FACT SHEET

MENTAL HEALTH AND INDEPENDENT LIVING

1. IS A MENTAL HEALTH PROBLEM A DISABILITY?

It can be, yes. Article 1 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) defines disabled people as '*those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.' (1)* This means that when a long-term mental health impairment interacts with societal barriers, it becomes a disability. People with long-term mental health problems are also referred to as people with psychosocial disabilities *(2)*.

2. CAN PEOPLE WITH MENTAL HEALTH PROBLEMS LIVE INDEPENDENTLY?

Yes, Article 19 of the UNCRPD states that the right to live independently and be included in the community applies to all people with disabilities equally. This includes people with psychosocial disabilities. It does not mean that they must live on their own without support, but that they have the right to choice and control over their lives, including choosing where they live and with whom.

Living independently can often be a key part of recovery and people can and do recover from even the most serious mental health problems or psychosocial disabilities. Recovery is self-defined, but broadly means living a meaningful and satisfying life, with hope for the future. Recovery is not always the eradication of the experiences or signs that accompany mental distress, as it would be used in the context of physical health. It can mean living with and managing these experiences, whilst having control over and input into your own life. A range of support services which are recovery-based should be available within the community and people with mental health problems should not be forced to live in segregated settings like psychiatric hospitals. Community-based services which are available to people without disabilities should be accessible to people with disabilities on an equal basis with others. People with disabilities should not be discriminated against on the basis of their mental health or their perceived ability to live independently.

(1) It is worth noting that UNCRPD also applies to those who are perceived as having a mental health problem, as stated in the Guidelines on Article 14 of the UNCRPD.
(2) In some countries, the term 'people with mental health conditions' may be preferred by the user movement.

3. WHAT DOES INDEPENDENT LIVING MEAN FOR PEOPLE WITH MENTAL HEALTH PROBLEMS?

Independent Living for people with mental health problems means being able to live in the community, rather than a hospital *(3)* or a care home. It means being able to choose where to live and what to do and to not be compelled to live in a certain setting or behave in a certain way, for example, being forced to take medication or being banned from leaving one's room or drinking alcohol. Independent Living means being supported to build and rebuild social networks on an equal basis with non-disabled people. People with mental health problems may struggle to build and maintain social networks. They may find it difficult to socialise or they may have been forced to live in a segregated setting away from friends and family. It is important that people with mental health problems have support to maintain relationships on an equal basis with others.

4. ARE PEOPLE WITH MENTAL HEALTH PROBLEMS TREATED EQUALLY TO THOSE WITHOUT MENTAL HEALTH PROBLEMS?

No, people with mental health problems (actual or perceived) often face stigma and discrimination. A negative stigma is a label applied to beliefs, practices or social groups, which means they are treated less favourably by society. People with mental health problems face stigma on many levels. For example, many people believe that people with mental health problems are not 'capable' of living full and rich lives like everyone else, meaning that they can work, have a family and live independently. Another common misconception is that mental health problems are 'all in the head', meaning they are not real and not worthy of attention or treatment. People with mental health problems are often labelled as weak, or even worse, dangerous to others and told they should just get over their difficulties and get on with life. In fact, mental health problems can be caused by a wide range of factors and life experiences, such as experiencing trauma or violence, losing a loved one or being forced to live in poverty. Stigma can have many negative effects on people with mental health problems, including being excluded from friends and family, to losing one's job or home, or being denied access to education and healthcare.

5. CAN PEOPLE WITH MENTAL HEALTH PROBLEMS MAKE THEIR OWN DECISIONS?

Article 12 of the UNCRPD (the right to equal recognition before the law) states that legal capacity – which entails the right to make your own decisions and be recognised before the law - is a human right that should be afforded to everyone, including people with disabilities.

There is a strong link between legal capacity and independent living, because those who have had their legal capacity taken away are often placed in institutions against their will, or subjected to forced treatment by their guardian. A guardian is usually a professional or a family member who is given power to make decisions on behalf of a person with disabilities (this practice is also known as 'substitute decision-making').

Legal capacity must not be confused with mental capacity. Legal capacity is the right to make decisions under the law. This is a human right held by everyone. Mental capacity, on the other hand, is the ability to make decisions and weigh up information. Levels of mental capacity vary from person to person and cannot be objectively measured. Mental capacity is often judged using medical tests, which are unfairly and disproportionately used to test people with disabilities. Perceived lack of mental capacity is commonly used as a reason to deny someone's legal capacity.

6. WHAT IS FORCED TREATMENT AND HOW DOES IT AFFECT PEOPLE WITH MENTAL HEALTH PROBLEMS?

People with mental health problems are often kept in hospital and treated against their will, based on a decision by their guardian or a medical professional. Although forced treatment and forced placement in a hospital are in clear violation of Article 12, Article 17 (protecting the integrity of the person) and Article 25 (right to health) of the UNCRPD, they are currently overused across Europe. Similarly, Community Treatment Orders (CTOs) are used to control people with mental health problems within the community. They compel people with mental health problems to behave in a certain way, for example to take medication at certain times, or attend medical appointments. CTOs unfairly take away choice and control from people with disabilities and are therefore a direct barrier to Independent Living. In addition, research has shown that they are not effective *(4)* .

7. HOW CAN PEOPLE WITH MENTAL HEALTH PROBLEMS BE SUPPORTED TO MAKE THEIR OWN DECISIONS?

People with mental health problems should be able to access supported decision making, if needed, rather than having their ability to make decisions taken away. This means that they should be given the time, support and information they need to make fully informed decisions about their own lives. Supported decision-making can take several different forms, for example, making decisions in advance about what you want to happen in case of a crisis situation and appointing someone you trust to carry out those wishes (this is known as 'advance directives').

(3)This refers to long-term hospitalization in a psychiatric hospital, or in a psychiatric ward. Acute (i.e. short term) care in a hospital setting may be needed in some situations.

(4) For example: http://enusp.org/2017/07/11/england-and-wales-the-mental-health-act-isnt-working-according-to-research-published-on-22-june-2017/

Alternatively, the Open Dialogue model brings together the person in crisis with their therapist and their trusted friends and family to discuss what their next steps should be. Everyone in the group has a say, but all decisions are taken by the individual. Another successful example of supported decision making is that of a Personal Ombudsman (described below).

8. IS IT SAFER FOR PEOPLE WITH MENTAL HEALTH PROBLEMS TO LIVE IN A HOSPITAL/CARE HOME?

No, people with mental health problems have the right to live in the community, just like everyone else. People with mental health problems are often seen as too dangerous to live in the community, which is a false stereotype that is reinforced through negative media coverage. In reality, evidence shows that people with mental health problems are actually more likely to be victims of violence than they are to commit violent acts. All those working with people with mental health problems need training on how to differentiate between genuine violence and the actions of those in crisis, and guidance on how to respond accordingly.

9. IS PERSONAL ASSISTANCE SUITABLE FOR PEOPLE WITH MENTAL HEALTH PROBLEMS?

Yes, people with long term mental health problems or psychosocial disabilities can use Personal Assistance or a service similar in nature. It may not take the form of traditional Personal Assistance used by other people with disabilities, for example as help with personal care or with housework. It may also be given a different name to Personal Assistance. However, the basic principle remains the same: it is tailored one-to-one support, directed by the individual to enable them to have choice and control over their lives.

Forms of Personal Assistance for people with mental health problems include a Personal Ombudsman (PO), developed in Sweden. A PO is a form of supported decision making – it is a person providing specialised support to help people with mental health problems to do anything from finding a place to live, to finding employment, managing money, building social networks or just getting out and about *(5)*. The Soteria model *(6)* provides support for people with severe mental health problems, who are often in a crisis situation. Usually run by non-medical professionals who themselves often have lived experience of mental health problems, these centres provide peer support to enable people with mental health problems to live in the community. People with mental health problems may find it easier to confide in someone (a peer) who really understands what they have been through, which is why access to peer support is so important.

However, these services are only available in select European countries. States should set up support services which meet the needs of people with mental health problems and allocate service users personal budgets (i.e. money that they can use to access services as they see fit), so that they can have full control over their own support.

10. IS INDEPENDENT LIVING BEING ACHIEVED FOR PEOPLE WITH MENTAL HEALTH PROBLEMS IN EUROPE?

A number of European countries are taking positive steps towards Independent Living for people with mental health problems. For example, the UK and Germany provide personal budgets to certain individuals with mental health problems, and Sweden is using a model for supported decision making called the Personal Ombudsman. Ireland has recently changed its laws to introduce supported decision-making and to establish a supported decision-making authority.

However, all European countries have a long way to go to achieve full Independent Living for people with mental health problems. States must, among other, reform legislation (such as legal capacity laws and mental health laws allowing for forced treatment and hospitalization), close institutions and develop inclusive community-based services, which meet the needs of people with mental health problems, so that they can have full choice and control over their lives.

(5) For more information, please see: https://zeroproject.org/policy/sweden-2/
(6) Calton et al, Systematic Review of the Soteria Paradigm, 2007, available at : http://schizophreniabulletin.oxfordjournals.org/content/34/1/181.full

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