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To that effect, PROGRESS purports at:

- ❖ providing analysis and policy advice on employment, social solidarity and gender equality policy areas;*
- ❖ monitoring and reporting on the implementation of EU legislation and policies in employment, social solidarity and gender equality policy areas;*
- ❖ promoting policy transfer, learning and support among Member States on EU objectives and priorities; and*
- ❖ relaying the views of the stakeholders and society at large.*

For more information see: http://ec.europa.eu/employment_social/progress/index_en.html

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ANNUAL REPORT

2008

ANNUAL REPORT 2008

Presented to the General Assembly

Brussels, 13 June 2009

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MESSAGE FROM THE PRESIDENT

Dear Friends,

When 2008 started we were already in a strong position having completed the project "Good Practices in Mental Health–From Exclusion to Inclusion". The development of the project and dissemination of its findings enabled us to continue to share inspiring examples of good practice and also established strong European networks and contacts with a range of organisations in many countries. This collaborative work clearly illustrates how important it is to actively promote the vision and values of positive Mental Health and Well-Being which is characterised by empowerment, diversity and inclusion. This vision has been further reinforced by the completion of the report "From Exclusion to Inclusion- the Way Forward to Promoting Social Inclusion of People with Mental Health Problems in Europe". Indeed, central to the philosophy and ethos of MHE-SME is a commitment to socially inclusive policies, practice and services which aim to relate clearly to the diverse social, cultural, educational, economic and political expressions of the Europe Union vision.

In June 2008 we participated in the High Level Conference on Mental Health – The European Pact for Mental Health and Well Being. It was an honour to speak at this event on your behalf where a particular focus was exploration of the socio-economic dimensions of Mental Health and Well-Being. The European Pact provides a wide-ranging framework which addresses the well-being of, for example, young people, adults of working age and the elderly together with the challenges presented by depression, suicide, stigma and discrimination.

We value the fact that our expertise was recognised in supporting the European Parliament and the Commission in addressing issues connected with the delivery of the Pact and this was clearly affirmed at our meeting with the Commissioner Vassiliou in the summer 2008. I am very proud, therefore, that MHE-SME continues to be acknowledged and respected as a leading European NGO and our vision, leadership and expertise in the field of Mental Health and Well-Being is highly valued.

There were many other memorable events in 2008 which are important to mention. For example, in July Mary van Dievel, MHE Director, and I travelled together to represent MHE-SME at the Second Mental Health Advocacy Leadership Summit in Toronto where we met with other NGOs from Europe and America and shared our hopes, concerns and aspirations for the future of Mental Health and Well-Being from an international perspective.

The MHE Conference in August 2008 took place in Aalborg, Denmark, and explored the theme of "Diversity in Mental Health and Well-Being-An Opportunity for Intercultural Dialogue". This event was an inspiring and memorable example of how dialogue is at the heart of the work of MHE and the very wide-ranging workshops, talks, discussions and social and cultural events and sharing of experiences provided much to reflect upon. We are particularly grateful to SIND, the Danish Mental Health NGO for all their collaboration with MHE and all their hard work which clearly made the conference a great success. We are delighted that several new members joined MHE at the Aalborg conference and the feedback from workshops, discussions and the social programme was excellent. Such events provide us with a positive opportunity to creatively explore innovative ideas, projects, and initiatives and energise and inspire us to continue to work for the promotion of positive Mental Health and Well-Being with renewed enthusiasm and commitment. It was great to see you at the conference at which delegates included, for example, service users, family members, politicians,

representatives of the media together with those who deliver services and support systems for better Mental Health and Well-Being throughout Europe.

We have established National Focal Points in Europe which will act as an invaluable resource to enable effective communication between the institutions of the European Union and your own countries. The role of MHE-SME is to act as a conduit in the communication process and to facilitate training and share information which is timely and relevant.

I wish to thank all of you who support MHE, especially service users and their families, for your determined belief in the need to actively continue to work for improvements in the quality of life of those who are vulnerable and experience mental ill-health in their daily life.

Malgorzata Kmita
MHE President

INTRODUCTION

MHE has a history and plays an important role in raising awareness and in combating the taboos, stigma and prejudices associated with mental illness. Mainstreaming mental health in the field of social inclusion has become a principal activity of MHE and a major area of concern for people with chronic mental health problems. To this end MHE develops European exchange projects together with its member organisations, formulates recommendations for policies and strategies on mental health and social inclusion based on these projects, and lobbies the European Institutions in order to increase awareness of this important issue – just as MHE’s members campaign on a national and local level.

In the area of social inclusion, MHE continued to work on its three overarching objectives: improving the organizational capacity and management of MHE; reinforcing the European social dimension of the renewed Lisbon Strategy for Growth and Jobs, to better respond to the challenges and needs of people with (a history of) mental health problems; continuous exchange and dialogue with EU institutions and other stakeholders on designing future policies in the employment and social fields to better reflect the needs of people with mental health problems. We were happy to receive also for 2008 core funding from the European Commission’s Directorate General Employment and Social Affairs’ **PROGRESS Programme** (Social Protection and Social Inclusion unit).

Mental Health Europe was actively involved in the preparation and the follow up activities of the **EU Pact for Mental Health and Well-being**. MHE was one of the NGOs contacted by the European Commission to help carry forward the implementation of the Pact in the EU Member States.

Another important field of action for MHE was the work on the promotion of mental health and well-being. We were involved as partners in some important projects such as ProMenPol and CAMHEE.

In the field of human rights and disability, much lobbying work has been done on the European Commission Directive proposal on non-discrimination. MHE actively participated in the monitoring of the implementation of the Council of Europe Social Charter, and also closely followed the work of the European Union Agency for Fundamental Rights (FRA).

You will read more about all this in this annual report, and more detailed information can be found on MHE’s website: www.mhe-sme.org/

We want to thank all our members and supporters for their work and efforts in 2008, and we hope to continue our successful collaboration on realising our joint objectives!

Mary Van Dievel,
MHE 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 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 Social Platform, the European Public Health Alliance, the European Disability Forum, the European Patients' Forum and the European Women's Lobby.

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 2007, MHE had 51 Full Member Organisations, 16 Associate Member Organisations and 64 Individual Members.

MHE MEMBERS

Full Member Organisations: 50
Associate Member Organisations: 12
Individual Members: 63

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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 once per year.
Is the highest decision-making body.

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BOARD

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

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EXECUTIVE COMMITTEE

5 members (President, Vice-President, Treasurer, Secretary and
1 member without portfolio).
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 09 August 2008 in Aalborg, Denmark. About 50 persons were present.

The Assembly approved and adopted the Annual Report 2007, the balance of 2007 and the budget for 2008.

MHE BOARD (2006-2009)

Claude Deutsch, Advocacy France
Sandra Grant, InterMinds, Scotland
Brian Howard, Mental Health Ireland
Marianne Carisius Kastrup, SIND, Denmark
Luigi Leonori, SMES-Europa, Belgium
Malgorzata Kmita, United Kingdom
Nace Kovac, SENT, Slovenia
Elisabeth Muschik, Pro Mente Austria
Petr Nawka, Integra, Slovakia
Pino Pini, AISMe, Italy
Vicente Ibanez Rojo, AEN, Spain, as observer
Marita Ruohonen, the Finnish Association for Mental Health
Kristina Salonen, Finland
Dimitris Tataridis, Society of Social Psychiatry and Mental Health, Greece
Colette Versporten, Belgium

The MHE Board met twice in 2008.

EXECUTIVE COMMITTEE

President: Malgorzata Kmita
Vice-President: Elisabeth Muschik
Treasurer: Colette Versporten
Secretary: Nace Kovac
Member without portfolio: Brian Howard

The Executive Committee met 3 times in 2008.

SENIOR POLICY ADVISORS

John Henderson
Josée Van Remoortel

MHE SECRETARIAT

Director:
Mary Van Dievel

Health Policy Officer:
Mari Fresu

Social Policy Officer:
Sogol Noorani, until October 2008
Astrid Mechel, from October 2008

Information Officer and Human Rights Officer:
Fanny Muller, until November 2008

Human Rights Officer:
Roselyne Bourgon, from December 2008

Director's Assistant:
Isabel Mendes, from July 2008

MHE COMMITTEES

Membership and Accreditation Committee

Chair: Josée Van Remoortel, Senior Policy Adviser MHE
Paul Arteel, Flemish Association for Mental Health, Belgium (until July 2008)
Athena Frangouli, Society of Social Psychiatry and Mental Health, Greece
Mariano Hernandez, Individual Member, Spain
Inge Schöck, Individual Member, Germany
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

MHE Committee on Mental Health and Human Rights

Chair: Peter Kinderman, UK
Coordinator: Fanny Muller, MHE Information and Human Rights Officer until November
– Roselyne Bourgon from December on
Paul Arteel, Belgium
Claude Deutsch, MHE Board member, France
Martine Dutoit, France
John Henderson, MHE Senior Policy Adviser
Malgorzata Kmita, MHE President
Nace Kovac, Sent, MHE Board Member
Mary Van Dievel, Director MHE
Josée Van Remoortel, MHE Senior Policy Adviser

MHE Committee on Mental Health and Women

Chair: Colette Versporten, Belgium
Sandra Grant, UK
Malgorzata Kmita, UK
Elisabeth Muschik, Austria
Mary Van Dievel, MHE
Josée Van Remoortel, MHE
Marita Ruohonen, Finland
Kristina Salonen, Finland

MHE Committee on Mental Health and Minority Ethnic Communities

Chair: Marianne Kastrup, Denmark
Coordinator: Sogol Noorani, MHE Policy Officer
Pamela Bell, Belgium
Tarafa Baghajati, Austria
Julie-Jaye Charles, UK
Sandra Grant, Scotland
Malgorzata Kmita, MHE President
Els van Mourik, Netherlands
Espe Ngituka, UK
Valeriu Nicolae, Romania
Raghu Raghavan, UK
Ali Taghian, Austria
Alain Vanoeteren, Belgium
Marcel Vige, UK
Felicity De Zulueta, UK

FINANCES

The revenue of MHE is mainly made up of subsidies granted by the European Union. To this revenue, we have to add the participation of the partners (co-funding), the membership fees, the income from rent and some other revenues (co-financing, donations, financial and exceptional incomes).

Expenses

There are three kinds of expenses:

1. Operational costs due to the follow up of the projects and the work programme (fees of the partners, subsistence, accommodation and travel costs, etc.);
2. Personnel fees;
3. Overheads (building, office expenses, technical support, etc.).

The accounts of 2008 have been closed with a surplus of 8.186,74 EUR.

2. Balance Sheet

Assets

The renovation of the premises was continued during this period and will continue over the next year. The total amount of work invested during the year amounted to EUR 26,199.14.

Our cash position is healthy. It alone accounts for 71.34% of total assets.

Subsidies for an amount of EUR 48,400.00 are still outstanding.

Liabilities

The balance of the loan for the purchase of the building was fully repaid during the year 2008.

The loan contracted in 2007 for the renovation of the premises has been used to 35,879.19 against the EUR 40,000.00 EUR originally planned.

The debt to suppliers has increased. This increase is due to a massive reception of fee bills in late December.

The provision for major repairs and maintenance of the premises established in 2007 was kept in liabilities for EUR 15,000.00 to cover the work to be performed during the year 2009.

Subsidies are deferred up to EUR 406,671.00.

Stéphanie Félix, accountant

FEEDBACK FROM THE TREASURER AND THE FINANCE COMMITTEE PRESIDENT

It is with great pleasure that I respond to the General Assembly with the accounts and results of 2008. It is not often that the Treasurer's report begins with these words.

But since the arrival of Mary Van Dievel in the post of Director, we have seen how the financial situation has improved every year.

This is not a miracle but the result of both strict management and persistence and the results of taking steps, taking actions and positions and enhanced field presence to name but a few initiatives ...thus prompting and enhancing the recognition by the European Union of the quality of the work of the entire team of Mental Health Europe.

The accounts for the year 2008 were closed in bonus.

The cash situation is healthy.

The balance of the loan for the purchase of the building has been fully repaid.

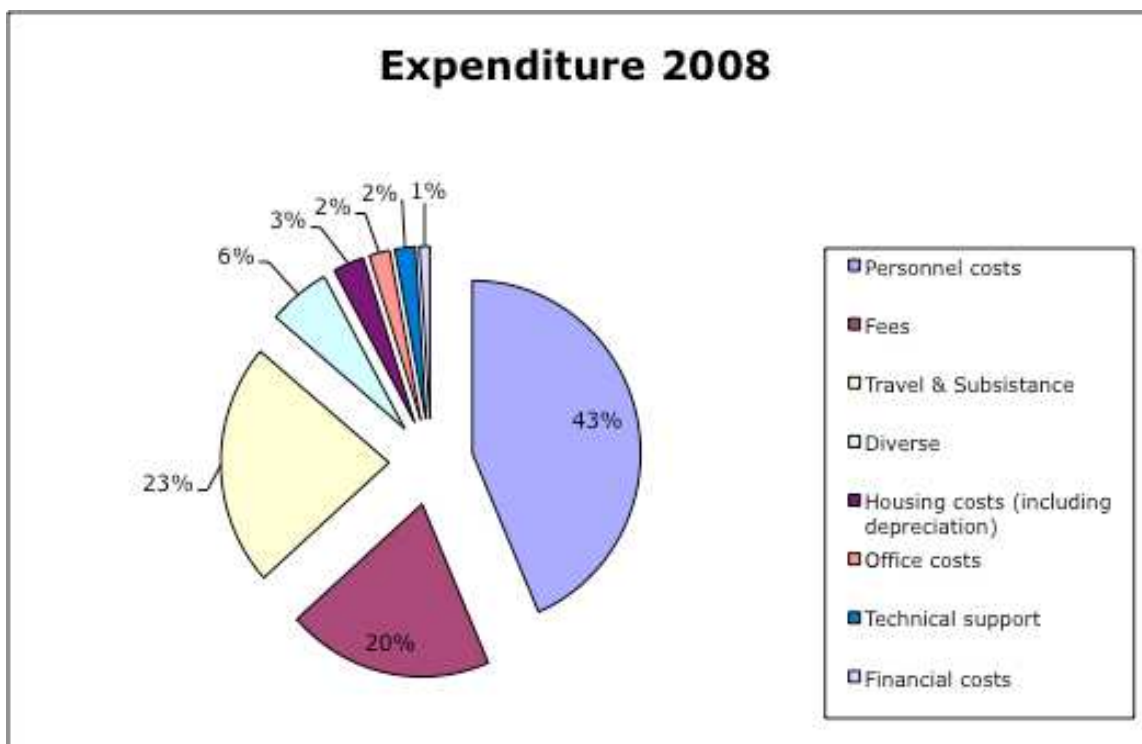
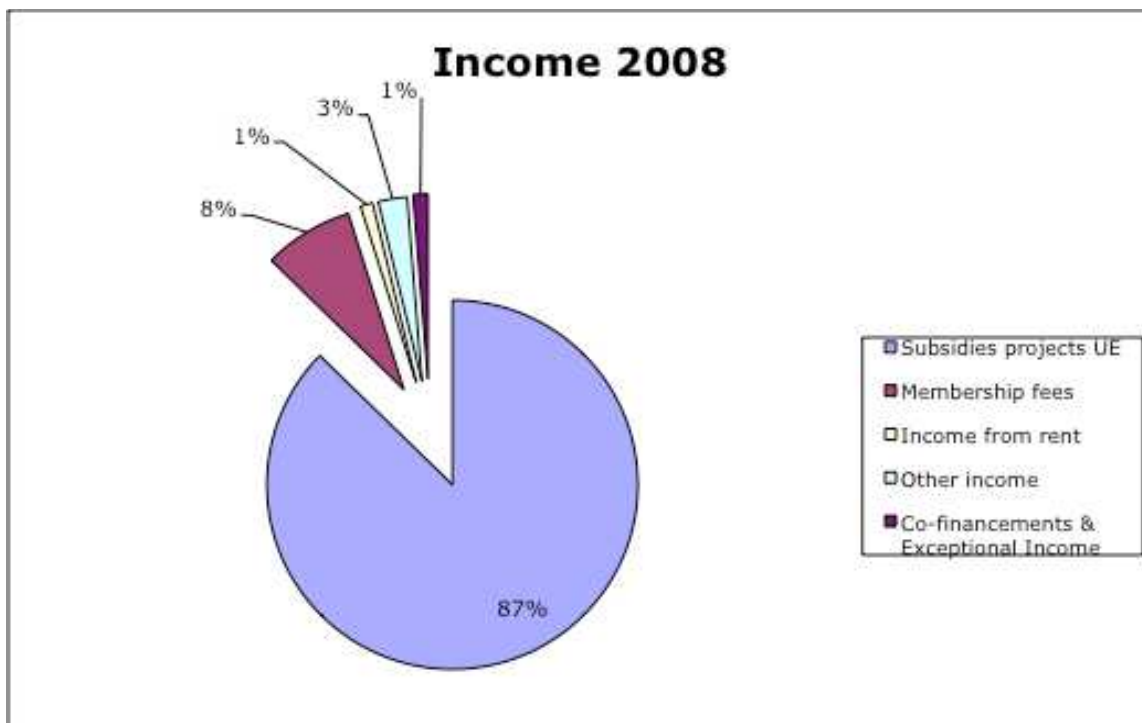
The loan contracted in 2007 for the renovation of the premises was not used in its entirety, the work will continue in 2009.

The only small grumble - Unpaid contributions and the limited number of new members.

This concerns us all, members of the General Assembly. Let's work on that!

On your behalf, I thank Mary Van Dievel, the Senior Policy Advisors, the MHE Board, the Executive Committee and the whole staff for the work done this year.

Colette Versporten



MHE's MAIN AREAS OF WORK

MENTAL HEALTH PROMOTION AND PREVENTION OF DISORDERS

The year 2008 witnessed the achievement of an important policy development in the field of mental health and well-being: the launch of a **European Pact for Mental Health and Well-being**. The Pact was launched at a High-Level Conference on Mental Health and Well-being on 13 June 2008, led by the European Commission in collaboration with the Slovenian Presidency and the World Health Organisation Regional Office for Europe.

The Pact is a call for partnership in action and expresses the determination of Member States and stakeholders from sectors such as health, education, workplace, social affairs and civil society to engage in longer-term work of exchange and cooperation on mental health and wellbeing in the EU. The pact recognises the health, social and economic benefits of good mental health for all and the need to overcome the taboo and stigma still associated with mental illness. The Pact suggests pooling knowledge from across the EU in order to develop commonly supported recommendations for actions in five key areas:

- Prevention of suicide and depression
- Mental health in youth and education
- Mental health in workplace settings
- Mental health in older people
- Combating stigma and social exclusion

Since the early stages, MHE was actively engaged in the working process towards the launch of the European Pact for Mental Health and Well-being. MHE put its efforts to ensure that the Pact adopt a wide-ranging approach to promoting good mental health and well-being, and addresses the whole of the European population across all settings.

MHE attended the Commission's preparatory meetings for the High-Level Conference on Mental Health (June 2008), and contributed to the drafting of thematic Consensus Papers on how action on mental health can be strengthened at the EU level. In order to help with the implementation of the Pact at the European level, MHE strengthened its partnership with the EU Institution and other organisations, by providing strategic advice and giving a stronger voice to the mental health (ex-) users and to the civil society as a whole. At the national and local levels, the MHE members have promoted the Pact and lobbied their national and regional authorities in order to achieve mental health sensitive policies that meet the real need of the population.

Following to the launch of the Pact, the mental health and well-being of the population has received growing attention and has been recognised as a key policy issue by the members of the European Parliament, and identified as a key working priority of the French Presidency of the EU. MHE has followed these policy activities closely in order to promote mental health sensitive policies in the EU Member States and influence their activities.

MHE key activities and events:

- ❖ MHE involvement as expert in the European Commission's preparatory work of European the Pact for Mental Health and Well-being **(January – June 2008)**
- ❖ Official participation of MHE as keynote speaker in the High Level Conference on Mental Health and Well-Being, Brussels **(12 - 13 June 2008)**
- ❖ Advocacy activities under the Slovenian and French Presidencies of the EU: e.g. open letter to the French, Czech and Swedish presidencies to call for the inclusion of other dementias besides Alzheimer's disease in their work programme **(October 2008)**
- ❖ MHE debate on "Ensuring Mental Health in Youth in modern European Societies – Turning the European Pact for Mental Health and Wellbeing into Reality", European Parliament, Brussels. The event was hosted by Poul Nyrup Rasmussen MEP, former Danish Prime Minister, and Giovanni Berlinguer MEP, member of the Committee for Health and Environment **(3 December 2008)**
- ❖ Involvement in the activities of many umbrella organisations and third parties with an interest in mental health and well-being policies: EU Health Policy Forum, European Public Health Alliance (EPHA), European Parliament Special Interest Group on Carers **(ongoing)**
- ❖ Participation in European Commission's funded projects addressing mental health issues **(ongoing)**
 - DataPrev - database of mental health promotion and mental disorder prevention programmes (6th Framework Programme);
 - CAMHEE - Child and adolescent mental health in enlarged EU (DG Health and Consumers);
 - DETERMINE - Action on Socio-Economic Determinants of Health (DG Health and Consumers);
 - HELPS – European Network for Promoting the Health of Residents in Psychiatric and Social Care Institutions (DG Health and Consumers)
 - ProMenPol – Promoting and Protecting Mental Health (6th Framework Programme);
 - VALUE+ - Promoting Patients' Involvement in EU Supported Health-Related Projects (DG Health and Consumers)

A detailed description of each project is available on the MHE website at <http://www.mhe-sme.org/en/our-projects.html>

SOCIAL INCLUSION AND MENTAL HEALTH

The frame in which MHE is operating is the Lisbon Strategy for Growth and Jobs and the Open Method of Coordination (OMC). The Lisbon Strategy stresses the approach of mutually reinforcing economic, employment and social reforms. The Open Method of Coordination (OMC) represents the social dimension of the EU Lisbon Strategy and is a process in which Member States agree to co-ordinate their policies through exchanges and mutual learning. It is applied in policy areas where the European Union has limited competences according to the EU Treaties but where member states identified an added value in working together at the European level, as it is the case for social inclusion and social protection policies. The areas concerned also include pensions, healthcare and long-term care. In this process, the EU member states agree to high-level and shared objectives as well as to common indicators which show how progress to achieve these goals can be measured, prepare national strategic reports in which

the member states set out how they will plan policies to meet the common objectives and evaluate these strategies jointly with the European Commission (Joint Report).

The National Strategic Reports for Social Protection and Social Inclusion for the years 2008-2010 have been handed in by the Member States in autumn 2008 and MHE members have been actively involved and been in contact with the respective national authority in charge of those reports. Furthermore, an overall evaluation was carried out regarding the taking into consideration of the mental health aspect, containing a compilation of good practice and conclusions as well as policy recommendations regarding the taking into consideration of the mental health issue, the social inclusion of people with mental health problems and the implementation of related policies.

MHE had furthermore contributed to the European Commission consultation on the Active Inclusion Recommendation with a position paper on "Modernising Social Protection for Greater Social Justice and Economic Cohesion: Taking Forward the Active Inclusion of People Furthest from the Labour Market" in February 2008. The Recommendation, which sets the European policy lines for the strands adequate income support, inclusive labour markets as well as quality services, was adopted by the European Commission in October 2008.

Moreover, in 2008, the system of National Focal Points has been set up. One MHE member organisation in each country was selected to become a MHE focal point. The focal points act at the same time as "country coordinators" for all the other MHE member organisations in their country, liaise to gather information on the situation of social exclusion of people with mental health problems, bring together the different stakeholders and discuss with all of them the present situation of social exclusion of people with mental health problems. They develop policy proposals and strategies for social inclusion of people with mental health problems and, in each of the EU Member States, advocate for strategies for the promotion of social inclusion of people with mental health problems to be included in current and future policies.

MHE key activities and events:

- ❖ Lobbying activities in the preparation phase of the National Strategic Reports (NSRs) on Social Protection and Social Inclusion 2008-2010 **(first three quarters of 2008)**
- ❖ Consultation process regarding the EU's Active Inclusion Recommendation **(February)**
- ❖ Establishment of a group of expert evaluators (3 people), consisting of people with (a history of) mental health problems; this group, appointed from MHE's membership, participated in and monitored MHE's key events in 2008
- ❖ Directors' Meeting, launch of MHE National Focal Points **(April)**
- ❖ MHE capacity building seminar for members, MHE Conference on "Diversity in Mental Health and Wellbeing – An opportunity for Intercultural Dialogue" and General Assembly Aalborg, Denmark **(August)**
- ❖ Participation in the 7th Roundtable on Poverty and Social Exclusion in Marseille and publication of a position paper on the "Active Inclusion Strategy for People furthest from the Labour Market" **(October 2008)**
- ❖ Mental Health Europe & Solidar Workshop at the Social Platform Annual Conference on the topic "What is the role of European NGO networks in bridging the gap between European and national level?" to discuss the role of European Networks as a capacity-builder, mediator and facilitator for the information flow between the national level and the European arena **(December)**
- ❖ Analysis of the National Strategic Reports on Social Protection and Social Inclusion 2008-2010 regarding the taking into consideration of the mental health aspect **(December)**

A detailed description of each activity is available on the MHE website at <http://www.mhe-sme.org/en/our-work/social-inclusion-and-mental-health.html>

DISABILITY AND MENTAL HEALTH

In 2008, the European Council adopted a "Resolution on the situation of persons with disabilities in the European Union – European Action Plan 2008-2009" following the publication by the European Commission in 2007 on the analysis of the situation of people with disabilities in the European Union which proposed new objectives for the Disability Action Plan 2008-2009. In its Resolution, the Council considers accessibility as a priority issue enabling disabled citizens to enjoy an independent and active social and economic living which will only be achieved through the full implementation of the UN Convention on the rights of disabled persons and through the development of instruments to ensure full participation of disabled persons in society.

In 2008, MHE activities in the field of disability were focused on the implementation of the UN Convention on the rights of Persons with Disabilities. This landmark treaty, adopted in December 2006 by the UN General Assembly, is the first legally-binding Convention which protects and promotes the rights of people with disabilities, including those with psycho-social disabilities (mental health problems) or intellectual disabilities. The Convention on the Rights of Persons with Disabilities and its Optional Protocol entered into force on 3 May 2008.

MHE has been following the ratification process which went on throughout the year and should continue in 2009. By the end of the year 2008, six European countries ratified the UN Convention (Austria, Croatia, Hungary, Slovenia, Spain and Sweden). The implementation monitoring process was launched and MHE is following this process very closely. MHE finds essential to support the social model of disability, which is recognised in the Convention's preamble, instead of the medical approach which only lists the people's deficiencies and symptoms.

In July 2008, the European Commission proposed a new directive on non discrimination to be adopted at European level. The new directive proposal contains provisions protecting persons with disabilities from discrimination beyond the field of employment. MHE has been following the process in front of the European Parliament and will be following the adoption process in the Council.

Some issues dealing with disability are also covered in the work of the MHE Committee on Human Rights.

MHE key activities and events:

- ❖ Involvement in the European Disability Forum (EDF) campaign, "*1million4disability*" in favour of a comprehensive European disability legislation that will protect disabled people from discrimination in all fields of life
- ❖ Preparing of a campaign for the European Parliament elections **(ongoing)**
- ❖ Collaboration with the European Parliament Disability Intergroup **(ongoing)**
- ❖ Active Participation in EDF Task Force on Community Living, the Committee on Employment and Social Policy and the Committee on Complex Dependency Needs **(ongoing)**
- ❖ Member of the ECCL Management and Steering Group **(ongoing)**

A detailed description of each activity is available on the MHE website at <http://www.mhe-sme.org/en/our-work/disability-and-mental-health.html>

HUMAN RIGHTS AND MENTAL HEALTH

The Commission made a priority on non discrimination legislation for 2008 after having reviewed existing legislation and coming to conclusion that "the level of protection against discrimination based on religion and belief, age, disability and sexual orientation is lower than that afforded in the case of discrimination based on race".

On 2 July 2008 - after intensive lobbying from Members of Parliament (MEPs), non governmental organisations and trade unions - the Commission made public its proposal for a directive which provides for protection from discrimination on grounds of age, disability, sexual orientation and religion or belief beyond the workplace. MHE advocated for an inclusion of persons with mental health problems among the grounds of discrimination which should be tackled through the implementation of the directive proposal. MHE followed every step at European level including the discussion at the European Parliament, lobbying for an inclusion of the definition of disability inspired from the definition given in the UN Convention on the Rights of Persons with Disabilities.

This treaty, adopted by the UN General Assembly, is the first treaty of the 21st century and puts the focus on the idea of universality of human rights, recognising the right for everybody to participate in the society. To read more about the UN Convention on the Rights of Persons with Disabilities, please see the section above on "Disability and Mental Health".

MHE has been active in 2008 as in 2007 in monitoring the implementation of the Council of Europe European Social Charter. The reporting activity consists in checking whether the national reports sent by the States Parties of the European Social Charter (ESC) reflect the situation on the ground. The States that ratified the Charter have to send their report to the European Committee of Social Rights (ECSR), the body responsible for monitoring compliance in the States Parties to the ESC. MHE members have been working on the State reports and reported back on the situation on the ground.

MHE has been following the work of the European Union Agency for Fundamental Rights, which started its work in March 2007 and will provide valuable insights to the European institutions and Member States in matters relating to fundamental rights.

MHE was involved and contributed to the consultations on the Agency's civil society cooperation. MHE contributed in 2008 to the elaboration of the work programme of the Agency for 2009.

The first meeting of the Fundamental Rights Platform was held in Vienna on 7-8 October 2008 and was organised by the Agency. Mental Health Europe was represented and was the chair at this first meeting. The Fundamental Rights Platform (FRP) is to be the Agency's main channel for FRA's cooperation and information exchange with civil society.

MHE Committee on Human Rights and Mental Health met during the annual Conference of MHE in Aalborg and continued its work in the field of human rights linked to mental health and according to matters high in European agendas.

MHE key activities and events:

- ❖ Meeting of the MHE Committee on Human Rights and Mental Health, MHE Annual Conference in Aalborg **(August)**
- ❖ Meeting of the Fundamental Rights Platform in Vienna **(October)**
- ❖ MHE reporting activity on the implementation of the European Social Charter, in cooperation with the Council of Europe (CoE) European Social Charter and Social Policies Grouping **(October - ongoing)**
- ❖ Collaboration with the International Non Governmental Organisations (INGOs) with participatory status with the Council of Europe **(ongoing)**
- ❖ Participation in the Committee on Human Rights of the European Disability Forum **(ongoing)**
- ❖ Participation in the Social Platform FRAND Working Group - Fundamental Rights And Non Discrimination **(ongoing)**

A detailed description of each activity is available on the MHE website at <http://www.mhe-sme.org/en/our-work/human-rights-and-mental-health.html>

COMMUNICATION ON MENTAL HEALTH ISSUES

In 2008, MHE increased its efforts to communicate better with MHE members and other stakeholders.

The MHE Newsletter and website (www.mhe-sme.org) reflected these developments.

The MHE website was re-designed and re-structured in 2008 and now encompasses major sections on MHE's mission, structures and its different fields of work. An overview of current and past projects is given as well on the website; furthermore a "News and Events" section includes the latest press releases. Another important section of the MHE website is the Publications section, where reports, articles and position papers are published. The MHE website serves as an important means of information for mental health professionals, service users, social partners, policy-makers, the wider public etc. This is reflected in the important number of visitors to the website. The website is constantly updated according to the latest developments in EU policies related to MHE's field of activities.

The MHE Newsletter, an important and according to readers evaluations, a useful and welcomed tool, was re-designed in 2008 to ensure that MHE members and interested parties are updated on MHE's activities and on the latest policy developments in the field of mental health.

Several *communication papers, position papers and press releases* were published and widely disseminated by the MHE Secretariat, focusing in particular on the core MHE activities and priorities to influence the EU agenda.

MHE key activities and events:

- ❖ Meeting of the MHE Committee on Human Rights and Mental Health, MHE Annual Conference in Aalborg **(August)**
- ❖ MHE conference "Diversity in mental health and wellbeing - An opportunity for intercultural dialogue" Aalborg, Denmark, **(August)**
- ❖ MHE Event at European Parliament "Ensuring Mental Health in Youth in European modern Societies" Event hosted by Poul Nyrup Rasmussen (Denmark) and Giovanni Berlinguer (Italy) MEP **(December)**
- ❖ Online publication of the monthly MHE Newsletter, in English and French **(ongoing)**
- ❖ Regular up-date and inclusion of key information/data in the MHE website, in English and French **(ongoing)**
- ❖ Publication of press releases and policy papers on different issues **(ongoing)**

A detailed description of each activity is available on the MHE website at <http://www.mhe-sme.org/en.html>

MHE recent initiatives:

In 2008 MHE moved into the specific area of gender and mental health. Women and violence became the theme and women and violence at work grew from that. After analysis of the statistics and reports on this subject an application was made to the European Commission on 22/04/08 for funding for the project "Violence against women at work...let's talk about it!. The Mental Health Impacts of Violence and Harassment against Women at Work". The application was granted funding by the European Commission on 5/11/08 and the project finally got underway in January 2009.

Objectives of the project

The project will run for two years. During the first year, the project partners will collect information in each of the partner countries, based on a questionnaire prepared by MHE, on the situation of violence and harassment against women at work. Moreover, they will identify and collect existing good practices with a focus on preventing mental health problems resulting from violence and harassment against women at the work place.

During the second year, a selection of the collected "best" practices will be presented in a database as part of the project website, and they will be compiled in a booklet, together with general information about the link between violence and harassment against women at work and mental health problems. A poster will be created as part of the awareness raising campaign, which illustrates graphically the importance of preventing violence and harassment against women at work as well as mental health problems that result from it. The poster and booklet and database/website with best practices will be translated in all the project languages and it will be also available in English to reach other European countries. They will be disseminated among (women) employees via the trade unions, job centres, NGOs, health and social services; reaching employers through the European and national employers' organisations; and among the general public in public spaces.

A detailed description of this project is available on the MHE website at <http://www.mhe-sme.org/en/our-projects/current-projects.html>