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**EUROPEAN SEMINAR:  
EUROPEAN POLICIES TOWARDS INTEGRATION OF PEOPLE WITH  
MENTAL HEALTH PROBLEMS**

**Brussels, 4 February 2005**

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## **1. Welcome and opening**

Claude Deutsch and Josée van Remoortel welcomed the participants and thanked them for their interest and efforts to attend the meeting.

## **2. The role of the European Parliament in the development of European policies in mental health field**

*John Bowis (Member of the European Parliament)*

Mr Bowis began by pointing out the Competences of the European Union in health area, as established in the article 152 of the Treaty establishing the European Community: health promotion, prevention of ill health and health information.

He also reminded the three pillars of the Lisbon Strategy - economy, environment and the social pillar - set out by the Heads of State and Government of the European Union in Lisbon in 2000 with the aim to make the European Union " the most dynamic and competitive knowledge-based economy in the world by 2010".

Talking about the integration of people with mental health problems in society, he drew attention on integration of people not only in issues related to housing, employment, and leisure activities, but also in one's own medication and treatment. He also welcomed the attention being focussed on access to community and help lines for people with mental health problems.

He continued by pointing out that mental health had not been on top on the agenda of the European Communities. One of the first steps to approach mental health issues on the European Agenda was the European Conference on Promotion of Mental Health and Social Inclusion in Tampere 1999, which highlighted the importance of mental health and the need for action as a part of the Community public health strategy. In the follow-up of the conference, the Health Council of the European Union adopted a Resolution on the Promotion of Mental Health<sup>1</sup>.

A series of European events and conferences followed, which represented an enormous step forward: the conference "Coping with Stress and Depression Related Problems in Europe" (October 2001, Brussels), under the EU Belgian Presidency, the conference "Mental Illness and Stigma in Europe" (June 2003, Athens), during the Greek presidency of the EU, Commissioner Kyprianou's recent statement on "mental illness – Europe's unseen killer" <sup>2</sup> at the WHO European Ministerial Conference on Mental Health (Helsinki, January 2005).

If the first EU Public Health Programme was based on eight separate Action Programmes and focussed only on a specific health problem, the current Programme of Community Action in the Field of Public Health has three general objectives: (1) improve information

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<sup>1</sup> To download the Resolution:

[http://europa.eu.int/comm/employment\\_social/fundamental\\_rights/pdf/legisl/2000\\_78\\_en.pdf](http://europa.eu.int/comm/employment_social/fundamental_rights/pdf/legisl/2000_78_en.pdf)

<sup>2</sup> to view the complete statement:

<http://europa.eu.int/rapid/pressReleasesAction.do?reference=IP/05/27&format=HTML&aged=0&language=EN&guiLanguage=en>

for development of public health issues, (2) enhance the capacity of responding rapidly to health threats and (3) promote health and prevent diseases through addressing health determinants across all polices.

In the ensuing discussion, it was stressed that healthy people and healthy environment are prerequisites of a healthy economy. It was made clear that both the Health and Environment Committee in the European Parliament needed support from other Members of the European Parliament (MEP).

Other issues tackled were: professionals' mobility, mental health impact assessment of various policies, budget and finance issues, and the need for support on these issues from the Health Ministers of the Council of Europe.

### **Comments**

In the ensuing discussions, participants expressed their concern about the social dimension gradually disappearing in European policies and about the lack of reaction on increasing importance of market issues.

The question was asked on what MEPs needed from NGOs to bring forward a mental health policy issue. Replying to this intervention, Mr Bowis said that NGOs should inform and put pressure on MEPs coming from their countries, but also on members of their national Parliament, send personalised letters with example of local needs and achievements and activate local members to press their local people. He equally underlined that the Commission should be also lobbied for these issues.

Another point raised was the issue of children and young people citizenship studies: learning about mental health is fundamental, and citizenship is about mental health.

Moreover, information was given about the Ministerial Conference of EU Health Ministers, to be held in Bratislava during 20-23 June 2005 to launch the national action plans.

On the issue of involvement of members of Parliament in mental health issues, experience was shared regarding a study visit organised by mental health professionals in Flanders for members of the Flemish Community Parliament. The question was raised whether this type of visits can be organised at European Parliament level.

Another suggestion was that, although emphasis is put on budget, investment does not only mean money, but also access to information and training.

Information was given from another participant on a project on local mental health systems carried out in Prato, in Italy, and emphasis was put on the long-term exercise in persuasion of policy makers and on the gap between national and local level, with an illness model dominant at local level.

Picking up the concern expressed on one's inclusion in his/her own individual medication and care, another participant raised the issue on how to keep up a balance between individual and community component.

### **3. The global strategy of the European Union regarding disability issues and Equal opportunities for people with psychosocial disability**

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

Ms. Goelen gave an overview on the European overall approach on disability, indicating that this is based on three principles:

1. Disability is a rights issue and discrimination against people with disabilities should be eliminated. Disability policies should follow a socially inclusive and individualised approach ("Social model of disability") Nothing about people with disabilities without people with disabilities

She further explained that the European Disability Strategy has three main focuses:

1. Cooperation between the Commission and the Member States;
2. Full participation of people with disabilities.
3. Mainstreaming disability in Policy formulation.

The Strategy complements and enhances national measures and serves as a reference point for national legislative and policy initiatives. Moreover, there are some economic arguments for a strong European approach to disability: growing pressures on welfare state systems, acute skills (staff) shortages in many sectors and ageing population across the enlarged Europe.

Emphasis was put on the Commission's contribution in negotiations on anti-discrimination aspects of the new UN Convention in the field of disabilities, to promote and protect the rights and dignity of people with disabilities.

Among initiatives at EU level, several examples were given:

- The report of the EU Experts Group on Access to the Built Environment: "2010: an Accessible Europe for All" (2003)
- Inclusion of disability aspects in the DG Research funded initiative "European Construction Technology Platform".
- Awards in "Innovation in Design for All and Assistive Technologies"
- Commission's initiative to encourage representatives of all Commission Services to participate in regular meetings of the Inter-Service Group on Disability.

Concerning the High Level Group on Disability, it was explained that it provided a context for the policy follow-up to the European Year of People with Disabilities and the Conclusion of the Social Affairs Committee (1 December 2003). The high Level Group includes representatives of Member State governments and NGOs who meet regularly to discuss national and cross-border activities on disability.

Details were given also on the Commission Communication of October 2003 on "Equal opportunities for People with Disabilities: a European Action Plan".

#### **4. Non-discrimination in the field of disability**

*Fiona Kinsman, DG Employment, Social Affairs and Equal Opportunities, Anti-discrimination and Relations with Civil Society Unit*

Ms. Kinsman spoke on the most recent developments at European level in the non-discrimination field, with a particular reference to disability. She explained that new rights had entered into force across the EU in 2003, based on ground-breaking anti-discrimination legislation adopted in 2000. This legislation ensures that the "rights-based" approach towards people with disabilities is firmly anchored in the EU and national level.

With the ratification of the Amsterdam Treaty in 1999, the EU's capacity to support and protect the fundamental rights of its people was significantly reinforced: article 13 of the Treaty opened the way for the Commission to propose legally binding measures to outlaw discrimination.

To implement Article 13, the European Community unanimously approved in November 2000 two directives (the Racial Equality Directive<sup>3</sup> and the Employment Equality Directive<sup>4</sup>) that afford a common minimum level of protection to EU citizens against discrimination.

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<sup>3</sup> To download the Racial Equality Directive:  
[http://europa.eu.int/comm/employment\\_social/fundamental\\_rights/pdf/legisl/2000\\_43\\_en.pdf](http://europa.eu.int/comm/employment_social/fundamental_rights/pdf/legisl/2000_43_en.pdf)

<sup>4</sup> to download the Employment Equality Directive:  
[http://europa.eu.int/comm/employment\\_social/fundamental\\_rights/pdf/legisl/2000\\_78\\_en.pdf](http://europa.eu.int/comm/employment_social/fundamental_rights/pdf/legisl/2000_78_en.pdf)

The Racial Equality Directive prohibits discrimination on the grounds of race or ethnic origin, in employment and areas beyond such as education, social security, healthcare and access to goods and services, including housing, while the Employment Equality Directive prohibits discrimination in employment, occupation and vocational training in the grounds of religion or belief, disability, age and sexual orientation.

In parallel with the Directives, the Community established an Action Programme<sup>5</sup> to enable people to tackle discrimination at a local level.

It was explained that the deadline for Member States to transpose the directives in national legislation was end of 2003 and that some Member States were given an additional time to complete the transposition of the Directives into national law. (France and the Netherlands are using three extra years, while the UK and Denmark only one, which is in fact already over).

For those countries that have not transposed their legislation within the required timeframe and do not have an agreed extension time, the European Commission launched infringement procedures. 5 Member States have been referred to the European Court of Justice. The Commission also studies in detail the legislation of the Member states to see if they have correctly transposed the Directives and the first infringements for non-conformity will be launched as soon as possible.

It was concluded that legislation alone would not solve all the problems of disabled people. An issue of concern was that, even if the legislation is implemented, in practice people are not respected their rights. Although some would argue that more legislation is the answer, in reality many Member States are still struggling to come to grips with the concepts in the Employment Directive.

Further information was given on a "feasibility" study, which examines what legislation exists, in all 25 Member States, outside the employment field and which prohibits discrimination on grounds of disability, age, religion and sexual orientation. The "feasibility" study was launched by the EC following the public consultation (Green Paper) on Future Strategy to Combat Discrimination, in which the responses to the question on whether there should be a "disability specific" directive were mixed, with broadly NGOs in favour and Member States against. The study is expected to be ready in 2006.

It was also indicated that a Communication on Social Services was being prepared. Moreover, in 2007, the Commission will adopt an official report, based on information sent by Member States, on the application of the Employment Directive. 2007 will be also the European Year of Equal Opportunities.

## **Comments**

Concern was expressed on the issue of the need, in some cases, for a personal assistant for people with mental health problems.

In relation to the presentation on the European Disability Strategy, it was suggested to add a fifth point to the Action Plan: access to organisations of people with mental health problems.

Ms. Goelen suggested that MHE should promote the EC slogan: "Nothing about us without us".

Other issues of concern were that the needs of people with disabilities are quite different, and mention was made on ageing with disability.

Another concern expressed was for age limits for access to services and carers.

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<sup>5</sup> [http://europa.eu.int/comm/employment\\_social/fundamental\\_rights/policy/prog\\_en.htm](http://europa.eu.int/comm/employment_social/fundamental_rights/policy/prog_en.htm)

## **5. EU Health Policy in the mental health field**

*Jürgen Scheftlein, DG Health and Consumer Protection, Health Information Unit, Mental Health Desk*

Mr. Scheftlein explained that the legal basis for EU activities were the Article 152 of the Treaty establishing the European Community and the Programme of Community Action in the field of Public health (2003-2008).

He then indicated some key achievements in mental health area, under the Public Health Programme. Under the health information strand a completed project "*The State of Mental Health in the European Union*" was mentioned <sup>6</sup>.

Under the health determinants strand, he indicated the expert report "*Actions against depression. Improving mental health and well-being by combating the adverse health, social and economic consequences of depression*"<sup>7</sup>. The report summarises findings from different projects, describes the prevalence and implications of depression, develops a framework for action against depression and includes policy recommendations.

Another publication signalled was: "*Actions for mental Health - Activities co-funded from European Community (Public Health Programmes 1997-2004*"<sup>8</sup>

Regarding the Public Health Work Plan for 2005, it was pointed out that children and youth and their settings were a priority for the Commission. It was stressed that an increasing priority is put on mental health, in the context in which there is a need to address health, social, economics and human rights challenges.

From this perspective, several actions taken from research to policy were mentioned: from projects funded under public health programmes, to Council of Ministers Resolutions after mental health events and to the WHO European Ministerial Conference on Mental Health.

It was highlighted that, at the second quarter of 2005, a Green Paper by the Commission on mental health will be issued and possibly a strategy document in the end of 2006.

Other issues tackled were the need for collaboration with DG Employment and DG Research and the key point that health should not be seen as a burden/cost, but as an investment.

## **6. EU Social Policy Inclusion**

*Anne Tondevold, national expert, Social Protection and Social Inclusion, Policy coordinator, European Commission*

Ms. Tondevold began by pointing out that the legal and political basis of the EU social inclusion process are article 136 and 137 of the Amsterdam Treaty.

The Lisbon Agenda is a milestone in this process: in March 2000, European leaders committed the EU to become by 2010 "the most competitive and dynamic knowledge-based economy in the world, capable of sustainable economic growth with more and better jobs and greater social cohesion".

In the context of the Lisbon strategy, the Member States engaged to pursue a voluntary process – the Open Method of Coordination - in order to encourage a strategic and integrated approach to facilitate participation in employment and access to resources,

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<sup>6</sup> to download the report:

[http://europa.eu.int/comm/health/ph\\_projects/2001/monitoring/fp\\_monitoring\\_2001\\_frep\\_06\\_en.pdf](http://europa.eu.int/comm/health/ph_projects/2001/monitoring/fp_monitoring_2001_frep_06_en.pdf).

<sup>7</sup> to download the report:

[http://europa.eu.int/comm/health/ph\\_determinants/life\\_style/mental/docs/depression\\_en.pdf](http://europa.eu.int/comm/health/ph_determinants/life_style/mental/docs/depression_en.pdf).

<sup>8</sup> to download the publication:

[http://europa.eu.int/comm/health/ph\\_determinants/life\\_style/mental/docs/action\\_1997\\_2004\\_en.pdf](http://europa.eu.int/comm/health/ph_determinants/life_style/mental/docs/action_1997_2004_en.pdf)

rights, goods and services for all and to prevent the risks of exclusion. This will be done through common objectives, common agreed indicators, National Action Plans on Social Inclusion, joint reports on Social Inclusion and transactional exchange of learning (community action programme).

Examples of risk factors for social exclusion were given such as: unemployed, low/outdated skills, having an impairment or/and a chronic illness, growing up in institutional care single parent households, families with several dependants, older people living alone.

Further on, the main activities of the Community Action Programme to combat social exclusion were presented:

1. Transnational Exchange Programme (its objective is to promote and support the organisation of exchanges and promote mutual learning between Member States)
2. Peer Review Programme (voluntary mutual learning process involving the scrutiny of specific policies, programmes or institutional arrangements presented as good practice in the various National Action Plans.
3. Thematic Studies (for example what policies are successful in preventing and reducing high levels in child poverty; the situation of Roma in an enlarged European Union)
4. Awareness-raising Projects (call for proposals),
5. Non-governmental experts reports on National Action Plans,
6. Core-funding of key European Networks.
7. Round Table Conferences (the next European Round Table will be held in Glasgow, in UK, 17-18 October 2005).

Ms. Tondevold also indicated that a new website was launched on social inclusion:

[http://europa.eu.int/comm/employment\\_social/social\\_inclusion/index\\_en.htm](http://europa.eu.int/comm/employment_social/social_inclusion/index_en.htm)

and that a *Joint report on social inclusion 2004* was recently published (copies were made available among participants at the seminar)<sup>9</sup>.

## **7. Evaluation of the meeting**

There was a wide appreciation from participants that the seminar was positive, very interesting, and extremely valuable, a food for reflection on how to change this very important work in everyday life, especially in new Member States.

Some of them pointed out that they did not have often the opportunity to meet this kind of actors in mental health field and underlined that they would bring forward this issues at national level.

Another opinion expressed was that it was important to bring forward the message: it is possible to live together with mental health patients in everyday life.

It was also indicated that it was useful to see how EU policy was be interpreted at local and national level.

It was also stressed that the seminar offered the opportunity to know whom to address at EU level and how to get support from MEPs and the EC.

Another participants emphasised the importance to have listed to presentations and to comments from other colleagues.

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<sup>9</sup> The report can be downloaded from:

[http://europa.eu.int/comm/employment\\_social/social\\_inclusion/docs/final\\_joint\\_inclusion\\_report\\_2003\\_en.pdf](http://europa.eu.int/comm/employment_social/social_inclusion/docs/final_joint_inclusion_report_2003_en.pdf)

Another point raised was the opportunity to become aware of constraints and limits of these European strategies in order to get more support from national governments.

It was also mentioned that the seminar offered an opportunity for reflection on how to increase collaboration with MHE.

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The Action Programme has three main objectives. These are:

- To improve the understanding of issues related to discrimination
- To develop the capacity to tackle discrimination effectively
- To promote the values underlying the fight against discrimination

For more information see : [http://europa.eu.int/comm/employment\\_social/fundamental\\_rights/index\\_en.htm](http://europa.eu.int/comm/employment_social/fundamental_rights/index_en.htm)

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