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MHE position regarding the Council of Europe Action Plan to promote the rights and full participation of people with disabilities in society: Improving the quality of life of people with disabilities in Europe 2006-2015: inclusion of mental health

Situation of persons with mental health problems in Europe

Mental health problems affect a large numbers of people. One in four individuals at some point in their lives suffer from mental health problems.
Users of mental health services are at extremely high risk of human rights abuses. Across Europe, thousands of people with mental health problems spend many years, or their entire lives, isolated in institutions. While the quality of life in institutions varies, they all deny people with mental health problems the right to live included in the community and in society. Too often people with mental health problems living in institutions are also victims of serious human rights violations as well as of violence, abuses and discrimination.
In addition, the stigma attached to mental health problems that leads to discrimination is still widespread. In many cases - access to employment, health and social services, education/training, housing, transport, leisure activities, etc. - people with mental health problems suffer from a lack of equal opportunities as a result of discrimination.
A Eurobarometer study[1] in the EU-15 Member States in 2003 found that people with mental health problems were most likely to be perceived as not having "the same chance of getting a job, training or promotion" as anyone else.
MHE Project "From Exclusion to Inclusion (2006-2008) shows the same evidence.[2]

What is disability?

Disability is not defined in the action plan of the Council of Europe. It has been left to the national authorities to define what a disability is.
Article 1 of the UN Convention on the rights of persons with disabilities defines it as "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

The Action Plan underlined the possibility for Member States to define disability. This should be encouraged in the way of inclusion of mental disability/mental illness as it is in the UN Convention including people with mental health problems. For example in the UK, in the Disability Discrimination Act of 1995[3], mental health status is considered and people suffering from depression (as from other diseases) are protected against discrimination on ground of their mental illness.

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[1] http://ec.europa.eu/health/ph_determinants/life_style/mental_eurobaro.pdf
[2] http://www.mhe-sme.org/assets/files/From%20Exclusion%20to%20Inclusion-Final%20version(1).pdf
[3] http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG_4001068

It would be valuable for the Council of Europe to promote such a view and to play a role in the promotion of the Convention on the Rights of Persons with Disabilities.

Key recommendations from Mental Health Europe

Key action lines in the Council of Europe Action plan to promote the rights and full participation of people with disabilities in society: Improving the quality of life of people with disabilities in Europe 2006-2015

Participation in political and public life

Participation in political and public life and democratic processes is essential for the development and maintenance of democratic societies. People with disabilities should have the opportunity to influence the destiny of their communities. It is therefore important that people with disabilities be able to exercise their right to vote and participate in political and public activities.
Efforts must be made to create the environment where people with mental health problems are encouraged and are able to participate in politics at local, regional, national and international levels. This can only be achieved if conditions are created whereby everyone can enjoy their political rights.

- → Persons with mental health problems are in fact often excluded from political life. Two factors could be seen as major factors of this. Firstly, persons with severe mental health problems are often secluded in facilities and deprived from their rights (the system of guardianship with a person taking the decision for them). Secondly, persons with mental health problems (not only people in facilities) are facing difficulties to understand the relevance of the message of political parties.

- → ***Recommendations:*** **it would be beneficial to create some legal instruments to facilitate the vote of people with mental health problems by creating accessible programmes from the political parties and by creating some spaces to make persons vote even if they are in facilities. If they are under guardianship, a tool should exist to pass from guardianship to assistance to vote and supporting decision making.**

Education

Education is a basic factor in ensuring social inclusion and independence for all people, including those with disabilities / mental health problems. Social influences, for example from families and friends, also contribute, but for the purposes of this action line education shall cover all stages of life, including pre-school, primary, secondary, high school education and professional training, as well as life-long learning. The creation of opportunities for disabled people (experiencing mental health problems) to participate in mainstream education is not only important for disabled people but will also benefit non-disabled people's understanding of human diversity. Most education systems provide access to mainstream education and specialised educational structures for disabled people, as appropriate. Mainstream and specialised structures should be encouraged to work together to support disabled people in their local communities, but this should be consistent with the goal of full inclusion.

Access to mainstream education is not always possible for children with mental health problems due to several reasons:

- → Children with mental health problems could be away from their schools for months if they need to be in psychiatric facilities.
- → Children of parents experiencing mental health problems are often excluded from education because they care of their family (i.e. mother with mental health problems, father working, child having to cook for the rest of the family and no time for doing homework)
- → Children with mental health problems have specific needs in education for example need more support for understanding or in homework.
- → The question of employment of persons whose children have mental health problems is difficult because children can be excluded from school systems in or out of mental health facilities. This could induce double exclusion of the child from education and of his/her parents from labor market.
- → In some European countries children with mental health problems do not attend primary school because of a lack of infrastructure to support their education. A high percentage of young people with mental health problems leave school without qualifications, are excluded from school, underestimated or, as a result of continuous stigma and discrimination, have low aspirations about their own futures. (see MHE paper on active inclusion of persons away from the labour market[4])

- → ***Recommendations:*** **A raising awareness action on the needs of children with mental health problems in their education and their inclusion in the society when they are secluded in facilities would be a first step. Good practices could be found to fight the burden and to fight exclusion from education for children whose parents have mental health problems. Legislation and policies on non discrimination against children, young people and adults with disabilities have to focus on the access to all phases of their education from early years through to adult provision (in the field of mental health, discrimination comes from the stigmatisation of mental health problems). Early detection should be improved as well as support mechanisms. Information to relatives and other students should be improved.**

Employment, vocational guidance and training

Employment, vocational guidance and training are key factors for the social inclusion and economic independence of people with disabilities. Legislation, measures and services are needed to ensure equality of opportunity for disabled people in obtaining and retaining a job. Equal access to employment should be enhanced by combining anti-discrimination and positive action measures and by mainstreaming issues related to the employment of people with disabilities in employment policies.

- → Objectives of the plan are really addressing the problems faced by persons with mental health problems as they could be excluded from the labour market in some European countries because they have psychosocial impairments. People with mental health problems are among the largest group of unemployed in all EU Member States. The situation can be especially hard for young people experiencing mental illness who are at the beginning of their lives and careers. In all Member States there is a general lack of job opportunities for people with mental health problems; there is much stigma and

[4] http://www.mhe-sme.org/assets/files/publications/MHE%20Contribution%20on%20Active%20Inclusion.pdf

discrimination, and myths about mental illness among employers are widespread. Most efforts directed at vulnerable groups are concentrated on people with disabilities, and employment services do not know how to deal with the specific needs of people with mental health problems.

→ With regard to financial benefits associated with unemployment, the majority of European countries provide social protection in the form of financial assistance to those who are unable to work. People with mental health problems often receive sickness or incapacity benefits rather than unemployment payments. However, the result is that this classifies people as economically inactive rather than unemployed which can lead to a lack of access to employment services that help people get back into work.

→ ***Recommendations:*** **The fight of the stigma has to be focused in recommendations. Good practices relating experience of people with mental health problems and how they could get back to the labour market have to be found. MHE is working on a campaign which is focusing on the abilities of persons with mental health problems. Issues could be helpful as recommendations for inclusion of persons with mental health problems in the real labour market. Promotion of trainings for people with mental health problems should be encouraged.**

Transport

The development and implementation of accessible transport at all levels should result in a substantial improvement of the accessibility of passenger transport services for all people with disabilities. This is a prerequisite to achieving independence, full participation in the labour market and active participation in the community.

→ The non availability of transport in rural areas obliges people with mental health problems to be hospitalized instead of day care.

→ **Recommendations: see booklet "Cognitive Impairment, Mental Health and Transport"[5]**

Community living

People with disabilities should be able to live as independently as possible, including being able to choose where and how to live. Opportunities for independent living and social inclusion are first and foremost created by living in the community. Enhancing community living requires strategic policies which support the move from institutional care to community-based settings, ranging from independent living arrangements to sheltered, supportive living in small-scale settings. It also implies a co-ordinated approach in the provision of user-driven, community-based services and person-centred support structures.

→ Persons with mental health problems are often cut from the world when they are living in facilities and deprived of their freedom to choose how and where they have to live. Also the NIMBY (Not in my back yard) reaction is frequent making living in the community often difficult. (stigma)

[5] http://www.oecdbookshop.org/oecd/display.asp?k=5KZ83RTGRLNP&lang=fr

→ ***Recommendations*: Good practices which allow people with mental health problems to live in the community and to have a choice have to be collected. The right of people with mental health problems to decide by themselves with support has to be taken into account according to the Article 12 of the Convention on Rights of Persons with Disabilities.**

Health care

Disabled people, like non-disabled people, require adequate health care and should have equal access to good quality health care services that are respectful of clients' rights. In this regard it is important that health care professionals (be trained to) focus more on the social model of disability.

→ Physical and mental health are of equal importance and there is interaction between them. Mental health often remains undiagnosed or underestimated and receives inadequate treatment especially in the most vulnerable groups (children, young people, women, migrants, older people)
→ Depression is one of the most common disorders – affecting 1 in 6 women in Europe – and it is estimated that, by 2020, it will be the most common illness in the developed world and the second cause of disability. In the EU, some 59000 suicides are committed every year, 90% of which are attributable to mental disorder. Vulnerable and marginalised groups, such as the unemployed, migrants, the disabled, people who suffer abuse and users of psychoactive substances are more likely to suffer mental health problems. In an ageing Europe, neurodegenerative disorders are becoming ever more common.
→ People with mental health problems are more likely to face physical problems[6].
→ People with mental health problems are often denied good health care (for example dental and preventive control of blood pressure, cholesterol etc)

→ ***Recommendations*: see our project on "Harassment and discrimination faced by people with mental health problems in the field of health services"[7]; the promotion and prevention in the field of mental health have to be focused on. Social intervention can prevent mental ill-health, with particular focus on the most vulnerable groups; in cases where prevention is insufficient, non-discriminatory access to therapeutic treatment should be encouraged and facilitated. People with mental health problems should have full access to information about innovative forms of treatment. Access to general health care should be improved in order to better respond to the need of persons with mental health problems.**

[6] See EC Green Paper Improving the mental health of the population: Towards a strategy on mental health for the European Union
http://ec.europa.eu/health/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf
[7] http://www.mhe-sme.org/en/our-projects/past-projects/harassment-and-discrimination.html

Rehabilitation

To prevent the deterioration of disability, alleviate its consequences and enhance independence of people with disabilities, comprehensive rehabilitation programmes that include an array of accessible, and, where appropriate, community-based services, should be implemented.

- → People with mental health problems have special needs for rehabilitation. Their adaptation to society life needs some support in the same way as people with disability. The level of support should depend on the level of understanding the realities and what is explained of the person with mental health problems and not only on the level of gravity of the mental health problem. Users actually speak of recovery which is the "journey" back to life.

- → ***Recommendations*: The rehabilitation should include awareness raising actions about the human dignity of persons with mental health problems and about their capacities and their autonomy ability in order to break the stigma. Programmes for rehabilitation should include users or user organizations.**

Social protection

Services provided by the social protection system – including social security, social assistance and support – can contribute to the quality of life of their recipients. People with disabilities should be able to adequately benefit from social protection systems and have equal access to these services. Policies encouraging a shift from benefit dependency towards employment and independence should be promoted, where possible.

- → In a number of countries, people with mental health problems are excluded from health insurances and are not covered by general social protection for their health.

- → ***Recommendations*: Some recommendations should be developed in order not to exclude people with mental health problems from social system because it is part of their active inclusion in the society (active inclusion is defined through good jobs, minimum incomes and good social services). Some good practices should be found to show to Member States that it is possible to include people with mental health problems in their general health protection system.**

Legal protection

People with disabilities should have access to the legal system on the same basis as other citizens. Legal protection entails taking appropriate measures to eliminate discrimination against people with disabilities. An adequate legal and administrative framework is necessary to prevent and combat discrimination.

- → People with mental health problems are easily discriminated against or see their rights violated, especially when they are secluded in facilities. Their human dignity risks twice as much as other people to be violated as well as their basic rights.
- → The legal capacity of persons with mental health problems is often denied particularly when they are under guardianship system laws.

- ***Recommendations*: Some safeguards should be set up in closed institutions like a mediator (or ombudsman support) to meet the person with mental health problems and to ensure their rights are protected. Creating some possibilities for people with mental health to meet lawyers should be undertaken. Programmes for accessibility to justice have to be developed (including information) including support for people with mental health problems. Law enforcement personnel, public officials, judiciary and medical staff should receive appropriate trainings. Encourage Member States to find alternatives to seclusion AND/OR to allow a judiciary of the procedure (access to a lawyer, possibility to appeal on a judgment/ decision to be secluded). Supported decision-making can never limit the legal capacity.**

Protection against violence and abuse

Society also has a duty to prevent and protect people against acts of abuse and violence. Policies should be aimed at safeguarding people with disabilities against all forms of abuse and violence and ensure appropriate support for victims of abuse and violence.

- People with mental health problems as disabled people have a higher risk to be abused or neglected. They have a special need in protection against violence especially in closed institutions away from public's eyes.
- Women with mental health problems complain about violence and ask for single sex wards.

- ***Recommendations*: In psychiatric facilities, extraordinary measures should be written in registry and to be followed up by some gathering of carers to know how to better protect the patient against violence which could be used particularly when a crisis occurs due to the mental health status. Good practices should be disseminated to show the alternatives to isolation for example.**

Awareness raising

Awareness raising is a key issue that underpins the whole Action Plan. Discriminatory behaviour and stigmatisation should be opposed and replaced by accessible and objective information on the consequences of impairments and disabilities in order to promote a better understanding of the needs and rights of people with disabilities in society. Action should be aimed at changing negative attitudes towards people with disabilities and should promote mainstreaming of disability issues in all government publications as well as publications of the media.

- People with mental health problems suffer from the stigma linked to their mental health status due to a lack of information regarding the realities faced by them and the reality of their disease/mental disability.

***Recommendations*: Awareness raising in the field of mental health should focus on the burden caused to people with mental health problems. Information should be given on what are mental health problems as well as the figures (1/4 of persons will experience mental health problems). Awareness should be raised as well on the link**

between disability and mental health problems to fight the stigma about mental health and help to create valuable legislation in the field of non discrimination on grounds of disability. A call on Member States should encourage the development of an awareness on the importance of good mental health, particularly among healthcare professionals and target groups such as parents, teachers, those providing social and legal services, employers, carers and, particularly, the public at large. Improving knowledge about mental health and about the relationship between mental health and the years of healthy life, through establishing mechanisms for the exchange and dissemination of information in a clear, easily accessible and comprehensible manner should be undertaken. Improving knowledge is an important instrument to social inclusion as it combats the stigma attached to mental illness.

Multiple discrimination

The question of the multiple discrimination particularly dealing with women and mental health, youth and mental health, older people, migrants with mental health problems, is really important in the field of mental health as in the field of disability.

Recommendation: It is important to see the disabled person with multiple or complex needs and mental health problems as citizen with rights. Research on institutional multiple discrimination should be done as well as awareness raising campaigns. Data collection on multiple discrimination should be undertaken as well as trainings and education to tackle the issue.

About Mental Health Europe

Mental Health Europe (MHE) is an organisation committed to the promotion of positive mental health, the prevention of mental distress, the improvement of care, advocacy for social inclusion and the protection of human rights for people with mental health problems, their families and carers. MHE vision is of a Europe where mental health and well-being is given high priority in the political spectrum and on the European health and social agenda, where people with mental health problems live as full citizens with access to appropriate services and support when needed, and where meaningful participation is guaranteed at all levels of decision-making and administration. MHE's values are based on dignity and respect, equal opportunities, freedom of choice, anti-discrimination, social inclusion, democracy and participation.

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