

## Initiatives by the social partners for improving the labour market access of disadvantaged groups

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Mental Health Europe (MHE) has a history and plays an important role in promoting positive mental health and well-being, in raising awareness and in combating the taboos, stigma and prejudices associated with mental illness. Mainstreaming Mental Health and Social Well-being in the field of Social Inclusion has become one of MHE's principal activities and a major area of concern for people with chronic mental health problems.

In 2007, MHE carried out its work programme under the title: "From Exclusion to Inclusion: Making Social Inclusion a Reality for People with Mental Health Problems in the European Union" - supported by the European Commission Community Action Programme to Combat Social Exclusion 2002-2006.

The programme aimed at increasing efforts to raise awareness at all levels and among all actors of the current challenges and needs faced by people with mental health problems who are experiencing social exclusion.

The results of the work programme have been collated in MHE's new publication

### **"From Exclusion to Inclusion – The Way Forward to Promoting Social Inclusion of People with Mental Health Problems"**

The report presents an overview of the situation of social inclusion of people with mental health problems across 27 Member States of the European Union (more: [www.mhe-sme.org](http://www.mhe-sme.org)).

Despite the prevalence of mental health problems in all the European countries and the magnitude of stigma, discrimination and social exclusion faced by people who experience a mental illness, there seems to be great need to strengthen the general understanding and recognition of this issue. The report aims to explain the specificity of mental health and mental illness, and to highlight the mechanisms that prevent people with mental health problems in many cases to be active citizens who can participate and contribute to the community and society in which they live. Moreover, it sets out concrete suggestions that can help professionals and policy makers to strengthen the framework for national strategy development and policy coordination within and between the Member States in Europe on issues relating to this particularly vulnerable group.

More than 27% of adults in Europe are estimated to experience at least one form of mental ill health during one year. Depression disorders and schizophrenia are the most common forms of disabling mental disorders in the European Union. By the year 2020, depression is expected to be the highest ranking cause of disease in the western world.

Mental health problems can be seen as both a cause and a consequence of social exclusion. A range of risk factors influence the development of mental health problems, including socio-economic disadvantage or poverty, unemployment, poor living conditions of homelessness, being a member of a minority group and experiencing racism or discrimination and being a lone parent or a teenage mother.

Once mental health problems develop, they may have a negative impact on employability, income, access to adequate housing, opportunities to access services and being part of a social network. Being deprived of many essential elements of life,

People with mental illness are often facing serious economic deprivation, social isolation and social exclusion.

**Social Exclusion** is a multidimensional problem, and the different aspects of exclusion will, if they are not dealt with, in most cases increase disability and impede recovery. Stigma and self-stigmatisation are among the key factors contributing to the social exclusion of people experiencing mental health problems.

For people with mental health problems recovery is linked to a great extent to the availability of social and economic opportunities as well as choices for treatment and support. The link between mental ill health and social exclusion becomes evident in view of three main sources of social disadvantage: **Unemployment, Poverty and Homelessness**.

In the field of **EMPLOYMENT** people with mental health problems are among the largest group of unemployed in all countries, despite a sometimes very strong desire to engage in productive work. The situation is often especially hard for young people who experience mental illness and who are at the beginning of their careers.

In almost all countries, 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 lose their disability status and therefore their benefits.

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.

**Need to promote social inclusion of people with mental health problems in employment through:**

- 1) Raising awareness among employers of the employment potentials of people with mental health problems
- 2) Creating decent job opportunities in sheltered/adapted employment or social firms as well as in the open labour market

- 3) Ensuring a decent minimum income for people with mental health problems as well as a fair regulation of the compatibility between work and social benefits

In terms of **HOUSING**, there is a large number of people with mental health problems who are homeless in all countries. For this group it is very hard to find affordable and adequate housing; they often lack the financial resources to pay for rent and they also face stigma and discrimination. Mostly in the EU-15 Member States there are some sheltered living opportunities located in community settings which are targeted specifically at people with mental health problems. This is a relatively new concept for most of the newer Member States of the EU. In general, however, these opportunities are rare, they are mostly offered by NGOs and they are often faced with budgetary problems.

**Need to promote social inclusion of people with mental health problems in housing through:**

- 4) Promoting legal regulations promoting housing rights of people with mental health problems and prohibiting discrimination
- 5) Preventing homelessness of people with mental health problems by supporting the development of affordable and adequate housing
- 6) Providing (financial) support to NGOs and other providers of alternative housing solutions like sheltered living opportunities

**Other important areas** that were repeatedly mentioned regarding their impact on the social inclusion of people with mental health problems include their **Involvement in Policy and Decision Making**.

In all countries, there is a need for good governance mechanisms and practises that allow and encourage an ongoing evaluation by users and their representatives. Financial aspects of social inclusion concern hospitalisation insurances that do not cover psychiatric illness in some countries, so that people with mental health problems/illnesses cannot refer to their insurances for hospitalisation costs. Moreover, all countries, without exception are faced with very limited financial budgets for community psychiatric services and supply.

**Need to promote social inclusion of people with mental health problems in other important areas:**

- 7) Ensuring the involvement of people with mental health problems and their families in relevant policy and decision making as well as in ongoing monitoring and evaluation of services; the condition therefore is to support the construction of Self-Representance-Organisations of (EX)Users of psychosocial services on all levels (local, national and European)
- 8) Seeking partnership with NGOs and other grass-roots providers of services in mental health to ensure adequacy, flexibility and sustainability at the local level

- 9) Providing an adequate financial frame for the development of sustainable community-based mental health services
- 10) Guaranteeing equal treatment for people with mental health problems with regard to insurance coverage

For the period 2006-2008, only 13 out of 27 National Action Plans on Social Inclusion that have been developed as part of the Open Method of Coordination in the Field of Social Protection and Social Inclusion make a reference to the social inclusion needs of people with mental health problems. In all these National Action Plans on Social Inclusion, people with mental health problems are either not considered at all, or no distinction is being made between people with mental health problems and people with disability – two fundamentally different groups. In almost all countries, there has been no systematic involvement of civil society organisations, in particular mental health associations. And many countries reported about difficulties to identify, contact and talk to the responsible units and officials dealing with the reports in order to become involved in the social inclusion process at the national level.

In several countries, the needs of people with mental health problems fall under the jurisdiction of the Ministries of Health and thus were reflected in the National Strategies of Health and Long-term care and not in the National Action Plans on Social Inclusion. This has far reaching negative consequences, as this group is being left out of the policy area that integrates and coordinates matters of social inclusion.

In order to make this instrument more effective, most countries agreed that national governments must adopt a serious and coherent approach towards the development of the Report as well as towards the effective implementation of all other instruments related to the Open Method of Coordination such as mutual learning and peer reviews.

#### **Need to promote social inclusion of people with mental health problems in the National Action Plans on Social Inclusion through:**

- 11) Include people with mental health problems and with experience of mental illness and psychiatric treatment in the framework for the National Action Plans on Social Inclusion in all countries as a separate group from people with other disabilities
- 12) Involve NGOs and other civil society organisations, especially mental health associations and User-organisations in the discussion, drafting, implementation and monitoring of the National Reports on Strategies for Social Protection and Social Inclusion
- 13) Enforce an Integrated approach to tackling the needs of people with mental health problems in all areas of the National Reports, Social Inclusion, Health and Long-term Care and Pensions
- 14) Assume and promote ownership and responsibility for the National Reports as well as for all other OMC related instruments, such as mutual learning and peer reviews

- 15) Ensure an effective implementation of agreed strategies and actions as laid down in the National Reports

General categories of **good practises** for improving social inclusion of people with mental health problems that were mentioned in most countries included all socio-psychiatric associations (drop-in centres, counselling, day centres, different forms of housing and rehabilitation etc.). Necessary principles for the success of inclusive practices are person-centeredness, independence, empowerment and community-orientation. The effectiveness of these initiatives is largely determined by the extent to which people with mental health problems are included in the advisory boards and decision-making processes.

Other good practices that were mentioned in the countries can be classified into three broad categories, good practices concerning social activities such as projects addressing the social and training needs of people with mental health problems (music, arts, other skills), buddy/befriending projects connecting people with and without mental health illness, but also de-institutionalisation processes that go hand in hand with the development of flexible community-based systems for mental health-care, rehabilitation, support and alternative housing opportunities in the community. The other category concerns good practices aiming at the labour market integration for example through supported employment, social firms, work opportunities in the community, in local cafés etc.

Finally, the third group of good practices includes those aimed at the general population such as anti-stigma campaigns as well as efforts at the policy level to mainstream mentally healthy public policy and practice in all policies aimed at achieving social justice and closing the opportunities gap.

#### **Recommendations of promoting social inclusion of people with mental health problems in good practices:**

- 16) Adopting the principles of person-centeredness, independence, empowerment and community orientation
- 17) Investing in social activities in the community as well as in initiatives promoting labour market integration of people with mental health problems
- 18) Fighting the stigma and prejudice in society through realistic messages in the media
- 19) Supporting NGOs and other voluntary providers of mental health and social services

MHE hopes that this recommendations can be helpful, for policy and practice at the European, national and local level, in the promotion of the social inclusion of people with mental health problems.

The aim is to work towards a European society in which all people enjoy a high level of mental health and social well-being, live as full citizens and have access to their human rights and to appropriate services and support when needed, through strengthened cooperation between all

relevant actors and better integration of mental health issues into the social inclusion process at all levels.