

Newsletter

ENTER Mental Health
February 2014



Greek Mental Health Services: Omen of a tragedy, fear of collapse or fluid everyday reality?

Stelios Stylianidis, Prof. Social Psychiatry, Sc. Director of EPAPSY

The data supporting these claims are (National School of Public Health, 2013):

-20% of the total health budget is spent on medicine

-1 out of 3 Greek patients is forced to differentiate their therapy, taking smaller and smaller dosages of medicine to make it last longer because of financial strain

-60% of chronic patients face restricted access to health services, or long waiting lists

At the beginning of the economic crisis the paper of D. Stuckler's team in Lancet referred to the health effects of the financial crisis as omens of a Greek tragedy. At that time, many expressed their reservations. In 2013, international organizations such as Mental Health Europe and the World Association for Psychosocial Rehabilitation expressed their concern following the call for action by the Greek Network of NGOs for mental health, ARGO.

Research data and narratives collected show that the crisis' impact is increasing and deepening. Society is transforming into an "individualized society". Insecurity has increased dramatically as collective regulations cannot satisfy the individual. Social insecurity is closely connected with not having solid support systems which can allow someone to feel "in control" of their own future. The individuals have to live "day by day". The phenomenon is more than exclusion; it is a collective loss of essential attributes that characterize large parts of social classes.

In a decade, it is expected that life expectancy will be reduced by 3 years as a result of the worsening quality of life. The European Commission reports that Greece shows the largest reduction in health expenses per capita (2010: -12%, 2011: -14%).

The situation is not different in mental health, though, as expected needs rise.

According to the ex post evaluation of the Psychargos Project (National Mental Health Plan) by the Institute of Psychiatry for the Greek Ministry of Health, we face irrational distribution of services, large numbers of Insurance Funds with different regulations for provisions and different rates of contribution, a lack of essential control of the financial data of the system which did not correspond



2014 ENTER Conference in Barcelona

First Announcement

ENTER, in cooperation with Parc de Salut Mar, Salut Mental Catalunya, Associació Espanyola de Neuropsiquiatria, Escola Superior d'Infermeria del Mar and Associació Emília BCN are pleased to announce

this year's **ENTER Conference in Barcelona on the 16th - 17th June 2014.**

The theme of the conference is:
USER PARTICIPATION

A KEY ELEMENT FOR EFFECTIVE MENTAL HEALTH CARE IN THE 21st CENTURY.

The aim of this conference is to present and compare different European organizations' training approaches aimed at promoting user participation in training, research and care in the area of mental health. The conference will consist of both plenary, workshop and poster sessions focusing on:

- Training user trainers and user researchers
- Training research and teaching staff at university level
- User trainers and user participation in pre- and post-graduate training for all professionals
- Building recovery-oriented health services

We welcome abstracts on all of the above themes. Abstract submission forms can be found on the ENTER web site. Abstracts should be sent to:
Dr Paz Flores Martinez:
17058@parcdesalutmar.cat
no later than the 15th April 2014.

- Chronic patients have reduced their visits to PHC Services for 2011 – 2013 by 30%
- Every household has lost about 530 € on average. Maximum loss is 1.115€ per month.
- 50% increase in un-met health needs (2007 – 2011)
- Uninsured citizens are 3 million Greeks (27.7% of the general population)

with the produced services. The politics of budget cuts have been proved inefficient. The regulations which were changed showed only temporary results with no positive contribution to the restructuring of the health sector. The latest epidemiological data show that 75% of the population with at least one common mental disorder does not receive any treatment at all for the condition (Mavreas, 2011). Hotlines of Psychological Support have noted an increased number of calls for psychological problems due to the financial crisis (27%) during 2010 (EIPSI, 2010).

Suicidal ideation was also increased between 2009 and 2011 among respondents who used psychotropic medications (22.7% vs. 4.5%) and those who had sought help from a mental health professional (17.3% vs. 8.3%). There is a 36% increase in self-reported suicide attempts from 2007 to 2011 (Economou et al., 2011)

What is not taken systematically into account during mental health policy decision-making, is the role of social and psychological factors. A complex social structural humanitarian crisis is reduced to a logistical problem. We know that risk factors such as humiliation, defeat or the lack of any prospects that things will improve in the future can transform a grieving process to depression. Already, an increased prevalence in major depression 8.2 % in 2011 compared to 3.3% in 2008 has been recorded (Economou

et al., 2013). People who experience high financial strain manifest a higher number of depressive symptoms in comparison to people with low financial strain. Depression was found to be inversely associated with cognitive social capital for people in low economic hardship. This did not hold true for generalized anxiety disorder (Economou et al., 2014). Cases of psycho-social problems have risen by 40 %, cases of conduct disorders have risen by 28 %, cases of suicide attempts have risen by 20 %, cases of school refusal have risen by 25 %, cases of bullying have risen by 22 %, cases of the use of illegal addictive substances have risen by 19 %, and cases of family discord have risen by 51 % (due to parental unemployment, serious financial problems, and exorbitant debts).

The crisis has not left children and adolescents mental health unaffected (Anagnostopoulos and Soumaki, 2013). Data from adolescent inpatient units showed an admission increase of up to 84%, with diagnoses on admission of borderline conditions, severe behavioural disorders, acute psychotic crises, self-harm behaviours, and other similar conditions constituting 78 % of the total cases in 2011, compared to only 48 % in 2007.

The future challenges for the Public Mental Health System in Greece Public are:

- The Allocation of resources from MH Hospitals to Community Care



- Funding and Financing of services which are being continually evaluated for their results.
- Institutional and active involvement of users and families in the planning, realization and evaluation of services.
- Promoting innovative targeted actions for people with psychosocial economical problems, especially through empowerment and mutual support
- Finally, developing a Hope-Based System versus a Fear-Based System.

Partnership, research and training as promoted by the ENTER network and other European professional and user organizations is substantial at this point.

As Ron Coleman (2012) systematically points out power is not given but taken. In his own

words: *we have to take the right for recovery by ourselves, we must learn to own our experience, our recovery, this is not the professionals' recovery, their role is to assist our recovery. For too long we told people what to do and not ask for what they want to do, we should not ask "what do you feel", we should be asking "what do you want", "what you need". We should stop see "recovery" as a word, recovery should be an action. If we make recovery an action, then we can see people stop committing suicide, we can see them fighting for empowerment.*

** Based on the presentation in the Congress on Empowerment of People Using Mental Health Services and Carers in Europe –Lille– January, 30/31st by WHO Collaborating Center Lille.*



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The EMILIA Training

Empowerment of Mental Health Service Users:
Lifelong Learning, Integration & Action

DO YOU HAVE CONTACT WITH GROUPS OF MENTAL HEALTH SERVICE USERS WHO ARE AT RISK OF BEING SOCIALLY EXCLUDED?
ARE YOU INTERESTED IN IMPROVING THE QUALITY OF LIFE FOR SUCH GROUPS OF PEOPLE?
DO YOU WANT TO HELP THESE GROUPS BECOME MORE EMPOWERED AND ACTIVE MEMBERS OF THEIR COMMUNITIES?

EMILIA COULD BE THE ANSWER!

The EMILIA Training has an overall aim at improving the social inclusion of disadvantage groups such as mental health service users. Through lifelong learning the training aims to improve the way in which service users could experience greater participation and inclusion either in the delivery of services or in education and training delivery in meaningful ways which was intended to include greater social inclusion, and paid employment, however locally defined.

WWW.ENTERMENTALHEALTH.NET/EMILIA_2/TRAINING/HOME.PHP





ENTER AGM CONFERENCE, 2013

MINUTES FROM ENTER AGM 2013

*VENUE: Academy of Special
Education, Warsaw Poland*



Present:

Carmel Clancy (Middlesex, UK)
Kerstin Bäck Möller (Aarhus, Denmark)
Mojca Urek (Ljubljana, Slovenia)
Christine Auffenberg (Essen, Germany)
Alexander Baldacchino (Dundee, Scotland)
Tim Greacen (Paris, France)
Panagiotis Chondros (EPAPSY, Greece)
Agnes Higgins (Dublin, Ireland)
Bojan Sosic (Tuzla, Bosnia Herzegovina)
Astrid Jacobsen (Bodø, Norway)
Maria Demertzi (Athens, Greece)

Czeslaw Czabala (Warsaw Poland)
Marja Kaunonen (Tampere, Finland)
Stefano Zanone Poma (Rovigo, Italy)
Ian Dawson (Bodø, Norway)
Katarzyna Prot-Klinger (Warsaw, Poland)
Kasia Charzyńska (Warsaw, Poland)
Paz Flores (Barcelona, Spain)
Eduard Palomer (Barcelona, Spain)
Roser Izquierdo (Barcelona, Spain)
Arunas Germanavicius (Vilnius, Lithuania)

Absent: Cambridge, Malta & Trimbo

1.Minutes from 2012 AGM in Sarajevo Approved

2.Annual Activity Report

Tim Greacen presented the ENTER 2013 Activity Report. The report was approved unanimously with no abstentions.

Marja Kaunonen presented the CAMILLE project and the progress to date.

3.Priorities for ENTER for 2013-2014 (Tim Greacen, Chair)

a.Lifelong learning in mental health: ENTER's major strongpoint

The main priorities for 2013-2014 are to concentrate on ENTER's major originality and strengths in the area of mental health: involving service users, developing lifelong learning modules for European citizens in mental health questions, developing lifelong learning approaches for training and empowering mental health service users, and conducting research on training needs and effective training methods for users, citizens and mental health professionals interested in user involvement. The new website will be used to promote and deliver lifelong learning programmes that have been validated by ENTER members in the context of research projects or by

other means. These programmes will be regularly up-dated and their content and use will be monitored.

b.Research in areas prioritized by ENTER member sites

On a functional level, the Steering Group will continue to update member sites' specific priorities and wishes in terms of mental health research, using the Research Priorities Document (Excel). Particular attention will be paid to diversifying ENTER projects' sources of financing – i.e. not just EU calls.

For Alex Baldacchino, Arunas Germanavicius and Mojca Urek, it is essential to involve EU officials early on in the process of grant submissions and also to promote ENTER directly with regard to EU deciders. There is no point in attempting to compete with the principle EU professional associations. An objective would be for the network to be consulted by EU deciders when they are conceiving of and building new programmes or research calls.

4.No elections

5.Financial Report

The Treasurer is mandated, should it be

necessary, to register the ENTER Network and create a bank account, should ENTER apply for EU structural funds for example to finance the 2014 Conference or facilitate user participation.

6.Next year's venue for AGM & Conference

The 2014 conference will take place in Barcelona. The Barcelona team underlines the current difficulties in financing a successful conference in Spain. They will present initial scenarios for organizing and financing the conference, and for the conference theme, for the 30th September 2013. One scenario might be for the Conference to be open to a specific paying public, or to precede the ENTER Conference by a paid training programme. Another scenario might be to limit participation mainly to ENTER members, each member covering their individual participation costs and other conference costs. An important issue is to find a way of financing user participation.

7.Presentation of the new website

The new website, in addition to its traditional function of informing members and the general public about ENTER and its activities and publications, is being conceived to allow for building a lifelong learning training platform for users, citizens and mental health professionals. All training modules produced by ENTER projects, but also by ENTER members will be available on the site, free of charge. Each training module submitted by individual ENTER member sites will be reviewed by the Steering Group to check that the key values that ENTER fights for are respected.

8. What does being a member of ENTER entail? (Ian Dawson, Secretary)

A reminder that according to the network agreement section E:

"Members are expected to be 'active' with a minimum expectation of attendance at Annual General Meetings. Members that revoke on this or any other significant Network commitment may be asked to stand down so that ENTER can invite an 'active' representative from their country to take their place."

Also the importance of keeping updated information on each member for both internal cooperation and external information to potential collaboration with EU and others.

9. Welcome to new members who present themselves

a. LVC Clinic, University of Essen, Germany

b. School of Nursing & Midwifery, Trinity College, University of Dublin Ireland.

Two new members did not present for the 2013 meeting:

• Nation Agency against Alcohol & Drug Abuse & Compulsive Gambling (SEDQA), Malta

• TRIMBOS Institute, Utrecht, the Netherlands

Also, Cambridge was absent for the 3rd time running. The AGM appreciates that the economic situation at many sites is currently difficult. The AGM asks the Steering Group to call and email these three

members, reminding them that, to maintain membership of ENTER, participation in the annual Conference and AGM is obligatory (unless force majeure).

10. Results from the survey on E-learning resources within ENTER (coordinated by Carmel Clancy, Vice-Chairperson for Training)

11. ENTER project publications 2012-2013

Reminder of publishing rules (coordinated by Marja Kaunonen, Vice-chairperson for Research)

12. New Projects

a. Latest EU Calls (Marja Kaunonen)

b. Brain storming new project ideas (Marja Kaunonen)

13. ENTER Newsletter.

The AGM decides to create an ENTER Newsletter. EPAPSY accepts to edit and organize this publication, produced on a quarterly basis. The Newsletter will be available on the website and sent out to all members, subscribers and others. Its aim will be to defend ENTER values, describe current ENTER activities, present ENTER Member Sites (each newsletter will present one ENTER site and their current projects and priorities) and promote lifelong learning opportunities and empowerment in the area of mental health for mental health service users, professionals and other citizens.



TRINITY COLLEGE DUBLIN
COLÁISTE NA TRÍONÓIDE

THE UNIVERSITY OF DUBLIN

The School of Nursing and Midwifery at Trinity College Dublin became a member of ENTER in 2012

Trinity College Dublin is Ireland's oldest University, founded by Queen Elizabeth I in 1592. It is recognised internationally as Ireland's premier university and is ranked as one of the top universities in the world.

It is situated in the centre of Dublin, Ireland's vibrant capital city, with over 15,500 students including 2,300 from over 90 different countries and is steeped in 400 years of history.

The School of Nursing and Midwifery in Trinity is the largest School of Nursing and Midwifery in Ireland, with over 80 academic staff, and over 1500 undergraduate, postgraduate and research students. The School provides a rich environment for education with programmes in general, mental health, children's, intellectual disability nursing and midwifery. It also hosts a number of interdisciplinary MSc's in areas such as: mental health, dementia and child health. It is the leading School in Ireland for national and international nursing, midwifery and healthcare research with the highest number of PhD students in Ireland. In addition, the School has won over €7.6 million in competitive research funding from 23 national and international funding bodies in the last five years.

Professor Agnes Higgins is a Professor in Mental Health and Head of the School of Nursing and Midwifery. She is a qualified mental health nurse and general nurse and has worked in the area of mental health, general nursing and palliative care. She has published over 50 peer-reviewed journal articles, 9 book chapters and 21 commissioned reports, and is co editor of a forthcoming book on Mental Health Policy, Practice and Law in Ireland: Critical perspectives. She is the founding member and chairperson of the Irish Institute of Mental Health Nursing and also a member of the International Network for Psychiatric Nursing Researchers, the European Academy of Nursing Science and the Grounded Theory Institute.

Her two areas of research expertise and activities are 'recovery and mental health', and 'sexualities'; and has, as PI or co-applicant, attracted over €2.6 million funding in the past seven years. The focus of her research in recovery and mental health is on building a body of work that empowers service-users and family members, and provides an evidence-base that challenges the traditional,



Prof. Agnes Higgins

paternalistic and biopsychiatric-driven service that has dominated Irish mental health services. She had completed studies on service users' recovery journeys, impact of different models of care on users' and family members' experiences of recovery, factors influencing recover-oriented education and impact of peer-support on recovery outcomes.

The focus of her 'sexualities' research also lies within the area of marginalised groups. She has completed research into sexual health needs of people with mental health issues, physical disability and the LGBT community. She is also involved in a national study investigating sexual-health morbidities in pre and postnatal women.

CREDITS



STEERING GROUP

Tim Greacen. Head of Research, Maison Blanche Hospital, France. Chair

Dr Carmel Clancy. Head of Department of Mental Health, Middlesex University, UK. Vice chair for training

Marja Kaunonen. PhD. Professor, Vice Dean, School of Health Sciences, University of Tampere, Finland. Vice chair for research

Katarzyna Prot-Klinger. Academy of Special Education, Warsaw Poland. Treasurer

Ian Dawson. Coordinator of services, Salten District Psychiatric Centre, Nordland Hospital, Norway. Secretary

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