



Project funded by EU



# RECOMMENDATIONS FOR IMPROVING SOCIAL INCLUSION OF PERSONS WITH DISABILITIES AND PERSONS WITH MENTAL DISORDERS





**CARITAS SERBIA**

**RECOMMENDATIONS FOR IMPROVING SOCIAL INCLUSION  
OF  
PERSONS WITH DISABILITIES AND PERSONS WITH MENTAL  
DISORDERS**

**Prepared by Snežana Stojanović**

**March 2019**

## 1. Introduction

Since January 2016, Caritas Serbia, together with 15 partner organisations, have been implementing ***SOCIETIES - Support of CSOs in Empowering Technical Skills, Inclusion of People with Disabilities and EU Standards in South East Europe***<sup>1</sup> Project. This four-year Project, funded by the European Commission (2015/370-229), is being implemented in five South East European countries<sup>2</sup> with the support of experts from Italy and Bulgaria. Partner organisation from Serbia is *Naša kuća (Our House)*, an association for supporting persons with developmental disabilities, while Project Associates participating in the Project are the Ministry of Health, Clinic for Psychiatric Illnesses *Dr Laza Lazarevic* and Special Hospital for Psychiatric Diseases of Kovin.

The objective of the Project is to contribute to strengthening capacities of civil society organisations in South East Europe so that they could affect the decision-making processes and improve and promote social inclusion policies through the participation in the public debate and dialogue with authorities.

This document has been developed on the basis of conclusions and recommendations from eight meetings held by the Working Group for Social Inclusion, established within the SOCIETIES Project, and on the basis of analysis of the data from this Project's documents (reports, materials, data from the field). The Working Group activities included the participation of 31 representatives of public and civil sector organisations and institutions, from 6 towns/municipalities of Serbia. Data from other projects implemented by Caritas for the purpose of improving the position of persons with disabilities<sup>3</sup> and persons with mental disorders<sup>4</sup> have also been used.

The conclusions and recommendations provided in this document were represented by Caritas at the National Forum organised within the SOCIETIES Project in April 2019 in Belgrade, so that the comments and suggestions of representatives of various public and civil sector institutions and organisations providing support to persons with disabilities and persons

---

1 Support of CSOs in Empowering Technical skills, Inclusion of People with Disabilities and EU Standards in South East Europe

2 Serbia, Bosnia and Herzegovina, Montenegro, Albania and Kosovo\* (under UNSC Resolution 1244/99)

3 According to the UN Convention on the Rights of Persons with Disabilities. Persons with disabilities are persons who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, hinder their full and effective participation in society on an equal footing with others.

4 The Law on the Protection of Persons with Mental Disorders, (Official Gazette of the Republic of Serbia, No. 45/13) defines a person with mental disorders as a mentally underdeveloped person, person with mental health disorders, and/or a person suffering addiction diseases.

with mental disorders, that participated in the forum, could be included in the document. The final document will be sent to decision-makers as a contribution to policy-making, regulations and improvement of practices in the field of social protection of these vulnerable groups.

This text does not analyse problems and context in the wider sense, but rather, it focuses on summing up experiences of experts, practitioners and beneficiaries during the implementation of the SOCIETIES Project.

*All the male-gender terms used in this text, also equally refer to persons of female gender.*

## 2. Social inclusion

### *Definition*

Social inclusion<sup>5</sup> is a process enabling persons and social groups at risk of poverty and social exclusion to have access to social resources such as a labour market, education, healthcare and social protection, culture, etc., but also to achieve a living standard and wellbeing considered normal in the society they live in. Problems with the socially marginalised, excluded persons, refer to poverty, unemployment, discrimination and stigmatisation, lack of social protection and of respect for basic human rights and freedoms.

An inevitable element of the social inclusion process is cooperation between the competent state authorities and civil society organisations (CSOs), and therefore it is necessary to devise and develop a model of their joint work and action. Social inclusion should be one of the main priorities of the competent state authorities and civil society organisations to ensure an adequate protection of, promotion of and care for socially marginalised groups. Social inclusion is a process that needs to enable those at risk of marginalisation to fully participate in all spheres of life, to develop their potentials, become more independent and live in a dignified manner.

Persons with disabilities and persons with mental disorders are marginalised groups and frequently discriminated, and thus subject to institutionalisation and social exclusion.

### *The role of CSOs*

Civil society organisations dealing with issues related to persons with disabilities and persons with mental disorders, through their activities, significantly contribute to the social inclusion process because they promote greater participation of these citizens in decision-making and in exercising their basic rights and freedoms.

In this process, a significant support to persons with disabilities in Serbia is provided by the National Organisation of Persons with Disabilities of Serbia (NOOIS)<sup>6</sup>, an 'umbrella' organisation gathering persons with disabilities and their legal representatives included in unions of organisations of persons with individual types of disabilities, organisations of legal representatives of persons with disabilities and interest organisations gathering persons with different types of disabilities (over 500 civil society organisations).

---

5 <http://proi.ba/bs/u-fokusu/socijalna-inkluzija>

6 <http://noois.rs>

Besides these, organisations dealing with protection of human rights also contribute to social inclusion of persons with disabilities. These organisations have facilitated the improvement of the legal framework relating to persons with disabilities, and its harmonisation with European Union documents. The existing legal framework uses an approach based on human rights and social model of disability, which was indicated by the results of the analysis of monitoring the implementation of the Strategy for Improving the Position of Persons with Disabilities in Serbia.

The number of civil society organisations providing support to persons with mental disorders in Serbia is very small. There are 12 CSOs in total, operating in 11 towns and cities (Belgrade, Valjevo, Zrenjanin, Kikinda, Pirot, Niš, Kanjiža, Novi Sad, Kovin, Vršac, Novi Sad) and they are mutually connected within the NaUM Network<sup>7</sup>. The Network was established in 2015, with the support of Caritas Serbia, with an aim of a more efficient work towards reducing stigma and discrimination of persons with mental disorders. The associations jointly work on educating and informing the public on the importance of mental health preservation and conduct activities to help persons with mental health issues in their communities.

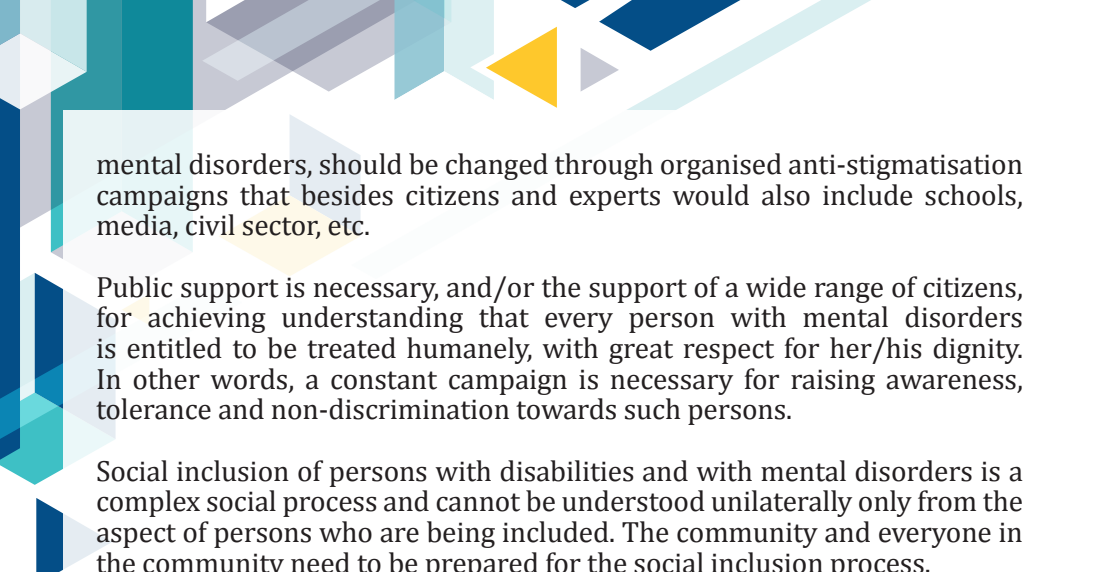
### *Conclusions*

It has been identified that the quality of life of a person with mental disorders is negatively affected not only by difficulties caused by the disorder concerned, but also by the reactions of people around them who express prejudices, reject and blame persons with mental disorders for their difficulties. There are numerous accounts of people with mental disorders and their families about the impact of stigmatization on their life quality.

Many persons with mental health issues decide not to address or not to keep in touch with mental health services due to stigma and discrimination. On the other hand, a large number of persons with mental disorders do not get any treatment at all due to a poor access to mental health services and lack of information. Inadequate provision of information by the media contributes to stigmatisation and prejudices.

Some changes have been accomplished, but more needs to be done towards improving accessibility of public facilities, accessibility of public transport, accessibility of information and services. Accessibility of social welfare institutions, particularly of social work centres, still needs to be advocated.

Prejudices and stigmas, which are widely spread against persons with



mental disorders, should be changed through organised anti-stigmatisation campaigns that besides citizens and experts would also include schools, media, civil sector, etc.

Public support is necessary, and/or the support of a wide range of citizens, for achieving understanding that every person with mental disorders is entitled to be treated humanely, with great respect for her/his dignity. In other words, a constant campaign is necessary for raising awareness, tolerance and non-discrimination towards such persons.

Social inclusion of persons with disabilities and with mental disorders is a complex social process and cannot be understood unilaterally only from the aspect of persons who are being included. The community and everyone in the community need to be prepared for the social inclusion process.

### ***Recommendations***

Capacity building of the civil society organisations providing support to persons with disabilities and persons with mental disorders should be supported.

A continuous public awareness-raising campaign should be organised to increase non-discrimination and social inclusion of persons with disabilities and persons with mental disorders.

The mental health issue and treatment of persons with mental disorders (de-stigmatization, prevention) should be introduced into the curricula, as an obligatory part of it, from the pre-school age onwards (Ministry of Education, Science and Technological Development).



### 3. Deinstitutionalisation<sup>8</sup> of persons with mental disorders

#### *Definition*

Deinstitutionalisation should be understood as a process of transformation of all systems, notably healthcare and social welfare systems in which particular attention is paid to the respect and protection of human rights of persons with mental disorders. This process includes numerous other activities that need to ensure a substantial change aimed at turning the current system based on residential care into a beneficiary-oriented system providing a natural environment for the beneficiaries.

Deinstitutionalisation is related to introducing changes in the treatment of persons with mental disorders. A key progress has been made towards a community-based treatment. This system implies their comprehensive treatment and protection in the environment in which they live and establishment of efficient community-based support services (education, employment, training, housing). Community-based mental healthcare rests on the concept of citizenship - equal rights for all regardless of health or any other status.

The process involves establishment of mental healthcare centres in the community, which will enable social participation and services necessary to these vulnerable groups. According to official reports, this process is only in its induction stage (four mental healthcare centres have been established in Vršac, Kikinda, Niš and Belgrade)<sup>9</sup>, and community-based services have not yet reached the desired level. Difficulties in this process mostly stem from insufficient and unequally (in term of territory) developed support services that would facilitate an independent life of persons with disabilities and persons with mental disorders.

Psychiatrists in the community advocate provision of services that would respond to the needs of beneficiaries and their families. The services should be mobile and flexible, multi-disciplinary and include cooperation among sectors and organisations with various competencies. Special focus should be put on establishing advisory services to provide support to the families of persons with disabilities and persons with mental disorders, which all the communities lack.

<sup>8</sup> Deinstitutionalisation is a process of releasing a person with disability or mental disorders from a hospital, a confinement-type institution (an institute or alike) or from another institution with the intention of providing treatment, support or rehabilitation through community-based services and resources, under the supervision of health-care or social welfare professionals. Modified according to: <https://www.dictionary.com/browse/deinstitutionalization>

<sup>9</sup> <http://www.rts.rs/page/stories/sr/story/125/drustvo/3117887/centar-za-mentalno-zdravlje--besplatna-psihoterapeutska-pomoc-gradjanima.htm>

## *Conclusions*

The state plays a central role in ensuring the conditions for empowering a community to promote and protect health. To improve mental health in general, interventions need to be uniform, integrated and coordinated, proportionally to the needs of vulnerable groups.

Multi-sectoral work and partnerships are essential in the deinstitutionalisation process and community-based services, because all elements of a society are responsible for mental health. The multi-sectoral approach facilitates establishment of cooperation and connections between various services that competently and through multi-disciplinary work, could meet psychiatric requirements in a community. Extended family, neighbours and school representatives, social work centres, healthcare services, police, etc. could be included, in these frameworks.

## *Recommendations*

Deinstitutionalisation in the field of protection of persons with disabilities and persons with mental disorders should continue.

It is necessary to develop a multi-sectoral cooperation that includes a timely and comprehensive mental health assessment, a stable social network, individualised training programmes for acquiring various skills, work with the family and a rehabilitation plan for persons with mental disorders in which individual and family responsibilities are recognised as significant segments.

A legal framework providing for the establishment of community-based Mental Health<sup>10</sup> Centres should be applied.

A Strategy for the Development of Mental Healthcare 2019 - 2021 should be adopted.

Civil sector should be included in drafting the Action Plan for implementing the Strategy for the development of Mental Healthcare.

---

10 By establishing and organising community-based mental health centres, a higher level of community-based mental health care quality can be reached, and various services available to a great number of people provided, with the purpose of making these services as efficient as possible and acceptable for the persons with mental disorders - Rulebook on Types and Detailed Requirements for Establishing Organisational Units and Providing Community-Based Mental Health Care Services (Official Gazette of RS, No. 106/2013)

## 4. Social welfare services<sup>11</sup>

Social welfare development focuses on individuals and groups who are in a way deprived of the possibility to meet their needs and who have been visibly affected by social exclusion, which is particularly obvious with the persons with disabilities and persons with mental disorders.

Standards for social welfare services are laid down in the Rulebook on Detailed Requirements and Standards for the Provision of Social Welfare Services<sup>12</sup>, which applies to all service providers in the territory of the Republic of Serbia. Social welfare services standards ensure uniform provision of social welfare services in Serbia. They represent a developmental category, they are changeable and depend on social resources. The existing level of standards ensures fulfilment of enough requirements for providing sufficient quality of a social welfare service. There are already now some service providers that meet much higher service quality standards that enable optimal fulfilment of beneficiaries' needs.

Each introduction of a new service into the social welfare system, which is provided for by the Law on Social Welfare (2011), includes an obligation of meeting common standards for services and stipulation of minimum standards specific for the service concerned. The services are designed to meet the needs of vulnerable groups, and not the needs of the system. Service providers are to be aware of the resources and possibilities offered in the local community and to work towards networking and cooperation and use of these resources and possibilities for the benefit of their beneficiaries.

The Law on Social Welfare recognises five groups of services divided according to their similarity: assessment and planning services (implemented by the Social Work Centre); daily services in the community (a day care; home assistance, etc.) are a group of services organised in such a manner that they can be used on daily basis and their purpose is to support stay of beneficiaries in their natural environments; independent living support services (supported housing; personal assistance) are a group of services necessary for active participation of beneficiaries in the society; counselling and therapy, and social and educational services (support services for families in crisis, counselling and support for parents, activation of hardly employable groups, etc.) encompass services that focus on development of certain skills necessary for daily and other life activities; accommodation

<sup>11</sup> Social welfare services include activities aimed at providing support and assistance to an individual or a family for the purpose of improving and/or preserving the quality of life, eliminating or mitigating the risks posed by unfavourable life circumstances, and creating possibilities for them to live independently in a society - Law on Social Welfare, "Official Gazette of the Republic of Serbia" No. 24/11, Article 5

<sup>12</sup> Rulebook on Detailed Requirements and Standards for the Provision of Social Welfare Services, "Official Gazette of the Republic of Serbia", No. 42/13 and 89/18

services ('temporary-relief' accommodation, accommodation in a kinship, etc.) cover services that are necessary when a beneficiary needs to be temporarily separated from his/her family or surrounding in order to provide the conditions necessary for his/her life and development.

Social welfare services are above all provided at the local level, and/or the level of local self-government unit, in line with defined rights of the beneficiary and system priorities. The goal is to provide a beneficiary with timely and quality service in his/her natural environment. The Law stipulates that local self-governments are to finance the services in their territories, either through establishment of social welfare institutions, or through public procurement. Moreover, the Law envisages that local self-government units finance the services from the Budget of the Republic of Serbia (allocated budgetary transfers<sup>13</sup>).

### *The role of CSOs*

An increasing inclusion of the civil sector in provision of services is part of the deinstitutionalisation process, and of the ongoing changes in the field of social welfare. In this context, it is important to mention that the Serbian Law on Social Welfare provides for pluralism of social services providers, and thus a greater role of civil society organisations, that is, associations of beneficiaries in this field. CSOs are also recognised as stakeholders that through their participation in planning processes or through the pressure they may put on local and central authorities can significantly affect the structure of the offer of services focused on providing support to vulnerable groups.

There are 475<sup>14</sup> CSOs on the Ministry of Labour, Employment, Veteran and Social Affairs' list of licenced social welfare service providers, which is not enough to meet the needs. It is noticeable that there are almost no services intended for persons with mental disorders, and the services for persons with disabilities are, in their variety, still at the same level as a few years ago.

An example of good practice and experience in providing the services is Caritas Šabac<sup>15</sup> that meets the requirements and standards laid down by the Law on Social Welfare for providing Day Care services and conducting social welfare activities. The Ministry of Labour, Employment, Veteran and Social Affairs provided them with the work licence in 2016. The Day Care service is aimed at providing and meeting basic living needs of persons with mental and intellectual difficulties, while respecting and cherishing their interests and remaining capacities.

13 [www.pravno-informacioni-sistem.rs](http://www.pravno-informacioni-sistem.rs)

14 [www.minrzs.gov.rs/sr](http://www.minrzs.gov.rs/sr), February 2019.

15 <http://www.caritas-sabac.rs>

### *Conclusions*

The existing services do not fully meet the needs of citizens, they are not various enough, nor do they reach out to most vulnerable and challenged groups living outside towns, due to dispersed settlements and lack of financial resources.

The participative approach in social welfare planning is insufficiently developed with regard to inclusion of beneficiaries in decision-making and planning, and to availability of social services, which indicates a lack of understanding of the principles introduced by the Law on Social Welfare and Guidelines<sup>16</sup> for the Inclusion of Civil Society Organisations in the Regulation Development Process.

The services are established within a wider social process developing through cooperation of numerous stakeholders in a local community.

No progress has been made with regard to social welfare services at local level, nor with regard to decentralisation process. Allocated budgetary transfers system introduced by the Law on Social Welfare should be implemented more systematically and more transparently.

### *Recommendations*

Greater number and variety of community-based social welfare services for persons with disability and persons with mental disorders and their families should be introduced (Local self-government units, Ministry of Labour, Employment, Veteran and Social Affairs).

The Rulebook on Detailed Requirements and Standards for the Provision of Social Welfare Services<sup>17</sup> should be expanded to include new innovative services for persons with mental disorders.

Local self-government units should make plans for the development of the existing and new social welfare services, in line with the priorities related to meeting the needs defined by the programme for improving social welfare in a local community.

Funds allocated from the local budget for the social welfare services should be increased.

---

16 Official Gazette of the RS, No.90/14

17 [http://www.mei.gov.rs/upload/documents/eu\\_dokumenta/godisnji\\_izvestaji\\_ek\\_o\\_napretku/izvestaji\\_ek\\_o\\_srbiji\(1\).pdf](http://www.mei.gov.rs/upload/documents/eu_dokumenta/godisnji_izvestaji_ek_o_napretku/izvestaji_ek_o_srbiji(1).pdf)

## 5. Employment of persons with disabilities and persons with mental disorders

Employment is one of the strongest mechanisms for achieving social inclusion of persons with disabilities. The issue of employment of this group is one of the most important issues related to their status, because employment leads towards higher level of inclusion in the society, and it is a source of income contributing to a greater level of independence of people with disabilities. The Law on Professional Rehabilitation and Employment of Persons with Disabilities<sup>18</sup> provides for a comprehensive institutional support for the employment and active participation of people with disabilities in a social life. In this regard, the Law lays down several encouraging measures and activities. This is the first Law to comprehensively regulate the issue of employment of people with disabilities, and a substantial novelty it introduced is a shift towards giving a priority to employment in an open labour market instead of alternative employment models (e.g. social entrepreneurship).

This Law introduced an obligation of employing persons with disabilities for all enterprises employing 20 and more people. In accordance with the Law, the National Employment Service (NES) implements Active Employment Policy Measures contributing to employment of persons with disabilities, including:

- Organisation and implementation of professional rehabilitation programmes, measures and activities for the purpose of increasing employability and employment rate of persons with disabilities
- Measures and incentives aimed at employment and self-employment of persons with disabilities

In the NES, work capacity<sup>19</sup> and employability or maintenance of employment assessment includes medical, social and other criteria for establishing possibilities and capacities of a person with disabilities to be included in a labour market and to do specific jobs independently or with the support service assistance, use of technical aids, and for their employability under general or special conditions. According to experiences of associations of persons with disabilities, the unemployed do not have opportunities for practical training or preparation for the work process which would include learning about job activities and requirements.

Persons with mental disorders have a wide range of various difficulties that might contribute to reducing their work competencies, but do not

imply individual's full incapacity for work. On the other hand, it is often the case in practice that information about a person's psychiatric treatment or mental disorder diagnosis causes a lack of trust in the person's capacities, which is most usually based on prejudices and stereotypes related to mental illnesses.

Due to previously aroused doubts, many employers tend to see the whole personality through a prism of illness and they lose sight of what a person is capable of and what her/his healthy functions are. At this level, there tend to be insecurity in defining work tasks and fears of unpredictability in the behaviours of a person with disorders appear, which frequently do not match the reality. Persons with mental disorders are generally perceived as incapable of getting consistently engaged on the work process, as having inter-personal issues, giving up work, missing persistence and dedication, etc.

Persons with various types of disabilities (e.g. sensory, physical) can also be victims of stigmatization, but practice shows that in these cases, there is less tendency of people generalising the disability to the whole personality. Work competence assessment is clearer and less burdened with prejudices, person's capabilities are identified more realistically, work requirements are more flexibly adjusted to the specific abilities of the person with disabilities, and there are fewer fears in general. Uncertainty and unpredictability are less associated with work engagement of a person with disabilities.

### *Conclusions*

There is a legal framework for the inclusion of persons with disabilities and persons with mental disorders in the labour market.

Employers agree that persons with disabilities lack education, expertise and practical skills, and that there is a general lack of information and knowledge about persons with disabilities, as important obstacles to their employment.<sup>20</sup>

Employment of persons with disabilities who have some mental disorders and their position in the labour market are more complex than with persons who have other types of disabilities.

Researches<sup>21</sup> pinpoint a serious and continuous adequate education and training problem for persons with disabilities, particularly when it comes to a practical work training and acquisition of experience.

---

20 <http://www.poslodavci.rs/wp-content/uploads/2017/05/istrazivanje-polozaj-osi.pdf>  
21 <http://www.poslodavci.rs/wp-content/uploads/2017/05/istrazivanje-polozaj-osi.pdf>

## *Recommendations*

At the National Employment Service, the group of people with intellectual disabilities and people with mental disorders (as compared to other types of disabilities and illnesses), who are given a status of persons with disabilities after the work capacity assessment, should be separated.

The NES should develop new measures for the purpose of employment of persons with mental disorders and full social inclusion, and it should be actively engaged in searching for jobs for persons who are not able to do it on their own. Moreover, it should be ensured that persons with mental disorders get included in the existing measures.

The NES, in communication with potential employers, should continue implementing the programmes that include funds for support services (e.g. work assistant) and for decent working conditions, and it should also establish mechanisms that would ensure sustainability of jobs for persons with disabilities and employers themselves.

The state and local governments should continue providing incentives for employing persons with disabilities and mental and intellectual disorders, through special regulations, decisions and positive discrimination measures, as much as possible, having in mind that the data indicate that qualifications and age structure of unemployed persons with disabilities are aggravating circumstances for employment and inclusion of these persons into active employment measures.

The civil sector should be included into creation of active employment policy measures, and into working groups in charge of making plans in the field of employment.

Budgetary funds allocated for employment promotion need to be continuously increasing.

In order to overcome prejudices that employers and a community have against persons with mental disorders as potential workers, various activities should be implemented for the purpose of increasing employers' knowledge and information about them. Information about specific features of employment of persons with mental disorders should be made more available to employers - about what these persons can do, what their limitations are, how to adjust a working place.

More efforts should be invested in motivating persons with mental disorders to get more actively engaged in the labour market, and towards raising their awareness of values and importance of participation in the labour market.



## 5.1 Social entrepreneurship

### *Definition*

Social entrepreneurship<sup>22</sup> represents a relatively new form of business which can relate to all legal forms of economic entities – cooperatives, citizens' association, foundations, companies and groups for professional rehabilitation and employment of persons with disabilities, business incubators and dependant social/spin-off companies, development agencies, limited liability companies and others.

Social entrepreneurship means doing business with the idea that profits made by selling products or services are used for fulfilling/achieving a clear social mission. This means that the funds earned do not serve to increase profits of an individual, but rather to be invested for other purposes such as employing hardly employable people (persons with disabilities, youth, women, people over 50 years of age, Roma, etc.), social and healthcare services, education, environmental protection, community-based cultural activities, etc. Social entrepreneurship deals with identifying and tackling social issues such as exclusion, poverty, unemployment, etc., by applying innovative methods and strategies.

For any legal entity to do business following the principles of social entrepreneurship, the European Commission has defined a few criteria ("Social Business Initiative", 2011): it needs to be engaged in an economic activity; it needs to have an explicit and primary social objective; it needs to have a profit cap/ limited distribution of profits/assets; it needs to be independent; and it needs to have an inclusive governance.

Social entrepreneurship may activate unused community potentials and improve the position of the population in emphasised need of community support. Social entrepreneurship may have a significant impact on the reduction of unemployment, particularly of the socially challenged groups.

Unlike traditional entrepreneurs, social entrepreneurs are innovators focused on creating practical and sustainable solutions to the issues facing the marginalised and the poor. Enterprises set up by social entrepreneurs have a so called hybrid character since they are a combination of philanthropic and non-profitable elements on the one hand, and frequently commercial, and profitable ones on the other.

The Ministry of Labour, Employment, Veteran and Social Affairs of the RS prepared a Draft Law on Social Entrepreneurship and organised a public

discussion on it in November 2018.<sup>23</sup>

### *The role of CSOs*

For the past several years, civil society organisations have tended to establish social enterprises in order to ensure their own self-sustainability. Associations of persons with disabilities and persons with mental disorders consider the social entrepreneurship as the right model of employment for their members, and for improvement of their economic situation and social inclusion.

Activities of “Naša kuća” (‘Our House’) Association supporting persons with developmental disabilities are an excellent example of successful social entrepreneurship. The Association has existed for over 10 years and it was established on the initiative of parents wishing that young persons with disabilities do not remain passive members of their society for their whole life, taken care of only by the closest people and social institutions of the state. At start, ‘Our House’ was making paper bags and card boards. They have also initiated a catering service intended for elderly and persons with reduced mobility, above all.

---

<sup>23</sup> <https://www.minrzs.gov.rs/sr/dokumenti/ostalo/javna-rasprava-o-nacrtu-zakona-o-socijalnom-preduzetnistvu>

## 6. Conclusion

Representatives of public and civil sector organisations and institutions from several Serbian towns/municipalities who participated in working groups within the SOCIETIES Project, have pinpointed key problems of persons with disabilities and persons with mental disorders. These are, above all, **social stigma and prejudices** against these vulnerable groups, **employment difficulties** and **lack of social services**.

A precondition for improving the process of social inclusion of persons with disabilities and persons with mental disorders is additional, organised and focused engagement of the community and close ones in providing the necessary support. It is extremely important that there are continuous anti-stigmatization campaigns, that information and awareness of the problems of these vulnerable groups are increased and widened, and that various educational programmes are provided. It is necessary that civil society organisations, particularly associations of beneficiaries, are included in the campaigns.

It is necessary to work continuously towards strengthening capacities of civil society organisations so that they could affect the decision-making processes and improve social policies through the participation in the public debate and dialogue with authorities. Public advocacy is also an indisputably important instrument for making improvements in policy, legislation and service development aimed at enhancing the life quality of persons with mental disorders and persons with disabilities.

\*\*\*

The purpose of the National Forum, held on 10 April 2019 in Belgrade, was to identify the ways for overcoming social exclusion of persons with disabilities and persons with mental disorders and it gathered representatives of the EU Delegation to the RS, representatives of the Ministry of Health, the Ministry of Labour, Employment, Veteran and Social Affairs, the Ministry of Public Administration and Local Self-Government, the Ministry of Education, Science and Technological Development, the Ministry of Culture and Information, representatives of the Social Inclusion and Poverty Reduction Unit of the Government of the Republic of Serbia, representatives of healthcare and social welfare institutions, as well as the civil sector.

The comments and suggestions of representatives of various public and civil sector institutions and organisations providing support to persons with disabilities and persons with mental disorders have been summarized in six points, together with the recommendations provided.

**1. Visibility** of persons with disabilities and persons with mental disorders is very low, and the non-expert public is not sufficiently aware of their possibilities and capacities, nor of the problems in achieving social inclusion.

Recommendations:

- Cooperation with the media and higher level of information and awareness of media professionals about persons with disabilities and persons with mental disorders, introduction of positive reporting on these groups of people and avoiding sensational news and common prejudices.
- Strengthening capacities of CSOs for public communication and presentation of abilities and capacities of persons with disabilities and persons with mental disorders.

**2. Prejudices, employment difficulties and lack of community-based social services** for persons with disabilities and persons with mental disorders are mutually connected and mutually conditional.

Recommendation:

- Advocating creation of better conditions for employment and further development of the range, quality and flexibility of community-

based social services is the key instrument for breaking down prejudices and enabling social inclusion of persons with disabilities and persons with mental disorders. These are the best ways for reducing prejudices against both of these groups of people.

**3. Inter-ministerial, inter-sectoral and vertical (between the central and the local level) cooperation and coordination** are still weak in the field of development of community-based social services for persons with disabilities and persons with mental disorders.

Recommendations:

- Advocating increase in the quality and availability of existing services and establishment of integrative services (social and healthcare) for persons with disabilities and persons with mental disorders. The services should be flexible and adjusted to various periods of the life cycle. Special emphasis should be put on services for persons with mental disorders, because they are still under-developed.
- Advocating full responsibility and responsibility of local self-governments for development of community-based services.

**4. Current approach to mental health protection and therapy** is still based on a conservative model of an 'illness', drug therapy and hospitalisation and/or residential institutions.

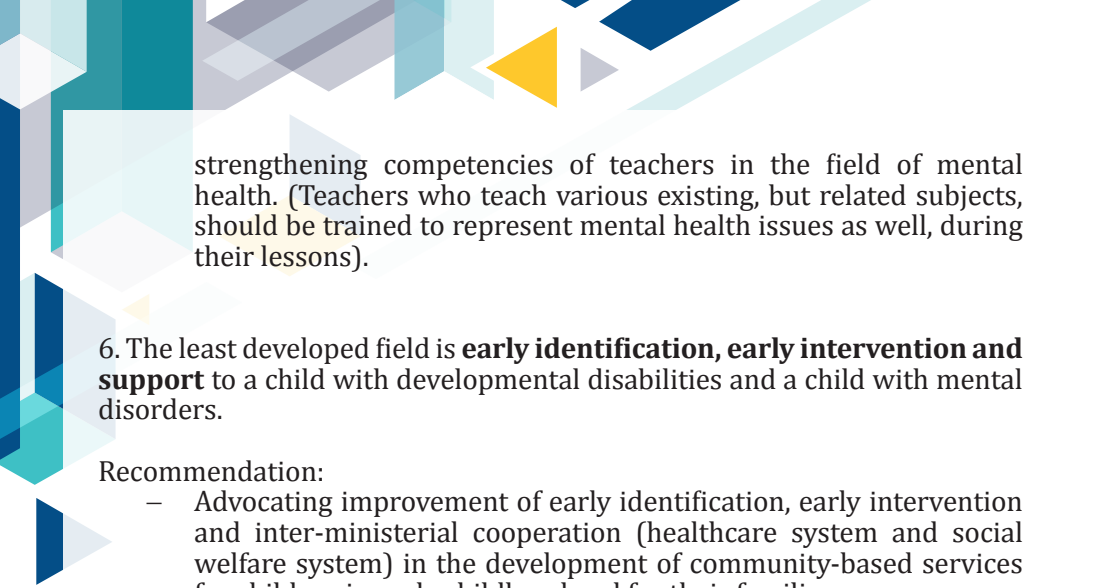
Recommendations:

- Advocating faster shift to community-based mental health care and development of mental health centres.
- Advocating close cooperation between civil society organisations/ associations of persons with mental disorders and mental health professionals in promoting and protecting mental health.

**5. Educational system** does not contribute to active mental health promotion and protection, even though it has been recognised as one of main stakeholders in the field.

Recommendation:

- Having in mind that the educational curriculum is already overburdened with various topics, advocacy should be aimed at



strengthening competencies of teachers in the field of mental health. (Teachers who teach various existing, but related subjects, should be trained to represent mental health issues as well, during their lessons).

6. The least developed field is **early identification, early intervention and support** to a child with developmental disabilities and a child with mental disorders.

Recommendation:

- Advocating improvement of early identification, early intervention and inter-ministerial cooperation (healthcare system and social welfare system) in the development of community-based services for children in early childhood and for their families.





The content of this publication does not reflect the official opinion of the European Union.  
Responsibility for the information and views expressed in this publication lies entirely with Caritas Srbije.