OCD Conference
BRINGING THE PIECES TOGETHER
Expert meeting on mental illness, disability and work

Paris, 26-27 April 2010

Mental Health Europe (MHE) is a European non-governmental 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 (ex)users of mental health services, their families and carers.

MHE is in official relations with WHO/Euro, has consultative status with the European Commission (DG Sanco), and is supported by the European Community in the frame of the social inclusion programme. Furthermore MHE is an active member of the Fundamental Rights Agency (FRA) dealing with human rights, and has participatory status with the Council of Europe in Strasbourg.

MHE's values are based on dignity, freedom of choice, non-discrimination, social inclusion, democracy and participation.
MHE has members and National Focal Points in all 27 EU Member States.

On behalf of MHE, I am very pleased to have been invited to this important meeting.
In a democratic society and the Europe of today, employment, disability and social inclusion are essential to the empowerment of people with mental health problems.
This time of change, of crisis and challenges is significant and needs answers at several levels.
During these two days the different experts have underlined the importance of employments and work for people with mental health problems, in order to avoid their further exclusion from the community.

1. Mental health problems and disability

More than 27% of adults in Europe are estimated to experience at least one form of mental disorder during one year. (1)
Depression disorders and schizophrenia are the most common forms of disabling mental disorders in the EU. By the year 2020 depression is expected to be the highest cause of disease in the Western world (2).

However, after the most obvious symptoms have disappeared, some lasting impacts remain, such as lack of interest and initiative-taking in daily activities and work, and social incompetence.

These effects can result in continued disability, poor quality of life and can place a significant burden on families and the society.

2. Mental health and unemployment

Mental health problems can be seen as both cause and consequence of social exclusion. A range of risk factors influence the development of mental health problems. Unemployment, poverty, poor living conditions, homelessness, and being part of an ethnic minority group etc. may have a a negative impact on employability, income, access to adequate housing, access to social or leisure activities, etc.
Being deprived of many essential elements of life, people with mental illness are often facing serious economic deprivation, social isolation and social exclusion.

3. Social exclusion and disability

Social exclusion is a multi-dimensional problem and will, if not dealt with, in most cases increase disability and impede recovery.
The number of people with mental health problems receiving disability benefits is raising in all European countries. In Belgium it raised with 48% in ten years time (1998-2008).
People with mental health problems have the lowest employment rate across Europe. The employment rate of persons with a moderate mental illness is twice as high as for people with a disability.

4. Stigma and discrimination

The concept of stigmatization is key to understanding experiences of social exclusion. Stigma refers to any characteristic disorder that labels a person as being different from "normal" people.
Stigmatisation of people with mental health problems is often the result of not giving them the same value judgment and respect as to others, and blaming, avoiding and rejecting them (3).
A Eurobarometer study (4) found that people with mental health problems were likely to be perceived as not having "the same chance of getting a job, training and promotion" as anyone else.
Only 15% have a chance to get a job, compared to 30% of people with a disability and 38% of people from ethnic minority groups.
Stigmatisation of people with mental health problems occur in many areas of life: family, at work, in leisure time, travel, insurance, financial services, voting rights and importantly also in health care. It can be seen as a concept that encompasses three main problems: ignorance, prejudice and discrimination (5).

5. Challenges and Recommendations promoting the employment and social inclusion of people with mental health problems

5.1.   In the health and social services:
- Strengthen the communication and interaction between health and social sector and ensure more integrated actions
- Ensure the involvement and participation of people with mental health problems in policy and decision makingµ

- Complement the de-institutionalisation process with increased development of alternative solutions.

5.2.   In education and trainings
- Develop specific education policies targeting young people with mental health problems and promote early prevention strategies
- Create information and support services in universities to support students with mental health problems to complete their education
- Increase support for vocational training and rehabilitation programmes for people with mental health problems.

5.3.   In employment
- Raise awareness among employers and trade unions of the employment potential of people with mental health problems
- Create decent job opportunities in supported/sheltered or adapted employment or social firms as well as in the open labour market
- Ensure a decent minimum income for people with mental health problems as well as a fair regulation of the compatibility between work and social or disability benefits

5.4.   In vulnerable groups
- Pay special attention to the mental health and social needs of migrants, and invest in culturally sensitive approaches to mental health
- Adopt a gender-based approach in mental health and social support services
- Invest in the prevention of violence against women at the workplace.

5.5.   In civil and human rights
- Ensure that people with mental health problems are informed about their rights
- Enforce the implementation of the anti-discrimination legislation in all areas and more specifically in the adaptation of the work place to the needs of people with mental health problems
- Support the creation of contact points for legal advice for people with mental health problems (trade unions, social services, etc)
- Support the direct-payments or personal budget also for people with mental health problems.

Closing remarks

MHE wishes to draw the attention of decision makers at all levels to the link between mental illness, unemployment, social exclusion and poverty.
Transnational exchange of initiatives and good practice addressing this situation show that mental health and social inclusion can be improved if all partners concerned collaborate.

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References

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