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# STATEMENT

Let's not forget about people with psychosocial disabilities, now and in the aftermath of COVID-19



## Introduction

COVID-19 exposes us to a shared vulnerability when our most valued universal asset, our health, is at stake. The pandemic, however, disproportionately hits people who are already in a vulnerable situation, including people with psychosocial disabilities. In addition to common risks and challenges, people with mental ill-health face a disruption of support and services and are at increased risk of violence and further discrimination.

Fear, uncertainty and stressors caused by the exceptional circumstances can exacerbate mental health problems and lead to long-term negative consequences within communities, families and on the individual level for people experiencing mental distress. Furthermore, economic disadvantage, the deterioration of social networks and local dynamics carry the risk to create further inequalities and result in increased mental health problems.

## Challenging access to adequate mental health support

Proximity and flexibility are key in the provision of mental health support that is respectful of an individual's will and preferences. With Europe approaching a peak presentation of cases, people with psychosocial disabilities have a hard time accessing adequate support services. Many services are closed or severely limited; people may avoid them due to fear of contagion. Some services can only be accessed at certain hours, aiming to provide some continuity but none the less representing the exact opposite of the flexibility needed by people experiencing high levels of distress.

Confinement and isolation at home make people with mental health problems rely more than ever on support in their families or local communities. This can place mounting pressure on family carers. At the same time, isolation also puts women with psychosocial disabilities at an increased risk of domestic violence. Peers have shown to play a key role in providing support and managing mental health problems during the COVID-19 crisis. Opportunities to connect with peers are considered of great value, and many have found their way to online psychosocial support.

Finally, people living in institutions are at [increased risk of abuse or neglect](#) as visits are restricted and supervision by families or a support network are lacking. Coercive measures such as forced placement, treatment or restraint seem to be on the rise as they are considered the 'easy' solution due to staff shortage or disruption of community-based services. People in institutions are also at increased risk of infection due to overcrowded and sometimes unhygienic conditions with poor access to health care.

## Current political response

Despite the proven effectiveness of prevention and early intervention when it comes to mental health problems, support for people experiencing distress or people with psychosocial disabilities is insufficiently prioritised in current policy responses. The impact of COVID-19 on the 84 million people with mental health problems in the European Union alone should not be underestimated. The current crisis will bring unprecedented social and economic consequences to our societies, and even more so to people with psychosocial disabilities who are at increased risk of poverty and social exclusion. Adding to a likely rise of demands for psychosocial support in the aftermath of COVID-19 crisis, governments need to act now if they want to ensure that the current public health crisis does not become long-term mental health and social crisis.

## Conclusion

There is no single strategy to cope with the current situation as each individual is unique with its own history, social network, strengths and vulnerabilities. But now more than ever, people with psychosocial disabilities need public policy responses that address their needs for support.

**Building on 35 years of action in the European arena, Mental Health Europe calls for a human rights-based response to the Coronavirus pandemic, prioritising people over profit and including the needs of people with psychosocial disabilities:**

1. National and local authorities should set in place measures that consider **the reality of people with psychosocial disabilities**, allowing for reasonable accommodation of their needs and that are developed with their involvement.
2. National and local authorities must ensure **continued access to psychosocial support and care** for people experiencing distress and people with psychosocial disabilities. This means providing measures that allow for flexible service provision, peer support, helplines and online psychosocial support.
3. Governments must ensure tools to **monitor and address the risk of violence and abuse** of people with psychosocial disabilities, particularly women and girls, as well as persons living in institutions.
4. European, national and regional policy-makers should rethink priorities and revisit **structural discrimination in mental healthcare policies** to move towards **human rights compliant mental health systems** that encompass the whole community, including measures to improve the mental health literacy of all public officials.
5. National and European policy-makers should adopt urgent comprehensive long-term **strategies to mitigate the health and socio-economic consequences** of the current crisis on people with psychosocial disabilities.

