

SLOVAK PRESIDENCY SCORECARD (JUNE - DECEMBER 2016) MENTAL HEALTH & HUMAN RIGHTS

In order to engage with and analyse the performance of the rotating Presidency of the Council of the European Union, MHE has devised a scorecard system through which we evaluate each Presidency's commitment to and promotion of mental health according to how they performed on the following criteria:

- Promotion of mental health and well-being
- Commitment to the rights of persons with psychosocial disabilities
- The involvement and empowerment of users of mental health services.

Prior to the beginning of the Slovak Presidency, MHE had the opportunity to meet with the Permanent Representation of Slovakia to the EU to discuss potential for collaboration on mental health in light of the close of the <u>Joint Action on mental health and well-being</u> and the resulting adoption of the <u>Framework for Action</u>. Although we appreciated this occasion to engage with the Slovak Presidency, MHE found that there was limited scope within their priorities to raise mental health and the rights of people with psychosocial disabilities.

In addition to the Joint Action, another recent milestone was the Concluding Observations of the Committee on the Rights of Persons with Disabilities (the Committee) to the EU in September 2015. It should be noted that the Presidency worked on several significant initiatives which could have an impact on the rights of persons with psychosocial disabilities as well on the implementation of the recommendations from the Committee ie the Accessibility Act.



PROMOTION OF MENTAL HEALTH AND WELL-BEING



Mental health in the workplace featured in the agenda of a Presidency conference entitled "A better preventive culture in a new labour market" where MHE is pleased to note that our <u>EU MH Alliance: work and employment</u> was presented by one of our partner organisation. The Presidency made the fight against HIV/AIDS in Europe a priority calling for adequate treatment, psychological and social care and the prevention of gender-based discrimination and sexual violence.

The Presidency also organised a two-day informal meeting of national drug coordinators to discuss an integrated approach to health and social care for drug users. The link between medical and social care was discussed and MHE was pleased to note that integrated care models addressing the needs related to mental and physical health problems, rehabilitation and social support were also examined.

Another achievement is the adoption by the Council of its position on the reform of the new psychoactive substances legislation which will streamline the procedure followed at EU level to assess the potential negative effects that new psychoactive substances can have on physical and mental health.

COMMITMENT TO THE RIGHTS OF PERSONS WITH PSYCHOSOCIAL DISABILITIES



The Slovak presidency devoted six days of meetings to discussions on the Accessibility Act. However limited progress was achieved because of current concerns regarding the administrative and financial burden it might represent. There was also little progress concerning the Equal Treatment Directive, although it featured on the agenda of the Council, as some Member States continue to block progress.

The adoption of the Council conclusions on women and poverty is a positive development and while it did not address mental health directly it did mention issues which are important for mental health including the risk of poverty and social exclusion of women and women with disabilities, calling for better work-life balance policies and access to affordable quality care services.

The presidency also supported the <u>European Disability Forum</u> conference in Bratislava focusing on how to make UN human rights recommendations, received by the EU and Member States, a reality with the participation of representatives from the European Parliament, the Committee and the International Disability Alliance.

INVOLVEMENT AND EMPOWERMENT OF USERS OF MENTAL HEALTH SERVICES



In terms of involvement and empowerment of users of mental health services, the Presidency performed very poorly. All conferences and meetings were organised between ministerial representatives with no or little transparency. Programmes and minutes were not made public which restricts civil society involvement and the impact of the outcomes of discussions. While the Slovak Presidency showed commitment to the field of healthcare, MHE feels that there was little involvement of users of mental health services in the health agenda of the Slovak Presidency.

CONCLUSION

MHE was pleased to be given the opportunity to engage with the Slovak Presidency prior to the beginning of their 6-month tenure. However, regrettably we found that by the end of the 6 months the Slovak Presidency had failed to take full advantage of the adoption of the Framework for Action on mental health and well-being in order to prioritise mental health within its health agenda.

Having said this, the Presidency did make some progress on key initiatives in the area of human rights which are of importance for persons with psychosocial disabilities. MHE also noted an absence of involvement of users of mental health services and empowerment of persons with psychosocial disabilities and people living with mental ill health in broader discussions around issues which affect them. We now look forward to seeing further achievements regarding the European Accessibility Act and the Equal Treatment Directive as well as concrete commitment to the implementation of the UNCRPD.



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