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REPORT OF NATIONAL FOCAL POINT TRAINING ROUND 2010 February until June 2010

Countries involved: Austria, Belgium (Flanders and Wallonia), Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovenia, Spain and Sweden (in total: 26 NFPs)

The trainings were made possible thanks to the support of PROGRESS, the European Community Programme for Employment and Social Solidarity (2007-2013).

Mental Health Europe organized a session of five National Focal Point Trainings in the first half of 2010. The trainings were held in regional groupings with 5-7 National Focal Points each time. The local MHE NFPs co-organised the events and helped with the logistics. Other MHE organizations from the respective host country were also invited to participate. The trainings took place in the following locations:

- On 11-12 February 2010 in Ljubljana, Slovenia, with participants from Austria, Croatia, Czech Republic, Germany and Slovenia
- On 11-12 March 2010 in Bucharest, Romania, with participants from Bulgaria, Cyprus, Greece, Malta and Romania
- On 15-16 April 2010 in Madrid, Spain, with participants from Belgium (Flanders and Wallonia), France, Italy, Portugal and Spain
- On 6-7 May 2010 in Stockholm, Sweden, with participants from Hungary, Norway, Poland and Sweden
- On 10-11 June 2010 in Tallinn, Estonia, with participants from Estonia, Finland, Ireland, Latvia, Lithuania and the Netherlands

The aim of the training for National Focal Points was to provide the participants with an update on ongoing developments in the field of mental health and social inclusion policies on the European level and also to provide know-how about e.g. how to approach national/ regional authorities or the respective national Members of European Parliament (MEPs).

The trainings started with an overview about Mental Health Europe's work programme and the role of National Focal Points given by MHE Director Mary Van Dievel, followed by an introduction round in which every participating country was given the opportunity to present their organisation and activities as the MHE National Focal Point.

In Ljubljana, the Slovenian Association for Mental Health (SENT) hosted the training and was represented by MHE President Nace Kovac and several collaborators. They presented their various activities with mental health service users such as social firms, employment centers, community centers and residential groups as well as its research, development and promotion office. SENT furthermore participated/participates in 28 EU-funded projects.

Two representatives from OZARA, the other MHE member organisation in Slovenia, participated as well in the NFP training and presented their organisation and activities to the participants. Ozara is involved in a variety of projects about for example educational modules for care workers, suicide prevention and cross-border cooperation for the exchange of good practices.

Thomas Pirsig from the Dachverband Gemeindepsychiatrie in Germany presented their magazine "Psychosoziale Umschau (psychosocial review)", their recently published comics for children of parents with mental health problems and the current production of a handbook on the same topic (to be published mid-2010).

Pro mente Austria was represented by Rita Donabauer, Managing Director of pro mente upper Austria, and Elisabeth Muschik, MHE Senior Policy Advisor. Among other activities, pro mente has an own academy for the training of mental health professionals, rehabilitation centers for people with mental health problems, offers intercultural counseling, provides labour market integration measures and is also very active in the field of awareness-raising and anti-stigma campaigns on the national level.

The Croatian Association for Psychosocial Wellbeing, represented by Maja Soco and Maja Pelicaric, reported on their counseling activities involving children, their parents and teachers. The Association is also cooperating with schools, social welfare and policy-makers.

Martin Jarolimek from the Czech Association for Mental Health reported about his organisation's activities such as advocacy work and providing a phone helpline. The CAMH furthermore publishes a journal called "Esprit". They also conducted a 2-day seminar for professionals about best ways to cope with psychiatric patients other than just giving medication. In the Czech Republic, some NGOs which were active in the field of mental health, collapsed due to financial problems.

In Bucharest, the NFP training was hosted by the Romanian League for Mental Health. Raluca Nica presented the Romanian League and its history. Founded in 1990, the League is the oldest MH organisation in Romania. Starting with a focus on street children, which was a serious problem in the mid 1990's, more recently they been involved in a mental health audit that was organised by the government. The Ministry of Health has developed a mental health strategy. The League has been involved in various European projects funded through EU Structural Funds, Phare, Twinning.

Hristo Dimitrov represented the Bulgarian Public Health Association (PHA) which has psychiatrists, psychologists and social workers in its membership. The PHA works with day centers, hospitals and sheltered homes. Since recently the PHA sets a strong focus on children's mental health incl. learning problems and delinquent children, and cooperates with the WHO on a related report on mental retardation of children. The PHA has recently been conducting national awareness-raising campaigns on mental health in the media, incl. TV.

Angeliki Giantselidou from the Greek Society of Social Psychiatry and Mental Health presented their system of mobile psychiatric units which are mainly operating in rural areas, their day centers for the psychological support for cancer patients, sheltered apartments and social firms. The situation in Greece is serious, public health employees receive their salaries with long delays, their last paycheck was received in October 2009 (at the time of the meeting, thus March 2010). Another problem in Greece is that the voice of mental health service users is practically not taken into consideration.

Both Elise Torossian from the Cypriot Advocacy Group for the Mentally Ill and Joseph Borg from the Maltese Friends of Attard Hospital Society are maintaining various contacts with officials from ministries and other stakeholders who are involved in the field of mental health and both organised an awareness-raising event on the occasion of the World Mental Health Day 2009. Joseph Borg has also established contacts to John Dalli, former Minister for Social Policies and Health and now the new European Commissioner for Health. Joseph Borg is furthermore working on issues related to undocumented migrants.

In Madrid, Jan Van Speybroeck presented the Flemish Association for Mental Health. The organization exists since 20 years and focuses among other activities on the creation of positive images of mental health issues, public awareness-raising campaigns for mental health. Another priority is advocacy work towards policy-makers in Flanders and work with general practitioners, carers and users of mental health services.

Marie Lambert from the Walloon Institute for Mental Health reported on their activities which are in the field of research and seminars and workgroups for professionals. Further activities include cooperation with a Canadian institute on patients rights and with the province of Luxemburg regarding training of mental health professionals in the frame of an Interreg project. The Institute is furthermore awarding a prize for psycho-social rehabilitation each year.

In the following, Paulo Mendes from the Portuguese association ARIA and manager of their social firm, presented ARIA's activities such as the vocational training programme in the field of gardening and catering as well as occupational support structures with the aim to organize common activities for mental health service users. ARIA also offers a residential unit for users.

The Spanish NFP and host of the Madrid training session, Fundacion INTRAS, was represented by their Managing Director Pablo Gomez, Technical Director Teresa Orihuela and Henar Conde, the Responsible for International Projects. INTRAS was founded in 1994 and develops cognitive rehabilitation systems and software. From their 95 employees, 60 are providing services to users for example within their residential home pilot project, the others work on research, development and coordination. Together with the Spanish governmental institute IMSERSO (Instituto de Mayores et Servicios Sociales – Institute for Older People and Social Services) INTRAS has developed a reference book for mental health strategies. Moreover, INTRAS is currently involved in 3 national, 5 European (Comenius, Grundvig, Interreg), 3 Research+Development and 1 development cooperation project, and recently handed in a number of project applications in the frame of the EU's Lifelong Learning, Interreg and Health 2010 programmes/calls.

Vicente Ibanez-Rojo from the Spanish Association for Neuropsychiatry (AEN) and Board Member of MHE, also attended the training in Madrid and presented the activities of his association. AEN is regrouping mental health professionals and

supports their professional empowerment. AEN is also lobbying for mental health policies, has a good relationship with the government and was involved in the transformation of the psychiatric reform in Spain.

The French NFP was represented by Claude Deutsch. Advocacy France was founded in 1996. They organize self-help groups and are involved in advocacy work for the rights of people with mental health problems. Recently, they produced a film about living in the city with a disability. Advocacy France intensively cooperates with user groups.

AISME, represented by Pino Pini and Donatella Miccinesi, was established in 1993. They conduct projects with users and families and support self-help movements. In the past, AISME was involved in a project related to mental health in prisons. Contacts to political stakeholders in Italy were first difficult to establish. AISME expressed that MHE gave valuable support to AISME to foster their lobbying activities.

In Stockholm, Laszlo Lajtavari from the Hungarian Way Out Self Help Association gave a presentation on his organisation's recent training activities for public officials in the (mental) health field and professionals all over Hungary. His organization is committed to a spiritual approach towards psychiatry.

Ingeborg Veia from the "Adults for Children (Voksne vor Barn), an organization that is dedicated to the promotion of the mental health of children and youth, presented her organisation's recently produced toolkit "Who can help Jesper?" comprising a webpage with movie, a dvd (for sale) and booklet. The target audience are educators in kindergardens to give them guidance how to approach children and families where one parent or both parents suffer from an addiction and is also transferable to families where parents suffer from mental health problems.

Elzbieta Bobiatynska from the Coalition for Mental Health in Poland reported about her organisation's activities such as awareness-raising campaigns, cultural activities, their recent publication "Psychiatric recovery in times of transformation" and involvement in community health centers.

The Swedish Association for Mental Health, also host of the Stockholm training session, was represented by Birgitta Nordelius. The Swedish Association was already founded in 1931 and their activities are carried out in the whole country. Their actions include courses for public health professionals including doctors, nurses, teachers and pre-school staff, projects with children, family therapy, a family guidance service, a phone helpline and the publication of a magazine.

In Tallinn, Anneli Varjun and Aleksei Norden jointly gave a presentation about the Estonian Mental Health Society, which was also hosting the event. The Society is a professional organisation that is grouping psychologists, social workers and teachers. The Society gives consultations including for example family therapy, post-traumatic therapy and psychological support to people who lost their job in the current economic crisis. They also organise seminars for mental health professionals. Further activities include advocacy work targeted at policy makers as well as awareness-raising for mental health promotion.

Camille Afchain presented Mental Health Ireland, a network of 104 local mental health associations committed to mental health promotion, social housing and advocacy activities. MHI has numerous programmes ongoing, many of them dealing

with young people, such as for example initiatives for employment integration, the rowing competition "Rock the Boat" and the anti-stigma campaign "See Change".

The Lithuanian State Mental Health Center was represented by Renata Cizauscaite who informed the other participants about the recent activities of the Center. In the past, the Center was project leader of the CAMHEE project (child and adolescent mental health in an enlarged EU) for the development of effective policies and practice, where MHE and other members also participated in. Now the Center's activities focus e.g. on the prevention of drug abuse by youth, anti-smoking campaigns in schools and a project in which volunteers write Christmas cards to lonely people.

Clemens Huitink from the GGZ Nederland, the umbrella organisation for mental health in the Netherlands, gave an overview of the field of work of GGZ and of the Dutch mental health system. The system is completely private and the government only supervises and regulates the market. The payments are made by the patients through their insurance companies.

The Finnish Association for Mental Health (FAMH), represented by Kristina Salonen, is operating crisis help centers, both at their premises and on the internet. Further activities include lobbying, for example to promote the adoption of a mental health act in Finland, towards the transition to community-based care, as well as anti-stigma campaigns. Furthermore, the FAMH regularly issues newsletters, once per year also in English (the next English edition will be published at the end of June 2010).

Skalbes from Latvia was represented by Reinis Upeniks and Inese Ruka. Skalbes is involved in psychological help projects such as a crisis hotline, consultations, family therapy and anti-stigma campaigns. Skalbes has also published booklets about post-traumatic disorders and depression.

The next topic on the training agenda was the recent changes in EU institutions and policies in the social field. MHE Social Policy Officer Astrid Mechel gave a presentation in each of the NFP trainings about the **latest developments in the EU institutions (new European Commission, new European Parliament, entry into force of the Lisbon Treaty)** and recent policy developments regarding mental health and social inclusion. In this presentation, the consultation process and European Communication regarding the **EU2020 Strategy, "A European Strategy for smart, sustainable and inclusive growth"**, the Work Programme 2010 of the Social Protection Committee and the revision of the European Employment Strategy were elaborated.

Astrid Mechel also presented the **European Year 2010 for Combating Poverty and Social Exclusion** with a focus on the opportunities of MHE member organisations for getting involved in the activities of the European Year, such as through the National Focus Weeks and the Thematic Milestones - contributions would be possible via the organisation of events, provision of articles and research/position papers about poverty, mental health and social inclusion of people with mental health problems.

In the following, the participants exchanged their experiences regarding activities related to the EY in their country. Pro mente Salzburg announced its participation in the opening event for the EY2010 of the Austrian Poverty Conference at the end of February 2010 in Salzburg. SENT, Slovenia, received project funding (project name:

“win-win”) out of the EY 2010 programme. Within this project, SENT will organize the international conference “Days of social economy” and four consultations in the local environment on the theme of employment and poverty reduction.

The Bulgarian Public Health Association has produced a commercial spot on the EY 2010, which Hristo Dimitrov showed to the training participants. The Greek Society had the plan to get actively involved in the activities of the EY. Unfortunately, Greece did not issue a call for projects due to the state’s current financial difficulties. AGMI plans to hold its organisation's annual awareness-raising event in Cyprus around the World Mental Health Day this year on the topic of mental health and poverty.

The Polish Coalition for Mental Health will actively participate in the Polish EY 2010 Focus Week (17-23 May) and Elzbieta Bobiatynska promised to send more detailed information after the event.

The Finnish Association for Mental Health is involved in the activities of the European Anti-Poverty Network’s NGO coalition and raises the awareness on the link between poverty and mental health problems in the network. It was pointed out that the budget made available for the EY in the Netherlands was very small; after deducting the costs of one major conference and administration costs, there was only 50,000 EUR left for projects of NGOs.

The next topic on the agenda was a presentation by Mary Van Dievel about the **changes in the European Parliament and the decision procedures after the entry into force of the Lisbon Treaty** and an update on MHE’s work with the European Parliament. The participants then exchanged their experiences about contacts with MEPs. The majority of NFPs were active in the frame of MHE’s European Parliament Elections Campaign 2009. They translated MHE’s model letters to MEP candidates and political parties as well as the MHE Elections Manifesto into their national language and published and distributed it, sometimes even in the national newspaper (Cyprus). Some NFPs got positive feedback from MEPs and had further strengthened their contacts with them. SENT had collected signatures from other NGOs in Slovenia and then sent the manifesto to candidate MEPs and political parties. Positive reactions came in particular from Milan Zver (EPP), who afterwards hosted MHE’s EP awareness-raising event on 30 November 2009 on the topic “Poverty and Mental Health in the EU: A Human Rights Issue”, and answers from other candidates. Most NFPs were in contact with their country’s MEPs to invite them to MHE's awareness-raising event in the European Parliament in November 2009. The Polish Coalition regularly contacts MEPs, incl. Jerzy Buzek, President of the European Parliament, to invite them to their events and round table discussions. They experienced general interest of MEPs in mental health issues. Birgitta Nordelius, Sweden, had written letters to Swedish MEPs in the past and also experienced that MEPs appreciate contacts with their citizens and voters. Mental Health Ireland cooperated with an Irish MEP in the frame of their Public Speaking project.

In the following, the **implementation of the Mental Health Pact** at European and national level was discussed. The participants reported on the state of implementation of the Pact in their country and about their involvement. Several participants stated that it is not clear who in their country is the responsible unit for the implementation of the Pact. The participants expressed that general awareness-raising in the countries to sensibilise policy-makers and the public about mental health issues and to fight stigma is one of the most important steps towards the Pact implementation. It was proposed that MHE and its members should develop a common strategy for the dissemination of the Pact on the national level.

In Croatia, the term "mental" has an extremely negative connotation, therefore they usually talk about "psychosocial wellbeing". Furthermore, it was stated that the distinction between "psychologist" and "psychiatrist" is not clear to some public officials. In Austria, there had been a specific information campaign for politicians in the lobbying phase regarding the new psycho-social law some years ago. Also other language barriers were mentioned; the Pact only existed in English, French and German until very recently, which was hindering the Pact's further promulgation in many countries. In the meantime, the Mental Health Pact has been officially translated by the European Commission into all 22 EU languages: http://ec.europa.eu/health/mental_health/policy/index_en.htm

Some participants had provided good practices for the Mental Health Compass on the EU's Mental Health Pact website, others expressed that it is not so easy to get feedback from stakeholders when they asked for input. Mary Van Dievel pointed out that further good practices are being collected for the EU's database in all five priority areas of the Pact "Youth and Education", "Prevention of Depression and Suicide", "Mental Health in Older People", "Mental Health in the Work Place" and "Stigma and Social Exclusion". MHE will resend the template to the NFPs, collect the good practices and forward them to the European Commission for publication on their website.

A general point that was raised was that the task of NFPs should include to emphasise why measures, in particular in the field of mental health policies and the Pact, are important for the national level. It was also proposed that MHE should make itself better known in the EU member states. Mary Van Dievel pointed out that MHE is very interested in receiving invitations as speakers for national conferences and would be glad if MHE members/NFPs could involve MHE to a higher extent.

The second training day in each of the five seminars, a **communication training for strategies to influence policy-makers and for combating stigma and discrimination** was given by a local communication specialist. In Ljubljana, Simon Bryceson, independent communication expert, held an interactive session on strategies for influencing policy-makers and combating stigma and discrimination. Among his key messages were that if you want to influence a politician, you must let him believe that you have an influence over the public, since politicians are usually most interested in their reelection. According to his experience, emotional communication campaigns work best, whereas one should avoid talking about personal experiences since this often only provokes compassion. First the emotional commitment of politicians needs to be won, then good arguments need to be brought forward in a positive language. In order to convince, examples should be given where the measure that one wishes to bring forward, already works. When approaching the media, preciseness and shortness is crucial; the message should be brought within the first two sentences since most journalist stop listening after a short introduction.

In Bucharest, Georgana Pascu from the Center for Legal Resources (Romania) gave a presentation on advocacy strategies which were conducted by the Center for the enforcement of fundamental rights for people with mental disabilities in institutions. She reported among other issues about their cooperation with Amnesty International. Raluca Nica from the Romanian League for Mental Health also presented their recent lobbying activities and focused on the question on how to make a difference through communication, such as for example how to develop

relations with policy-makers making and to render oneself recognized as a reliable source of information for them and the public.

In Madrid, Juan Manuel Revuelta from the permanent representation of the Valencia in Brussels gave a presentation on lobbying from a region's perspective; since his flight had been cancelled due to the volcanic ash cloud, the presentation was given in the form of a videoconference. Among his recommendations were to work on image-building for your organisation, get yourself recognized as an expert, to build alliances with other stakeholders and to intensify media relations.

In Stockholm, Johannes Hylander from the Public Relations company Westander gave a communication training for strategies to influence policy-makers and for combating stigma and discrimination. In his presentation he recommended to focus on offering solutions to policy-makers rather than just conveying demands to them. Building alliances with other stakeholders and pointing out the public interest that your topic enjoys are considered as useful strategies to influence policy makers. Assumptions should always be underlined by statistics and surveys. Last but not least, one should not present oneself as a lobbyist, but sell oneself as an expert who can give valuable advice to the policy-maker.

In Tallinn, Margus Salumets from Metaprofit, a professional training provider in the field of Neurolinguistic Programming (NLP), held the communication strategy training. The session started with drama therapy, giving the participants the opportunity for a role play where they experienced stigma and attitudes that people have towards each other, in particular by stepping into the position of lobbyists on the one hand and policy-makers on the other hand. The role play was concluded with a final wrap-up to define arguments for both lobbyists and project applicants that can convince policy-makers to grant more priority to mental health issues, while a third group represented the policy-makers and expressed their interests and concerns.

The last point on the training agenda was MHE's work in the field of **human rights of people with mental health problems** as well as the NFP's activities in this field. The Spanish Association for Neuropsychiatry has recently launched a working group on "mental health and human rights", with foci on immigrants, prisons and the transition from big institutions to community-based care. AISME is working with a Tuscan user group on human rights issues. Poland has adopted a Mental Health Protection Act. Furthermore, the Helsinki Foundation was mentioned as a strong human rights body in Poland. Unfortunately, recently Structural Funds money was used in Poland to build a big psychiatric hospital with 800 beds which is not in line with more patient-oriented extension of community-based care. The Norwegian "Adults for Children" had been giving trainings in the context of community-based care/de-institutionalisation in Poland and Romania, which were funded out of the EU Structural Funds. "Adults for Children" furthermore wrote an article on the UN Convention on the Right of the Child which will be published in autumn 2010. In Hungary, an anti-discrimination law is in the legislative process. At the moment, the Hungarian government does not support the closing of big institutions. Mental Health Ireland has published a booklet, together with Amnesty International Ireland, with the title "Mental illness – The neglected quarter". Skalbes is regularly consulted on human rights and social needs by the Latvian ministry.

The participants also discussed the **implementation of the UN Convention on the Rights of People with Disabilities**. Pro mente reported that the ratification of the UN Convention has been signed by Austria, but that the implementation process is

very slow. While the EU countries have disability councils which monitor the implementation of the Convention, Croatia does not have a Disability Council, the responsible body in Croatia is a unit for invalid persons within the social/health ministry. Malta has not yet ratified the UN Convention on the Rights of People with Disabilities. Advocacy France has been in contact with the French Conseil des Personnes Handicapées pour les questions européennes (CFHE – in English: Disabled Persons Council for European Questions) in the context of lobbying for the UN Convention. It was stated that the Netherlands did not sign the UN Convention on the Rights of People with Disabilities and the government does not intend to adopt the Convention in the future neither.

Moreover, the participants' attention was drawn to the **Committee on Prevention of Torture (CPT) of the Council of Europe**. This Committee has free entrance to all closed institutions as soon as their request for visits is approved by the responsible national ministry. The Committee members do not have to inform anyone in advance which particular institutions they plan to visit. The ministry usually informs all institutions that the CPT might come for an inspection.

The **MHE survey issued by the MHE Human Rights committee on restraints and seclusion** was discussed; MHE will send this survey out shortly to the NFPs. It was concluded that, in order to get reliable results, it would be best to send the survey to heads of nursing, experts and lower level employees rather than to directors of hospitals since the latter would be more reluctant to denounce any negative facts.

Each training ended with an optional **site visit**, except in Ljubljana, where a site visit was not combinable with most participants' travel schedules. In **Bucharest**, the participants visited the **Titan Dr. Constantin Gorgos Psychiatric Hospital**, which has been modernised lately and also comprises a conference center where seminars for mental health professionals take place.

In **Madrid**, participants went to the **Fundación Manantial**, a center for people with mental health problems which includes residences, psychosocial and labour rehabilitation structures and a day-centre. Labour integration measures include areas such as catering, gardening and a vocational orientation facility.

In **Stockholm**, the participants visited the **Fountain House Club House**, which is belonging to a worldwide network of clubhouses. In the clubhouse, people with mental health problems can work and organize activities together. Moreover, Fountain House also provides active support for the reintegration into the labour market, such as through work placements.

At the end of the last of the five training sessions, the NFPs went to the **Tallinn Mental Health Center**, a social welfare institution that provides and develops mental health services for adults with psychiatric special needs. The patients live in the residential center for shorter or also longer periods (several years) and benefit from rehabilitation measures such as psychosocial support and guidance for labour market integration.

The overall feedback that was received from the participants of the five National Focal Point training sessions was positive. The participants expressed that the training was useful for their work as National Focal Point and that they are committed to continue cooperating with MHE. The training in a small group was appreciated by the participants as it allowed for a more intense personal contact than

it would have been the case in a bigger event. The training was seen as a good opportunity to strengthen ties among the NFPs and MHE and to exchange best practices among each other. Some participants expressed that their understanding of EU institutions and procedures increased, including policy issues on the one hand and practical advocacy work on the national level on the other hand. Mental Health Europe is cooperating with a group of external evaluators to assess the NFP trainings and three evaluators were also present during three of the five seminars.