

*Caring for People's Mental Health
Good practice from
Eurodiaconia members*

Eurodiaconia is a **dynamic**, Europe wide **community** of organisations founded in the **Christian faith** and working in the tradition of Diaconia, who are committed to a Europe of **solidarity, equality** and **justice**. As the **leading network of Diaconia in Europe**, we connect organisations, institutions and churches providing **social and health services and education** on a Christian value base in over 30 European countries.

We bring members together to **share practices, impact social policy** and **reflect on Diaconia in Europe today**.

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Eurodiaconia  Connecting faith
and social justice
through action

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Introduction

Eurodiaconia is a dynamic, Europe-wide community of organizations founded in the Christian faith that provide social and health care services in the tradition of diaconal service and with a strong commitment to promoting social justice. Eurodiaconia represents over 45 members working in over 30 countries, including churches, not-for-profit welfare organisations and NGOs.

Eurodiaconia facilitates an exchange between members to examine social needs, develop ideas, influence policies and promote a social Europe. As a network, Eurodiaconia strives to strengthen diaconal service provision so as many people as possible have access to affordable, high quality social and healthcare services.

In the view of Eurodiaconia, services are enablers of independent lives and empower each person's autonomy. In this context, support services provided to people with mental health issues are instrumental in releasing each person's inherent, equal worth and value.

Acknowledging the value of services to bring positive change, one of our main objectives is to facilitate mutual learning among members in order to boost the highest standards in service provision. To achieve this goal, Eurodiaconia disseminates knowledge on effective and/or innovative projects run by members. Many Eurodiaconia members are active in the provision of services that promote better mental health standards, support people with mental health issues and help break the vicious circle established between ill mental health and social exclusion. Our members' work also challenges the negative stereotypes which are still associated to mental health in Europe today. In this

way, de-stigmatization action and service support feed each other in a mutually reinforcing way.

This publication provides an overview of this kind of work. The sample of services contained in it has been gathered from the responses given by our membership to a consultation carried out by the Eurodiaconia secretariat in the form of a questionnaire, supplemented by additional input. The diversity of projects showcased in this publication aims to serve different target groups in different geographical contexts and using different service approaches. Such a repository of practices can provide inspiration for our members to develop existing services further or to set up new ones.

Within each case study showcased in this publication, we have aimed to highlight the goals of the project, its methods and funding sources, its priority target groups, and partnership with other providers and actors in order to better reach users' needs. Where possible, an attempt has been made to assess the results of these initiatives.

Beyond the use made by our members, this publication should also serve to showcase the work of diaconal organisations among decision makers and strategic partners, raising awareness of their innovation and commitment to ensuring that people with mental health issues are fully included in our societies. In fact, the input gained from the projects gathered in this publication has informed Eurodiaconia's position paper on why [Caring for People's Mental Health](#) should be a political priority across the EU.

Main messages drawn from the case studies

- Mental health risks have a cross-cutting nature. For this reason, mental health should be mainstreamed across all health, social and employment interventions. Such a holistic approach to mental health services should also address its diverse facets and intersections with other health conditions. In light of this, primary care settings should be further promoted as a first reference point to address mental health issues and become a space of person-centred guidance and support towards different interventions and services. Such a focal point should ease a swifter access to specialized services such as the ones showcased in this publication.
- A person-centred approach to mental health is also required to respond to the different needs of people across different life stages and settings. Prompt action reduces the cost of late interventions and improves the health and well-being of people. However, such a life-course perspective should be complementary with a reinforced or specific approach in transitional periods where mental health may be prone to greater stress and/or the services required are specific. Several of the examples presented in this publication deal in fact with people in such transitional phases; e.g. teenagers, young people or young parents, among others.
- The European economic and social crisis of the last decade has brought to the fore the effects on mental health of phenomena such as increased exposure to poverty, long-term unemployment or the insecurity associated to new forms of work, over-indebtedness, evictions and homelessness. New angles to mental health have also been introduced by the last increase in migration -which has highlighted post-traumatic shock and psychosocial stress suffered by third-country nationals- or the rise of new technologies and social media, with a particular impact on children and teenagers. Many of the mental health services described in this publication are addressing such needs. In doing so, they have shown considerable responsiveness to emerging social challenges, sometimes filling the gaps of public provision.
- Rising phenomena, however, do not substitute other well-known mental health challenges of a more structural nature. For instance, the increase of single parent households, tied with less support from extended families, kin and social networks. Also, the higher numbers of single households and higher prevalence of loneliness and isolation, in particular among older people. In this regard, mental health services are key to cushion some of the long-term demographic and social trends in Europe and guarantee cohesion in our societies, now and in the coming decades.
- Europe today still has outdated institutional infrastructures for people with mental health issues. Such infrastructures are stigmatizing and create a reluctance to seek help on people experiencing ill mental health and their families. By contrast, community care improves access to a wider variety of services, enables people with mental health issues to keep their network of family re-

relationships, friends and work colleagues while receiving treatment, thereby facilitating a psychosocial approach to recovery. However, persistent lack of funding towards community-based services often results in patchy provision of these. For the same reasons, medication remains the easiest or only readily-accessible intervention for many people. A commitment towards sustainable community-based services should, therefore, be underpinned by adequate funding, accessible services and qualified staff in order to ensure an effective integration of people with mental health issues in communities.

- Many of the services provided by Eurodiaconia members recognize the benefits of activity on people with mental health issues. Indeed, meaningful activity of all kinds -from volunteering to participation in hobbies to employment, in particular in social enterprise settings- should be considered a tool for recovery. Acknowledging this, policy-makers, employment services and employers should join forces with social service providers in order to design and put effectively in place a positive, inclusive approach to employment.
- Adequate and well-functioning social protection systems and, in particular, income support scheme are instrumental in caring for people's mental health and putting them back on track. Poverty remains a primary indicator of poor mental health and obstacles to access social benefits will only result in aggravated mental health hazards.
- A mainstreamed approach towards mental health calls for the right set of qualifications

and skills among care professionals. In parallel to the promotion of mental health specialist profiles in primary care settings, mental health contents should become part of the curricula of health and social care staff, as well as of volunteers, to promote a better understanding of mental health conditions. Many of the services showcased in this publication emphasize the importance of training staff on psychiatric contents and personal or soft skills, which are key to the nature of the service provided.

- Any progress towards quality services for people with mental health issues must be underpinned by a supportive environment that breaks down prejudices and stigma and channels the right messages regarding what ill mental health means. This requires a joint commitment with stakeholders such as schools, employers, health authorities, the social security administration, employment services or the justice system. Services for people with mental health issues often represent a safe space for people who face misunderstanding, rejection and stigmatization by society. Empowering people with mental health issues is core to the services described in this publication. These services are key to raise awareness on the challenges faced by people with mental health issues but also, and perhaps more importantly, on the many benefits to be drawn by all from a stigma free approach to mental health issues.

Diaconia of the Evangelical Church of the Czech Brethren, Czech Republic

Dobroduš - Training volunteers to support people with mental illness

Dobroduš is a support service for people with mental health issues of the Centre of Christian Help of the *Diaconia of the Evangelical Church of the Czech Brethren* (DECCB) in Prague. The centre represents a unique example of combination between social service and volunteering programmes in the Czech Republic. It targets individuals with long-term mental health issues, living in isolation or in need of social contacts. The Dobroduš project was initiated by the crisis centre of the DECCB in 2005 as a response to the service gap faced by people with mental health issues. Whilst access to medical care is a key dimension of recovery, the service responds to the fact that people with mental health issues are still faced with loneliness, fear and stigma. Dobroduš aims to increase the social contacts of people affected by mental illness and support them in building new relationships with other service users, their families, friends, colleagues and neighbours.

The service treats people with schizophrenia, depression and anxiety and has witnessed an increase of co-morbidities over the last years. The average age of users is around 45 years, with an even distribution between men and women.

Users lie at the centre of the service and information on their needs and expectations is collected individually from them and their psychiatrists. Meetings held regularly between users,

volunteers and coordinators feed into the process as well. Users also take part in the design of individual and group activities.

Dobroduš serves a maximum of 64 people per year, welcoming around 10 new users every year. Users reach the service through referral by outpatient psychiatric services, psychologists and social workers working for other social services. Users can also be self-referred through the recommendation of other clients, service volunteers, websites or social media. The service is free of charge for users and is financed through public resources coming from national, regional and local authorities. After a year, 15 per cent of users leave the service. Relapses vary significantly according to mental conditions but crisis intervention services are in place to avoid the worsening of conditions and hospitalisations. Dobroduš has a positive impact in users' lives. Their social network expands, their attitude towards themselves and other people is strengthened, as well as self-acceptance and respect.

The service provides training opportunities and builds up the social skills needed to deal with the obstacles and pitfalls of everyday life, including activities of daily living and administrative issues. It also helps them connect with other service providers as needed. Another very important dimension of the work with users is to train them in presenting their skills and elaborate their own projects as a way to reaffirm their inner value.

Together with staff, volunteers are at the heart of Dobroduš activities. Volunteers have to meet specific criteria, such as a minimum commitment of 6 months and a compulsory 16-hour training with basic contents on psychiatry and

social work, as well as risk management to deal with difficult situations. The training sessions for volunteers also include face-to-face discussions with past and present service users and other volunteers who share their experience.

The conditions of the cooperation between volunteers and service users are clear to both parties. The service matches users with volunteers, who may meet for 6 to 10 hours a month according to their agreement. The activity of volunteers is closely monitored. The first evaluation of volunteers' engagement takes place after 2 or 3 months of activity. Then, regular supervisory sessions by a specialised psychotherapist take place once per month. Moreover, volunteers participate in meetings with the users and service coordinators of the centre to

gain an overall view of the service's strategic objectives, common challenges, etc.

The situation of people with mental health issues in the Czech Republic is changing, helped by the transformation of mental health care in the country. New mental health care centres are being established with increased participation of families and communities in the support of patients' issues. In parallel, deinstitutionalization is progressing.

Stigma around mental health, however, is still prevalent. The media treatment of 'negative' events linked to mental health conditions together with insufficient awareness by the general public, contribute to fear towards people with mental health issues and their stigmatisation.



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Slezská Diakonie, Czech Republic

Integrated services to understand each other

Slezská Diakonie runs different several services aimed at improving the mental health standards of adult people in the Moravian-Silesian and South Moravian regions in the Czech Republic. The support is provided in different settings, such as a day centre for adults, a sheltered facility and supported independent living services; social rehabilitation services -ambulatory and on the field- and socio-therapeutic workshops.

The work of Slezská Diakonie around mental health stressed the dimension of awareness raising. In this regard, Slezská Diakonie leads the project and campaign, '*Do we understand each other?*', addressing mental health through at conferences and community events.

The service provides care for people with relatively stable conditions who do not need an acute medical treatment. They also welcome people who have been recently discharged from psychiatric hospitals. A majority of users (60%) are men.

Users reach the service through self-referral, through information provided by hospitals, ambulatory health services and local social care departments. In addition, Slezská Diakonie organises outreach activities where potential users can meet the staff, know more about the services and break prejudices against mental health services.

The support available to users varies according

to the different services provided. In this regard:

The Day Centre consists of a social activation service based on an individual development plan that offers:

- individual or group therapy
- group activities for skill development and a structured time use
- social work and counselling
- dialogue with health care services to ensure effective support to individuals
- contact with patients during hospitalisation periods to plan and support their re-integration into everyday life upon discharge
- public campaigns on de-stigmatization

The Social Rehabilitation service has a focus on support in real life environments and offers:

- ambulatory and/or field service providing very individual support in everyday skills and competences
- support towards work inclusion (in sheltered or mainstream labour markets) which is sustainable over time
- counselling and support in (re)building social contacts
- de-stigmatization activities targeting employers, healthcare professionals and the general public

The Independent Living service provides:

- support in the natural environment of the user
- trainings aimed at developing skills and competences needed to live as independently as possible including instrumental activities of daily living and building up of social contacts

The Sheltered Living service consists of:

- sheltered living for people with higher need for support
- assistance and skilling for instrumental activities of daily living such as cooking, house care, use of money, etc.

The different services assess the needs, goals, personal history and expectations of users on a first interview with the social worker. This is translated into an individual development plan which is reassessed after 3 to 6 months together with the user to ensure it remains suitable.

Through its integrated approach, the service also involves other actors during the planning and implementation processes, such as family members, psychiatrists, social workers in the municipality, etc. The involvement of relatives is particularly important during the initial service stages when a safe environment and recovery path are built. It is also essential in emergency situations when relatives are at hand to provide immediate support.

On the other hand, the lack of integration between health and social care, which is a key issue in the Czech Republic, is felt by mental health services. The country is undergoing a

reform of its psychiatric care system with the priority to create a national network of community-based services, reduce long-term hospitalisations and de-institutionalise mental health care. However, the lack of integration between health and social care is complicating this process.

Slezská Diakonie is fully engaged with this transition and has outreach social care teams that support users in a flexible and immediate manner. The main issue, however, is the lack of adequate financial resources to provide community-based health support. Shortages also apply to staff, as there is a lack of nurses (and psychiatric care nurses) willing to be part of outreach teams.

Users, in turn, often cannot afford the services because they are not entitled to public benefits, such as care allowances received by people with intellectual or physical disabilities. This is a problem because, despite the fact that services are provided for free in some cases or rely on a small contribution from users (around 10%), people with mental health issues are often not engaged in paid employment and/or experience poverty.

The services provided by Slezská Diakonie have witnessed clear progress in terms of a reduction of relapses and long term hospitalizations. The services are looking at a number of recovery targets such as: achieving the right type and levels of medication to allow users to decide on her/his personal situation and stabilise her/his conditions; raising users' awareness of the potential impact of their own mental health conditions and train them on how to reduce it; improving time management/day structure; learn how to deal with own feelings; building (or rebuilding) relationships with family and social network; or getting involved in self-help groups and processes.

To that aim, the development of staff competences is key. In this regard, Slezská Diakonie has estab-

lished an internal Platform for staff working in the field. The Platform jointly sets up criteria for the competences of staff, enables staff members to exchange expertise, experience and to build up skills and knowledge. Among the competences stressed in particular by the Platform are psychosocial rehabilitation, basic notions of psychiatry and personal or soft skills.

Volunteers also play a role in the services and are involved mainly in free time activities with users and campaigns, supported by a supervisor. Opportunities are also provided to international volunteers through the European Voluntary Service (EVS) programme.

The work of Slezská Diakonie with people with mental health issues has a strong focus on fighting negative stereotypes and prejudices leading to discrimination in community life and the labour market mainly. Media are very influential in building the opinion of the general public towards people with mental health issues. In this regard, de-stigmatization efforts are not helped by negative depictions of cases involving violence which reinforce the idea that people with mental health issues are dangerous. This has implications, for instance, on the availability of housing and community-based services for people with mental health issues, when local communities react against the location of such services in their areas.

Salvation Army France

Accompanying people throughout their recovery path

The **Château d'Auvilliers** is a health and social care complex run by the Salvation Army in France aimed at supporting adult people with mental health issues across different aspects of life. The complex consists of a residential care facility (*foyer de vie*), medical care (*foyer d'accueil médicalisé*) and a day care centre (*foyer de vie de jour*). The professional team in charge of the service is made of psychologists, a specialist in psychomotricity, nurses, care assistants and a part-time psychiatrist.

Users of the service have mental health issues of a permanent nature or acquired as a result of trauma. They also experience loneliness, lack of affection or social links.

The establishment has a people with an average of 40 years old. The users of the shelter -including those of a work inclusion social enterprise also run by the Salvation Army and integrated with the Château- are around 50 years of age. Sixty-five per cent of users are men.

The service is working at full capacity. The residential care facility serves 26 people, the medical care centre (6), 17 people in day care, 42 in the house shelter, 90 people in the work inclusion service and 27 people in services in accompaniment in social life. Users are referred by the regional authority dealing with people with disabilities.

The Centre employs 2 psychologists and one psychiatrist (all part-time). The service consists of regular, family-oriented (one-off) meetings,

group meetings around various topics, as well as relaxation or sensory stimulation sessions. Interventions are guided by an integrated approach. To this aim, multidisciplinary work is organized in order to offer an understanding and a global accompaniment to users (nurse, helpers, educators, animators, etc.).

Upon admission, comprehensive information is collected regarding the person's background (health, schooling, professional, staff, etc.). Then, an annual project or path for each resident is agreed. Within the Centre, regular assessments are made to ensure that the individual recovery path envisaged is in line with users' actual experience of the service, her or his needs, wishes, etc.

The service works closely with health care centres and is partnered with several institutions that share equipment and premises with the Château d'Auvilliers.

Caring for mental health at the start of people's lives

Villa Blanche Peyron is a Therapeutic, Educational and Pedagogical Institute¹ run by the Salvation Army in France. The Institute targets the mental health of teenagers and young people. Funding comes from the health insurance administration (*caisse primaire d'assurance maladie*).

The main profiles of users addressed by the service are linked to long-term psychological disorders that hinder socialization and schooling. It also treats conditions related to neurodevelopmental disorders, such as autism, attention deficit and hyperactivity disorders, language (dysphasia) and learning (dyslexia, dyscalculia) disorders and motor co-ordination (dysp-

raxia) impairments. Around 45 young people are served every year, with an overwhelming majority of young men aged 15 years on average.

Users reach the centre upon referral from schools after detecting a drop in academic performance. They can also be referred by the regional authority in charge of people with disabilities after the advice of psychiatrists specialized in children and teenagers (*maison départementale du handicap*). Finally, users may also come to service after a period of hospitalization.

The service offers both individual and group therapy, training in social skills, photo-language sessions to develop new means of communication so as to encourage and facilitate personal expression, psychotherapy, ergotherapy and occupational therapy. The interdisciplinary nature of interventions gives room to a creative approach to interventions that are tailor-made to individual users.

Users' needs are first assessed by a team composed by a psychiatrist specialised in children and the heads of the education and pedagogical services. In a co-production effort with users and their families, the team puts in place the right mix of interdisciplinary actions within the framework of an individual mutual learning plan. The progress of users is evaluated on a regular basis.

The service is integrated with different public services and agencies with a potential role in the recovery of users: university hospitals, health and psychological cabinets, youth centres, public employment services, education and support centres, sheltered workshops, work inclusion social enterprises, legal protection for youth and minors.

The service is filling a gap because it offers mental health support that hospitals are not

¹ITEP (Institut Thérapeutique, Éducatif et Pédagogique).

ready to provide. In some cases, the Institute is the last resort for young people with severe conditions or in a critical situation after dropping-out of school or severing ties with their social context.

Stigma and discrimination has often been part of users' personal story, especially at school. For this reason, the Institute represents a safe and reassuring environment that contrasts with how society tends to view them.



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Stockholm City Mission, Sweden

A free therapeutic approach to mental health among young people

The mental health services provided by the Stockholm City Mission are specialised in young people. Their main services are a **Therapy Centre**, which is a psychotherapy clinic for both sexes, and a Clinic for Young Men only. The Therapy Centre and the Clinic provide individual and group therapy for users. In addition, the Stockholm City Mission also runs a **Youth Care Centre** that is integrated with the other two services and provides general counselling services and sexual and reproductive health services.

The target group of such services are teenagers and young adults between 16 and 25 years (average age is 21) and 55 per cent of users are women.

The overall number of users served per year is 280, with a slow increase in capacity experienced in the last years thanks to the higher number of volunteers involved.

Users reach the services mainly by self-referral informed by peers, advice from parents and relatives or information available on the web. Some users access the services through the referral of public health care authorities or psychiatrists.

Most cases dealt with in the services are related to depression, from mild to severe degrees, and the profile of conditions has been significantly stable over the years.

The service views mental health as the ability to participate fully in society and build and maintain good relationships with other people. This is summarised under the motto of 'work and love'. The approach of interventions is based on long-term individual dynamic psychotherapy and group psychotherapy. Users' needs are assessed through detailed interviews. The role of users is central to the planning and development of the service, which operates only upon their request and guidance. In the same way, the involvement of families is optional and agreed in every case with the user.

An average intervention may consist of up to 60 sessions (around a year and a half) but this varies largely among users. Some may attend a couple of sessions only, while others may benefit from the service for several years. Their progress is assessed through questionnaires filled in by users (Symptom Check List-90-R).

The services run by the City Mission are filling a gap because this type of interventions -of a more specific and targeted nature- are not provided by public mental health services in Sweden. The services are financed through donations from the general public. Out-of-pocket contributions are only accepted when users can afford them (around 7,5 EUR per session).

The services are carried out by professional psychotherapists with experience as nurses, psychologists or social workers. In addition, the services are also a space for skill development among qualified therapists who are willing to gain experience in the framework of their graduate studies.

Volunteers are also a very important part of

the service. Most volunteers are qualified therapists or people with a basic training in supporting people with mental health issues that plan to undertake further studies in the field. The support provided by volunteers with basic training is closely monitored by qualified therapists.

Sweden has witnessed an increase of public awareness of mental health issues in the last years. In this regard, the stigmatization of mental health issues and psychotherapy services is less prevalent than in the past. Moreover, the Stockholm City Mission is actively involved in breaking down negative stereotypes and takes part in public awareness actions and publishes an annual report on the state of mental health in Sweden among children and young adults.

Gothenburg City Mission, Sweden

A friendly support to building self-confidence and inclusion

The work of the Gothenburg City Mission around mental health is also concentrated on teenagers and young adults. Since 1990, the **Counselling Centre for Teenagers and Young Adults** offers individual therapy services. The Centre targets people aged between 14 to 25 years (with most users concentrated between the ages of 20 to 25). Girls and young women represent three quarters of all users.

The Counselling Centre targets young people who look for professional advice to speak about their personal issues. The majority of users report many different worries and feel lost in life. In other cases, the service addresses specific

crisis that users cannot address by themselves. For some users, mental health issues are linked to complex childhood and family backgrounds. The most common conditions are depression, anxiety, stress and loneliness. This picture has been quite stable, but social stress and anxiety have increased in the last years.

The Centre served 302 individuals in 2016, but the figure depends critically on the resources available each year. For example, the figure increased with respect to past years thanks to more resources available for staff. However, in 2017 the service was forced to close the inflow of new users for two months due to a shortage of resources.

Users approach the service through the recommendation of former users or the internet. Parents, schools and churches also refer to the Centre, as does the national Social and Health service. Users may also come from other social services provided by the City Mission.

The support offered by the City Mission is based on building a relationship with the user inside the therapy room. Time is very important for that purpose: users need it to reflect and speak about their thoughts, needs and issues at large and feel listened to. This builds trust between users and professionals and also within users who gain the confidence to explore new ways to approach their issues. The ultimate goal of the service is to help users lead healthy lives, build good relationships, pursue their studies and professional careers and fully participate in society.

Users lie at the heart of the service and play a key role in how services are provided and experienced by them. The service works only upon request of users, also when friends and rela-

tives are involved. The service also coordinates and helps users' access to other services -for instance, public health care- when the treatment requires so. In fact, the Counselling Centre is integrated with other services offered by the City Mission, such as, for instance, trainings on stress management provided by the Young Forum run by the Mission.

An average intervention lasts about 12 sessions but this may vary a lot. Users are welcome whenever they feel the need to come back to the service for some more sessions. This is not perceived as a relapse but as part of an ongoing, usually long process.

The need to support young people with mental health issues in Sweden is strong. However, as stressed already, health services provided by the state are not sufficient to filling this gap. Primary health care in Sweden provides counselling -by a psychologist or social worker- but this type of service is very specific (10 sessions of cognitive psychotherapy) and waiting lists are of several months.

At present, the **Counselling Centre** employs three social workers (both full time), two psychologists (both part time) and two ministers of the Lutheran Church (one full time and one part time). The capacity of the Counselling Centre is limited by the resources available. For this reason, users sometimes need to wait for some weeks before accessing therapy sessions. Services are financed by donations from the general public and the Swedish Lutheran Church in Gothenburg. They are free of charge for all users.

Negative stereotypes against people with mental health issues are still part of Swedish society. However, younger generations are much better informed on the topic and stigmatization is less common amongst them. The Gothenburg City Mission is involved in awareness raising actions, in particular as part of the Suicide prevention network, which organizes a [Suicide Prevention Day](#) each year.

As a result of the experience and success achieved with the **Counselling Centre**, the Gothenburg City Mission has developed new services aimed at preventing and repairing mental health issues. Since 2016, the **Young Forum** organises group activities and courses aimed at preventing mental illness and isolation among young people, combined with individual support (aged between 16 and 25). Also, the Gothenburg City Mission operates since 2014 an Open Preschool for young parents and their children.

Varsta Diakonigård, Sweden

An open door to heal post-traumatic stress disorder

Vårsta Diakonigård² has set up a clinic for post-traumatic stress disorder (PTSD) and trauma. The service is targeting three different groups: mental health services for children and teenagers, a suicide prevention service, and a service for soldiers with a background in war and conflict areas.

The service is partnered with health and community care services at regional and local levels, and with migration authorities, as some of the service users have a migrant background. Such services refer patients to the PTSD and Trauma clinic.

The service has a capacity for 70-90 users per year and an average treatment consisting of 10-12 sessions. Vårsta Diakonigård started the service after realising the lack of resources and experience of the Swedish public health care system in dealing with people with complex PTSD/trauma conditions such as the target groups mentioned above.

The service is supported by funds from national, regional and local authorities. It has brought together a diverse mix of professionals that includes therapists, psychologists, doctors, nurses, physiotherapists and social workers with specific training on PTSD/trauma and torture.

Västerås Stadsmission, Sweden

Putting dialogue and human support at the heart of mental health care

The Västerås City Mission works towards improving the mental health of people through two main services.

Talk2Me is a service providing therapy free of charge for (young) people with mental health issues. Talk2Me is supported by the work of volunteers and it is aimed at anyone who is struggling with a difficult situation in life or is challenged by mental illness. Most users are aged between 15 and 25 years, with a slight majority of men (60%). Talk2Me welcomes around 150 users per year who come to the service through self-referral or through health centres. The service offers a helpline and therapy, both individual and in groups.

The monitoring of users' progress is regularly carried out through surveys, which constitute a useful tool to collect information on user's experience of the service, make the necessary adjustments and develop interventions. Cooperation and discussion with different specialized professionals also takes place when needed. The service varies widely according to users' needs and interventions may take from several weeks to a year accordingly. Talk2Me has proved very effective, as only few users experience relapses.

In addition, Västerås City Mission has a **Day Centre** that provides support services and covers the basic needs of homeless people, people with addictions and people with mental health issues. The average age of users is

² Vårsta Diakonigård is part of Eurodiaconia member ADIS (Association Association of Diaconal Institutes in Sweden). ADIS is an umbrella organisation including some of the largest not-for-profit providers of social services in the country.

around 40-50 years but, in the last years, the day centre has witnessed an increased number of young and 65+ users. Less than one third of users are women.

The day centre received 14,000 visits in 2016, with users approaching the service on a self-referral basis. Users have a prominent role in the design of the service. In this case, a system of surveys is combined with a special focus group composed of frequent users with whom specific aspects of the service are discussed. Users of the **Day Centre** have long-term issues. For this reason, as opposed to Talk2Me, most day centre users remain associated to the service for several years and suffer relapses.

The two Västerås Stadsmisson services addressing mental health issues are well integrated with other services. The day care centre is integrated a health care facility that specifically deals with homeless people. Also, both the day care centre and Talk2Me offer work inclusion opportunities through the network of second hand shops run by the Mission.

The Mission is filling a gap for people who are underserved by public services. Whilst mental health care is available in primary care settings in Sweden, the services provided by the Mission focus on people with difficulties to access such services or with more specific needs.



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The services, which are free of charge for users, benefit from funding from regional and local authorities and private donations. They are provided by a wide range of professionals such as doctors, nurses, psychologists, therapists, social workers and deacons. Volunteers, who are at the heart of Talk2Me, are psychologists and therapists.

The goal of the services is to help people improve their life prospects, improve their health status and recover from mental health conditions. Such outcomes are enablers to further inclusion in society by way of accessing decent housing, build up a network of social relationships or getting an employment.

Homeless people and people with addictions and with mental health issues are faced with stigma in Sweden because some people and media outlets share the idea that such situations are the result of a personal choice. Such views overlook the fact that people without a home or without a stable life situation experience added difficulties to access health and social services. In addition, the general public does not always understand the fact that addictions or homelessness are interlinked with other complex issues such as mental health conditions or poverty. In some cases, public authorities could do more to overcome such a narrow view.

Together with the other City Missions in Sweden, Västerås Stadsmission designs and brings into action joint strategies to promote and raise awareness on topics regarding mental health, poverty and homelessness at both national and local levels. Such communication efforts consist of media campaigns, seminars and meetings with policy-makers and stakeholders such

as researchers, journalists, businesses, other civil society actors and communities.

Linköping City Mission, Sweden

Supporting and breaking down stigma for substance-dependent people

Linköping City Mission offers a variety of services addressing the mental health wellbeing of different target groups. The services include, firstly, counselling for young people and adults, therapy for families and couples, and a shelter for women who have suffered violence. Also, the Mission offers support -live-in and day services- for women and men with substance addiction issues. Finally, mental health support is also mainstreamed within work inclusion services and with different integration services provided to migrants. The support offered by the services range from therapy needs, counselling and treatment to day-to-day support, including assistance with instrumental activities of daily living. Users are fully involved in the planning of interventions and services.

One of the main trends identified recently by the service is the increased combination of substance addictions with mental health issues such as phobia, anxiety, depression, anger management, attention deficit hyperactivity disorder (ADHD) and other neurological dysfunctions. In addition, the services run by the Linköping City Mission are witnessing the effects of increased social exclusion and social isolation trends in the country. The services are well integrated with other services also provided by the City Mission, in particular housing and work inclusion services. The total number of users is 3,000 people per year.

The skills and qualification of service staff are an important challenge for the organization due to the highly specialised nature of the services and interventions. The gap is also felt at the public level, where sometimes the lack of knowledge among authorities responsible for referring people to the appropriate services is problematic.

Linköping City Mission acknowledges the persistence of negative stereotypes against people with mental health issues. For instance, women with addictions find difficulties to get help for the abuse experienced in violent environments and relationships. The second aspect is often overlooked or seen as a secondary issue with respect to the addiction. Linköping City Mission conducts campaigns, also with other City Missions in Sweden. The purpose is to raise awareness on mental health issues and collect funds for users who cannot afford to contribute the service.

The service is funded by public regional funds, with a symbolic contribution from users who can afford to make them. Most of the professionals involved in the daily activity of the service are mostly social workers and psychotherapists.

Conclusions

The costs of ill mental health at individual, community and economic levels are large and have gained an increased attention over the last years.

According to the OECD, the economic cost of mental ill health in Europe in 2015 accounted for 2.2% to 4.4% of GDP in 2015³. Ill mental health has an effect at the workplace in terms

of lower productivity on the job or as a productive loss altogether if it leads to absenteeism. Economic effects may expand to the economy as a whole when ill mental health has an impact on health and social care expenditure, long-term social benefits or translates into higher inactivity rates.

Ill mental health can also impair the **capacities, personal development and contribution of individuals to our societies**. In absence of a supportive service framework and with persistent negative stereotypes, mental health issues become a source of inequalities resulting in less cohesive communities and creating added social challenges. The stress on teenagers and young people of many of the practices showcased in this publication shows the importance of preventive and prompt action in order to avoid permanent scarring effects.

Beyond its economic dimension, mental health must be protected from a rights-based approach. The UN Convention on the Rights of Persons with Disabilities includes mental health conditions among the long-term impairments which, in interaction with various barriers, may hinder the full and effective participation of people in society on an equal basis with others⁴. A human rights perspective towards mental health is particularly relevant in cases where ill-mental health leads to people being stripped off their legal capacity to decide on their lives and the treatment received. In many cases, perceived ill mental health is a direct cause of discrimination and inequality in treatment.

Such approaches are mutually reinforcing and constitute a clear call for action to address mental health challenges. In this regard, it is key to break the vicious circle established between ill

³OECD (2015), Fit mind, fit job: from evidence to practice in mental health and work, OECD Publishing, Paris.

⁴UNCRPD, article 1

mental health and social exclusion; whilst social exclusion creates ill mental health, people with mental health issues also fall more easily into social exclusion. In light of this correlation, mental health policies and quality health and social services should also be underpinned by adequate income support schemes, as poverty remains a primary indicator of poor mental health.

As the projects showcased have shown, an individual approach should be taken from the outset. At that moment, it is essential to identify the needs, expectations and background of people coming to the services. Such a person-centred approach is key for two reasons. First, because it involves a personal case management approach with a subsequent tailor-made offer of services. Secondly, because it is key to empower users, restore their self-confidence and gain trust in their inner worth especially after having faced social stigma.

Diaconal organisations are well prepared to meet the need of an integrated approach towards mental health issues. The projects in this publication are often integrated with other services provided by diaconal organizations and have, as a result, a wider reach on users' needs. In addition, their ties with local and regional communities are a strong link with key stakeholders such as local authorities, public services -in particular, health care- or employers.

Such ties with communities are equally useful to reach out to new users who may be reluctant to mental health services due to negative stereotypes. Likewise, diaconal services have realised their full potential as social actors in order

to break down the stigma and misconceptions which still today prevail around mental health issues.

Eurodiaconia welcomes any feedback on this publication, other projects and proposals as to how to further boost mental health standards in Europe.


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Eurodiaconia is a federation of 45 social and health care organisations founded in the Christian faith and promoting social justice.

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