Caring for people's mental health

Eurodiaconia

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**.

Eurodiaconia | *Connecting faith and social justice through action*

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Executive summary

Eurodiaconia is a network of 46 organizations in 32 European countries providing social services and working for social justice. Founded in the Christian tradition we work to ensure that our societies provide opportunities for all people to live in dignity, well-being and realize their full potential within communities. Good mental health is central to such objectives, linking both as a necessary condition and an effect of these.

Eurodiaconia members have a direct experience as providers of services for people with mental health issues, a term which applies to a range of conditions from emotional wellbeing, to mental disorders associated to stress, to mental illness like schizophrenia. **In their work, our members witness and act upon the challenges associated to mental health, including the stigma and negative stereotypes which are still associated to mental health issues in Europe today.**

In light of such an experience, **Eurodiaconia views action for better mental health as essential to break the vicious circle established between ill mental health and social exclusion**; whilst social exclusion creates ill mental health, people with mental health issues also fall more easily into social exclusion.

These links have become more prominent in the context of social and economic crisis. The last years have brought to the fore the effects on mental health of phenomena like long-term unemployment or the insecurity associated to new forms of work, overindebtedness, evictions and homelessness and increased exposure to poverty. New angles to mental health have also been introduced by the last increase in migration -which has highlighted posttraumatic 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. Such phenomena, however, do not substitute but add to other well-known structural trends. For instance, the increase of single parent households, tied with less support from extended families, kin and social networks, put pressure on wage-earners and their children. Also, increases in life expectancy are creating higher numbers of single households and a higher prevalence of loneliness and isolation.

In this context, Eurodiaconia calls for ambitious efforts on many fronts to address the cross-cutting dimension of mental health issues, its many facets and increasing impact on people. This paper aims to seize the opportunity to stress why any effort towards a more social Europe should also look at mental health as a key dimension of people's well-being. Eurodiaconia sees quality services as a core piece of any action around mental health and, for this reason, services that are both preventative and repairing should be acknowledged and promoted as a platform to end the stigma associated to mental disease and enable the inclusiveness of people with mental health issues in communities.

To this aim, we would like to put forward the following key recommendations:

- A renewed, holistic approach to mental health policies and services must address its diverse facets and intersections with other health conditions. This new approach should also break the strong correlation

between mental health issues and social exclusion, as poverty remains a primary indicator of poor mental health. In light of the cross-cutting nature of mental health risks, we encourage the **EU and Member States** to mainstream mental health across all health, social and employment policies.

- A person-centred approach to mental health is required to respond to the different needs of people across different life stages, reducing the costs of late interventions and improving the health and well-being status of people. 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. In light of this, **the EU and Member States** should make the necessary efforts to improve access to services addressing mental health needs and enable early interventions under both, equally important approaches.

- Primary care settings should be effectively 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. Member States should, therefore, undertake the necessary steps to organize health systems under this principle. In turn, **EU initiatives** should give greater priority to mental health care considerations in recommendations regarding the modernization of social protection systems.

- A mainstreamed approach towards mental health calls for specific training and competences of 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. For this reason, we recommend that **EU initiatives** (e.g. New Skills Agenda) and **Member States** ensure that mental health contents are mainstreamed across relevant curricula and investment in such skills is made accordingly.

- Caring for people is a stressful activity with effects on the physical and mental health of professionals and may result in burn outs. **Providers of social services** should, therefore, step up actions that prevent mental health issues among staff, as caring for the employees of such services is key to ensure sustainable employment patterns and, as a result, high quality services being given to users.

- Mental health is one of the service areas where the potential of innovative delivery of social services, particularly through ICTs, is greatest and has clear advantages on users. In this regard, **EU funds** should be made available to boost innovative service delivery, promote good practice-sharing and scaling up successful initiatives. A stronger link between identified good practices (for instance, in the framework of the EU-Compass for Action on Mental Health and Well-being) and EU funds enabling rolling these out is needed.

- 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 relationships, friends and work colleagues while receiving treatment, thereby facilitating a psychosocial approach to recovery. However, persistent lack of funding towards community-based services such as counselling and talking therapy has often resulted in patchy provision of such care solutions. In this context, medication remains the only readily-accessible intervention for many people. **The EU should continue to support efforts made in many Member States** towards transforming the way in which mental health services are provided, replacing old residential institutions with adequate community-based services.

- The workplace is a central space for the promotion of good mental. Institutions, employers and other stakeholders have succeeded in raising awareness of the economic and social costs of increasingly ill health at workplaces. Promoting good mental health standards on-the-job is necessary to achieve the ambitious objectives that Europe has in the area of employment; e.g. increased participation rates, active ageing, higher productivity.

- However, the focus of the debate around mental health and employment should lie more prominently on the benefits of employment for the recovery of people with mental health issues. Indeed, meaningful activity of all kinds -

from volunteering to participation in hobbies to employment- should be considered a tool for recovery. In this regard, all policy levels should design policies that enable a positive, inclusive approach to employment. **National, regional and local authorities, together with civil society organizations and social partners**, should ensure the implementation of such principles at the workplace level. The same actors should raise awareness of employment as a solid bridge towards recovery and inclusion in society.

- All 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 like schools, employers, health authorities, the social security administration, employment services or the justice system. In this regard, we encourage **national, regional and local authorities** to lead awareness raising actions and facilitate a collective understanding of why mental health is a priority for all.

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Why mental health should be a priority

The costs of bad mental health at individual, community and economic levels are large and have gained an increased attention. 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 2015[1]. Ill mental health has an effect at the workplace in terms of lower

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

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

Outside the workplace sphere, negative productive impacts can already be anticipated when bad mental health affects children and teenagers. In these cases, mental health issues have an effect on academic performance or result in school dropping out, thereby limiting the personal development and future contribution of younger generations to society.

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 others[2]. 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.

Towards a holistic look at mental health

A renewed, holistic approach to mental health policies and services must address its diverse facets and intersections with other conditions. To do so, it is key to understand the tight links between physical and mental health[3]. Chronic physical conditions are often associated with common mental difficulties, such as depression or anxiety. Persons with disabilities are also prone to mental health issues connected to their physical health (chronic pain) or the obstacles faced in life (stigma, social exclusion, lack of access to services). In turn, people with mental health issues are also likely to develop physical conditions.

Such a reciprocity is becoming increasingly recognized. Yet, the attention given to physical health outweighs the priority and resources devoted to mental health. Lack of investment coupled by public unawareness contributes to the treatment gap that exists around mental disorders. This gap is much more significant than the one that exists for most other conditions and leads to undesired impacts -of health, social and economic nature- already in the short term[4].

In line with the cross-cutting nature of mental health risks, mental health care should also be mainstreamed across all health and social care interventions as a key component. As in any other condition, primary care should be effectively promoted as a first reference point to give people access to adequate mental health support. Co-location of health professionals may facilitate the referral to specialist mental health care and ensure a timely access to effective treatment of mental health conditions. Primary care should also put less emphasis on diagnosis and a disease-model approach that relies on medication only. Instead, it should become a space of guidance and support towards the different interventions and services leading to recovery from a person-centred approach.

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[2] UNCRPD, article 1

[3] See Mental Health Europe (2014), Physical and mental health problems are interlinked and policies must acknowledge this.

[4] European Framework for Action on Mental health and Wellbeing, p. 5

Mainstreaming mental health competences in care

Such a holistic approach to mental health, aware of its interlinkages with other health and social interventions, calls for specific training among those professionals in contact with people with or subject to mental health issues. 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 and, in general, mental health sensitivity should be a norm among professionals in contact with people who are likely to be experiencing mental ill-health; for instance, at schools, employment services, social workers, vocational trainers, social security administrative staff, etc.

Volunteers should also enjoy access to such skills, in light of the key contribution made by them in services for people with mental health issues. For instance, the training of volunteers is core at the Dobroduš centre operated by the **Diaconia of the Evangelical Church of the Czech Brethren (DECCB)** in Prague, which specifically targets individuals with long-term mental illnesses, living in isolation and in need of social contacts. The training sessions for volunteers include regular face-to-face discussions with people who have previously suffered from mental health issues but also with other volunteers sharing their experience previous guests of the centre who discuss their personal experience with volunteers, and two current guests who present their views on mental disorders and psychiatric/mental health care. While volunteering, volunteers participate in regular meetings with both their coordinators and the centre's guests, where they have an opportunity to discuss issues of common concern, plans, proposals, strategies and challenges.

The Morven Day Services put in place by CrossReach in Scotland offers a wide range of quality day services in the area of East Ayrshire. Among the services offered, *Action For All* aims to build the capacity of potential volunteers to the services and provides the personalised support and information necessary to perform volunteering activities.

Our members' experience also shows that past users of mental health services are usually best suited to provide such 'mental health sensitiveness' as volunteers. They can bring their direct knowledge on what works and what does not on users of mental health services, and serve as positive role models for current service users.

Looking at mental health from both life-course and transitional perspectives

A mainstreamed approach to mental health across all health and social interventions should be paralleled with a life-course perspective at the individual level. A person-centred approach to mental health (and services needed in each case) is best suited to respond to the different needs of people across different life stages. Also, it will improve awareness (and self-awareness) of mental health, reduce the costs of late interventions and, overall, improve the health and well-being status of people.

A life-course perspective, however, is not contradictory with reinforced or specific approaches in transitional periods of life, where mental health may be prone to greater stress and/or the services required are of a particular nature. Many of our members' services in fact deal with transitional periods like adolescence, older age and perinatal and postnatal periods.

For instance, **CrossReach Confidential Connections** (CCC) is a project for a remote counselling service recently initiated by the Bluebell Perinatal Counselling Service of the **CrossReach** Tom Allan Centre in Glasgow. CCC is partly financed by the National Health

Service and aims to innovative software to create on-demand access to emotional support interventions for mothers with perinatal mental illness in a more direct and effective way.

Enabling early intervention through innovation

Mental health services should be proactive instead of reactive. Prevention and early intervention must be promoted, as these are cost-efficient options that also guarantee better recovery outcomes.

To bring such proactiveness into reality, mental health services should have the resources needed to that aim. The pressures faced by health and social services in a context of demographic ageing, profound social changes and tight public budgets apply also to mental health and have been underlined elsewhere. The potential of innovative delivery of social services, particularly through ICTs, has also been stressed and mental health is in fact one of the areas where the development and accessibility of services brought by new technologies has been greatest (e-therapy, telecounseling, self-help, self-management, etc.). Importantly, these developments are suited for the needs of users of mental health services, who pursue prompt access -for instance, in critical moments- and, in some cases, anonymity.

Ensuring community-based mental health services across all Europe

Clear progress must be equally made towards a community-based approach towards mental health[5].

Today 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 relationships, friends and work colleagues while receiving treatment, thereby facilitating a psychosocial approach to recovery.
Significant but uneven advances across Europe have been made in the transition from institutional to community-based care for people with long-term mental issues.

The EU Compass for Action on Mental Health and Well-being[6] reports progress in the development of short-stay inpatient care in general hospitals and community residential facilities and outpatient facilities and visits or community mental health centres. Instead, little change has been made on home treatment and community-based programmes. In fact, persistent lack of funding towards community-based services such as counselling and talking therapy has often resulted in patchy provision of such care solutions. In this context, medication remains the only readily-accessible intervention for many people, despite the fact that counselling may be far more effective. In our view, a successful move towards community-based services must be underpinned by greater political support, adequate funding, greater

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[5] This was one of the main topics addressed at the 10th International Conference of the Visegrad Platform of Eurodiaconia, gathering Central and Eastern European members of Eurodiaconia and coordinated by Diaconia Poland in 2015.

[6] EU Compass for Action on mental health and well-being, Access to Mental Health Care in Europe, scientific paper, 2016, p. 18

cooperation among stakeholders and a better integration between health and social care.

Income support goes hand in hand with services

Together with access to services, people with mental health issues should be guaranteed access to adequate income support. In many cases, this will reduce preventable disability benefit claims which lead to definite drop in participation and an overall loss. Income support, instead, should be made available on a personal-case basis, identifying individual work capacities (reduced, part-time) and with a focus towards an early intervention that, from a recovery and re-enablement approach, supports people in their path towards participation in society. Blind activation policies of people with mental health issues should, in every case, be avoided. The stress on income support is key because poverty is a primary indicator of poor mental health. In addition, the recent trial of Universal Basic Income in Finland has provided some evidence of a benefit to mental health through the reduced stress associated with a guaranteed and unconditional income[7].

A positive approach to employment as a recovery enabler

The profound changes experienced in the last years in the field of work and employment have brought to the fore the negative consequences of ill mental health at the workplace. International organizations like the OECD[8] have begun to look at mental health from this specific point of view, acknowledging the economic and social costs of increasingly ill health at workplaces. Eurodiaconia members deal with these types of users and recognizes the need to

tackle the multifaceted mental health challenges associated to the workplace. From the same logic, promoting good mental health standards at the workplace is the best way to ensure that many of the objectives pursued in Europe in the area of employment will be sustainable. Good mental health on the job, in this regard, will be conducive to higher participation rates, active ageing, greater productivity, less absenteeism, etc.

Beyond that, Eurodiaconia would like to broaden the conversation of mental health and work in order to focus not only on the productive loss caused by ill mental health but, most importantly, on the benefits of employment for the recovery of people with mental health issues.

In the same vein, work should be given a more prominent role in the treatment of mental health issues. Indeed, meaningful activity of all kinds - from volunteering to participation in hobbies to employment- should be considered a tool for recovery, as in the case of supported employment frameworks like work integration social enterprises (WISEs), where employment acts as a solid bridge towards recovery and people's ties with society. In this regard, Eurodiaconia would like to see meaningful activity promoted by primary healthcare professionals through 'social prescribing' (e.g. doctors prescribing gym membership or participation in a recreational club as a response to mental health issues).

Caring for carers

As providers of social services concerned with the engagement of quality staff, Eurodiaconia members have a very specific mission in

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[7]http://www.independent.co.uk/news/world/europe/finland-universal-basic-income-trial-pilot-scheme-unemployed-stress-levels-reduced-a7724081.html

[8] OECD (2015), ibid and OECD (2012), Sick on the job? Myths and realities about mental health and work, OECD Publishing, Paris.

relation to mental health at the workplace. In this regard, they are committed to lead by example and recognize the importance of good mental health among care professionals as an essential dimension of the quality of services provided and experienced by users. While occupational health and safety legislation and policies have disproportionately focused on physical health, psychological risk factors are a major issue at workplaces today. This is especially true in the social sector, which is featured by long hours, high physical strain and ageing workforces. Caring for people is a stressful activity, it takes a physical and mental toll on professionals and may result in burn outs. Preventing mental health issues and caring for the employees of our services is key to reduce turnover and boost new entries into the sector.

Therefore, promoting awareness of employee's mental health is important. Even employers who are sensitive to mental health as an issue are hindered in tackling it by the broader culture of stigma which discourages people from being open about their mental health in the workplace. Employers and providers of social services, including Eurodiaconia member organisations, should have a role in challenging this culture through advocacy and lead by example by committing to support employees to recover from instances of poor mental health.

At the same time, by the nature of the job, staff working with people in need of support and help pursue experiences which are meaningful, fulfilling and empowering. To reach these, they need a supportive framework where mental and spiritual wellbeing are nurtured, in particular as a key resource to cope with difficult situations, including suffering and crisis.

To this aim, Diakonie Germany has worked on the Rückenwind (backwind) project, partly funded by the ESF, and built upon the pillars of spiritual care (in order to develop each

professional's inner value and motivation), existential care (an ethical understanding of the nature of care) and self-care (to strengthen the resilience of care professionals).

Building a supportive environment for mental health between all

Any progress towards quality services that bring effective interventions on people with mental health issues has to be accompanied by a supportive environment that breaks down prejudices and stigma associated to mental health and channels the right messages regarding mental health.

Awareness raising is, in fact, understood as a core part of most mental health services offered by Eurodiaconia members. For instance, the project 'Rozumime si' (We understand each other) has been implemented by Slezská Diakonie in the municipality of Třinec in the Czech Republic within a day centre. It aims to provide a quality social care service to people affected by mental health issues; the day service is free of charge and has a capacity for 20 adult users -most are aged between 35 and 50-. A central element of "Rozumime si" is to reduce the social isolation of users through de-stigmatization and awareness raising activities in the community like conferences, workshop at schools, film evenings or street happenings.

In this regard, any initiative towards that aim should avoid the idea that ill mental health is a disease. In fact, everybody has a mental health that can be good or bad depending on specific circumstances. Such a natural approach to mental health should be mainstreamed through joint efforts with stakeholders like schools, employers, service providers, health authorities, the social security of the justice system, etc.

Key recommendations

- A renewed, holistic approach to mental health policies and services must address its diverse facets and intersections with other health conditions. This new approach should also break the strong correlation between mental health issues and social exclusion, as poverty remains a primary indicator of poor mental health. In light of the cross-cutting nature of mental health risks, we encourage the **EU and Member States** to mainstream mental health across all health, social and employment policies.

- A person-centred approach to mental health is required to respond to the different needs of people across different life stages, reducing the costs of late interventions and improving the health and well-being status of people. 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. In light of this, **the EU and Member States** should make the necessary efforts to improve access to services addressing mental health needs and enable early interventions under both, equally important approaches.

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- A mainstreamed approach towards mental health calls for specific training and competences of 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. For this reason, we recommend that **EU initiatives** (e.g. New Skills Agenda) and **Member States** ensure that mental health contents are mainstreamed across relevant curricula and investment in such skills is made accordingly.

- Caring for people is a stressful activity with effects on the physical and mental health of professionals and may result in burn outs. **Providers of social services** should, therefore, step up actions that prevent mental health issues among staff, as caring for the employees of such services is key to ensure sustainable employment patterns and, as a result, high quality services being given to users.

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- However, the focus of the debate around mental health and employment should lie more prominently on the benefits of employment for the recovery of people with mental health issues. Indeed, meaningful activity of all kinds - from volunteering to participation in hobbies to employment- should be considered a tool for recovery. In this regard, all policy levels should design policies that enable a positive, inclusive approach to employment. **National, regional and local authorities, together with civil society organizations and social partners**, should ensure the implementation of such principles at the workplace level. The same actors should raise awareness of employment as a solid bridge towards recovery and inclusion in society.

- All 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 like schools, employers, health authorities, the social security administration, employment services or the justice system. In this regard, we encourage **national, regional and local authorities** to lead awareness raising actions and facilitate a collective understanding of why mental health is a priority for all.

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