

Mental Health Policy in the Baltic Region

*LOOKING FOR SYNERGIES
BETWEEN GOVERNMENTS
AND CIVIL SOCIETY*

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INTRODUCTIONS

It is globally recognized that the time has come for mental health to be out of the shadows and that governments should prioritize investments in mental health and mental health services. The United Nations highlighted mental health in their 2030 Agenda, which urges all states to reach Sustainable Development Goals (SDGs). WHO also takes mental health seriously which is reflected upon in its Comprehensive mental health action plan (2013-2030). Many governments in Europe and in other regions place increasing importance on their health, social and other policies, investing in mental health in particular.

Despite that, there are still many concerns about things not moving ahead as well as they should – both globally and in Europe. First of all there is no consensus between different stakeholders and experts about how to invest in mental health and mental health services. Despite numerous attempts to protect and promote human rights in mental healthcare services, human rights abuses of persons with mental health conditions are too prevalent in many countries and largely ignored by major stakeholders. UN Human Rights Council in 2016 and 2017 passed two resolutions on mental health and human rights, urging member states to undertake serious measures to prevent numerous human rights violations against persons with psychosocial and intellectual disabilities.

Ironically and paradoxically, the unacceptable lack of protection of human rights is to a large extent related to overuse of the biomedical model and biomedical interventions. Historically there was an expectation that advances in biological psychiatry and neurosciences would improve effectiveness of the treatment of mental health conditions and help to reduce stigma. However this has not happened and overuse of the medical model is now considered to be among the major obstacles to implementation of the CRPD and realization of the right to mental health and other human rights.

This brings us to another systemic issue of power imbalances and asymmetries which further hinder the realization of the right to mental health and other human rights of those who use services. Until today psychiatry remains the

unique field of medicine, which allows professionals to override human rights of patients and to use coercion in the name of psychiatry and medicine. Traditionally, it was considered that psychiatrists are in the best position as experts to decide when non-consensual measures can be applied, either because of possible dangerousness, or because of therapeutic necessity for the person experiencing a mental health crisis. But nowadays the global community is in the process of reconsidering these conventional wisdoms, as they seem to reflect outdated views and pave the way to using exceptions as a rule, thus feeding the legacy of disempowerment of service users. Emerging good practices demonstrate that users and ex-users of services, as well as the non-medical professionals can be equally competent experts to make decisions about whether deprivation of liberty is needed, or human rights based alternatives could be a better solution for a person. This does not mean that the expertise of psychiatry is questioned. It means that we are moving from a hierarchical model in decision making to partnership and shared decision making. Reducing power asymmetries in this way can be very promising and effective in addressing stigma, empowering users of mental health services, and also helping psychiatry itself to abandon its paternalistic legacy and thus improve its image.

Thus a new model in the field of mental healthcare, compliant to human rights emerges in many countries. It is being created by challenging the status quo and raising important questions about the best way forward.

On the other hand, these changes are not surprising. The history of psychiatry has always been a history of paradigm shifts. After one paradigm was dominating for a while, another one would emerge and replace it. And each of those new paradigms was serving the needs and protecting the rights of the patients better than the one before. Paradigm shifts are vitally important for psychiatry and other areas of science and practice.

In this situation where there is an obvious need for changes in the field of mental health, the role of civil society is enormous. Civil society and the NGO sector has always had and remains to have a role of troublemaker and ice-breaker. By definition and tradition, governments prefer status quo and in the best case – a very slow evolution. Meanwhile NGOs have a mission to signal about the need for change, and to push for such change. Therefore there is no surprise that progressive innovations are usually developed and promoted by the NGO sector. For example, in Lithuania the NGO's and experts' coalition "Mental health 2030" has developed a comprehensive plan for the change in mental health policies and services, and is making efforts to convince policy makers to accept it. Many

interesting and promising activities are going on, in cooperation between governmental agencies and civil society in all the countries which are represented in this publication.

The European region has always been in the forefront of progressive mental health reforms. Now, in 2018, Europe, including countries in the East and North, should demonstrate to the rest of Europe and the rest of world that change in mental healthcare is possible. We have no right to continue the sad legacy of institutionalization, coercion and massive deprivation of human rights in mental health care. There are many promising practices which demonstrate that mental healthcare policies and services can abandon this legacy of dependence on coercion, discrimination and hopelessness.

Dainius Pūras

Professor at Vilnius University

United Nations Special rapporteur on the right to physical and mental health



This publication discusses the essential issue of making the voice of civil society heard when debating mental health and shaping the related policies. From a European perspective, we can see that the many positive developments today in the mental health field across Europe would not have been possible without the active advocacy and an ongoing dialogue between civil society organisations (CSO's) and the relevant authorities – but there is more to be done.

Mental Health Europe believes in the psychosocial model of mental health and is supporting a human rights-based and recovery-oriented approach to mental health services. In order to implement this vision and to tackle the existing challenges in mental health systems, we need to ensure that there is a true partnership between civil society and public authorities and that promising models and practices are made known and scaled up. Moreover, many of these initiatives are not possible without the active involvement of persons with lived experience of mental ill health. Therefore, supporting the empowerment of (ex)users of mental health services and persons with psychosocial disabilities and their representative organisations, is essential. This is a right under the UN Convention on the Rights of Persons with Disabilities, which has been ratified by all of the EU Member States and by the EU itself.

In many countries, and at the European level, mental health is now a high-profile issue for policy makers, politicians and the general public. Mental health reform is taking place in many countries. However, challenges do remain: Too many people with mental ill health still experience poverty, difficulty in accessing and retaining meaningful work or access to suitable housing. Stigma, prejudice and discrimination are still widespread in society. Despite some great strides there remains significant lack of affordable community-based, human rights-compliant mental health support. In many countries, the implementation of EU-funded deinstitutionalisation programmes has been slow, although there is huge transformative potential through these funds.

These barriers can be overcome but this will require systematic collaboration and ongoing dialogue between all relevant stakeholders in the field, including CSOs, and a true belief in, and commitment to the need for continued reform in the mental health field.

This publication provides an important perspective on how good practice examples have been implemented in the Baltic Region thanks to the support and influence of CSOs. It gives hope for the future on how mental health policies and practices can be improved by ensuring the voice of civil society – a voice that is listened to and taken seriously.

Nigel Henderson

President

Mental Health Europe



NORWAY

THE USE OF PSYCHOLOGISTS IN PRIMARY HEALTH CARE IN NORWEGIAN MUNICIPALITIES

Beneficiaries

The municipalities' various services and their employees and the various arenas such as schools and kindergartens that might impact the population's mental health and well-being.

People in all age groups that are at risk of developing or has developed problems with mental health, addiction and/or violence and trauma. The target audience might be individuals, families, larger groups or the population as a whole.

Children and adolescents who are exposed to violence, abuse or trauma.

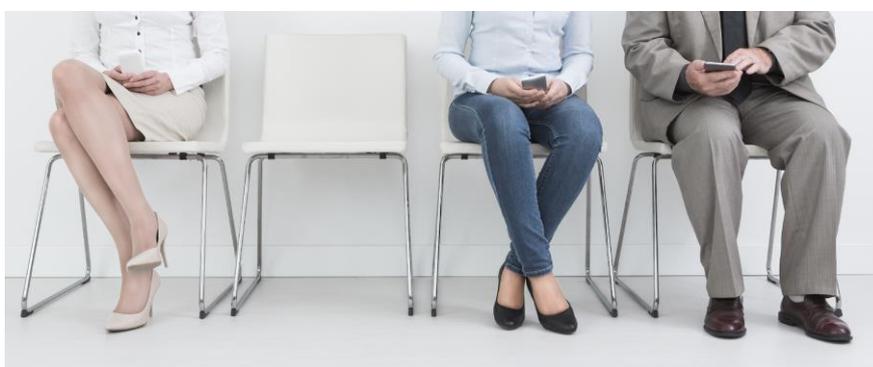
Objective

The main objective of this practice is improving the quality and competences of the municipal service delivery within the mental health, addiction and violence – and trauma field. One of the directorates of health's sub-goals to achieve this is increasing the recruitment of psychologists. The psychologists are expected to contribute and use their competence in collaboration with the existing municipal services in several ways.

- Community directed work. Contribute to plan and develop the municipal services through guidance, counselling and support of other personnel.
 - Participate in health promotion and preventive work directed at individuals, at risk groups and local communities.
 - Deliver low threshold mental health services to individuals, families and groups including assessment, diagnostics and treatment.
 - Be part of multi-professional teams.
-

Geographical coverage

Norway's health care services are organized on two levels: centralized specialized hospital services and local primary health care services delivered by 426 municipalities (As of 2017. Due to an ongoing municipal reform the exact number of municipalities will be expected to change in the coming years). The goal is to have psychologists delivering services in all municipalities. To increase recruitment earmarked funds are specified in the national budget for which the municipalities can apply if they satisfy certain criteria, the funds are managed by the directorate of health. Also, new legislation is in place that makes it mandatory for all municipalities to have psychologists within 2020.



Introduction

It has been a long standing goal for the Norwegian government to improve mental health services. Several public reports during the nineties identified large gaps in the services provided for people with mental health problems, and the Minister of health at the time made it a goal to provide good health care for the vulnerable patient group "seated at the bottom of the table". The National reform plan for mental health care was implemented from 1999-2008 and made improvements mainly in the specialized health care for people with moderate to severe mental health issues. However, the evaluations of the reform concluded there was still much to be improved in the primary health care, mainly improving services to prevent mental health problems arising, and giving adequate follow up for people with severe mental health issues after they were discharged from specialized care. The coordination reform's (2008-2009) central objective was to improve accessibility of services to where people lived their lives rather than centralised institutions and hospitals. There has been much political focus the recent years on the responsibility of the municipalities to deliver services that range from promotion of well-being to prevention and low-threshold mental health

services. The huge cost both for those who suffer and the monumental cost for society contributed to a realization that there was a need to shift gears and also try to prevent people from getting ill, and not just treat them. To improve the mental health services in primary care, the Government aims at increasing the number of psychologists in the municipalities, by earmarking funds for municipalities recruiting psychologists. In addition to this, the Parliament recently passed a bill proposing that psychologists should be a compulsory competence in the primary health care services. The law will be enacted in 2020.



Stakeholders and Partners

The target group for this practice is the population that might benefit from psychological services but also other service providers and municipal officials who might benefit from guidance from psychologists in planning and developing good services. Numerous stakeholders have been involved. Patient organizations have over many years lobbied for better services, public agencies such as the Norwegian institute of public health and other national centres of competence have provided research on the cost of mental health issues and the potential benefit of providing better services. The Norwegian psychological association has advocated better psychological services and the potential benefit of using psychologists in a wide range of services beyond specialized health care. The combined efforts of several NGOs have over many years raised these issues and made demands to political parties and the Government. The Directorate of health is now implementing solutions according to the new political ambitions of promoting mental health and well-being, preventing development of mental health problems and offering low threshold assessment and treatment.

**Innovation and
Success Factors**

The recruitment of psychologists to Norwegian municipalities is still in an early stage. Analyses made by the Directorate of health show a satisfactory development. More than 50 per cent of the municipalities have made use of earmarked funds to employ psychologists. 88 per cent of the municipalities report high/very high goal achievement on the criteria for receiving recruitment funds. 93 per cent of the psychologists are part of inter-professional teams sharing their knowledge and collaborating with other health care professionals. About 45 per cent of psychologist resources are spent on low threshold assessment and treatment of mental health problems. 17 per cent are directed at systemic and community work, 20 per cent is counselling/guidance to other professionals, while 18 per cent of the resources are used for health promotion and prevention. The municipalities report that the psychologists represent a new profession in the primary health services that increases the quality and the competence of the services rendered. They also report that the psychologist represents an important bridge that interacts with different municipal services and sectors. It is not straightforward concluding what are the success factors, but some of them may be assumed:

- The problem mental health issues pose for the individual and society as a whole must be understood by the politicians and decision makers. Many years of lobbying by a number of different NGOs and stakeholders has contributed to this.
- The argument that the psychologists are part of the solution has also been a key point for the Norwegian psychological association's advocacy. In this respect key points have been to show through examples how psychologists in the field might work together with other professionals to improve services, and showcase how patients and employers gain from their work.
- Furthermore, a key issue is the willingness for decision makers to fund projects and earmark funds to recruit. This combined with follow-up evaluations by third party research institutes such as the Norwegian institute of public health and SINTEF is of key importance.

Legislation explicitly stating that the municipalities must employ psychologists should also be assumed to be a key success factor, but could hardly be achieved without the preceding points.

Constraints

There are many challenges encountered in implementing such a process. In the field of mental health there are various professions with overlapping competences and interests. Showing that psychologists have a relevant role among these is challenging. Also describing a role and work tasks for a psychologists in relation to other professions is challenging. A key issue in addressing such challenges is identifying and showing by example how a psychologist might contribute in a real life setting.



Lessons learned

So far it seems more difficult to recruit psychologists to small municipalities. It is also very important to work persistently with the inclusion of psychologists in mental health promotion and prevention, otherwise the result is very often that psychologists just keep treating problems they know how to treat.

Sustainability

To develop and ameliorate new practices it is necessary to establish networks for professional discussions, secure availability of adequate education. Furthermore, to carry out follow-up studies and available counselling for psychologists in developing a new professional role. In return society gets dedicated psychologists, easy access to treatment that formerly only was accessible for economically well-situated people and an increase in evidence based universal mental health promoting interventions. On a level of economic sustainability for society we see some places the traces of reduction of referrals for specialized treatment. All this needs to be more thoroughly studied though and are only systematized impressions more than scientific proof.

Conclusion

The use of psychologists to improve the municipal services is a project in the early stages of implementation. So far, it seems that the municipalities find the profession useful for a wide range of tasks when collaborating closely with other professions, overall improving the quality and competence of service delivery.

FINLAND

MENTAL HEALTH POLICY COMMITTEE

Target audience The primary target audience is policy makers at different levels of government (national, regional and local), including both elected representatives as well as appointed civil servants. The secondary target audience is other mental health stakeholders, who can utilise the public statements made by the MHPC in their own work. The tertiary target audience is the general public to whom the MHPC statements highlight key areas of mental health policy discourse.

Objective The objective is to influence policy making and legislation that has impact either on population mental health or mental health services and people who use them. Objective is also to highlight at parliamentary level the mental health impact of policy decisions outside the health sector, and promote the beneficial impact of including mental health impact assessment in all policy making.

Geographical coverage The MHPC covers the whole of Finland due to its involvement of representation from all parliamentary groups.

Introduction The MHPC is now on its fourth term, which follow the four-year parliamentary cycle. The first MHPC started in 2003. The current MHPC has been working since 2015, with its term due to end at the next parliamentary elections in April 2019. The Committee was set up to bring national mental health organisations together to address broader policy questions and create a platform to engage with members of parliament from all parties that have been elected for each term.

The MHPC meets twice in the spring and twice in the autumn. The meetings are held at a meeting room in the Finnish parliament in Helsinki, but they are not part of the formal parliamentary proceedings. The meetings normally last an hour and consist of a general update on ongoing issues (e.g. social and healthcare reform process) as well as a more in depth discussion on a selected theme (e.g. mental health and the workplace) that changes for each meeting.

Stakeholders and Partners

The target group of the MHPC is primarily the Committee members, which there are two representatives from each party in the parliament. Through the Committee members the aim is to also reach and influence politicians and staff in each member's party more broadly. The MHPC members also include a representative from the Ministry of Social Affairs and Health, to ensure that the Committee has a direct dialogue with the Ministry as well.

Other key stakeholders in the MHPC are the four national mental health NGOs. These are the Finnish Central Association for Mental Health, whose key role is in mental health service development and advocacy for the users of services; FinFami – Finnish Central Association of Families of People with Mental Illness, whose key role is in supporting and advocating for the families of people with lived experience of mental health problems; Psykosociala förbundet, which is the main mental health organisation for the Swedish speaking population in Finland; and the Finnish Association for Mental Health (FAMH), whose key role is population mental health promotion, prevention of mental health problems, and providing short-term crisis support. There are also two places allocated for each of the NGOs, apart from the FAMH, which has three, as it also functions as the secretariat of the MHPC.

The aim is that the actual longer-term beneficiaries of the MHPC's work are both the users of mental health services, who will benefit from service improvements that the MHPC has influenced, and the general public, who will benefit from policy decisions concerning broader mental health determinants that the MHPC has influenced.

In the beginning of a new parliamentary term, the FAMH in its role as a secretariat approaches all the parties that have been elected to the parliament and requests them to name two

representatives to the MHPC. The chair of the Committee is usually one of the representatives from the largest party, which is also commonly the party of the prime minister for that parliamentary term.



Innovation and Success Factors

This approach brings together a broad range of politicians and highlights to them the value and importance of good mental health for a well-functioning society and economy. Therefore, in addition to addressing mental health service development and raising areas for improvement, this practice strongly supports the principle of Mental Health in All Policies.

The conditions that enable the implementation of this practice include a stable political environment and a culture of dialogue between the civic sector and the government. The practice also benefits from a political system that includes several parties. Having more than two parties reduces the polarisation of political discourse and strengthens the opportunities for a dialogue. It is also important that the NGOs are not aligned with any of the political parties.

To strengthen the impact and influence of the MHPC, the Committee prepares and publishes formal statements on some of the themes it discusses. These focus on highlighting the necessary improvement areas and they propose required policy actions. These statements can then be used by the NGOs to disseminate through their networks, as well as by the MHPC's parliamentary members in their internal party dialogue and publicly through their own media channels.

Constraints

The main challenge has been to ensure that sufficient number of

politicians find time in their busy schedule to participate in the meetings. To ensure there is representation from most of the parties, two representatives have been named from each party (there are currently 9 parties represented in the Finnish parliament). The meeting dates are set well in advance and reminder messages are sent a week and again – two days before the meeting. The meetings are also held at the parliamentary building to minimise travel time and enable quick access from other parliamentary committee meetings.



Lessons learned

It is important to accept that building relationships and a culture of NGO engagement directly with politicians takes time and mutual trust. Recruiting the chairperson from the main governing party (i.e. the party that holds the prime minister's position) for each MHPC term strengthens the Committee's influence. One general key message, which has also helped to ensure a broad appeal for the MHPC, has been to promote mental health as an important cross-cutting theme that is much broader than just the question of mental health services.

Sustainability

This practice can be initiated with very low financial cost, as the main requirement is just staff time to organise the practicalities of the meetings and prepare the content for the agenda. However, on the other hand the practice requires a lot of political capital and trust between both the different mental health NGOs themselves and the NGO sector and the government.

Although there are low financial costs for the practice, it requires time commitment from the directors of four NGOs and a number of Members of Parliament. Therefore its indirect costs in terms of time are high and it is essential that the members feel there is value to the work. To ensure this the MHPC members discuss and jointly agree the forthcoming topics for discussion, so that they reflect the members' priorities.

Starting in 2018, the Finnish Association for Mental Health has received three-year funding to increase and improve the collaboration between different mental health NGOs. This funding has been granted by the Funding Centre for Social Welfare and Health Organisations (STEA), which operates in connection with the Ministry of Social Affairs and Health. A key part of the project is also to strengthen the work of the MHPC with a longer term strategy development, aiming to improve its impact.

Story telling

"Non-governmental organisations mainly request meetings with such people who already are supporting their cause. They should boldly cross boundary fences and approach for example representatives from the Finance Committee, to ensure that the messages about financial impact of mental health would reach straight the people who are preparing the national budget."

"It is great that the party lines do not affect, on the contrary the issues at hand bring people together. On the other hand, as a representative of one of the governing parties I think the discussion we have at the Committee are even more binding, because we have the power to make things happen. Therefore the Committee for example observes very closely the mental health legislation reform in this parliamentary cycle."

-Ms. Annika Saarikko, former MHPC chair and current Minister of Family Affairs and Social Services

Conclusion

It is difficult to evaluate direct impact of the MHPC, especially in terms of return on investment. However, it can demonstrate impact in influencing policy, with some recent successes. For example, following a MHPC statement and recommendation that Current Care Guidelines should be developed for health care staff on providing care to people who have attempted suicide, funding has now been granted for the guideline

development process to begin.

The Committee also has indirect impact in reducing the stigma of mental health problems, as it raises the profile of mental health among the members of parliament. Through the Committee's public statements the general public also becomes more aware of mental health and its importance for many aspects of a successful society.

LATVIA

DEVELOPING AND PILOTING MODELS OF SUPPORTED DECISION-MAKING FOR PERSONS WITH INTELLECTUAL AND/OR PSYCHOSOCIAL DISABILITIES

Beneficiaries Persons with intellectual disabilities, persons with psychosocial disabilities and their family members, various stakeholders involved in issues of legal capacity, human rights and social welfare.

Objective The aim of this practice is to ensure respect for human rights for persons with intellectual disabilities and persons with psychosocial disabilities by introducing supported decision-making as an alternative to restricting legal capacity in order to comply with Article 12 of the UN Convention on the Rights of Persons with Disabilities, thus ensuring enjoyment of legal capacity on an equal basis with others and independent life in society.

Supported persons make important decisions about their life – their living place, employment, education, relationships, finances or important everyday skills. The aim was to develop a supporting, personalized and safe environment for people with mental disabilities to exercise their rights and legal capacity and to see how it could be implemented on the community level in Latvia in practice.

Geographical coverage The practice was developed in Latvia and currently is used throughout the country.

Introduction NGO Resource Centre for People with Mental Disability “ZELDA” (hereinafter – RC ZELDA) (Latvia) was one initiators of legal capacity laws’ reform in Latvia, since the reform was started due

to the judgement (case prepared by RC ZELDA on behalf of person with intellectual disability) of the Constitutional Court of Latvia¹.

Since 1 January 2013 a new regulation on legal capacity entered into force that abolished plenary guardianship and introduced partial legal capacity restrictions where only material rights can be restricted. Thus the court can no longer restrict an individual's personal non-material rights and individual's right to represent him/herself before authorities and in court. Also such rights as the right to vote, the right to marry, the right to make decisions about children, the right to make decisions related to medical treatment etc. cannot be restricted under any conditions.

The new regulation is still not fully compliant with Article 12 of the UN CRPD, as legal capacity can be still restricted and no full-fledged alternatives to the restriction of legal capacity, such as supported decision making mechanisms, were included in the law. Therefore RC ZELDA continued to advocate for necessary changes in law.

In 2014 RC ZELDA started to develop a pilot project of supported decision making and since February 2015 it has been providing direct support in decision making to 28 persons with intellectual disability and/or psychosocial disability on a regular basis. RC ZELDA also provides regular consultative support to natural supporters – family members or friends of person with intellectual or psychosocial disability.

The model was developed and piloted in the period from 1 September 2014 till 30 April 2016. During this period RC ZELDA:

- Developed proposals to introduce alternatives to legal capacity restrictions, including supported-decision making;
- Raised awareness among family members and stakeholders on the rights and interests of people with disabilities from social model perspective;
- Developed and tested the model for supported decision-making – direct support was provided to 28 persons and consultative support to 55 family members.

¹ 27 December 2010 Judgment of the Constitutional Court no.2010-38-01, para. 10 - http://www.satv.tiesa.gov.lv/wp-content/uploads/2010/04/2010-38-01_Spriedums_ENG.pdf

What is supported decision making?

Supported decision making is a legal mechanism that is being used as an alternative to restriction of legal capacity. Legal capacity of the person is maintained in full amount, but it is determined in which areas and in what amount the person needs support, that is being provided by one or more support persons.

Supported decision making is a process, where the support person or the support network (several support persons) help the person with intellectual, psychosocial or cognitive disabilities to plan and make decisions about their life, medical and social services, finance and property. The support network includes people, whom the supported person has chosen by him or herself (these may be family members, friends, professional representatives or support providers). A support person cannot be appointed against the individual's will.

The individual always makes decisions by himself after consulting the support person, even when this decision is against the position expressed by the support person. Relationships between the support person and the supported individual should be built on trust. The support person can act only in accordance with the supported individual's will, desires and instructions. The support person helps the supported individual to understand information, to make decisions, based on his wishes, to make clear the position of the supported individual to the third parties and to communicate with them.



Main principles when providing support in decision making:

1. We have respectful attitude towards all involved;
2. Support is provided through person-centred thinking and planning approach;
3. We aim to discover, understand and clearly describe unique;

-
- characteristic features of the supported person;
4. We first see the person and not his or her disability.
 5. Support is provided in a way that a person would have positive control over his/her own life; person would be valued member of local community; person would receive support from support network in its preferable environment from natural supporters and/or professional supporters.

RC ZELDA provides support in decision-making in 5 areas. Here are examples where supported decision making was needed in those areas:

Legal issues:

- Preparing of applications; documents
- Reading of documents and understanding them;
- Preparing applications to court;
- Assistance in process of review or renewal of legal capacity status;
- Support of victims of crime, while communicating with police.

Finance issues

- Assistance in preparing application for police on fraud;
- Assistance in communication with municipality on property tax debts;
- Learning to plan daily/weekly/monthly budget.

Daily life skills

- Communication through learning to cook;
- Support in communicating with staff of institution;
- Support in learning skills (read, write, languages, sign);
- Support in communication with family;

Health care issues

- Support in communication with psychiatrist;
- Assistance in finding medical specialist.

Despite widespread stereotypes about people with disability that underlie the guardianship concept, the support is not needed 24/7 with equal intensity, however, maintaining contact with a person (phone calls or meetings) is needed for building trustful relationships. Based on person-centred planning principles, supported decision making process is oriented towards acknowledgement of strengths, talents and hopes of the supported people, not on deficits or disabilities, therefore people are empowered for more independent life.

Results of the Pilot project:

1. The project involved the direct beneficiaries – 28 persons with intellectual and/or psychosocial disabilities and 55 friends and relatives – natural supporters;
2. There were 12 educational seminars organized for natural supporters from all regions of Latvia;
3. Regular support for direct beneficiaries and natural supporters was provided;
4. Eight experts were trained in person-centred thinking and planning methods;
5. After project was completed supported decision making service has been provided by RC ZELDA on ongoing basis.
6. There was a training visit to the Czech Republic conducted; during the project RC ZELDA had also the opportunity to learn about the Bulgarian experience; consultations with Czech partners took place on a regular basis;
7. Supported decision making conception and proposals for amendments to laws and regulations were prepared and discussed with relevant stakeholders (e.g. Ombudsman, Ministry of Justice, Ministry of Welfare, representatives of Orphans' Courts, etc.)
8. The handbook on supported decision making was published (In Latvian and English);
9. The conference "Introduction of the Supported Decision Making in Latvia and Experience of Other countries" was organized with participation of Bulgarian and Czech partners.

As the result of the project a new support method for people with intellectual and/or psychosocial disabilities was developed and tested, creating the necessary preconditions for further implementation of the support decision making model into practice. Project beneficiaries improved independent living skills, and a support network was developed to provide support in future.

Stakeholders and Partners

Persons with intellectual disabilities, persons with psychosocial disabilities and their family members were beneficiaries of this good practice. Moreover various stakeholders involved in issues of legal capacity, human rights and social welfare were involved. The *"Pilot Project for Introduction of Supported Decision Making in Latvia"* was implemented under the European Economic Area Financial Mechanism 2009-2014, programme "NGO Fund" and sub-programme "NGO project measure". Project was funded by

Iceland, Lichtenstein and Norway. Programme was funded by European Economic Area Financial Mechanism and Latvia.

Innovation and Success Factors

The described good practice was the first and only trail to introduce the idea of supported decision in Latvia. Although it was implemented on a relatively small scale, it proved to be efficient and to have good impact on lives of supported persons.

In order to replicate this good practice, one needs some organization or coalition of organizations, which would take initiative to advocate for needed changes in law and practice or similarly to RC ZELDA would initiate pilot project of supported decision making in order to demonstrate how it works in practice. However there is no ready-made recipe for replicated this practice in other countries.



Constraints

The biggest challenge was connected with involvement of family members of supported persons. It became obvious that in majority cases family members (despite they say they are true natural supporters of their loved ones) still tend to make decisions instead of persons they are supposed to support in decision making.

Another challenge is to convince lawmaker to included need changes in law, in order supported decision making would be considered as true alternative to legal capacity restrictions.

Lessons learned

During the development of the first small scale pilot project and providing support in decision making we have learned that:

- 1) Building trustful relationships takes time, but it is possible;
- 2) Situations in the life of a person are changing and that can change support needs and areas, therefore supporters need to be flexible and able to adjust to changes.
- 3) Everybody has a right to take risks and to make 'wrong'

decisions.

4) It is challenge to help to develop support network for a person who does not have natural supporters.

5) It is necessary to continue to spread the message in the community and between various stakeholders and to advocate for the need to have supported decision making available as alternative to restricting of legal capacity.

Sustainability

The implemented small pilot project by RC ZELDA was the first step towards further advocacy for the need to introduce supported decision making in Latvia.

In early 2017 the public procurement was announced by the Ministry of Welfare of Latvia aiming to implement larger scale pilot project of supported decision making during the period of 2017 till 2020. NGO-RC ZELDA won the public procurement announced by the Ministry of Welfare on February 16, 2017 "Development of the description, organization and financing procedure for the support person service, implementation of the support person service pilot project and evaluation of the results of the pilot project". The project was launched on July 1, 2017 and it will be implemented in three stages:

- 1) During the first stage (01.07.2017-30.11.2017) RC ZELDA will develop a description of the support person's service description, organization and financing procedure and implementation mechanism;
 - 2) During the second phase (01.12.2017-30.11.2019) a pilot project will be implemented, in which the mechanism of the support person's service implementation will be tested and 330 persons with intellectual and/or psychosocial disabilities throughout Latvia will be able to receive support person's service for 24 months.
 - 3) During the third stage (01.12.2019-30.11.2010) the results of the pilot project will be evaluated, methodological materials will be developed and proposals for further development of the normative acts will be supported for further implementation of the support person service.
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Visual materials

[Videos, where people who receive our support tell about themselves](#)

Website

www.zelda.org.lv

BELARUS

PROMOTION OF PRACTICES ON DEINSTITUTIONALISATION AT THE LOCAL COMMUNITY LEVEL

Target audience, beneficiaries Persons with disabilities and members of their families, civil society organizations of persons with disabilities, local authorities, local social services institutions.

Objective

- Development of preventative measures to deal with the issue of placing people belonging to vulnerable and marginalized groups (including people with intellectual and psychosocial disabilities) in residential institutions.
- Development of a strategy for lifting people out of residential institutions and providing an environment for independent living.

Geographical coverage **Location /geographical coverage:** Kobryn is a city in the Brest Region of Belarus and the centre of the Kobryn District.

The principal features of this city:

- Population: 52,655 (according to 2016)
 - A self-contained city with quite developed area for livelihoods.
 - There is a psycho-neurological boarding house.
 - There is a standard social protection system.
 - A significant number of different organizations of people with disabilities.
 - High motivation of local authorities and staff members of a psycho-neurological boarding house to transform current practices.
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Introduction

Nowadays, in the Republic of Belarus there are more than 540 thousand people having the status of disability. Among them more than 82 thousand people have the most severe degree of disability and about 28 thousand children with disabilities. The proportion of PWD in the population of the Republic is 5.8%. Social protection of this category is governed by a significant number of regulations, including special laws on social protection and rehabilitation, benefits.



It should be noted, that the most vulnerable group of PWD is persons with intellectual and psychological disabilities, who are not accepted in society yet, they are subject to strong stigmatization and discrimination even on the part of Officials and specialists. There is a stereotype of the "normal" (for example, people using wheelchair) and "abnormal" persons with other disabilities. This situation is exacerbated by prevailing of medical approach to disability issues (including deprivation of legal capacity) in Belarus. The Belarus law pays no attention to this diversity of types of severity of disability and individual needs, thus deprivation of legal capacity very often implements automatically without serious consideration of this decision and understanding of the fact that reinstatement of legal capacity in the future will not be possible in some cases in Belarus reality. The loss of the legal capacity is a serious limitation, depriving a person of the right to decide practically on everything in his or her life. In the stationary institution a person who has been divested of his or her active legal capacity is placed under legal guardianship of a director of their care institution. In this way,

one person becomes “the parent” for all locals and cannot fully implement their needs and interests.

That way, with a view to developing an effective strategy for lifting people out of residential institutions and providing an environment for independent living, the project was implemented by the Office for the Rights of People with Disabilities and its international partners. This project consisted of a number of closely-integrated actions components such as mapping of social services and facilitating networks of key stakeholders, awareness raising of creating opportunities for economic and social inclusion for people with disabilities into the labour force, establishment of a national forum for monitoring and dialogue on inclusion strategies and so on.

Whilst implementing activities of the project a comprehensive team of specialists and users of special services (persons with disabilities) was created in Kobryn. This team included representatives of the local Committee on Labour and Social Affairs, specialists of local Social services center and of Correction- and development-training center for children with developmental needs, members of NGOs and for the first time staff members of psycho-neurological boarding house which is located in Kobryn. The main goal of the team was a creation of sustainable resource for providing an environment for independent living. Some professional training sessions were conducted by international experts with a view to enhancing the effectiveness of the team. The working group of 8-10 members was formed for promotion of independent living. Besides, activities in Kobryn were aimed at solving deinstitutionalization problems of specific people who have lived in the psycho-neurological boarding house. A process aimed at organization of independent living of 3 different people having different social statuses, age and living experience had been planned by the working team in Kobryn. During the period of over 12 months, several steps aimed at the creation of legal social possibility for living outside an institution have been made such as selection of ready residents, preparing their families, approval for staying outside the boarding home for a longer period, meetings and involving of lawyers and the court.

Partners

Non-profit organizations: The European House (Denmark), Office for the rights of persons with disabilities (Belarus), Fundacja TUS (Poland), EUROBELARUS (Lithuania).

Innovation and Success Factors

The main innovation was the draft package of proposals to change the format of deprivation of legal capacity – from absolute to partial. The local result was the changing attitudes of the administration of the psycho-neurological boarding house towards their work, taking into account the knowledge about deinstitutionalization. One more significant project result was development of the manual on deinstitutionalization, which was prepared on the basis of principles set by the UN Convention on the Rights of Persons with Disabilities. The manual contains terminology and unified methodological approach to deinstitutionalization, which permits to use a single standard to promote the process of deinstitutionalization by all interested organizations.



Constraints

The partners faced some unsolvable problems, these problems are of a common legal character and it is impossible to solve them without significant changes in the Belarus legislation. Also the absence of conditions for independent living such as lack of housing for living outside an institution, the lack of the possibility of creating special care services at the local level and sources of financing for such needs. The main obstacle to implementing of this good practice is the lack of objective prioritizing by the government with regards to policy in relation to deinstitutionalization.

Lessons learned

Deinstitutionalization is possible only through creation of the national program as a political component for ensuring progress

in society. Meanwhile, the existence of separate initiatives on deinstitutionalization does not yield sustained effects. The implementation of this good practice in one region during three years required 200,000 euros despite the fact that the results have been minimal due to the barriers in law and national policy.



Conclusion

A pilot project demonstrated that the Belarus society is a lot closer to practical steps on deinstitutionalization than the government. This does not exclude the necessity for further awareness-raising, advocacy and piloting measures, as well as testifies to the effectiveness of promotion of a person-centered approach in the social protection system.

Website

www.disright.org/

ESTONIA

THE MONTH OF MENTAL HEALTH

Target audience Various events of the month of mental health were aimed at different target groups. Specialists in the field of health and social work, doctors, psychiatrists, psychologists, social workers and educators. Organizers of health and social care, ministers and local authorities. Representatives of local communities. Parents, children of preteen and teenagers, patients, adult children of the elderly, specialists working with children. In general, the organizers sought to reach as wide an audience as possible.

Objective The Mental Health and Wellbeing Coalition (MHWC) organized mental health workshops and other events throughout October 2016 in order to guide the attention of society to the importance of mental health, focusing first of all on ordinary people, in need for assistance or interested in the mental health issues. The main topics of the workshops were: domestic violence, gambling addiction, stress, inclusive education, school attendance, parenting, ADHD, etc. The event was timed to coincide with the World Day for Mental Health, which was declared by the WHO to be on 10th of October. The fair was the central event of the month. The objectives of the fair were to inform public at large about the importance of mental health and welfare, about opportunities for assistance in Estonia, and to clarify new approaches to first aid for psychological and mental health – mostly for practicing professionals.

Geographical coverage All events of the month of mental health are aimed at residents of all regions of Estonia. That is why they were held in different regions, such as the capital, the city of Tallinn, the northwest; the central Estonia (the town of Rapla); the northeast (the town of Narva, where mostly population with Russian mother tongue living); and the Tartu, which is the second largest city in the country and is a “university” city. Thus, the target groups are

covered not only in the geographical context, but also reflected the ethnic, socioeconomic diversity of the country's population.



Introduction

In recent years, Estonia has seen significant numbers of different mental health problems. For example, the level of clinical depression reaches 5.6%, the level of suicides even though it decreases, but is approx. 14 people per 100,000. The problems affect people of all social groups and ages. To make mental health a priority and to promote it, the “Mental Health Strategy 2016-2025” was developed by MHWC with the support of the Ministry of Social Affairs.

Increasing people's awareness on the possibilities of preserving well-being and preventing mental health problems among the wider public is one of the objectives of interventions, described in the Strategy. Within this task, Months and Fairs of mental health are held annually in October.

More than 30 different workshops, lectures, training seminars were in the program of the Month of Mental Health 2016. Many of the MHWC member organizations carried awareness-raising activities to present their work, and the opportunities of assistance they can provide.

The Mental Health Fair was a central event of the Month. Several speeches were made by representatives of the state and local authorities, experts in the field of mental health, plenary discussions. The forum theatre made its performance, with a subsequent discussion. 8 parallel workshops on various forms of prevention and psychotherapy for specialist and all interested people have been also conducted in the Fair.

Stakeholders and Partners

The Estonian Mental Health and Well-Being Coalition (MHWC) have 37 member organizations related to mental health, education, social welfare, which work in virtually all regions of Estonia. The specific events of the Month were organized and held by 17 different organizations, mainly non-governmental. The Month of Mental Health and Fair were supported by the Ministry of Social Affairs of Estonia, National Institute for Health Development, Norway Grants, Open Estonia Foundation, Gambling Tax Council, Estonian-Swedish Mental Health and Suicidology Institute and so on.

Innovation and Success Factors

We can specify a few success indicators for this project. More than 3000 people participated in the events of the Month of Mental Health. In comparison, during the month of mental health in 2014 approx. 340 people were participating. The information about the Month and related events was shared through the media and social media networks all around Estonia, with an audience of more than 400,000 people. All 37 VATEC member organizations took part in the events of the Month.



Unfortunately, the specific financial indicators are currently unavailable.

Whilst analyzing the past event, we can highlight at least four factors that are important in terms of success.

First of all, this is a big groundwork, done by VATEC. This includes a detailed analysis of previous Months of Mental Health, and detailed planning, to which, on the basis of open discussion, representatives of all organizations included in VATEC were involved.

Second, there was a broad informational campaign about the events. Detailed information was provided in advance on the website of VATEC and the websites of the member organizations of VATEC. An informational campaign in the media (television channels with a large audience, national newspapers and information internet portals) was held. The Facebook network was actively used.

The third factor of success was the support of state structures, in particular, the Ministry of Social Affairs, which issued several press releases. Its representatives also participated in the Month of Mental Health as speakers or discussion participants.

The last but not least was the enthusiasm and initiative of the organizers and other people working in VATEC and in the members of VATEC. In particular, part of the work was done in the form of voluntary or additional activity of these people.

Constraints

Some problems arose related to the organization of the Month which were of a technical nature and were solved all in all. Mostly they were communication difficulties, changes of participants etc.

In a certain sense, a negative constraint or challenge is, in particular, reflected in the "Estonian Presidency Scorecard" situation. This evaluative document was prepared by Mental Health Europe following the Estonians Presidency of the Council of the European Union in 2017. In particular, it assesses the efforts of Estonia in mental health promotion and prevention that at the European level as a "medium". It also points out to the "lack of attention paid to mental health and psychosocial disability". The same applies to health and social care policy at the national level. This suggests that the attention of official government structures and public health authorities to the mental health issues is not yet sufficient. And the future months of mental health should be even more high-profile and implies greater involvement of the representatives of power.

Lessons learned

It is very important to involve numerous of interested groups and organizations in discussing such significant events at the state level. The second lesson is the importance of the media and the wide informing of the population of the country about the problems of mental health and related preventative measures. In this connection, it may be mentioned that since the fall of 2016 it has become a tradition to invite mental health professionals to head up these topics on one of the largest Internet portals (see example by link in „visual materials“ block).

It is essential that such events are incorporated into the mental health policy context, and they themselves influence the formation of this policy. In the context of our country, good example is mentioned above the “Mental Health Strategy 2016-2025”. On the one hand, the preparation of this document took into account the experience of the previous months and fairs of mental health. On the other hand, the Strategy helps to accurately focus such events in the future.

Similarly, such a way of events organizing is convenient in terms of funding, since larger structures have more opportunities to attract financial resources than simple organizations.



Sustainability

The Month of Mental Health and the Fair in the year 2016 were held not for the first time, such events had already been organized before. In the year 2015 the Fair was devoted to the theme "In the Name of Good Emotional Feeling". In the year 2014 the theme was "Healthy Life - for Life". The positive experience of previous years was taken into account and in 2016 the events were sharper and more successful.

With regards to the sustainability of the results of the month of mental health and fair, the external context of the entire event is very important. First of all, this context is set out in the document "Mental Health Strategy 2016-2025". This document is referred to a number of European initiatives, such as the “Joint Action on Mental Health and Well-being” (2013 -2016), the WHO “Plan of Action on Mental Health 2013-2020” and the Estonian experience in this area. Namely, the week of mental health is primarily connected with the preventative part of the

strategy, the purpose of which is promotion of mental health: shaping people's attitudes, the surrounding environment and living conditions in a way that supports people's healthy lifestyle and creates a prerequisite for mental health and well-being.

The stability of the project is primarily confirmed in practice by the fact that in the year 2017 the month of mental health and fair also took place. This time, the theme of the fair was "Mental Health in the Workplace - from Burnout to Joy from Work".

The main sources of funding were Tallinn Social and Health Department and Gambling Tax Council, other sources of funding and support are mentioned as partners above.

Conclusion

The Month of Mental Health is a positive tradition in Estonia. It was held for the first time in 2014, and then in 2016 it was attended by several thousand people. Information about it was widely shared in all regions of Estonia. Various workshops, workshops, informational events and exhibitions, with participation of working in the field of mental health organizations were held during the Month. The organizers of the events of the Month were Estonian Mental Health and Well-Being Coalition and its partners. This activity is a part of the Estonia's mental health strategy and is supported by various funds, local government and the state offices. The formulated goals of the event have been achieved, and the next Month of Mental Health was also held in October 2017.

We are convinced that this experience can be a good example and role model for other organizations and structures in the field of mental health in Europe and worldwide.

Website

www.vatek.ee/en/

LITHUANIA

THE NGOs AND INDEPENDENT EXPERTS' COALITION "MENTAL HEALTH 2030"

Beneficiaries	The final beneficiaries are adults and children who have mental health problems, psychosocial and/or intellectual disability and their family members.
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Objective	To seek openness, transparency and respect for human rights in the Lithuanian mental health system.
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Geographical coverage	<p>Although experts and organisations coming from different cities and regions of Lithuania may join the Coalition, the capital city Vilnius is represented the most. It might reflect the fact that core organisations, including some umbrella organisations, are located in Vilnius. On the experts' level, the Coalition has members from Kaunas, Alytus and also some Lithuanian experts, who reside in the UK. The experts from Lithuania working in mental health field in the UK contribute to the Coalition's activities with fresh ideas and a different perspective.</p> <p>Activities undertaken by the Coalition affect the mental health system's functioning in the whole country, although they might have a bigger resonance in Vilnius, where the meetings and other activities are mostly held.</p>
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Introduction	Public mental health indicators, such as significantly high suicide rates, and widespread bullying and mental health problems among children, are of a great concern in Lithuania. Various experts and NGOs for more than a couple of decades have been pointing out the signs that mental health system is not functioning effectively as it is. On the contrary, funds are allocated to maintain the flawed system rather than for
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development of new services in line with human rights principles and modern approach to mental health. Also the UN CRPD is not well implemented in practice. In the past organisations and experts identifying these problems were scarcely coordinating their actions and were unable to get support of the politicians and general public.

The need for the joint action by both NGOs and experts sharing the same modern approach to mental health and human rights came to reality on 30th April 2014. On this day the Coalition “Mental Health 2030” was founded with a memorandum signed by 16 experts and organisations allowing their voice to become more visible in the public discourse. Members agreed on principles of work, core values, areas of focus and mutual aims.

An important aspect while starting this movement was to make sure of the equality of all members, transparent communication and mutual respect. The Coalition principles were to establish gender equality as well: the balance between representatives of different genders within the Coalition indicate that. By the end of 2017 the Coalition united 5 female experts, 6 male experts and 15 non-governmental organisations, represented by both males and females.

The Coalition has an online platform of communication where members share news and reactions to various questions related to mental health, decide on joint actions, vote for new members etc. Every 2 to 3 months Coalition meetings are held. During these, members discuss inner affairs of the Coalition, ideas for action, share opinions and agree on joint positions as a response to controversial issues. The meetings follow the specific agenda agreed upon beforehand. Minutes are taken to share the discussion and decisions with members that were unable to attend in person. Decisions are always reached by the democratic voting.

Since its founding, the Coalition developed and sent dozens of letters to decision-makers, executed several meetings with various representatives of various ministries, the Presidency of Lithuania, members of the European Parliament, Vilnius city municipality, advocating their position in response to various questions and defending the rights of people with intellectual and/or psychosocial disabilities, users of mental health services and the rights of children.

One of the most important achievements of the Coalition was a coordinated development of the "Alternative Action Plan 2016-2018 to the Lithuanian strategy on mental health and suicide prevention". The 56 pages long document encompasses specific and realistic steps necessary in order to strengthen children's

mental health, develop community-based services, transform primary mental health care system and implement suicide prevention. The financial calculations were also presented painting a clear picture that significant changes in the system could be achieved by effective allocation of funds. This plan was presented to the public and decision-makers in May 2015, during a conference held in the Parliament of the Republic of Lithuania. The response was an intense public discussion and high public interest, which was not expected and not yet seen around the topic as sensitive as mental health before.



The conference at the Parliament of the Republic of Lithuania in May 2015.



The press-conference at the Parliament of the Republic of Lithuania in May 2015.

Stakeholders and Partners

This good practice targets active civil society members having expertise in the mental health field and NGOs seeking to improve the current mental health system through joint action together with like-minded colleagues. The case of Coalition “Mental Health 2030” proves the value of joint action of NGOs and experts.

Funding by the European “EEA Grants” NGO programme was a core help in forming the Coalition and making it effective and was needed for achieving best results.

The Coalition has been approaching politicians and other public agents to seek their support by explaining the problems that exist in the mental health system and urging the improvements, as well as suggesting steps how to potentially do that. Policy makers were also targeted during the above-mentioned international conference and various other meetings.

Innovation and Success Factors

The Coalition “Mental Health 2030” during its existence contributed to some changes in the mental health field in Lithuania. Although the full systemic change is not yet achieved, some areas that had been of concern in the past, have now been improved. Suicide prevention is one of them. Here, parliamentary control was one of the factors that contributed to change. The Committee for Prevention of Suicide and Violence in the Parliament started raising questions not only about suicide prevention but also about the mental health system, the wide-spread overmedication and lack of respect for human rights. This has started a previously non-existing discourse at the high levels within politics. Also various evidence-based suicide prevention methods were implemented in Vilnius municipality on a large scale and currently they are being spread across Lithuania. These methods are in line with the suggestions of the Coalition. Along with these measures, an availability of psychological support and especially immediate help increased in the capital city Vilnius.

The important driving force for these changes was the result of advocating the ideas of changing the mental health system to politicians eager to participate in the modern policy making (e.g. Mykolas Majauskas). During the existence of the Coalition, a member of it also became an advisor to the Minister of Health (meanwhile suspending his participation in the Coalition), and also a former representative of the member NGO was elected as a new member of Parliament. These experts also increased the volume of voices advocating for modern approach to mental health among the decision makers.

Finally, the public discourse has changed since the Coalition was created and it has contributed to this phenomenon, especially during the above-mentioned conference. It now stretches out from the discussion of issues like overmedication on the national TV channel to celebrities starting to open up about their experiences of struggling with mental health problems. Also there are some changes in the portrayal of the mental health topic in media – less stigmatisation, and more concern for human rights.

In conclusion, it is possible to say that the Coalition was created at the right time, when society became more able to open up, and young politicians more eager to modernise the existing system. The Coalition accelerated and directed the changes towards human rights based approach, building trust in its expertise, informing society about its position on various issues.

The big sign that the Coalition is being noticed and valued is a special award for the strengthening of civil society that was awarded in 2017 during the National Equality and Diversity Awards.



Meeting with the Ambassador of Norway – Dag Malmer Halvorsen

Constraints

One of the greatest challenges for the effectiveness of the advocacy work done by the Coalition has been the stakeholder groups that are not in favour of the reforms in the mental health system. Psychiatrists, especially ones in power positions since the Soviet times, are advocating the approach to mental health, which is characterized by overmedication, treating mental health problems as solely diseases with no psychological and/or social component and allowing human rights violations in the process. The achievement of the Coalition was a public discourse about the perceived validity of this approach. Also

Coalition has strengthened the ties with progressive psychiatrists. Association of Young Psychiatrists joined the Coalition in 2017 thus expressing the wish to shift the position of psychiatrists in the country in general.

Another challenge is reluctance of decision makers to admit the flaws in the existing system and to make actual changes, especially the needed structural and systemic reforms, not just small adjustments. The Coalition took the approach of searching for “bright spots” and informing the progressive decision makers about the ideas of change, as well as continually raising awareness of the public to put pressure on decision makers.

Yet another challenge is a limited involvement of service-users and persons with lived experience of mental health problems in the advocacy actions in general and in the activities of the Coalition itself. Drawing more support and involvement from experts-by-experience requires them to break free from societal stigma and be open about their mental health problems in a society where discrimination is prevalent. Ideas spread by the Coalition are encouraging the Lithuanian society to view mental health problems in a different light and accept the fact that these questions are relevant to us all and need urgent advocacy actions.

Finally, the sustainability of the Coalition is also a great challenge. Managing the Coalition with none or very limited funds has so far proved to yield less effective work and low capability for organising larger advocacy actions, such as development of advocacy documents and organising events.

Lessons learned

One of the key messages that we formulated while managing the Coalition was to make sure various controversial questions (e.g. forced treatment) would be well discussed among the members to have a mutually agreed position. Members of the Coalition are all experts in the mental health field but some of them specialise in mental health of children, others in suicide prevention, yet others come from law background, etc. The mutual learning opportunities are highly needed and valued.

For the successful future work of the Coalition, task and responsibility distribution is needed. Thus, the Coalition is now considering the creation of a structure for governing it, including a board and a more detailed scheme for decision making processes.

Sustainability

There must be resources available for the Coalition of this kind to work effectively. Human resources are needed first of all:

there must be active civil society members and NGOs in the community concerned with the mental health situation and having expertise in the field. Although in a society where jobs in mental health field do not always ensure high standards of living, experts often need to work long hours not being able to spare time for civil action, and NGOs often have to fight for survival. Thus, funding of the Coalition activities is needed and would allow to take actions of greater scale, such as preparing and implementing action plans or organising a conference, etc. Continuous funding would be the best way to ensure the sustainability of the Coalition.

Conclusion

Creating a coalition of NGOs and experts is a way to bring change in a society dominated by out-dated ideas about mental health, inactive decision-makers not creating means for people with mental health problems to receive appropriate help, and institutions not taking control in stopping human rights violations. In a coalition, modern approaches can be concentrated and expressed, and a joint action can raise awareness and achieve positive changes.

Website

[The column on the website of NGO Mental Health Perspectives, currently chairing the Coalition “Mental Health 2030”](#)

NGO Mental Health Perspectives, 2018