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NO HEALTH WITHOUT MENTAL HEALTH  
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## **Mental Health and Mental Well Being in the European Community**

The theme of my presentation tonight is Mental Health and Mental Well Being in Europe. I anticipate that all of us present here tonight share the vision that the positive mental health of individuals and communities should be a central feature, indeed, the defining characteristic of democratic societies and that the active promotion, nurture and development of positive mental health is our shared responsibility. In our wide-ranging roles in society, as parents, carers, educators, politicians and entrepreneurs, for example, it can be suggested that we all face and participate in the common task, albeit challenging at times, of nurturing mental health and well being in its many and varied dimensions

The Green Paper 'Improving the Mental Health of the Population - Towards a Strategy on Mental Health for the European Union' declares that "there is no health without mental health". It can be suggested that without appropriate strategies for responding to, and coping with, mental ill-health and mental distress and without initiatives to actively develop mental health and well being at both the personal and community levels, we may not be in a position to fully harness and coordinate the skills, talents, aptitudes of all members of society. This is needed, in order to develop an understanding of the European project based upon a consensus which recognises and affirms that stable political and economic structures, and the prosperity which can accompany these, are ultimately founded upon the recognition that the health and well being of all members of society should be a key aim of all those who have the privilege and responsibility of being able to be leaders and visionaries in their respective fields.

Mental Health Europe - Santé Mentale Europe is a European non-governmental organisation committed to the promotion of positive mental health, prevention of mental distress and protection of human rights for users and ex-users of mental health services, their families and carers.

Whereas traditionally the concept of 'mental health' has been understood in terms of 'mental illness' in which ill-health and pathology at the psychological, emotional and psychic levels have been its focus, and in which mental health services were often perceived to be reactive, and at times, reactionary, agents of social control at the heart of which was a medical model of the person in which medication was a central tool, there does appear to be emerging a philosophy of mental health which is positively pro-active, in which the development of a range of creative strategies for promoting well-being in its physical, psychological and spiritual aspects is facilitated. This is an approach to understanding persons and their relationship to the wider society which, to use a contemporary phrase, promotes positive health of 'mind, body and spirit'.

The recognition by many that active citizenship is at the heart of the democratic process and that active citizenship can impact positively on mental health and well being is slowly, yet noticeably, achieving a higher profile on the agendas of some politicians, decision-makers, and social innovators. The inclusion of citizenship as a key element of the curriculum in schools in the United Kingdom, for example, can be thought of as being a positive step towards encouraging and empowering young people to recognise that education for democracy and diversity, in which awareness of the political, economic, legal, educational and religious rights and responsibilities of individuals together with the exploration of the nature of communities and their role in promoting social cohesion, can be a valuable resource for laying the foundations for the development of approaches which extend the concept of active citizenship to incorporate active mental health and well being. However, it can be recognised that it is very much the case that we have a long way to go to achieve many of the important objectives presented in the Green Paper and advocated by ENGOs, service users, carers and families.

We have a duty as politicians, activists, professionals, members of NGOs and active citizens to ensure that those who experience mental distress have a right to live a life that does not exclude them from health care, employment, housing, education and training. Therefore, safeguarding, promoting and actively developing societal mental health and well being is essential to achieving the realisation of the objectives of the Green Paper across Europe.

One approach to understanding mental ill-health is that psychological, emotional distress and dis-ease arises as a result of the encounter between the individual, their environment and community, in the process of which individuals and groups increasingly find it difficult to respond positively and meaningfully to the economic, educational, social and moral challenges with which they are presented. In this view, mental illness is not just the illness of the individual; it is concerned with, for example, how we perceive ourselves to be recognised, valued and affirmed in our families, how we are treated in our employment in terms of job security, our prospects for personal and professional development and career advancement and financial remuneration, how secure we feel in relation to our economic environment in which rapidly rising house prices and record levels of personal debt co-exist, and how our relationships with parents, partners, children and friends relate to the broader issue of life/work balance. It can also be regarded as referring to the opportunities available to positively express our creativity and spirituality, the extent to which we experience prejudice and discrimination and how we perceive and access the opportunities and resources available to us to develop our resilience as individuals and as members of a range of formal and informal networks and communities.

Mental health problems can affect all of us at different stages in life, but it does appear to be the case that those people who experience the most stressful social and economic environments are most adversely affected and are most susceptible to mental ill-health and dis-ease. The situation is exacerbated, however, by the popular misconception that mental illness is a sign of personal weakness or even a moral failure. The challenge facing those who wish to develop positive approaches, policies and strategies for actively facilitating mental health and well being, therefore, includes the recognition that mental health in its fullest sense can no longer be the exclusive preserve of mental health professionals, of which psychiatrists have particularly been perceived as being a very powerful and elite group invested with high professional regard and status rooted in the powerful alliance between their medical training and the pharmaceutical industry. Instead, it is now time to move forward to an approach to mental health and well-being which explores how it is actually an issue which concerns not just individuals and their families in relation to their contact with professional mental health services but also is of significance to, for example, schools, colleges, employers, faith communities, charities, voluntary groups and networks. Promoting and nurturing mental health and well-being, therefore, should go hand in hand with planning for a prosperous and just economy, working to respond to the challenges presented by poverty and deprivation and facilitating social cohesion and inclusion. Indeed, it can be argued that there can be no social inclusion and cohesion without positive mental health and well-being and there can be no mental health and well-being without social inclusion and cohesion.

This has implications for economic and social planning because the human costs of all policies and initiatives, together with the policies of governments, both local, regional, national and European, alongside the decisions made by multi and trans-national corporations, which can have far reaching consequences for entire communities, have to be seriously considered together with the benefits of economic growth and the positive aspects of development and material increases in living standards.

It is therefore essential that the European Union recognises that it has a responsibility to play a major role in addressing and promoting mental health and well being as a mainstream public concern. The WHO, in its 2004 figures, alerts us to the scale of the tasks facing society today; it informs us that 20% of cases of ill-health are mental health related. In addition, in the age group 15-24, suicide is amongst the five leading causes of death and is frequently linked to, for example, stress, debt and depression. Mental distress in a variety of forms can affect us all as a result of the challenges and stresses we face in our day to day lives.

There is a sense, therefore, in which mental health and well-being are of paramount importance as they relate to all aspects of life; it is affected by, and impacts upon, physical health, family life, social networks, employment, education, culture and leisure, the natural environment and both urban and rural planning and design, together with the criminal justice system. The economic costs alone of mental ill health and distress are very high because there are multiple and wide-ranging related issues such as, for example, alcohol and drug abuse, domestic violence, people trafficking and suicide which impact upon individuals and the communities in which they live.

The WHO (2001) defines 'positive mental health as a state of well being in which the individual realises his or her abilities, can cope with ordinary stresses of life, can

work fruitfully and is able to make a positive contribution to their community and family life'. However, it does appear to be the case that mental ill health and mental dis-ease are responded to with attitudes defined by ignorance, stereotypical portrayals of the mentally ill, particularly in the media, which are accompanied by prejudice, discrimination, stigma resulting in marginalisation of those who experience mental ill-health and, in extreme cases, an almost total exclusion from mainstream society and the services and support systems it offers.

According to MIND (The National Mental Health Association in the UK/England and Wales), nearly 10% of the GNP in the UK is lost each year due to job related stress, yet very few employers have a strategy relating to mental health and this can result in people losing their jobs prematurely, effectively condemning people to poverty. To respond to those who experience ill-health, whether physical or mental, in this way is to actively cultivate and nurture discrimination, stigma and social exclusion. However, through a coordinated programme of well-funded, creative, innovative, practical, effective and life-enhancing mental health promotion initiatives it would be possible to encourage, empower and enable individuals and communities to learn a range of coping strategies, including stress management, development of self esteem, personal and communal autonomy, networking and social support mechanisms.

Mental health promotion and mental health care are, therefore, complementary aspects of the spectrum of interventions necessary to achieve good mental health. A multi-disciplinary and multi-agency approach, incorporating a trans-European dimension, can be regarded as being necessary in order for the personal and social change and well-being to be meaningful, effective, holistic and long-lasting. Developing new and positive attitudes and approaches to mental health service provision requires a significant cultural shift throughout the many and varied communities of Europe and the multiplicity of health and social care services, both statutory and voluntary, which operate within its borders.

However, it is very much the case that approaches to positive mental health and well-being remain the most underdeveloped area of health promotion although there are signs that a new mindset is being created, which recognises that there is no health without mental health. A radical commitment by the European Union to proactive mental health promotion has the potential to facilitate significant change for both individuals and communities.

In order to create healthy, participatory, civil societies, we must work towards building on our achievements so far, particularly in the areas of empowerment of people educationally, economically, politically and culturally, the celebration of ethnic, cultural and religious diversity and the social participation of young people together with the development of attitudes and values characterised by justice, tolerance and respect.

A European Strategy for mental health should ensure that mental health promotion is at the centre of approaches to responding to the wide-ranging changes and challenges facing society today in which the mass-migration of citizens is a significant feature. In a world in which peoples' environment, home, employment and social relationships changes, often suddenly and traumatically as a result of civil unrest, war, political and economic instability and natural disaster, it is imperative that each individual, and the communities to which they belong, have the right to positive mental health. We will not be able to build healthy societies and healthy

economies without mental health and well-being; positive mental health underpins human motivation, social well being and the quality of our social relationships and working lives. In the European Union economic migration has become a central feature of everyday life and has significantly impacted upon countries such as the United Kingdom, Ireland, Sweden, France and Germany. What does this mean for people who migrate for work? We know that there are many positive aspects for the economy and the individuals but are we able and prepared to cope with the human casualties of societies in transition?

I would like to explore this question with reference to some case examples:

#### Case 1

A woman in her thirties came to work in the UK as a care worker leaving her husband and three young children behind in her home land. She worked fifty hours a week in order to save and send money home for the upbringing of her children. Her husband looked after them but because of his disability was unable to provide enough income for the children and family. After five months of this work she became depressed. She missed her children and her family and the children missed her. Although it was her and the family's personal choice, the resilience required to carry on with such work did not last, resulting in significant mental health issues.

#### Case 2

A man in his forties came from Poland to work in England as a bus driver. After six months of this work he brought his wife and two children to settle in the north of England. The family were happy with this arrangement and life looked positive. However, soon after the family arrived the father had an accident whilst driving the bus, lost his job and the capacity to earn, even though the company had their insurance. He could not get a job and turned to alcohol. The family were not able to cope.

#### Case 3

A professional man in his forties and successful in his career freelanced and earned good money. He was involved in an accident as a result of which he became brain damaged and lost full command of the second language. He was not eligible for financial support from the State as he had only lived in the country for less than twelve months.

What these cases illustrate is that social inclusion means that an accepting and positive welcome has to be extended to people in a way which offers practical support to people in such challenging and unexpected circumstances. It is interesting to note that countries such as Ireland planned for the integration of migrant economic workers by offering them, for example, access to the media, including newspapers, television and radio in their native language. In such ways communities can be empowered to organise, support each other for mutual economic and social benefit, and raise awareness of paths to access to jobs, training or education through providing information and advice. However, it can be suggested that there is still much more that could be done throughout Europe to facilitate further positive change. Nevertheless, we can learn from examples of innovative and creative practices and projects which promote positive mental health and well-being based on democratic and empowering values.

In relation to developing a model of societal mental health and well being which affirms the primacy of mental health promotion we should aim to involve community leaders, planners, schools, employers, faith communities, educators and advocates in partnership with the voluntary sector at both a local and national level. It can be suggested that a key ingredient in this partnership network promoting positive mental health and well-being is played by European NGOs.

This is why it is important to recognise the excellent work of Mental Health Europe that has contributed to many consultation events, policy developments, research and publications in order to bring to Europe's attention how vitally important matters of societal mental health and well being are.

MHE believes in the vision of mental health being given a high priority on the European agenda, where all those who experience mental distress are treated as citizens with access to appropriate services and support. MHE encourages participation of all communities, service users and carers and families in orders to ensure that the burden of mental ill-health does not fall solely on individuals and their families, in which it is all too often women who carry the burden of those who are in need.

MHE is celebrating its 21<sup>st</sup> birthday this year and I must mention a few names of those who have worked relentlessly in order to ensure that MHE's position in, and contribution to, European society is of great benefit and value. Amongst many others these include the late Edith Morgan, Josée van Remoortel, John Henderson, past and present directors and members of the Executive committee. Thanks to these people who give their time, energy and vision voluntarily we have a **European Mental Health voice**.

MHE is organising a conference in Vienna in May/June 2007 titled "No Health without Mental Health - From Slogan to Reality" to which you are all invited and most welcome.

MHE has representatives and members across Europe and draws upon their commitments, knowledge and exchange of good practices. MHE believes in the implications of the Lisbon Agenda and the EU Green Paper on Mental Health, which stress that social and economic progress are central in the struggle against poverty and social exclusion. This is illustrated well by the breadth of projects MHE is involved in. One of the central projects MHE is currently involved in concerns ten European countries sharing and disseminating good practices in the area of combating social exclusion and promoting social inclusion. These countries include the Czech Republic, Slovenia, Slovakia, Poland, Cyprus and Scotland, Ireland, Belgium, France and Italy.

The project has a European Advisory Committee, consisting of representatives of other European Networks, and it will disseminate all its findings and help identify and evaluate good practices across Europe. MHE is also active in the area of Human Rights, Mental Health and Economics, Promotion and Prevention strategies, Anti-discriminatory Practices and the Mental Health of Children and Young People.

MHE is involved in analysing the NAPs (National Action Plans) on social inclusion with reference to mental health (a good example is Ireland) and promotes the principles of the Open Method of Coordination as illustrated in the Lisbon Agenda.

Because MHE is working in collaboration with all major ENGOs in the fields of poverty, housing and homelessness, age, service user networks, family organisations, the Social Platform and the European Coalition for Community Living, it is well positioned to be the central European voice for Mental Health. This way MHE can influence thinking and developments, raise awareness and help the new countries streamline and benchmark their current strategic developments and objectives.

In order to continue with this work MHE requires continuous funding especially in the area of producing information in different languages, organising exchanges and establishing a body of experts, including service users and carers.

The European Commission Public Health Programme for 2003-2008 outlines the basis for action at the community level in the field of mental health. It is based on Article 152 of the Treaty which established the European Community. It's main objectives are: development of health information that would lead to improved public mental health, identification of major mental health threats, identification of health and resilience determinants, a cross cutting and integrated approach to mental health, inter-sectorial health strategies and action plans, the study of the impact of the enlargement of European Communities on health, mental health and well being and action plans on tackling inequalities in health and mental health. These plans are in harmony with all the main objectives as specified in the Green Paper on Mental Health. And this also represents MHE's agenda for action in order to put Europe on the path to long term prosperity, including a commitment to social inclusion, so that the communities can benefit from tangible and practical support.

We must learn the lessons of history and ensure that we do not marginalize, exclude and disregard societal mental health and well being; we can work towards a new Road Map for Mental Health in Europe. Our European future, and its relationship with the wider world, has to be based on strong social principles which allow people to have the time, space, energy and meaning to benefit from a vibrant European Union based on respect, tolerance and social justice. In such a way we will have resilient individuals, a stronger economy and a knowledge-based, participatory society.

I would like to finish with some words of Martin Luther King Jr. who said that "True Peace is not just about an absence of wars... it is about the presence of justice..."

I believe that mental health is not just about an absence of mental illness, it is about the presence of mental health and well being at both the personal and social levels, based on solid foundations which include prevention, promotion and appropriate intervention strategies at all levels of society including schools, the family, employment, communities, churches and temples, health and socio-economic settings. It is up to us to show the future generations that we have not failed them in the creation of a better, healthier and just Europe. If we do not take societal mental health and well being seriously, even the best therapy or therapist will never be a substitute for an inclusive society and a democratic economy in which its members are active participatory citizens

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