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**EUROPEAN SEMINAR:
FOR MHE MEMBER ORGANISATIONS AND EUROPEAN NGOs ACTIVE
IN MENTAL HEALTH FIELD**

**THE WHO/EURO DECLARATION AND ACTION PLAN
ON MENTAL HEALTH: THE WAY FORWARD**

Brussels, 3 June 2005

This seminar was organised in the framework of MHE's project "Co-ordination of capacity building, fight against discrimination and awareness raising in the mental health field: a European challenge" funded by the European Commission, Employment and Social Affairs DG, Anti-Discrimination and Civil Society Unit.

1. Welcome and opening

Malgorzata Kmita, MHE vice-president, in her role as chair, welcomed the participants and provided an overview of the day agenda.

2. WHO/EURO Declaration and Action Plan on Mental Health

Matt Muijen, WHO/Euro Regional Adviser for Mental Health

Matt Muijen began his presentation by underlining the tremendous changes in society in the last 40 years: from full employment and localism to partial employment and globalisation, from a family-centred approach to individualism, from security to fear.

He also mentioned the changes in expectations in the mental health area – from residential institutions to inclusion in community, and the increased attention on problems prevention, well-being, social inclusion and protection of human rights. While the 20th century care model was centred on hospital care, the 21st century model includes a broader area of services: primary care services; inclusion and rehabilitation services; community mental health services; residential care, secure places.

It was particularly emphasised that mental health accounted for almost 20% of the burden of disease in the European Region and that estimations showed that in many countries, 40% of the diseases were not treated. Therefore, mental health needs to have a place on the political agenda. The WHO/EURO Declaration and Action Plan on Mental Health, endorsed in Helsinki by 52 ministers present at the WHO European Ministerial Conference on Mental Health (12-15 January 2005) is a step forward.

The 12 actions - representing a number of cross-cutting areas - of the WHO Declaration and Action Plan, were then outlined. It was emphasised that actions should be driven by needs and experiences, but should be also based on evidence and should be sensitive to local culture and resources. Mental health promotion and mental disease prevention should be important on the agenda. Mental health is also about education, employment, and transportation.

Another issue highlighted was the need for a mental health impact assessment in European countries.

The topic of workforce in mental health was discussed and the need for further training of mental health professionals was expressed. The trend in EU is that some countries are more preoccupied of mental health than others. There is also a difference in the type of treatment that people receive in countries. Generally, the number of staff working in mental health is relatively low, but there are massive differences across countries (for example Finland is the country with the highest number of psychiatrists in Europe). Mental health spending needs to be increased and there is a need to make a case and to demonstrate that greater investment has greater results.

Finally, the information was given that an informal Agreement was made with a Network of NGOs, in order to collaborate on the implementation of the WHO Action Plan on Mental Health. This includes: Mental Health Europe, ENUSP (European Network of (ex)Users and Survivors of psychiatry), EUFAMI (European Federation of Associations of Families of People with Mental Illness), Global Initiative of Psychiatry, Hamlet Trust, MDAC (Mental Disability Advocacy Centre) and the Open Society Mental Health Initiative.

Comments

Two questions were raised regarding the involvement of NGO in the implementation of the WHO Declaration and Action Plan:

- Is WHO interested in working with NGOs or only in working with Governments?
- Is WHO interested in MHE member associations at local level?

Replying to this, it was emphasised that there was an ongoing co-operation with the WHO Collaborating Centres and with the Mental Health Foundation (UK).

Another comment was made that the Declaration looked too much at services and less at disability and human rights.

An issue of concern was the difficulty for small associations to promote the WHO Declaration and WHO Action Plan. From this perspective the question was raised how to promote the principles locally and whether there were some guidelines for NGOs for this.

Another issue raised was the importance of the volunteer movement and of involving people from the administration.

3. What can be the role of the European Commission?

3.1. Jürgen Schefflein, DG Health and Consumer Protection, Health Information Unit, Mental Health Desk

Jürgen Schefflein highlighted that mental health was a high priority for Commissioner Markos Kyprianou and underlined that the Commission's role was to promote the quality of life of citizens and to promote economic and social welfare. He added that mental health was closely related to these objectives and that investing in mental health was therefore a contribution to the EU's central policy objectives.

Estimations suggest that up to 20% of the adult population in the EU suffer from some form of mental ill health, among which anxiety and depression are the most common disorders. It was stressed that although the burden of mental ill-health is increasing,

many examples of good practices exist and solutions are available in schools, at the work place and in the health sector. However, solutions are not applied widely enough. There is still a lack of awareness of the centrality of mental health, in the health sector and in other sectors.

At the question how to promote solutions, several examples were highlighted: (1) set up a public health approach of mental health, (2) mainstream mental health in policies, (3) promote exchange, cooperation and consensus between stakeholders and (4) develop a solid information basis on mental health.

It was equally stressed that the Helsinki Conference was an important basis to build up a partnership between the Commission and the WHO/EURO. Moreover, mental health is one of the topics of the EU Public Health Programme and the Commission's vision is to mainstream mental health across policies, to open up a forum for cooperation between member states and to build up an information system on mental health. A EC Mental Health Working Party was created, gathering a network of experts from old and new EU Member States.

Although it has no mandate to interfere in treatment issues, the Commission supports, through its work under the EU Public Health Programme, various projects to identify good practices and evidence-based research priorities. It was emphasized that the EC recognises that raising awareness on mental health was still a problem and that good practices were not really integrated in policies.

Another issue highlighted was that the EC was also concerned with ensuring health authorities involve NGOs and civil society.

In conclusion, the information was given that a **Green Paper on Mental Health** would be launched on October and would be followed by a consultation process until summer 2006. This will be continued with the establishment of a EU strategy on mental health.

3.2. Wallis Goelen, DG Employment, Social Affairs and Equal Opportunities, Integration of People with Disabilities Unit

Wallis Goelen began by stating that although there were differences between "mental health problems" and "disabilities", the difficulties of integration faced by people with disabilities or with mental health problems were quite similar.

She gave then an update on the main policy developments in the field of disability, highlighting the EU Disability Action Plan set out in the Commission Communication: *"Equal opportunities for people with disabilities: A European Action Plan."* The Communication features the EU priorities in the field of the integration of people with disabilities for the period up to 2010.

It was also explained that a biannual report on the situation of people with disabilities in the EU was due for the end of 2005. The report describes the overall situation in the EU on this topic and also addresses priorities.

Another issue highlighted was the attention given by the Commission to the involvement of people with disabilities in the planning, monitoring and evaluation of changes in policies and practices. The close collaboration with European NGOs, such as the European Disability Forum and Inclusion Europe was mentioned, as well as the feed-back received from Bob Grove (Sainsbury Centre for Mental Health- UK) regarding the discrimination faced by people with mental health problems.

Information was given also on the European Union Disability Strategy, which has 3 main focuses, one of which is mainstreaming disability in policy formulation.

Finally, the project "Included in society" (led by Inclusion Europe) was mentioned and it was explained that a second study had been launched, aiming to collect data on costs of de-institutionalisation at national levels.

Comments

The question was raised about ways of creating equal access of NGOs to EU grants. ENUSP expressed their regret that the Commission decisions were, in their view, arbitrary and not transparent and reminded that certain NGOs felt discriminated. In reply to this question, it was explained that funds were granted on grounds of specific programmes and according to the objectives and plan of activities. Moreover, a specific budget line was implemented to establish a dialogue with NGOs. The suggestion was made to contact the Anti-discrimination and Relations with Civil Society Programme.

Another comment was made about depression, which is increasingly seen as an illness of the century, and it was highlighted that there was a need to study this in relation with society.

Attention was raised also on the issue of mental health of the homeless.

Finally, the comment was made that there should be no confusion between people with intellectual disability and persons suffering of mental health problems.

4. How can Mental Health NGOs get involved in the implementation of the WHO/EURO Declaration and Action Plan in their country? – Some examples

4.1. Pirkko Lahti - Finnish Association for Mental Health

Pirkko Lahti introduced her organisation, explaining that it included twenty non-governmental organisations in Finland, which are active in implementing various mental health projects and programmes. It was highlighted that one of the major issues of concern was the mental health of the elderly, in the larger context of rapid ageing population.

It was then explained that the Finnish Association for Mental Health was part of the official delegation at the WHO European Ministerial Conference on Mental Health and that, in the follow-up of the conference, letters were sent to the Ministry of Health to push the issue forward. From this perspective, developing the cooperation between NGOs and public authorities is currently one of the focuses of Finnish Association for Mental Health.

The Conference "NGOs for Mental Health" organised in Helsinki on 11 January 2005 was equally mentioned, as well as the "Zero Stigma" campaign, started in cooperation with EUFAMI.

Further information was provided about other activities of the Association: psycho-education training of people with depression, professional trainings in social welfare and health care, psychotherapy training.

4.2. Brian Howard - Mental Health Ireland

Brian Howard began by reminding the priorities of the WHO Declaration and Action Plan for Mental Health and focussed on two actions: (1) collectively tackle stigma, discrimination and inequality and (2) implement comprehensive, integrated and efficient mental health systems.

He then briefly presented the current situation of Ireland in terms of development of mental health services, explaining that there was a wide disparity of investment depending on geographical areas and that a national policy review was underway. The information was given that a new disability legislation and a new mental health legislation was also in place.

Concerning the WHO/EURO Declaration and Action Plan, it was considered that Ireland was likely to encounter impediments in implementing it. Mental health service development is a low political priority and there is no redress system to ensure the implementation of the Declaration, for example no system like the European Court of Human Rights.

It was advised that NGOs should be active in participating in national policy reviews and in ensuring a structured Action Plan. They should also continue lobbying, both nationally and locally. They should maintain good and regular channels of communication with the Ministry of Health and join efforts with other national NGOs. The suggestion was also made to use public relations and media relations and the political connections to take the issues forward and improve the dialogue with the public administration (for example - when meeting the minister of health, inviting also one member of his political party).

It was concluded that a public relations policy, although very costly, was very efficient and represented a chance to promote mental health topics.

4.3 Pětr Nawka- The Association for Mental Health "Integra"- Slovakia

Pětr Nawka informed about the pilot project "Transformation to an Integrated System of Mental Health Care" in the region of Michalovce in Eastern Slovakia, in the framework of which a process of shifting from a psychiatry-oriented model of mental health care (closer to the state) to community-based mental health services was initiated.

The project started in September 2002 and was very much linked with the tetralogue model of Austria. Using the recommendations of the WHO, Integra implemented a Regional Plan of Integrated Mental Health Care in January 2004. A functioning model of community care was created, built on the recovery model and driven by the needs of clients (case management). The model operates at four levels: psychiatrists, multi-disciplinary professional teams, users and family relatives.

In October 2004 the Slovak government ratified the National Programme of Mental Health, recognising the Michalovce model and Regional Plan (implemented by an NGO), as a demonstration area.

4.4 Elisabeth Muschik, Pro Mente Vienna, Pro Mente Austria

Elisabeth Muschick informed that Pro Mente Austria was part of the official Austrian delegation attending the WHO European Ministerial Conference on Mental Health in Helsinki. Following this event, the Austrian Minister of Health decided to seek support from Pro Mente in implementing the Helsinki Declaration and Action Plan.

It was explained that a working programme had started already at the beginning of November, bringing together professionals, users and their families, people from the Ministry of Health and politicians. This also included a strong involvement of civil society and volunteers.

In the follow-up of these actions, the Ministry of Health engaged to set up a Council of Mental Health.

Comments:

Concern was expressed about how grabbing media attention and how to get a considerable public entity involved.

Another participant questioned about ways in which the experience of users can be recognized. Several replies and examples were given:

- Including users representatives in the Board of a mental health NGO;
- Setting up patients advocacy group in order to exchange experiences;
- Working with media as a way of empowerment (ex. The Finnish Association for Mental Health: 6 professional journalists);
- Organising conferences and strengthen users' participation.

The need for training of psychiatrists and for initiating anti-stigma campaigns was emphasised by one participant, while the issue of education for citizenship was raised by another. It was highlighted that in the context of society changes that are currently being undertaken, there is a need for explanation of mental health problems to the public and that this could not be handled only by professionals.

Another participant made the comment that the patient must be seen as a member of the multi-disciplinary team and that there was a need for training of users and for promoting the principle "one has to live, one has to fight for life".

Closure

Malgorzata Kmita closed the meeting thanking the participants and the speakers for excellent presentations and ideas and thanking the organisers for their efforts.

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