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# PRELIMINARY POSITION

on a European  
Mental Health  
Strategy



## Introduction

On 24 October, the [Employment, Social Policy, Health and Consumer Affairs Council \(EPSCO\)](#) adopted the [Council Conclusions on the Economy of Well-being](#), which included the invitation to the European Commission to “propose a Mental Health Strategy for the Union, taking into account the cross-sectoral impacts of different policies on mental health.”

Given its extensive work on the topic, [Mental Health Europe \(MHE\)](#) prepared this short paper with its preliminary position on how an effective European Mental Health Strategy should ideally look like and the priority areas it should include. MHE invites stakeholders, particularly Member States and institutions of the European Union (EU), to use this paper as a working document and baseline for the initial discussions on how to invest in and improve mental health and the lives of people with mental ill health as a key component of the economy of well-being.

## Why there is a need for a European Mental Health Strategy

As emphasised by the Council Conclusions on the Economy of Well-being, people’s well-being is not only a value in itself, but it is a principle at the heart of the European project. Article 3 of the Treaty on the European Union states that the “Union’s aim is to promote peace, its values and the well-being of its peoples,”<sup>1</sup> thus placing the promotion of people’s well-being, including their mental health, at the centre of EU’s policy-making and actions

Over the past few years mental health has increasingly been recognized as a key aspect of citizen’s well-being. Promoting positive mental health and respecting a person’s human rights is key to social inclusion, participation and cohesive societies. Studies and practices have also pointed at the essential impact that positive mental health has on societies’ health, wealth and productivity.<sup>2</sup> The latest data estimate that the overall costs related to mental ill-health exceed 4% of GDP (EUR 600 billion) across all EU Member States, and leaves no country unaffected.<sup>3</sup> These findings are, however, an underestimation of real costs linked to mental ill health. They include costs related to direct spending on health systems, social security programmes and labour market impacts, but do not include social assistance benefits or costs related to the impact that mental ill-health has on other areas (e.g. physical health).

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1 European Union, Consolidated version of the Treaty on European Union, 13 December 2007, 2008/C 115/01, available at: <https://www.refworld.org/docid/4b179f222.html>

2 For more information, see the European Commission and the Organisation for Economic Co-operation and Development – OECD (2018), Health at a Glance: Europe 2018, available at: [https://ec.europa.eu/health/sites/health/files/state/docs/2018\\_healthatglance\\_rep\\_en.pdf](https://ec.europa.eu/health/sites/health/files/state/docs/2018_healthatglance_rep_en.pdf)

3 Ibid.

Considering that at least one in six people (84 million) across EU Member States has mental ill-health<sup>4</sup> and that mental health problems are the leading cause of disability globally<sup>5</sup>, it is clear that mental health affects, directly or indirectly, everyone. It touches upon much more than the disease or absence of it, including areas such as work and employment, relationships, physical health and social environment.

Promoting positive mental health, preventing mental ill health and including people with mental health problems in society are key aspects that can positively impact the growth, cohesion and sustainability of communities and states. These are also aspects at the centre of the European project and that enshrine EU's founding values, thus they should be considered and addressed throughout the policy-making process at the European and national level.

## MHE's preliminary analysis of what a European Mental Health Strategy should include

Building upon nearly 35 years of activity in the European arena, MHE has identified the following aspects as key elements to be included in a European Mental Health Strategy that is adequate to the needs, coherent with the purposes and strong for an effective impact:

### Psychosocial approach to mental health

In the past decades, the conversation around mental health has shifted from a biomedical model (which considers the subject as an illness to be treated) to a psychosocial approach (which considers mental ill health as a result of factors and barriers in society that should be addressed to make sure that everyone can realise their potential and meaningfully contribute to society).<sup>6</sup> Promoting the transition from the biomedical to the psychosocial model of mental health should therefore be the overarching objective of the European Mental Health Strategy. In particular, the psychosocial model of mental health should be used as guiding principle to inform the Strategy and be mainstreamed throughout.

In practice, this will mean that instead of taking an approach that focuses (solely) on developing diagnostic programmes and the burden of mental health problems the Strategy should focus on addressing the socio-economic determinants of mental health, developing human-rights based, co-produced support programmes, and reducing stigma to achieve real inclusion.

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4 Ibid.

5 According to the World Health Organisation (WHO), in some high-income countries, 40% of all disabilities can be attributed to mental health problems. For more information, see "Mental health and well-being at the workplace – protection and inclusion in challenging times", available at: [http://www.euro.who.int/\\_data/assets/pdf\\_file/0018/124047/e94345.pdf](http://www.euro.who.int/_data/assets/pdf_file/0018/124047/e94345.pdf)

6 The paragraph (e) of the [United Nations Convention on the Rights of Persons with Disabilities](#) (UN CRPD) recognise that "disability [including psychosocial disability] is an evolving concept and that disability [including psychosocial disability] results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others."

## Mental health in all policies

As rightfully mentioned in the Council Conclusions on the Economy of Well-being, mental health is a cross-sectoral subject that can have positive impacts on various aspects of policy, society and life. Similarly, mental ill-health finds its roots in social, economic, physical and cultural environments and it is not a mere personal, health issue. A solid and effective European Mental Health Strategy should therefore foresee the inclusion of mental health in all policies, as well as consider the impact of different policies on mental health, such as employment, education, housing and poverty.

The European Commission and the EU Member States have already developed a series of recommendations to include mental health in all policies. The 2013-2016 [Joint Action on Mental Health and Well-being](#) left valuable material to take up as a starting point for developing a comprehensive European Mental Health Strategy. It suggested to foster actions for mental health by non-mental health actors and address the socio-economic determinants of mental ill-health (with an emphasis on prevention rather than diagnosis) in order to implement an integrated governance approach at the European, national, regional and local level.

However, uptake across Member States has been less than optimal, with only on average half of the recommendations on integrated governance approach implemented to some extent and only 7 EU countries out of 23 fully implementing one or more recommendations.<sup>7</sup> This further shows the need of a European Mental Health Strategy that can support Member States in advancing their mental health policy.

## Meaningful (ex)users' involvement

Central to a more inclusive and human-rights compliant approach to mental health is the notion that mental health service users, persons with lived experiences of mental ill-health and their representative organisations should be meaningfully involved when discussing topics of their concern. These stakeholders should therefore be consulted and involved throughout the design, implementation, monitoring and evaluation of the European Mental Health Strategy, ensuring a balance among different interlocutors and an environment that is free of conflicts of interest.

This involvement could, for instance, take the form of an initial (public) consultation to collect the needs and challenges that a European Mental Health Strategy should include and address. It could then continue through regular Strategy Dialogues or other meaningful forms of involvement to tap into the extensive knowledge, potential and expertise of persons with lived experience.

## Coherence with other policy tools and commitments

The EU already has robust policy, legislative and governance frameworks in place, which should be fully used to implement and monitor a European Mental Health Strategy, as well as assess its effectiveness and impact at the national level.

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<sup>7</sup> EU Compass for action on Mental Health and Wellbeing (2018), Annual Activity Reports of Member States and Stakeholders (D2 2018), available at: [https://ec.europa.eu/health/sites/health/files/mental\\_health/docs/2018\\_compass\\_activityreport\\_en.pdf](https://ec.europa.eu/health/sites/health/files/mental_health/docs/2018_compass_activityreport_en.pdf)

The strategy should be viewed as a valuable contribution to the European Pillar of Social Rights, it should be mainstreamed in the EU's economic strategy and governance (current Europe 2020 and European Semester) and the next research and innovation framework programme (Horizon Europe), as well as an investment priority through EU funding in the 2021-2027 programming period. An ambitious and strong European Mental Health Strategy will also feed into the commitment that the EU and its Member States have made to address current global challenges and leave no one behind through the Sustainable Development Goals (SDGs), including SDG3 on health and well-being.

Additionally, the inclusion and involvement of persons with mental health problems – or psychosocial disabilities – is in line with the human rights commitments made by the EU and all its Member States when they ratified the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD).

## Concrete objectives and resources

In order to bring meaningful changes, the Strategy should have comprehensive objectives with clear benchmarks and indicators, a timeframe and timeline for implementation, as well as an adequate budget allocated.

Since the Council Conclusions state that the Strategy should take into account “the cross-sectoral impacts of different policies on mental health,” a mechanism to overview various policy impacts and coordinate the work in different European Commission's Directorate Generals and agencies should be put in place. A coordinating mechanism for the Strategy should also have the role and remit to ensure that a cross-sectoral approach is taken vis-à-vis the different, above-mentioned policy, legislative and governance frameworks. This mechanism should also provide a forum for dialogue and exchange among stakeholders, create a link between policy and research, as well as provide technical support and guidance to EU Member States in the creation and implementation of their national mental health strategies, mental health policies and policies that have an impact on mental health.

## Further readings

[MHE response to the Council conclusions on the Economy of Well-being](#) (October 2019);  
[MHE reflection paper on the Sustainable Development Goals](#) (September 2019);  
[MHE assessment of the European Disability Strategy 2010-2020](#) (April 2019);  
[MHE Manifesto for the 2019 European Parliament Elections](#) (December 2018);  
[MHE-EUFAMI Joint-statement on mental health for the EU Health Policy Platform](#) (February 2017);  
[MHE position on the EC Green Paper on Mental Health](#) (2006).

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