



**EU Project**  
**GOOD PRACTICES FOR COMBATING SOCIAL EXCLUSION OF**  
**PEOPLE WITH MENTAL HEALTH PROBLEMS**

**Conclusions & recommendations for policy and practice**

**Resulting from the final conference of MHE's Transnational Exchange Project  
"Good Practices for Combating Social Exclusion of People with Mental Health  
Problems"**

**Presented at the Mental Health Europe Conference, Vienna, 01 June 2007**

The underpinning themes for the day's discussion were:

**Social justice** – the movement towards socially just societies based on human rights and equality;

**Social exclusion** – the inequalities people encounter in access to health and social services, employment, education, training, housing, transport, leisure, and civil and human rights;

**Recovery** – people seeing themselves as capable of recovery rather than passive recipients of professional services, including acceptance of problems, involvement in the process, control over one's own life and hope and support.

The experience of the project showed that a number of factors influence the development and implementation of good mental health policy nationally. It was clear from the project that having a good policy structure was critical and that all the stakeholders should invest in this. An interesting point was about the value base from which policies are developed and that this is one of the key issues which cross cultural and economic boundaries. In some countries policy is developed from a basic principle, which focuses on the potential for violence and the need for control, whilst in other the policy is based on principles of social justice, protecting human rights and promoting recovery.

The project looked at the common features of good practice in the field of mental health and social inclusion and what follows were the critical issues identified as being those which crossed cultural and economic boundaries.

# **1. Factors influencing the development of good practices - POLICY**

## **Achieve good relationships with relevant Ministries, regional and local authorities**

This was a key factor for all the project partners, though was far more difficult for some to achieve than others. In some countries the policy makers were accessible and open to communication with services providers and NGOs, whilst in others it was difficult even to identify the right people to talk to, let alone get access to them. However, all agreed that investing the time into developing these relationships was critical and paid off in the long term.

Depending on the structures in each country it was also seen to be important to make relationships at local and regional levels as well as national levels. The extent of devolution varies between countries and it is therefore important to find out where decisions about funding allocation service development and policy making are made. This requires a significant investment of time and energy, which is not easy for all groups and organisations, and this again suggests that forming coalitions and partnerships to ensure that all get access and can share the commitment is a useful strategy.

There was general discussion about the value of all the stakeholders joining together to offer one voice to the policy makers, as is often requested by them, and the conflicting need that many organisations feel to present their own distinct views. There has been some positive experience of stakeholders working together on very focused and specific topics where they can come to an initial agreement that achieving consensus is the important goal and that not all points of view will be represented in the final communications. In this situation, there needs to be a level of trust between the collaborating parties and an acceptance that they may have to agree to differ and present a coherent final outcome.

## **Achieve authority and the means for stakeholder involvement**

A consistent message from all the partners was that the involvement of all stakeholders was critical to developing good practice. The key issues were that stakeholders are fragmented, and not all recognise that they have a real role to play. For example employers, housing and transport authorities do not always see themselves as having a specific role to play or to acknowledge the importance of mental health issues in their sphere of activity.

The project showed how important the existence and support of active user groups is to ensuring that the experience and needs of users are considered carefully by all stakeholders.

The experience is that stakeholders often have to fight for both the authority and the practical support for this process. The project showed that using alliances between the range of stakeholders and internationally can be critical to ensure that authority is given to the various voices and interests in other situations and to assert the importance of it in this context.

Equally, all stakeholders must recognise that while mental health is a core issue for some groups and organisations, for others it is peripheral and there will be fewer resources available from those groups.

### **Achieve wide collaboration, cooperation and commitment among all stakeholders**

The experience of this project showed that alliances are always worth investing in though some groups find them quite difficult, for example those between users and professionals or between mental health groups and those in the wider disability movement. In reality alliances are likely to be time-limited and linked to specific issues. People in organisations less central to mental health may need to be encouraged to recognise how key their services are, as they would not naturally see themselves as part of the wider movement.

Several partners identified the value of working together with a broad range of interest groups on issues of discrimination and stigma as elements of social exclusion. The experience of other groups could be both useful and facilitate access to people from the field of mental health.

It was recognised that there may occasionally be conflicts with other organisations and these need to be addressed clearly and openly, and not ignored.

It was agreed that to set up national networks it is necessary to identify a common goal while respecting the diversity of views and opinions. As noted above, it will be important for the stakeholders to agree how to differ and what may be left out of communications in order to present a view that policy makers can respond to effectively.

### **Invest in available public policies**

The importance of utilising other policy frameworks in addition to working to achieve specific mental health policies and action plans was also emphasised. Thus, for example disability, employment, housing and income support legislation can all be used to support new activities and create new ways of working in the mental health field.

Again, this requires an investment of time and resources and might be most effectively done in a partnership or as a collaborative activity. This will also be strengthened by the wider stakeholder involvement as those involved in different fields will have a working knowledge of different policy and legislative areas.

## **2. Factors influencing the development of good practices - ORGANISATIONAL**

### **Aim towards integration of all relevant community organisations**

The project clearly showed the importance of all organisations working together. This often means working across boundaries and with groups which might not naturally be seen as allies. This is especially important in the context of working against social exclusion rather than specifically in the field of mental health or illness.

### **Aim for a common goal on specific issues among all stakeholders committed to social inclusion and recovery of people with mental health problems**

The aim would be to create a situation in which all participants can gain something. As each participant will have a different set of interests and expectations it should be possible to achieve this by looking for a wide variety of gains and outcomes linked to these different agendas.

### **Commit to the bio-psycho-social-economic model**

Several of the partners noted the obstacles created by the continued commitment of some professionals to the medical model. This was seen to severely limit the understanding of peoples experience and options offered to them. The 'Recovery framework', which gives individuals the primary control over decisions about their own care, encompasses this notion and ensures that people are looking to a positive future without limiting possibilities.

The view was that a model encompassing a bio-psycho-social-economic understanding would be more useful. This would acknowledge the importance of all these factors on people's lives, the fact that they all impinge equally and all need to be considered together. Developing practice and service models from this basis will create quite different types of services and ways of working with people. Part of this approach will include the mainstreaming of individual experiences, the acknowledgement of difference and the ability to respond to individuals rather than cases or clients.

Also, this complex approach should be used to create simple services that are based on needs and good research not on whim and dogma.

### **Develop and maintain alliances between stakeholders**

As noted previously the stakeholders will all have different interests and expectations. It is therefore critical to be aware of this and to be careful to ensure that alliances can be made and that consensus can be achieved on specific and identifiable topics.

### **3. Factors influencing the development of good practices - INITIATIVES**

#### **Ensure awareness raising**

All the partners noted the impact of stigma and the need to campaign against it and raise public awareness. Many had tried different strategies involving different forms of media and education both in schools and with the wider public, with more or less success. One issue that came out consistently was the need to carry on developing anti-stigma campaigns and education, to measure their impact and to publicise this more.

The impact of 'public faces', famous people coming out as having experienced mental health problems, was widely recognised but in parallel also the importance of people simply telling their stories. These do not need to be celebrities but simply people talking about their own experience, the impact it had on them and how they have got through it. It was stressed that people who feel able to tell these stories are likely to deserve a lot of support, as it is not always easy to see your very personal experiences being re-told by journalists. In addition, it was felt that any such campaign or educational programme should have clear objectives and can benefit from being led by a 'champion' or charismatic leader.

Working with the media was seen to require focusing not just on stigma but also on human rights, not only on social exclusion but also on positive outcomes. The media need to be aware that social exclusion is a human problem and not limited to a small group in society. Some of the partners had developed a variety of ways of 'naming and shaming' negative practices in the media and at the same time promoting and publicising good practices and positive examples.

The whole project team agreed that working with the media was critical to influencing policy and structures, to creating and changing mindsets and that this required a significant commitment from the local organisations to offer consistent and clear communication to the media.

#### **Commit to user involvement and empowerment**

As one partner pointed out, people in user groups struggle with the impact of social exclusion and are then expected to contribute to the process of policy development and implementation with little real support. Clearly, professionals and the relevant authorities must ensure that these groups exist and are supported to become active partners in the process.

The presence and involvement of user groups is critical to the development of good policies and services and so they must be supported to ensure their continued existence. This includes paying users for their contributions just as other are paid, and ensuring accessibility and transparency of processes.

### **Simplicity and responsiveness are keys to transferability and sustainability**

Services should always be designed in response to the particular needs of users and carers in a community and the particular local context. This should be backed up by research and evidence to ensure that resources are used effectively. However, simple structures that are based on human needs are more likely to be transferable both within a country and across borders.

### **Access to labour market opportunities**

Unemployment is a serious problem for many people with mental health problems and a clear indicator of social exclusion. Despite legislation in some countries many employers find it difficult to even think about employing someone with an identified mental health problem. Work needs to be done to educate employers about issues like reasonable adaptations, what these might entail, as well as making basic information about the impact of mental health problems widely available.

The wider economic state of each country also has a huge impact on this; in countries where unemployment is high there will be little political interest in developing policies to ensure that people with disabilities get access to the labour market whilst successful economies requiring a larger labour pool will have a different set of needs.

### **Develop and maintain a positive outlook**

The importance of honouring and publicising success stories and peoples recovery came up in a number of contexts. It was frequently emphasised that there are not enough stories of people's achievements and successes. The view was that often professionals and family members get caught into the negative impact of mental health problems on people's lives, reducing their expectations dramatically so that they can never then see any positive outcomes. The 'Recovery framework' is one way of addressing this in that it suggests that recovery is a realistic outcome and that it can encompass all sorts of activities and meanings for people. Individuals will find different ways to live with the consequence of mental health problems and this should all be honoured.