

Social Inclusion of Persons Suffering from Mental Disorders: Strategies for Action

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Green Paper on Mental Health

6.2. Promoting the social inclusion of mentally ill or disabled people and protecting their fundamental rights and dignity

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People with mental ill health or disability meet fear and prejudice from others, often based on misconceptions about mental ill health.

Stigma increases personal suffering, **social exclusion** and can impede access to housing and employment. It may even prevent people from seeking help for fear of being labelled.

Article 13 of the EC Treaty sets out a legal basis for action at community level for combating discrimination inter alia based on disability.

Forms of social exclusion

- Subtle stigmatization
- Discrimination
- Self-stigmatization
- Territorial exclusion

A 4 step model of the process of stigmatisation

- 1 Pre-existing wrong stereotyped concept („prejudice“) in society
- 2 Identification of a person as belonging to this concept: Stigmatization
- 3 Objective discrimination of that person
- 4 Internalisation of /Identification with the „prejudice“ by that person („self-stigmatization“)

(Re-arranged from Link 2000)

Actions for preventing the stigma of mental illness and of coping with it

- 1 Concept ▶ Change Concepts
- 2 Identification ▶ Avoid it, reframe it
- 3 Discrimination ▶ Change laws, regulations, services
- 4 Internalisation ▶ Empowerment

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Action: Change concepts

a) Public domain

Antistigma campaigns, educating the public, change attitudes, create sympathy

b) Professional domain

Rethink diagnostic concepts and illness model, change name?

Change services (confront public with patients living in the community - correctional experience)

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Stigma can be regarded as
a „second illness“

Persons suffering from a mental
illness not only have the burden of
the illness itself but also that of
fighting with stigma

Subjective quality of life in schizophrenia

is lower if

- **depression high**
- **negative symptoms high**
- **perceived stigma high**
- **EPS high**
- **higher education**
- **male sex**
- **autonomy low**

There are inconsistent findings on the relationship between subjective quality of life and objective external resources (except for money)

Identification as mentally ill

Preventive „coping“: prevent identification as a person belonging to those with a mental illness or being/having been in psychiatric treatment

- Withdrawal – further exclusion, no treatment received
- Secrecy – energy consuming
- Educating others – energy consuming

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Territorial exclusion

Putting people away into isolated
institutions

Violation of fundamental human rights

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The *deinstitutionalisation* of mental health services and the establishment of services in primary care, community centres and general hospitals, in line with patient and family needs, can support social inclusion.

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Large mental hospitals or asylums can easily contribute to stigma.

Within reforms of psychiatric services, many countries are moving away from the provision of mental health services through large psychiatric institutions (in some new Member States, such institutions still account for a large share of the mental health services infrastructure) towards community-based services.

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This goes hand in hand with instructing patients and their families as well as the staff in active participation and **empowerment** strategies.

Relevant activities of other international organisations:

WHO network of Health Promoting Hospitals, a *Task Force on Healthpromoting Psychiatric Services*⁴⁰ has identified models of good practice of mental health promotion in psychiatry.

The **Council of Europe** in 2006 will initiate work to develop a “European reference tool for ethics and human rights in mental health”

The project “**Compulsory Admission and Involuntary Treatment of Mentally Ill Patients – Legislation and Practice in EU-Member States**”⁴¹ showed that legal regulations across EU countries were very heterogeneous.

Possible initiatives at Community level:

- Suggestions developed through the consultation process could identify **best practice for promoting the social inclusion and protecting the rights of people with mental ill health and disability.**

Fundamental Rights Agency of the EU, which will become operational by 1 January 2007⁴².

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