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Mental Health Europe Contribution to the European Commission's Consultation on:

# Modernising Social Protection for Greater Social Justice and Economic Cohesion: Taking forward the Active Inclusion of People furthest from the Labour Market

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MHE Contribution to the EC Consultation on
# Active Inclusion

## About Mental Health Europe

Mental Health Europe (MHE) is a European level non-governmental organisation (NGO) and network committed to the promotion of positive mental health and well-being, the prevention of mental disorders, the improvement of care, advocacy for social inclusion and the protection of the human rights of people with mental health problems and their families and carers.

MHE is recognised under Belgian law as an international not-for-profit organisation. The membership of MHE is composed of NGOs, individuals, professionals, volunteers and others, including people with mental health problems, who are active in the mental health field at local, national, regional or European level and who share and who support MHE's vision. MHE represents the common interest of these organisations and individuals and lobbies and advocate for it at the European level.

MHE welcomes this consultation process on active inclusion as a unique opportunity to discuss the situation of people with mental health problems who are amongst the most vulnerable groups in society that are furthest away from the labour market.

MHE has invited all its members to have their say and to comment on the consultation paper. This document aims at providing an overview of the responses that MHE has received.

On the whole MHE agrees with the consultation document and would like to offer the following contribution to clarify the specific challenges and needs of people with mental health problems with regard to active inclusion:

## Background

People with mental health problems have the lowest employment rate across Europe. The unemployment rate of persons with a moderate mental illness tends to be twice as high as for persons with no illness or disability; and the unemployment rate of people with a severe mental illness is about three times as high as for persons with no illness or disability. Even where people with mental health problems are working, there are often large pay gaps between wages of disabled and non-disabled people. Earnings for disabled people in Germany are 35 per cent less than non-disabled; 20 per cent less in Ireland and 6 per cent less in Sweden. Moreover, 9 per cent of disabled people of working age in Europe have no income from either employment or benefits. They make up 1.4 per cent of the total European working age population[1].

[1] European Foundation for the Improvement of Living and Working Conditions (2003). Illness, disability and social inclusion. Brussels, European Foundation for the Improvement of Living and Working Conditions.

In many cases, exclusion begins in childhood. 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[2]. For people with mental health problems, unemployment increases dramatically after the age of 50 years. In some Member States, barriers to employment result in the employment rate of women with a physical or mental disability being significantly lower than that of non-disabled women.

In the European Union, a large number of people with mental health problems are based in separate "sheltered workplaces". These initiatives offer a form of occupation but the salaries are generally very low, in many cases far below the accepted minimum wage. Sheltered work also offers only limited prospects of progressing to the open labour market. In Belgium, France, Spain, Ireland and Scotland less than 3 per cent take up open employment each year[3].

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. In addition, applying for and receiving these benefits is in many countries a difficult and lengthy process, thereby increasing the risk of falling into the "benefit trap". In this situation, individuals who take paid work become financially vulnerable. For people with mental health problems who may, due to their illness or the possibility of a relapse, have limited possibility of going again through the long and strenuous process of applying for financial assistance, the only option remaining is often to stay on their benefits[4].

## National reports from MHE members on employment

A recent MHE publication[5] on the promotion of social inclusion of people with Mental Health Problems in Europe, based on national reports from MHE members in 27 EU Member States, confirmed the above mentioned facts. In the field of employment people with mental health problems are among the largest group of unemployed in all EU Member States, despite a sometimes very strong desire to engage in productive work. The situation is often especially hard for young people experiencing mental illness who are at the beginning of their careers. In cases where people have a job but loose it due to the occurrence of a mental illness they sometimes find no way to defend their rights (due to a lack of resources and information). In all countries there is a general lack of job opportunities for people with mental health problems; there is much stigma and discrimination, and myths about mental illness among employers are widespread. Most efforts directed at vulnerable groups are

[2] Sayce, L. & Curran, C. (2007). Tackling social exclusion across Europe. In: Knapp, M.; McDaid, D.; Mossialos, E.; Thornicroft, G. Mental health policy and practice across Europe. Berkshire, McGraw-Hill.
[3] European Foundation for the Improvement of Living and Working Conditions (2003)
[4] Sayce, L. & Curran, C. (2007)
[5] Mental Health Europe (2008). From Exclusion to Inclusion – The Way Forward to Promoting Social Inclusion of People with Mental Health Problems in Europe: An Analysis based on National Reports from MHE Members in 27 EU Member States. Brussels: MHE. [in print]

concentrated on people with disabilities, and employment agencies do not know how to deal with the specific needs of people with mental health problems.

In almost all Member States, the only secure source of income is through social pensions or disability benefits, which in most cases are very low. The dilemma for people with mental health problems is always the same; once they find employment they loose their disability status and therefore their benefits. A negative result of this situation is that in some countries people with mental health problems have to fall back on short-term jobs, often without legalised contracts, no insurance payment from the employer, etc. Other problems, preventing people with mental health problems to become active on the labour market are the need for relevant training as well as support in searching and applying for a job.

In several countries, there are sheltered or adapted jobs, even though there are few, but they do not meet the ultimate goal of re-integration of people with mental health problems in the open labour market.

Advances in the field of employment at national level can be noted for example in the Czech Republic where since 2005 people with mental health problems can have a salary and their disability pension at the same time. In Denmark, many private companies have expanded possibilities for "social responsibility" providing vulnerable people, also people with mental health problems, with job opportunities. A very common job opportunity for people with mental health problems, such as for example in France, Greece, Italy, Poland or Portugal, is within cooperative structures like social firms that allow people to be economically productive, earn money, without much stress, be empowered and therefore more confident and capable. Another good practice in the employment field can be found in Malta where the state employment agency has set up a partnership agreement with an NGO specialised in mental health to provide training, facilitate employment and provide support services for people with mental health problems who register for employment.

## MHE position on measures to promote active inclusion

*On content of common active inclusion principles*

MHE agrees with the consultation on the active inclusion of people furthest from the labour market. This ***applies to people with long term mental illness*** and those unable to meet the requirements of a very competitive labour market. Although unemployment is falling within the EU this leaves many vulnerable groups such as the chronically sick behind. The principle of the Lisbon strategy is to promote growth and jobs AND to promote social progress and social cohesion by fighting poverty and social exclusion of those who are not, or only to a limited extent, able to carry out paid employment. European Member States must increase efforts to ***ensure that people who experience a mental illness remain socially included and can participate in social and community life***. Mental health problems should not be subject to stigma and discrimination. An existing distance from the labour market – that can result from a mental illness and the necessary time for recovery and rehabilitation – must not result in poverty and exclusion.

However, the concept of active inclusion with reference to those furthest from the labour market locates envisaged actions in the working age population. MHE is concerned that any actions taken should not disadvantage or neglect younger and

retired people. Equal access to the range of ***health promotion, treatment and care as well as social services and support should be assured for the whole population***.

Job retention for those with chronic illness such as mental health problems is a big problem. Efforts to promote rob retention must be strengthened. The adoption of ***mental health promoting measures at the work place*** would be a necessary requirement for all. Good occupational health provision works preventively to assist employers to promote health and mentally healthy working practices as well as working with individuals to ensure that they are supported and not harmed at work.

People who experience mental illness do not always have easy access to social services, and when there is access there are substantial problems of continuity. Efforts need to be strengthened to ***promote the sustainability and continuity of social services*** that aim a supporting the autonomy of individuals. In this context, the coordination at local level between health and social services is crucial.

With adequate basic conditions and support services individual potentials and capabilities can be recovered and made accessible, even after times of temporary personal crisis or being unwell. In this sense, steps towards a successful social and economic integration of people with mental health problems must include:

- A guaranteed ***basic income for an adequate time span and, at the same time, the possibility for taking up job opportunities*** that can help to stucture daily life and reduce the negative impacts of a loss of social relationships as a result of illness and a sometimes lengthy recovery process.
- A diverse range of institutionalised options for the reintegration of people with mental health problems into the labour market, as they are already existing and being offered by many NGOs in the Member States. These options include ***work rehabilitation*** (for the first re-entry right after a mental illness and as a means to test employability); ***work assistance*** (counselling and support for finding, applying for and taking up employment); ***work centres*** (training on the job, in smaller companies that are located in the community, where professional qualification can be obtained with social worker support); ***professional training*** (obtaining training and professional qualifications in different areas that create the basis for better and more secure jobs); ***sheltered work*** (for people who are not in the position to participate in the open labour market).
- ***Social Firms*** offer yet another possibility to integrate people with mental health problems in the labour market[6]. Social Firms are subsidiary to mainstream profit orientated firms and have an obligation to increase their quota of disabled and disadvantaged persons. Today's world of globalisation creates enormous stress for the management and calls for more and more adjustments and higher productivity. This in turn increases the problem of integration of disadvantaged persons with reduced work performance. Another problem is the short-term planning of jobs and the insecurity which follows for all employees, but especially for this target group. Social Firms aim at giving people a chance of integration and resettlement in the labour market. If political regulations and funding schemes make up for the disadvantaged, Social Firms have more possibilities than mainstream firms to keep the balance between economical and social needs.

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[6] Cf. Confederation of European Social Firms, Employment Initiatives and Social Cooperatives (2007). The Linz Appeal: Why there should be more Social Firms for Disabled and Disadvantaged People in Europe.

Experience from a number of MHE member associations that offer ***back-to-work programmes*** is that there are a number of sequential steps that are often taken before a person with mental health problems is ready to move into work: attending drop-in; using public transport independently; engaging in voluntary work; engaging in part-time work; engaging in supported full-time work; engaging in unsupported full-time work. These steps will be determined by a variety of factors such as a person's confidence and sense of self-efficacy, their employment history, qualifications and skills; length of time away from the job market and their aspirations. However, the type of support offered and the pace at which it is provided is critical.

For people with mental health problems, the greatest risk they take when they try and move into work is the risk to their health. Whilst work is generally acknowledged as a good thing; it is also undoubtedly the case that change can be distressing and work is stressful. For this new regime to work for people with mental health problems, they must be ***in control of the pace*** at which they engage. They must also be provided with an ***assurance that they will not be obliged*** to engage in any activity that they don't feel able to cope with. In addition, they must be enabled to ***access a wide range of support options*** and not just those immediately relevant to getting into work.

***Job centres should build relationships with community mental health teams*** to ensure that the mental health services do not withdraw support from the person once he or she has secured a job. The initial period in work will be the most difficult and it is at this time when people may well need the support of their mental health worker the most. The fact that many people with mental health problems can work should moreover not stop incapacity benefit advisers from being alert to the fact that some people with mental health problems may overestimate their capacity. Incapacity benefit advisers should work with people with mental health problems and health and social services to explore the steps that are recommendable for the individual. ***Job centres should work with local employers*** in order to encourage them to employ people with mental health problems. This work should include providing mental health awareness training as a source of support for employers.

In-work mental health promotion and sickness absence management should generally involve a ***'reasonable adjustments' approach***. A gradual return to work or a reduction in hours (often temporary) is often helpful for people who have experienced mental illness. Consideration should be given to ways of ensuring that a gradual return to work does not involve financial penalty to the employee, and of making it easier, or more feasible, for small organisations to make absence-related adjustments (e.g. by funding temporary cover). ***High quality employment support*** that can be accessed as required over a long period, ideally open ended, can help to avoid a 'revolving door' situation and support job retention. All evidence points to the fact that in-work support and ideally open-ended support makes a key difference to whether someone moving from incapacity benefit to employment will maintain in that employment and not repeatedly shuttle between benefit and low-paid, short-term work and back again.

For those people for whom it is not possible take up work due to their mental health problems, an ***individualised "personal budget"*** could give them a greater control over their life and open up opportunities for inclusion. The concept of personal budget includes a variety of approaches which directly fund disabled and older people in many EU Member States (not so much people with mental health problems) so that they can pay people and services that can assist them in their daily life, e.g. in

going shopping, accompanying them on public transport to psychotherapeutic sessions etc. The central idea behind the personal budget concept is to place the person who is supported or given services at the centre of the process and to give them the power to decide over the nature of their own support.

Finally, ***fighting stigma, prejudice and discrimination*** of people with mental health problems at the same time as promoting active inclusion measures is crucial. The societal attitudes to people with mental health problems are a major and deep-seated block on the social inclusion of people with mental health problems, be it via employment or otherwise. Workplace measures to promote mental health must also be grounded in anti-discriminatory practice.

*On the instrument to promote active inclusion*

The Open Method of Coordination should be deepened in the area of active inclusion and ***strengthened through the involvement of people directly affected*** by poverty and exclusion, i.e. people with mental health problems and NGOs that are active in this area.

EU Member States should ***engage in enhanced mutual learning and exchange of good practices*** on ways of ensuring a decent minimum income for people with mental health problems, which is essential to guarantee human rights, citizenship and inclusion, as well as a fair regulation of the compatibility between work and social benefits. Partnerships between countries could help bridge the gap between experienced and new members.

Success can only be achieved if policies are implemented that enable conditions and structures to allow people with mental health problems to achieve an independent working life. Key to this endeavour is to develop strategies which ***integrate measures of the health and social service sector with those in education, training, placement and employment***.

*On the supporting EU framework to promote active inclusion*

The ***European Social Fund*** needs to be utilised for mainstreaming innovative practices to address poverty amongst those furthest from the labout market and the concept of minimum income. Financial instruments must be developed to ***support the work of social service providers, many of them NGOs,*** that are offering various initiatives for vocational training or professional rehabilitation programmes aimed at social and economic integration of people with mental health problems, but in the face of huge financial constraints.

The role of ***social partners*** is essential for the successful implementation of the active inclusion approach, especially in the design, monitoring and evaluation of initiatives. Mechanisms should be put in place to facilitate dialgue and cooperation with social partners as well as with NGOs and to ensure the participation of people with mental health problems in important policy and decision making processes.

Social and active inclusion must go beyond the principle of individual rights alone and more towards ***collective solidarity and action***.