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## **SOCIAL INCLUSION – A CHALLENGE FOR THE EUROPEAN UNION !**

### **Guidelines to improve social inclusion of people with mental health problems**

Today social exclusion is not a marginal problem in Europe : it is a painful reality for millions of people. Social exclusion is an offence against human dignity and human fundamental rights. Certain groups are more at risk of social exclusion : disabled people, refugees and asylum seekers, ethnic minorities, older people, single parent families, women, unemployed people, and specifically people with mental health problems.

Discrimination and social exclusion of persons with mental health problems is a universal problem. Improving the situation will depend substantially on the progress made in combating poverty, social exclusion and the taboos which surround mental illness.

Social exclusion /inclusion issues are no longer invisible at the European level. On 7 December 2000 the Heads of States and Governments adopted the European Social Policy Agenda and reached an agreement on common objectives establishing comparable ways to combat poverty and promoting social inclusion. Now Member States and the European Commission have taken a responsibility towards excluded people and will collaborate to meet this Challenge.

Mental Health Europe and the partners of the European project 'Promoting Social Inclusion of People with Mental Health Problems : a Challenge for the European Union !' have prepared guidelines after consulting groups of (ex-)users of mental health services and representatives of organisations working in the field of the rehabilitation of people with mental health problems in Austria, Finland, France and the United Kingdom.

These guidelines are for policy makers, service providers and the general population to use to combat the social exclusion that users and ex-users<sup>1</sup> are facing daily.

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<sup>1</sup> In this document the terms 'users' and 'ex-users' are used to identify people who are or have been using mental health services

## I. GENERAL GUIDELINES

### I.1. To policy makers

- I.1.1. People with mental health are among the most excluded in today's society. **Non-discrimination legislation** should cover all areas of society and all excluded people as stipulated in Art. 13 of the Treaty on the European Union. Efforts should be made to increase awareness of the legislation and to enforce it.
- I.1.2. **Advocacy** : opinions of people with mental health problems should be considered of equal value with any other voice especially when it comes to sectors that concern their lives. Appropriate financial support should be made available to self-help and advocacy users groups
- I.1.3. Every attempt should be made to challenge **indirect discrimination**.
- I.1.4. Users of mental health services should have access to their own files and attempt should be made to agree on legislation which improves and controls **data-protection**. Users of mental health services should be involved in the formulation of this legislation. The legislative process should react rapidly to new technological developments. Failure to comply with legislation should be treated as a serious offence.

### I.2. To service providers

- I.2.1. There is a lack of understanding of what mental health, mental illness and the needs of people with mental health problems are. **Awareness raising** should be organised for all sections of society, including decision makers, service providers of different sectors (health, media, education, employers, Trade Unions, etc.) and the general population. Independent and fully financed positions for user-led information services are required to answer this need.
- I.2.2. Mental Health needs should be addressed with **respect to gender, cultural, spiritual and religious backgrounds**.
- I.2.3. Professionals should look for the **empowerment** of people with mental health problems (make them aware of their rights, explain how social services work, how welfare benefit works, etc). Users and ex-users should, by legal right, be informed of their rights and benefits by trained staff, either professionals or (ex-)users.
- I.2.4. Besides the above, independent and fully financed **counselling services** should be set up to allow users to access all information and decision making

### **I.3. To general public**

- I.3.1. **Families** and friends, supporting someone with a mental health problem should themselves have access to the support they need.
- I.3.2. **Awareness raising** on mental health issues is crucial in order to reduce stigmatisation. As experts by experience, users and ex-users are essential to any awareness raising activities.

## **II. SPECIFIC GUIDELINES**

### **II.1. To policy makers**

#### **II.1.1. Employment**

Unemployment is high among of people with mental health problems.

- When there is a quota regulation in the law, this law should be enforceable. Employers should be compensated and there should be a harmonisation of quota legislation at European level.
- Users representatives should be involved in all stages of decision-making when it comes to employment policies and regulations that concern people with mental health problems.
- Employment agreements used in sheltered work-centres should follow the mainstream labour legislation.
- Reasonable adjustments in the workplace should be compulsory.

#### **II.1.2. Education/training**

- Teachers and students' curricula should include training on positive mental health promotion and mental illness issues.
- Equal opportunities policies should apply to both students and staff.
- Users organisations should be involved in providing teaching and training agents

#### **II.1.3. Welfare Benefits system**

- There is a correlation between mental health difficulties and poverty and this should be recognised.
- The benefit system should motivate people to lead a mentally healthy life.
- The benefit system should be constructive in helping people who want to work and / or study part-time.
- The benefit should allow people to go to work without immediately losing the rights connected with the benefit system.
- Full information on the benefit system should be available in a way that people can easily understand.
- Everyone should have the right to a decent basic income relevant to the standard of living of each country.

#### **II.1.4. Family life**

- Every effort should be made to keep families together.
- Mental health problems alone can never be a reason to remove a child from their parent. When this type of decision is taken, it should be re-evaluated on a regular basis.

#### **II.1.5. Human Rights/citizenship:**

- People with mental health problems are full citizens and are entitled to enjoy all fundamental rights.
- Mental health problems are not a sufficient reason to refuse access to financial or insurance services.
- Guardianship decisions should take into account individual situations and opinions. These decisions should be re-evaluated regularly and systematically with the people concerned in order to avoid abuse of power by guardians. Procedure to void guardianship decisions and appeal procedures should be accessible and simplified.

#### **II.1.6. Housing**

- Everyone should be entitled to adequate and decent housing.
- Stigmatisation affects users' access to mainstream housing. Awareness and information campaigns should be organised in order to counteract discrimination by the community.

### **II.2. For service providers**

#### **II.2.1. Information**

- Trade Unions, employers and employees need to be informed of the facts of mental health and mental illness without any prejudice.
- Basic information on mental health should be in the curriculum of every health and social worker. Users and ex-users of mental health services, having expertise by experience, should be involved in these training sessions.

#### **II.2.2. Data-protection**

- In the field of work (voluntary or not) the regulations should protect personal data of employees.
- Service users should have access to their own records.
- Confidentiality : access to medical records should be limited only to the patients concerned and may not be accessed without the permission of the patients themselves

### II.2.3. **Employment**

- Employment at any price might have negative effects on a user's mental health and may cause relapse. Users should therefore enter employment rehabilitation schemes at the optimum time. These should be flexible and offer a wide range of different opportunities suitable for the person concerned.
- The opportunity to (re-)enter the workforce again should be part of any rehabilitation program.
- Regular paid work should always be considered as the final goal, however voluntary work can be a first step to get back into the workforce.
- Voluntary work is a way to contribute to society. It has a value in itself and should be considered equal to paid work.
- Voluntary work means voluntary but not uncommitted.
- Employees should get reasonable and fair wages for the work they are doing.
- Sheltered work should be attractive and diversified.

### II.2.4. **Education/training**

- There is a need to teach the teachers about indicators of mental distress.
- The needs of service-users should be taken into account in every educational programme.
- When taking into consideration the accessibility of an education or a training programme focus should be on the needs of students with mental health problems, on an equal basis to those with physical disabilities,
- Mainstream facilities are to be preferred to special institutions.
- Education has to be an irreplaceable part of care and rehabilitation plans.
- Education and training rehabilitation schemes should allow for flexibility and accommodate changes in the students' mental health.
- The financing of education and training rehabilitation schemes should not rely on payments linked with outcomes in a specified time or the successful completion of a course. Payment should rather depend on people getting a suitable job.

### II.2.5. **Family life<sup>2</sup>**

- Mental health institutions should consider sexuality as a part of the patients' life.
- Unjustified sterilisation for psychiatric medical reasons should be challenged.
- The situation of families with mental health problems having and rearing children remains a taboo, more discussion and debate is necessary.

### II.2.6. **Leisure activities**

- Access to leisure activities should be granted on a normal basis without any hindrance.
- People who run leisure activities should be trained on mental health issues.

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<sup>2</sup> See also guidelines n°I.3.1 and II.1.4.

- Access to leisure activities helps to overcome loneliness. A wide range of leisure activities should be financially accessible for excluded people, among them people with mental health problems.

#### II.2.7. **Healthcare**

- The right to choose your own doctor should be respected.
- The level of physical health care in psychiatric hospitals should meet the same standards as in general hospitals.
- Access to certain types of treatments seems to depend on the age and the race of the patient. All type of treatment should be made available to all people regardless of their age, gender, race, disability, sexuality, etc.
- Doctors and medical staff should have to inform the users about conditions and consequences of any treatment and measures of rehabilitation.
- Hospitals should be a safe place for staff and patients alike.
- Knowledge of mental health/illness issues should be improved in general health care services.

#### II.2.8. **Transport**

- Unjustified denied of driving licence on psychiatric ground should be constantly challenged.

#### II.2.9. **Housing**

- Having to pay simultaneously a hospital fee and rent on one's home is often too costly. In these cases, to avoid debt and eviction, there should be financial support to meet either the hospital fee or the housing costs.
- More specific attention should be paid to groups suffering from double discrimination such as women, asylum seekers, ethnic minorities, young people with mental health problems threatened by exclusion.
- Different types of accommodation meet different types of needs. There should be sufficient variety and quantity of accommodation to suit each user's needs. The final aim is the access to independent and accommodation of an acceptable standard.
- Private accommodation should stay private and be independent of other therapeutic goals and aims.
- Supported housing should respect the privacy of the person. Support services should be agreed with the person.
- Supervised housing should be a safe place in which to reside.
- Information flow between supported accommodation and mental health care providers should be very smooth but only with the consent of the patient. The activities from all organisations working in the field of mental health and housing should be co-ordinated.
- Social support should be available to overcome loneliness and isolation. Professionals should encourage self-help practices and self-management of accommodation.

## II.2.10. Media

- Media should give a voice to users as experts of their own experience.
- Stigmatisation should be banned from media. Training and monitoring should be organised.
- Media should have more positive mental health promotion programmes.
- All mental health service providers should have a financed user-supported public relations service.

Mental Health Europe is the EU Liaison Office for Mental Health Promotion. It represents consumers, associations and organisations in the field of mental health.

This document has been realised in collaboration with : Advocacy France, the European Network of (ex-)Users and Survivors of Psychiatry, the Finnish Association for Mental Health, Mind – the Mental Health Charity, and pro mente Austria.

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