tom 12, nr 1, 12–13

ISSN 1732–9841

Social and occupational integrationof people with mental problems — Poland and Europe in the light of Mental Health Integration Index

Sławomir Murawiec: In the context of „the Mental Health Integration Index„ we will talk about integration of people with mental problem into society. In Poland I know patients that are isolated in asylums, excluded from society, patients living in their homes with very good quality community mental health teams taking care of them and I know also the situations that mentally ill people just live in small village with their special status but well integrated into local community. So all the levels of development — as it was before effective treatment era, in the period of asylums and in contemporary era of community psychiatry. Is it the same in all of Europe?

Paul Kielstra: In many ways, yes. Europe is obviously a diverse continent, but the range of medical and social provision for those living with mental illness is huge: it goes from large, isolated psychiatric hospitals in some countries which would not have been out of place decades ago to very modern, integrated community care.

The big advance has been that now the view that treatment should, to the very largest extent possible, happen in the community is widely accepted. The problem for many countries has been, for a variety of reasons which the Index report describes, putting this into practice. In fact, in most countries the majority of those living with mental illness are still treated in long stay institutions, although many countries will also have a few islands of excellent local provision. These long stay typically provide markedly better care than in the past, but are still second best to appropriate community care.

S.M.: In your presentation at European Parliament Interest Group on Mental Health, Well-being and Brain Disorders you said "Real investment separates those addressing the issue from those setting only aspirational policies. The investment figure is a proxy for seriousness in establishing good policy and practice. Unfortunately, there are many examples of policies that are largely aspirational." That is very interesting from Poland's perspective. Could you comment on that?

P.K.: There are a number of European countries where governments as a whole or health ministries have issued apparently very advanced policies but not backed these up with the necessary budgets. The worst cases tend to be in south-eastern Europe, where formal policies are adopted as a result of European Union pressure but there is no strong domestic support for them.

The general problem, though, is wider. It reflects a situation, present in many countries to varying degrees, where all stakeholders increasingly agree on what good mental health services should look like, but where the political will is lacking to do the hard work to change things. This is sometimes because barriers from existing institutions are too great; sometimes it is because creating the necessary community institutions requires too great an up front investment (although shutting hospitals saves money, leading to unfortunate situations in certain countries where these are closed but only scanty new provision exists); and sometimes it is simply because those living with mental illness tend to be seen as on the margins of society and so are not a priority for policy makers. At an extreme, you get what we call in our report "Potemkin policies", which, like a Potemkin village, are all façade without real substance.

S.M.: What are the main findings from „the Mental Health Integration Index" research about Poland?

P.K.: For Poland, as with a dozen European countries, we are publishing articles which look at the national situation in more detail than the main Index report can. I understand that our Polish article will appear in this edition of your journal, but the highlights are as follows:

Poland comes in 15th place out of 30 European countries in our study, but this reflects an advanced policy rather than current reality on the ground. Your National Mental Health Programme, in particular, contains a series of laudable aims to move the country toward effective, community based care and integration of those living with mental illness in society. Unfortunately, though, implementation is still greatly lacking: mental health provision varies extensively by region and relies on outpatient clinics and hospitals which often continue to take a medicalised approach to care. Similarly, human rights protections for those with mental illness in Polish law often promise more on the surface than they deliver in practice. On the other hand, employment services, where those living with mental illness benefit from general provision for the disabled, are a relative strength.

S.M.: How does Poland look in the context of other EU countries?

P.K.: It is fair to say that Poland is doing better than a number of European countries, but that doesn't necessarily take much in some cases: in one of the worst ones the authorities are facing a legal case for allowing a number of individuals with a mental illness to die of cold and starvation in a state-run institution. On the other hand, experts in those countries which finish highly in our Index are usually quick to point out that they still have a long way to go in important areas. Treatment gaps, for example, remain huge in a way that would be unacceptable for any other major illness. I think the broader lesson from the European context is that we all have a lot to do in this area.

S.M.: In the same meeting of the group Peter Huxley said "Work is important for self-esteem and a sense of purpose, but it can also be a source of stress and related ill-health, leading to days lost to production." Is work important for people with mental health problems? What are the obstacles they usually meet in their way to get and keep the job?

P.K.: Work is immensely important for those with mental illness. Most such individuals, especially when their condition is stable, want employment. Indeed, just as work can be a source of stress, unemployment also frequently brings with it substantial stress.

There are numerous obstacles that make this more difficult. They begin with the obvious one that it is often harder for those with mental illness to cope with the stresses inherent in many jobs, although it should be stated that "harder" does not mean "impossible."

Other issues, however, greatly compound this problem. One is clearly bias. Employers may see hiring those living with mental illness as a poor decision, especially in countries with high unemployment where they can find people without such conditions. Legal protections, where they exist, can only go so far. There is some evidence, for example, that when staff are being reduced, those with a mental illness tend to be let go in disproportionate numbers. This has the effect of individuals keeping quiet about their conditions, so that even well-meaning employers will not know and therefore not be able to provide a more supportive work environment.

Next, there are structural issues. In particular, government economic support for people living with mental illness in some countries takes time to get started but ceases, or at least is cut substantially, when one enters employment. This means that if the job does not work out, the individual will be unemployed and need to spend time with no economic support at all until the government assistance is restarted. This kind of risk often makes those living with mental illness reluctant to take the huge gamble of beginning to work.

Finally, there is the issue of how we think about where those living with mental illness should be working. Many countries give special legal status, and state support or reduced tax rates, to organisations which employ a given number of those with a mental illness or other disability. On the one hand, this provides work which might not otherwise exist. On the other, very few individuals employed in such a way ever enter the mainstream workforce.

This is obviously a complex area. As our main report discusses, however, Individual Placement and Support programmes seem to have had better, although by no means perfect, results in helping those who wish to work into mainstream employment.

S.M.: Are there any personal reflections from „the Mental Health Integration Index" research or anything you want to say or add to those questions?

P.K.: Perhaps the most striking thing we found in the research is how little is known about many aspects of mental illness in Europe, even though it is clearly a substantial health problem, or about the extent of service provision. Our hope is to shed a little bit of light in this field, but anyone trying to do so, the EIU certainly included, should act humbly in the face of the small amount of hard data available.

S.M.: Thank You.