Background sheet: Targeting vulnerable groups in society

Problem statement

Vulnerable groups are at higher risk for mental health problems, are likely to suffer from social exclusion and marginalization having important social and economic burdens.

Indicators

People with a physical illness are particularly vulnerable to suffer from mental disorders, for example, up to 33% of people with cancer, 29% of those with hypertension, 30% of those with epilepsy, 31% who suffered stroke, 27% of people with diabetes or 44% of HIV-AIDS patients suffer from major depression. Mental disorders in prisons across EU member states are considerably higher than in the normal population. Children of parents with a mental illness are up to 50% increased risk of a mental health problem later in life. People with low socio economic status or economic possibilities, like those who do not own their accommodation are at 1.73% more risk to commit suicide. Data from a study across 8 European countries indicates that people with low education are as much as twice likely to commit suicide and have twice as much risk for mental health problems. Those suffering from job insecurity or unemployment are at 2.5 times more likely to suffer from mental health problems.

Objectives

To promote mental health and decrease the risk of mental health problems in vulnerable groups, to increase their social inclusion and to reduce the economic and social burdens associated with lack of social cohesion this vulnerability entails

Possible actions (examples developed from Commission Green paper, WHO Action Plan on Mental Health and IMHPA-Action Plan):

- Provide counselling for groups at risk and offer other evidence-based prevention programmes for depression, anxiety, harmful stress, suicide, and other problems, tailored to needs, background and culture;

- Support vulnerable groups to enter the labour market, including the unemployed, by increasing their skills and preventing the associated mental health strain;

- Provide supported employment for those with mental ill health or with disability;

- Identify groups at risk for mental disorders across the lifespan;

- Develop tool kits of available evidence based preventive interventions for different groups at risk to support implementation by a range of providers trained for the task;

- Implement inclusion interventions for migrants and refugees;

- Implement social support networks and/or effective preventive interventions for groups at risk undergoing a major life transition, including divorced and bereaved groups;

- Implement effective mental health promotion interventions with adequate prevention components when needed, for groups at risk such as patients with long term illness, carers, families of people with a mental disorder, marginalized populations, and people with mental

and behavioural disorders, to increase their resilience, well being and quality of life and to prevent associated mental disorders;

- Develop plans for emergency preparedness in case of major crises, establishing a supportive coordination of needed sectors;

- Engage with health and social welfare sectors to improve access for vulnerable populations to health and social benefits, especially those with low socio-economic background;

- Support the implementation of community development programmes in high risk areas and empower nongovernmental agencies especially those representing marginalized groups;

- Involve mainstream agencies responsible for employment, housing and education in the development and delivery of prevention programmes.

Some examples of activities in Member States (source: IMHPA-country stories report)

- Several: policies to deal with poverty and social exclusion to support vulnerable groups

- Luxembourg: multidisciplinary support is provided for immigrants and homeless people.

- Malta: support programmes are provided to immediate family members of clients suffering from mental illness

- Poland: the National Network of Health Promotion in the workplace addresses issues such as the consequences of socio-economic changes and unemployment

- Slovakia: centres for violence victims are available in all regions of the country

- The Netherlands: preventive programmes are available for refugees, caregivers of chronic (mental) patients

- Turkey: vulnerable groups like disaster victims are provided with preventive mental health services

- United Kingdom (England): government programmes such as Neighbourhood Renewal, Urban Regeneration and Social inclusion highlight mental health improvement as a target particularly in deprived areas

- United Kingdom (Scotland): In the prison setting, extensive efforts are being made to both respond to mental illness and to promote good mental health and well being through a range of targeted policies and actions