



A European comparative perspective on mental health and human rights:
Steps towards integrated and meaningful lives
Bratislava / 6 September 2019
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WHO WE ARE

European non-governmental network organisation committed to:

- the **promotion** of positive mental health,
- the **prevention** of mental distress,
- the **improvement of care**, advocacy for social inclusion and the protection of the rights of (ex)users of mental health services, persons with psychosocial disabilities, their families and carers,
- The **end** of mental health **stigma**.



30

years of advocacy



73

member organisations



30

different countries



5

Strategic priorities

OUR WORK

- We work closely with the **European Institutions and international bodies**
- Together with our members, **we formulate recommendations for policy makers** to develop mental health friendly policies
- MHE places **users of mental services** at the centre of its work





Understanding Mental Health



Social Europe



Human Rights



Mental Health & Work



**Recovery Community-based
Services**



Projects & Campaigns

OUR PRIORITIES

- Promoting a **psychosocial model of mental health** as opposed to a bio-medical model
- Advocate for the **rights of people** with mental ill health
- Involve **users of mental services** in decision making processes
- **Positive mental health**

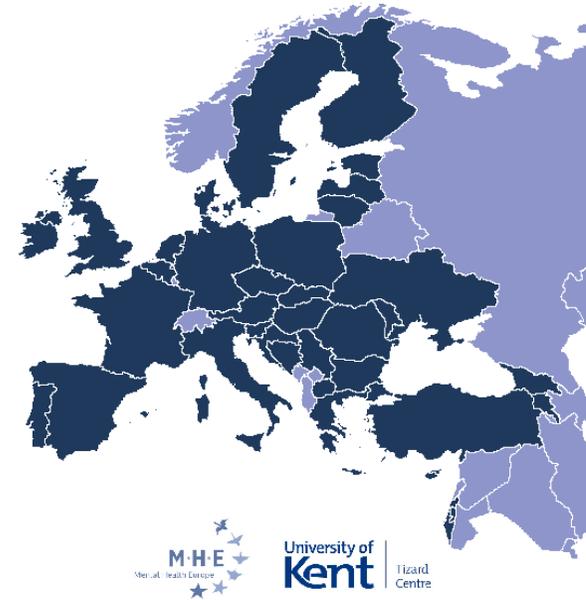
Specific focus 2020-2021:

- **Vulnerable groups** (youth, migrants)
- Transparency
- **Social Protection**
- UN CRPD
- Exchanges for service providers
- **Peer workers network**

MAPPING AND UNDERSTANDING EXCLUSION IN EUROPE

- Launched January 2018
- Authored by Mental Health Europe and Kent University Tizard Centre
- Gives an (updated) overview of European countries' **mental health laws** and the state of play of **institutional and community-based services** in the mental health field in Europe

MAPPING & UNDERSTANDING EXCLUSION IN EUROPE



MAPPING AND UNDERSTANDING EXCLUSION IN EUROPE

Covers 36 countries

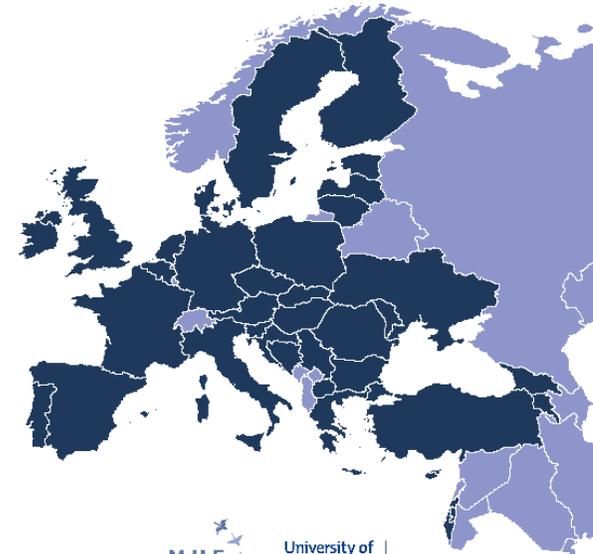
- based on **literature review**
- official **data**
- input from **MHE's network** of members and independent experts

Wider scope than the first edition from 2012

- mapping of coercive practices
- guardianship regimes (full/partial)
- emerging issues in the mental health field

Also includes **testimonies** from persons with lived experience of “exclusion” (involuntary placement and/or treatment or long-term institutionalisation)

MAPPING & UNDERSTANDING
EXCLUSION IN EUROPE



MAIN FINDINGS

Tens of thousands of people with mental health problems are living in **psychiatric and other institutions** in Europe today

At least 264,000 people live under full guardianship

- according to available data
- reality is probably much worse with more than 350,000 only in France



MAIN FINDINGS

Regulation of involuntary placement and treatment varies greatly across Europe

Severe **lack of official and reliable data**

- Data should be approached with extreme caution
- Data should be interpreted in local context

Where relatively reliable data exists

- Increase in England, Scotland, Ireland, Belgium, and France
- Relatively stable since the early 2010s in Austria and Sweden
- Decrease following legislative changes and targeted programmes in Finland and Germany

Compulsory treatment in the community (CTOs) is rapidly expanding, but in some countries only applicable to forensic patients

- France and Scotland: CTOs represented 40 % of all compulsory treatment in 2015
- Malta: around 1/3 of compulsory treatment is in the community

MAIN FINDINGS

Institutional care, the use of coercion, forced medication, loss of rights and reliance on involuntary hospitalisation of people living with mental ill health are not only a Central and Eastern European problem

Potentially promising reforms in 10+ countries on

- legal capacity
- guardianship laws
- transition from institutions to community based-services

Over-reliance on coercion

- forced treatment outside of institutions (CTOs etc)
- increase of forced treatment and placement in hospitals in some countries

Hope: successful programmes to reduce coercion, restraint and seclusion

HOW SHOULD COMMUNITY - BASED SERVICES LOOK LIKE?

- Good community-based services provide **HOPE**
- Ensure that people remain **included and receive support** in the community
- Range of support services that are **person-centered, recovery-oriented, empowering**
- **Do not require you to comply** with certain rules or restrictions
- **Peer support, empowerment and personal budgets** can be means for preventing an institutional culture

CHALLENGES FOR TRANSITION TO COMMUNITY-BASED SERVICES

- Societal **resistance**
- Use of **funds**
- **Training** of professionals
- Shift to **social model of mental health**: awareness raising, scaling up of promising practices (incl. legal capacity reforms)
- **New form** of institutionalisation
- **Lack of housing options**, support services (affordable, accessible, quality)
- **Lack of voice** of users

POLICY RECOMMENDATIONS 1/3

1. States shall adopt **holistic deinstitutionalisation** strategies, supported by adequate investment
2. States shall adopt **policies aiming at reduction of coercion** and ultimately eliminate such practices in line with human rights standards
3. States shall **document institutional placements** and make data publicly available

POLICY RECOMMENDATIONS 2/3

4. States shall invest in **evidence-based anti-stigma** programmes, advocacy campaigns and awareness-raising as part of mental health reforms
5. States shall introduce **personal budget schemes**
6. Better **monitoring of deinstitutionalisation programmes** and ensure those are in line with Article 19 of the CRPD

POLICY RECOMMENDATIONS 3/3

7. EU support to transition towards CBS through their **Multiannual Financial Framework Post-2020**
8. **Exchange of information** and practices between EU MS on mental health reforms
9. EU should provide **funding for research on alternatives** to coercion and scaling up of promising practices

WHERE TO FIND MORE INFORMATION?



Full report and video are available in English on MHE's www.bit.ly/MappingExclusion

Most country fiches, and the Executive Summary, are translated into the language of the respective country. Available on MHE's website

MHE is keen to ensure the report is as accurate as possible!

Do not hesitate to let us know if there are any inaccuracies in the report or if there is more recent data available

We aim for this report to be a living instrument!

QUESTIONS





Thank you for your attention!

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