

# POSITION PAPER

## Social protection and psychosocial disability



## Introduction

The 2008 economic crisis and its ensuing austerity measures had long-lasting consequences on societies at large and its people, but it certainly hit the hardest those who were already at a disadvantage. [A survey](#) that [Mental Health Europe](#) (MHE) carried out among its members revealed that, due to the budgetary cuts, people with psychosocial disabilities were more negatively affected in various areas of their life compared to people without psychosocial disabilities. In some cases, the austerity even reversed decades-long social and health reforms that had originally been aimed at creating a more inclusive society and providing more opportunities to people with mental health problems.<sup>1</sup>

All in all, what was learned from that experience was that people in disadvantaged situations, such as people with psychosocial disabilities, are more at risk of experiencing poverty and exclusion during hard times. Additionally, austerity measures also contribute to create new barriers and burden to people in relatively stable conditions, thus creating new disadvantages. Adequate and efficient social protection systems are therefore the fairest and most equitable solution to a crisis.

In 2020, Europe is facing another crisis that encompasses health, economy, social cohesion and sustainable development. In the onset of the COVID-19 pandemic, we are already experiencing what will be the long-lasting, negative consequences of this situation. Now more than ever, strong social protection systems are of vital importance to cope with this crisis and its aftermaths, particularly to ensure that people in disadvantaged situations, like people with psychosocial disabilities, are not – yet again – left behind.

MHE prepared this short reflection paper to provide input on the right to social protection for persons with psychosocial disabilities and guidance to the European Union (EU) on what should be done to ensure this right.

## What is social protection and what does it entail for persons with psychosocial disabilities?

Social protection is an essential right and vital part of everyone's life. It consists of legislation, policies and programmes aimed to prevent and reduce poverty and social exclusion to ensure people's basic rights and well-being. They include, for instance, measures to promote employment and tackle unemployment, to provide assistance or support to people in need, and to counteract unforeseen events that might have major negative consequences on a person's life (e.g. loss of a spouse or parent, or serious illnesses).

Social protection systems are therefore an important tool to promote inclusion in society of people that would otherwise be left behind and tackle the socio-economic determinants that might lead to inequalities and social exclusion. As such, social protection systems are key in guaranteeing that persons with disabilities, including persons with psychosocial disabilities, can

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<sup>1</sup> Mental Health Europe (MHE), *Mapping and Understanding Exclusion 2017*, available at <https://www.mhe-sme.org/mapping-exclusion/>.

receive the support needed to fully enjoy their rights, without experiencing discrimination, and unleash their potential contribute to their community.

The right to social protection for persons with psychosocial disabilities is enshrined in [Article 28](#) of the [United Nations Convention on the Rights of Persons with Disabilities](#) (UN CRPD). Paragraph 2 of Article 28 sets out the obligations that each State Party to the UN CRPD has vis-à-vis the right to social protection of persons with disabilities, including persons with psychosocial disabilities:

States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures:

- a. To ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs;
- b. To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes;
- c. To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care;
- d. To ensure access by persons with disabilities to public housing programmes;
- e. To ensure equal access by persons with disabilities to retirement benefits and programmes.

In essence, the implementation of Article 28 of the UN CRPD can be seen as a prerequisite to secure the adequate implementation of all the other articles in the Convention. It guarantees that essential needs are addressed and basic services are granted in order to overcome barriers that people with (psychosocial) disabilities face and that add additional obstacles to their lives.

## Why is social protection important for persons with psychosocial disabilities?

The UN CRPD uses the term “psychosocial disability” for persons who have “long-term [...] mental [...] impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”<sup>2</sup> The rights of persons with disabilities, including persons with psychosocial disabilities, are enshrined in and protected by this Convention, which has been ratified by the EU and all its Member States.<sup>3</sup>

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<sup>2</sup> Article 1 of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), available at: <http://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx>.

<sup>3</sup> For more information on the UN CRPD and psychosocial disabilities, see <https://www.mhe-sme.org/new-video-uncrpd-psychosocial-model/>.

According to the latest data, mental health problems are the leading cause of disability globally<sup>4</sup> and at least 1 in 6 people across EU Member States have experienced mental ill-health, which can in turn shorten life expectancy of 10-20 years.<sup>5</sup> Persons with psychosocial disabilities tend to also be at a higher risk of unemployment, compared to those without a psychosocial disability, yet it is also found that their mental health can see an improvement upon finding work.<sup>6</sup> On a similar note, we also know that work can be an important part or at least a contributing factor to the road of recovery from mental ill health.<sup>7</sup>

It is also important to note that people in disadvantaged situations and at greater risk of social exclusion are also more likely to develop a mental health problem or a psychosocial disability. For instance, data illustrate that people with low incomes are two times more likely to experience mental ill health compared to those with higher incomes.<sup>8</sup> Similarly, people in employment are less prone to develop a mental health problem.<sup>9</sup>

Although information on the topic is still fragmented, initial data from some parts of the world show how an exceptional crisis, such as the COVID-19 pandemic, can hit harder people with psychosocial disabilities.<sup>10</sup> Moreover, the unprecedented circumstances caused by the corona virus are also creating mental distress on the general population, with people being uncertain about the future and their well-being.<sup>11</sup>

Besides the individual human costs, if not adequately supported and addressed, mental health problems also have an impact on economies and societies. It is estimated that the overall costs related to mental ill-health exceed 4% of GDP (or EUR 600 billion) of EU countries, including 1.6% of GDP (or EUR 240 billion) in indirect costs related to labour market impacts (such as lower employment and lower productivity).<sup>12</sup>

It is therefore evident that adequate social protection systems can have a positive impact in supporting both individuals with psychosocial disabilities and society at large. In particular, data show the importance of having adequate social protection systems not only to support the inclusion of people with psychosocial disabilities into society, but to also tackle the socio-

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<sup>4</sup> According to the World Health Organisation (WHO), in some high-income countries, 40% of all disabilities can be attributed to mental health problems. For more information, see *Mental health and well-being at the workplace – protection and inclusion in challenging times* available at [http://www.euro.who.int/\\_data/assets/pdf\\_file/0018/124047/e94345.pdf](http://www.euro.who.int/_data/assets/pdf_file/0018/124047/e94345.pdf).

<sup>5</sup> The latest data from the European Commission and the Organisation for Economic Co-operation and Development (OECD) estimates that more than 1 in 6 people (84 million) across EU countries had a mental health problem in 2016. For more information, see *Health at a Glance: Europe 2018*, available at <https://www.oecd.org/health/health-at-a-glance-europe-23056088.htm>.

<sup>6</sup> Ibid.

<sup>7</sup> For more information and good practices on psychosocial disability, recovery and employment, see MHE Toolkit on the right to work and employment for persons with psychosocial disabilities, available at <https://mhe-sme.org/wp-content/uploads/2017/09/Toolkit-on-article-27-of-the-UNCRPD.pdf>.

<sup>8</sup> European Commission and OECD, *Health at a Glance: Europe 2018*.

<sup>9</sup> Ibid.

<sup>10</sup> Xiang YT, Zhao YJ, Liu ZH, Li XH, Zhao N, Cheung T, Ng CH. *The COVID-19 outbreak and psychiatric hospitals in China: managing challenges through mental health service reform*. Int J Biol Sci 2020; 16(10):1741-1744. doi:10.7150/ijbs.45072. Available from <http://www.ijbs.com/v16p1741.htm>.

<sup>11</sup> For more information on how to take care of a person's mental health during the COVID-19 pandemic, refer to MHE's short guide on the topic available at <https://www.mhe-sme.org/covid-19/>.

<sup>12</sup> European Commission and Organization for Economic Co-operation and Development (OECD), *Health at a Glance: Europe 2018*, available at <https://www.oecd.org/health/health-at-a-glance-europe-23056088.htm>.

economic determinates that lead people (with or without a psychosocial disability) into poverty and social exclusion, thus increasing the risk that they might (further) develop mental health problems. As such, social protection should also be understood as a tool to counteract the socio-economic determinants that negatively impact the mental health of a person (e.g. employment status and income level, discrimination and inequalities, inaccessibility and unaffordability of services, etc.).<sup>13</sup>

## What does the EU do to support the right to social protection for persons with psychosocial disabilities?

When it comes to social protection, the EU does not have full competences to legislate and adopt legally binding acts.<sup>14</sup> What it can do is to support its Member States through coordination and guidance on how to modernise and adapt social protections systems to the needs of people. Moreover, in the past years, the adoption of the [European Pillar of Social Rights](#) has given prominence to social rights, including social protection, in Europe. In particular, two of its twenty principles are of relevance in this case:

### Principle 12 on Social protection

Regardless of the type and duration of their employment relationship, workers, and, under comparable conditions, the self-employed, have the right to adequate social protection.

### Principle 17 on the Inclusion of people with disabilities

People with disabilities have the right to income support that ensures living in dignity, services that enable them to participate in the labour market and in society, and a work environment adapted to their needs.

The main policy tool that the EU has to both coordinate the work done at the Member State level and monitor the implementation of the European Pillar of Social Rights is the [European Semester](#). Encompassing a variety of policy fields, from economy to social policies, the European Semester is an annual cycle of policy coordination to monitor the progress of policies, including the in area of social protection, and their impact at the national level.

While the adoption of the European Pillar of Social Rights has put social policies, including social protection, back on the EU agenda and has led the European Semester to increasingly include national social reforms in this process, MHE's analyses still reveal a lack of specific focus on mental health or psychosocial disability in the monitoring of national policies. It is undeniable that in the past years the European Semester has shifted from a solely economy-centred process

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<sup>13</sup> For more information on social determinants and mental health, see the report by the World Health Organisation (WHO) on the topic, available at [https://www.who.int/mental\\_health/publications/gulbenkian\\_paper\\_social\\_determinants\\_of\\_mental\\_health/en/](https://www.who.int/mental_health/publications/gulbenkian_paper_social_determinants_of_mental_health/en/).

<sup>14</sup> The competences of the EU are defined in its founding treaties. Its level of action and powers to legislate depend on the given area and the type of competence that has been granted by the EU Member States. For more information, consult this page: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=LEGISSUM%3Aai0020>.

to a more complete assessment across policy fields, yet it is also true that it cannot be considered as a full-fledged endeavour without the integration of a comprehensive analysis of the barriers and challenges that people with psychosocial disabilities face daily and how policies respond or should respond to them.

As it was outlined above, people with psychosocial disabilities are more at risk of experiencing poverty and social exclusion than people without disabilities. In addition, the barriers that they face are often the results of socio-economic determinants that negatively influence their lives and can create additional distress. It is therefore important, to both uphold the human rights commitment taken by the EU when ratifying the UN CRPD and reduce the economic costs of mental ill health. The way forward is to look more in depth at social policies, including social protection systems, from a psychosocial disability angle.

The EU has also committed itself to the implementation of the [Sustainable Development Goals](#) (SDGs). The SDGs are an ambitious global action plan, formed by 17 Goals, aiming to end all forms of poverty, fight inequalities and tackle climate change, while ensuring that no one is left behind.<sup>15</sup> Of the 17 SDGs, various are related social protections measures, psychosocial disability and its socio-economic determinants:

Goal 1: No poverty Goal 2: Zero hunger Goal 3: Good health and well-being Goal 8: Decent Work and Economic Growth Goal 10: Reduced inequalities
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Despite the strong commitment to the SDGs taken by the EU, little concrete actions have been put forward to implement them and mainstream them in all policies. This is of course particularly problematic for people with psychosocial disabilities that find themselves at higher risk of facing vulnerable situations.<sup>16</sup> At the moment, the EU does not a strategy or action plan to guide and monitor its implementation of the SDGs and to take into account the socio-economic determinants of mental health. According to MHE, such strategy or action plan should support measures promoting better social protection for people with psychosocial disabilities, including for instance access to support and community-based services, inclusive workplaces and equitable living environments.<sup>17</sup>

Finally, in October 2019, the [Council of the EU](#) adopted the [Council conclusions on the Economy of Well-being](#). The conclusions acknowledge that good mental health and efficient social protection systems can contribute to a stronger economy, and invite the European Commission to “propose a Mental Health Strategy for the Union, taking into account the cross-sectoral impacts of different policies on mental health.”<sup>18</sup> However, despite this first positive step taken

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<sup>15</sup> For more information, see: <https://sustainabledevelopment.un.org/>.

<sup>16</sup> For more information on the SDGs and psychosocial disabilities, see MHE reflection paper on the topic, available at <https://www.mhe-sme.org/wp-content/uploads/2019/09/Mental-Health-and-SDGs-Reflection-Paper-September-2019.pdf>.

<sup>17</sup> Ibid.

<sup>18</sup> The final text of the Council conclusions on the Economy of Well-being is available at <https://data.consilium.europa.eu/doc/document/ST-13432-2019-INIT/en/pdf>.

by the Council of the EU and endorsement by the European Parliament, [the European Commission has not started working on a European Mental Health Strategy yet.](#)

## What else could be done – recommendations

Taking into account the current state of play and the challenges ahead, MHE calls for the EU institutions to:

### Swiftly start working on a comprehensive European Mental Health Strategy

This Strategy should not only be seen as a possibility to address mental health problems across various sectors in Europe and uphold human rights commitments, but also as a possibility to tackle the upcoming challenges stemming from the COVID-19 pandemic. Given its extensive experience on the topic, MHE has prepared a [preliminary position outlining how the Strategy should look like and the priority areas it should include](#);

### Strengthen the social dimension in the European Semester by promoting investments in adequate and efficient national social protection systems

The implementation of the European Pillar of Social Rights should be the primary focus of the European Semester and the EU should refrain from encouraging any austerity measure as a way to cope with the economic consequences of the corona virus;

### Adopt a European SDGs Implementation Strategy

The EU's political commitments should be translated into concrete actions to implement the 2030 Agenda and its SDGs. A successful implementation Strategy for the SDGs should explicitly acknowledge and tackle the socio-economic determinants of mental health and encourage investments in social protection.

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