



MHE Position on the EC/BEPA consultation paper on

Europe's Social Reality

**An analysis from the mental health perspective based
on consultation with mental health organisations in
Europe**

MENTAL HEALTH EUROPE – SANTE MENTALE EUROPE aisbl
Boulevard Clovis 7, B-1000 Brussels
Tel +32 2 280 04 68 - Fax +32 2 280 16 04
E-Mail: info@mhe-sme.org
www.mhe-sme.org

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Mental Health Europe (MHE) welcomes this consultation process as a golden opportunity to discuss the mental health and well-being of all citizens in Europe's Social Reality of today and tomorrow.

MHE has invited all its member organisations and other interested parties to have their say and to comment on the consultation paper. This document aims at providing an overview of the responses that MHE has received from its member organisations and individual members.

On the whole MHE agrees with the analysis and would like to offer the following comments on the consultation paper on Europe's Social Reality:

(1) TRENDS: HOW EUROPEAN SOCIETIES ARE CHANGING

Transition to post-industrial knowledge and service economy

On an individual level, mental health problems often occur in times when people are confronted with transitions, e.g. adolescence, school graduation, birth of a child, loss of a person, divorce, unemployment, displacement, war, emigration etc., *and* they lack the energy or resources in order to master these transitions, face challenges and find solutions for their situation.

MHE believes, however, that those who are challenged by mental health problems, when given the necessary support mechanisms, are able to live their lives as active citizens according to their skills and talents.

Therefore, MHE makes a strong plea for European societies to invest into the development and provision of support mechanisms **promoting the mental health and well-being of all** and **preventing mental disorders** and at the same time **to ensure all the rights and access to opportunities** for those who are suffering from mental ill-health.

The welfare state

MHE believes that welfare states can be measured against the well-being and satisfaction of their citizens. This implies that insecurity and risks must be

reduced to a minimum. For most people, having mental health problems still means **falling into a lifelong poverty trap**.

MHE wants to highlight that actions that can be taken to protect the many vulnerable groups living in most European states must include ensuring **quality health and social services** for all, especially people with mental health problems who are often faced with discrimination in these services; further basic measures include allowing for welfare benefits that enables people to **cover their basic expenses and to live in dignity** and at the same time the possibility to take up employment (whether full-time, part-time or voluntary work) that helps to **train and improve knowledge and skills** and to remain an **active and integrated member of society**.

Demographics

MHE believes that there are **basic human needs** that do not change, irrespective of economic, demographic and social changes. Everybody has a need for **belonging, love and affection** – people need to feel associated with others. This does not only concern the private context of an individual, but it also concerns more generally contact with and listening to the most vulnerable in society (children, women, disadvantaged groups, people living in poverty, disabled people, ethnic minorities, people who are ill...). People also need to feel that they are **accepted, recognised and respected**. This concerns, apart from the private context, particularly the areas of employment, participation in society, voluntary commitments etc. When these basic needs are not met the consequences can be detrimental:

- Poverty and social exclusion;
- A lack of interpersonal contacts and relations, social isolation;
- Illness, physical and mental disorders (anxiety disorders, panic attacks, depression, burn-out...);
- Addictive behaviours (alcohol and drugs, gambling addiction...);
- Losing/forgetting social skills;
- Destructive/criminal actions (theft, fraud...);
- Violence (mobbing, radicalisation, sexual abuse...);
- Suicide;
- ...

MHE believes that there are some measurable criteria for the fulfilment of an individual's basic needs. Current trends in demographic and social change threaten to undermine them:

- **Space** (space for living, working, leisure and recreation; childcare facilities; care/community living facilities...);
- **Time** (working time; balance between work and free time; flexible working time depending on the individual position within the whole life cycle...);

- **Money** (adequate income, minimum income, benefits; social protection, i.e. health insurance, pension schemes, long term care insurance...);
- **Opportunities** (work-life balance; job selection and career choices; access to information/education/training/lifelong learning...).

MHE urges to **strengthen bottom-up approaches** that motivate and mobilise individuals and civil society in all the European countries to voice their needs and to become active in finding solutions in light of current demographic and social changes. This can be achieved through developing, enhancing and sustaining:

- **Dissemination of information** (about EU policies, processes and practices and about ways to get involved and participate in these processes);
- **Exchange** (of good practices in employment and social policy, study visits, meetings, transnational projects, etc.);
- **Empowerment** (through capacity-building and involvement of users, support to users in establishing their own representative organisations, support to grass-roots civil society organisations to establish themselves and to build coalitions and national networks etc.);
- **Cooperation** (among policy makers working in different policy areas, among policy makers and civil society down to the individual, among civil society actors working in different areas, with the media etc.).

(2) MEASURING EUROPEAN WELL-BEING IN THE POST INDUSTRIAL AGE.

MHE believes that well-being can be defined as a situation in which an individual feels **satisfied and happy** about her/his everyday life and where she/he can become **involved and participate** in all the things that form an integral part of society.

The key factors contributing to well-being are:

- good health of the individual and her/his closest persons;
- good relationships with important others, e.g. the family, friends, neighbours, colleagues etc.;
- satisfactory living conditions and quality of life in general;
- being in work and satisfaction in work;
- access to education and opportunities for self-development;
- living in a society where one feels safe and secure.

MHE believes that **mental health is an intrinsic part of well-being**. However, people with mental health problems are often discriminated against and socially excluded from many of the above mentioned factors. This again

impedes their recovery and well-being, and it can also lead to unemployment, poverty, lack of educational opportunities, pressure on their family, homelessness etc.

MHE supports all measures that can be taken to ensure the mental health and well-being of all citizens, such as:

- **supporting parenting** and the early years of life of a child, especially in families at risk;
- promoting mental health and well-being **in schools**, including measures of behavioural disorder prevention for at risk children and adolescents at school;
- increasing mental health and well-being promotion **at work** by adhering to legislation that deals with the psychosocial work environment;
- improving the mental health and well-being of **older people** including those with chronic illnesses and decreasing discrimination of older people;
- addressing **groups at risk** for mental disorders and “unwell-being”, e.g. women, migrants and unemployed;
- preventing **violence** and **harmful substance use**;
- reducing socio-economic **disadvantage, social exclusion** and **discrimination**;
- increasing **partnerships** with different sectors, in particular education, employment, finance, housing, transport and urban planning to assess the impact of different policies and measures on improving the mental health and well-being of the citizens and the associated social and economic benefits.¹

(3) OPPORTUNITIES AND ACCESS IN TODAY'S SOCIETY

MHE believes that the mental health and well-being of the European population is a valuable resource, which enables citizens to **realise their intellectual and emotional potential** and to **find and fulfill their roles in social, school and working life**. For the European Union, mental health and well-being will contribute to the attainment of some of the EU's strategic policy objectives, such as the EU's Lisbon Strategy. Mental ill-health, on the other hand imposes various costs, losses and burdens on citizens and societal systems.²

¹ cf. Jané-Llopis & Anderson (2005). Mental Health Promotion and Mental Disorder Prevention – A Policy for Europe. Nijmegen: Radboud University Nijmegen.

http://www.gencat.net/salut/imhpa/Du32/html/en/dir1662/dd11711/a_policy_for_europe.pdf

² cf. European Commission Green Paper (COM(2005)484). Improving the mental health of the population: Towards a strategy on mental health for the European Union.

http://ec.europa.eu/health/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf

Low social and economic status increases people's vulnerability for mental ill-health. Job loss and unemployment can lower self-esteem and lead to depression. Young people, women, migrants, people living in poverty, homeless people, older people and other marginalised groups are at an increased risk for mental ill-health.

MHE supports the development of interventions for the unemployed to re-enter the labour market. Support to vulnerable groups can **improve mental health and well-being, promote social inclusion, strengthen social cohesion** and avoid associated social and economic burdens.

Education

MHE believes that education is a key tool towards social integration and inclusion of people with mental health problems and **access to education must therefore be granted to all**. More money should be invested for public education, for the amelioration of buildings and technical structures of schools, especially in rural areas and areas that are most affected by poverty.

MHE supports the development of **specialised educational programmes** and **specialised personnel** such as psychologists, social workers etc., especially in areas with the largest number of early school leavers.

Children and young people who develop mental health problems and may therefore drop out of the school system should be given the possibility to resume school.

The number of **postgraduate or training programmes** should be increased and made available to people of all ages. They should be inline with the life situation of people who work or have family.

MHE believes that **lifelong learning** should be reinforced for all.

Employment/the Work Place

Evidence shows that **stress at the work place** has risen over the last years due to various insecurities concerning the below minimum-wage and below decent-life salaries, the increase in working hours, the demands and the competition at work etc.³ MHE believes that the provision of **training and social support at work**, and the development of **empowerment strategies** can lead to improvements in competence, coping strategies, job satisfaction, work capacity and reduced stress.

3 cf. International Labour Organization. What is workplace stress?
<http://www.ilo.org/public/english/protection/safework/stress/whatis.htm>

For people who already suffer from mental health problems the main problem is to **retain their work place** or to have **access to work**. In many cases, people with mental health problems are discriminated against and denied jobs as a result of the stigma and the fear that they could be “dangerous”. Other difficulties people with mental health problems may experience include gaps in their CV due to a stay in hospital or unemployment due to the lack of adapted work places.

Social Firms have increasingly developed during the last decades in Europe and offer good quality jobs for people severely disadvantaged in the labour market. Their aim is to combine the functions of a modern company, which is based on profit, with the functions of a social structure creating jobs suitable for persons with mental health problems and disabilities. In their approach, Social Firms carefully avoid anything which could lead to stigma and exclusion. They present themselves as ordinary firms. Their staff consists partly of people with mental health problems and disabilities and partly of people not suffering from these problems. Provided adequate financial support is granted, Social Firms can be successful. They invest in niches on the market which do not pay off for big firms. They observe the local markets carefully and identify products and services, which are really needed. The successful functioning of Social Firms can contribute to the social integration of people with mental health problems and disabilities, the prevention of stigma and the reduction of inequality within society.

MHE believes that apart from such measures it is necessary to **promote employment** and **active inclusion measures** for people with mental health problems within the open job market. This means **integrating** people with mental health problems into the labour force, ensuring **income support** at a level that enables people with mental health problems to live in dignity, and providing better **access to quality services** that may promote social inclusion of people with mental health problems and their (re-)integration into the labour market (through healthcare, counselling, housing, training, recovery and rehabilitation etc.).

Society and Social Relationships

The social implications of the changing roles of **women and men** have various consequences. On the positive side, especially women enjoy greater independence today regarding the type of life they want to live and the personal choices they make. Stereotypes that previously put people into a position where they had to do things they did not want to do exist less in today’s societies. On the other hand, social changes have led to a situation, for women and men alike, where insecurity, controversy and indecision arises and is often met with conformity, e.g. living in a big city, working many hours, chasing financial profit and goods, alienation from important others etc. This is often exacerbated by the above mentioned, i.e. a highly competitive job market, not enough possibilities for further education and

training, an increasing gap between the rich and the poor and welfare states that are not capable to meet the needs of the citizens.

MHE believes that due to the **stigma and taboo** associated with mental ill-health, people with mental health problems are affected by social changes to an even greater extent.

Connected to this is the matter of declining birth rates, which is a major public concern that needs to be tackled more drastically. States must offer adequate **financial support** (e.g. child care allowances) and **material assistance** (e.g. public nurseries, toys and other educational material and clothes) to parents, especially those who are living in poverty.

Without this assistance child poverty will continue to rise in Europe. In many European countries it is already difficult for a young person to financially support her/himself without the help of the family or without having to take up a second or third job. How is this young person supposed to have a family and raise children? Mental illness is an under-recognised but **significant contributory factor** to child poverty⁴.

The consequences of poverty are severe, almost catastrophic. It does not only concern a small minority or only the most vulnerable groups, but it concerns **society as a whole**, the injustices that exist within and the social disintegration and conflict that results from it.

MHE makes a strong plea to **restore social equality and life chances**, i.e. opportunities that enable each and every individual to improve their quality of life. Measures of **economic reform**, within Europe and all over the world, should be targeted not towards the profit of a few but towards the prosperity of all. Unity, diversity and social cohesion can only exist under the condition that everyday life is **satisfactory for all**, that there are **life chances for all** and **equality for all**.

The increasing number of **elderly people** who live alone leads to a rise in the number of accidents they can have or higher rates of depression and other mental health problems. MHE believes that the **institutionalisation** of these people perpetuates their social exclusion and is, in itself, a violation of human rights. Segregating people, barring them from access to education and employment, denying them the right to choose where and how they live and with whom they associate, solely on the basis of a mental illness label, is unacceptable. The nature of such long-stay institutions is dehumanizing, and their existence is in contradiction to the concept of a civil and open society in which the rights of all citizens are respected.

Slowly, the situation for people with mental health problems is beginning to change as some large-scale initiatives are underway to close institutions and provide appropriate and sustainable community living services. This

⁴ Gould, N. (2006). Mental health and child poverty. Joseph Rowntree Foundation.

movement towards de-institutionalization is prompting local and national governments, self-advocacy groups, NGOs, and other interested parties to examine and improve the **community support services** that are available to people with mental health problems. MHE urges the EU Member States and the European Institutions to support NGOs in their function to capture and communicate these problems and in their effort to provide solutions in response to many of the needs of the citizens.

MHE is convinced that at the current state of play, we possess a great deal of knowledge about the different factors that contribute to the shaping and improving of Europe's Social Reality. What is needed now is to translate this knowledge into **practice**. There is a lot of room for improvement, but this change can only happen if it is based on the principles of **social equality, access to opportunities and integration and inclusion** of all European citizens.

Recommendations for shaping and improving Europe's Social Reality of today and tomorrow

Mental Health Europe and its member organisations call on the local, national, regional and European level to take appropriate measures for improving the mental health and well-being of all citizens in Europe.

Actions recommended by mental health organisations in Europe include:

- to invest into the development and provision of support mechanisms promoting the mental health and well-being of all and preventing mental disorders and at the same time to ensure all the rights and access to opportunities for those who are suffering from mental ill-health.**
- to protect the many vulnerable groups living in most European states by ensuring quality health and social services for all; and to allow for welfare benefits that enables people to cover their basic expenses and to live in dignity and at the same time the possibility to take up employment that helps to train and improve knowledge and skills and to remain an active and integrated member of society.**
- to promote the mental health and well-being of all citizens through measures such as supporting parenting and the early years of life of a child, promoting mental health and well-being in schools; increasing mental health and well-being promotion at work; improving the mental health and well-being of older people; addressing groups at risk for mental disorders and "unwell-being"; preventing violence and harmful substance use; reducing socio-economic disadvantage, social exclusion and discrimination; and increasing partnerships with different sectors, in particular education, employment, finance, housing, transport and urban planning.**
- to ensure the social integration and inclusion of people with mental health problems by granting access to education and reinforcing lifelong learning for all.**

- **to provide training and social support at work and the development of empowerment strategies that can lead to improvements in competence, coping strategies, job satisfaction, work capacity and reduced stress.**
- **to promote employment and active inclusion measures for people with mental health problems within the open job market, i.e. integrating people with mental health problems into the labour force, ensuring income support at a level that enables people with mental health problems to live in dignity, and providing better access to quality services that may promote social inclusion of people with mental health problems and their (re-)integration into the labour market.**
- **to fight discrimination, stigma and taboo associated with mental ill-health.**
- **to restore social equality and life chances, i.e. opportunities that enable each and every individual to improve their quality of life.**
- **to put the outcomes of this consultation process into practice.**

Mental Health Europe is a European level non-governmental organisation (NGO) and network committed to the promotion of positive mental health and well-being, the prevention of mental disorders, the improvement of care, advocacy for social inclusion and the protection of the human rights of people with mental health problems and their families and carers.

MHE is a European level NGO and network, recognised under Belgian law as an international not-for-profit organisation, which represents associations, organisations and individuals active in the field of mental health and well-being in Europe. In 2007, MHE has 52 full members, 12 associate members and 55 individual members. All the Member States of the European Union are represented in the membership.

Membership of MHE is open to NGOs, individuals, professionals, volunteers and others, including people with mental health problems, who are active in the mental health field at local, national, regional or European level and who share and who support MHE's vision. MHE represents the common interest of these organisations and lobbies and advocates for it at the European level.

For further information about MHE's position on the EC/BEPA consultation paper on Europe's Social Reality please contact MHE at: info@mhe-sme.org, +32 2 280 04 68