Ný viðhorf og nýjar leiðir í málefnum geðfatlaðs fólks í ljósi þjóðfélagsbreytinga

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M.Sc. International Policy Analysis

&

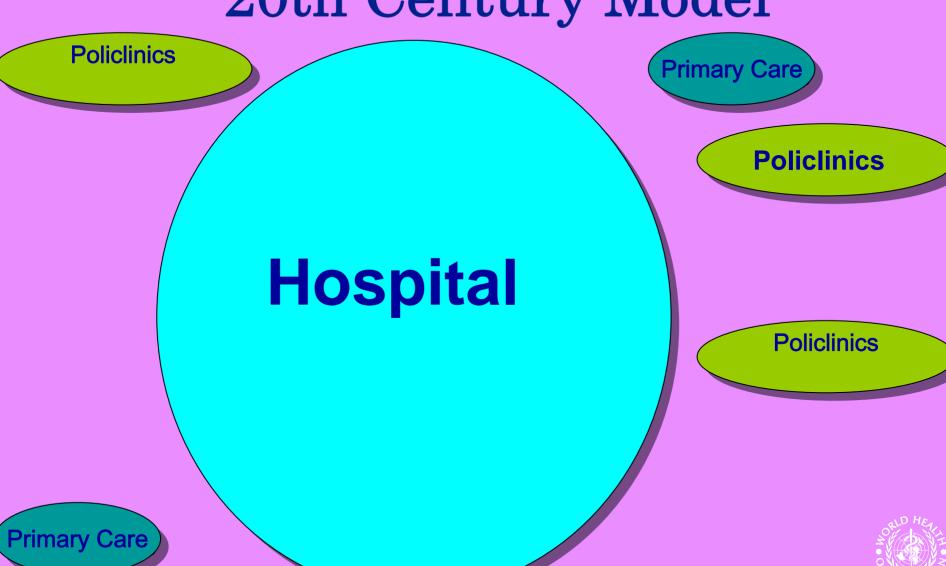Fyrrverandi starfsmaður WHO og sérfræðingur í stefnumótun á geðheilbrigðissviði

Changes

- Mental health is a much broader issues than an medical one.

- If we want to affect its determinates we have to go for the causes not merely putting a remedy on the consequences.

- And to do that we need a much broader approach than we are seeing now: Therefore: A paradigmal shift of Power is absolutely Vital if we are to move on a progress as societies.
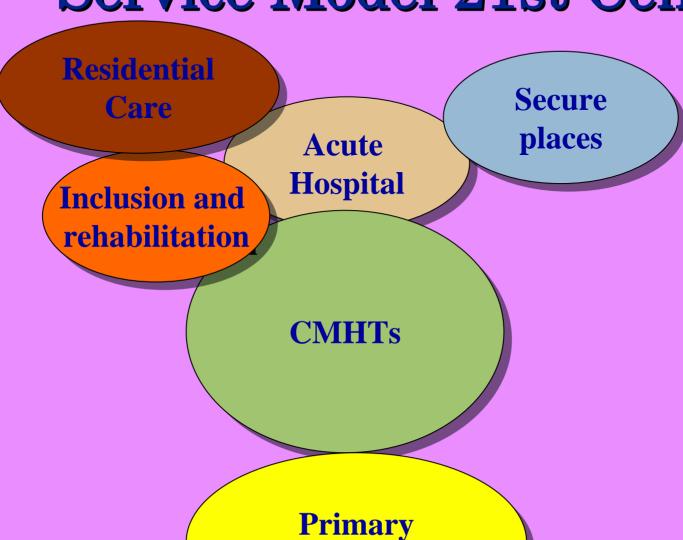
WHO/EURO Strategy

- Milestones:

  - Between 2005 and 2010 Member States should:

11) Increase the level of social inclusion of people with mental health problems;

Service Model 21st Century

Residential Care

Secure places

Acute Hospital

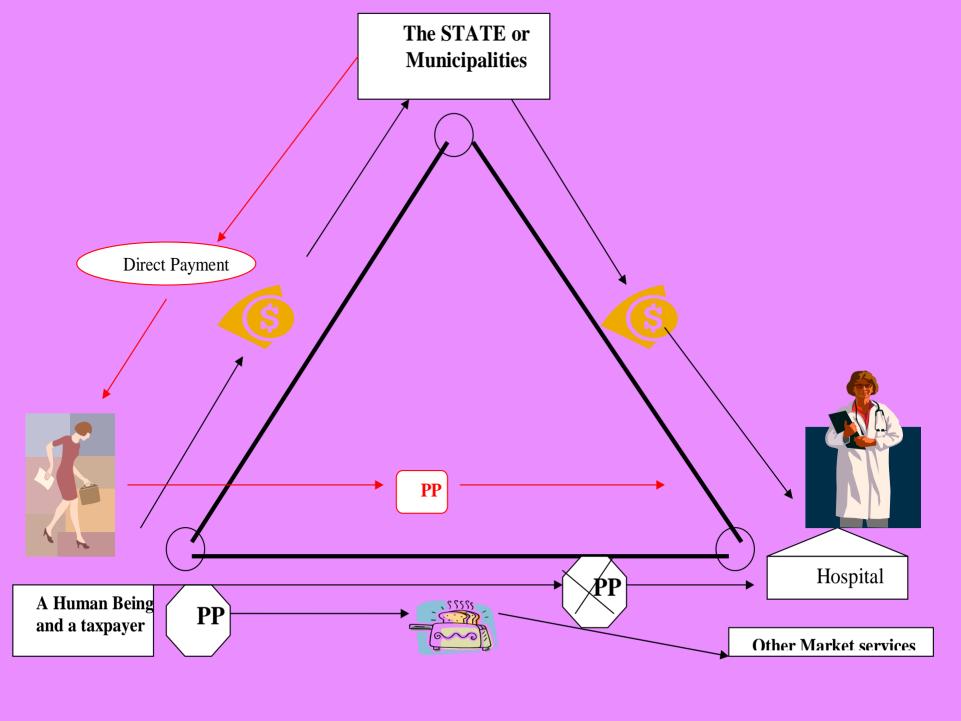Inclusion and rehabilitation

CMHTs

Primary Care

2) Trends of change (Shifting the paradigms of Power)
What users and carers in Europe are talking about (quiet majority*)

- The right to self determination on treatment and medication (Autonomy)
- Direct payments to users and carers*
- Misuse of psychiatric medication (The link of SSRI drugs to acts of violence)
- The fight against "neuroleptic" drugs
- Human rights issues and "political correctness"
- Physical Disabilities, Intellectual disabilities & **Psychosocial disabilities**
- Cooperation on the Helsinki documents
- De-institutionalisation / "Trans"-instituationalisations /
- Social Firms

The STATE or Municipalities

Direct Payment

PP

A Human Being and a taxpayer

PP

PP

Hospital

Other Market services

Issues that users are concerned about

- Quality of life
  - Employment
  - Education
  - Housing
- Care
  - Involvement (horizontal approach) in the process of moving the services from institutions to the community as well as involvement in all aspects of the service provision (market model)

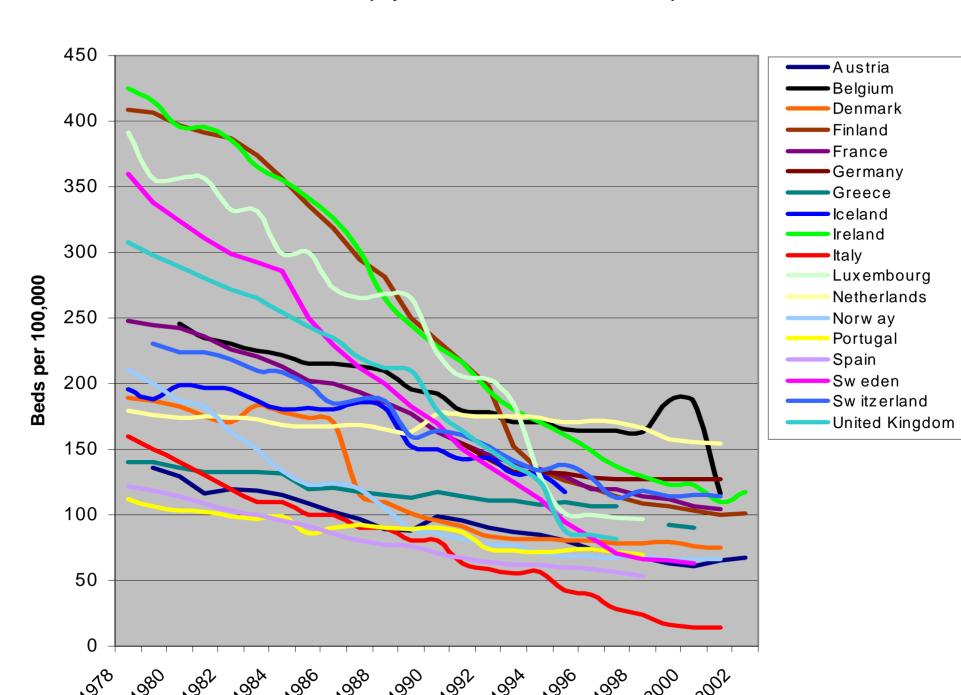# Issues that users are concerned about

- Rights
  - Access to equal opportunities
  - Forced treatment
  - Pensions and sick benefits issues (welfare)
- Empowerment
  - Legislation / polices
  - Self-help
- Slogan: "nothing about us, without us"
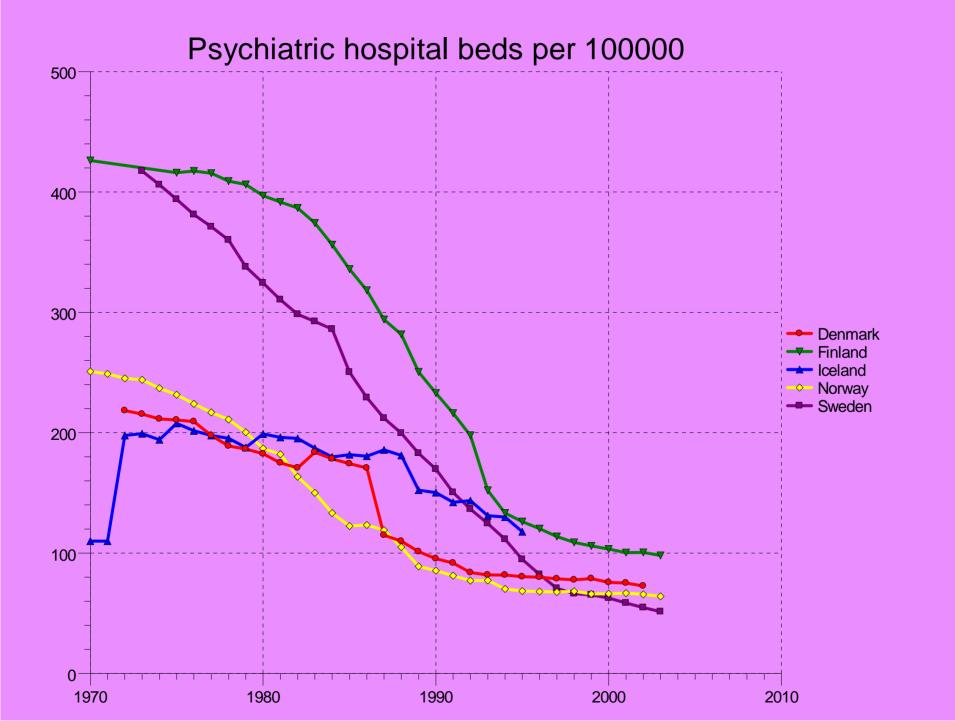
SHERBIMI I PSIKIATRISE

From Institution to Community Care

- Diversity in the community (praised in speach, neglegted in action)
  - No research has shown that Hospital care alone or community care alone is sufficent.
  - All research promote: **Balance of community and hospital care.**
    - Proportion and nature is determinated by many factors:
      - The type of society, culture, methodology,
      - User influence, ***ideology etc.***
  - Our big Institutions have to change.....
    - "the biggest institution is usually within ourself"

Number of psychiatric beds in western Europe

	Austria
	Belgium
	Denmark
	Finland
	France
	Germany
	Greece
	Iceland
	Ireland
	Italy
	Luxembourg
	Netherlands
	Norway
	Portugal
	Spain
	Sweden
	Switzerland
	United Kingdom

Beds per 100,000

1978 1980 1982 1984 1986 1988 1990 1992 1994 1996 1998 2000 2002

Psychiatric hospital beds per 100000

Legend:
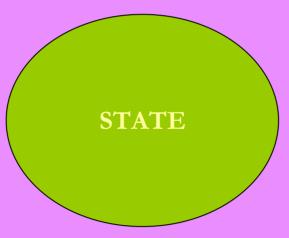- Denmark
- Finland
- Iceland
- Norway
- Sweden

WHO priorities for the next decade

→ **Foster awareness**

→ **Collectively tackle stigma, and empower and support people with mental health problems and their families**

→ **Design and implement mental health systems**

→ **Create a competent workforce**

→ **Recognize experience and knowledge of service users and carers**
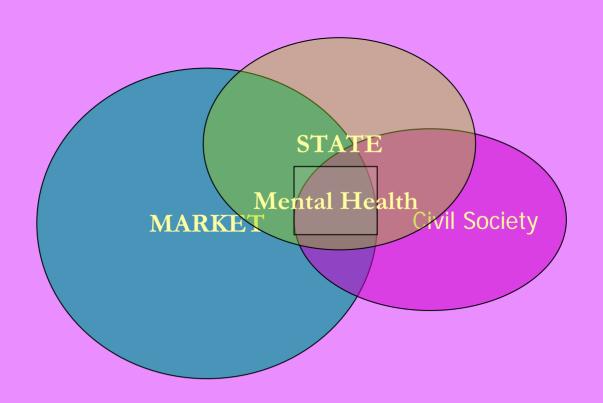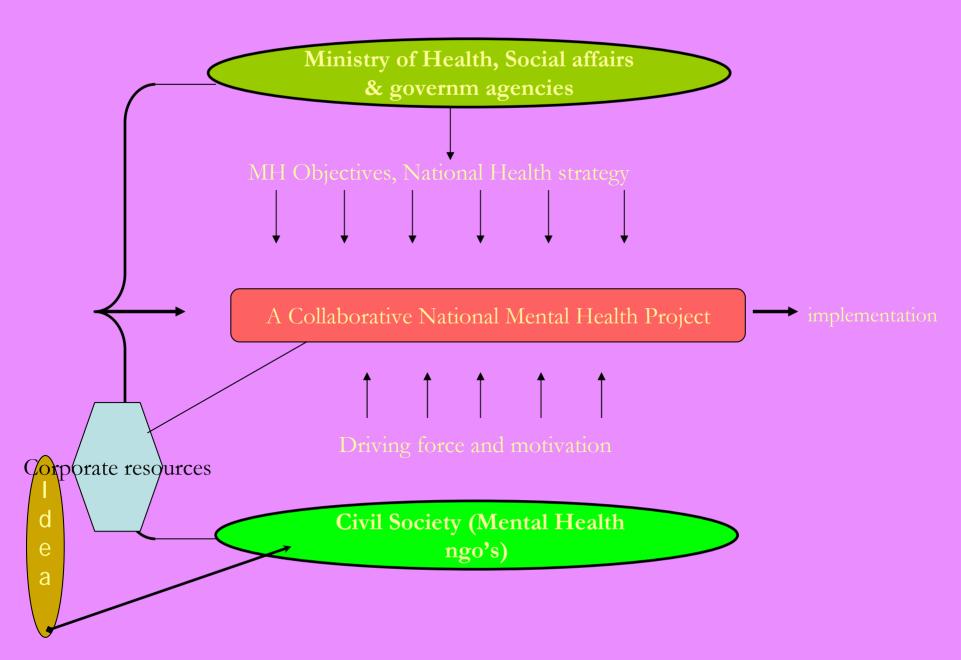
The creation of a horizontal Hybrid

STATE

Mental Health

MARKET

Civil Society

PROVISION

	Public	Private	Civil Society
Public	Social democratic welfare regime (Nordic countries)	Conservative welfare regime (Partnership)	Services, prevention, promotion programmes (Partnership)
Private	X	Liberal welfare regime (USA/ semi-developed countries)	Awareness raising, services, prevention, promotion programmes(Partnership)
Civil Society	X	X	Initiatives run and financed by the grass root movements

FUNDING

The creation of a horizontal Hybrid

Ministry of Health, Social affairs & governm agencies

MH Objectives, National Health strategy

A Collaborative National Mental Health Project

implementation

Driving force and motivation

Corporate resources

Idea

Civil Society (Mental Health ngo's)

Conclusion

- **1st. Users and actors of civil society can and will have more to say about mh policy process and mh matters in general**
  - Open democracy
  - Welfare changes
  - Market influence
- **2nd. Governmental structures and IGOs do want to have more input from those that their "top-down" decisions are affecting**
  - Power
  - Coalitions
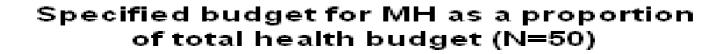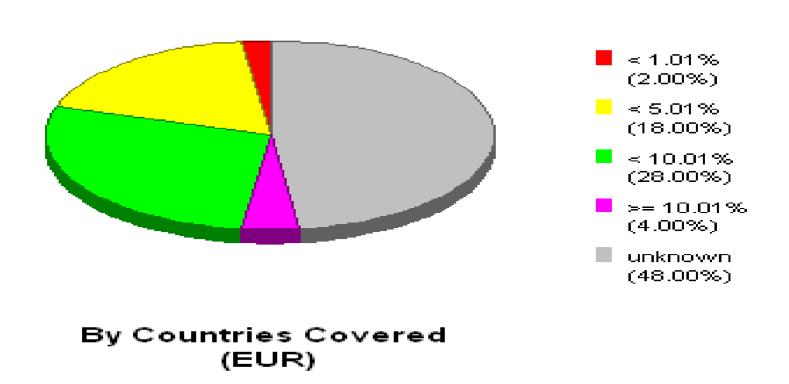 - The academic and professional sphere

Conclusions

- **3d. The balancing paradigmal Power shift from providers to users and carers as well as user empowerment has started, but it is and will be a long run process.**
    - Politics
    - Lobbying
    - Strategies
    - Marketing
    - Coalitions
    - Cooperation
    - Communalities
    - Power
    - Fighting with soft power

- The Issue of improved mental health should unite us

Prologue on Policy

- **"A course of action adopted and pursued by a government, party, ruler, statesman, etc.; any course of action adopted as advantageous or expedient."** (Oxford English Dictionary)

- Policy **'..consists of a web of decisions and actions that allocate…..values'** (Hill, 97)

- Mental health policy is regarded by Whiteford & Townsend (2001) as a **"concise statement by government intended to set clear directions to improve the mental health of the community, for the future development of mental health services and other aspects of care provided by the family, community and other relevant agencies"**.

- Certain changes happened in how mental health polices were viewed and constructed after WHO (World Health Organisation) international conference in Alma Ata where health was noted for the first time as being not merely the absence of illness (Declaration of Alma Ata, 1978).

- **"Policy is what policy does"**

Resources going towards mh in the Region *(19.5%)

Specified budget for MH as a proportion of total health budget (N=50)

- ■ < 1.01% (2.00%)
- ■ < 5.01% (18.00%)
- ■ < 10.01% (28.00%)
- ■ >= 10.01% (4.00%)
- ■ unknown (48.00%)

By Countries Covered (EUR)

Þekking = Vald

(ný þekking + þekking)* = Valdefling
notenda og alls samfélagsins

*Samvinna = að þekkja það sem við eigum
sameiginlegt áður en við tökumst á um það
sem gerir okkur ólík hvort öðru

GRUNNGILDI