Analysis:

Mental Health Problems of People with Physical Disabilities

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Contents

Background

In the European Union (EU), there are 100 million persons with disabilities, representing 15% of the total population. Persons with disabilities are among the groups more at risk of marginalisation and most impacted by socio-economic determinants of health and overall wellbeing. The EU and all EU Member States have ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and are therefore bound to protect the rights of people with disability, by the principles and obligations enshrined in this Convention. In 2021, 29.7 % of the EU population with a disability was at risk of poverty or social exclusion, compared with 18.8 % among people with no limitations.[1] Generally, people with disabilities in the EU, report 4 times more unmet healthcare needs. They are also twice as likely to leave school early, and 50% more likely to be at risk of poverty or social exclusion. Moreover, 1 in 2 people with disabilities feel discriminated against and women with disabilities are two to five times more likely to face violence compared to other women[2]

People with disabilities are not a homogenous group and even those with the same disability might have contrasting experiences, with their disabilities impacting them in different ways. However, it is essential to analyse the overlapping experiences of people with similar forms of disability to identify unmet needs and ensure adequate solutions are implemented. In particular, the mental health of persons with physical disabilities is in an area that has not garnered enough attention.

Physical disabilities have multifaceted impacts on a person's life, fundamentally interlinking mental health and physical health. People with physical disability experience multiple risk factors for mental health problems. Experiences of physical disability can be wide ranging and can include pain, discomfort, or stress, all which can affect mental health. Furthermore, the social, economic, cultural, and environmental constraints persons with disabilities frequently experience, can exclude them from fully participating in society, which in turn places them at a higher risk of experiencing mental health problems. For example, people with reduced mobility may experience accessibility problems in relation to public transport system, which can exclude them from accessing services, leisure activities, education, healthcare, and more.

Moreover, globally there are disproportionately higher rates of unemployment among persons with disabilities. While there is growing recognition that mental health and wellbeing are closely linked to social, economic, and physical environment, mental health systems often fail to embrace a holistic approach. Mental health cannot be considered in isolation of an individual's multiple and intersecting layers of identity and oppression. Absence of parity of esteem may contribute to the mental health of persons with disabilities being overlooked in comparison to physical health care.

This report aims to provide some insight on the mental health of persons with physical disabilities by:

- Assessing the impacts of physical disabilities on the mental health of persons;
- Examining risk factors for mental health problems experienced by persons with physical disabilities;
- Shedding light on the intersecting forms of discrimination experienced by individuals with physical disabilities and mental health problems or psychosocial disabilities.
- Provide recommendations on changes that should be implemented to promote empowerment as well as mobilise support for the dignity, rights, and wellbeing and to ensure the full participation of persons with physical disabilities.

This document can be of help to any stakeholders interested in better understanding the mental health of persons with physical disabilities, especially policymakers and service providers, to ensure better support for all. Furthermore, this report will also be useful for the wider public and anyone interested in increasing their mental health literacy, including how the mental health of different groups is impacted.

[1] Eurostat, available at: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics_-_poverty_and_income_inequalities

[2] Council of the European Union, available at: https://www.consilium.europa.eu/en/infographics/disability-eu-facts-figures/

Survey Scope and Methodology

To gather information on the mental health of persons with disabilities, an online survey was launched via Google Forms for a total of 2 weeks, between the 28th of November and 12th of December 2022. The survey was made available to everyone in Europe with a physical disability. Both multiple choice and open questions were posed to yield numerical responses as well as gather further detail on the experiences and opinions of persons with physical disabilities.

To refrain from collecting personal identifiable information (PII) from respondents (e.g., name, email address, etc), the survey remained anonymous. However, to measure outreach and demographic, questions such as age, country surveyees are based in, gender, sexual orientation, cultural background, race, and employment status were integrated.

Respondents were also provided the option to opt-out or skip questions, with the exceptions of a few defining questions, for example "Do you have a physical disability or a long-term physical health problem?". This was done to prevent skewed and biased results, ensure survey takers could omit from answering uncomfortable or potentially triggering questions, and would be more inclined to complete the survey.

Google forms was utilised for this survey, to provide several report sharing options and accommodate the varying needs of the target group as well as ensure effective outreach The accessibility of the Google Form platform was assessed, in collaboration with the European Disability Forum (EDF). Once available, the Google form URL was shared on various platforms, including twitter email and EDF's and MHE's newsletters. Care was taken to ensure the survey included accessible language and was split into clear sections.

The survey was shared within the networks and online platforms of Mental Health Europe, European Disability Forum (EDF) and other stakeholders such as the Organisation for Rare Diseases (EURORDIS).

Survey Results

Respondent demographics

13 people responded to the survey. Their age varied between 25-70 years old. Almost half of the respondents were between 41-55 years old (see Figure 1).

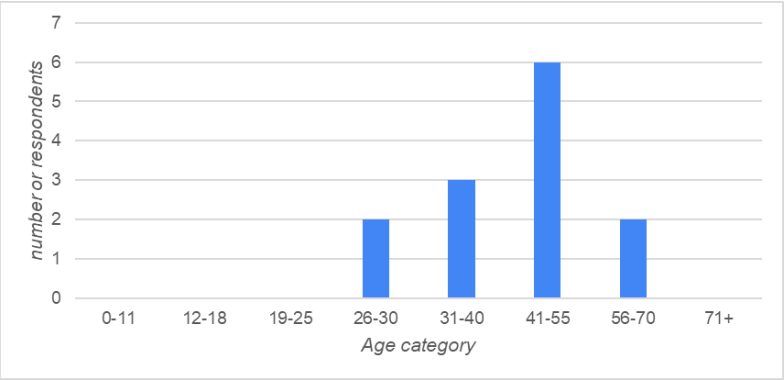

Figure 1: Age of respondents

Surveyees were based in 9 European countries including Armenia (1), Belgium (5), Bulgaria (1) Cyrus (1), Germany (1), Greece (1), Italy (1), Norway (1) and Spain (1).

9 participants identified as female and 4 identified as male. Regarding sexual orientation all respondents answered, with 7 participants identifying as straight, 3 as gay, 1 as lesbian and 2 as bi-sexual.

When asked to describe their cultural background, 2 participants expressed they have a migrant background and another stated being from a minority community. A participant also submitted that they were "raised in an unsafe home". The remaining 9 respondents shared that they were none of the above.

12 respondents identified as white/Caucasian and the remaining respondent identified as mixed race (white-Asian).

Lastly, 5 respondents indicated that they were employed full-time, 2 as part-time, 1 as self-employed, 1 as not currently employed, and 4 as unable to work (see Figure 2).

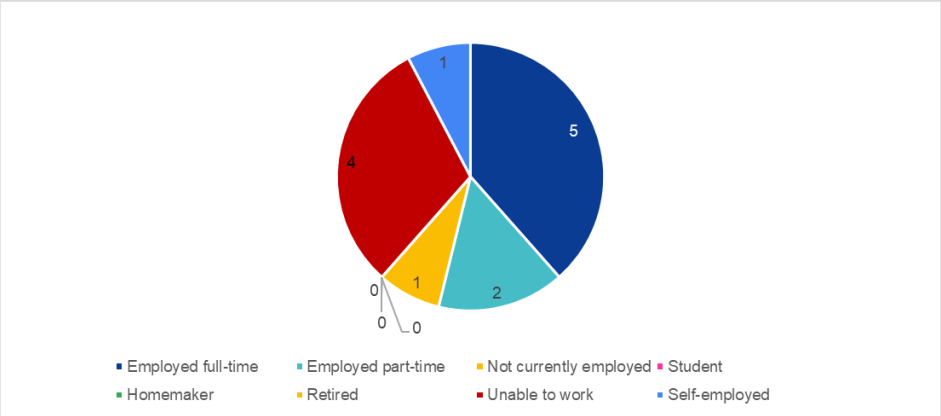

Figure 2: Employment status of respondents (n=13)

Physical disability or long-term physical health problem

The survey was intended for people with a physical disability or long-term physical health problem, and all respondents indicated they fit this description. Their physical disability or long-term health problems varied (see Figure 3). Most respondents (6) indicated they have reduced mobility or are in a wheelchair. 5 respondents indicated they have a long-term health problem such as diabetes or Crohn's disease. Other problems or disabilities that respondents reported were hard of hearing/deaf, partly sighted/blind, Axial Spondyloarthitis, Osteoarthtits, Fibromyalgia, disability related to the use of the arm(s), disability related to balance/coordination, disability related to neurological health such as multiple sclerosis/Parkinson, reduced mobility due to illness, chronic pain and needing supplement of oxygen to breathe

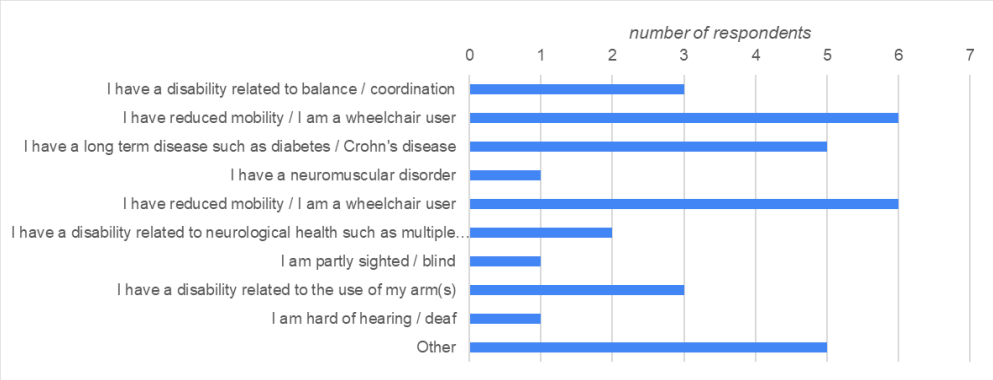

Figure 1: Reported physical disability or long-term physical health problem

Overall wellbeing and freedom

All respondents shared what they rate their mental health, from a scale of 1- 10 with one representing very poor and 10 representing very good mental health. Here, 1 participant selected scale 5, 4 selected 6 and a further 4 participant picked scale 7 and lastly another 4 participants chose scale 8 (see Figure 4).

Figure 4: Survey question - Have you had, or do you have mental health problems or a psychosocial disability?

When requested to provide more detail on what category their physical disability applies to, through a multiple-choice question (see Figure 5), 1 participant indicated that they are hard of hearing or deaf, 1 stated they are partly sighted or blind, 6 have reduced mobility or are a wheelchair user. A further 3 indicated they have a disability related to the use of their arm(s), 3 have a disability related to balance or coordination, 2 have a disability related to neurological health such as multiple sclerosis or Parkinson and 5 have a long-term disease such as diabetes or Crohn's disease. Further information was also included in the "others" section, with one respondent noting they have a neuromuscular disorder. Another participant conveyed they have Axial Spondyloarthitis, Osteoarthtits, Fibromyalgia. Other respondents also noted chronic pain and needing the supplement of oxygen to breath.

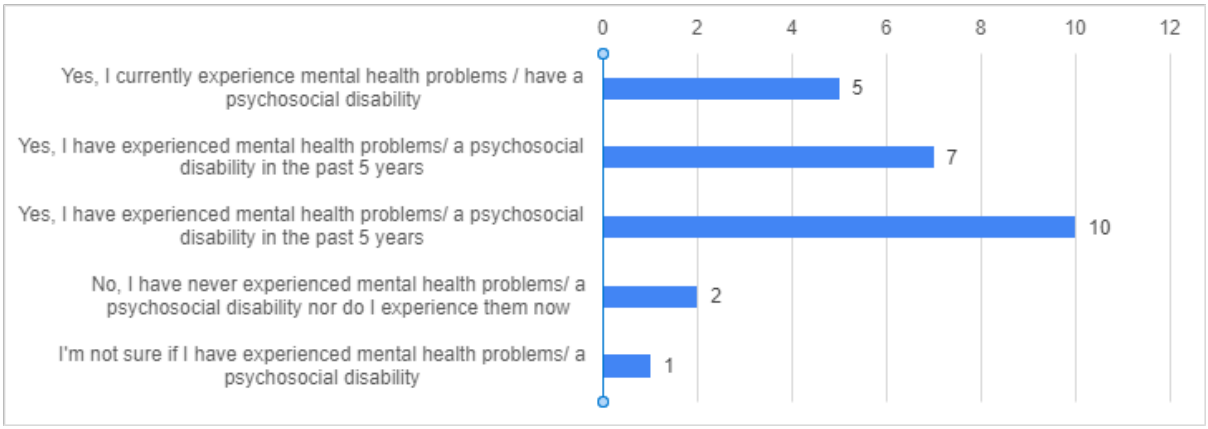

Figure 5: Survey question - Have you had, or do you have mental health problems or a psychosocial disability?

Moreover, 10 out of 13 respondents deal with or have dealt with a mental health problem or psychosocial disability. Here, 5 responders shared they currently have a mental health problem or psychosocial disability. In contrast 2 participants expressed they have never experienced mental health problems or a psychosocial disability. Lastly, 1 participant communicated they were not sure if they have ever experienced a mental health problem or psychosocial disability.

When responding to the question on their mental health in the last 6 months, there were varying responses. 11 out of 13 respondents said they never experienced seeing or hearing things, suicidal thoughts, or self-harming behaviours. In contrast, 5 participants shared they often experience anxiety, and 8 often experience stress. 5 participants also shared they experience tiredness or fatigue all the time.

When measuring their overall wellbeing, from a scale of 1 -10 (very dissatisfied to very satisfied), 12 selected ratings between 5 and 8, indicating they are satisfied or quite satisfied with their life. While one responded selected 3, communicating that they are quite dissatisfied with their life. 11 revealed that they felt they had personal freedom, with one participant sharing they have a lot of personal freedom and choice. On the other hand, 2 respondents

expressed they felt they had little personal freedom. For the question “do you have enough opportunities to pursue the things that you like?”, 11 indicated they have opportunities by rating this item between 5 and 10. 2 selected a rating of 3, suggesting they have fewer opportunities to pursue their interests.

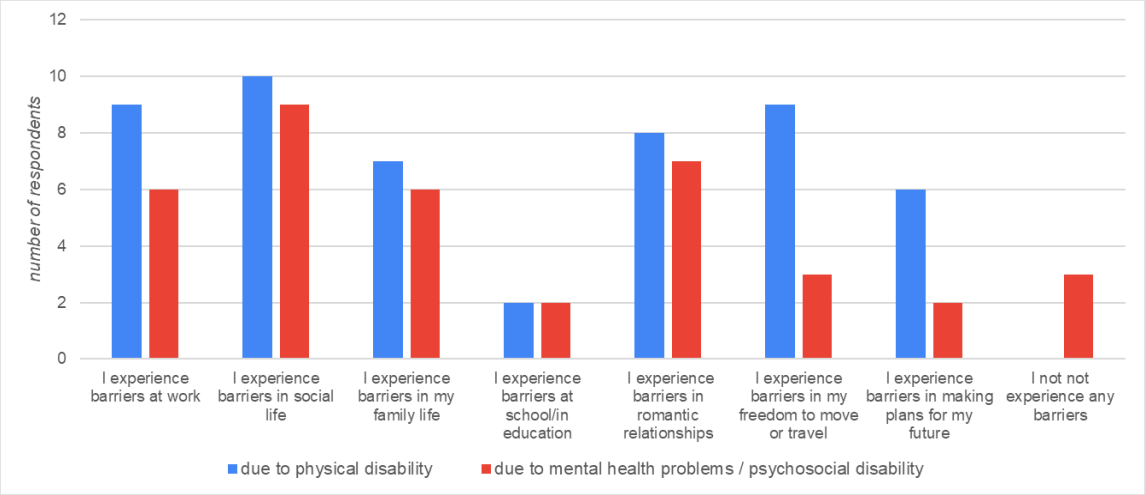

Figure 6: Survey question - Do you experience barriers in society due to your physical disability and or mental health problems/psychosocial disability?

Respondents report that they face more barriers in life due to their physical disability than their mental health problems/psychosocial disability (see Figure 6). Moreover, all respondents shared that they do experience barriers in society due to their physical disability. Comparably, 10 out of 13 respondents shared they experience barriers in society due to their mental health problem or psychosocial disability. Overall, barriers that are reported most for both psychosocial and physical disabilities are: barriers in social life, family life and in romantic relationships. Barriers that are reported more for physical disabilities than for psychosocial disabilities are: at work, the freedom to move/travel and in making plans for the future.

Discrimination and stigma faced

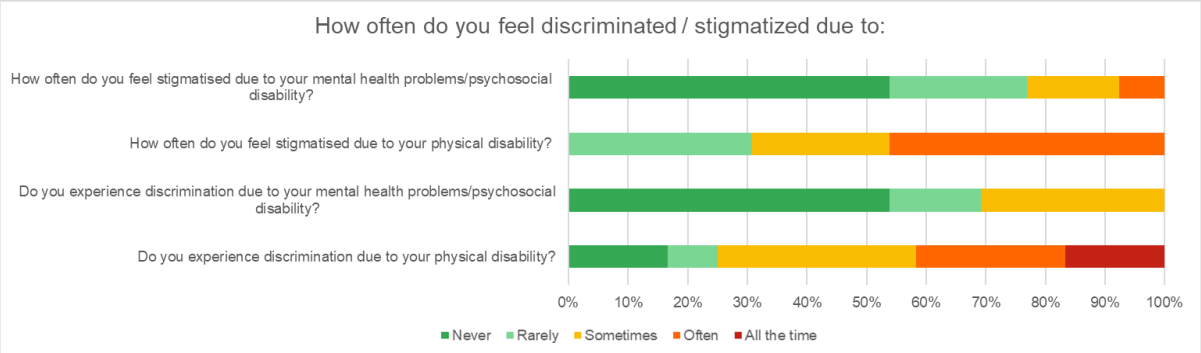

Figure 7: How often respondents feel discriminated or stigmatised.

Participants shared they experience more stigma and discrimination due to their physical disability than their mental health problem or psychosocial disability (see Figure 7). 5 participants shared they experience discrimination due to their physical disability, with a further 2 indicating that they very often experience discrimination. Conversely, 9 people suggested that they do not experience discrimination due to their mental health problem or psychosocial disability. Relating to stigma, 10 people did not feel stigmatised due to their mental health problem or psychosocial disability. It must be noted here that in a previous question 2 participants expressed they have never experienced a mental health problem or a psychosocial disability and 1 participant communicate they were not sure if they have ever experienced a mental health problem or psychosocial disability. On the other hand, 6 survey takers shared they feel stigmatised due to their physical disability.

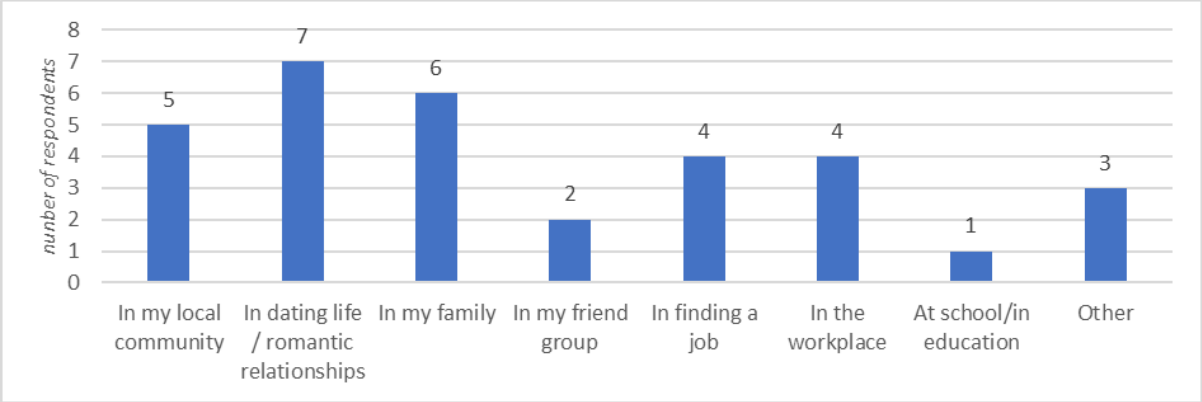

Figure 8: Survey question - In which places/networks do you mostly experience stigma and discrimination?

Participants revealed places or networks where they most experience stigma and discrimination (see Figure 8). Dating life and romantic relationships were selected the most (7), followed by family life (6). Other areas selected included in finding a job (4) and in the workplace (4), in friend groups (2), at schools or in education (1), out and about (1), and finding a home to rent and in healthcare (1) One participant selected travelling and elaborated that when they "…travel (even short-mid distance) I face difficulties in getting my oxygen supply". Another responded explained that "…Healthcare workers don't take physical symptoms seriously when you have mental health problems".

Mental Health support and care

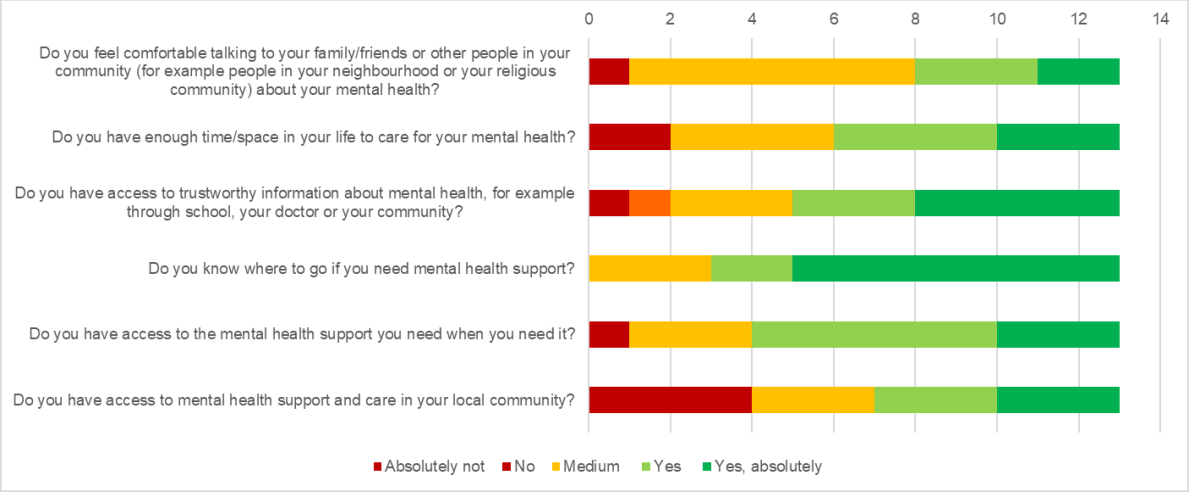

Figure 9: Reported experience on mental health support and care

When requested to specify if they would feel comfortable talking to family, friends, or other people in their community about their mental health (see Figure 9), 7 respondents remained neutral, while 5 respondents indicated that they would feel comfortable being open about their mental health. Only one person indicated that they would not feel comfortable. Participants were asked to shed light on whether they have enough time and space to take care of their mental health and wellbeing. 7 individuals expressed that they have enough time to prioritise this. A further 4 participants remained neutral, and 2 participants communicated they did not have enough time or space in their life to care for their mental health.

Responders had varying feedback to whether they have access to trustworthy information about mental health. Most responses (8) indicated that they do have access to trustworthy information on the topic, where 5 participants selected "yes, absolutely". On the other hand, 2 disclosed that they did not have access to trustworthy information, and the remaining 3, were neutral. In connection to the previous question, surveyees recorded whether they are aware of where they can go to receive mental health support. A significant number (10) selected that they are aware of where to seek mental health support. Only 3 participants remained neutral. Similarly, 9 individuals suggested that they have access to mental health support when they need it.6 selected that they would be able to

access community-based mental health support. 4 participants communicated that they would not be able to access mental health support and care in their local community. Furthermore, 10 out of 13 respondents selected "never" when asked if they have experienced barriers in accessing mental health care and support due to your physical disability, for example, physical barriers and stigmatisation, discrimination, and ableism. 2 participants selected "often", and 1 participant indicated such barriers were an infrequent experience.

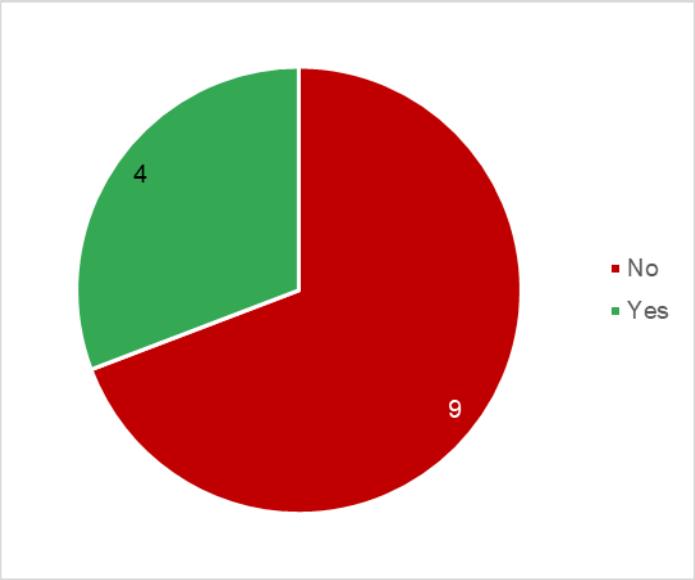

Figure 10: Survey question - Have you experienced stigma due to your physical disability when accessing mental health support?

When accessing mental health support, 4 revealed they experienced stigma due to their physical disability (see Figure 10).

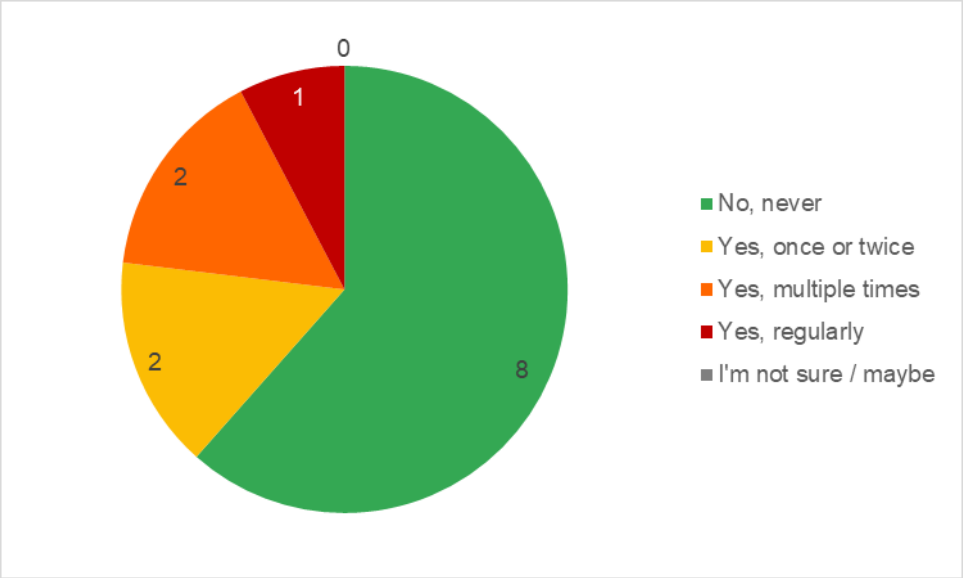

Figure 11: Survey question – Have you ever experienced coercion in mental health care?

As forms of coercion are still present in most countries, participants were requested to share if they have ever experienced coercion in mental health care (see Figure 11)[3]. Most individuals (8) indicated that they have never

[3] Coercion is a term used in the mental health field to describe the use of force or manipulation to persuade someone to do something that they do not want to do, or to restrain them and keep them from doing something that they want to do.

experienced coercion. 1 participant shared that they regularly do, 2 selected that coercion had been experienced multiple times and 2 participants also indicated that they have experienced coercion once or twice.

Some respondents elaborated on their experience with mental health care and support. Challenges concerning long waiting lists, lack of transport for meetings with therapist, and the difficulties with inaccessible health facilities were noted. Additionally, the high cost of mental health services was noted several times. One respondent mentioned that in their country, the challenges around mental care support usually not being reimbursed by the health care system.

Relationship between mental health and physical disabilities

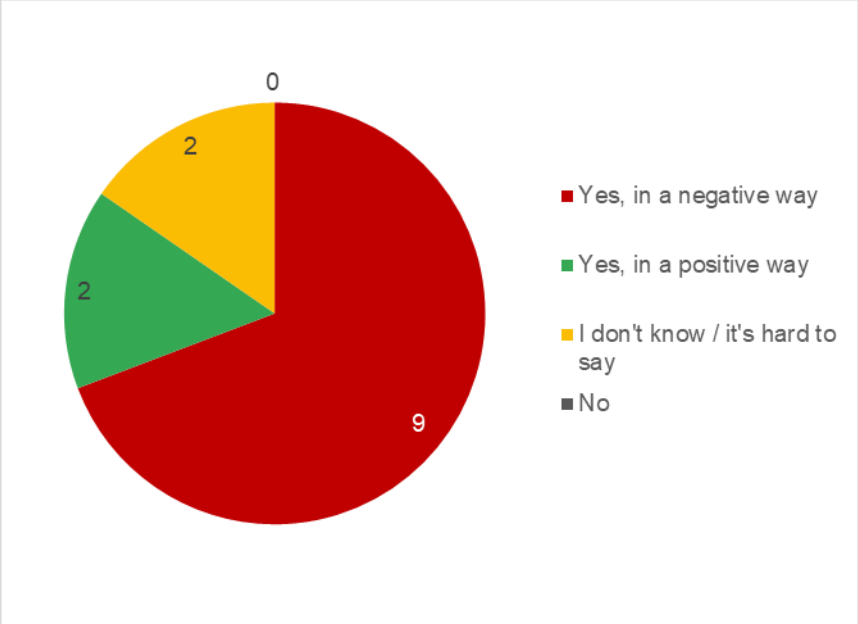

Figure 12: Survey question - Do you think that having a physical disability has affected/affects your mental health?

Most respondents (9) observed that having a physical disability has affected or affects their mental health in a negative way (see Figure 12). Alternatively, 2 shared that having a physical disability has affected or affects their mental health in a positive way. An additional 2 expressed that it is hard to say or that they don't know.

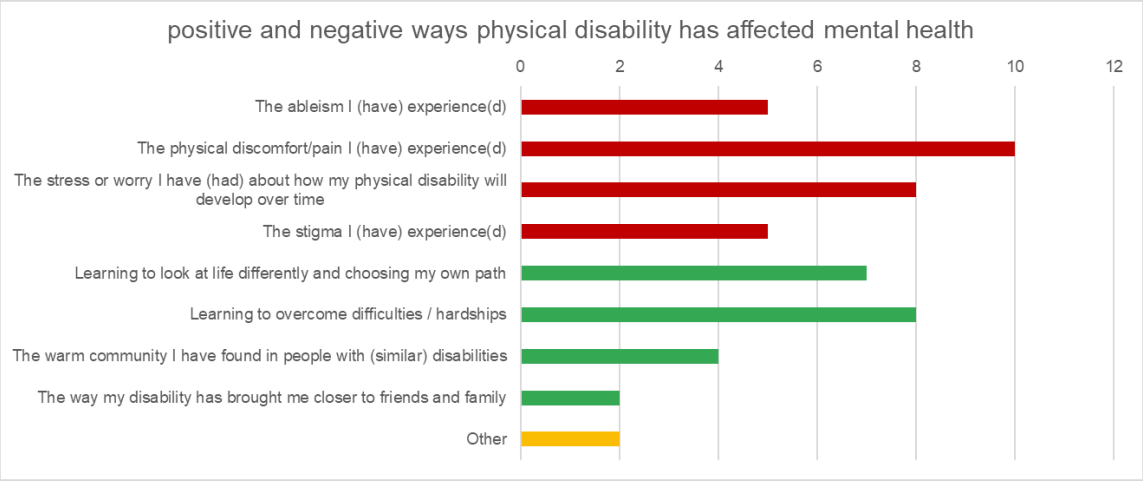

Figure 13: Positive and negative ways physical disability has affected mental health

Participants that selected yes, shared factors that play or have played a role (see Figure 13). The most selected options included physical discomfort/pain (10), stress or worry they about how their physical disability will develop overtime (8), learning to overcome difficulties or hardships (8), learning to look at life differently and choosing their own life (7).

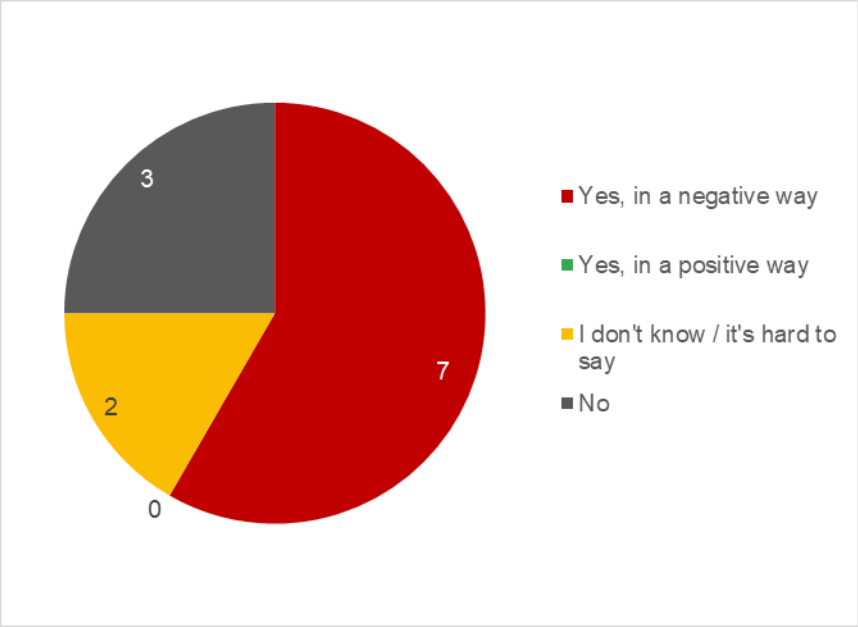

Figure 14: Survey question – Do you think your mental health problems or psychosocial disability affects / has affected your physical disability?

Likewise, 7 survey takers shared their mental health problem or psychosocial disability affects or has affected their physical disability in a negative way (see Figure 14). No respondent selected that their mental health problem or psychosocial disability affects or has affected their physical disability in a positive way. Another 3 shared that that their mental health problem or psychosocial disability does not affect or has not affected their physical disability.

When participants that selected yes, there were asked to elaborate. Here, most explanations referred to anxiety and depression for example that "anxiety exacerbated severity of chronic pain", "..depression, [and] anxiety can play a role in the flares of the disease". Similarly, one participant shared that "Stress generates negatives thoughts and fears"

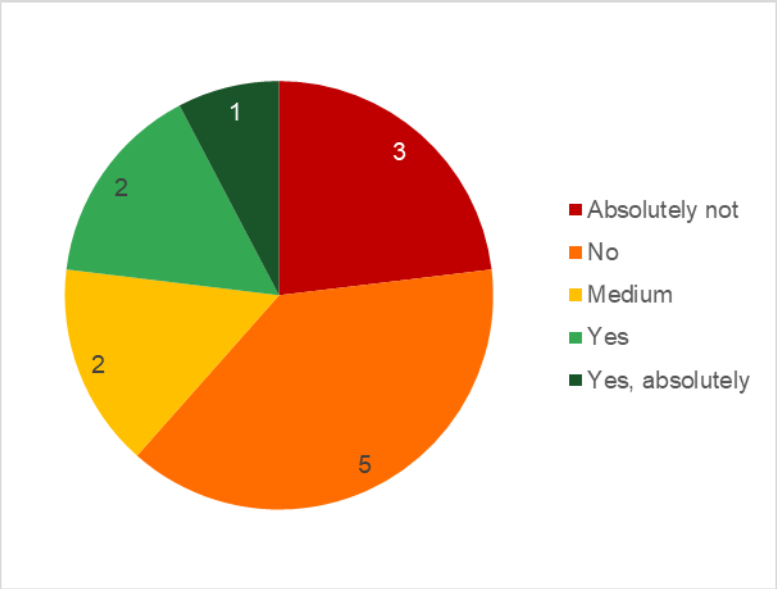

Figure 15: Survey question - Do you think that the care you receive (either for your physical disability and/or your mental health) takes enough of an integral approach to your mental health and your physical health?

To measure whether the care and support that responders receive is holistic, participants were asked to rate on a scale from 1 to 5 (from "no, absolutely not" to "yes, absolutely") whether the care they receive, either their physical disability and or mental health, takes enough of an integral approach to their mental health and physical health

(see Figure 15). Here, 8 out of 13 respondents did not think that the care they receive (either physical or mental) takes enough of an integral approach.

Required changes

To spark solution-based interventions or proposals, surveyees were encouraged to share what they determined as the biggest problems and what they would change concerning the mental health of, or mental health care and support for, persons with physical disabilities.

Pertaining to the biggest problems, respondents highlighted the lack of recognition and not being taken seriously. They stressed the challenges around mental health not being deemed a priority and a lack of recognition by medical professionals. More specifically, the mental health needs of persons with disabilities not taken seriously was noted as a major problem that needs to be addressed.

Mental health stigma was also mentioned several times, specially linked to the lack of openness and dialogue around the topic. The disregard of mental health by broader society was also documented. The fear of older persons being perceived to have a weakness of personality or being deemed problematic was stated by a respondent. Applying an intersectional lens, one participant stated the double stigma, around mental health and having a disability (physical disability).

The lack of accessibility was a re-occurring point, in particular financial inaccessibility. One respondent provided the example of deaf persons needing to pay for an interpreter for sessions. Lack of reimbursement was another point that was also emphasised. Accessibility barriers to finding a good therapist was also noted, including difficulties in finding the best option where there is a larger set of choices (e.g., many options available online) with minimal direction. Lastly, the need for a holistic approach to health and mental health was stated, including the need for collaboration between specialists.

Clear solutions were recorded by surveyees, when they were asked to share what they would change if they were world leaders. Examples included better legislation on disability and improved implementation of binding agreements such as the UN Convention on the Rights of Persons with Disabilities (UN CRPD) and accountability measures set for organisations and states that do not comply with such agreements. Other submissions included facilitating a genuine culture of inclusion and zero ableism, as well as placing greater prioritisation on supporting the disability community (including training in schools) since there is currently not enough awareness. Abolishing capitalism and diversifying talent pools and increasing the visibility of persons with disabilities, were also documented. Lastly, connecting more with self-care, allowing for more rest, and group therapy for disabled people was included.

Discussion

Although there were few responses to the questionnaire – this exercise provided some clear insights on the mental health of persons with physical disabilities. Physical disabilities have multifaceted impacts on a person's life, fundamentally interlinking mental health and physical health. The results from the survey indicated that most respondents deal with or have dealt with a mental health problems or psychosocial disability, with common mental health problems often experienced including anxiety and stress. Generally, results conveyed that people face more stigma and discrimination due to physical disability than mental health problems or psychosocial disability.

The results further indicated that the social, economic, cultural, and environmental constraints persons with disabilities frequently experience, can exclude them from fully participating in society and place them at a higher risk of experiencing mental health problems. Many people face double barriers in the same domain due to their mental health problems and physical disabilities. With reference to this, all participants reported experiencing barriers in society due to their physical disability: particularly barriers in work, social life, family life, romantic life, freedom to move and travel and their future. Most respondents also shared they encounter barriers in society due to their mental health problem or psychosocial disability: particularly at work, social life, family life and romantic. Participants also reported experiencing discrimination mostly in dating life and romantic relationships, family life,

finding a job, and in the workplace. As such, mental health cannot be considered in isolation of an individual's multiple and intersecting layers of identity and oppression.

Concerningly, 5 of the respondents disclosed that they have experienced coercion in mental health care, either regularly, on multiple occasions, or once or twice. Inaccessibility in mental health care for persons with physical disabilities were underscored in this research, especially inaccessible finance, and facilities. The results also made apparent that absence of parity of esteem can contribute to the mental health of persons with disabilities being overlooked in comparison to physical health care.

Most respondents recognised that having a physical disability has affected or affects their mental health in a negative way. 50% of the surveyees also reported that their mental health problem or psychosocial disability affects or has affected their physical disability in a negative way. It is evident that both physical health and mental health inform one another.

Overall, the survey results reinforce the need for more attention and recognition for the mental health of persons with physical disabilities and that mental health is as important as physical health. For this to be adequately addressed, further engagement with persons with disabilities must be ensured to guarantee they receive adequate mental health support and care, through a holistic approach and so that mental health and physical health support are not provided in silos.

Policy recommendations

1. Ensure meaningful involvement of and cooperation with people with physical disabilities that have lived experience of mental health problems or psychosocial disabilities. This means fostering equality-based collaborations involving experts by experience, their family members, supporters, communities, and service providers;
2. Implement a holistic approach to mental health by promoting social and economic rights to address socio-economic determinants of mental health, with targeted support for people with physical disabilities that often experience exclusion, discrimination and marginalisation;
3. Ensure more awareness of mental health problems and their influence on physical health in health and disabilities services;
4. Ensure that all mental health services can cater for the specific needs of persons with physical disabilities and provide person-centred support;
5. Better coordinate different services through an integrated approach (mental health services, social services, health services, educational systems, workplaces, etc.) and the provision of community-based services;
6. Ensure mental health services are truly affordable and accessible, including for persons with physical disabilities;
7. Address stigma and discrimination (both around physical and psychosocial disabilities) and the effect this has on mental health;
8. Invest in mental health literacy and support mental health awareness raising initiatives in school curricula and the curricula of teaching staff as well as within wider communities;
9. Propel research on intersectional experiences, and how overlapping and interdependent systems of discrimination or disadvantage impact mental health;
10. Ensure better coordinate the collection of disaggregated data across member states, including on disability and mental health.

Limitations

While the results of the survey provided clear information on the common challenges, gaps and solutions regarding the overall wellbeing and freedom, discrimination faced, mental health care and support and connection between the mental health of persons with physical disabilities, there were limitations in the research. Firstly, the survey was anonymous to provide identity protection and ensure honest feedbacks and better response rates. However, the survey was made widely accessible and could potentially be filled out by anyone. This poses challenges around

the corroboration of the identity of respondents or the possibility of follow-up with surveyees (e.g., for further clarification on responses or focus groups).

Similarly, with only 13 totally responses, there was evident limitations to the diversity of feedback and thus an intersectional analysis of answers. The questionnaire was only available for 2 weeks, restricting the number and variety of submissions. Concerning the demographic of respondents, aside from one survey taker that identified as mixed race, all other respondents identified as White/Caucasian. Although the survey was available to all age groups of persons with physical disabilities, individuals between the age groups 19-25 12-18 and 0-11 and those over 71 years old were not represented in the sample. Geographically, respondents represented only 9 countries, with 5 based in Belgium. Here, geographical representation within countries and regions would also be profound in capturing a range of experiences. Correspondingly, 9 participants identified as female and 4 identified as male, leading to a need for more gender representation.

The survey was only available on Google Forms, which may have presented some accessibility barriers as it was only available online. Organising a focus group with participants, to gather further qualitative information may have also been impactful to gather more detailed insights into key questions. To ensure the questionnaire was concise and to respect the time of respondents, the survey questions were limited. As a result, it is likely the research did not capture crucial information concerning how physical disability and mental health problems interact in society, what barriers and stigma people face and what policy makers should prioritise to improve lives and wellbeing across Europe. To address the limitations mentioned, MHE will look into the possibility to carry out this exercise again in the future, allowing for a longer collection time and multiplying sources of dissemination.

Conclusion

The purpose of this research was to better understand and facilitate a discussion about how physical disability and mental health problems interact in society, what barriers and stigma people face and what policy makers should prioritise to improve lives and wellbeing across Europe. We hope this report will be the first step towards increased work on mental health and physical disabilities. More information on mental health can be found on Mental Health Europe website www.mhe-sme.org.

www.mhe-sme.org

Mental Health Europe (MHE) is the largest independent network organisation representing mental health users, professionals and services providers across Europe. At MHE, we advocate for a psychosocial approach to mental health, which instead of defining mental ill-health as a 'disease' or 'illness' caused by purely biological factors, looks to a person's life and social environment, treating these factors as equally important in understanding wellbeing and mental ill health. We believe Mental health is not only about disease or the absence of it. It is also about wellbeing and experiencing positive emotions: it is about us, our lives, work, relationships, physical health and social environment.

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