters of Social Inclusion Practices held in Brussels.
- On 27 October, Mary van Dievel represented MHE at a meeting of the promoters of the Second Transnational Exchange Programme projects (DG Employment, Social Affairs and Equal Opportunities) aimed at promoting the exchange of learning and best practice between EU Member States on policies and programmes to combat and prevent poverty and social exclusion. The meeting was held on 27 October in Brussels. The objective of the meeting was to discuss how the projects can contribute to the development of the EU Social Inclusion Strategy in general and to the NAPs/Inclusion in particular, to formulate the expectations of the European Commission as to the development of the projects over the two-year span, to promote exchange of information and mutual learning, and to clarify financial and administrative practices.
- Claude Deutsch and Josée Van Remoortel attended the conference on inclusion and de-institutionalisation of disabled people organised by the European Commission, DG Employment, Social Affairs and Equal Opportunities on 1-2 December 2005 in Brussels.
- Mary Van Dievel participated in the “Bi-annual Meeting between the European Commission and EU Networks active in the Social Inclusion Process” held on 6 December 2005 in Brussels.

## **MENTAL HEALTH PROMOTION AND PREVENTION OF DISORDERS**

The year 2005 has been of significant importance to the mental health promotion and prevention of disorders policies, both at EU and national level.

The beginning of the year was marked by the “WHO European Ministerial Conference on Mental Health in Helsinki” (12-15 January 2005), hosted by the Finnish Ministry of Social Affairs and Health. The European Commission and the Council of Europe were key partners in this event. The Conference addressed key issues of mental health promotion, mental disorder prevention and mental health care.

The Ministers of Health of the Member States in the WHO European Region committed themselves, in the presence of the European Commissioner for Health and Consumer Protection and together with the WHO Regional Director for Europe, to address the challenges associated to mental health problems on the basis of a comprehensive approach. The “WHO Declaration and Action Plan for Mental Health in Europe” was agreed and signed on behalf of the 51 Member States.

The conference paved the way for the adoption of the European Commission Green Paper "Improving the Mental Health of the Population: Towards a Strategy on Mental Health for the European Union" (COM (2005) 484 final, 14 October 2005).

The Green Paper was formally launched on 24 October 2005 and involved about a hundred delegates including representatives of EU Member States, a broad range of stakeholders as well as academic experts. The European Commission launched an open consultation on the Green Paper involving the European Institutions, Governments, health professionals, stakeholders in other sectors and civil society including patient organisations and the research community.

The consultation process, which runs until 31 May 2006, will lead to the development of a European Commission proposal for an EU-Strategy on Mental Health in late 2006.

### **Mental Health Promotion and Prevention of Disorders as a Key Issue for MHE**

The European Commissioner for Health and Consumer Protection Markos Kyprianou stated at the European Health Forum Gastein on 7 October 2005, "if we want to tackle health inequalities, we also have to look at a country's general approach to health, including promotion and prevention".

According to the Commissioner, countries have much to gain from working together to bridge health inequalities. On the issue of partnership with citizens and civil society, he highlighted the need to foster a culture of health with citizens and for citizens and his commitment to giving civil society a stronger voice in EU policy making. Reminding of the need for a mental health strategy at EU level, he stressed the importance of the open consultation on the Green Paper on Mental Health.

MHE welcomes this consultation process as a golden opportunity for influencing the discussion of mental health issues at European level and has invited as many organisations and people as possible to have their say and to comment on the Green Paper on Mental Health.

MHE regrets, however, that the Green Paper did not highlight the importance of promoting and maintaining good mental health and well being. The focus of the introduction to the Green Paper is on the burden of mental disorders, which tends to neglect the importance of the key competencies of the EU in public health promotion of positive mental health and well being and the prevention of mental disorders. MHE therefore believes it is important to ensure a public health approach to positive mental health for all populations in the Member States of the EU.

### **MHE Projects in the Field of Mental Health Promotion and Prevention of Disorders**

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

The project is supported by the European Commission Public Health Programme 2003-2008 and led by the Federal Institute for Occupational Safety and Health (FIOSH), Dortmund, Germany.

It aims at implementing a European strategy to initiate and implement actions on mental health promotion and disease prevention in the EU Member States and applicant countries

The key objectives will be to identify and integrate examples of best practices in the area of mental health promotion and prevention in order to develop guidelines for the implementation of promotion and prevention strategies for coping with stress, anxiety, depression, suicide and related disorders.

A meeting of the Executive Board and of the National Partners involved in the project was held on 16-17 March in Brussels. The national partners presented a short report on the situation in their countries. One of the key points emerging from the discussions was the extremely diverse situation in the participating countries in terms of mental health promotion and disorder prevention.

A manual with guidelines was elaborated for national partners to serve as a tool in organising, structuring and evaluating the national workshops that will have a crucial role for the success of the project.

The partners meeting was followed by a Consortium meeting where future steps in the development of the project were discussed, as well as ways of cooperation with other networks and projects (like IMPHA).

Mary Van Dievel, John Henderson and Roxana Radulescu attended this meeting on behalf of MHE.

#### *Implementing Mental Health Promotion Action (IMPHA)*

This project started in 2003 and is supported by the European Commission, DG Health and Consumer Protection. It is coordinated by the University of Nijmegen, Department of Clinical Psychology, Netherlands. The main objectives of the project are:

- to create a European platform for mental health promotion and mental disorder prevention which will provide tools and information on promotion and prevention infrastructures, practices, policies, training and health impact assessment for mental health across Europe.
- to develop and disseminate evidence-based mental health promotion and mental disorder prevention strategies across Europe and to facilitate their integration into countries' policies, programmes and health care professionals' daily clinical work.

A third partners meeting of the project was held on 14-15 March in Brussels. The duration of the project was extended until 1 August 2005 to ensure that all products can be delivered to the European Commission. After August, the project continued in its second phase, with a broader aim and the objective to develop a European Platform for Mental Health Promotion and Mental Disorder Prevention.

John Henderson attended this meeting on behalf of MHE.

#### *Investment in Quality – Training Centres for Mental Health*

The project is coordinated by the ESTUAR Foundation in Romania and is financed by the European Commission, DG Education and Culture, Socrates Programme – Grundtvig line for adult education. MHE is one of the partner organisations.

The overall objective of the project is to develop a training package in the area of mental health in order to improve knowledge about mental health problems, to share experiences and finally to improve the impact of social services offered to people with mental health problems. The target groups are staff employed in mental health settings, representatives of local administration, people working in social services, in

police administration, in hospitals and in universities, volunteers and mental health service users and their families.

The first meeting of the project was held from 25 February-1 March in Bucharest. Roxana Radulescu participated in this meeting.

#### *Mental Health Economics European Network – Phase II (MHEENII)*

The project is led by the London School of Economics (LSE) and supported by the European Commission, DG Health and Consumer Protection. It is a continuation of the previous project, Mental Health Economics I, completed by MHE in collaboration with 17 partner countries and the LSE in August 2004.

MHE is responsible for the day-to-day coordination of the project and the provision of support for partners, the monitoring of activities, and it takes a role in the analysis and synthesis of data collected. MHE also contributes to raising awareness about the project, linking it with other initiatives and supporting an effective dissemination of the project results.

A first project meeting was held on 29-30 July in London, where partners from 27 countries participated. The aim of this meeting was to look at existing opportunities that enable a shift from hospital-based to community-based care and to look at barriers and factors that are hindering this process. The reflections and suggestions, which emerged from the discussions, served for the preparation of a questionnaire, which was then filled out by the MHEEN II partners.

Mary Van Dievel and Roxana Radulescu represented MHE at this meeting.

### **Events in the Field of Mental Health Promotion and Prevention of Disorders**

#### *Finnish Association for Mental Health – Conference for NGOs*

The Finnish Association for Mental Health co-organised a conference for NGOs on 11 January, a day before the WHO Ministerial Conference on Mental Health.

The scope and purpose was to raise issues that the organising NGOs consider significant for mental health policy making, especially in the area of promotion and prevention and social innovations. The meeting also aimed at compiling the NGOs recommendations for the WHO Ministerial Conference on Mental Health. A Declaration was adopted and presented as the message of European NGOs to the Health Ministers present at the Conference.

Mary Van Dievel and Claude Deutsch represented MHE at this meeting. Board Members Brian Howard and Petr Nawka also attended the conference. MHE Board Member Pirkko Lahti (Director of the Finnish Association for Mental Health) was the main organiser.

#### *European Commission Working Party on Mental Health*

The EC Mental Health Working Party shall contribute to the improvement of information and knowledge and to the promotion of positive mental health and wellbeing and the prevention of mental ill-health.

The purpose of the Mental Health Working Party is to provide a forum for discussion and exchange of views and experience on mental health information, prevention and promotion

issues and to contribute to the improvement and promotion of positive mental health and wellbeing.

The third meeting of the Working Party on Mental Health took place on 30-31 May in Luxembourg. MHE was represented by John Henderson, as Deputy Chair of the Group, and by Colette Versporten who was invited as observer.

An update was made on membership and observer status in the Working Party as well as on recent policy developments regarding the "Strategy on Health and Consumer Protection" (2007-2013). The Green Paper on Mental Health, the Council Conclusions on the Mental Health Action Plan and preparations for the Work Plan 2006 were also considered.

#### *CHES-MHE Roundtable "Towards a EU Mental Health Strategy: Health Stakeholders Perspectives"*

The Roundtable was organised on 23 November by CHES, the Centre for Health, Ethics and Society, in partnership with MHE in Brussels.

It offered a genuine opportunity for stakeholders in the area of mental health across the EU to make their voices heard and to come forward with suggestions for priority actions, thereby ensuring to make a concrete and positive contribution to the development and implementation of an effective EU strategy on mental health.

#### *Open Health Forum*

The European Commission "EU Open Health Forum" took place in Brussels on 7-8 November. The aim of this workshop was to gather a range of views on what should be the key building stones of a broad EU Health Strategy.

A plenary session was dedicated to "Health Challenges and Future Strategy: Does Europe Matter?" A panel of different stakeholders gave their view on this issue.

Parallel sessions were devoted to the development of the EU Health Strategy, health products and health services. MHE was involved in the organisation of the sessions on the EU Health Strategy. John Henderson, Brian Howard, Nace Kovac and Mary Van Dievel attended this meeting and represented MHE.

#### **Meetings in the field of Mental Health Promotion and Prevention of Disorders Attended by MHE**

- On 12-15 January, Claude Deutsch, Mary Van Dievel, John Henderson and several other MHE Board Members participated in the WHO Ministerial Conference on Mental Health "Facing the Challenges, Building Solutions" in Helsinki, Finland. They also attended the NGO meeting on 11 January organised by the Finnish Association for Mental Health.
- Colette Versporten and Roxana Radulescu participated in the Information Day for the Public Health Programme, organised by DG Health and Consumer Protection on 3 February in Luxembourg.
- On 4 February, a MHE delegation including Claude Deutsch, Mary Van Dievel, Brian Howard, Petr Nawka and Margarita Mouza had a meeting with Erdem Erginel, from Commissioner Kyprianou's Cabinet to introduce MHE's activities and its role at EU level.

- Roxana Radulescu represented MHE at the first meeting of the Grundtvig project "Investment in Quality – Training Centres for Mental Health", which was held on 25-28 February in Bucharest. She also attended the European Health Policy Forum meeting on 11 March.
- Mary Van Dievel represented MHE at the follow-up meeting of the Helsinki Ministerial Conference on Mental Health, organised by WHO/EURO on 12 May 2005 in Copenhagen.
- Colette Versporten and John Henderson attended the European Commission Mental Health Working Party meeting held on 30-31 May in Luxembourg.
- Roxana Radulescu represented MHE at the launch of the Health and Consumer Intergroup at the European Parliament on 22 June and attended the EPHA Training Seminar for Members on 24 June.
- On 7 July, Colette Versporten attended a roundtable on "Health Stakeholders' Perspectives on the new EU Health and Consumer Programme". The meeting was organised by CHES.
- On 26 July, Mary Van Dievel and Roxana Radulescu had a meeting with Mathias Roos and Lucrecia de Leon from FIOSH (Federal Institute of Occupational Safety and Health, Germany) and with Kasia Jurczak and Margit Andreasen from EuroHealthNet to discuss the developments of the EMIP project.
- Mary Van Dievel represented MHE at the Consultation Meeting with European NGOs on the Green Paper on Mental Health organised by the European Commission on 27 July in Luxembourg.
- Mary Van Dievel and Roxana Radulescu participated in the Mental Health Economics European Network II project meeting held on 29 and 30 July in London.
- Claude Deutsch participated in the Bi-annual World Congress of the World Federation for Mental Health "Equity and Mental Health", which took place from 4-8 September in Cairo.
- Mary Van Dievel attended the meeting of the Health Intergroup (with focus on mental health) at the European Parliament in Strasbourg on 28 September.
- Colette Versporten participated in the meeting "Putting Informal Care on the EU Policy Agenda" organised by the Madriaga European Foundation on 20 September in Brussels.
- On 4 October, Roxana Radulescu attended a meeting at the European Parliament hosted by the Irish MEP Baibre de Brun on suicide prevention programmes.
- Colette Versporten represented MHE at the "Annual Meeting of the WHO European Network for Health in Prisons" on 16-17 October in London.
- On 17-18 October, John Henderson attended the Summit "Tackling Health Inequalities" organised by the UK Department of Health in London.
- Mary Van Dievel attended the launch of the Green Paper on Mental Health on 24 October in Luxembourg.

- On 25 October, Mary Van Dievel gave a presentation on MHE at the AGE Health Experts meeting in Brussels.
- Elisabeth Muschik represented MHE at the launch of the “Psychiatric Enquête” on 10-12 November 2005 in Linz.
- On 23 November, Mary Van Dievel, John Henderson and Elizabeth Muschik attended the CHES-MHE Roundtable entitled “Towards an EU Mental Health Strategy: Health Stakeholders’ Perspectives” in Brussels.
- In December 2005, Malgorzata Kmita took part in the Local Mental Health Systems Seminar “Self Help Experiences and the Deconstruction of the Medical Model” in Prato, Italy.
- John Henderson participated in the Steering Group meeting of the EMIP project, held on 9-10 December 2005 in Vienna.

### **COMMUNICATION ON MENTAL HEALTH ISSUES**

Throughout the year 2005, the MHE team has been trying to promote MHE’s work and expertise in the field of mental health in view of raising the awareness of decision makers, European networks and NGOs on MHE’s mission and objectives.

To this end the MHE Director, Senior Policy Advisors, Board Members and staff have committed themselves to the promotion of MHE, its presence and visibility on the European level.

#### **Meetings with Representatives of the European Institutions and Key Policy Makers**

- On 3 February, Claude Deutsch and Mary Van Dievel visited Christiane Bardoux, DG Employment, Social Affairs and Equal Opportunities, to present MHE and its concerns.
- On 4 February, Claude Deutsch and Mary Van Dievel had a meeting with the Commissioner for Health and Consumer Protection, Markos Kyprianou, and his cabinet.
- Mary Van Dievel met Mariana Atanasova from the Bulgarian Accession Unit on 30 November at the EU Presidium.

#### **Meetings with Expected Future Partners**

- On 25 January, Mary Van Dievel had a meeting with Alexandra Wyke from the Health and Social Campaigners’ Network International (HSCNetwork International).
- Malgorzata Kmita visited, in January 2005, newly forming NGOs and voluntary organisations as well as volunteer groups in Kosovo and Macedonia and met with professionals who are developing Education and Mental Health Services for those traumatised by the war and conflict experiences.
- On 3 February, Claude Deutsch and Mary Van Dievel met Tessa Lush and Anouk Devroey (BMS) regarding possible collaboration and sponsoring.

- On 19 April, Mary Van Dievel had an appointment with Malte Lohan from the International Federation of Advertisers.
- Mary Van Dievel met Giles Gibson and Larissa Howard from “Good Business” regarding possible collaboration in the media on 1 June.
- On 1 July, Colette Versporten and Mary Van Dievel had another meeting with Tessa Lush and Anouk Devroey from BMS.
- Mary Van Dievel had a telephone conference with Malcolm Whiteley on MHE’s lobbying activities on 22 August.
- On 30 September, Mary Van Dievel presented MHE to Isabel Borges, Information Officer at AGE-European Older People’s Platform, and discussed possible collaboration.
- On 20 October, Mary Van Dievel had a meeting with AGE’s Health Experts, to provide them with information on MHE and on the Green Paper on Mental Health.
- Mary Van Dievel met with promoters of EU projects on social inclusion on 27 October.
- Mary Van Dievel welcomed two representatives of Fokus, a Czech association for mental health care and MHE member, on 7 November at the MHE secretariat.
- On 8 November 2005, Fanny Muller accompanied the two visitors from Fokus to the Saint Alexius Center, a Flemish psycho-social centre located in Brussels, to a meeting with the director of the centre, Véronique Vercruyssen.
- In December 2005, Malgorzata Kmita gave a presentation about MHE in the context of current European mental health issues.

### **MHE Newsletter**

Since January 2000, MHE 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 some of our European partners.

The MHE Newsletter is available both in printed and electronic format as well as for download on the MHE website under the section “Publications”.

### *Readers’ Survey*

In November 2005, MHE conducted a readers’ survey to ensure that the MHE Newsletter is as useful and relevant as possible for its members.

The survey enquired mainly about the content of the Newsletter asking the readers’ opinion about:

- the balance between news about European issues and mental health news;

- the balance between news about European issues and MHE members;
- the possible inclusion of a thematic approach with more information on a specific topic;
- the Newsletter's readability; and
- the Newsletter's print and layout.

In addition, the readers were asked for their suggestions regarding other desirable changes and improvements.

MHE is trying to take all this information into account and has been working on the enhancement of the Newsletter.

### **MHE Website**

In 2005, the MHE website ([www.mhe-sme.org](http://www.mhe-sme.org)) was continuously updated and provided an effective platform for internal communication among members as well as a medium for sharing information and promoting issues relevant to MHE. In order to reach a big audience, key information was provided both in English and French.

An action plan on website-based communication was adopted in 2005. The plan included steps and actions to be implemented in 2006 in order to improve the structure of the website and its reader-friendliness:

- In line with the commitment of MHE to contribute to the European Commission Green Paper on Mental Health a new section dedicated to the European Commission consultation process was planned. This section will include relevant information on the Green Paper's content, the policy background, useful links and key documents.
- In order to raise awareness and improve transparency of the activities of MHE members and the secretariat, news on significant developments will be published on the website under the section "Our work".
- Given the great appreciation and distribution of the MHE Newsletter it was agreed that from 2006 on it will be made available on the website under the section "Publications".