

“Mental Illness and Stigma in Europe”

Facing up to the Challenges of
Social Inclusion and Equity

March 27th-29th 2003, Athens

This Ministerial Conference was organized in collaboration with the European Commission and the World Health Organization, within the framework of the Greek Presidency of the European Union.

The aim of the Conference was to examine the state of the art vis-à-vis mental illness and stigma in Europe, to reach concrete conclusions, and to define proposals applicable at a practical level, in order to forward them for adoption by the Council of Ministers of the European Union. It was attended by Ministers of Health from 23 countries (8 from EU Member States, 7 from the Accession countries and 8 from other European countries), high ranking officials from the European Commission (Employment and Social Affairs, and Health and Consumer Protection), the WHO Headquarters, the WHO Regional Office for Europe, the Council of Europe, the European Parliament, the Stability Pact of South eastern Europe, the World Psychiatric Association and European experts and representatives of NGO's and agencies active in the field of Mental Health from 42 countries.

During the Conference a variety of events took place, amongst which were a Ministerial Round Table with the participation of the aforementioned Ministers, the EC and the Regional Director of the WHO Office for Europe, and a Special Event concerning the Mental Health Project for South eastern Europe “Enhancing Social Cohesion through strengthening community mental health services”, in which Greece is the main donor and partner, with the participation of the Ministers of Health from South eastern Europe and Greece, the WHO Regional Office for Europe, the Council of Europe, and the Stability Pact of South eastern Europe.

The Plenary Sessions of the Conference focused on the following themes:

- Origins and Consequences of Stigma
- Anti-Stigma Actions and Campaigns
- The Challenges of Stigma
- Combating Stigma: intervening and changing attitudes

and were followed by the Workshops of the Conference focusing on the following themes:

- The burden of mental illness
- Populations and transitions
- Strategies for action
- Social inclusion and equity
- Care systems
- The role of the media

Every workshop was tasked with reaching consensus about its conclusions and subsequently representatives of the stakeholders - such as users of mental health services and their families, employers, trade unions and the media - responded to the conclusions reached in the workshops and therefore the final conclusions were unanimously adopted by the Conference.

CONCLUSIONS

The burden (impact) of mental illness

- Mental illness has an impact on the individual, which includes not only the illness itself with its recognized consequences for relationships, income and social participation, but also the organization of services with easy entrance and difficult exit, the loss of trust associated with less than optimal handling of episodes of illness, and the knowledge that actions, whilst ill, are uninsurable.
- Although there are rewarding aspects to caring for a family member, the burden for families is both objective and subjective, and supportive interventions must address both, by providing not only information, but also emotional support.
- The impact on society is substantial. Strategies exist to quantify this in economic terms, but have so far been largely restricted to concrete interventions. The need for studies which extend to the whole complex health and social sector is recognized.

Populations and transitions

- Transition in Southeastern and Eastern Europe is causing economic disruption, poverty, insecurity, uncertainty and inequality, creating different vulnerable populations which vary from country to country. Different forms of social exclusion are observed throughout the region, and although there are examples of good practice, frequently complex solutions are needed.
- Social and cultural transition is observed, and will be observed, in other parts of Europe, having an important mental health impact within societies, demanding constant adjustment and innovation of treatment practices and the services offered, including a proactive and evidence-based approach wherever possible.
- Gender is one of the key determinants of health, with different gender-related mental health profiles encountered in different parts of Europe. Gender stereotypes influence both perception of mental health issues and the associated stigma, and therefore gender should be addressed when developing health care policies and practices.

Strategies for action

- Actions aiming at social inclusion and equity for people with mental illness, thereby reducing stigma for sufferers and their families, require adequate strategies with a clear definition of objectives and targets, and the choice of suitable and preferably evidence-based methods.
- Following a comprehensive needs assessment, strategies should involve the identification of specific goals, the specification of target

groups, the selection of suitable instruments and the active involvement of all stakeholders, including consumers. Attention should be paid to sustainability of actions.

Social inclusion and equity

- Combating stigma and discrimination requires effective legislation and the capacity to implement it.
- Promotion of social inclusion requires a multiplicity of strategies to enable participation in society of people with mental illness and their families.
- Civil society must be supported to participate in the development of policies and services.
- Health professionals must be supported to strengthen their orientation to social inclusion.

Care systems

- Care systems do matter in reducing stigma.
- Changing attitudes requires a sustained effort over a long period.
- Active participation of service users in the decision-making about care systems is essential.
- Services integrated into the community are the least stigmatizing and may contribute to changing attitudes.

The role of the media

- The media can and does influence public attitudes.
- In a crisis, even the best journalist may produce “sensational” work, thus increasing stigma. Anti-stigma campaigns could develop a proactive crisis-intervention strategy. Information for journalists should include examples of appropriate language, and the harm done by the use of inappropriate language.
- Personal interest stories, used with respect for the person, are read by people and accepted by editors.
- Good journalism could be rewarded by Press awards, and bad journalism handled by informed criticism from anti-stigma networked volunteers, rather than individuals.
- Popular media, including soaps, tabloids and magazines, have a wide audience and reach more people.
- Alliances must include not only journalists, but also decision makers (editors) and headline writers.

It must be emphasized that a cardinal aim of the Conference was the very active participation of the users and their families in all the proceedings of the Conference, something that was successfully accomplished and hopefully will act as an example for similar future events.

Dr Athanassios Constantopoulos
Coordinator of the Advisory Board of the Conference

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