



ACTIVITY REPORT

2014-2015



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WELCOME



Nigel Henderson, President



Maria Nyman, Director

Dear reader,

We are pleased to present to you our activity report for the years 2014-2015 which will give you an overview of the work that Mental health Europe (MHE) has been carrying out over the past two years.

A significant milestone in our work, which you will be able to read more about in this report, was the 2015 review of the European Union by the United Nations Committee on the Rights of Persons with Disabilities. The recommendations presented by the Committee following this review process will determine many of our activities in the coming years and we are keen to contribute to the best possible implementation of the recommendations, particularly those that will benefit persons with mental health problems in Europe.

Building the capacity of our members was one of our key priorities and a number of events were organized, the most important of which include: two seminars for establishing National Platforms for Mental Health in the Slovak Republic and Estonia, an empowerment seminar for (ex)users of mental health services organised in collaboration with the European Network of Users and Survivors of Psychiatry, a hearing in the European Parliament on the role of employment for mental health and dedicated seminars where our members had the possibility to present models of best practice.

We were proud about the work undertaken in collaboration with the University of Maastricht on the important – but all too often neglected – interlink between mental and physical health. MHE also prepared position papers, articles, statements and responses to public consultations on a variety of topics including forced treatments, statistics, EU citizenship, the economic crisis, and employment, just to name a few.

The organisation kept growing in 2014-2015 with new members joining our network, a new Board of Directors was appointed and we were particularly pleased to welcome two new dedicated colleagues to our office, Alva Finn, our new Human Rights Officer and Ophélie Martin, our Communications and Fundraising Officer.

The future ahead looks bright for mental health in Europe!

We hope you enjoy our report!

Nigel Henderson

Maria Nyman



OUR MISSION & VALUES

[Mental Health Europe](#) (MHE) is an umbrella organisation which represents associations, organisations and individuals active in the field of mental health and well-being in Europe, including (ex)users of mental health services, service providers, family members, volunteers and professionals. As such, MHE bridges the gap between its 70 member organisations and the European institutions, and keeps its members informed and involved in any developments at European Union level. Our work takes different forms: submitting amendments to legislations, monitoring and supporting development in relevant policy areas, forming alliances with other organisations, being part of expert groups and becoming project partners at European level. MHE also develops and coordinates its own projects and conducts and disseminates research.



We need to

raise awareness and increase understanding of mental health and wellbeing



We are working on

the implementation of the Convention on the Rights of Persons with Disabilities by the European Union



We believe in

recovery through empowerment, community support and social inclusion



We advocate for

the mainstreaming of mental health in ALL policies



We call for

de-institutionalisation and community-based approaches



We defend

the right of people with mental health problems to access appropriate care and support



We want

to ensure that people with mental health problems fully enjoy their rights as citizens and can make their own decisions



We fight

stigmatisation and social exclusion

**Who we are, what we do: MHE Infographics 2015*

MHE's work is shaped by our core values which include independence, human rights, transparency, self-determination and recovery. These values guide the messages we convey, through our policy and communications work, to the European institutions and other international bodies. At MHE we advocate for:

1. The human rights of people with mental health problems to be respected within the European Union

- People with mental health problems should have the same inalienable rights as all other citizens in the European Union; these rights should be respected in all Member States of the EU.
- The EU and all Member States should have good mechanisms and institutions in place to signal and act upon violations of human rights of people with mental health problems.
- The UN Convention on the Rights of Persons with Disabilities should be ratified and implemented in every Member State of the EU.

2. Destigmatisation and social inclusion

- European citizens should know and accept that they and their fellow citizens may develop or have mental health problems at any time in their lives.
- People with mental health problems should have no financial, institutional or social barriers to live and work in their local communities and join local activities. If needed, they should have professional support to fulfill their roles in their families, workplaces, social networks and society with a high degree of personalisation whenever possible.

3. Accessible, affordable and good quality mental healthcare

- As promotion of positive mental health and well-being and the prevention of mental health problems are key to keeping mental healthcare affordable and accessible, early detection and interventions should be common practice in all Member States of the European Union. (e.g. in schools and at workplaces).
- All citizens of Europe with mental health problems should have the right to be treated and supported by professionals who act in accordance with the most up-to-date insights into science and practice. Shared decision-making should form the basis for the equal relationship between users and all healthcare workers.
- Health promotion, disease prevention and primary healthcare should be the starting point for evidence-based mental health policy. For most users, mental healthcare can be administered in primary healthcare. However, this is not always enough and effective specialist mental healthcare is necessary in order to provide help for people with severe mental health problems. Whenever possible, specialist care should be delivered on an outpatient basis. Residential care should be offered only when strictly necessary and for as short a period as possible in the context of crisis intervention.
- Universal access to high quality mental healthcare should be available to all. The costs and quality of mental healthcare are transparent for citizens and policy makers alike. On the level of the EU and Member States, meaningful benchmarks for mental health systems and service providers should be published. Citizens should be well informed and able to choose between different mental health providers.

Based on those values, our policy work – as detailed below – focuses on social and economic issues as well as human rights, to ensure that mental health is mainstreamed in all policies.



OUR STRUCTURE & SECRETARIAT



| Election of new MHE Board, April 2015

The MHE Secretariat

- Maria Nyman , Director
- Alva Finn, Human Rights Officer
- Ophelie Martin, Communications Officer

We would like to give a special thanks to our 2014 trainees Nora Roman and Sameeah Anibaba who supported MHE's work during a challenging year!

MHE Senior Policy Advisers

- Bob Grove- *employment, social policy*
- Stijn Jannes- *health policy*
- Jan Pfeiffer- *human rights, structural funds*
- Josée van Remoortel- *human rights, mental health in all policies*

The MHE Board Members for 2015 - 2018 are:

- Jan Berndsen, GGZ Nederland, the Netherlands
- Barbara Davis, Mental Health Ireland, Ireland (Secretary)
- Rita Donabauer, Pro Mente Austria, Austria (Vice-President)
- Amedeea Enache, Estuar Foundation, Romania
- Carl von Essen, Mind, Sweden
- Birgit Görres, Dachverband Gemeindepsychiatrie e.V., Germany

- Nigel Henderson, PENUMBRA, UK (President)
- Karile Levickaite, Mental Health Perspectives, Lithuania
- Donatella Miccinesi, AISMe, Italy
- Guadalupe Morales Cano, Fundacion Mundo Bipolar, Spain
- Kitty Mylonopoulou, Society of Social Psychiatry and Mental Health, Greece
- Marita Ruohonen, the Finnish Association for Mental Health, Finland
- Jan Van Speybroeck, Flemish Association for Mental Health, Belgium (Treasurer)
- Stephanie Wooley, Advocacy-France, France

Membership and Accreditation Committee

The Membership and Accreditation Committee supports the work of MHE with advice on membership applications, reviews of the statutes and internal rules and makes proposals in relation to the membership fees.

Members of the Committee:

- Josée van Remoortel (Chair), Belgium
- Mary van Dievel, Belgium
- Nace Kovac, Slovenia
- Vicente Ibanez Rojo, Spain
- Pino Pini, Italy

Finance Committee

The objective of the Finance Committee is to ensure that MHE's financial situation is given the necessary attention and to ensure that it is transparent, accountable and timely.

Members of the Committee:

- Jan van Speybroeck (MHE Treasurer, chair), Belgium
- Jan Berndsen (Board member), the Netherlands
- Amedeea Enache (Board member), Romania

Committee on Mental Health and Human Rights

The objective of the Committee is to ensure that human rights are mainstreamed in all MHE's activities and projects and that appropriate actions are taken when the human rights of people with mental health problems are violated.

Members of the Committee:

- Josée van Remoortel (Chair), Belgium
- Claude Deutsch, France
- Kristijan Grdan, Croatia
- Vicente Ibanez Rojo, Spain
- Jasna Russo, Germany
- Gabriela Tanasan, Romania

➔ OUR MEMBERS

In 2014, MHE welcomed four new member organisations: [Landelijk Platform GGz](#) (The Netherlands), [MeTIS Europe](#) (Belgium), [KRUGOVI](#) (Serbia) and the [European Depression Association](#) (Belgium) as well as two new member organisations in 2015: [the Andalusian School for Public Health](#) (Spain) and [Volunteers for Mental Health](#) (VfmH), (United Kingdom).



MHE members in front of the European Parliament, 9 December 2015

European Organisations

ADHD Europe
European Association of Behavioural and Cognitive Therapy (EABTC)
European Depression Association
European Assertive Outreach Foundation
Horatio- European Psychiatric Nurses
MeTIS Europe
SMES-Europa aisbl

Austria

Pro Mente Austria (Full Member)

Belgium

- Full Members:
Centre de Référence en Santé Mentale (Crésam)

Fédération des Institutions Hospitalières de Wallonie (FIH)

Vlaamse Vereniging voor Geestelijke Gezondheid (VGGG)

Zorgnet Vlaanderen

- Supporting Member:

Psychiatrisch Centrum Gent-Sleidinge (PCGS)

Croatia

- Full Members:

Sjaj (Shine)- Association for Social Promotion of People with Mental Disabilities

Susret- Association for Psychological Support

- Supporting Member:

Sto Koluri Split- Croatian Association for Psychosocial Wellbeing

Cyprus

Kinsi Proaspisis Dikeomaton
Psychik Asthenon (KY.PRO.DI.PS.A)-
Advocacy Group for the Mentally Ill (Full Member)

Czech Republic

Fokus (Full Member)

Denmark

- Full Member:
Sind- Danish Association for Mental Health (Full Member)
- Supporting Member:
Projekt Udenfor

Estonia

Estonian Mental Health Association (Full Member)

Finland

- Full Members:
Finnish Association for Mental Health
Finnish Central Association for Mental Health (MTKL)
- Supporting Member:
National Institute for Health and Welfare (Terveyden ja hyvinvoinnin laitos- THL)

France

- Full Members:
Advocacy France
CEMEA
- Supporting Member:
France-Dépression

Germany

- Full Members:
Bundeszentrale fuer Gesundheitliche Aufklaerung (BzgA)
Dachverband Gemeindepsychiatrie
Deutsche Gesellschaft fuer Soziale Psychiatrie (DGSP)
- Supporting Members:
Bundespsychotherapeutenkammer (BptK)
Verband psychiatrischer

Rehabilitationseinrichtungen Deutschlands (VpRD)

Greece

- Full Members:
Mental Health Institute for Children and Adults (M.H.I.C.A.)
Society of Social Psychiatry and Mental Health
- Supporting Member:
KINAPSI- Athens Siblings

Hungary

Pszichiatrai Erdekvedelmi Forum- Mental Health Interest Forum (Full Member)

Ireland

Mental Health Ireland (Full Member)

Israel

Makshivim Net (Supporting Member)

Italy

Associazione Italiana per la Salute Mentale (AISME) (Full Member)

Latvia

Skalbes (Full Member)

Lithuania

Global Initiative on Psychiatry (Full Member)
State Mental Health Centre (Supporting Member)

Luxembourg

Réseau Psy- Psychesch Hellef Dobaussen asbl (Full Member)

Malta

Friends of Mount Carmel Hospital Society (Full Member)

Netherlands

- Full Members:
GGZ Nederland
Landelijk Platform GGZ
Stichting Fonds Psychische Gezondheid
- Supporting Member:
RINO Noord-Holland

Norway

Voksne for Barn (Adults for Children) (Full Member)

Poland

Coalition for Mental Health (Full Member)
Otwarty Dialog (Supporting Member)

Portugal

ARIA- Associacao de Reabilitacao e Intergracao Ajuda (Full Member)

Romania

Estuar (Full Member)
Romanian League for Mental Health (Full member)

Serbia

KRUGOVI (Supporting Member)

Slovakia

Full Members:
Open the Doors, Open your Hearts (ODOS)
Slovak League for Mental Health

Slovenia

SENT, Slovenian Association for Mental Health (Full Member)

Spain

- Full Members:

Asociacion Espanola de Neuropsiquiatria (AEN)

Confederacion Agrupaciones de Familiares Y Personas con Enfermedad Mentales (FEAFES)

Fundacion Intrass

Fundacion Mundo Bipolar

- Supporting Members:

Asociacion Nacional de Enfermeria en Salud Mental

Andalusian School of Public Health (EASP)

Sweden

Mind (Full Member)

United Kingdom

- Full Members:

Mind

Northern Ireland Association for Mental Health (NIAMH)

Penumbra

The British Psychological Society

- Supporting Member:

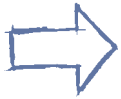
Volunteers for Mental Health

Psychological Support Group Gibraltar

MHE also has a number of committed individual members that support our work.



| MHE former President Nace Kovac giving a presentation during MHE General Assembly 2014



2014-2015 IN FIGURES

5 Position papers

5 Press releases



1000 Likes & Followers
on social media!

6 Events
organised

8 Features in the
media

6 New member
organisations

2 new staff
members !



OUR WORK: POLICY & HUMAN RIGHTS

All activities undertaken by MHE pursue the same objective which is to ensure the mainstreaming of mental health in all policies. In 2014 and 2015, MHE published 6 position papers, which reflect our focus and areas of work. In parallel with these publications, we continue our advocacy and policy work on specific issues as outlined below.

2015

[Mental Health Europe Position Paper on the ICD-10 Revision or Call for Action - ICD 10 \(shorter version\)](#)

[Position paper: Mental Health Europe response to the public consultation on the working document of the draft Additional Protocol to the Oviedo Convention](#)

2014

[Physical and mental health problems are interlinked and policies must acknowledge this](#)

[Myth buster on forced treatment - Compulsory psychiatric treatment and its alternatives - the facts](#)

[Ageing and mental health – a forgotten matter](#)

[Bucharest Manifesto](#)

I. The human rights based approach to mental health

A human rights-based approach to mental health has always been at the core of the work done by MHE. This approach requires the consideration of human rights in all policy areas relating to mental health, as well as disability, to ensure that policies, laws and services are human rights compliant. This requires the integration of human rights norms and principles in the design, implementation, monitoring, and evaluation of health-related policies and programmes but also programmes which directly affect mental health and well-being such as employment and social policy. The United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) is specifically relevant for many individuals with protracted and/or severe mental health problems and requires a shift away from seeing persons with psychosocial disabilities as individual rights-holders and objects rather than subjects of the law. The EU ratified this convention in 2010 and was reviewed by the Committee on the Rights of Persons with Disabilities in September 2015. MHE contributed to the review process and was present in Geneva for the review. The Concluding Observations resulting from this review were well-drafted and included recommendations from the CRPD to the EU, many of which specifically mention or concern persons with psychological disabilities. MHE will continue to ensure that human rights are used as guiding principles when mental health is considered at EU policy level and that the recommendations are fully

implemented for the benefit of persons with psychosocial disabilities in Europe.

II. The social model of psychiatry

For many years, MHE has been calling for wider recognition of the crisis of confidence in the increasingly biological/neurological approach to mental health taken by Western psychiatry and has called for action to change the culture and practice of mental health services to ensure that health professionals take the views, rights and lived experience of users of these services into account. The social model of disability, as elaborated in the UN CRPD, supports the need for a shift away from the purely biomedical model towards inclusion of the social model of psychiatry which promotes individualised care. MHE established a specific Taskforce, [the Beyond the Biomedical Paradigm Taskforce \(BBP Taskforce\)](#), to support our work on this issue and with their help we adopted the Bucharest Manifesto (2014) which calls on organizations with power and influence in the mental health field to take actions which will move psychiatry and mental health services towards more effective treatments and a greater respect for the human rights of users. Over the past two years MHE focused our work in this area on two diagnostic manuals which were under revision and which we believe could contribute to the prevalence of the biomedical approach in psychiatry. [MHE published a position statement](#) on the fifth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) (2014) as well as a position paper and a call for action in relation to the ongoing ICD-10 revision (2015).

III. Forging alliances, sharing expertise and participating in projects

- Promoting deinstitutionalisation across Europe

Deinstitutionalisation remains an essential area of work for MHE as a human rights and healthcare imperative which affects persons with mental health problems. European policy, structural funds and international legislation aim to not only end the institutionalisation of persons with mental health problems but also to encourage the early transfer of those still living in institutions into community settings. To ensure this continued transition to deinstitutionalisation across Europe and beyond, MHE continues to be an active member of [the European Expert Group on the Transition from Institutional to Community-based Care \(EEG\)](#), a broad coalition gathering stakeholders representing people with care or support needs and their families, including children, people with disabilities, homeless people, people experiencing mental health problems; as well as service providers, public authorities and intergovernmental organisations. MHE Senior Policy Adviser Jan Pfeiffer was co-president of the EEG during 2014-2015. MHE participated in a number of meetings related to deinstitutionalisation throughout Europe during these two years.

- Employment and Mental Health

Addressing the link between employment/unemployment and mental health and well-being remains one of MHE's priorities. In September 2015, Mental Health Europe together with [GGZ Nederland](#), [AEIP](#) (the European Association of Paritarian Institutions), [AIM](#) (International Association of Mutual Benefit Societies), [EPHA](#) (European Public Health

Alliance) launched the [European Alliance for Mental Health in all Policies](#). The launch event was hosted by EPHA and organised jointly with other members: Bob Grove, our Senior Policy Advisor specialised in employment, moderated the discussions. The Alliance aims to promote mental well-being in the workplace and the implementation of existing guidelines. The Alliance is in its early stages but will expand its activities from 2016 onwards.

Bob Grove also [wrote an article for the British Journal of Psychiatry](#), on behalf of MHE, on international employment schemes for people with mental health problems. In December 2015, we also organised our annual event in the European Parliament on *“the role of employment in the lives of people with mental health problems”*, co-hosted by MEP Sirpa PIETIKÄINEN (EPP), MEP Liadh Ní RIADA (GUE/NGL) and MEP Marian HARKIN (ALDE), where speakers from the European Commission, the [OECD](#), the [Work Foundation](#) as well as users and other European organisations shared insights on the role employment can play in the lives of people with mental health problems.



MHE President Nigel Henderson, MHE Communications Officer Ophelie Martin, MHE Board Member Barbara Davis, Marian Harkin MEP (ALDE) and MHE Human Rights Officer Alva Finn at the MHE European Parliament event

- Impact of the financial crisis

The **EU Alliance against Disability Cuts** was initiated by the [European Network on Independent Living](#) (ENIL) in 2011, with the support of the [European Foundation Center](#), the [European Disability Forum](#), [Inclusion Europe](#), [Mental Health Europe](#), [Autism Europe](#), the [European Network of Users and Survivors of Psychiatry](#), [Disabled People Against Cuts](#) and the [European Association of Service Providers for People with Disabilities](#). The Alliance works together to raise awareness about the negative impact of the crisis and austerity measures on persons with disabilities and to put this issue higher on the European political agenda. A successful event was organised in the European Parliament at the end of 2015 and was attended by MEPs representing all main political groups. A mental health service user from Greece made a powerful testimony at this event, exposing the many detrimental effects austerity measures have had on persons with mental health problems (cuts in services and benefits, difficulty in accessing medication, increased unemployment and suicide rates...)

- ELOSH project: appropriate support and housing for people with mental health problems

MHE was among the 14 partners and national coalitions which made up the ELOSH project. ELOSH stands for ***European Core Learning Outcomes for Integration of Support and Housing***. This European project, supported by the EU Life Long Learning programme, addressed the need for continuing vocational education & training on the integration of support and housing for people with support needs, including people with mental health problems. The two year collaboration has resulted in the development of learning outcomes and the publication of a universal training pack. MHE made a number of presentations linked to co-production at various events such as the EASPD event 'A home for All' in Oslo in October 2014, a European Parliament event hosted by EASPD and Richard Howitt MEP (S&D) in June 2015 and the ELOSH project final conference in Brussels in September 2015. elosh.eu

IV. Mainstreaming mental health: MHE and the European institutions and other bodies

MHE's role is also to ensure constructive dialogue with European policy makers and other international bodies (*the UN, the Council of Europe, the WHO*) to promote positive mental health and well-being through mainstreaming.

Working with the European Commission

MHE collaborates closely with the European Commission. This collaboration includes our participation in various civil dialogues, two of the most important being the High level group on Disability and the Group of Governmental Experts on Mental Health. MHE also shares expertise and input about mental health policy with the EU Commission when required, and responds to public consultations on a very regular basis. We also advise and send speakers to conferences organised by the European Commission and direct all our communications and reactions to the relevant units.

Working with the Council of Europe

MHE has had consultative status with the Council of Europe for a long time but over the past two years we have been increasingly involved in their work. MHE recently took part in a conference in Dublin on the Council's Disability Action Plan (2006-2015) and we will be seeking to follow-up on this in order to mainstream psychosocial disability better in their future policies. [MHE also contributed](#) to a recent public consultation on a draft Additional Protocol to the Oviedo Convention on 'involuntary placement and treatment of persons with mental disorders' both individually and jointly through a coalition of concerned organisations lead by the Office of the High Commissioner for Human Rights (OHCHR). The Oviedo Convention on human rights and biomedicine was adopted in 1997 and is now, out-of-step with developments in human rights including the UN CRPD particularly on matters concerning persons with mental health problems. The draft Additional Protocol unfortunately intends to proliferate these out-dated ideas and MHE expressed these concerns in an earlier stakeholder meeting in 2014 along with a written contribution.

Working with the European Parliament

MHE is in the process of renewing the European Parliament "[Coalition for Mental Health and Well-being](#)". An initiative MHE originally launched in 2012, this Coalition on Mental Health and Well-being aims to ensure that mental health is high on the EU agenda and offers member MEPs support with their legislative work on mental health. Most of the members of the Coalition have renewed their support following the 2014 European Parliament elections, and MHE is proud to have MEP Miriam Dalli (S&D) from Malta as Chair of the Coalition on Mental Health and Well-being. MEP support is crucial to MHE's work, and we hope the Coalition will grow further in the coming years.

COALITION FOR MENTAL HEALTH AND WELL-BEING

[HOME](#) [THE COALITION](#) [OUR CHAMPIONS](#) [NEWS AND EVENTS](#) [MENTAL HEALTH EUROPE](#)

Fighting stigma and discrimination in Europe
Together



Working with National governments

Launched in 2013, the [Joint Action for Mental Health and Well-being](#) aims at building a framework for action in mental health policy at the European level and to contribute to the promotion of mental health and well-being, the prevention of mental disorders and the improvement of care and social inclusion of people with mental health problems in Europe. It involves 51 partners representing 28 EU Member States and 11 European organizations including MHE. This Joint Action was the most important collaboration at the European level on mental health in 2014-2015, and MHE actively contributed to the work packages focusing on "Mental Health in all policies" and "Community-based approaches". MHE hopes that the conclusions of this three-year initiative, which are to be presented in 2016, will result in a successful framework for mental health at European level and that political will, both at EU and national levels, will follow.

Meeting with policy makers and involving national members

As a European umbrella organisation, [MHE](#) is committed to improving dialogue and awareness of mental health issues at European and national levels. MHE meets with national and European policy makers on a regular basis including the European commission, national and European parliaments. When meeting with national policy makers, MHE ensures that national organisations are involved as much as possible. We are always happy to share expertise but also to receive feedback on our work to see how we can improve collaboration from a policy perspective.



MHE Staff, Luciana Berger Shadow Minister for Mental Health in the UK, and Paul Spencer, Parliamentary Manager from MHE member organisation Mind (UK)

IV. Access to healthcare

- Acknowledging and addressing the link between mental and physical health

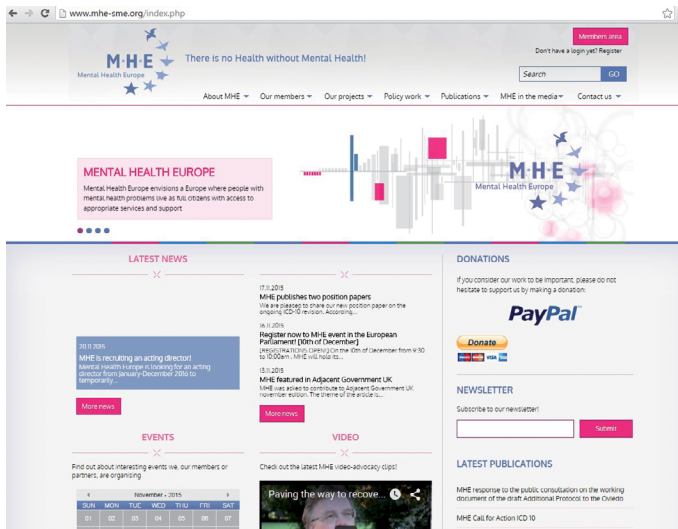
In September 2014, MHE published [a detailed research](#) paper in collaboration with the University of Maastricht. A shorter position paper was also published and widely disseminated, calling on EU policy makers to acknowledge the link between physical and mental health in their health policies and programmes, to better support scarce research in the field, and for training, educational and awareness-raising programmes to be launched and supported by both national and EU financial instruments. MHE published [an article in Adjacent Government UK](#) about the lack of consideration given to the link between mental and physical health. The magazine is distributed to around 80,000 key people and organisations throughout Europe who work on healthcare issues including mental health. MHE also uses the outcomes of this research in presentations and policy work, to little by little raise awareness on this important issue.

- MHE Contribution to Eurofound report – Healthcare in times of crisis

Since the economic and financial crisis of 2007-2008, many EU governments have continued to reduce the funding for public healthcare services. The crisis also had a considerable impact on the health of Europeans as well as healthcare systems and conditions such as mental ill-health have become more common, partially as a consequence of growing unemployment and job insecurity. Service providers and governments are faced with the challenge of maintaining or improving access to quality healthcare services in the context of reduced resources and increased demand. Diminished access poses a risk to the EU's targets on inclusive growth and social investment, as well as to the fundamental right to healthcare. In 2014, Eurofound finalised an important research report on how access to healthcare has been impacted because of the crisis. [MHE contributed extensively to this report](#) and continues to monitor the impact of the crisis.



OUR WORK: COMMUNICATIONS



Early in 2014, MHE proudly launched its brand new website; the overall design of which is improved and modernised and allows users to access content more easily than before. Latest publications appear on our homepage directly, plug-ins enable a better view of the latest news and every category can be found on the right hand side of each section of the website. We have also launched new features such as a PayPal donation button to support our work, [a digital library](#) and [forum](#) for gathering content and feedback for our BBP task force, as well as a general reorganisation of the website's content. As always, MHE seeks to improve its communications based on feedback from members and readers and welcomes any comments or suggestions!

Boosting MHE's visual and digital identity

In today's digital world with its constant flow of information, MHE knows that it can be difficult for our members, friends and readers to keep up with the most up-to-date news. Therefore, our new communications motto is "the shorter the better": whilst we continue to provide detailed and in-depth reports, presentations of our activities and what we work on, we believe it also important to share with people visual and easy to grasp documents. We want members and stakeholders to have quick access to information. We want future members to easily understand what we can do for them, and how we can work together. Therefore, as you may have noticed, MHE is slowly but surely working on new material and ways to communicate with you!

There is no health, without mental health!
Our priorities, our work:

We represent 70 member organisations...
From 30 different countries!

We need to
raise awareness and increase understanding of mental health and wellbeing

We are working on
the implementation of the Convention on the Rights of Persons with Disabilities by the European Union

We believe in
recovery through empowerment, community support and social inclusion

We advocate for
the mainstreaming of mental health in ALL policies

We call for
de-institutionalisation and community-based approaches

We defend
the right of people with mental health problems to access appropriate care and support

We want
to ensure that people with mental health problems fully enjoy their rights as citizens and can make their own decisions

We fight
stigmatisation and social exclusion

email: info@mhe-sme.org
phone: + 32 2 2304761
www.mhe-sme.org

facebook.com/mentalhealtheurope

@MHESME

Why members joined

Finding and maintaining contacts with other organisations involved in the field of mental health

Receiving regular information through our free web-based newsletter on EU mental health developments

Ensuring opportunities to participate and influence policymaking at EU level

Sharing examples of best practices with other member organisations, discussing policy and legislative developments

Participating in consultations and becoming partners in relevant European projects

Attending conferences, seminars and capacity building on mental health policy and practices

Mental Health Europe is committed to provide a wide picture of mental health issues across Europe as well as relevant information on legislative development and European policy in the field of mental health. We aim to influence policy-makers and stakeholders in a positive way and this as a strong collective voice which we could not provide as individual organisations!

email: info@mhe-sme.org
phone: + 32 2 2304761
www.mhe-sme.org

facebook.com/mentalhealtheurope

@MHESME

In October 2015, we were happy to introduce our new newsletter's design: thanks to this new format, we can now monitor what is of interest to our readers, who we manage to reach, but also what kind of information people are more keen to receive.

Raising awareness and combating stigmatisation

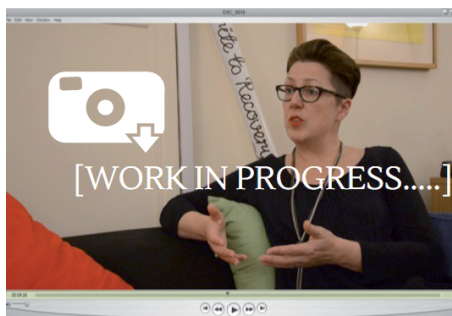
While advocating for mental health in all policies is vital, raising awareness towards the general public is an equally important priority for MHE. Misconceptions about mental health remain, and too often people with mental health problems are stigmatised and marginalised if they dare to speak out: this must end. We know that lack of knowledge about mental health and the way it is portrayed in the media often result in even greater stigma. Therefore, MHE is committed to sharing inspiring content but also food for thought on its social media. MHE will continue to pinpoint and react to stigmatising content published by the media, and will continue to develop awareness raising materials. We also have an awareness raising campaign planned for the future to help lessen stigma and discrimination.

To this end, our communications on social media are crucial and we would like to invite members and readers to like, share and comment on our content! For the past two years, our social media accounts ([Twitter](#) and [Facebook](#)) have gained thousands of followers and we could not be prouder, because in the digital age social networks are an essential tool for spreading our messages and advocating for our cause!



WORK IN PROGRESS: raising awareness on recovery

At the end of 2015, MHE met with professionals in the field of mental health as well as users and ex-users of services in Scotland and Belgium to speak about the notion of recovery. The video gathers interviews and testimonials which seek to answer the following question: what is recovery? The video will be officially released in January 2016: stay tuned!



Having our voice heard across Europe

Throughout 2014 and 2015, MHE attended and participated in numerous key events as well as presented at some of these events as experts in European developments and mental health policies. By attending these events across Europe, we have made sure that our voice was heard within the European institutions (European Commission, European Parliament hearing of the Disability Intergroup) but also in big institutions such as the OHCHR in Brussels as well as the United Nations in Geneva.

MHE events

In 2014 and 2015 MHE organised a number of events, targeting our members as well as the public.

Setting up and supporting national platforms on mental health

In 2015, MHE supported the organisation of meetings to help set-up or further develop national platforms for mental health. The first platform meeting was held in Bratislava, Slovakia together with our Slovakian members (ODOS and the Slovak League for Mental Health) followed by another successful meeting in Estonia with our Estonian member organisation Estonian Mental Health Society. The main objective of these successful platforms was to encourage multi-stakeholder discussions on mental health policy at national level (including users, professionals, and decision makers).

Capacity-building of members

A number of capacity-building seminars for MHE's governance bodies as well as our full membership were organised in 2014-2015. These occasions provided opportunities to discuss a variety of topics of relevance for mental health, such as recovery, awareness-raising campaigns, community-based support, access to health services, early interventions models...

We also allowed for members to present models of good practice from their countries and to exchange views on developments in the field of mental health.

Empowerment of users and ex-users of psychiatry

A highly appreciated seminar was organised through collaboration between MHE and the European Network of (ex)Users and Survivors of Psychiatry (ENUSP) at the end of 2015. 22 members from 16 different countries gathered around the theme “Strengthening the (ex) user/survivor voice in Europe”. MHE wishes to continue to strengthen the collaboration between our two organisations as we share a lot of common ground and convictions!



*Stijn Jannes
(MHE Senior Policy Adviser),
Rita Donabauer
(MHE Vice-President)
and Jan Van Speybroeck
(MHE Treasurer)*



*Participants at the event on the Role of Employment in
the Lives of Persons with Mental Health Problems in the
European Parliament*

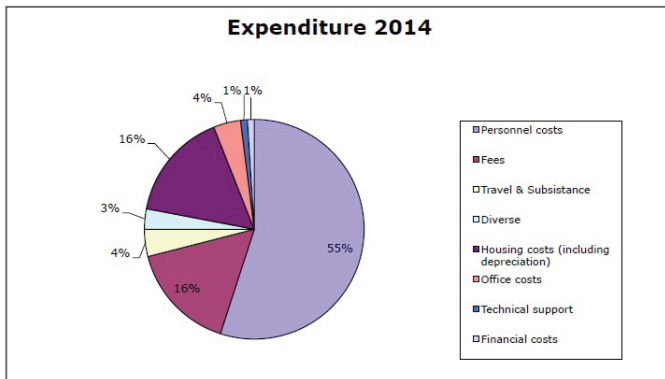
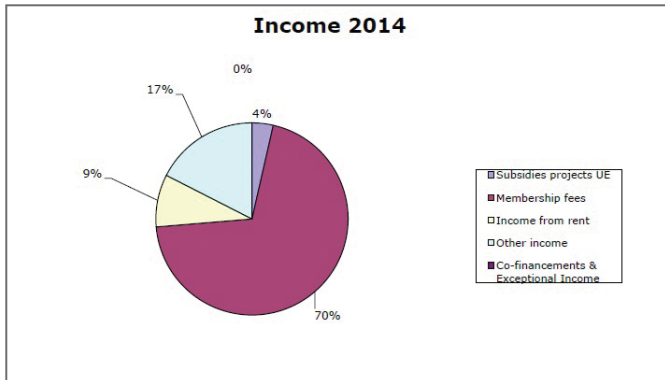


*Mental Health Europe held its annual Capacity Building
Seminar in Brussels from 9th-11th December.*

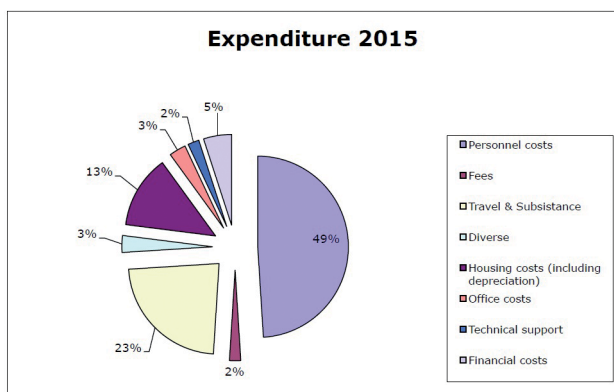
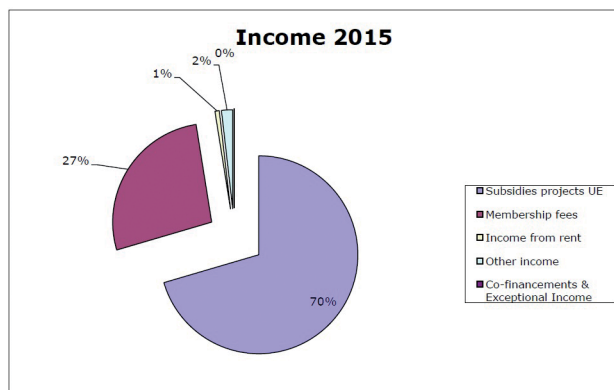


FINANCIAL REPORTS 2014-2015

2014 was a challenging year for MHE from a financial point of view. The organisation had to operate with limited resources mainly consisting of membership fees. We wish to take this opportunity to thank our members for believing in MHE as well as for their continuous support. Despite the difficulties we faced, we continued to grow in terms of numbers of member organisations and received generous support from a couple of our member associations.



This trust in MHE paid-off in 2015 when we signed a three-year framework partnership contract with the European Commission, allowing us to recruit two new colleagues, undertake a number of activities as well as to organise events. We continue to work on the implementation of our fundraising strategy, aiming at further diversification of our sources of income. We will however remain true to our ethos and only seek grants, subsidies and donations consistent with MHE's values.



2016 : To be continued

We hope this activity report shows how interesting and challenging these past two years at MHE have been. We would like to remind our members that MHE is about you and your contribution, and to encourage you to be involved in our policy work. The more feedback we receive from you, the more impactful our work will be towards the European institutions and other international organisations. We do hope 2016 will be a great year for mental health. We will continue to push for the mainstreaming of mental health in all policies and the implementation of the UN CRPD in the European Union as well as to advocate for the rights of people with mental health problems. There is no health without mental health !

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