MENTAL HEALTH EUROPE – SANTE MENTALE EUROPE aisbl
Boulevard Clovis 7, B-1000 Brussels
Tel +32 2 280 04 68 - Fax +32 2 280 16 04
E-Mail: info@mhe-sme.org
www.mhe-sme.org

EU Programme
FROM EXCLUSION TO INCLUSION: MAKING SOCIAL INCLUSION A REALITY FOR PEOPLE WITH MENTAL HEALTH PROBLEMS

Capacity building seminar for MHE-SME member organisations
Vienna, 30th May 2007

REPORT

This seminar took place in the frame of MHE's work programme "From exclusion to inclusion: Making social inclusion a reality for people with mental health problems in the European Union", and was co-financed by the Social Inclusion Unit of the EU's Directorate General for Employment, Social Affairs and Equal Opportunities.

I. Purpose and structure of the seminar

The seminar was designed to

- provide training to mental health organisations to strengthen their capacity to fight the social exclusion of people with mental health problems
- to make information available about the social inclusion process at EU and national level.
- To promote dialogue and exchange on social inclusion activities between mental health organisations
- To encourage the creation of national networks for the dissemination and exchange of information and enhanced cooperation

The programme included:

- Welcome - Malgorzata Kmita, President MHE
- Setting the scene –Mary Van Dievel, Director MHE-SME
- State of the art of social inclusion - Sogol Noorani, project co-ordinator Good practices in social inclusion project.
- Practical applications- The example of inclusion of mental health in the national reports on strategies for social protection and social inclusion. Allyson McCollam, Scottish Development Centre for Mental Health
- Workshops run by

- Advocacy France
- Advocacy Group for the mentally ill, Cyprus
- Sent, Slovenia
- Finnish Association for Mental Health
- Mind, National Association for Mental Health, England and Wales
- SIND Denmark
- Conclusions and drawing together outcomes - Jo Lucas, Kastanja consulting

The three key themes of the day were social inclusion, recovery and social justice. Social justice being the underpinning principle, recovery being the process that is the desired outcome for people who have experienced mental health problems and social inclusion being a critical factor in that recovery process.
The seminar opened with a presentation of the definitions of these three terms - see Appendix 1.

There was also a discussion about the EU programmes on social inclusion, the effectiveness and importance of the Open Method of Cooperation and its significance in the development of National Action Plans and National Reports. The notion of active inclusion is embedded in this process.

II. Key themes from the workshops

- The need to acknowledge and work with complexity. People are not just mental health services users or mental health professionals but have many different roles in their lives
- The importance of acknowledging that service users are already living with the impact of social exclusion and therefore support systems must address that to ensure that people can be come actively involved
- Social inclusion is not only about money, once people have achieved a certain level of income it is about social and human contacts and equality
- Importance of developing synergies –relationships between organisations that can be productive and effective.
- The importance of developing a culture of participation of all and the need to keep working at this
- The importance of mainstreaming individual experience
- The importance of working closely with all stakeholders and especially with state bureaucracies
- The difficulty of getting legislators to listen to what people from mental health groups have to say in some countries
- The need to develop a platform/network/alliance/collaboration for the development and influence of policy and strategies at EU level.
- Looking for a common view on a theme not necessarily a consensus all the time
- The critical importance of returning to principles and using these as a basis for identifying cooperation and commonality
- Anti stigma work is important- should be developed and evaluated
- Importance of identifying the drivers for policy agendas - they will be different for each country.
- Simplicity of structures and language is always helpful
- Communications need to be clear and straightforward

- The importance of access to employment-both as mitigating the impact of social exclusion and being critical in developing well being and promoting recovery for some.
- The need to move away from competition between organisations and develop areas for collaboration
- The importance of campaigning and working for change from both the 'bottom –up' and the 'top-down'.

The presentations and workshops generated discussion on the following topics:

How to become involved in the social inclusion process
This has been more difficult in some countries that others. In particular some members found access to the responsible staff in the state system quite difficult, not least as it was difficult to identify who was responsible for social inclusions activities whilst other were welcomed and encouraged to participate.

The importance of actively supporting users to be involved in this process and the danger of loosing their input if this is not seen as a priority was stressed repeatedly

Networking nationally and Europe wide
There was a wide ranging discussion on this topic. While there was some enthusiasm for national and Europe wide networks it was felt that alliances and less formal and structured processes might be more effective. Also that they should be focused and not simply exist as a means of exchanging information.

Key questions arising from the discussion included:
- How to bring together all the conflicting views
- The process must respect and honour difference
- They need to be focussed on specific issues and time limited
- MHE must be careful that the final outcome is not simply a reduction to the 'lowest common denominator'
- The whole spectrum of views may need to be represented or at least acknowledged in the process
- The experience of Mental Health Alliance in England where the whole range of mental health organisations came together to respond to the proposed changes in the mental health legislation.
- It must be clear what is in it for the member organisations? Do they risk loosing their own access to policy makers in their view? How to protect them from this
- These kind of alliances and joint responses can only be developed in a relationship based on trust and openness within the network
- The development of trans-national alliances around the theme of well being could be useful.
- A platform should not necessarily be seeking consensus but rather be able to present a clear view and be trusted by all involved to do so.

The Finnish Association described their system which incorporates a number of structures that are working well. These include a mental health pool, involving all the stakeholders, a Mental Health Academy, and an Advisory Committee. These all work at different levels within the system and include different people and all have a clear and distinct remit.

Factors in creating change in mental health policy
It was recognised that the legal and policy structures differ across Europe and it is important to recognise and respond to the different drivers for change in each context. The nature of the drivers varies widely and can include finances, structural changes or pressure from user groups

Stigma
The impact of stigma and discrimination is very high across Europe. Some member organisations described some the campaigns that have been implemented recently. In particular the impact of the "See Me' campaign from the Scottish Development Centre for Mental Health was described in some detail.

Employment
Access to employment, as well as housing and transport is critical to the achievement of social inclusion of people with mental health problems across Europe. However many member organisations described the difficulties of working with employers and their discriminatory attitudes.
EU policy as well as some national legislation contains the end for employers to make reasonable adaptations to ensure that people with disabilities are able to work in their establishments. However it is clear that there is little consensus on what reasonable adaptations might involve in this particular sphere.

III. Overview of the seminar discussions

Two quotes were suggested as summing up the day:
'There is no truth that is so strong that there can never be another conflicting truth'
'Consequences are what is important' - Szasz.

The discussions in the seminar and the small groups were lively and the feedback was that participants were interested in networking and very keen to continue working on social inclusion and anti-stigma programmes.

Also that while there are problems with networking nationally they all agreed that it is important to move away from competition towards collaboration, at least on specific issues. At the same time it is important to recognise that the drivers for change are different in each situation and to respond to these as they become clear.
And it was felt very important that each member organisation needs to continue working to find ways of actively involving all the stakeholders and in particular users.

Jo Lucas
Kastanja Consulting

Appendix

Definitions

Social exclusion describes the inequalities that people with mental health problems encounter in access to health and social services, employment, education, and training services, housing, transport, leisure, as well as the protection of civil and human rights**.**

Social justice is a concept that some use to describe the movement towards a socially just world. In this context, social justice is based on the concepts of human rights and equality.

Recovery means different things to different people and no two individuals' journey of recovery will be the same. The Scottish Recovery Network will use a number of methods to move toward a shared understanding of how to promote, support and interpret recovery from long-term mental health problems. International experience has identified that recovery is about much more than the absence of symptoms – it is about giving people the tools to become active participants in their own health care – it is about having a belief, drive and commitment to the principle that people can and do recover control in their lives, even where they may continue to live with ongoing symptoms.
Clearly there are many factors which may assist personal recovery. This section is dedicated to collating thoughts and ideas, inviting comment and input which will help us gain clearer insight into hat helps and hinders on the road to recovery.