If not now when?

Mental Health Europe

Mental Health Europe's Strategic Plan

2022 - 2025

» If not now when?

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1. Glossary

Throughout this plan we use a few terms like people with mental health problems or distress and/or with psychosocial disabilities. We are aware that other organisations and people use different terms like users, clients, survivors and that people relate in different ways to these. They self-identify better with some whereas consider others stigmatising and discriminatory.

MHE chose to utilise terminology that we think best frames the concepts of people-centredness and respect of their human rights.

Experts by experience

People who experience or have experienced mental distress. The term is broader and more descriptive than 'mental health problems'. Its underlying assumption is that mental distress is a meaningful human experience and that it is for the individual to make sense of their own experiences within the context of their personal story. It positions the person as having expertise in their own experience (hence the equivalent term 'expert by experience'). It can be used on its own, or in conjunction with specific experiences, for example, 'lived experience of hearing voices' or 'lived experience of unusual beliefs.'

Psychosocial disabilities

An internationally recognised term used in policy work, in particular that of the United Nations Committee on the Rights of Persons with Disabilities (UN CRPD), to describe the experience of people who have long-term mental problems which, in interaction with various societal barriers, may hinder the full realisation of their rights. MHE uses this term in policy work when referring to persons who fit the definition and are therefore protected by the UN CRPD.

Recovery

Recovery is self-defined, but broadly means living a meaningful and satisfying life, with hope for the future. Recovery is not necessarily the eradication of the experiences or symptoms accompanying mental distress, as it would be used in the context of physical health. It can mean living with and managing these experiences, whilst having control over and input into your own life.

Supporters

People who provide support – emotional and or/practical – to people close to them who experience mental health distress. Supporters could be family members, friends, neighbours, colleagues at work, teachers or other.

2. Mental health in Europe – if not now when?

The development of the new MHE strategic plan could not be timelier. The COVID-19 pandemic has disrupted all our lives, affecting health, wealth and wellbeing and we have only just begun to feel the psychological and social effects of this. However, the state of mental health in Europe was a cause for serious concern already before the pandemic. According to the 'Health at a Glance: Europe 2018' report, one in six people across EU countries – about 84 million individuals – had a mental health issue in 2016. Most recent studies and surveys clearly indicate that the pandemic has had a widespread impact on the mental health and wellbeing of the general population, with some specific groups being more affected. Consequences include feelings of fear, anxiety, stress and depression. Self-harm, substance abuse and suicide rates have increased as well as abuses and violence in households.

Following the outbreak of the Covid-19 pandemic, access to mental health services was seriously disrupted. During the first wave in Europe, 93% of countries surveyed by the World Health Organization (WHO) suffered paralysis in one or more services for people with mental, neurological and substance abuse problems. Almost 40% of participating European countries reported a worsening in the delivery of mental health services. Among the groups most significantly impacted there are people with pre-existing mental health problems and with psychosocial disabilities. A consequence of the pandemic has been a substantial reduction in access to and availability of facility-based services and community-based support. Face-to-face appointments had to be entirely cancelled, or partially suspended, and provision swiftly moved online (including teleconsultations and hotlines). As a consequence of restricted access to normal support, pre-existing conditions often worsened.

Policy-makers across Europe have awakened to the fact that there is no health without mental health, and that this affects the economy and social wellbeing. Given the current situation and the foreseeable post-covid long-term aftermath, it is time for EU strategies and policies that prevent mental distress and promote and protect the rights of people with psychosocial disabilities to hold up to their promises.

The EU Strategy for the Rights of Persons with Disabilities 2021-2030 (ESRPD) bears several promising initiatives for persons with disabilities, including psychosocial disabilities. The particular attention towards the rights of persons with psychosocial disabilities and persons with mental health problems is an important improvement compared to the Strategy 2010-2020. The new Strategy explicitly acknowledges the existence of legal barriers for persons with intellectual disabilities, psychosocial disabilities, or mental health problems "as they are often restricted in or deprived of their legal capacity". MHE will concretely contribute to this Strategy, by addressing the diverse challenges that persons with disabilities face in regard to mental health and providing concrete support and guidance.

MHE will also contribute to the flagship initiative, 'AccessibleEU' aiming to increase coherence in accessibility policies, including full electoral participation and accessibility of European elections. Another important goal MHE will support is the monitoring of EU funding mechanisms to encourage EU member states to "implement good practices of deinstitutionalisation in the area of mental health and in respect of all persons with disabilities".

The ESRPD reaffirms the Commission's commitment to supporting stakeholders to address the impact of the COVID-19 pandemic on European citizens' mental health. MHE has played an invaluable role so far, producing a variety of resources to support citizens, health professionals, specific groups and policy-makers in addressing the short-, medium- and long-term consequences of the pandemic on mental health. We will continue being in the forefront to raise awareness, gather and share evidence, resources and promising practices.

Our work around the UNCRPD will also strengthen our actions beyond the EU. This will be further developed by close collaboration with European and international organisations, such as WHO and WHO/Europe, with whom we now have an official accredited status; IIMHL, focusing on leadership in mental health at the global level; the Council of Europe; the United Nations, the OECD and the ILO.

To reinforce the implementation of the ESRPD, MHE will continue being very active in promoting the UNCRPD. Contributing to implementing the UNCRPD concluding observations is a priority for MHE. Some of the recommendations are specifically relevant for the people we represent, such as the call for a comprehensive awareness raising campaign and fighting prejudice against persons with psychosocial disabilities, the call for improvement in the field of equal recognition before the law, the involuntary placement and treatment of persons in psychiatric hospitals and the shift from institutional to community-based services. Many fundamental questions concerning the realisation of the CRPD for persons with psychosocial disabilities remain unaddressed. MHE's objective is to promote human rights-compliant practices and to support the policy developments to ensure they respect human rights and the social model of disability for this specific group. Since the next periodic review of the EU by the UNCRPD committee is expected to take place in 2022, an objective for the years to come will also be to engage in the review process, for example during the interactive dialogue and supporting the EU in implementing the Committee's concluding observations.

The transition from institutions to community-based services and the ending coercive practices remain a priority for us. MHE is a member of the European Expert Group (EEG) which dedicates its work exclusively to this topic. We also wish to review/formulate policy recommendations based on an update of our Mapping Exclusion report, which provides data in relation to institutions and community-based services for persons with psychosocial disabilities across Europe.

The European Pillar of Social Rights is a further opportunity to improve services that will contribute to preventing mental ill health, promoting the wellbeing of millions of people in the EU, and supporting people living with mental health problems and psychosocial disabilities. All three chapters of the EPSR are essential in relation to mental health and many of the principles are of relevance for our target group. Our objective is to work on the implementation of the Pillar through its Action Plan to ensure mental health is mainstreamed in the outputs. We will focus our efforts on inclusive education, training and life-long learning, active support to employment, work-life balance, social protection, health care and inclusion of persons with psychosocial disabilities.

Finally, in the European Commission's EU4Health Programme mental health is prominently featured, and the programme commits to address long-term public health issues such as the improvement of mental health and the reduction of health inequalities. Equipped with a larger funding portfolio than the previous health programme, MHE expects more long-term strategies and better coordination across sectors impacting on mental health and stronger cooperation between Member States. Further funding will be made available through the national recovery plans; it will be important to dedicate funds to deinstitutionalisation, community-based services, promoting social inclusion practices and support service providers rather than investing heavily in health infrastructure.

3. MHE unique value

Mental Health Europe (MHE) was founded over 35 years ago and has consistently positioned itself as a key actor working towards the implementation of human rights principles and obligations in mental health. MHE is a committed and collaborative network with a diverse membership, including individuals and 74 organisations spanning 33 countries across Europe representing a wide range of knowledge, experience, and mental health systems. This diversity is the strength of MHE since it enables us to bring together all relevant actors in the mental health field, thus being in a key position to facilitate multi-stakeholder and intersectoral cooperation and actions.

A human rights based approach

Human rights are at the core of MHE's work. Human rights violations can negatively impact mental health and the lives of people living with mental ill health and psychosocial disabilities. MHE's work is underlined and guided by key international and European frameworks such as the UN Convention on the Rights of Persons with Disabilities (UN CRPD) which reiterates that people with disabilities, including people with psychosocial disabilities, must fully enjoy their human rights. The other framework is the European Disability Rights Strategy 2021-2030 titled "Union of Equality – Strategy for the Rights of Persons with Disabilities 2021-2030" that dedicates particular attention towards the rights of persons with psychosocial disabilities and persons with mental health problems. The Strategy is the main instrument for the European Commission to support the implementation of the UN CRPD, which was ratified by the European Union (EU) and all its Member States.

The psychosocial model of mental health

The understanding of psychosocial disability and mental health comes from two main different frameworks: the biomedical and the psychosocial models. The biomedical model frames psychosocial disability as an illness mainly caused by biomedical factors and genetic predisposition. The psychosocial model frames psychosocial disability as a human experience. Distress is caused by a variety of factors including wider socio-economic issues (e.g. access to employment, education, living conditions, etc.), challenging or traumatic life events. With this model, a psychosocial disability is a mental health problem which when combined with barriers in society becomes disabling. The shift from a biomedical model to a psychosocial model is enshrined in the UN CRPD. MHE fully subscribes to the psychosocial approach to disability.

Independence

In a society where the biomedical model in mental health remains predominant, the lack of transparency and independence in the interactions between the health industry, healthcare professionals, healthcare organisations and patient organisations has led to the over-medicalisation of mental health and worrying reliance on drugs as the main form of treatment for mental ill-health. MHE itself is fully independent from any healthcare-related commercial interests and funding coming from other industries that are negatively impacting mental health.

4. Members Engagement

MHE's strength stems from its diverse membership. To carry out its mission, MHE needs to count on engaged and capable members and build the bridge between their work and priorities and MHE's.
Members have been actively involved in various consultation steps for the development of this strategic plan and there is a clear commitment to contribute to its implementation. Given the diversity of members in terms or resources, expertise and focus of work, targeted engagement and capacity building actions are needed. To this purpose, MHE has developed a Membership Strategy 2022-2025 to go hand in hand with the strategic plan.

The Membership strategy identifies specific needs and challenges faced by members and proposes concrete solutions towards:

- Creating synergies between the European and national contexts and across sectors playing a role in mental health and wellbeing;
- Involving members in strengthening MHE and its member organisations through well-structured consultations and sharing of information, know-how and good practice;
- Engaging members in joint initiatives – policy, projects, campaigns – based on their interest and capacity.

5. What is new

There are a number of areas where MHE will intensify its work.

Human rights

Human rights have always been very prominent in shaping MHE's work; in the coming years this focus shall be strengthened and anchored systematically across MHE actions, to concentrate all efforts on making the human rights of persons with psychosocial disabilities a reality in their everyday lives. For this reason, in addition to being a specific strategic priority in itself, human rights will be mainstreamed as a cross-cutting issue in all other strategic priorities. Moreover, in line with our call for "mental health in all policies" we will expand our focus to other European instruments outlining strategies and action for e.g. women, children, migraants, victims of crimes, etc. We shall also focus on strengthening a collaborative approach engaging key-players and stakeholders so that public policies across sectors systematically take into account the mental health implications of decision-making. They should seek synergies and avoid harmful mental health impacts to improve populations health and health equity.

Co-creation

It is MHE's core principle to value the insight and expertise brought by people with lived experience of mental health distress and their supporters. MHE is committed to them driving on equal basis the policy and activity agenda with other actors in the mental health field. Whereas supporting the empowerment of experts by experience is a must, this is not sufficient. We will strive to achieve increased capacity of all relevant actors to work together from A to Z valuing each other's expertise and perspectives whatever their background.

Intersectionality

Intersectionality is defined as "the interconnected nature of social categorisations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage". MHE acknowledges that everyone has their own unique experiences and characteristics – gender, race, class, sexual orientation, physical ability, etc. We will therefore mainstream intersectionality as a cross-cutting issue informing all our strategic priorities and work.

Focus on categories more at risk

The pandemic has confirmed that certain population groups are more vulnerable than others with regard to their mental health and wellbeing. We will work closely with organisations representing these groups to understand specific needs and realities of each group and to devise appropriate and targeted analysis, policy recommendations and actions.

Education and Digitalisation

Education and Digitalisation are new areas of work in which MHE needs to engage. We need to work towards a young generation that accepts diversity and knows how to take care of their and others' mental health and wellbeing. School and universities are one of the best places for that. Regarding digitalisation, there are fast-paced developments in the digital world that address mental health: artificial intelligence solutions, apps, videogames, online counselling, etc. Acknowledging the potential benefits but also challenges of these novelties, it is important we provide evidenced-based analysis and guidance.

6. Together we are stronger

In addition to its wide membership, MHE can count on longstanding and effective partnerships with European NGOs and other organisations sharing common interests and objectives. Further and new cooperation will be established to push the mental health and disability rights agenda and to ensure we can achieve our ambitions regarding mental health in all policies, mainstreaming human and disability rights, intersectionality and taking care of the specific needs of certain group populations.

MHE also calls upon sister NGOs, policy-makers, service providers and experts by experience to renew efforts and find pragmatic ways of working together towards concrete results for everyone in Europe and especially the most disadvantaged. MHE on its end will explore and test different ways of cooperating with relevant actors: co-creation, communities of practice, collective intelligence, etc.

7. Our Vision, Mission and Values

VISION

A Europe where everyone's mental health and wellbeing flourish across their life course.

MISSION

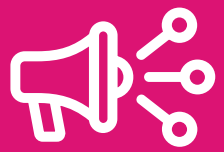
To lead in advancing a human rights, community-based, recovery-oriented and psychosocial approach to mental health and well-being for all.

VALUES

- **Dignity and Human Rights**
  promoting the inherent dignity, uniqueness, and right to self-determination of all persons
- **Person-centredness, Independence & Autonomy**
  shaping mental health and wellbeing policies, services and support around people's demands and choices
- **Solidarity**
  fostering a culture of equality, inclusion and social justice
- **Innovation**
  pioneering new paths and narratives in advancing mental health and well-being
- **Independence**
  operating free from undue commercial influence from health-related industries and from political or religious beliefs
- **Co-creation**
  experts by experience, their supporters, service providers and other actors working together on an equal basis and valuing the essential knowledge each contribute
- **Collaboration**
  working constructively with MHE members and all stakeholders, including experts by experience and their supporters, policy- and decision-makers, service providers, researchers.

8. The changes we want to see

Substantial improvement in the recognition and adherence to the human rights perspective in mental health-related policies and practices across Europe



Increased adoption of the psychosocial model in mental health promotion and care

Improved availability of and access to equitable, recovery-oriented high-quality mental health services in the community

Experts by experience, their supporters and peer networks are active actors in co-creation

Reduced mental health stigma and discrimination at all levels of society

Strengthened MHE organisational sustainability and impact.

9. Strategic priorities and objectives

MHE will mainstream human rights, intersectionality and focus on disadvantaged groups across all strategic priorities and objectives.

Strategic Priority 1

A human rights-based approach to mental health

Strategic Pariority 2

The psychosocial model to mental health

Strategic Priority 3

Accessible, high-quality, recovery-oriented mental health services in the community

Strategic Priority 4

Co-creation with experts by experience, their supporters, service providers and other actors

Strategic Priority 5

Mental health-related stigma and discrimination

Strategic Priority 6

Sustainability and impact

Strategic objectives

Strategic Priority 1 A human rights-based approach to mental health	Strategic Priority 2 The psychosocial model to mental health
Increase the commitment and capacity of policy and decision makers, and other relevant actors to understand and apply a human rights-based approach to mental health	Foster and facilitate the implementation of intersectoral long term cooperation, strategies and policies - "mental health in all policies"
Strengthen compliance with international human rights standards at national and European level	Strengthen evidence on promising approaches and practices of the application of the psychosocial model
Improve awareness and knowledge of human-rights compliance practices in mental health	Advance policies and practices to reduce social and economic inequalities impacting mental health
Foster the elimination of coercive measures in mental health services	Better policies on mental health and wellbeing in the workplace, as well as improve knowledge of effective models among stakeholders
	Foster awareness and uptake of effective policies and practices linking environmental issues and mental health and wellbeing

Strategic objectives

Strategic Priority 3 Accessible, high-quality, recovery-oriented mental health services in the community	Strategic Priority 4 Co-creation with experts by experience, their supporters, service providers and other actors
Improve parity of esteem and integration of physical and mental health across European education and healthcare systems	Increase co-creation in policy and services development, implementation and evaluation across the European region
Expand provision of holistic, recovery-oriented, community-based services	Ensure peer support and expertise by experience in mental health services are acknowledged and valued, including through funding and employment
Foster uptake of effective digital approaches and tools for mental health	Expand co-creation with European and national networks of experts by experience
Further the decrease of the biomedicalization of mental health and the uptake of recovery approaches	Improve representation of experts by experience and their supporters within MHE membership and other relevant organisations
	Strengthen the establishment and capacity of national organisations representing experts by experience and their supporters

Strategic objectives

Strategic Priority 5
Mental health-related stigma and discrimination

- Strengthen understanding of impact of mental health stigma and discrimination in educational, employment, health and social care settings and law enforcement
- Increase responsible and non-stigmatising media coverage of mental health
- Improve public attitude towards mental health and the reality of people with lived experience

Strategic Priority 6
Sustainability and impact

- Increase diversification of funding streams and reinforce governance, management and evaluation systems
- Expand engagement with experts by experience, their supporters and peer networks within MHE
- Increase and diversify membership at national level and support alliances under MHE umbrella
- Increase capacity of MHE members in advocacy, service provision and communication

M·H·E

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