EASPD Position on the EU Green Paper on Mental Health

EASPD

The European Association of Service Providers for Persons with Disabilities (EASPD) represents close to 8,000 service provider organisations across Europe and across disability and is the voice of the providers' sector in Europe. The main objective of EASPD is to promote the equalisation of opportunities for people with disabilities through effective and high quality service systems. EASPD enjoys participatory status with the Council of Europe, has a seat in the High Level Group on Disability from the European Commission and is involved in several other European Platforms, promoting the affairs of persons with a disability and of social service providers in Europe. The Green Paper on Mental Health is particularly important for EASPD, as many of our members provide services to people with mental health problems.

Green paper – Improving the mental health of the population: Towards a strategy on mental health for the European union

Introduction

EASPD broadly welcomes the recent initiative of the European Commission to publish a Green Paper on developing a European Union mental health policy. This position paper explores the Green Paper with reference to co-morbid issues of disability and mental health. It first examines the costs, both explicit and hidden, that may be incurred before commenting on the broad policy parameters laid out in the Green Paper. The paper then highlights that any European policy needs to encourage member states to share good practice that promotes recovery within the context of the local community in which individuals live and thereby mainstreams mental health as an issue. Following this, it is argued that the Green Paper needs to take greater cognisance of issues of social solidarity and employment as they specifically impact upon people with other disabilities who also have mental health problems. It then highlights the need to develop research capacity and knowledge in areas of community engagement. Finally, it welcomes the priority of mental health as a European policy but identifies the need to also look at mental issues with reference to people who also have other disabilities.

Oudergemlaan 63 Tel: +32 2 282 46 11
1040 Brussels Fax: +32 2 230 72 33
E-mail: jelle.reynaert@easpd.be Website: www.easpd.org

Policy That Explores Costs But Deals With Needs

It is well established that mental health problems have a considerable associated economic cost at national and personal level (Social Exclusion Unit 2004). For example, the costs of depression on employment are 23 times larger than the costs it incurs to the health service in the UK, whilst the total cost to the UK economy is over 2% of GDP (Knapp 2003; London Development Centre for Mental Health, 2005). Where a co-morbid disability, such as intellectual disability, is also present it is likely that other health and social costs as they relate to special education and physical needs will be incurred (Jenkins *et al*., 2002; Morgan *et al*., 2000).

Other hidden costs of mental illness fall on family members and friends who give unpaid care and support (Arksey 2002). This unpaid work is often recognised as economically valuable because it subsidises health and social services, thereby acting to reduce costs to these services (Rankin, 2005). However, there may be associated costs to the European economy that reduce these savings in terms of loss of earnings and work capacity amongst both sufferers of mental illness and their carers, which lead to impoverishment, both financial and social, that in turn leads to further health and social problems (Rankin, 2005).

The complexity of mental health morbidity in the general population of most member states would seem to indicate the need for a European Union response. Indeed, from the perspective of co-morbidity, for example intellectual disability and mental illness, there is a lack of consensus and accurate data as to the size and level of such dual diagnosis in Member States (O'Brien, 2002) and the consequent individual, community and service challenges such co-morbidity poses.

Section 1 of the Green Paper as it lays down the broad parameters of the issues as they impact upon the population therefore seems appropriate, in terms of providing a framework within which a systems level approach to mental health research and reform at national and supra – national level can be guided and informed. However, within these parameters there needs to be recognition that the differentiated experience of mental health problems for people with other disabilities needs to be explored and addressed.

Encouraging Service Reforms That Promote Recovery

As a consequence of financial and social costs there is a general recognition that the locus for the delivery of mental health services should and is shifting from the traditional institutional model to a community one (Cameron *et al*., 2003; National Institute for Mental Health England, 2003). This can be seen in both and national and regional initiatives, for example the recent commitments given by the eight governments of the South Eastern Europe Network to reform their institutionally based mental health systems to community orientated and socially inclusive ones. Indeed, this network, along with others, such as the WHO Collaborating Network on Whole Life Planning, could act as models for organising a framework for exchange and co-operation between Member States as articulated in Section 5 of the Green Paper.

In line with this change to a social context of service delivery is an increased emphasis on the need for support that focuses on a recovery model rather than a problem based model (Davis *et al*. 2004). If a recovery focus is to succeed then services need to engage with local communities and utilise local assets in supporting and mainstreaming people with mental health problems (Bates, 2005; Dowson and Bates, 2004). However, the concept of recovery within the context of co-morbid mental illness and disability, for example intellectual disability and mental illness, is likely to be more complex than dealing with mental illness and recovery alone. Thus the importance of contexts and individualised approaches takes on a

Oudergemlaan 63 **Tel: +32 2 282 46 11**
1040 Brussels **Fax: +32 2 230 72 33**
E-mail: jelle.reynaert@easpd.be **Website: www.easpd.org**

greater significance. Any EU policy in these circumstances would need to consider how to promote both research and service development that explores and deals with this complexity.

The proposed initiatives outlined in Sections 5, 6 and 7 appear to be aimed at supporting macro and meso levels of engagement on mental health issues. However, there is an increasing body of literature and evidence that indicates that effective mental health policy, in terms of mainstreaming and social acceptance of mental health as a community issue needs to be addressed at the lowest level of localities. Drawing upon the conceptual framework known as Assets Based Community Development by the American John McKnight (1995), the National Development Team (Dowson and Bates, 2004) in the UK proposes that initiatives, research and services, should examine how local communities can be engaged in the delivery of services that is likely to 'mainstream' mental health rather than 'ghettoise' it. We would suggest that the role of localities may need greater emphasis within the Green Paper.

Developing Social Solidarity In A Changing European Context

Such emphasis on social context and recovery means a whole systems approach is needed to support people with mental health issues, in which their medical, social and economic needs are addressed in an integrated manner (Rankin, 2005). This means that local policy that attempts to address these needs will inevitably be affected by the European Union policy context of which they will have to take cognisance. Indeed, the European Convention on Human Rights has initiated a 'culture of human rights' that could help shift the balance from viewing people with mental illness as patients, to viewing them as citizens (Rankin, 2005). It is argued that this turn will lead to 'a new account of disability and work' that acknowledges mental health disability as a mainstream issue that affects millions of people (ibid.). In this sense therefore specific European Union policy will need to be informed by a commitment to citizens' rights.

People with enduring mental health problems are often socially excluded and stigmatised, with high levels of unemployment and poor social conditions (Rankin, 2005; Social Exclusion Unit, 2004). However, those people with a mental illness who also have a co-morbid condition, such as intellectual difficulties or physical or sensory disabilities often experience double disadvantage and stigma, which can also be exacerbated by differing cultural attitudes across the European Union (Morgan *et al*., 2000). Indeed, work by Chaplin (2004) would seem to indicate that people with intellectual disabilities and a mental health problem are often worst served by both health and social services. In this regard special attention would need to be paid to people with co-morbid conditions from minority ethnic and non-European backgrounds as they often have complex social and cultural issues that disadvantage them in relation to being socially included within the community and health and social services (Pawson *et al*. 2005).

The Green Paper does not appear to address these issues explicitly as they affect people with intellectual disabilities and mental health problems. However it is an area that a European Union mental health policy could significantly contribute towards in terms of encouraging equity and social inclusion across member states.

Employment Initiatives

There is a substantial gap between people's aspirations and opportunities. People with mental health problems have the highest 'want to work rate' among disabled groups, though they have the lowest actual work rate (Stanley and Maxwell 2004). In the developed world recovery rates from schizophrenia improve at periods of industrial boom when the job market expands, and decrease during industrial worldwide depressions.

Oudergemlaan 63 Tel: +32 2 282 46 11
1040 Brussels Fax: +32 2 230 72 33
E-mail: jelle.reynaert@easpd.be Website: www.easpd.org

It therefore follows that paid mainstream employment must be central to a European policy agenda that emphasises successful social inclusion. However, research indicates that even in areas where social inclusion is the stated policy goal some people with intellectual disabilities continue to experience 'hidden' exclusion (Hall, 2005). The nature of 'hidden' exclusion would need to a significant focus for research to explore how this can be mitigated.

Within the context of linking social inclusion and mental health with employment we would also caution that for some people with both particular intellectual disabilities and mental illness paid employment may not be appropriate. The dominance of an employment focus may therefore lead to less attention being given to the social network needs of such people outside of employment (Sheehy and Nind, 2005). Whilst any European policy should start with the presumption of work entitlement and that everyone with a mental illness has the potential to work, it should also recognise that where this is not the case local Member States should deliver services that provide meaningful activity and occupation in a positive social context (Rankin and Regan 2004; Wells, 2006).

Capacity Building Through Information Dissemination And Research

Secker (2000) indicates areas where there is potential for European policy on developing information packages for employers on the facts about mental health and practical information on supporting people that work could prove of practical value. These practical policy steps include wider dissemination of guidance on mental health and advice on what might constitute reasonable adjustments under the national states' Disability Discrimination legislative frameworks.

For this to occur there needs to be an emphasis within research and service delivery on capacity building amongst health and social services with a remit for mental health to engage more effectively with communities and employers to promote what has been referred to as a 'culture of recovery' (National Institute of Mental Health England (NIMHE) 2003; Mental Health Commission, 2006) and social inclusion.

To develop such an inclusive mental health culture European funded research needs to focus on supporting projects that explore ease of access to services, identification of important life domains for European citizens (See Box 1); developing outcome measures of inclusion to enable comparative assessments between different populations, for example between people with mental health problems and those without mental health problems, regions and countries (NIMHE, 2003), mapping service provision and identifying and disseminating areas of good practice, particularly those that empower people with mental health problems.

- Employment
- Education
- Housing
- Neighbourhood participation
- Leisure
- Arts
- Sports and Exercise
- Community Activity
- Volunteering
- Faith-based groups
- Personal Finance
- Welfare benefits, banks, credit, debt, insurance

BOX 1
Life domain Guides
(National Institute for Mental Health England , 2003)

Oudergemlaan 63 **Tel: +32 2 282 46 11**
1040 Brussels **Fax: +32 2 230 72 33**
E-mail: jelle.reynaert@easpd.be **Website: www.easpd.org**

Concluding Comments

Mental health initiatives through a European wide policy can assist in mainstreaming mental health in Member States, and thereby help increase the ‘social capital’ available to European society as a whole. A European mental health policy may also help to address the stigmatising attitudes and social isolation that mentally ill people face everyday within their local communities (Wells, 2006). Indeed, it has been demonstrated that societies with greater social capital have high levels of positive mental health (White and Angus 2003).

The Green Paper as currently orientated is to be broadly welcomed as an important initiative in contributing to the general well being of the population of Europe. As well as feeding into other European health initiatives, for example the Strategy on European Health Indicators and the emphasis on Health Life Years as a structural indicator of health for the European Commission, it will encourage member states to develop common positions on the treatment of people with mental health problems by providing a forum for sharing information and developing equity of approach with regards service delivery. Its emphasis on the socialisation of mental health into the mainstream of the public consciousness is also to be welcomed. However, there are certain areas of concern in the Green paper, such as with regard to the nature of the relationship and the consequences of co-morbid disabilities and mental illness. More detailed policy guidance is needed to address this.

PLEASE DO NOT HESITATE TO CONTACT THE EASPD HQ SHOULD YOU REQUIRE MORE INFORMATION OR SHOULD YOU HAVE REMARKS!

References

Arksey, H (2002) Scoping the field: services for carers of people with mental health problems, *Health and social care in the community* 11 (4)

Bates, P (2005) *Accidents at the inclusion traffic lights Mistakes and misunderstandings in supporting people to achieve social inclusion* An *Emerging Themes* paper National Development Team, London

Cameron, M, Edmans,T, Greatley, A, Morris, D (2003) *Community Renewal And Mental Health Strengthening The Links* King’s Fund, London

Chaplin, R (2004) General psychiatric services for adults with intellectual disability and mental illness *Journal of Intellectual Disability Research* 48:1:1-10

Davis, FA, Alder, S, Jones, P (2004) Day services modernisation and social inclusion *A life in the day* 8:3 August

Dowson, S; Bates, P (2004) *Triangles of support: Creating relationships that support social inclusion* National Development Team

Hall, E (2005) The entangled geographies of social exclusion/inclusion for people with learning disabilities *Health and Place* 11:107-115

Health and Consumer Protection Directorate-General (2005) *Green Paper Improving the mental health of the population: Towards a strategy on mental health for the European Union COM(2005)484* European Commission, Brussels

Jenkins, R.; McCulloch, A.; Friedli, L.; Parker, C. (2002) *Developing a National Mental Health Policy Maudsley Monograph 43* Psychology Press, London

Oudergemlaan 63 Tel: +32 2 282 46 11
1040 Brussels Fax: +32 2 230 72 33
E-mail: jelle.reynaert@easpd.be Website: www.easpd.org

Knapp M (2003) 'Hidden costs of mental illness', *British Journal of Psychiatry* 182

London Development Centre for Mental Health, (2005) *Redesigning mental health day services - a modernisation toolkit for London* Department of Health and Mental Health Foundation, London

McKnight, J (1995) *The Careless Society: Community and its Counterfeits*. Basic Books, New York.

Mental Health Commission (2006) *A Vision for a Recovery Model in Irish Mental Health Services Discussion Paper* Mental Health Commission, Dublin

Morgan, CL; Zahir, A; Kerr, MP (2000) Health Care Provision for People with Learning Disability *British Journal of Psychiatry* 176:37-41

National Development Team (2004)

National Institute for Mental Health England (2003) *Making Inclusion Work Social Inclusion Resource Pack on Service Mapping and Outcome Measurement* NIMHE

O'Brien, G (2002) Dual diagnosis in offenders with intellectual disability: setting research priorities: a review of research findings concerning psychiatric disorder (excluding personality disorder) among offenders with intellectual disability *Journal of Intellectual Disability Research* Vol46 Supplement 1:21-30

Pawson, N; Raghaven, R; Small, N (2005) Social Inclusion, social networks and ethnicity: Development of the Social Inclusion Interview Schedule for young people with Learning Disabilities *British Journal of Learning Disabilities* 33:15-22

Rankin J, Regan S (2004) *Meeting complex needs:*IPPR London

Rankin, J (2005) *Mental Health in the Mainstream Working Paper Two* Institute of Public Policy Research London

Secker J (2000) *Accommodations and support required for the success of open employment for mental health service users*: www.regard.ac.uk

Sheehy, K; Nind, M (2005) Emotional well-being for all: mental health and people with profound and multiple learning disabilities *British Journal of Learning Disabilities* 33:34-38

Social Exclusion Unit (2004) *Mental Health and Social Exclusion, Social Exclusion Unit Report*; Office of the Deputy Prime Minister, London

Stanley K, Maxwell D (2004) *Fit for purpose?* : IPPR London

Wells, J (2006) Hospital based industrial therapy units and the people who work within them – an Irish case analysis using a soft-systems approach *Journal of Psychiatric and Mental Health Nursing*

White M, Angus J (2003) Arts and mental health literature review: Centre for Arts and Humanities in Health and Medicine

With Special thanks to David Heffernan (CNEASTA-Ireland)

Oudergemlaan 63 **Tel: +32 2 282 46 11**
1040 Brussels **Fax: +32 2 230 72 33**
E-mail: jelle.reynaert@easpd.be **Website: www.easpd.org**

This paper represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.