

Two Days Congress in Brussels

Title: Focus on Inclusive Health

Aim of the Congress

The congress in Brussels was focused on health and healthcare for people with both mental and psychosocial disabilities. The aim was to research and discuss the status of healthcare for people with disabilities in Europe. We looked at what is already succeeding, and at what could still be improved. We recognize that general practitioners (GPs), healthcare organisations, healthcare professionals, and hospitals have an important role when it comes to improving the health of people with a disability and providing fitting care for them.

Themes

1. The knowledge that GPs, healthcare organisations and hospitals need to have about people with a (mental) disability and psychosocial constraints.
2. The approach towards people with a disability and psychological constraints.
3. The diagnosis of health problems.
4. The treatment has to fit the specific health problems for people with a disability.
5. The effect of a healthy lifestyle on the participation and quality of life of people with a disability.

Our contribution

We participated on the second day of the congress in a discussion on themes related to health, participation and quality of life. Various researches from different organisations were involved. Alice Schippers, Peter Langdon, Laurence Taggart and Henriëtte Sandvoort each presented their research and showed how this research contributed to participation and health. Furthermore, they showed the effect of good health on the quality of life.

Discussion

After the short presentations, a discussion followed in which people could ask questions and share personal experiences. The themes that were mentioned in the discussion were: knowledge about health problems, stigmatization and self-stigmatization, discrimination and labelling people. One of the key take-aways was that patients are also just normal people. Moreover, we talked about when a patient is a patient and when is a patient is just a human, like everyone else.

The most important themes summarized.**1. Knowledge about people with minor mental disabilities and psychosocial problems.**

During the congress, it became clear that mostly GPs need to have knowledge about people with a mental disability and people with psychosocial problems. GPs have to know what a minor mental disability means and how to adapt to it. A few things have already improved in this area, but it continues to require extra attention. It would be desirable if GPs with too little knowledge got the opportunity to be educated on this topic.

2. The approach towards people with a disability.

GPs need to adjust their approach when addressing people with a (minor) mental disability. They should, for example, be very clear and straightforward in their communication. Moreover, they should treat everyone as adults, show that they are taking enough time and take the patient seriously.

Communication

It is important that the GP communicates without using difficult words, that they talk in a tranquil way and that they take their time for people with a (minor) mental disability. The GP should also regularly check if the patient understands what is being said. People with a minor mental disability have a lower cognitive ability. This means that they have trouble taking up a lot of information at once.

People with a (minor) mental disability, like other people, want to be treated as adults, and thus want to be taken seriously. This requires the GP to carefully listen to the patient and empathize with the patient. Childish communication needs to be avoided and the GP should treat the patient as an adult.

3. Diagnosis of health problems.

Issues commonly arise when an accurate diagnosis needs to be made for the health problems of people with a disability. This may be caused by the fact that patients express their health complaints differently from what they mean. For instance, people with a mental disability often have trouble explaining where health complaints are coming from. Physical complaints could have a medical cause, but some complaints might have to do with psychological well-being. For example, someone may be tense as the result of an unpleasant situation that occurred in their life.

4. The treatment needs to fit the specific health problems and the nature of the disability.

People with a disability very often don't get the right type of treatment or don't get treated at all. The treatment often doesn't fit the health problems or the nature of the disability. Unfortunately, it also happens that people with a disability don't receive any form of treatment. This re-emphasizes that knowledge about people with disabilities is crucial. In the first place, for accurately diagnosing, and in the second place, for choosing the right type of treatment.

5. The effect of a healthy lifestyle on the quality of life.

Health influences participation and quality of life of people with a disability. A healthy lifestyle influences your physical well-being, but also your mental well-being. If you have a healthy lifestyle, pay attention to nutrition, exercise frequently and sleep enough, you will feel fitter and have more energy to achieve things.

If you don't have a healthy lifestyle, you are vulnerable, easily tired and you easily fall ill. A bad lifestyle harms the participation and quality of life of people with a disability. Consequently, they cannot function optimally and their contribution to society is restrained.

6. Stigma and self-stigmatization.

Stigma and self-stigmatization were also important themes in the discussion. People with a disability encounter this on a daily basis. People with a disability often experience that they are not assisted and given good health care as fast and easily as other people. This is because they are often misunderstood. Consequently, people with a disability feel like they are not taken seriously. It also happens that people with a disability stigmatize themselves. This means that they underestimate themselves and exclude themselves. For example, they would increasingly say that they are not capable of doing something. This self-stigmatization has consequences for their participation in society.

7. Discrimination and labelling.

In short, stigmatization leads to labelling and discrimination. To stigmatize someone is to put someone in a box or an inferior position. For example, you are part of the group of people with visual disability. In other words, you don't belong with other people. Or, you are someone with a minor mental disability, so you don't belong with the intellectual people. In care institutions, people are viewed as clients who need care, while they are also just people. People with a disability often strongly dislike that they are categorized. The words you use to categorize people with a disability cause a negative self-image, bringing people with a disability down.