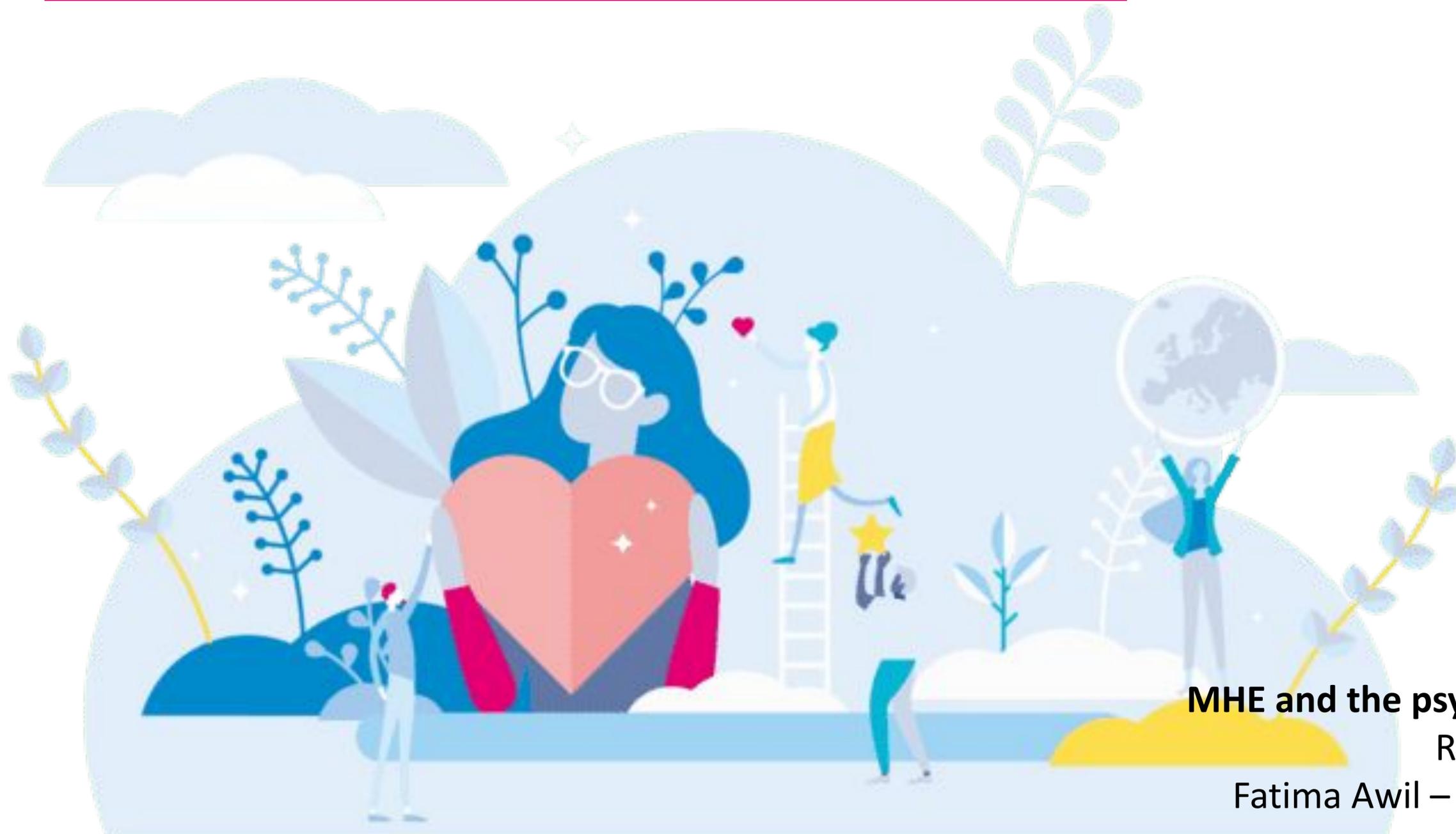


MENTAL HEALTH EUROPE

THERE IS NO HEALTH WITHOUT MENTAL HEALTH

M·H·E
Mental Health Europe



MHE and the psychological model of mental health

RMH C3 / 12.10.2021

Fatima Awil – MHE Policy & Knowledge Officer

Who we are

Mental Health Europe (MHE) is the largest independent European network organisation working to:

- **Promote** positive mental health and wellbeing
- **Prevent** mental health problems
- **Support** and **advance** the rights of people with mental ill-health or psychosocial disabilities



35+

YEARS OF ADVOCACY



30+

EUROPEAN COUNTRIES



70+

MEMBER ORGANISATIONS



8

STRATEGIC PRIORITIES





Our vision

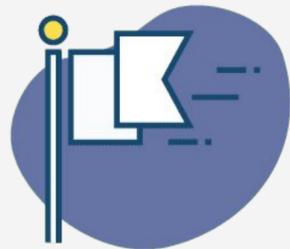
MHE envisions a Europe:

- Where people with mental health problems live as full citizens with access to appropriate services and support,
- Where positive mental health and wellbeing are given high priority in the political spectrum and on the European health and social agenda, and
- Where meaningful participation is guaranteed at all levels of decision-making.



Our mission

We advocate for positive mental health and wellbeing and the rights of people living with mental ill-health.
We raise awareness to end mental health stigma and discrimination.
We build capacity to improve mental health for all.



Our values

- Dignity and respect
- Equal opportunities
- Freedom of choice
- Non-discrimination
- Democracy and participation
- Transparency



**The United Nations Convention
on the Rights of Persons with Disabilities
is the foundation
of our work.**

What we do



We take great pride in preserving our independence from the undue influence of health-related industries

- We advocate to make sure that **positive mental health** and wellbeing are given **high priority in the political spectrum** and on the European health and social agenda
- We work closely with the European institutions and international bodies to mainstream **mental health in all policies** and promote **recovery-based community mental health services**
- Together with our members, we formulate recommendations for policy-makers to **develop mental health-friendly policies**
- We continuously **champion respect for the human rights** of people with lived experience of mental ill-health
- We place users of mental health services at the heart of our work to **ensure their voices are heard** across Europe
- We **raise awareness** to end mental health stigma and discrimination throughout Europe
- We **build capacity** to improve mental health for all

Our strategic priorities

- **1. Foster a human rights-based approach to mental health**
- **2. Promote the uptake of the psychosocial model to mental health**
- **3. Achieve accessible, high-quality, recovery-oriented mental health services in the community**
- **4. Strengthen co-creation with experts by experience, their supporters, service providers and other actors**
- **5. Reduce mental health-related stigma and discrimination**
- **6. Strengthen MHE sustainability and impact.**

Webinar | MHE's New Strategy: Bridging Policy-Making and Human Experiences | 14 October 2021

Mental Health Europe is delighted to invite you to the launch of our new long-term Strategy 2022-2025 on 14 October from 12:00 – 13:30 CET to mark World Mental Health Day.



World Mental Health Day 2021

Mental Health Europe's New Strategy:
Bridging Policy-Making and Human Experiences

14 October 2021

12:00 – 13:30

World Mental Health Day Events

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World Mental Health Day 2021

Mental Health Europe's New Strategy:
Bridging Policy-Making and Human Experiences

14 October 2021 12:00 - 13:30

On the occasion of World Mental Health Day 2021, Mental Health Europe is pleased to launch its new long-term Strategy 2022-2025, which was designed in collaboration with MHE members and

What is the biomedical model vs the psychosocial model of mental health

What is the psychosocial model of disability?

The understanding of psychosocial disability and mental health comes from two different frameworks: the biomedical and the psychosocial models.

- The **biomedical model** frames psychosocial disability as an illness mainly caused by biomedical factors and genetic predisposition.
- The **psychosocial model** frames psychosocial disability as a human experience. Distress is caused by a variety of factors including wider socio-economic issues, challenging or traumatic life events and personality. With this model, a psychosocial disability is a mental health problem which when combined with barriers in society becomes disabling.

The shift from a biomedical model to a psychosocial model is enshrined in the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD). MHE subscribes to the psychosocial approach to disability and works toward the full implementation of the UN CRPD.

Psychosocial model of mental health

Why it is essential for the movement

- Need for increased adoption of the psychosocial model in mental health promotion and care
- Essential for challenging Mental Health inequalities
- MHE worked towards the uptake of the psychosocial model to mental health. We do this by:
 - Increase the commitment, awareness and capacity of key relevant actors at European and national level to understand and apply the essential frameworks to mental health with a psychosocial approach
 - Build bridges between the local, regional, national and European realities to create integrated action
 - MHE promotes a psychosocial model to mental health. This brings a balance in the activities and opinions expressed, allowing for a more evidence-based, nuanced and objective picture, to the great benefit of European policy making, of the implementation of the social model of disability in the field of mental health, and of the creation of a more cohesive European society.
- Data: Strengthen the production and exchange of data, evidence and promising practices about human-rights based policies and practices that apply a psychosocial approach for the implementation of the EPSR, ESRPD and UNCRPD
- Reinforce cooperation with and between key actors fostering an intersectoral and intersectional psychosocial approach to mental health, including but not limited to aspects such as gender, age, comorbidity, race and promote a “mental health in all policies” approach
- Taking a psychosocial approach to disability means reaching out and maintaining strong relationships with a wide range of international and civil society organisations, whom we inform and with whom we collaborate to achieve human rights advances, address barriers to meaningful involvement
- Addressing mental health stigma/ awareness raising among the general public

WORDS MATTER

WHAT DO YOU SAY WHEN YOU TALK ABOUT MENTAL HEALTH?

When it comes to mental health and mental ill health, the words we use matter more than we think. The way we talk about mental health and people experiencing mental distress can reinforce negative stereotypes and be stigmatising, without us even realising it. Language is a powerful tool for creating awareness and fighting stigma, so here are a few tips on how to be mindful of the words we use and how to avoid causing offence when we don't mean to. We have tried to pick terms that are non-stigmatising, but we understand that each person is unique, and some people may not identify with the language chosen here.

BE CAREFUL WITH LABELS: DO NOT REFER TO PEOPLE AS THEIR CONDITIONS

A person living with a mental health problem is much more than their experience or diagnosis. You could not describe yourself with a single word, could you? Avoid the use of diagnostic language when referring to people: A diagnosis does not represent a person's whole identity!



- "A person with a mental health problem"
- "A person living with mental ill health"
- "Mental health service users"
- "Person with lived experience"
- "Expert by experience"



- "A psycho"
- "He/she is a schizophrenic" / "A depressive"
- "The mentally ill/sick"
- "People with mental disorders"
- "The mentally diseased/disordered"

SPEAK ABOUT THE EXPERIENCE, NOT THE SYMPTOMS

We all have mental health, and we may all experience psychological distress at some point because of specific events or circumstances happening in our lives. Experiences of mental distress can vary greatly from individual to individual. When we need to bring up someone's mental ill health, it is better to speak about what they are experiencing, rather than using psychiatric terms. Terms such as 'illnesses' or 'diseases' can be helpful for some people as they may help them seek help and support, but they can also hinder our understanding of mental distress as a wide spectrum of experiences and feelings.

Our strength is in our members

We are proud to have a very broad membership

Our membership includes:

- Users and ex-users of mental health services
- Their families and carers
- National, regional and local mental health associations
- Service providers
- Professional bodies
- Research institutes and
- Individuals who share our values and desire to change for the better the lives and experiences of people with mental ill-health.





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Mental Health Europe



For more information, visit: www.mhe-sme.org



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