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

MHE is carrying out the project Good Practices for Combating Social Exclusion of People with Mental Health Problems, which aims to demonstrate the link between mental health problems and social exclusion. The focus is in particular on existing best practices that can contribute to tackling the inequalities that people with mental health problems encounter in access to health and social services, employment, education, training services, housing, transport, leisure as well as the protection of civil and human rights. Through transnational exchange and comparison policy proposals to achieve more social inclusion of people with mental health problems will be prepared.

The first phase of the project consisted in an analysis of the current situation of social exclusion of people with mental health problems in the above mentioned areas. To this end the ten partner organisations consulted the latest National Action Plans on Social Inclusion and contacted various stakeholders such as representatives from the governmental, non-profit/NGO and private sectors and analysed, together with these stakeholders, the current situation of social exclusion in their countries.

The reports resulting from this situation analysis varied substantially, e.g. with regard to the availability or lack of information and data in the area of social exclusion of people with mental health problems as well as regarding the structures and resources available to promote the social inclusion of people with mental health problems. A common point, however, which presented itself very clearly in all the reports, was ***the lack of transparent communication, exchange of information and well-coordinated cooperation between the different stakeholders*** in the partner countries – especially between the users (and their families and carers) and NGOs working with them on the one hand and governmental players on the other hand.

Further points that emerged from the analysis of the situation of social exclusion of people with mental health problems in the partner countries include:

National Action Plans on Social Inclusion

The issue of social inclusion of people with mental health problems is being only briefly mentioned in 5 of the partner countries' NAPs/Inclusion and in none of their National Reform

Programmes. Often there is no distinction being made between people with disabilities and people with mental health problems. Being one of the most vulnerable groups, **people with mental health problems and the promotion of their social inclusion must be considered in the National Action Plans and Reform Programmes.**

All project partners tried to contact the national representatives responsible for the NAPs/Inclusion, the members of the Social Protection Committee as well as the national coordinators for the Lisbon Agenda in order to raise awareness about the situation of social exclusion of people with mental health problems in their country and to include this issue in the NAPs for the 2006-2008 period. It was possible only in a few cases to get in touch and to enter into discussion with the relevant people either due to a lack of time or in some cases due to a lack of interest. There is a need for political motivation and willingness to **include all vulnerable groups in the efforts for more social inclusion on a national and European level.**

Cooperation

There is a lack of coordination and cooperation between the different stakeholders – especially between the Ministries of Health and the Ministries of Labour and Social Affairs, the governmental bodies and NGOs, and the health and social services in all the partner countries – which represents a fundamental obstacle and aspect of exclusion in itself. **Existing good practices must be coordinated and complement one another** in order to break the vicious circle leading to and perpetuating the social exclusion of people with mental health problems

Poverty

One of the greatest problems people with mental health problems have to face is poverty. The occurrence of a mental illness is related to financial costs for treatment and support as well as it may become a cause for the loss of job and the lack of income. This can create a further downwards spiral causing homelessness and even possible deprivation of child custody. A **well developed public welfare and community support system which can help taking financial measures and covering the basic costs and needs** is essential in order to avoid that people with mental health problems are confronted with severe poverty and homelessness.

Health and social services

Care services are too often centred on psychiatric hospitals, located at great distance from the families, friends and local communities; the health and social sector does not work sufficiently together; there is a lack of psychosocial services; programmes for the prevention of mental disorders are rare. The specified budget for mental health as a proportion of the total health budget in the partner countries is extremely small, in most cases around 5%. There is a need for **more resources and the development of comprehensive, quality community-based services for the treatment and care of people with mental health problems in the community.** The process of de-institutionalisation needs to go hand in hand with **public awareness raising to promote a positive image and to combat stigma, prejudice and exclusion.**

Employment

Many people with mental health problems are not employed although the majority is in the working age and most of them is eager to take up employment. Often, there are opportunities for agreement with employers for reduced working hours and support, but

employers may even go as far as to choose to pay a fine for not employing people with mental health problems. There is a need for **investigations on ways how to increase the number of people with mental health problems in employment**. One possibility to create new jobs could be through the **establishment of social cooperatives and social firms**. Another possibility is to increase **adapted or flexible work schemes and schedules** (e.g. part-time work, more breaks etc.).

Education

High unemployment rates of people with mental health problems are often caused by a lack of specific programmes for the education, training and preparation of people with mental health problems for social and professional integration. Rehabilitative and vocational training for people with mental health services as well as support and flexible procedures are sometimes available, but they are sporadic and not easily accessible. Education and training establishments need to **make their services more accessible to people with mental health problems, starting from early education on**. Moreover, the staff needs to be **informed and trained in meeting the individual needs of their students**.

Housing

People with mental health problems often find it difficult to access adequate housing and to receive the needed support for independent living due to the stigma and fear attached to their problems. In some cases, people find themselves in poor accommodation because of their mental health problems, whereas sometimes the poor accommodation exacerbates their mental ill health. In other cases, people with mental health problems are being shifted from psychiatric hospitals to homes for the aged, i.e. one form of social exclusion is being substituted by another. There is an **urgent need for sheltered or supported housing and community-based residential alternatives that endow people with mental health problems with their right to live in the community and to participate fully in society**.

Transport

There are several problems in the area of transport. In many cases, people with mental health problems are denied a driving licence. Exemptions or reductions from transport costs are mostly valid for people with disabilities and not for people with mental health problems. Poor transport facilities, especially in rural area, increase the isolation of people with mental health problems and make it more difficult to access services. Public transport should be made **more accessible to people with mental health problems through adjusted prices, the training of the staff** in giving appropriate assistance and support. In some cases, people with mental health problems need an **accompanying person** when travelling.

Leisure

Leisure time activities are usually run by NGOs and self-help groups, which are often confronted with financial difficulties in keeping their services running. Since these kinds of initiatives are sometimes the only possible way for people with mental health problems to socialise and occupy themselves, especially in the evenings, on Sundays and during holidays, they **need to be supported in terms of financial and human resources in order to ensure their continuation**.

Civil and human rights

The greatest problems in this area are: forced treatment and involuntary hospitalisation; a lack of informed consent for therapy and treatment; use of restrictive instruments; a deprivation of the competence to perform legal acts such as voting; difficulties in obtaining benefits and pensions; etc. ***Legal efforts must be strengthened to prevent forced interventions and inhumane and degrading treatment*** of people with mental health problems which still continue to occur due to the existing stigma, myths and misconceptions.

Other areas

There is a need for ***more knowledge, information and exchange*** on the characteristics, dimensions and interconnections of the problems related to the social exclusion of people with mental health problems as well as on ways to promote more social inclusion.

The media generally depicts a very negative image of mental health problems, which is determined by fear, aversion and pity. It is important to ***investigate the role of the media in relation to the public knowledge of mental ill health and to find ways how to create a realistic picture*** of the lives of people with mental health problems as well as to raise awareness of the general public with regard to the taboos and stigmas associated with mental illness.

Specific groups

Often there is a lack of appropriate care for women and single mothers with mental health problems, elderly people who are mentally ill and alone, young people and also migrants with mental health problems. There is a great need to especially ***focus on the needs of these particularly vulnerable groups*** who are often confronted with different dimensions of social exclusion at the same time.

CONCLUSION

Social exclusion of people with mental health problems represents a major problem in all the ten partner countries involved in the present project. In all countries, there are some few isolated good practices that can be found, no matter whether in the 'old' or 'new' EU Member States. However, in all the countries there is also an urgent need for concerted efforts and actions to promote the social inclusion of people with mental health problems, i.e. to create a society in which all the people enjoy a high level of mental health, live as full citizens and have access to appropriate services and support when needed.

The problem of social exclusion of people with mental health problems is a very complex issue as it involves many different levels of stakeholders and many different areas of work. Any political effort and practical solution must take this complexity into account and respond to it adequately.

What also needs to be taken into account is that the implementation of best practices and the processes of decision making that may enhance the social inclusion of people with mental health problems in all the above mentioned areas can only be achieved through the involvement, participation and evaluation of the users of mental health services and their representatives themselves.

Finally, it is imperative to formulate policies with adequate grass-root involvement that will enable and empower practices with flexibility and potential for “organic” development.

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