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**General Discussion on the Right of Persons with Disabilities to Work and Employment
The Challenges in the Implementation of Article 27
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Oral intervention of Mental Health Europe (MHE)

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Dear Chair and Committee members,
Dear colleagues and friends,

It is a pleasure for me to share with you the views of Mental Health Europe (MHE) on the right to work and employment of persons with psychosocial disabilities.

Work is central to the life and identity of many people: it provides a source of income and the possibility to contribute to society. For many people with psychosocial disabilities, work is not only a right they should be granted on an equal basis with others, but it can also be an important step on the road to recovery. Ensuring that barriers do not block people with psychosocial disabilities from access to the labour market is intimately linked to fulfilment of many other rights of the UN CRPD.

Sadly, there are significant barriers for people with psychosocial disabilities who wish to enter the labour market. Stigma and the misconception of being “unfit” to work remain pervasive challenges that people with psychosocial disabilities encounter in the workplace. Consequently, these barriers lead to fear of repercussions and unfair treatment, which prevent people with psychosocial disabilities from disclosing their status and requesting reasonable accommodations.

Another barrier for persons with psychosocial disabilities to the full enjoyment of their right to work and employment can be the way their disability is recognised in national legislation. Definitions of psychosocial disabilities remain narrow, over-medicalised or - even worse - non-existent. Such definitions are incompatible with the UN CRPD as they predominantly focus on the functional evaluation of capabilities rather than the needs and barriers faced by individuals. In addition, unclear or medical definitions of disability can require proof of impairment or duration of impairment, which can be harder to prove for people with psychosocial disabilities since their impairment is not visible and diagnosis can be subjective.

Finally, one of the consequences of the pandemic is the elevated levels of unemployment of young people with and without disabilities, which can lead to the development of psychosocial

disabilities that can last a lifetime. For this reason, MHE believes that the General Comment on Article 27 should take a proactive approach to ensure that a whole generation of youth is not left behind and that receives tailored support and mentoring to face the current adversities to enter the labour market. We cannot afford to wait for the pandemic to pass or for young people to develop severe psychosocial impairments to receive the support that they need.

For concrete solutions and promising practices on how to address and overcome these challenges, I would like to refer you to our written contribution to this Day of General Discussion as well as to MHE's Toolkit on Article 27, available at www.mhe-sme.org.

Thank you.