

IMPLEMENTATION OF MENTAL HEALTH PROMOTION 29th March 2007, STAKES

Mental Health Promotion from an NGO viewpoint

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Dear Friends,

I work as the Deputy Mayor of Helsinki, but at the same time I do voluntary work as the President of Europe's largest mental health NGO. I was elected to this position of trust in the spring of 2005, but I have been familiar with the Finnish mental landscape for quite a long time. I hosted the popular Nightline radio programme from 1986 to 2002, first on the metropolitan Radio City and later on the nationwide YLE (Finnish Broadcasting Corporation). I talked with more than 12.500 people live on air, almost every one of them in some sort of a crisis. Especially challenging were the cries for help by children and young people. My general message was that one can move forward even from difficult situations when one has the courage to seek help. It is counter-productive to wallow one's problems alone and especially in the night. They must be brought from "nightline" to daylight.

The Finnish Central Association for Mental Health is an organization founded by mental health rehabilitation patients and their families. There are 173 member associations in the Central Association with a total of more than 21.000 individual members, and the number is growing steadily.

Of the 240.000 Finns on disability pension, 43 per cent have retired from working life for mental health reasons. In the year 1985 the figure was 32 per cent, in the 1940's only 5 per cent. Although we are a small nation, 9.000 people retire for psychological reasons every year, one third of them under 35 years of age.

In my post as President, I believe that I have gained a good perspective to the everyday life of people with mental problems and their relatives in Finland today. The picture is not happy. Care and rehabilitation are not available for everyone. Mental problems are often accompanied by difficulties in other areas of life. The most prominent of them are poverty, loneliness and the lack of meaningful activity. If the situation in these areas could be improved, many would have a new grip on life and might even return to working life. This requires decisive action from those in positions of power both at the national and at the local level.

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The role of the so-called third sector as a complement to the public mental health services has grown considerably in the past decade. In Finland, we have the great advantage of being financed by RAY (Slot Machine Association) founded by NGO's. The RAY owns most of the gambling machines in Finland and distributes the profits to public good causes and foundations in the social and health branch. This has made the development of various services possible. There is a danger, though, that public health care transfers its responsibilities to voluntary associations and cuts its own services.

A bill was passed in Finland two years ago which determined the minimum period of time in which patients must receive treatment. For somatic illnesses, the situation has improved, but the bill has

not improved the situation of the mentally ill – rather on the contrary. First aid is usually available, but afterwards, the patient is sent home with a box of pills. This situation has been compared with a revolving door – a person moves in and out the hospital admissions ward.

After the acute phase, the mentally ill need long-term rehabilitation which is not nearly available for everyone. The active parties in the third sector, such as the Finnish Central Association for Mental Health, do their best to fill in the gaps. This is why we - as the first organization in Finland - started our rehabilitation courses 25 years ago, at time when the rest of society did not believe in them.

The real need for care and other services is not fully known since there are considerable shortcomings in the statistics. Nobody seems to have a comprehensive picture of needs, resources or trends. The situation could not be worse from the customer's point of view. One would think that it is not difficult to agree on uniform principles of statistics in order to follow up developments reliably.

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Work and working environments place more demands on mental health now than in the past. There is a growing demand for teamwork and co-operation in almost every job. Many people pushed to the verge of their capabilities at work feel themselves being too ill to work, but the opinion of a doctor evaluating their working ability is that they are too healthy for retirement. On the other hand, many of those who have enjoyed disability benefits would be willing to return to working life, but this leaves them without support.

From the mental health point of view, it would be of utmost importance that everyone would have some kind of basic support even when they have fallen ill. In order to receive the statutory benefits, however, one must be familiar with the bureaucracy and go through a lot of trouble filling the forms. Our social security system is far too fragmented. If one must continuously struggle on the limits of subsistence, all of one's energy goes to this struggle and there are no resources left for normal life, not to mention for rehabilitation. The mental load in the complicated jungle of benefits can become unreasonable. In many cases, rehabilitation begins only after retirement, when the rehabilitation patient can better concentrate on his or her own well-being.

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The Finnish Central Association for Mental Health has paid attention to the fact that when a parent in the family falls ill and is hospitalised, he or she is not always asked whether there are children at home. Our care system often concentrates only on the individual patient. In case of mental illness, the whole family should be supported and helped – especially the children.

Many problems of adults are rooted in earlier experiences. A human being is in interaction with environment from birth. This interaction moulds the person who, in turn, has an impact on his or her surroundings. Even if a parent tries to do everything possible for the children, the capabilities are often stretched to the limit.

The best and most accurate preventive treatment of mental problems is to help the families who are already experiencing mental illness. It is known that as many as 40 per cent of the spouses of those who have fallen ill experience serious depression. The figure is 60 per cent for children under 25 in families where the parents suffer from mental illness. At the moment, there is a collection for

these children organized by the Evangelic Lutheran Church. This collection is a breakthrough in collecting funds for supporting the mentally ill and their families.

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The non-governmental organisations (NGOs) play an important role in many ways. One of their most important missions is to offer peer support. People who have experienced the same illness and rehabilitated from it are often in the best position to offer support to each other. Peer support can be applied systematically and successfully in addition to professional mental health work. The Trio Project of our Association was recently awarded the national rehabilitation medal for promoting this type of work. The project – as one can deduce from the name Trio – combines the expertise of the psychiatric care professional, the peer support worker, and the rehabilitation patient. We have already documented evidence that this combination works in practice.

In the work against stigmatisation it is important get all sectors of society involved in order to change attitudes towards mental health and rehabilitation patients. Our Association conducts regular surveys on the attitudes of the general public, mental health patients, their families and professionals. In Finland, mental health and rehabilitation patients are still a group to which more negative attitudes are projected than to any other group except those with criminal and drug abuse background.

The latest published survey from October 2003 reveals that a considerable percentage of Finns still do not want a mental health rehabilitation patient as a neighbour. The most educated persons have the most negative attitudes. Thus higher education does not guarantee a higher degree of tolerance or understanding – on the contrary. The most tolerant ones were the unemployed and those with least education.

In recent years, mental health issues have entered public debate also in a constructive manner. There are many reasons for this. Mental health problems occur in the immediate vicinity of more and more people. The media have been more interested in the subject. Respected public figures have told their own stories and affected the attitudes. This is still not enough. Rehabilitation must acquire a common “neighbourly face”.

The NGO's try to introduce the mental health aspect into all levels of decision-making. Just like the environmental effects of major development projects are nowadays assessed, an assessment should be conducted on the social and mental health effects should be conducted. Promoting the status of mental health rehabilitation patients and enhancing mental health in general requires the cooperation of a number of actors.

Ladies and gentlemen,

The Central Association for Mental Health wants to communicate three core messages. First, we want to point out that human rights belong to everyone. This should never be forgotten. Second, we maintain that it is possible to recover from mental illnesses – if adequate help and support are provided. Should this not be the case, one must be able to live as good a life as possible. And third, we firmly believe that each person is the foremost expert on his or her own life. Everybody has a right to set their own goals, and receive support to reach them.