



## **Mental Health and Social Inclusion in the National Reform Programmes 2011**

Analysis of the national programmes by  
Mental Health Europe's National Focal Points

*"In defining and implementing its policies and activities, the Union shall take into account requirements linked to the promotion of a high level of employment, the guarantee of adequate social protection, the fight against social exclusion, and a high level of education, training and protection of human health".*

*Article 9 of the Treaty of Lisbon*

**Summary** On June 24, the EU Heads of States and Governments will get together to adopt country-specific recommendations for the member states' National Reform Programme 2011. Mental Health Europe (MHE) and its National Focal Points<sup>1</sup> have conducted an analysis of the National Reform Programmes, focusing on whether they met social inclusion requirements. The results were overwhelmingly disappointing.

The assessment conducted by Mental Health Europe and its members revealed that countries failed to involve civil society in their decision-making, as only a few EU member states had a transparent consultation process open for representatives from Non-Governmental Organizations (NGOs). Moreover, social inclusion policies targeted at disadvantaged groups such as people with mental health problems were rudimentary in most National Reform Programmes.

Therefore, Mental Health Europe urges the European and national leaders to grant equal footing to social inclusion and cohesion in EU policies. MHE also calls on the European Council to insist in the country recommendations that EU Member States ensure a better involvement of civil society representatives such as social NGOs in the National Reform Programmes, and to put more emphasis on the social objectives of the Europe 2020 Strategy.

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<sup>1</sup> National Focal Points are intermediaries between Mental Health Europe and the national level and provide country-specific expertise to MHE for actions and consultations and disseminate relevant information from the EU level within their countries.

## **Introduction - EU Member States' reporting in the area of social inclusion in the EU 2020 Strategy**

After the EU 2020 Strategy for Smart, Sustainable and Inclusive Growth was launched in 2010, new reporting mechanisms for EU member states were developed. The reporting on social issues, for which the EU countries previously wrote National Strategy Reports on Social Protection and Social Inclusion on a biannual basis, is now incorporated in the broader annual National Reform Programmes, written annually. The latter include policies on public finances, macroeconomics, innovation, energy efficiency, education, labour market as well as combating poverty and social exclusion. According to Integrated Guideline<sup>2</sup> Number 10 of the Economic and Employment Guidelines which the European Commission submitted to the EU member states, the promotion of social inclusion and combating poverty should be incorporated into the National Reform Programmes. The EU headline target is to reduce the number of Europeans living below the national poverty lines by 25%, lifting over 20 million people out of poverty. Consequently, the EU Member States will set their national targets to achieve this goal. Achieving social inclusion means full participation in society and economy, extending employment opportunities, as well as access to social security and affordable, sustainable high quality services, health care in particular .

The National Focal Points (NFPs) of Mental Health Europe have analyzed their countries' National Reform Programmes, taking into consideration guideline no. 10. Policies for the social and labour market inclusion of people with mental health problems, as well as the provision of quality care and health and social services were particularly scrutinized.

## **Consultation phase of the National Reform Programmes**

According to recital 14 of the EU Integrated Guidelines, civil society should be involved in the elaboration of the National Reform Programmes: "While these guidelines are addressed to Member States, the Europe 2020 strategy should be implemented in partnership with all national, regional and local authorities, closely associating parliaments, as well as social partners and representatives of civil society, who shall contribute to the elaboration of national reform programmes, to their implementation and to the overall communication on the strategy."

A number of Mental Health Europe's National Focal Points have been involved in the drafting process for the National Reform Programmes in their country. Although the majority of MHE NFPs has been trying to get involved, not all countries consulted civil society organizations.

Some National Focal Points found out about consultation processes after conducting their own enquiries, however, when trying to contribute, most of them were not taken into consideration. One exception is the **Greek** Society for Social Psychiatry and Mental Health. They obtained the draft National Reform Programme and submitted a text with proposals on how to include the aspect of mental health in the draft, addressing topics such as mental health care and the reintegration of people with mental health problems into the labour market. The Ministries in Greece involved in the drafting of the National Reform Programmes were the Finance, Labour, Education and Environment Ministries.

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<sup>2</sup> Europe 2020 Integrated Guidelines for the economic and employment policies of the Member States  
<http://ec.europa.eu/eu2020/pdf/Brochure%20Integrated%20Guidelines.pdf>

After enquiring at the Ministry of Employment and Social affairs about possibilities of involvement in the consultation, the **Slovak** League for Mental Health also contributed to a public consultation for the Slovak National Reform Programme. Other contributors to the consultation were state agencies and local governments.

Other MHE member organizations were included in the consultation process via their membership in a larger association or network. However sometimes the given time for response was unreasonably short (48 hours in **Denmark**) so a real participation was practically impossible. The Advocacy Group for the Mentally Ill (AGMI) in **Cyprus** submitted their contribution to the National Reform Programme via the Cyprus Confederation of the Disabled (KYSOA), which sent the compiled contributions to the Social Welfare Services. The latter is the appointed coordination body for the contributions regarding Guideline 10 "Promoting Social Inclusion and Combating Poverty" in the National Reform Programme of Cyprus.

A few NFPs approached the Social Protection Committee Members to find out about ways how to get involved in the drafting process of the National Reform Programmes. Several SPC members were not aware how this process was organized in their country, although there should be a systematic procedure in place on how the social inclusion component is incorporated in the full National Reform Programme and the Social Ministries would necessarily be involved by the Finance / Economics Ministry. A better coordination and more transparent processes are crucial for the National Reform Programmes' success in the future.

The **Austrian** MHE member was surprised that not even the umbrella organization for disability organizations (Österreichische Arbeitsgemeinschaft für Rehabilitation (ÖAR) - Austrian association for rehabilitation) knew of the National Reform Programmes and any related consultation. After having specifically requested it, the organization will be involved in the next year's consultation phase for the National Reform Programmes.

In **Belgium**, the Social Partners and environmental representatives have been included in the consultation, for example during a Round Table. In **Ireland**, the office of the Prime Minister is in charge of compiling the National Reform Programme. Mental Health Ireland gave, and is regularly giving, its views to the Ministry of Social Welfare. In **Poland**, there was a public consultation of the National Reform Programme and the final version is about three times longer than the draft of the Programme which was subject to the consultation process. The **Romanian** National Reform Programme was elaborated by a group of representatives from the state ministries, trade unions and employers' unions.

In **Spain**, The Ministry of Health, Social Policy Affairs and Equality will establish a working protocol with the Third Sector of Social Action to ensure their active participation in monitoring the social inclusion target. Consequently, talks were held with the social partners and representatives of the Autonomous Communities and the Third Sector of Social Action in order to obtain their opinions on the NRP before its formal adoption, while tracking the progress achieved.

In **Sweden**, there were consultations with NGOs regarding National Reform Programmes. In spring 2011, representatives of interest organisations and public authorities were invited for consultations on two occasions, at the Ministry of Education and Research and the Ministry of Health and Social Affairs. The discussion revolved around the Europe 2020 strategy's targets and its implementation in Sweden. According to the NRP "much of the discussion centred around how to

improve the dialogue with organisations in the civil society on the strategy's implementation. The Government intends to review the forms for consultation with the civil society for a better alignment with the Europe 2020 strategy's annual cycle and the national decision-making process."

MIND in the **UK** was informed by the UK officials who were on the Social Protection Committee that there was no public consultation and no opportunity for commenting or influencing the development of the UK's National Reform Programme (either in its draft or final format). However, there was public consultation on components/policies mentioned within the UK's National Reform Programme, to which key mental health and disability organizations, including Mind, responded to as appropriate.

### **The contents of the National Reform Programmes with relevance to the social inclusion of people with mental health problems**

According to the Integrated Guidelines, the "Member States' reform programmes should also aim at 'inclusive growth'. Inclusive growth means building a cohesive society in which people are empowered to anticipate and manage change, thus to actively participate in society and economy. Member States' reforms should therefore ensure access and opportunities for all, throughout their lifecycle, thus reducing poverty and social exclusion. They should also remove barriers to labour market participation, especially for women, older workers, young people, disabled people and legal migrants. The reforms should also make certain that the benefits of economic growth reach all citizens and all regions. Ensuring effective functioning of the labour markets through investing in successful transitions, appropriate skills development, rising job quality and fighting segmentation, structural unemployment and inactivity while ensuring adequate, sustainable social protection and active inclusion to reduce poverty should therefore be at the heart of Member States' reform programmes.

In the **Belgian** National Reform Programme fighting poverty, in terms of income, health, employment, housing and access to energy and public services is addressed. In Wallonia, measures are planned to facilitate the reintegration of those furthest from the labour market, for examples through social economy, microcredits, consultancy services etc.

The **Bulgarian** National Reform Programme does not include any reference to mental health nor to disability issues. Education is seen to bring a better access to the labour market, which will increase employment opportunities for the most vulnerable groups of the population – the unemployed, the minority groups and the people in disadvantaged positions. Support for providing modern social housing for accommodating vulnerable, minority and socially disadvantaged groups and other disadvantaged groups will be provided.

In **Cyprus**, public assistance is currently under consultation for a framework which will better address the needs of vulnerable groups. The Cypriot National Reform Programme foresees employment incentives to encourage social inclusion and to gradually end the reliance of public assistance recipients on public funds. Special categories of vulnerable persons i.e. persons with disabilities, single parent families, families with four or more children and families in high risk of dissolution are entitled to public assistance even if they are employed full-time. The government runs a ESF-co-funded project for training for recipients of public assistance; upon completion of the programme they are expected to be placed in the labour market in subsidized work positions.

**Denmark's** National Reform Programme mainly focuses on economy, with employment/work as its only relevant instrument. The economic frames focus on how to survive the international crisis. One of the goals is that Denmark should be among the 10 richest countries in the world by 2020. One of the instruments is reducing the period of unemployment benefits by 50 % (from 4 to 2 years). The plan does not go into details with regard to mental health, but targets can be linked to mental health employment, education and social inclusion. The plan does not mention the fact that Denmark does not have an official poverty line – in fact the government refuses to use the word “poverty” and refuses to acknowledge that there are poor people in Denmark.

In **Estonia**, the National Reform Programme mainly touches issues in the area of employment, education. Social issues are planned to be implemented via projects of the European Social Fund.

In **Finland**, the measures for decreasing poverty and social exclusion have been composed by the EU 2020 Working Group on Combating Poverty, within the Ministry of Social Affairs and Health. The goal is to decrease the amount of those living at risk of poverty and social exclusion by 150,000 persons. The minimum level of the basic social and health care is too low. According to researches, the smallest allowances of jobseekers, sickness allowances and the parental allowances are not enough to cover living costs in Finland. The poverty risk for the households living on the basic social and health care is very high, and has been increasing since the year 1990. Income and health differences are growing. According to the National Institute for Health and Welfare, the reason for the increasing health differences is the fact that social policy carried out in Finland has sometimes been contradictory with the goals of the programme on narrowing health differences. The health of the population is affected, among other things, by income differences, poverty and unemployment.

The main goal of the **French** National Reform Programme concerns the reduction of the public deficit and aims at the improvement of the competitiveness by a better organization of the educational resources, research, and the support for employment. There are no strong commitments to reduce poverty, and to favor inclusion. The programme does not contain anything about persons with mental health problem or the difficulty disabled people face in accessing employment is envisaged under the angle of better coordination of the local actors (“pôle emploi” and “cap emploi”) to help people furthest from the labour market to get a diploma and find an employment via these two structures. The programme aims to include persons who are generally not in employment, mainly the beneficiaries of the active solidarity revenue. For these persons the state proposed a supported contract (which costs nothing to the company) called “Contrat Unique d’Insertion”. The question of the accommodation, which relates to all the categories of persons receiving basic welfare benefits, as well as to homeless persons, with or without mental health problems- are mentioned in a small paragraph where an increase in available social housing is envisaged.

In **Germany**, special possibilities and labour market programmes for people with disabilities are stressed in the National Reform Programme. However, alternatives to social enterprises are not elaborated precisely. Initiatives for corporate inclusion are mentioned, although not in relation to people with mental health problems. The **Greek** National Reform Programme has integrated the following aspects for people with mental health problems: employment integration, combating poverty, social inclusion and antidiscrimination, medical care (general mention for “citizens”).

The focus of the Greek NRP with respect to the people with mental health problems is on social economy and entrepreneurship. According to the Greek National Reform Programme, ..."Access to employment-inclusive labour markets. Building inclusive labour markets is a priority for our strategy, as employment is the most effective tool in fighting poverty. This is why the National Plan for the Support of Work 2011 constitutes a major preventive arm against poverty. In addition, special programmes for active inclusion of people of vulnerable groups are implemented within the 3-year time frame: the launch of the Social Economy and Social Entrepreneurship intervention as an Active Labour Market Policy for vulnerable groups includes a law introducing the Social Cooperative Enterprise for Integration, special capacity building actions for Social Cooperative enterprises through networking and education programmes of a total budget of € 60.million. In addition, the Social Economy Fund will provide access to finance for these groups through special micro-finance products..."

In the area of "Social inclusion and antidiscrimination, the programme foresees that social inclusion and antidiscrimination of the groups that face high risk of social exclusion and consequently a high risk of poverty, is a priority. Key reforms, programmes and measures are undertaken for these groups. Indicatively, the following are mentioned: iv) With regards to people with mental health issues, Social Cooperatives of Limited Liability (KISPE) for people facing mental health disabilities are supported, while extending their access to finance through the Social Economy Fund and special incentives are introduced through the new Law on Social Economy and Social Entrepreneurship." Moreover, building a "social safety net" against social exclusion, which includes access for citizens to basic services, such as medical care ... is a priority, especially during the crisis."

**Ireland** adopted a social inclusion strategy until 2016 including pension reform and getting people out of poverty. Unfortunately, in the current recession and due to recent austerity programmes, the measures are not being pursued effectively.

The **Italian** National Reform Programme does not include mental health issues directly, however, it includes provisions in the area of social inclusion policies, such as the development of employment, and better jobs for an inclusive society. Furthermore, social/health structures are foreseen, including e-inclusion projects that would facilitate the access to services for people who risk to be marginalized and projects which sustain the economy and social enterprises. Other resources have been made available for training professionals belonging to social enterprises and the third sector. Innovative models social services, such as home care for people with dependency needs, day care for children, catering services and transport for disabled will be developed. Regions have invested in e-health especially for older and handicapped people.

In the area of combating poverty, more funds will be made available to families, women, older and young people. Non profit associations (combating against poverty and social exclusion) and local municipalities will increase cooperation. This pilot project will last 12 months. People will be provided with a debit card to be used mostly in alimentary shops. In the meantime, non profit associations will assist these individuals to escape poverty and social exclusion. The resources dedicated to these projects are 50 billion Euros.

The **Latvian** National Reform Programme aims to encourage the population at risk of poverty and social exclusion to participate in the labour market - the aim is to activate and involve people at risk of social exclusion (including persons with disabilities, persons of pre-retirement age, long-term unemployed, parents after

childcare leave, the youth, etc.) by offering an opportunity to participate in the active labour market policies (including, public works programme, subsidised employment and training tailored to the needs of specific target groups) and improving the methods for work with each of the target groups.

In **Lithuania**, the measures planned are meant to enhance opportunities for the socially disadvantaged to participate in the labour market, to improve the system of education and assistance and services satisfying the needs of the individual. Another positive point is the foreseen implementation of the provisions of the United Nations Convention on the Rights of Persons with Disabilities, facilitating the improvement of the situation of people with disabilities in the field of access to social security and health care, employment, education, environment, etc. The programme aims to improve access to and development of high-quality social services through wider involvement of NGOs, by developing a financially stable system of social security benefits, guaranteeing an adequate income, implementing pension system reform and improving access to housing for socially disadvantaged groups.

The Programme aimed at modernising the infrastructures of stationary institutions of social services is aimed at guaranteeing high quality services for the elderly people, people with disabilities and children deprived of parental care (orphans). Measures for 2011-2015 include the modernisation of the existing stationary institutions of social services, starting the reorganisation of social care establishments for people with disabilities, setting up small modern homes for these people to live in groups, promotion of the establishment of small stationary social care establishments for elderly people, and innovative institutions of social housing services.

The National Programme for Social Integration of People with Disabilities, for 2003-2012 is aimed at creating equal opportunities and an improved quality of life for people with disabilities, including developing services for people with disabilities in the community and improving the quality of their life, improving legal regulation and financing the adaptation of the environment to people with disabilities; assessing the need for transportation for pupils with special needs to institutions of education, and increasing the possibilities for gaining employment and staying in the labour market for the disabled.

The **Polish** National Reform Programme includes a policy of inclusive growth. Lifelong learning and different forms of support for families are also mentioned in the programme.

The main focus of the **Romanian** National Reform Programme is on the development of profit generating activities and services to help those who are exposed to the risk of social exclusion integrate or reintegrate in the labor market, social economy enterprises and/or formal economy. Moreover, development of specific programmes for the (re)integration in the labor market of persons belonging to vulnerable groups and training programmes for competence and basic qualification development are also envisaged. It is estimated that, between 2011-2013, 500 social economy structures will be created, as well as 10,000 jobs within these social economy structures, and that 150,000 persons will participate in qualification programmes for vulnerable people. Within the development of the social infrastructure, Romania supports urban development which includes protected accommodation. There is also a paragraph about improving the access of vulnerable groups to health services.

The National Reform Programme of the **Slovak** Republic for 2011-2014 contains measures which are supposed to be implemented by the government by mid- 2014.

According to the programme, the burden of health care funding should be fairly distributed. The government wants to strengthen public health and prevention: „Key challenges include streamlining health expenditures and increasing the availability and quality of healthcare for all groups of the population. The Slovak Government will take steps to further improve the access of marginalised groups to health services, following up on the already adopted limit on co-payments for medication for old-age pensioners and individuals with severe disabilities, thus promoting the social aspect in the healthcare sector.“ In pharmaceutical care, the government plans to increase the availability of medication for insured individuals, including low-income groups, and implement generic prescribing. One of the key measures should be the implementation of a maximum financial limit (€45 quarterly) for out-of-pocket payments on medication for selected groups of insured. In the area of employment, administrative burdens are planned to be reduced in view of more active labour market policies. The measures will be reviewed with a view to improving their cost effectiveness and efficiency, placing emphasis in particular on disadvantaged job applicants. The “flexi-account” system will make it possible to adjust working hours, as well as the possibility of several people sharing one job.

The Slovak Government has on its programme to reduce poverty by achieving at least 170 thousand fewer people who are at risk of poverty and exclusion. Social benefits will be reviewed, however, this will mainly be aimed at restricting their number. „The Slovak Government will take measures to address the problems of socially excluded communities. The Government will define the concept of social housing and support a system of interchange multi-level social housing based on the merit principle. The Government will also complete a network of community centres with defined standards they must meet (e.g. equipment, social field workers, medical assistants). The aim is, as of 2011, to allocate part of the resources from the European Social Fund earmarked for national projects to develop a network of community centres and to create conditions for improving the quality of their activities through a “National Project of Community Centres”.“

The **Slovene** National Reform Programme includes different ways of employing vulnerable groups, with different measures of active labour market policy such as development projects and schemes for social inclusion (such as social entrepreneurship, innovative projects, renewed public works programmes, provision of social care services), measures for the employment of people with disabilities, employment rehabilitation, incentives for companies employing people with disabilities, sheltered workshops and activities provided by the Fund for Promotion of Employment for Disabled Persons. There is also a new act about Social Entrepreneurship adopted in March 2011 which will provide more options for the inclusion of excluded groups or groups at risk in the labour market. In the area of social inclusion and protection, more programmes of social activation as well as active labour market policy programmes will be developed. To address vulnerable target groups, the Government will also pay attention to incentives for social entrepreneurship targeting new jobs for “hard-to employ” groups (creation of new and/or expansion of existing market activities).

The **Spanish** National Reform Programme (SNRP) focuses mainly on the financial and economic crisis. However, employment plays a substantial role as a strong indicator for current economic weaknesses and a key matter for economic and social recuperation. Spain is one of the developed countries where employment has been impacted the most by the international crisis that commenced in 2008. The unemployment rate reached 20.3% at the end of 2010 (from 8.7% in 2007).

The 2010-2011 Reform of the labour market has as one of the three main goals to improve employment opportunities for the unemployed people with greater difficulties in finding work. Priority groups in the implementation of active policies are young people, people aged over 45, people with disabilities, and the long-term unemployed, with special attention to the situation of women.

Promoting social inclusion and combating poverty is also considered widely in the National Reform Programme. SNRP recognises that the current economic crisis has exacerbated situations of social vulnerability, specifically in certain groups such as people with disabilities. Certain population groups, such as people with disabilities and those suffering from material deprivation, will benefit through specific policies, especially in the field of housing, education, training and employment." The programme recognises people with disabilities as a group among those with the highest risk of social exclusion.

The set of measures aimed at social inclusion will form part of the forthcoming National Action Plan for Social Inclusion 2011-2013, to be developed by the Government. The National Housing and Refurbishment Plan 2009-2012 is the main tool for providing access to housing through an inclusive housing policy based on a more sustainable, accessible approach to city planning that facilitates access to decent housing or accommodation for families, particularly low-income families and groups at greatest risk of social exclusion.

In the **Swedish** National Reform Programme, there are two explicit references to people with mental health problems, firstly in the section regarding full employment and reduced exclusion (with a reference to guideline 10 of the EU Member States' guidelines on economic and employment policy guidelines): "People with mental illness and people with mental disabilities are among those who face the greatest challenges in entering the labour market and thus participating in society. The Government will therefore take measures in four areas: promoting jobs and employment, targeted measures for children and young people, skills development initiatives, and implementation of evidence-based methods in municipalities and county councils and increased cooperation and support for non-profit organisations."

Moreover, in the section on increased knowledge (reference to economic policy guideline 8): "Yrkesvux is the Government's initiative in adult vocational training at the upper secondary school level in the municipal adult education system. Its primary aim is to provide the unemployed with an opportunity to get training, but it also aims to try to prevent shortages of skilled labour by providing the individual with the opportunity to undertake basic vocational training based on their own wishes and needs. The Government's initiative in adult vocational training includes support for 54 000 full-year equivalent places in vocational upper secondary adult education between 2009 and 2011. Beginning in 2011, adult vocational training will also include students with mental disabilities, i.e. those in the Särvox target group (Särvox is adult education for people with mental disabilities.)"

The **UK's** National Reform Programme contains some aspects which are relevant for people with mental health problems. The two key areas are on employment and social exclusion. The Government's main focus has been on reforming the welfare system with a view to getting more people back into work and whilst we welcome some of the suggestions by the Government, MIND remains very concerned that the proposed changes will have a devastating impact on people with mental health problems. Key changes include Work Capability Assessment which is the gateway to Employment and Support Allowance, which is replacing existing incapacity benefits. New applicants for the allowance have reported significant problems with the

process. It would be necessary to improve the criteria used for assessing mental health, learning disabilities and autism.

The Government has announced that it wants to see a 20% reduction in the future cost of Disability Living Allowance through the introduction of an 'objective' assessment of eligibility. MIND is very concerned that people with mental health problems, particularly those on lower levels of payment, may lose out as a result of these reforms, and is campaigning against these changes, while also engaging with the reform process to ensure that the interests of people with mental health problems are properly represented. The same applies to the Work Programme which will be introduced in the summer of 2011 and will replace all existing back-to-work schemes with one central programme. It needs to be ensured that there is suitable support for people with mental health problems to return to work.

## **Conclusions and Policy Recommendations**

In most countries from the participating National Focal Points, there is a lack of cooperation between the Social Ministry with the Ministry responsible for submitting the National Reform Programme to the European Commission, in most cases the Finance Ministry. The consultation processes were often not transparent, it was not clear how the contribution from the Social Ministry to Finance Ministry on the one hand, and from the stakeholders such as social NGOs to Social Ministries on the other hand, was organised. Thus, most Social Ministries did not consult social NGOs and civil society organisations sufficiently. The preparation phase of the National Reform Programmes should be made more transparent and accessible to civil society organizations to ensure an appropriate involvement and to also use their competences in the implementation phase of mental health-related policies.

Mental Health Europe demands that European and National leaders take social issues into better account, as social inclusion and social cohesion should have the same value in policy-making such as financial and economic considerations. Social inclusion should be a top priority as social cohesion is the basis for the prosperity of a country.

Mental Health Europe would like to convey the following policy recommendations:

- Civil society should be regularly taken on board in policy-making through consultations and coordinated interactions with policy-makers. Non-governmental organisations represent the views and concerns of the most vulnerable citizens, and are passing them on to policymakers.
- The improvement of health and long-term care systems of the EU's Member States is a necessity for an inclusive society to achieve inclusive growth in Europe. The European Pact for Mental Health and Wellbeing, which was concluded between the EU Member States in 2008, should be mainstreamed into policy-making on all levels such as health, social policies, housing, employment, training etc.
- Social protection systems need to ease the situation in times of difficult economic times and ensure citizens' access to a social Europe. The important role of health and social services as a motor for job creation should be better acknowledged.

- The provision of functioning guidance and counseling for people with mental health problems should be ensured. Opportunities to receive assistance after having taken up employment, mentoring and flexibility in working time should be provided. It is crucial to integrate those who are excluded from the labour market and make labour markets truly inclusive.
- Mental Health Europe calls on policy-makers to take the aspects of mental health and wellbeing on board in the National Reform Programmes and reminds them that the European Pact for Mental Health and Wellbeing has been acknowledged as part of the European Platform Against Poverty and Social Exclusion<sup>3</sup>, one of the seven flagship initiatives of the EU 2020 Strategy for Smart, Sustainable and Inclusive Growth. The Poverty Platform Communication includes a clear commitment to tackle health inequalities and to provide a better access to health and social services in the EU. Stigma, discrimination and exclusion are acknowledged as major barriers to health, welfare and quality of life.
- Another key initiative of the European Platform Against Poverty which should be considered appropriately in the National Reform Programmes is the targeted use of EU Structural Funds (European Social Fund and European Regional Development Fund) to support the shift from institutional to community-based care to allow for a better treatment based on the actual needs of people with mental health problems and of other people with disabilities.

MHE, June 2011

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<sup>3</sup> Communication on the Poverty Platform <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:0758:FIN:EN:PDF>; plus its annex: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=SEC:2010:1564:FIN:EN:PDF>

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Finnish Association for Mental Health

Advocacy France

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Society for Social Psychiatry & Mental Health, Greece

Mental Health Ireland

AISMe – Italian Mental Health Association

Skalbes, Latvia

State Mental Health Center, Lithuania

Coalition for Mental Health, Poland

Romanian League for Mental Health

Slovak League for Mental Health

SENT – Slovenian Association for Mental Health

Fundación INTRAS, Spain

Swedish National Association for Mental Health

MIND, United Kingdom

**About Mental Health Europe**

Mental Health Europe (MHE) is an organisation committed to the promotion of positive mental health, the prevention of mental distress, the improvement of care, advocacy for social inclusion and the protection of human rights for people with mental health problems, their families and carers. MHE vision is of a Europe where mental health and well-being is given high priority in the political spectrum and on the European health and social agenda, where people with mental health problems live as full citizens with access to appropriate services and support when needed, and where meaningful participation is guaranteed at all levels of decision-making and administration. MHE's values are based on dignity and respect, equal opportunities, freedom of choice, anti-discrimination, social inclusion, democracy and participation.

[www.mhe-sme.org](http://www.mhe-sme.org)