EU-Health policy activities on human rights in psychiatric longterm care and care in the community

UN Symposium on the Human Rights of Persons with Psychosocial Disabilities

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Human Rights in the European Pact for Mental Health and Well-being

European Pact for Mental Health and Well-being

• The Pact is an informal framework for collaboration on mental health challenges and opportunities at EU-level
• Human Rights are at the centre of the Pact. The declaration establishing the Pact begins: "Mental health is a human right."
• Another legal dimension results from the Convention on the Rights of Persons with Disabilities (CRPD), to which the EU as a whole and most of ist member States are signatories.
DG SANCO-activities on human rights in mental health

- Participation as possible in the EU experts groups on transition from de-institutional to community-based care;
- Encouraging Member States to make use of the opportunities provided by European Structural and Investment Funds to move to community-based care;
- Joint Action Mental Health and Well-being;
- Studies and projects under EU-Health Programme and Research Framework Programmes;
- Further development of EU-Compass for Action on Mental Health and Well-being.
Political commitment

- Council Conclusions on 'the European Pact for Mental Health and Well-being: results and future action' (2011);
- Joint Action Mental Health and Well-being;
- Lithuanian EU-Presidency Conference "Mental health: Challenges and Possibilities", (October 2013);
- European Structural and Investment Funds Regulation 2014-2020

- WHO European Mental Health Action Plan 2014-2020
Dialogue in Group of Governmental Experts on Mental Health and Well-being

- repeated exchanges with Governmental Experts on De-institutionalisation;
- informing Member States about co-funding opportunities through European Structural and Investment Funds;
- Presentation of "Mapping Exclusion"-report by Mental Health Europe
- Presentation and encouragement of the use of tools for managing human rights in longterm mental health care (QuIRC)
- Human rights again on the agenda at meeting of 3/4 December 2014
Providing baseline information: The EuroPoPP-MH-study (2013)

Some conclusions:
• The move from institutional care to community-based mental health services is notable across many Member States, although some countries still lack a range of community-based facilities.
• Community mental health services appeared present in all countries in one form or another. It appears, however, that these are not always comprehensive with some (such as Croatia or Bulgaria) offering outpatient care without home visits or community mental health centres. Ten countries continue to provide institutional care, including Portugal and Malta and many Eastern European countries.
Where do we stand: Changes in numbers of psychiatric beds between 2005 and 2011

Study C. Samele et al: Mental Health Systems in the EU Member States, Status of Mental health in Populations and Benefits to be Expected from Invetstments into Mental Health (EuroPoPP-MH), 2013 using WHO Mental Health Atlas data
Improving the information about baseline situations: Financial resources

Study C. Samele et al: Mental Health Systems in the EU Member States, Status of Mental health in Populations and Benefits to be Expected from Investments into Mental Health (EuroPoPP-MH), 2013
EuroPoPP-MH-study: Member States' experts acknowledging a need for strengthening community care

Country profiles from 10 Member States acknowledged shortages in funding levels in mental health:
• Bulgaria, Croatia, Estonia, Greece, Hungary, Ireland, Latvia, Lithuania, Malta, Romania.

Country profiles from 11 Member States acknowledged the need for strengthening community care:
• Belgium; Bulgaria; Croatia; Czech Republic; Greece; Latvia; Luxembourg; Malta; Poland; Portugal; Slovenia.

Discussions in the Group of Governmental Experts highlighted the importance of the quality of care, further to the character of care settings.
Working towards improvement

• Launch of the Joint Action Mental Health and Well-being (early 2013), led by Prof Caldas de Almeida on behalf of Portugal;

• In a survey from 2013, a number of countries (Lithuania, Romania, Latvia, Hungary, Czech Republic, Bulgaria) made indications about the use of structural funds in the field of mental health: De-institutionalization processes were supported, outpatient or day care centres were established, the training of professionals was supported and general mental health infrastructure was established through these activities.

• Provision of toolkits.
Tools for managing human rights and quality of long-term care

Toolkit “Quality Indicator for Rehabilitative Care (QuIRC)”, developed by Prof Helen Killaspy, University College London:

It helps psychiatric and social care facilities to assess and benchmark their performance with regard to living conditions, care and human rights of people with longer term mental health problems.

Across the UK the QuIRC is incorporated into the Royal College of Psychiatrists’ peer accreditation system. It is also being used in Czech Republic, Portugal, Netherlands, Germany and Italy.
Quality Indicator for Rehabilitative Care (QuIIRC)


Seven domains:
- Living environment
- Therapeutic environment
- Treatments and interventions
- Self-management and autonomy
- Social interface
- Human rights
- Recovery based practice

- Staffing, staff training and supervision
- Built environment
- Interventions
- Activities within and outside unit
- Care planning
- Service user involvement
- Autonomy, promotion of independence
- Physical health promotion
- Response to challenging behaviour (use of restraint)
- Access to and involvement in community
- Family support and involvement
- Complaints, confidentiality, access to advocacy/lawyer
Tools on human rights and quality of longterm care

Domain performance in your unit against average in your country

<table>
<thead>
<tr>
<th>Key</th>
<th>Domain</th>
<th>Your Unit Score (%)</th>
<th>Average Score in Similar Unit (%)</th>
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<tbody>
<tr>
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<td>Living Environment</td>
<td>76</td>
<td>64</td>
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<tr>
<td>TE</td>
<td>Therapeutic Environment</td>
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<td>69</td>
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<tr>
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<td>Treatments &amp; Interventions</td>
<td>56</td>
<td>63</td>
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<tr>
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<td>Self-management &amp; Autonomy</td>
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<td>Human Rights</td>
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<tr>
<td>RBP</td>
<td>Recovery Based Practice</td>
<td>70</td>
<td>60</td>
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Further tools developed

- ITHACA Toolkit for Monitoring Human Rights and General Health Care in Mental Health and Social Care Institutions, developed by a consortium led by the Institute of Psychiatry, King's College London
- The HELPS-toolkit, developed by Ulm University

THE HELPS TOOLKIT –

A TOOL TO PROMOTE
THE PHYSICAL HEALTH OF RESIDENTS
IN PSYCHIATRIC FACILITIES
Agreed future activities

• Finalisation and dissemination of Joint Action Mental Health and Well-being (2016);
• Further development and implementation of EU Compass for Action on Mental Health and Well-being (2015-2017):
  - disseminating Joint Action results;
  - encouraging Member States and stakeholders to report on their activities;
  - annual reports with good practices and recommendations;
  - annual multistakeholder forum events to highlight leadership activities and practices, including in the field of moving to community care.
Conclusions

• Across the EU, there has been progress in moving to community-based care and social inclusion of users in mental health;
• However, some countries still have a long way to go;
• Lack of financial resources provided for mental health is one of the key problems in some countries, worsened by economic downturns and together with gaps in capacity-building;
• EU-health policy encourages reforms of mental health systems and capacity-building, in particular through the Joint Action Mental Health and Well-being;
• Future activities under the EU-Compass for Mental Health and Well-being will help to increase the transparency about activities and will give visibility to leadership initiatives.
• Leadership is the key success factor for change.