

PsykiatriFonden, a Politically-Neutral Advocacy Organisation for Mental Illness

In order to improve the quality of treatment for patients with mental illness, the public perception of psychiatry and to combat the suffering that comes with the stigmatisation of mental illness, it is beneficial to have an innovative and neutral advocacy organisation. The Danish Mental Health Fund (DMHF) is such an organisation and strives to promote openness and communication of information about mental illness and mental health to the Danish population. The DMHF maintains a good relationship with the press and other media, publishes a membership magazine, books and articles on psychiatry, as well as arranging educational initiatives and special campaigns. The idea is to encourage people to “dare to care” about mental illness in order to seek treatments at an early stage and prevent treatment noncompliance. The DMHF is financed by the Danish government, by business and individual members, by the medical industry to a small degree and by the Fund’s own activities. Special attention is given to a national campaign against depression in which all 15 Danish regions are actively involved, and a campaign directed towards children and young people. *Adv Schizophr Clin Psychiatry* 2004;1(2):xx–xx.

Mental health is a crucial part of healthcare as a whole, through which a person realises their life potential and their cognitive, affective and relational abilities. If an individual has an altered mental perception this can have serious consequences for the family life, education and social functioning of that person. Symptoms of mental illness, including depression, hallucinations and anxiety, have an obvious detrimental effect on the likelihood of leading a normal life, but stigmatisation of mental illness, with its stereotypes, prejudices and discrimination, also has a major role and can sometimes be more socially inhibiting than the mental illness itself (e.g. by leading to low self esteem, isolation and medication noncompliance [1]). Stigmatisation penetrates both our attitudes and culture; it exists not only in the general public but also among the patients themselves, their relatives and even among professionals, especially psychiatrists [2].

Consequently, it can be said that people with mental illnesses are affected twofold; by the symptoms and disturbances of the disorder and also by the suffering that comes with stigmatisation. Add to this a third factor — the family. Being a parent of a mentally ill young person can often be more life-inhibiting than is generally perceived. Although those in the field of psychiatry talk about the

importance of the family, in practice the relatives are often neglected and forgotten.

No doubt the fight against mental illness, stigmatisation and the suffering of the family is hard, but it is apparent that a positive development is underway. The quality of treatment is more advanced and varied than ever before. Early intervention has become a new central treatment principle [3,4] and there is a growing realisation that anyone can be affected by a mental disorder, even severe illnesses such as schizophrenia, and that these — like most other illnesses — can be treated, even cured in some instances, and to some extent prevented. The recovery concept is in focus.

Together with relatives and patients, many organisations and individuals have contributed to the development of a more open and communicative practice of psychiatry. For example, the anti-stigma activities of the World Psychiatric Association have supported this development in many territories [5], as did the World Health Organisation’s “Stop exclusion. Dare to care” campaign in 2001 [6]. However, this development is just beginning; psychiatric treatment remains suboptimal and insufficient, while stigmatisation and prejudice are still prevalent and are experienced in all sectors of society; in schools and workplaces, at home and in the media. It is a well-known fact that it is long-term commitments and not time-limited campaigns that give the most enduring results.

Therefore, it is important that information and communication processes are maintained, intensified and

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initiated where not yet established. In this context, it is essential to have a pace maker, an innovative advocacy organisation that can establish and maintain these initiatives both regionally and nationally. In Denmark, the Danish Mental Health Fund (DMHF), or PsykiatriFonden, has served as such an organisation for the last 8 years. Below, we describe some essential elements of the Fund.

The Danish Mental Health Fund

The DMHF was founded in the wake of psychoeducation activities that began in the late 1980s, which were primarily for the benefit of relatives of patients with a mental illness. DMHF is a humanitarian, nongovernmental organisation that aims to improve the general knowledge and understanding of psychiatric illnesses and to help combat prejudice and stigmatisation. The three main steps in this process are:

- Providing and promoting information about mental illness; e.g. the most important symptoms to watch out for, preventative methods and up-to-date treatment options.
- Promoting openness and communication.
- Promoting action and personal help; e.g. the “dare to care” principle in which people are taught to care for themselves and their relatives, to prevent noncompliance and to seek treatment at an early stage.

The DMHF also aims to support and stimulate research into mental illnesses, with equal weight on biological, psychological and social aspects. More effective treatment methods are still the most significant way to help patients and their families to combat symptoms and stigma. Finally, the DMHF strives for better conditions for people with mental illnesses, both on an individual basis (e.g. by giving advice on mental treatment and financial support when the public possibilities are exhausted) and within society as a whole (e.g. via influence on the political system and labour market).

Organisation and economy

The DMHF has a board of governors consisting of nine members: two psychiatrists, a psychologist, a lawyer, a relative and representatives from the school system, from labour organisations and from the media. Furthermore, the Fund has a presidium consisting of 10 highly respected, well-known people from different walks of life in society, with a former director of the Danish National Bank as the current president. The Fund is run by a director, a staff of 12 full-time employees; a further 50 volunteers work in the telephone advisory service.

At present, the total revenue of the DMHF is approximately 2 million Euros, of which:

- 45% comes from the government.
- 25% comes from members of the Fund, publishing and meetings.
- 15% comes from private sponsors.
- 6% comes from the medical industry.
- 9% comes from various other sources.

The DMHF has 10 000 individual members who each pay 20 Euros a year and 100 business members who each pay 60 Euros a year.

Publishing and media

The DMHF membership magazine, *Psykiatri-Information*, is our main means of communication and is currently mailed to 40 000 subscribers, including individual members of the public, hospital staff, social psychiatric shelters, libraries, educational institutions, politicians and interest groups. The magazine focuses on all aspects of mental illnesses, including results of new research, new types of treatment and current debates in psychiatry/psychology. The magazine also provides information on relevant national and regional activities. Furthermore, the DMHF has published 28 books on psychiatric and psychological topics. These books are often sponsored and can therefore be sold relatively cheaply in order to increase the number of readers. As a result, the overall aim of the Fund, to combat prejudice and ignorance by spreading knowledge and understanding of psychiatric illnesses, benefits enormously.

The media is of paramount importance to an advocacy organisation such as the DMHF. Only a minor part of the population listens to or reads information on mental health and illness from the experts; the majority does not. However, they do read newspapers, listen to the radio and watch television. Therefore, the Fund always tries to maintain a strong and reliable relationship with the press and aims to be a dependable partner and source of information on psychiatric topics. The DMHF also hosts two annual week-long public meetings that feature lectures, discussions and workshops on major and current themes in psychiatry and psychology. In addition, the Fund arranges 1- and 2-day courses throughout the year on topics of particular interest. Some of the most popular courses in recent times include psychopharmacology, self-esteem and cognitive psychotherapy, personality disorders, schizotypia and borderline disorders.

Campaigning against depression

Depression is one of the most serious mental disorders, both for individuals and for society as a whole. It is an illness that most people can identify with. Although it is common, with a lifetime risk of 10–15%, depression often goes

undiagnosed and untreated. This is mainly because people do not recognise it as treatable and do not seek help, but also because healthcare providers overlook it. Consequently, it is an obvious target for DMHF activities. The national depression campaign utilises both the knowledge base and information services (e.g. magazine, folders, books, videos, courses, seminars and hearings) of the DMHF. The most valuable element of this collaborative effort with local psychiatric institutions and initiatives has been the establishment of 15 regional centres across each of Denmark's counties. Each centre has a local manager (paid by the regional council) and a local presidium, often with the county mayor as the head of the presidium.

The close cooperation between the central national and regional parts of the campaign has proven to be extremely fruitful. During monthly meetings with all regional managers and members of DMHF, many new and useful ideas are developed. The Fund also supplies regional initiatives with different kinds of materials, including a travelling exhibition and short films about depression and stress, which are lent to libraries, schools, institutions and town halls free of charge.

The "happy bus"

Children and young people are a special target group for DMHF activities, though in principle the goal is the same — to promote knowledge and openness in mental health and to combat stigma and prejudice. This is of particular importance in children, who also suffer from mental problems and illnesses and often stigmatise each other to a high degree. The DMHF also allocates special focus to children with mentally ill parents.

A central element in the children and youth project is the DMHF information bus (Fig. 1), dubbed the "happy bus" by the Danish press. This is essentially a portable classroom, a mini-library and a high-tech exhibition hall. The bus is, in itself, a distinct symbol that is difficult to overlook in the middle of a schoolyard. The staff in the bus teach, guide and debate with children and teenagers on mental health topics that have particular importance for students (e.g. eating disorders, drug abuse, depression and sadness and social anxiety). The bus can accommodate 30 students at a time and there are eight computers with internet access, DVD and video. The schoolteachers are informed in advance and receive additional information in order to be able to integrate the knowledge and openness pupils learn from the bus into their future teaching. This may promote, for example, an increase in contribution to early intervention.

Advisory services

The DMHF provides telephone and internet counselling which has an important and valuable role in providing a

Figure 1. The Danish Mental Health Fund "happy bus".



personal service to individuals who need anonymous and confidential advice and help. The service is also used by students, government and nongovernmental organisations, politicians and people interested in psychiatry and psychology in general. Business enterprises also use this service when they need advice on coping with mental problems among their employees.

Exclusion from the workforce due to a mental illness or, for example, abuse related to alcohol or drugs, often leads to long-term unemployment. This is not only a serious social and economic problem for the unfortunate individual but also one of the most pressing problems on the current political agenda in most countries. In the European Union, unemployment has stagnated at approximately 8–10% of the active population. This corresponds to approximately 16 million people, roughly half of whom have been out of work for >1 year. Thus, combating exclusion from the workforce of people with psychiatric or psychological disabilities is a high-priority task. In order to help with this, a Business Advisory Centre has been established under the auspices of the Fund. The centre gives a number of lectures every year to businesses eager to help their employees combat mental disorders or abuse of alcohol and drugs. Furthermore, businesses that subscribe to this service can seek psychological help for their employees within 24 h and can request special programmes aimed at achieving a healthy work environment.

Providing refuge

In collaboration with the Danish Ministry of Social Affairs, the DMHF has established a refuge for psychiatric patients that need accommodation on a short-term basis. The DMHF believe that patients undergoing treatment in the local mental health service should not have to be admitted to a mental hospital to have a place to stay the night or for a short while, and the refuge provides this alternative. Patients

staying here are also offered a limited form of care. The first DMHF refuge was established as a pilot project in order to gain experience for future projects and is situated close to the DMHF office and the local community mental healthcare centre. The DMHF envisage that the standards of care in the area will subsequently improve, while ensuring that the services provided by mental hospitals are reserved for patients with more severe symptoms.

The perception of psychiatry and the role of the psychiatrist

Despite improvements in the scientific understanding of mental health disorders and advances in their treatment, there is still a lack of respect towards professionals working in psychiatry. Our image in the general public, as well as in our own ranks, is not as good as it should be. The general public is sceptical and the media often carries stories about patients who are overdressed, patients who receive insufficient psychotherapy and lack of treatment coordination in severely ill patients. Consequently, young doctors are choosing other specialities. Most damaging of all are acts of violence committed by psychiatric patients (most often following noncompliance) that receive adverse publicity and thus, in the minds of the public, confirm the inability of psychiatrists to cope with mental health problems.

There is an urgent need to improve these conditions and advocacy organisations for mental illness are an important means in this context. In this paper we have described the Danish model but many others could be used. The essential point is that information and communication on psychiatric topics, facilitation of research and improvements in the quality of life of people with mental illnesses are provided both nationally and regionally, with clear aims to:

- Establish a more effective psychiatric prevention and treatment strategy, including early intervention.
- Eliminate stigmatisation.
- Secure more involvement and communication with relatives of the mentally ill, thereby improving the image of psychiatry.

It is important that psychiatrists participate in this process because a good psychiatrist is not only the key person in diagnosing and treating mental illness, but they are also

opinion leaders and role models in mental health issues. The engagement and commitment of the psychiatrist is therefore crucial to the success of this work. However, as previously mentioned, the psychiatrist is not always qualified for this job [2]. In some aspects they may share the stigmatising attitudes and prejudices of the general public. The psychiatrist must learn to integrate the concept of stigmatisation in their therapeutic understanding of the patients and relatives; beating the symptoms of the illness is only half a victory [7].

Conclusion

Psychiatrists must learn to hear what patients and relatives tell them about stigma and discrimination [1,2,8]. By doing so, the communication of information can be improved and result in better psychiatry, a better perception of psychiatry and greater participant satisfaction. To work with these themes in the field between psychiatry, politics and humanism in a politically-neutral advocacy organisation for mental illnesses is an exciting and rewarding activity that can be recommended to everyone.

Disclosure

The authors have no relevant financial interests to disclose.

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