

MENTAL HEALTH EUROPE

THERE IS NO HEALTH WITHOUT MENTAL HEALTH

M·H·E
Mental Health Europe



MENTAL HEALTH IN EUROPE

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Introduction

- Who are we?
- What is mental health for us?
- What do we do?
- How do we do it?
- **Mental Health in Europe: priorities and our new strategy**



Who we are

Mental Health Europe (MHE) is the largest independent European network organisation working to:

- **Promote** positive mental health and wellbeing
- **Prevent** mental health problems
- **Support** and **advance** the rights of people with mental ill-health or psychosocial disabilities



35+

YEARS OF ADVOCACY



30+

EUROPEAN COUNTRIES



70+

MEMBER ORGANISATIONS



5

STRATEGIC PRIORITIES

Our strength is in our members

We are proud to have a very broad membership

- Users and ex-users of mental health services
- Their families and carers
- National, regional and local mental health organisations
- Service providers
- Professional bodies
- Human rights experts
- Research institutes and
- Individuals who share our values and desire to change for the better the lives and experiences of people with mental ill-health.



Our unique value



- More than **35 years** of experience in a network of **74 organisations** spanning **33 countries** across Europe.
- A **human rights based approach** underpinned by the UN Convention on the Rights of Persons with Disabilities.
- A **psychosocial approach** to mental health that frames mental distress as a human experience stemming from wider socio-economic issues.
- **Independence** from any healthcare-related commercial interests and funding coming from other industries

What is mental health?

Parity of esteem: valuing mental health equally with physical health. There is no health without mental health.



Social determinants: Our mental health is heavily determined by a variety of factors ranging from the quality of our relationships to employment, education, but also access to food, income and housing.

What does a human right-based approach to mental health mean?

- **Recovery** is key – it does not mean the eradication of mental distress, but learning to live a meaningful and satisfying life with hope for the future;
- Adopting a **psychosocial model to mental health**, which frames psychosocial disability as a human experience and takes into account the variety of factors that can impact a person's mental well-being;
- Tackling **socio-economic determinants** of mental health as a form of prevention
- **Co-creation** is to ensure that the expertise of people with lived experience and their supporters is integrated in services, policies and legislation.



What we do



- **Advocacy** aiming to mainstream mental health in all policies and ensure adequate funding
- We work closely with the European institutions and international bodies to mainstream **mental health in all policies** and promote **recovery-based mental health services** where people can live in **communities**
- Together with our members, we formulate recommendations for policy-makers to **develop mental health-friendly policies**
- **Research** through projects and ad-hoc studies investigating new trends and collecting evidence

We are proud to be independent from undue influence of health-related industries

What we do



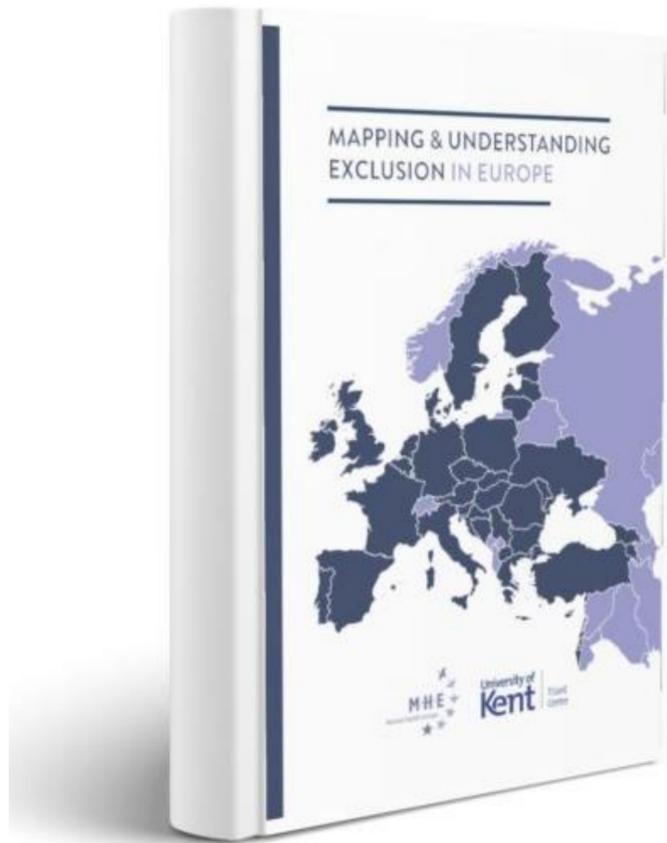
- We continuously **champion respect for the human rights** of people with lived experience of mental ill-health
- We place users of mental health services at the heart of our work to **ensure their voices are heard** across Europe
- We **raise awareness** to end mental health stigma and discrimination throughout Europe and increase MHL
- We **build capacity** to improve mental health for all , e.g. training our member organisations to provide better services

We are proud to be independent from undue influence of health-related industries



How do we achieve this?

MHE and Human Rights policies



- **Mapping Exclusion** is one of Mental Health Europe's main pieces of work and consists of **mapping institutional and community care** in the field of mental health in Europe: <https://www.mhe-sme.org/mapping-exclusion/>



- This map aims to give an overview of promising initiatives across Europe that work towards **ending coercive measures in mental health as well as practices of supported decision-making**: <https://www.mhe-sme.org/what-we-do/human-rights/promising-practices/>



MHE and funding for mental health



15 Dec

New EU4Health programme: breakthrough for mental health

Mental Health Europe's reaction to the 2021-2027 EU4Health Programme.

- MHE has regularly worked to ensure that EU funding is allocated to advance policies in the field of mental health that are human rights compliant

- EU funds for migrants' mental health, our report with recommendations on the use of funding for migrants' inclusion: <https://www.mhe-sme.org/eu-funds-for-migrants-mental-health/>



Communicating



Our FAQ on mental health, the use of language, stigma and more:
<https://www.mhe-sme.org/mental-health-europe-explained/>

Our animated video series to explain in concrete the UN CRPD articles: <https://bit.ly/3EBfhjrm>



Let's have a closer look at the UN CRPD: A series of animated videos

8 videos • 466 views • Last updated on Apr 6, 2021



In this animated video series, we explain the role that the United Nations Conventions on the Rights of Persons with Disabilities (UN CRPD) plays in the enforcement of the rights of people with psychosocial disability.



- 1 UNCRPD: Article 25 - Health
MHE SME
3:15
- 2 UN CRPD: Article 28 - Social Protection
MHE SME
3:26
- 3 UN CRPD: Article 11 - Situations of risk and humanitarian emergencies
MHE SME
3:13
- 4 UNCRPD: What is a psychosocial model of disability?
MHE SME
3:30
- 5 UN CRPD: Article 29 – Participation in political and public life
MHE SME
3:19
- 6 UN CRPD: What is Article 19 and Independent Living?
MHE SME
3:07
- 7 UN CRPD: What is Art. 27 and the right to work?
MHE SME
2:59
- 8 UNCRPD: What is Article 12 and Legal Capacity?
MHE SME
2:54



Educating on Mental Health



Our short guides aim to help people who have personal contact with the mental health system – either during or after receiving a diagnosis – to stay better informed: <https://www.mhe-sme.org/short-guides/>

Harnessing political will

EP COALITION FOR MENTAL HEALTH AND WELLBEING

- Established in 2012 by Mental Health Europe
- brings together MEPs from most of political groups
- Works towards the inclusion and mainstreaming of positive mental health in all policies

MHE works closely with Members of the European Parliament to:

- **Formulate** amendments to legislative proposals,
- **Prepare** Parliamentary questions;
- **Draft** their own-initiative reports,
- **Organise** hearings and events related to mental health;
- **Alert** Coalition members about important developments in relation to mental health and wellbeing at European level.

Find out more: <https://mental-health-coalition.com/>



Harnessing political will

In the current legislature, the Coalition aims to:

- Advocate for a comprehensive **European Mental Health Strategy**;
- Advance **mental health-friendly policies**;
- Make sure that the European Parliament **stands up for policies that respect the human rights**;
- Represent and convey the **voices of expert by experience**;
- Contribute to building sustainable, transparent and **recovery-oriented mental health systems**;
- Ensure a proper **allocation of resources** to policies positively affecting mental health of people in Europe;
- Fight **mental health stigma**;
- **Monitor the activities** of the European Commission and other EU institutions;



... and more

- **Participation to research projects** (e.g. PERISCOPE, GoGreenRoutes, Rural Mental Health)
- **Capacity building for members** (e.g. study visits, trainings on co-creation, mentoring programme)
- Active role in the new **WHO/Europe Pan European Coalition**
- **Mental health in the workplace** trainings
- **Change management** and **emerging leaders** support activities

Setting the scene for our new Strategy

- The COVID-19 pandemic has affected everyone's mental health and well-being
- The delivery of mental health services has been disrupted worldwide
- People with pre-existing mental health problems and psychosocial disabilities have been among the most affected
- Yet the EU currently does not have a comprehensive initiative addressing mental health



Our new vision

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



Our outcomes for 2025

- 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**, together with all other key stakeholders;
- Reduced mental health **stigma and discrimination** at all levels of society;
- Strengthened MHE organisational **sustainability and impact**.



MHE's new strategic priorities

- **Strategic Priority 1:** A **human rights-based approach** to mental health
- **Strategic Priority 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**

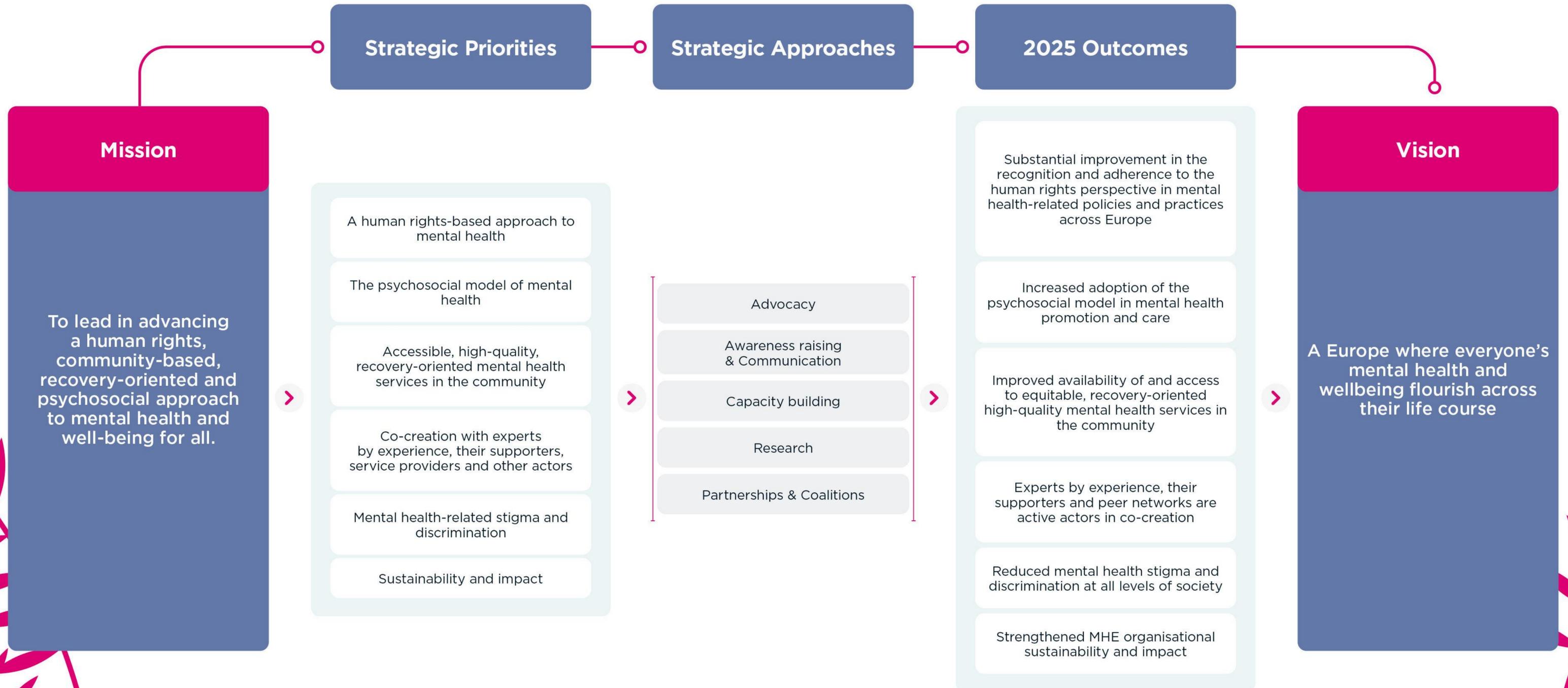


Our new mission

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



MHE's Theory of Change





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For more information, visit: www.mhe-sme.org



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WP2 – PUBLICATIONS AND SAMPLE FINDINGS

Activity	Description
Publications	<ul style="list-style-type: none"> • Chen, Y., Osika, W., Henriksson, G., Dahlstrand, J., & Friberg, P. (2021). Impact of COVID-19 pandemic on mental health and health behaviors in Swedish adolescents. <i>Scandinavian Journal of Public Health</i>, 14034948211021724. • Bellazzi, R., Büthe, T., Castro, R., Cheng, C., Cypionka, T., Giudici, P., ... & Veltri, G. A. (2021). Taxonomy of policy responses and impact assessment mapping (PERISCOPE Deliverable No. 1.1). • Osika, W, Dahlman, C, Niemi, M, et al. Early findings from PERISCOPE. <i>European Psychiatry / Volume 64 / S1 / April 2021</i> • Guerrero, Z., Aliev, A. A., Kondrátová, L., Jozefiaková, B., Nesázalová, N., Saňáková, J. G., & Winkler, P. (2021). Mental Health and Quality & Safety of Care in Czech Residential Institutions during the COVID-19 Pandemic: A Mixed-Methods Study. <i>Psychiatric Quarterly</i>, 1-19. • Winkler, P., Mohrova, Z., Mlada, K., Kuklova, M., Kagstrom, A., Mohr, P., & Formanek, T. (2021). Prevalence of current mental disorders before and during the second wave of COVID-19 pandemic: an analysis of repeated nationwide cross-sectional surveys. <i>Journal of Psychiatric Research</i>. Spiritus-Beerden E, ... Derluyn I. Mental Health of Refugees and Migrants during the COVID-19 Pandemic: The Role of Experienced Discrimination and Daily Stressors. <i>International Journal of Environmental Research and Public Health</i>. 2021; 18(12):6354. https://doi.org/10.3390/ijerph18126354 • “The impact of the COVID-19 pandemic on refugees’ and migrants’ daily living conditions in Europe” - Eva Spiritus-Beerden , An Verelst, Nina Langer Primdahl, Morten Skovdal , Ilse Derluyn (Book Chapter, 2021), “De impact van de COVID-19-pandemie op het (over-)leven van vluchtelingen en migranten in België” - Eva Spiritus-Beerden , An Verelst, Tosca Lasuy, Nina Langer Primdahl, Morten Skovdal , Ilse Derluyn. (Chapter in <i>Jaarboek Armoede en Sociale Uitsluiting 2021</i>);
Findings	<ul style="list-style-type: none"> • Onset of physical distancing regulations followed by a general dip in mental (primary) care consumption spring 2020. • Lower incidence rates of common mental disorders sustained for population at large, but for younger age groups incidence rates typically return or supersede expected levels in latter half of 2020. • Analysis ongoing where regional differences and linkage to regional specific levels of look-down regulations are investigated in more detail.

WP2 partners

