



Mental Health Europe's response to the call for evidence on a comprehensive approach to mental health

February 2023

1) Develop a European Mental Health Strategy, with a clear timeline, adequate budget, objectives, as well as indicators to monitor progress

For Mental Health Europe (MHE), the added value of an initiative on mental health would be for the European Commission to ensure long-term, comprehensive and coordinated action among EU Member States on the topic. As already [advised by the Mental Health Advocacy Platform](#) and recommended by the [Council of the European Union](#) and the [European Parliament](#), the most effective and impactful action would be to establish a [European Mental Health Strategy](#).

MHE recommends the European Commission to either develop a **European Mental Health Strategy** as the subject of the forthcoming initiative in 2023 or to publish a communication in 2023 that, among other things, works towards the developments of a European Mental Health Strategy. We also recommend the adoption of **Council Conclusions with recommendations on a European Mental Health Strategy by the 2023 Spanish Presidency**.

The European Mental Health Strategy should include a clear timeline, adequate budget, objectives, as well as indicators to monitor progress. [Current relevant objectives on mental health across the European region](#) include:

- 1) Strengthening effective leadership and governance to go beyond the usual approach of “sharing best practices. Member States need support in the development and implementation of national policies or action plans on mental health, in line with human rights standards. This target is crucial to secure political commitment. The EU should also ensure that people with lived experience are given a formal role and authority to influence the process of designing, planning and implementing policies, laws and services.
- 2) Providing comprehensive, integrated and responsive mental health and social care in community-based setting. Possible targets could consist in increasing the number of community-based mental health services and in integrating mental health care at primary care level. Investments should not be directed to any form of institutional care or to services that perpetuate an institutional culture. Funds should solely be directed to (the transition towards) community-based and recovery oriented services.
- 3) Implementing strategies for promotion and prevention that address the socio-economic and environmental determinants of mental health. For instance, Member States could be asked to have at least two functioning programmes mainstreaming mental health promotion and prevention across different sectors and to ensure mental health and psychosocial preparedness for emergencies and/or disasters. These programmes should have sufficient budget and targets attached.

- 4) Strengthening information systems, evidence and research: the EU could facilitate the collection and routinely reporting of comparable, disaggregated mental health data across Europe. Indicators should move away from arbitrary diagnostic criteria and instead look into people's actual experiences. They should also clearly reflect the social determinants of mental health and human rights of people with psychosocial disabilities (as [recommended by WHO](#)).

2) Adopt a psychosocial model of understanding mental health to address social determinants, structural barriers and provide tailored support

The understanding of mental health and psychosocial disabilities comes from two main different frameworks: the biomedical and the psychosocial models. The biomedical model frames mental health problems and psychosocial disability as an illness mainly caused by biomedical factors and genetic predisposition. The focus is on diagnoses, medication, symptoms, and mental health is predominantly addressed within the healthcare system. The **psychosocial model** frames psychosocial disability and mental health problems as a human experience. Distress is caused by a variety of factors, including wider socio-economic and environmental determinants (e.g., poverty or social exclusion, discrimination, lack of access to services) and challenging or traumatic life events.

A truly comprehensive approach to mental health can only be achieved through the implementation of a psychosocial model and by addressing the **socio-economic and environmental determinants** of mental health. The EU initiative on mental health should not focus on downstream and lifestyle-oriented changes (e.g., asking people to be more resilient or put the responsibility of changes on individuals), but tackle the broader socio-economic and environmental factors that can negatively impact mental health. For instance, to address psychosocial risks at work, solutions need to concern the organizational structure and work culture (for instance, with a [EU Directive on the topic](#)) taking a collective regulation approach over an individual one. At the same time, policies and programmes in areas beyond health (e.g., employment, education, social protection) should also promote those determinants that positively impact on mental health to create win-win situations. For instance, initiatives to promote positive mental health at school will entail better educational attainments and a reduction of school drops-out, and action focusing on the well-being of informal carers will guarantee their continuous availability to provide long-term care.

Focusing on structural changes and mental health determinants is also cost-effective. While costs associated with poor mental health are well known, [evidence](#) show the reduction in costs associated with good mental health and the connection between good mental health and lower costs in the form of productivity loss.

A comprehensive approach to mental health needs to take in account that some might be more at risk of experiencing poor mental health. This is the case of people living in **vulnerable situations** (e.g., a situation of homelessness, or economic insecurity) or people experiencing **intersectional discrimination** (when the interconnected nature of social categorisations such as race, age, class, and gender create overlapping and interdependent systems of discrimination or disadvantage). The links between these identity markers or socio-economic conditions and mental health need to be clearly taken in consideration to develop **tailored support and preventive measures**.

For instance, when developing digital mental health care, one must be careful not to aggravate existing inequalities. Digital inclusion strategies – such as subsidising the purchase of equipment, internet billing support and education to improve digital literacy – may be required to prevent people becoming excluded from both digitised health and social services, but also from society in general. However, addressing digital equity may also mean ensuring that people can access entirely

‘non-digital’ resources for those who do not wish to, or cannot, use digital technological approaches to care and support.¹

3) Promote and protect the rights of people with mental health problems and psychosocial disabilities

Considering the human rights commitments taken by the EU as state party to the UN Convention on the Rights of Persons with Disabilities (UN CRPD), a key priority of the initiative should be the **promotion and protection of rights** of people with mental health problems and psychosocial disabilities.

People with mental health problems and psychosocial disabilities have the right to lead full and meaningful lives. Mental health care should be provided in the community and service provision must be based on free and informed consent: institutionalization, coercion, forced treatment and placement are human rights violations. EU funds can greatly support Member States in the process of [developing and delivering systems that are person-centred and human rights compliant](#), while investing in a sector that has been largely underfunded. The European Commission could support Member States in creating multidisciplinary teams to deliver services that are recovery-based and human rights compliant. The European Commission could also promote training and re-training of professionals to comply with the standards and obligations of the UN CRPD. However, it is vital that EU resources are not used to finance services perpetuating an institutional culture.

Services, policies and programmes across different sectors (healthcare, social and employment fields, education, etc.) must be supported to engage and collaborate in a very practical and meaningful way. An **integrated approach** should be taken at the service level as well as at the policy and programme level by national ministries and authorities. Joint commissioning or joint budgeting can be practical tools to ensure the collaboration among different stakeholders.

4) Mainstream mental health in all policies at EU level

The mental health in all policies approach should not guide exclusively the actions of Member States, but of the European Union, too. Therefore, MHE recommends the European Commission to internally coordinate among Directorates-Generals (DGs) in the development and design of the initiative, as well as its implementation and monitoring. We also advise to ensure that the planned activities under the [2023 EU4Health work programme](#) and the priority areas on mental health under the [Healthier Together: Non-communicable Diseases Initiative](#) are carried out across all DGs and policy areas, beyond health. Mental health should not be considered solely a health sector issue to be “transferred” to other sectors: all programmes should include activities that reflect the links between mental health and its social-economic and environmental determinants.

A **mental health mainstreaming** could be applied in all EU policies – both internal and external – ensuring that mental health considerations are built into the design, implementation, monitoring and evaluation of policy, legislation and spending programmes. Many policies may have huge impacts on mental health, including those in seemingly unrelated fields. All DGs could include specific activities around mental health prevention, promotion and support in their annual work programmes. **Mental health impact assessments** are also important tools that should be used to evaluate and improve the effect of different policies on people’s mental health and wellbeing.²

¹ For more information on how to mitigate mental health related risks through digitalization, see [MHE report on the topic](#).

² See the Welsh Mental Wellbeing Impact Assessment, presented during a webinar on Covid and mental health, available at: <https://phwwhocc.co.uk/resources/protecting-the-mental-wellbeing-of-our-future-generations-learning-from-covid-19-for-the-long-term/>.

5) Co-create the initiative with people with lived experience and with key stakeholders

Member States should be encouraged to develop any services, programmes and policies with **meaningful engagement of people with lived experience**. Co-creation is a cornerstone of international human rights law.³ It can also develop more understanding and acceptance of differences and therefore facilitate better social cohesion and ultimately benefit our whole societies.

MHE defines co-creation as “a collaborative approach involving all actors in mental health working together on an equal basis to develop and implement policies, services and communication that foster positive mental health according to a psychosocial model and human rights-based approach.” The concept of co-creation emphasises the redistribution of powers of all participants in the process and the attribution of equal value to the different expertise of all the participants.

The EU should lead by example and ensure that the design, implementation, monitoring and evaluation of the initiative are characterized by the meaningful engagement of key stakeholders, particularly civil society, representatives of people with lived experience and their supporters. In order to support persons with lived experience to participate, public funding should be made available to organisations representing them.

When liaising with stakeholders, however, it is important to consider **potential conflict of interest and/or industrial interests** specifically when dealing with businesses and corporations. [Besides it being problematic](#), this approach has also proven to be [limited and ineffective](#).

We encourage the EU to engage with international stakeholders and build on the expertise of well-established actions, such as the WHO Pan European Mental Health Coalition.

6) Breaking stigma and end discrimination

We recommend the European Commission to carefully **choose the words** it uses when communicating about mental health and avoid words that are related to a biomedical model of understanding mental health or that might foster discrimination. For instance, MHE prefers to use words such as: mental health problems, psychosocial disabilities, early intervention and access to mental health support, recovery; rather than: mental illness, mental health disorders, early detection and screening, access to treatment.

Words matter, and the first step in changing mindsets and breaking the stigma around mental health problems is carefully choosing them. The step forward consists in **awareness raising and anti-discrimination activities and campaigns**. As recommended in the [Conference on the Future of Europe](#), the EU initiative on mental health should support European activities – such as MHE’s [European Mental Health Week](#) – to normalize the conversation around mental health among the general public and in specific sectors (e.g., professionals from health, education, social fields), improve skills such as those necessary to navigate the different types of supports available, and increase the psychosocial understanding of mental health problems.

³ International human rights law now recognizes unequivocally persons with disabilities as “subjects” of all human rights and fundamental freedoms and demands their meaningful participation in all the processes concerning them.