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On 26 November 2011, the CPME Board adopted the "CPME statement on Mental Health, combating Stigma and Social exclusion" (CPME 2011/057 FINAL EN)

CPME statement on Mental Health, combating Stigma and Social exclusion

Contents:

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Introduction

Over recent years it has become increasingly clear that high levels of mental well-being in the population in general are associated with greater productivity and better relationships. This is followed by a greater contribution to economic growth and reduced call on services such as criminal justice and health. Well-being is increasingly sought as an outcome of public policy.

Although mental disorders are common, they are associated with stigmatization (including self-stigmatization), prejudice, and the experience of discrimination, social exclusion or self-withdrawal from society. Such experiences are extremely counterproductive. They lead to untold suffering, making recovery more difficult, decreasing help-seeking, delaying care and treatment and affecting not just the individual, but their families and even the professionals who are working in mental health services.

Stigma and discrimination on the basis of mental health problems must become as unacceptable as other forms of discrimination, such as racism or homophobia. Social, economic and demographic factors risk increasing stigma, so it is critically important that immediate action is taken to reduce stigma. (ref: background document)

The goal of making society tolerant to people with mental illness should be replaced by the goal of their inclusion in society despite the fact that they might be different.

The primary goal of anti-stigma work is not only a change of attitudes but a change of behaviour.

1. Risks and protective factors

Risks for stigma and social exclusion include unemployment, poverty, inequality, discrimination, poor housing, childhood neglect, physical, sexual and mental abuse, poor early years, violence, drug and alcohol abuse, poor health and caring responsibilities.

Protective factors include employment, social protection, resilience, social capital from social networks, engagement in community, hope, optimism, goals, good health, good quality parenting, and positive relationships in childhood and protection from childhood neglect and abuse.

2. Stigma and discrimination in Europe

The social stigma and the linked social exclusion of people affected by mental illness are far reaching:

- Stigma and social exclusion discourage people from accessing support services to enable them to recover and move on in life.
- Stigma and discrimination contribute to a cycle of self-stigma and withdrawal which erodes mental well-being further and exacerbates social exclusion.

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- Public attitudes to mental illness are still poor in many countries. Misconceptions about dangerousness, competence, and recovery prospects can lead to low public sympathy for spending on mental health services, poor tolerance of people with mental illness in the community, and increased isolation and discrimination. The media certainly has a role in exacerbating, and shaping public impressions of mental health and mental illness.
- Negative attitudes and discrimination are not limited to the public. There is evidence that stigma and discrimination are present individually and structurally in health services, social protection systems and public policy.
- Stigma and social exclusion limits the extent to which people affected by mental illness are able to contribute to the economy through employment, or other gainful activities such as caring for children or engaging in lifelong learning
- People with mental health problems are stigmatised, socially and structurally excluded, and thus hindered from realising their abilities.
- People with mental illnesses are also at greater risk of experiencing physical health problems such as obesity, which is in itself stigmatising. The additional stigma amplifies the burden for individuals and their surroundings and tends to isolate them further.
- Countering stigmatisation needs to be a cross-sectional political task.
- Any stigma reduction activities should be planned and carried out in cooperation with representatives of those with mental health problems

3. Fields of discrimination

Due to stigma and discrimination people with mental health conditions are subject to many fields of discrimination, such as

- Violence and abuse
- Increased disability and premature death
- Exclusion from employment and income generating activities
- Lack of educational opportunities
- Reduced access to health and social care services
- Exclusion from participation in society
- Restriction in exercising civil and political rights

4. Addressing important gaps

In order to improve services and human rights it is important to address a number of "-gaps"-

- The **Access** gap, where people cannot access care and treatment because it isn't available, affordable, or accessible.

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- The **Quality** gap, where available services are either of poor quality, or are inappropriate.
- The **Prevention** gap, where opportunities are missed for primary and secondary prevention of mental disorders in specific and general populations
- The **Human rights** gap, where despite progress in many places in Europe people are suffering abuses of human rights, both explicit and implicit

5. Important elements to include

- Empowering, involving and consulting service users, experts by experience and informal carers.
- Putting in place high quality, community-based and comprehensive mental health services and moving away from large institutional models where possible.
- Placing mental health in the context of social and local development
- Enabling people with mental disorders to exercise their rights
- Strengthening social protection to prevent mental health problems

6. Improvement possibilities and key messages

- In general: It is important to improve knowledge on the different aspects of stigma and discrimination with all those who are in any way involved in diagnosis, treatment or care of people affected. This is a prerequisite for a change in attitude. The ultimate goal will of course be to realize a change in behaviour. Also a shift must be realised in the way stigma is looked upon, from a primarily medical issue to a more social issue.

- Community focus**:** Successful nations are built on the foundation of strong communities. Good mental health is critical to the success of communities, and therefore to the success of nations. Promoting social inclusion and social protection, promotes the subjective mental health and well-being of people, builds the capacity of communities to manage adversity, and reduces the burden and consequences of mental health problems. Widespread disadvantage damages the social cohesion of communities and societies by decreasing interpersonal trust, social participation and civic engagement. Country institutions matter. Social protection systems with a reasonable minimum wage and a well-regulated financial system guarantee a socially acceptable minimum income and avoid financial exclusion. Well-designed, active, labour market policies protect the mental well-being of those unemployed, whilst also improving the efficiency of the labour market. The interface between medical institutions and society and or work organisations needs to be improved. Collaborative approaches between

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health and social sectors can reduce risk factors and increase protective factors in mental health, to reduce risk of mental ill health in the population and increase the social support of people experiencing mental health problems. (ref: background paper) Finally it is important to break the cycle of discrimination due to mental health problems through awareness campaigns that are sustained, mainstreamed, flexible and adaptive to changing circumstances.(ref: background paper)

- Work: Work is a key element in the recovery process for the majority of people with mental health problems. Mental health problems are at the top most common reasons for long term disability benefits in Europe. Social welfare benefit systems in Europe can act as major impediments to participation in work. They need to be flexible so as to provide incentives for individuals to seek work. Supported employment schemes can be effective in helping people return to work, if well implemented. Integration with mental health services and secure funding are important facilitators. Finally, employment is not an immediate option for all people with mental health needs. Support and opportunities to engage in meaningful activities also have an important role to play; this can strengthen skills and confidence that may be part of their journey of recovery.
  Routes to recovery: employment and meaningful activities: for some people employment may not be an option, but other activities like volunteering or learning/studying can increase well-being and may help in the acquisition of transferable skills. Another important element is to put emphasis on return to work initiatives to avoid stigmatization of people who are on sick leave or who are unemployed. In all cases it is important to assess the functional capacity of an individual and match it with an appropriate type of work. It is important to focus on what people are able to do instead of merely concentrate on what they cannot do.

- Schooling, retraining, further education: Next to return to work initiatives it is important to facilitate people with mental health problems in schooling or retraining activities, in this way improving their functional capacity and skills to improve their chances in realizing a meaningful place in society. As was mentioned above being engaged in education can increase well-being and self-confidence of people affected.

- Rights, responsibility and citizenship: People with mental health problems and their relatives should be empowered and enabled to execute their fundamental rights as citizens, as well their human rights in relation to care and treatment. Disability due to mental illness should be equally treated in disability legislation. Also, European doctors need to be aware of their role in taking an active stance in

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stimulating all parties to collaborate in the reduction of discrimination and stigma. It is important to note that people with mental illnesses are at greater risk than the general population of certain physical illnesses, such as obesity, diabetes and cardiovascular disease, and yet they are less likely to be diagnosed or treated for these diseases. In addition to this, societies must strengthen their efforts to overcome legal, administrative, societal, economic or other barriers that prevent people with mental health problems from enjoying full and equal participation. Restriction of the rights, liberties and choices of people with mental health problems, in relation to care and treatment or legal capacity, because of their need for treatment or public safety concerns, should be undertaken with extreme caution and following the principle of least restrictive option. Compulsory treatment should be subject to rigorous legal scrutiny regarding its medical appropriateness and adherence to national and international law.

7. Role of regions and local institutions

Local and regional services play an important role in combating stigma and social exclusion. It is important to stimulate initiatives at a regional and local level since local authorities are closer to the population and more aware of the particular challenges. Initiatives can vary from gender equality, financial support and advice and decent housing initiatives to tackling child poverty and the prevention of early school leaving. It is vital to not only share good practices but also implement them at a local level. Another important factor is that people affected should stay in their own environment as much as possible: “don’t take a sick tree out of the forest, treat it where it is if possible”.

8. Role of doctors

Stigma and social exclusion is a topic that all doctors in Europe will face from time to time. This is true for general practitioners, occupational physicians and insurance doctors. Also psychiatrists, geriatric specialists and others like psychologists and social workers - deal with it on a daily basis. Early recognition of cases and proper advice or referral to the right authority is vital. Since there is evidence that negative attitudes and discrimination are not limited to the public alone, professional staff in health services and social institutions must be aware of their responsibility of treating people equally at all times**.** Proper knowledge of the different institutions and possibilities is paramount. This means that mental health should be included in medical curricula at both the pre and postgraduate level.

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Final remarks

- The availability of accessible primary care mental health services is a precondition to the social inclusion of people with mental health problems. Holistic community-based health services should be age and gender appropriate and delivered as part of a community partnership which includes government, civil society and social protection services.
- People with mental health problems and their relatives/carers have to be involved as equal in all service delivery aspects including, inter alia, services design, implementation, management and evaluation.
- Special attention must be given to the people nearest to the patients (these can be carers). They should be offered support and education.
- Health professionals should be aware that another important element is the patients' non-adherence to medication and the sometimes long duration of an illness which can be stigmatizing.
- Because experience of mental illness is itself a risk factor for certain physical illnesses and for stigma, a Public Mental Health Plan with a whole system approach for recovery and empowerment should be developed, and, more importantly, delivered.
- The provision of safe, evidence-based care, delivered in partnership with users, must be maintained even throughout cuts in public spending. Addressing mental ill health and the knock-on effects of it delivers substantial savings across a range of policy areas.
- Since doctors will play an important role in the detection and care of stigma and social exclusion, this paper should lead to an active attitude and position by all NMAs, stimulating awareness and being active in supporting good practice initiatives. Medical curricula at the pre and postgraduate level should address the topic. Also research is of importance in order to measure the effectiveness of programmes, policies and legislation.

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