

# The relevance of European policy for mental health rehabilitation

JM Caldas de Almeida

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- Across Europe, much effort has been made over recent decades to ensure high-quality longer-term care for people with severe mental disorders.
- Thanks to these efforts:
  - Improvements in the living conditions in psychiatric hospitals
  - Development of community services
  - Development of psychosocial care (e.g., housing, vocational training)
  - Protection of the human rights of people with mental disorders and the increasing participation of users and families in the improvement of policies and services.
  - Development of new mental health rehabilitation approaches.

- However, despite all these efforts, much more has still to be done if we want to provide accessible, effective and high quality longer-term mental health care to all people with severe mental disorders in Europe.
- The stark reality is that in many countries, people with these disorders continue to reside in large psychiatric hospitals or social care institutions with poor living conditions, inadequate clinical assistance and frequent human rights violations.

# Areas in which European cooperation has been relevant for mental health rehabilitation

RESEARCH

MENTAL HEALTH  
POLICY

SOCIAL INCLUSION

HUMAN RIGHTS

# Cooperation in research

- **Creation in 1991 of ENMESH (European Network Mental Health Services Evaluation)**
- **EPSILON Study - a study of care for people with schizophrenia in five European centres**
- **DECLOC (Deinstitutionalisation and Community Living – Outcomes and Costs)**
- **MHEEN (Mental Health Economics European Network)**
- **DEMoBinc – Development European Measure of Best Practice for People with Long-term Mental Illness in Institutional Care**
- **REFINEMENT (Research on Financing Systems’ Effect on the Quality of Mental Health Care)**
- **ROAMER (Roadmap for mental health research in Europe)**
- **FOSTREN (reducing the use of coercion in psychiatric services)**

# Cooperation in mental health policy

- **Conference of Ministers of Health, 2005**
- **Green Paper, 2005**
- **Mental Health Declaration for Europe, Helsinki 2005**
- **European European Pact on Mental Health, 2008**
- **EU Joint Action on Mental Health and Wellbeing, 2012-2016**
- **EU Compass for Action on Mental Health and Wellbeing, 2015**
- **EU Framework for Action, 2016**

# WHO European Ministerial Conference on Mental Health, 2005

- Followed the new dynamics created by the World Health Day and the World Health Report in 2001, dedicated to mental health
- Established a framework for comprehensive action and invited the European Commission, a collaborating partner of the conference, to contribute to the implementation of this framework for action in Europe

# **WORLD MENTAL HEALTH DAY 2001**

**Mental health: Stop exclusion. Dare to Care**

# **WORLD MENTAL HEALTH REPORT 2001**

**Mental health. New understanding. New Hope**

# **CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES**

# Green Paper “Improving the mental health of the population. Towards a strategy on mental health for the European Union”, 2005

- Responding to this invitation, the Commission adopted on the 24<sup>th</sup> of October 2005 the Green Paper, and launched a large debate on:
  - the relevance of mental health for the EU
  - the need for a strategy at EU-level and its possible priorities.

# European Pact for Mental Health and Wellbeing 2008

- Acknowledged the unique importance of mental health and well-being for the European Union, its Member States, and its stakeholders and citizens, clearly stating that mental health should be considered a human right
- Recognized mental health as an important factor for the achievement of the objectives of the Lisbon strategy on growth and jobs, social cohesion, and sustainable development.

# European Pact for Mental Health and Well-being (Cont.)

- The Pact concluded with a call for action in five priority areas:
  - Prevention of depression and suicide
  - Mental health of older people
  - Mental health in youth and education
  - Mental health in the workplace settings
  - Combating stigma and social inclusion.

# Conceptual tensions

- Acute care model versus long-term care model
- Prioritize common mental disorders or severe mental disorders?
- Prioritize care or prevention/promotion?
- Is it or is not acceptable that the EU make recommendations on mental health services organization?

# Thematic Conferences

- Thematic conferences were organized, from 2009 to 2011, to facilitate the sharing of experiences, the identification of best practices, and to strengthen collaboration between stakeholders.
- In the conference on stigma and social inclusion, held in Lisbon in 2010, a special attention was given to long-term care of people with severe mental disorders
- Finally, in 2011, the Council invited Member States and the Commission to set up a joint action on mental health and well-being under the health program, which was launched in early 2013.

# Position paper, 2011

## LONG-TERM MENTAL HEALTH CARE FOR PEOPLE WITH SEVERE MENTAL DISORDERS

Written by Jose Miguel Caldas  
de Almeida and Helen Killaspy

Prepared under service contract with the IMPACT Consortium

# The Joint Action for Mental Health and Well-being (JA MH-WB)

- Involved the participation of 27 European countries and 49 different partners (universities, scientific and professional organisations, and NGO's),
- Provided a platform for collaboration and networking between member states, international organizations, and stakeholders so that they could evaluate the achievements and limitations of mental health initiatives in the past and developed a framework for action, contributing to a more effective implementation of mental health policies in Europe.

# Objectives of the Joint Action for Mental Health and Well-being (JA MH-WB)

- Recommendations for action at EU and MS level to **improve the effectiveness of implementation of mental health policies**
- To support the endorsement of the recommendations by Member States and the EU, and promote their commitment for follow-up actions through a **final JA conference** .
- To create **the mechanisms required to support a permanent, structured, and coherent cooperation in mental health policy in Europe.**

# JOINT ACTION MENTAL HEALTH AND WELLBEING (2013-2016)

## AIM

Establishing a process for structured collaborative work leading to the development of an **endorsed framework for action in mental health policy** at the European level

## JA Areas

- Depression/Suicide & E-Health
- MH at Workplaces
- MH in Schools
- Transition to community care
- MH in All Policies



**I – Situation Analysis**



**II– Establishment of National and European Networks**



**III– Framework for Action**

- Literature review
- Questionnaires
- SWOT analysis
- Best practices

# Five thematic areas

DEPRESSION,  
SUICIDE

TRANSITION TO  
COMMUNITY-  
BASED CARE

MENTAL HEALTH  
AND WORK

MENTAL HEALTH  
AND SCHOOLS

MENTAL HEALTH  
IN ALL POLICIES

# Joint Action on Mental Health and Well-being

TOWARDS COMMUNITY-BASED AND  
SOCIALY INCLUSIVE MENTAL HEALTH CARE

Situation analysis and recommendations for action



Co-funded by  
the European Union



# European Framework for Action on Mental Health and Wellbeing

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EU JOINT ACTION ON MENTAL HEALTH AND WELLBEING

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Final Conference - Brussels, 21 - 22 January 2016



Co-funded by  
the European Union



# Objectives

- 1. Setup sustainable and effective implementation of policies** contributing to promotion of mental health and the prevention and treatment of mental disorders;
- 2. Develop mental health promotion and prevention programmes,** through integration of mental health in all policies and multi-sectoral cooperation;
- 3. Ensure transition to comprehensive mental health care in the community,** emphasizing the availability of mental health care for people with common mental disorders, coordination of health and social care for people with severe mental disorders as well as integrated care for mental and physical disorders;
- 4. Strengthen knowledge, the evidence base and good practices sharing in mental health;**
- 5. Partnering for progress.**

# Principles

1. Adoption of a **public health approach**, addressing promotion, prevention and care in all stages of life and emphasizing early interventions;
2. Incorporation of a **whole of government, multisectoral approach**;
3. Promotion of **human rights-based approach**, preventing stigmatisation, discrimination and social exclusion;
4. Development of **recovery-oriented, socially inclusive and community-based approaches**;
5. **Empowerment** and involvement of patients, families and their organizations;
6. Ensuring that policy and actions are supported by robust **research evidence** and knowledge **of good practices**.

# The EU-Compass for Action on Mental Health and Wellbeing 2015-2018



Consortium: Trimbos Institute, NOVA University of Lisbon, Finnish Association for Mental Health and EuroHealthNet



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# EU-COMPASS FOR ACTION ON MENTAL HEALTH AND WELLBEING

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**ANNUAL REPORT 2017**  
**SUMMARY AND ANALYSIS OF KEY DEVELOPMENTS  
IN MEMBER STATES AND STAKEHOLDERS**

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José Miguel Caldas de Almeida, Diana Frasilho, Pedro Mateus, Ana Antunes,  
Graça Cardoso, Manuela Silva and Johannes Parkkonen

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Funded by the European Union in the frame of the 3rd EU Health Programme

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# EU COMPASS FOR ACTION ON MENTAL HEALTH AND WELL-BEING

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**PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES**  
**CONSENSUS PAPER**

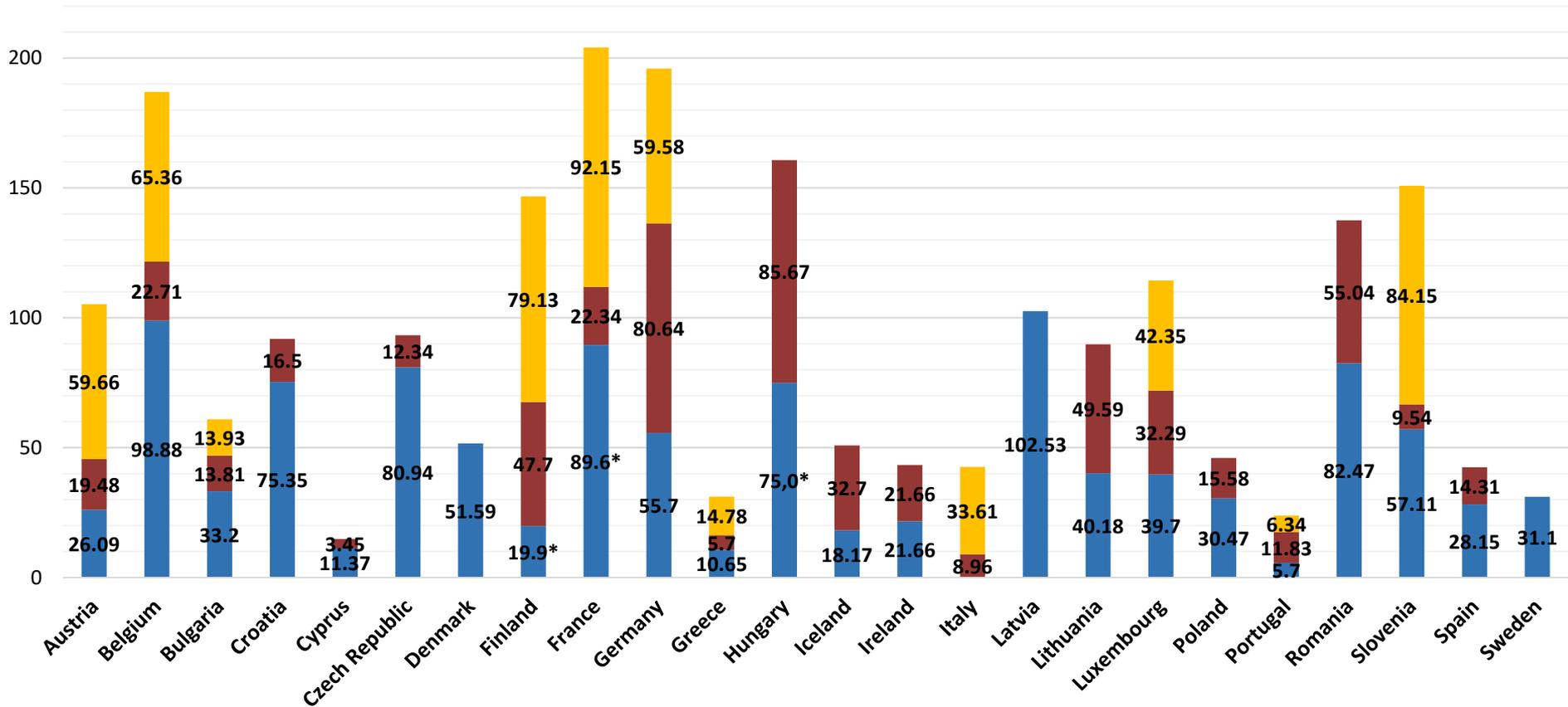
Helen Killaspy, Peter McPherson, Chiara Samele, Rene Keet, JM  
Caldas de Almeida



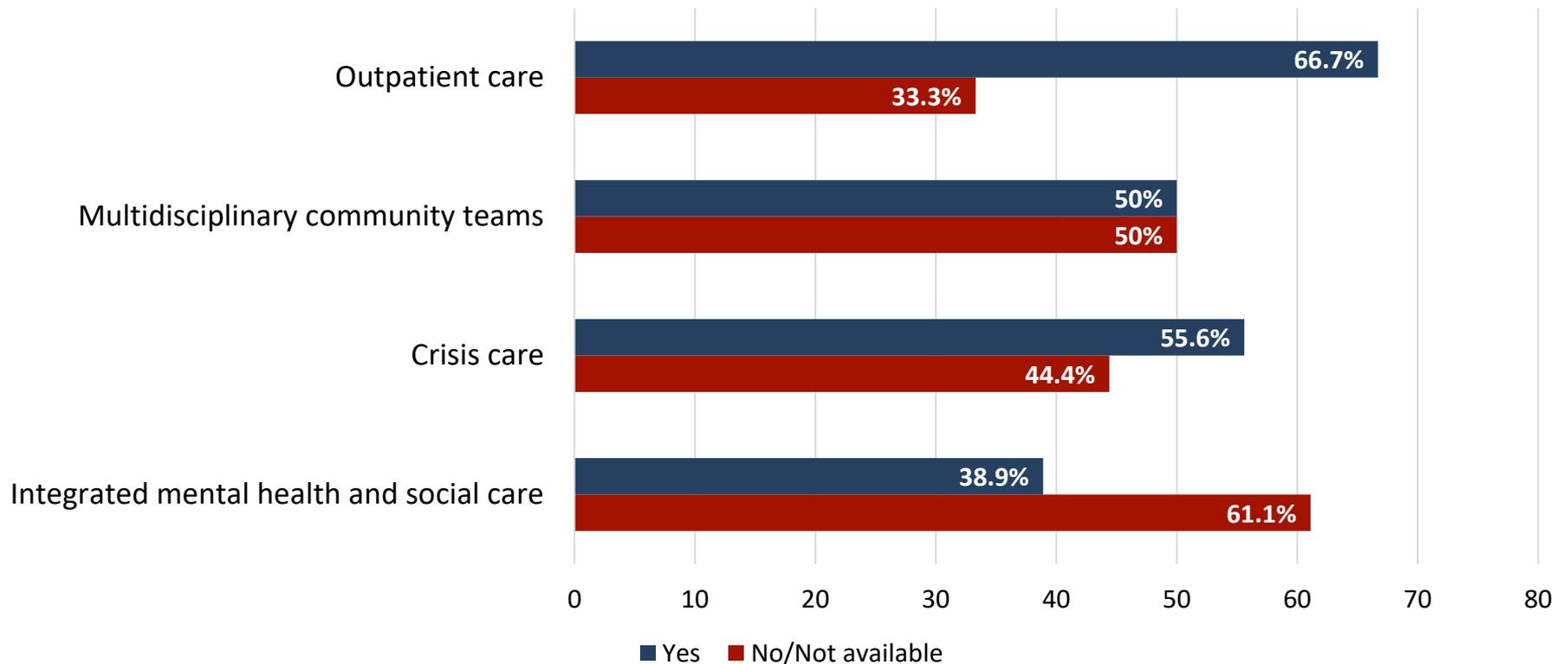
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# Inpatient care per 100.000 population (2017)

■ Mental hospital beds    
 ■ General hospital psychiatric unit beds    
 ■ Residential care beds



## Countries ensuring access to care to the majority of persons with severe mental disorders (>50%)



# WHO Europe Quality Rights Survey (2018) Findings

- Fewer than a third of the ratings of standards “achieved in full”
- Low level of knowledge or awareness about mental health and the protection of human rights.
- Low level of a personalized approach to care
- Low level of rehabilitative or even recreational activities
- Low level of legal provisions or legal representation
- Low level of community alternatives

# European cooperation in mental health services reform

- **Leros Project, Greece (80's – 90's)**
- **Horizon Programme (90's)**
  - Residential facilities
  - Day centres
  - Vocational Training
- **Stability Pact in Balkans Countries**
- **Structural funds: Czech Republic, Greece, 2015**
- **WHO-Europe Special Initiative for mental health - Ukraine (2020)**

# Second Joint Action on Mental Health, 2020

- Support for Member States' implementation of best practices in the area of mental health
- Support Member States to improve and promote mental health via innovative and sustainable (mental) health system change.
- Reinforce capacity to address system transformation to support citizen centered and integrated approaches, increase system efficiency, build and maintain healthy alliances across sectors, reinforce the coordination between national and regional authorities.

# Which practices/interventions?

- Mental health care delivery system reform in Belgium
- Suicide Prevention Austria
- iFightDepression (European Alliance Against Depression)
- Housing First (Portugal)

# Conclusions

- There is still a lot to be done in order to:
  - Complete the implementation of the transition process to community care
  - Find effective way to ensure coordination of mental health care and social care
  - Respond to the needs of people with complex psychoses
  - Overcome the persistent denial of the key importance of long-term care of people with severe mental disorders
- However, this topic was included among the mental health policy priorities in Europe and some promising developments are currently taking place.

**THANK YOU FOR YOUR ATTENTION!**

