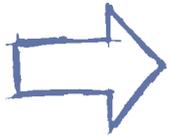




TOOLKIT ON ARTICLE 27 OF THE UN CRPD



IN BRIEF

This toolkit has been put together by [Mental Health Europe](#) to guide our members, employers, Human Resource personnel, employment support services, and any other interested stakeholder who wishes to know more about what a human rights-based approach to work and employment looks like for people with psychosocial disabilities.

The core of the toolkit is [Article 27 of the United Nations Convention on the Rights of Persons with Disabilities](#), although other human rights instruments, including the International Covenant on Economic, Social and Cultural Rights and several International Labour Organization (ILO) Conventions, are also relevant.

We have reached out to our members to collect promising practices on employment and other support services which can help people with psychosocial disabilities to find quality and meaningful employment.

From a European perspective, employment for people with disabilities plays a central role in EU disability and employment policy due to the unique competency that the EU has to legislate on some employment issues like worker's right, safety and health, and equality and non-discrimination. The Toolkit will also point to EU laws and policies which can be helpful in realising the right to work for people with disabilities ie the [Employment Equality Directive](#) and the [Long-term Unemployment Recommendation](#).

Why work matters

Work is central to many people's lives and identities. Quality and meaningful work can have a positive impact on community inclusion and overall mental health and well-being. People who have mental health problems can and do work and can greatly contribute to workplaces and economies. Work can also be an important step on the road to recovery for many.¹ Ensuring that stigma and discrimination do not block people with psychosocial disabilities² from access to the labour market is intimately linked to fulfilment of many other rights and will contribute to making our societies fairer, healthier and more inclusive.



"Psychosocial disabilities: An internationally recognised term used, in particular by the United Nations Committee on the Rights of Persons with Disabilities, to describe the experience of people who have long-term mental impairments which, in interaction with various societal barriers, may hinder their enjoyment of human rights. MHE uses this term in policy work when referring to people who fit the definition and are therefore protected by the UN CRPD."

Article 27 in a nutshell

The core of the toolkit is [Article 27 of the United Nations Convention on the Rights of Persons with Disabilities](#) which recognises that every person with a disability, including people with psychosocial disabilities, have the right to work like everyone else and should never be discriminated against.

Watch MHE's animated video on the right to work to learn more about Article 27 (Art 27):



¹ See page 9 -10 of this document for a first-hand account provided by an MHE Member on the role of work in her recovery.

² It's important to note that not all people who have experienced mental ill-health - sometimes called people with lived experience or experts by experience - would be considered people with psychosocial disabilities although many of the practices in this document would be beneficial for them. The term 'user' is also used in this document and refers to people who use mental health services, these people may, but not always, be considered to fit the definition of people with psychosocial disabilities. For more on terminology, please see MHE's glossary: <http://www.mhe-sme.org/publications/glossary/>.

The reality for people with psychosocial disabilities

Unfortunately, we are still lagging behind on achieving this right for many people with psychosocial disabilities in Europe. Societal barriers, including stigma and prejudices, mean that for many people with psychosocial disabilities Art 27 is not a reality.

Facts & Figures

Despite that people with disabilities are protected by employment legislation and the many benefits of work for people with disabilities and society, **employment rates remain astonishingly low across Europe and in the EU (48.7%)** in comparison to employment rates for the general population (70.1%). Rates vary across Europe and some places have managed to increase the rate of people with disabilities in employment.³ We don't know what the rates of employment for people with psychosocial disabilities are because this information is not disaggregated by disability but some estimates of the rate of employment of people experiencing mental health problems, which may not rise to the level of a psychosocial disability in many cases (*see definition of psychosocial disability above*), is much lower than the rate for people with disabilities more generally. The estimated rate of employment for people with mental health problems in the UK is a shocking 13.5% versus 47.5% for people with any disability.⁴

Another significant problem is underemployment as well as insecure working conditions due to zero hour or temporary contracts which might disproportionately affect people with psychosocial disabilities who are disadvantaged due to discrimination, stigma and misconceptions.

These figures are a reminder that there are still many barriers to the full implementation of Art 27, especially given that many European countries are still in economic recovery following the financial crisis and opportunities on the open labour market are still limited in many places in Europe.

What are the barriers?

Sadly, there are significant barriers for people with psychosocial disabilities who wish to enter the open labour market including pervasive stigma and misconceptions that they are 'unfit' to work.⁵

The reality is that many people in the workplace have mental health problems and psychosocial disabilities although they might not tell their colleagues. This can make them less visible in the modern workplace. See MHE's myth buster on the most common misconceptions about people experiencing mental ill health:



³ For a breakdown of the employment rates for people with disabilities across Europe, you can find more information on the Eurostat website at: http://ec.europa.eu/eurostat/statistics-explained/index.php/Disability_statistics_-_labour_market_access.

⁴ You can see this [Factfile](#) for more information.

⁵ For a breakdown of the common myths about people experiencing mental ill-health, you can see our [mythbuster](#) for our anti-stigma campaign [Each of Us](#). See also OECD report (OECD Report Health at a glance, Europe 2016).

In the past many people with disabilities could only access segregated work settings. However, following the adoption of the UN CRPD, we are now moving towards a more inclusive understanding of work for people with disabilities. Appropriate employment support is now considered to be an investment and there is more focus on how to integrate people with disabilities who have been unemployed in the longer term into the labour market.

Key principles to keep in mind



- Equality and non-discrimination – which means treating people with disabilities just like everyone else
- Work should be freely chosen
- Work environments should be open inclusive and accessible
- Reasonable accommodation – meaning, where necessary, reasonable changes or adjustments should be made to the workplace so that people with disabilities can work

The evolution of supported work for people with psychosocial disabilities

There has been an evolution in the types of supported employment for people with psychosocial disabilities in Europe. In the past sheltered workshops were the norm and these settings helped many to earn experience as well as a living. However, it is clear from Art 27 that we should now be aiming to ensure access to inclusive work which does not segregate people with psychosocial disabilities from the community. This means that a transition away from sheltered work towards inclusive work in the open labour market is needed. We also know more about what kind of supports work best for getting people with psychosocial disabilities into meaningful work and help them to keep their jobs.

Sheltered/protected work

This form of work used to be very popular and are still available in many places in Europe. These work places provided protected environments for people with psychosocial disabilities based on the idea that people could not cope in working environments in the open labour market. These setting were segregated and often provided poor quality and repetitive work. Types of protected work places included sheltered workshops, enclave jobs, and businesses and transitional jobs managed by mental health agencies. Nevertheless, it is important to note that sheltered workplaces often provided the only settings in which people could work due to societal barriers.

Vocational training

Vocational training is a type of support to employment which can be characterised as a ‘train and place’ method. People with psychosocial disabilities are trained because they are viewed as being deficient in skills and then, ideally, placed in a job. Although vocational training has helped many people into employment, it has now been shown to be less effective than other types of supported employment. Vocational training can create some problems including that people become used to being ‘in training’ rather than being in work.

Transitional employment

Transitional employment is usually meant to act as a bridge or ‘transition’ back to employment in the open labour market for people who have experienced mental ill-health. Transitional employment can take many forms but it usually provides risk free work experience with on-site support. Placements usually last for a short period of time. Transitional employment has often been provided in connection

with community-based mental health services by occupational therapists. One mental health service which uses transitional employment is the Clubhouse model which can be found across Europe.⁶

Place and train

Place and train methods reversed some of the previous trends in supported employment. The method works by placing someone in employment and then supporting and training them in an inclusive work environment. For people with psychosocial disabilities and those with mental ill-health wishing to return to the open labour market, this type of method has shown the best results in getting people into employment as well as for the duration of employment and levels of pay. It has also been shown not to increase readmissions to hospital.



Promising Practices A look at what's happening in Europe

MHE members from across Europe provide support to employment for people with psychosocial disabilities. This toolkit gathers some of those models and practices which can help to implement the right to work and employment for people with psychosocial disabilities.

Individual Placement and Support (IPS)

IPS is a methodology which uses a scale based on eight basic principles:

- *It aims to get people into competitive employment.*
- *It is open to all those who want to work.*
- *It tries to find jobs consistent with people's preferences.*
- *It works quickly.*
- *It brings employment specialists into clinical teams.*
- *Employment specialists develop relationships with employers, based upon a person's work preferences.*
- *It provides time-unlimited, individualised support for the person and the employer.*
- *Benefits counselling is included.*

It is the most researched employment intervention worldwide with more than 20 randomised controlled trials providing a unique evidence base for its effectiveness.¹ This method has been increasingly used throughout the world and in Europe including in the UK and the Netherlands

Arbeitsassistenz - Work assistance (Austria)

This service offers counselling and support for people with mental health problems with the aim of bringing them into employment as well as helping people who already have a job but are facing challenges and may be afraid of losing their jobs. The service engages employers and enterprises with the goal of finding common solutions for employees and employers.

⁶Clubhouses are community-based houses which provide a range of supports to people suffering from mental ill-health. For more information, please see: <http://clubhouse-intl.org/what-we-do/what-clubhouses-do/>.

[Jobsupport](#) (Austria)

This service, based in Linz, provides coaching and support for persons with mental health problems to help them find or to keep a job in the open labour market, to develop skills and to help with career development and demands.

The following practices of supported employment and social enterprises are run by experts by experience¹ and were nominated by our Dutch member - MIND (NL):

[‘Bluf cv’](#) by [Stichting ZON](#) (Netherlands)

This group based in Leiden specialises in coaching people with mental health problems, encouraging them to look in a different way at their past and periods where they were not working. Instead of mentioning the ‘gaps’ in their cv/résumé, they look at the talents and skills they have to put in their résumé. It gives a boost to people’s self-esteem and helps people to think about the kind of work they want to do and to take that next step to find a job. The practice is called ‘Bluf cv’ which means boast cv in English. The coaches are experts by experience.

[Equil](#) (Netherlands)

Equil is a European Project with participating partners throughout Europe. In Gouda, the Equil project runs peer groups that help each other to discover their talents and skills in order to find a paid job in the open labour market. Experts by experience are trained to lead those groups.

[TEAM ED](#) & [TED](#) (Netherlands)

Both are teams of experts by experience, with TEAM ED based in Amsterdam while TED works in Zaanstad. These teams provide counselling, advice and community care for local organisations. Through their work, experts by experience often find paid jobs in the open labour market.

[Markieza](#) (Netherlands)

This is an academy for the education of experts by experience run for and by them. They provide education at a range of different levels. After they graduate their students often find jobs as professional experts by experience.

Office of Supported Employment (Greece)

Our Greek Member, [the Society of Social Psychiatry and Mental Health](#), established an Office of Supported Employment (OSE) in a Day Centre - initially using EU funds - which has now been operational for four years. The Office excels in the creation and delivery of carefully crafted training solutions for people experiencing mental ill-health, including career counselling, and focuses on employability and skills to help individuals find and secure employment, support career and academic or educational progression. The service also helps people deal with challenges they may face if already in paid employment. A range of people attend at the service including those with or without qualifications. Regardless of their background all are welcome and supported to explore their skills and strengths and given advice about suitable options.



“A service user coming from Western Greece living in Athens was unemployed when she visited us. She was encouraged to contact her social network in her hometown and soon discovered that she had a few employment options there.”

How to promote and protect the right to work?

Art 27 requires States to take steps to safeguard and promote the right to work including for those who acquire disability during employment. Many of these steps are not just important for States and employment services to know about but employers, line-managers and human resources staff as well.

So here are some important steps or safeguards which should be kept in mind when taking a human rights-based approach to employment:

Prohibiting and challenging discrimination

As with many areas in life, the first step towards equality for people with disabilities is often banning discrimination. Art 27 requires that States ‘prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions’.

The EU has been instrumental in ensuring that all Member States prohibit discrimination on the basis of disability through the Employment Equality Directive. However, this does not mean that discrimination doesn’t persist. The implementation of the Directive has been criticised because of the absence of effective mechanisms for challenging discrimination where it exists.

There are many problems which can stop people with less visible disabilities from accessing justice under national laws. In some countries, the lack of definition or an unclear or narrow definition of disability could result in the exclusion of people with psychosocial disabilities.⁷ In addition, requirements exist in some EU Member States requiring proof of an impairment as well as its duration and longevity, which can be harder to prove for people with psychosocial disabilities than for those with more visible disabilities. Mental health problems are not visible, there are no biological markers, as is the case for many forms of physical ill-health, and diagnosis can be subjective.

Intersectionality



In addition to discrimination based on their psychosocial disability, people may also face multiple and intersecting forms of discrimination based on their age, gender, migration status, race, ethnicity, religion or belief, sexual orientation or socio-economic background, among other factors. We all have intersecting identities that make up who we are as a person and that are important to our mental health. MHE endorses an intersectional approach to fighting discrimination which acknowledges that treating discrimination on one single ground often does not reflect the nuance or experience of discrimination based on the intersecting identities that all of us have.

Reasonable accommodation

Art 27 requires States to ensure that reasonable accommodation is provided to people with disabilities in the workplace. Reasonable accommodation plays a key role in enabling working environments which are inclusive and therefore promotes equal access to the labour market for people with psychosocial

⁷According to a [2016 report](#) of the European network of legal experts in gender equality and non-discrimination (ANED) on the Employment Equality Directive, definitions of disability in national legislation vary and a variety of terminology is used which could be considered to cover people with psychosocial disabilities although no national legislation at present actually uses the term psychosocial disability.

disabilities. Art 2 of the UN CRPD defines reasonable accommodation as: **necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden**. In the context of employment this means reasonable adjustments or changes that can be made in the workplace that will not place an unfair burden on the employer.

Some examples of common forms of adjustment and modifications include:

- *assistance from an employment support worker (either during recruitment or employment)*
- *flexible working time (including flexible start and finishing times)*
- *modified training and supervision*
- *modified duties*
- *physical accommodations in the workplace (e.g. quieter work space or providing a quiet space for breaks away from the main workspace)*
- *Allowing the use of paid or unpaid leave for medical appointments*
- *offering a reserved parking space*
- *increasing supervision to provide greater support*
- *supporting someone to prioritise their work*
- *providing a job coach*
-

Article 5 of the Employment Equality Directive says that employers are required to take ‘appropriate measures’ to enable a person with a disability to have access to, participate in, or advance in employment, or to undergo training, unless it would impose a disproportionate burden on the employer.

All EU Member States have introduced reasonable accommodation for people with disabilities into their national legislation because of the European Equality Directive. However, it should be noted that to benefit from reasonable accommodation people must still be recognised as a person with a disability which, as already mentioned, can be a problem for people with psychosocial disabilities.

Concerns have also been raised about possible difficulties surrounding reasonable accommodation for people with psychosocial disabilities because it implies the need for disclosure about their mental health for employers to be able to identify and mitigate or remove barriers. Unfortunately, stigma is still a huge barrier which stops people with psychosocial disabilities from disclosing. Decision aids such as Conceal Or ReveAL (CORAL)⁸ have been developed to assist people with mental health problems with decisions about disclosure to employers. However, much more needs to be done to train employers and managers in how to create work environments that allow people with psychosocial disabilities to feel comfortable when disclosing their disability including quality training on mental health within the workplace.

Anti-stigma campaigns in the workplace

Our Dutch member (MIND) nominated an anti-stigma at work project called [Samen Sterk Zonder Stigma](#). This project includes ambassadors with mental health problems and psychosocial disabilities who have paid jobs and who help to create awareness and jobs in the organisation they work for.

There are national and nationally funded anti-stigma campaigns in the UK including Time to Change in England and [See Me](#) in Scotland which both have a focus on ending mental health stigma at work. [Time to Change](#) has dedicated activities to reduce stigma in the work place including employer pledges, champions in the workplace, support for employees in the workplace (ie information about their rights,

⁸ Our Dutch member, GGZ Netherlands, informs that CORAL has now been translated into Dutch and is being used in the Netherlands. For more information on CORAL, see: Lassman et al, How does a decision aid help people decide whether to disclose a mental health problem to employers? Qualitative interview study. J Occup Rehabil. 2015 Jun;25(2) 403-11 at: <https://www.ncbi.nlm.nih.gov/pubmed/25427673>.

animated [videos](#) etc) and encouraging conversations on mental health at work. See Me provides [guidance](#) on how to reduce mental health stigma at work for employees and employers.

Just and favourable conditions of work

Art 27 requires States to protect the rights of people with disabilities to just and favourable working conditions, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances.

At European and national levels, there has been a focus on providing working conditions which do not impact on physical safety. However, in the modern work place psychosocial risk factors which can negatively impact on mental health, particularly for people with psychosocial disabilities, are often underestimated or forgotten.

Raising the quality of working conditions is a goal of the EU.⁹ The legally binding European Framework Directive on Safety and Health at Work¹⁰ requires that employers:

- *evaluate all the risks (including psychosocial risk factors) to the safety and health of workers;*
- *implement measures which improve the level of protection for workers;*
- *take into consideration the worker's capabilities in terms of health and safety when giving tasks;*
- *consult workers on new technologies;*
- *designate workers to carry out activities related to the protection and prevention of risks;*
- *keep a list of accidents and draw up reports for responsible authorities on accidents suffered by his workers;*
- *inform and consult workers on all questions relating to safety and health at work;*
- *ensure that each worker receives adequate safety and health training.*

Though the European Framework Directive should apply to all risks to health and safety including psychosocial risk factors,¹¹ implementation in terms of mental health has been reported as weak in the past.¹² Other soft policies which are relevant include the non-binding Framework Agreements on Work-related Stress (2004) and on Harassment and Violence at Work (2007) signed by the European social partners.¹³

The EU and its Occupational Health and Safety Agency -[EU-OSHA](#)- has developed several useful tools on how to apply health and safety rules to mental health including:

- [‘Health and safety at work is everybody’s business: Practical guidance for employers’](#) which gives tips on work-related stress.
- [Promoting mental health in the workplace: Guidance to implementing a comprehensive approach](#) by the European Commission.
- EU-OSHA website has a dedicated [section](#) on psychosocial risks and stress at work.
- [Practical e-Guide](#) to managing psychosocial risks (available in 20+ European languages).

⁹Article 151 of the Treaty on the Functioning of the European Union states that Member States should work towards the promotion of employment and the improvement of working conditions.

¹⁰ For more information, please see the EU OSHA [website](#).

¹¹Please see the European Commission [Interpretative Document](#) of the Implementation of Council Directive 89/391/EEC in relation to Mental Health in the Workplace

¹² This was noted in the [2004 Communication](#) on the practical implementation of the provisions of the Health and Safety at Work Directives.

¹³You can read more about implementation in this [Report](#) on the European social partners’ Framework Agreement on Work-related Stress.

Labour and Trade Unions

We need to ensure that people with disabilities can exercise their labour and trade union rights just like everyone else. This right is important for people with psychosocial disabilities because trade unions can support them in having their rights fulfilled. For example, if part of a Trade Union, Union representatives could help to get the reasonable accommodation that a person with a psychosocial disability might need to continue their work. Human Resource staff and line managers should be conscious of the support role the trade unions can play.

Vocational and professional rehabilitation, job retention and return-to-work programmes for people with disabilities

We know that the modern workplace has significant psychosocial risk factors (ie stress) which can lead to mental ill-health and sometimes psychosocial disabilities, so it is important that people who may be affected by these factors can be supported to stay in work and to return to work or to get a job in an inclusive and safe work place after periods of ill-health. Art 27 requests that States promote vocational and professional rehabilitation, job retention and return-to-work programmes for people with disabilities. Individualised and tailored support programmes like the IPS method can also serve the purpose of return-to-work programmes.

Many job retention programmes focus on training and supporting managers to make return to work a success, while others focus on support to the person experiencing mental ill-health (see below). Programmes that promote mentally healthy workplaces have also been shown to be effective.¹⁴



The role of work on my way to recovery

MHE Member Ola Kozuszek on returning to work with support

"After my first stay in the mental clinic in Cracow, I started working as a teacher in a primary school. I was totally engaged in my work and contacts with my students and that led me to the next hospitalisation. I had different diagnosis, among others: schizophrenia, psychosis, depression. During my stay on the ward many students visited me, they all were waiting for my return to my normal duties. I was probably the only one who was trying to get the permission to work rather than the pension! I called up the inspector of education to obtain the necessary documents. She said: "how do you imagine taking your post as a teacher when all people in that district know that you were in a mental hospital?" I answered: " well, you see, this illness affects sensitive people. You can be sure, it will not happen to you". And I began my activities at school. It was a very hard time for me although everybody accepted me and showed their friendliness. The drugs made me sleepy, tired and full of fear. I was no longer the same energetic teacher. When I got married I moved to Wrocław and started to work as a teacher in a music school at secondary level. Every day I had to overcome the side effects of the drugs.

¹⁴ An example of a good practice guide with different kinds of information about mental health and employment is available in the Netherlands: <https://www.samenvoordeklant.nl/nieuws/routekaart-psychische-aandoeningen-en-werk>.

Somehow, I managed to have lessons and my students appreciated my work and qualifications. Then I had two more crises and hospitalizations. I want to underline the good attitude of my employers and relationships with my colleagues who were full of understanding at work. I remember that the directors of my schools called me and were interested in my condition. They also assured me that I could return to work at any time I wished. Sometimes I was in such a bad state of mind that I was afraid to enter the classroom. In those cases, my friend replaced me and had my lessons. Everyone expressed their support. I considered that kind of atmosphere as beneficial in my struggle with illness and recovery.

Step by step, I was making progress in my recovery process. My work at home was very important though it also was not an easy task for me. I got great support from my husband, family and friends. It has been a long time since I was at mental clinic for (almost 20 years). I am a quite healthy person now.”



Promising Practices

A look at what's happening in Europe

[Fit2work](#) (Austria)

Fit2work is an initiative of the Austrian Government. This service establishes contact points for employees with health problems or disabilities and provides free advice and coaching to workers including those who are returning to work or looking for a new workplace. The overall aim of the service is to prevent job loss.

Work-linked therapy and interdisciplinary care for employees experiencing mental ill-health (Germany)

This interdisciplinary care project between the Salzgitter AG, the company health insurance fund (BKK) and the psychotherapy ambulance of the TU Braunschweig aims to identify and treat the mental ill-health of workers as early as possible. The networking between the cooperation partners enables people to stay in work as well as rapidly reintegrate back into their professional life after periods of sick leave.¹

Access to technical and vocational training (VET) and placement services

States should enable people with disabilities to have access to technical and vocational guidance programmes, placement services and vocational and continuing training. Unfortunately, access to training and placement services and other further educational training might not be accessible for people with disabilities due to a multitude of reasons. For example, competitive processes can mean that people with psychosocial disabilities are excluded.

When designing training and placement services, it is important to remember the needs of people with psychosocial disabilities as well as issues around accessibility. Co-production - an inclusive working practice, which involves users of services as well as other stakeholders, in the design, implementation and delivery of services – could be very useful to anyone wishing to set-up such services.¹⁵

Employment opportunities and career advancement

We need to promote employment opportunities and career advancement for people with disabilities, as well as assistance in finding, obtaining, maintaining and returning to employment. Assistance or support in job search, placement and getting back to work schemes are just some of the ways that can help people with psychosocial disabilities find employment opportunities. However, many job search supports are not designed for people with disabilities and do not address the barriers they face. People with psychosocial disabilities may face unique barriers in getting back to work (loss of confidence, anxiety, difficulty with adapting to routine etc) and may require more individualised support (see our promising practices above).

Self-employment and entrepreneurship

Of course, employment does not just mean working for someone else. Art 27 asks States to promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business.

An issue for States and services to remember is that denial of legal capacity¹⁶ can limit a person with a psychosocial disability's ability to enter in contracts or start their own business and can act as barriers to self-employment, entrepreneurship, the development of cooperatives and the starting of businesses. Progress on denial of legal capacity including the abolition of guardianship regimes and the establishment of supported-decision making schemes would break down barriers for people with psychosocial disabilities who wish to, for example, start their own business.

New career paths through lived experience

A growing area of self-employment/job creation is the provision of peer support by experts by experience as well as the using of lived experience in consultancy and evaluation. People with psychosocial disabilities are increasingly using their lived experience to help peers and to provide advice on, evaluate and improve mental health services and policies. Employing people with lived experience as peer support workers¹⁷ is particularly strong in the recovery movement especially in places with Recovery Colleges¹⁸ that provide peer and user-led training. Some may be employed in mental health services, while others prefer to be self-employed independent peer workers, consultants or evaluators.

¹⁵ For more on co-production and employment services, you can read [the Declaration: Developing Support Services of Tomorrow](#), which MHE co-produced with other organisations.

¹⁶ For more information on this important human rights issue, you can see MHE's [animated video on legal capacity](#).

¹⁷ For more on the role of peer support workers in recovery, see <http://pb.rcpsych.org/content/34/7/279>.

¹⁸ For more on Recovery Colleges, please see: <https://imroc.org/resources/1-recovery-colleges/>. Recovery Colleges exist within the health services in Europe including in [Ireland](#), the Netherlands and the [UK](#).



Promising Practices A look at what's happening in Europe

MHE's Spanish member **Fundacion Mundo Bipolar** - an organisation of (ex)users and people with psychosocial disabilities - has become an employer itself adopting a policy in favour of providing paid work rather than volunteer positions. They provide training to people with lived experience through their courses, seminars and projects.¹ Their courses make it possible for people with psychosocial disabilities to become trained Peer Experts and get paid for their work. For example, students become trainers or teachers on peer to peer support and provide training to professionals including those working in emergencies services. Peer experts can also sign contracts through Fundacion Mundo Bipolar to organise courses or seminars and be paid for their work.

“Many new perspectives appeared due to my mental health problems. I hold lectures at conferences in Poland and abroad. I take part in radio and TV programmes. A very special and satisfying role is my work as an EX-IN (peer support) trainer. It has given me a new opportunity, to discover my vocation. It allows me to help people with mental problems. In my opinion, the mental health problem which I suffered were needed for my personal development and they also enabled me to be useful in supporting others”

MHE member Ola Kożuszek



Employment in the public sector

Art 27 has a section on employing people with disabilities in the public sector. Although Art 27 is based around the rights holder, without support to the employer it will never become a reality for many. Some tools that can help to ensure people with psychosocial disabilities are employed in the public sector include diversity policies which educate and inform human resources staff and those responsible for employment within the public sector. Mental health training is another way to support those who may employ people for the public sector. Good mental health training should be non-stigmatising and teach people how to identify signs of mental ill-health and how best to support a potential employee when they disclose a psychosocial disability. More awareness among the public about mental ill health will also help break down stigma in society and workplaces.

Some countries have adopted quotas for employment of people with disabilities in the public sector which require that at a minimum a number or percentage of people with disabilities are employed. This can be helpful in ensuring diversity in the workplace. However, there are concerns that quotas may not

be helpful if employers prefer to pay fines rather than employ disabled people. They may also have the effect of reinforcing a perception of a 'lower status' accorded to people with disabilities as employees.

Employment in the private sector

Promoting the employment of people with disabilities in the private sector is crucial if we want to get people into employment like everyone else. Art 27 says that steps to ensure employment in the private sector should include the adoption of policies and measures including affirmative action programmes and incentives.

What does incentive mean? This can mean that businesses should receive encouragement to hire people with disabilities such as tax breaks. Affirmative action programmes refer to policies which favour the hiring of minorities, like people with disabilities, which help to offset the stigma and discrimination they usually face and encourage employers to hire people with disabilities. Such policies can include mandatory quotas, as mentioned above, which require the private sector to employ a certain number of people with disabilities. You should check if your country has adopted such quotas, although there can be problems with implementing them as many simply require businesses to pay a fine if they do not reach the quota. This is why incentives are also vital.

At European level, the [long-term unemployment recommendation](#) could be useful as it commits Member States to seek active involvement and partnership with employers, who must be involved in finding a pathway back to work for the long-term unemployed including people with disabilities. It also calls for incentives for employers to employ the long-term unemployed.

Work experience in the open labour market

Art 27 requires the promotion of work experience in the open labour market for people with disabilities. This is further evidence of the need to transition away from more sheltered forms of employment or work experience. Employment support services should ensure that people with psychosocial disabilities are empowered to do the same type of work experience as everyone else including through employment support services. Other supports could include supported internships in the professions.

**For more information about this Toolkit, please contact
our Policy Manager, Alva Finn, at: ailbhe.finn@mhe-sme.org.**



MENTAL HEALTH EUROPE
Mundo-B Rue d'Edimbourg 26
1050 Brussels, Belgium
Email: info@mhe-sme.org
www.mhe-sme.org