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REFLECTION PAPER

More than a ramp:
Rethinking accessibility
for people with
psychosocial disabilities



Key messages

1. Persons with disabilities are diverse - so should be accessibility efforts, too
2. Persons with psychosocial disabilities face institutional, environmental and attitudinal barriers which interplay and constitute a distinct set
3. Persons with psychosocial disabilities are the best actors to identify barriers preventing access to services on an equal basis with others
4. The EU Accessibility Act constitutes a promising move forwards but falls short of considering the barriers persons with psychosocial disabilities face, in particular through regimes of substituted decision-making

Background

Accessibility is one of the general and cross-cutting principles of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD). It is a precondition for persons with disabilities, including persons with psychosocial disabilities, to live independently and participate fully and equally in society. Accessibility therefore is key to enjoying fundamental rights such as the right to work or access health services.

The UN CRPD specifically addresses accessibility in [its Article 9](#), calling States Parties “to take appropriate measures to ensure that persons with disabilities, on an equal basis with others, have access to the physical environment, to transportation, to information and communications, (...) and to other facilities and services open or provided to the public.” Accessibility has also been the subject of the [second General Comment by the CRPD Committee](#), underlining its importance and relevance for the fulfilment of other rights.

However, when referring to accessibility in the disability field, we often see an understanding of the term that primarily examines barriers faced by people with physical or so-called visible disabilities. Approaches evolve around physical barriers and accessibility of information or communication, which are not necessarily the most relevant ones for people with psychosocial disabilities. **Reducing the scope of accessibility towards certain groups of persons with disabilities can be considered an attitudinal barrier in itself, by not taking into account the diversity of people and that therefore accessibility issues are diverse, too.**

At a public event, for example, we might imagine that a personal assistant will not be called out or asked for identity when accompanying a person with a physical disability – however when assisting a person with a psychosocial disability questioning is likely to increase.

Attitudinal barriers: stigma and discrimination remain central

When looking at the UN CRPD and its very definition of disability as an interactive process, the Convention outlines that barriers can exist not only in environment (for example the physical environment or information & communications), but also in institutions and attitudes. In fact, persons with psychosocial disabilities face negative attitudes when attempting to access information, many times due to a lack of training initiatives for staff. Accessibility should thus be considered in the context of the right to access from the specific perspective of disability, as mentioned in the General Comment No 2 by the CRPD Committee.

General stigma and prejudices around persons` capacities constitute barriers in themselves. One example given by the [World Network of \(Ex-\) Users and Survivors of Psychiatry \(WNUSP\)](#) looks at prejudices around work. Many persons with psychosocial disabilities face gaps in work history, which often lead to assumptions by employers which have negative effects on these persons. Such negative attitudes mean “that we either have to lie, against our moral values, or give up the right to choose when, and for what purposes, to disclose our experiences of disability (WNUSP)”. Thus, having an employer that commits to accessibility standards does not necessarily mean that persons with psychosocial disabilities can access employment on an equitable basis with others. **The example also shows that reasonable adjustments - that is, measures to be taken by the employer to adapt the workplace to an employee with disabilities - goes beyond the dimension of physical barriers and should also take into account the individual needs and wishes of the person.** For example, diversity trainings would take into account the situation and wishes of colleagues with psychosocial disabilities, working towards better mutual understanding in the team.

When employed, many times persons with psychosocial disabilities find it difficult to access further employment opportunities and responsibilities within the organisation. As mentioned by a person with lived experience and member of MHE, an employer might be willing to hire a person with a psychosocial disability for a junior-level position with little responsibilities. In comparison to other persons with similar positions it is not certain that a person with a psychosocial disability is supported towards higher level roles. Often mental health problems are perceived as reasons why people cannot be given public-facing roles or higher, managerial positions.

Beyond the workplace, stigma, prejudices and discrimination constitute core barriers to persons with psychosocial disabilities in all aspects of life. **Misperceptions regarding people**

with psychosocial disabilities and the “non-visibility” often lead to the impression that people’s own experiences lack legitimacy. As a result, people with non-visible disabilities are forced to self-advocate and educate those around them about their disabilities if they want to avoid stigma and wish to be treated with the same respect as their non-disabled peers. On the other hand, this requirement to repeatedly justify and defend the legitimacy of their disability and their associated support needs can create feelings of pressure and poses another barrier in itself. When studying usually persons with disabilities are invited to state their disability to allow for reasonable adjustment, for example giving more time for an exam already poses a challenge due to long waiting periods up to an appointment with a doctor.¹ However, sometimes students with anxieties miss classes, maybe because of being afraid of the course content or on that day it is difficult to find motivation. Many times, the class absence is met with penalties and difficulties of motivation could be seen as a matter of “making an effort” – not as the symptom of anxiety. And thus, students feel pressured to speak up and explain their disabilities to the teachers.

Another concern expressed by persons with psychosocial disabilities is the disproportionate attention paid to the diagnosis and the symptoms generally believed to be associated with it. **Instead, focus should be on the removal of barriers to enable access to adequate support.** Media and popular culture generally play a crucial role in determining perception of mental health. A common example is the twisted connection between mass shootings and mental health, with [reporting media often being influenced by negative attitudes with perpetuating effects for media consumers](#). This encourages members of the public to assume that all people with mental health problems are violent and/or dangerous.

A way to address this misplaced focus on the diagnosis is by investing in mental health literacy and addressing the way people with psychosocial disabilities are portrayed in the media and popular culture. Several initiatives seek to analyse such media coverage and also involve capacity building for journalists and media professionals. Celebrities as figures of popular culture can play a crucial role [in speaking about mental health problems](#), showing that mental ill-health can affect everyone.

Legal barriers: substituted decision-making and coercive practices underlie accessibility challenges

The UN CRPD also makes references to barriers that can be found in legal and political frameworks, such as laws or policies that explicitly discriminate on the basis of disability. These legal barriers pose particular challenges to persons with psychosocial disabilities. Systems of substitute decision-making, in which the legal capacity of a person is partially or entirely restricted and the person is placed under full or partial guardianship, are one example of legal barriers for persons with psychosocial disabilities to access their rights.

¹ Although obtaining medical evidence is required in this context, medical diagnosis in itself poses many challenges. More information on [MHE’s short guide to psychiatric diagnosis](#).

Being denied legal capacity can mean not being allowed the right to make decisions in many aspects of life, such as the right to get married, to attend mainstream education, to politically participate through voting or demonstrating, or to work.

Unfortunately all countries in Europe **still maintain** some type of substitute decision-making schemes as a means of last resort, although there are promising developments in some Member States of the European Union (EU).² It is important to mention, however, that good practices exist that include models of supported decision-making in which the person maintains legal capacity. The examples prove that the abolition of substitute decision making is not something unrealistic or unfeasible but rather signifies continued lack of political will to do so.

In addition, many persons with psychosocial disabilities are challenged with measures of forced institutionalization and forced treatment. Among others, forced institutionalization, itself non-compliant with the CRPD, prevents people from participating in society and do not have enough control over their lives and over decisions which affect them. As long as legal barriers exist, allowing for such non-consensual practices, people with psychosocial disabilities will not enjoy access to full and equal participation in all aspects of life.

The case of the European Accessibility Act

Following several years of discussions, the European Union adopted the [Directive on the accessibility requirements for products and services](#) (or Accessibility Act) in 2019, marking a considerable step towards a more accessible environment and the further inclusion of persons with disabilities. Since the ratification of the UN CRPD by the EU the Directive constitutes a considerable step towards an accessible environment for persons with disabilities. The Directive constitutes a legally binding document with minimum accessibility requirements, obliging EU Member States to transpose it in national legislation. It aims to ensure that many products and services are more accessible for persons with disabilities, including persons with psychosocial disabilities, across the EU. **When transposing the Directive to the national level, people with psychosocial disabilities need to be involved in designing accessible services and products so that their specific needs are taken into account.**

The adoption of the Accessibility Act however does not mean that the EU will become fully accessible for people with disabilities, since the Act mainly covers digital accessibility, excluding many essential areas such as transport, microenterprises that provide services, household appliances, and any obligation on accessible buildings and infrastructure. In addition, the strong focus on physical accessibility falls short of recognizing persons with disabilities in their diversity, and consequently neglecting the fact that barriers to participation vary.

² Over the past years, Mental Health Europe has been collecting practices on [supported decision making and promising legal reforms](#), as well as a [report on alternatives to coercion](#).

For persons with psychosocial disabilities, the EU Accessibility Act can create somewhat paradoxical situations, in which for example ATM machines need to be made accessible, but many persons are legally prevented from opening a bank account. Future discussions on accessibility need to broaden the perspective including the legal and attitudinal barriers people with psychosocial disabilities might face.

Conclusion - a long way to go to ensure a fully accessible environment

Physical barriers are one of the many elements that need to be addressed while exploring what accessibility means for people with disabilities, including people with psychosocial disabilities. Legal barriers, such as the elimination of all types of substituted decision-making, as well as attitudinal barriers must be taken into account. Any effort on promoting the accessibility should go hand in hand with the need to raise awareness on less visible barriers and the need to invest in mental health literacy. **In other words, any effort on Article 9 of the UN CRPD thus cannot be sufficient without efforts on Article 8 on raising awareness working towards respect for the rights and dignity of persons with disabilities.**

With regards to persons with psychosocial disabilities, this would mean for example creating an environment in which people are not discriminated on the basis of their mental health experiences, can actively raise awareness about human diversity and human experience, and combat judgmental labels including those from a medical perspective.

Persons with psychosocial disabilities themselves are the best actors to identify the support they need to overcome accessibility barriers, moving a step closer to building a fully inclusive society. To build a fully inclusive society, it is key to acknowledge the diversity of human experiences.

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