



Mental Health Europe's

**Manifesto  
for the 2024  
European Elections**

## Mental Health Europe's Manifesto for the 2024 European Elections

In view of the upcoming European elections in 2024, Mental Health Europe (MHE) adopted the following Manifesto with the aim of guiding the next mandate and agendas of the European Union (EU) bodies: from programmes of political groups and works in the European Parliament to the European Commission composition and their priorities, policies and initiatives for the 2024-2029 period.

As the leading, independent European network working on mental health and human rights, MHE aims to contribute to a Europe where everyone's mental health and wellbeing flourish across their life course.

Mental Health Europe's manifesto focuses on five key priority areas representing the core work of MHE:

1. A human rights-based approach to mental health
2. The psychosocial model to mental health
3. Accessible, high-quality, recovery-oriented mental health services in the community
4. Co-creation with experts by experience, their supporters, service providers and other actors
5. Mental health-related stigma and discrimination

## 1. A human rights-based approach to mental health

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

MHE calls for:

- Ensuring that persons with psychosocial disabilities have the equal civil rights as others, including the right to vote and stand as candidates in European Parliament elections, regardless of legal capacity status and EU country of residence.
- Adopting further measures, including supported employment services and reasonable accommodations, to increase access to and retention of employment by persons with psychosocial disabilities in the open labour market.
- Concretely working towards the replacement of substituted decision-making regimes, that deprive persons with psychosocial disabilities of their right to make their own decisions, with supported decision-making schemes.
- Maintaining the position of a European Commissioner for Equality with the specific mandate to implement the CRPD, including promoting and protecting the rights of persons with psychosocial disabilities and contributing to the implementation of the mental health initiative.
- Creating policies to end coercion in mental health settings and promoting voluntary mental health care.
- Adopting a Horizontal Equal Treatment Directive to provide greater protection to persons with disabilities, including psychosocial disabilities, against discrimination in line with the CRPD, including covering intersectional and multiple forms of discrimination in all areas of life.
- Criminalising forced sterilisation of persons with psychosocial disabilities under EU law.

## 2. The psychosocial model to mental health

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, experiencing homelessness) and challenging or traumatic life events.

While the Communication on a comprehensive approach to mental health provides momentum and short-term actions to address needs and challenges, the next EU legislature must take a stronger commitment to mental health. The next mandate of the European Parliament and Commission must be underpinned by a psychosocial approach to mental health and wellbeing.

MHE calls for:

- Developing a long-term action plan based on the commitment taken in the Communication on a comprehensive approach to mental health. The action plan should have concrete targets, objectives, and budget as well as a clear timeline and indicator to monitor progress.
- Establishing a role of Vice-President with a clear mandate on mental health, links with other policy areas (social rights, environment, human rights, digitalisation, etc) and resources to develop, implement and monitor initiatives on mental health.
- Addressing potential conflict of interest particularly commercial interests, specifically when dealing with entities which might promote limited and ineffective approaches related to a biomedical understanding of mental health.
- Allocating EU Funds to support Member States mainstreaming mental health in all policies actions beyond the health sector (e.g., implementing safe digital and online technologies to reduce gaps in access to mental health support; training health and social workers on mental health to respond to vulnerable populations' needs; improving accessibility to arts and cultural activities as a means to mental health promotion and prevention of mental health challenges
- Introducing a mental health impact assessment in all policies, beyond the health sector, to mitigate risks and harness opportunities.
- Focusing actions and resources on tackling mental health risk factors (e.g., poverty, discrimination) and promoting protective factors (e.g., access to adequate services, education, financial stability, mental health awareness).
- Tailoring initiatives to address the risks and barriers faced by people living in vulnerable situations (e.g., a situation of homelessness, or economic insecurity) and people experiencing intersectional discrimination.

### 3. Accessible, high-quality, recovery-oriented mental health services in the community

Community-based services are key in providing people with the support they need to flourish. However, this is a sector that has been largely underfunded and impacted by recent events, such as the COVID-19 pandemic and the war in Ukraine. The EU can greatly support Member States in the process of improving, developing and delivering systems that are person-centred and human rights compliant.

MHE calls for:

- Promoting community-based services that are recovery oriented and person-centred. EU actions and resourcing must focus on service integration and support to people at every stage of life. Particular attention should be placed to people in vulnerable situations and more at risk, including children and young people.
- Adopting clearer instructions to the Member States on how to use EU funds, including funds beyond cohesion policy, for the development of community-based services to effectively move away from institutional care.
- Developing a European Deinstitutionalisation Strategy to act against the segregation of persons with psychosocial disabilities in residential institutions and rather support integrated community living.

## 4. Co-creation with experts by experience, their supporters, service providers and other actors

Mental Health Europe 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, programmes 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. Co-creation is a cornerstone of international human rights law, and it needs to be adopted by the EU.

MHE calls for:

- Adopting and implementing a co-creation approach in the development of political programmes for the European Parliament elections to ensure that stakeholders, in particular persons with lived experience and their supporters, are involved and meaningfully engaged.
- Developing mechanisms for stronger co-creation of policies, programmes and services through the adoption of a Civil Society Strategy and ensuring the effective empowerment of individuals and communities, including sustainable volunteering experiences.
- Making available resources and tools – including public funding and sustainable financing mechanisms – for the effective participation of persons with mental health problems, their families and supporters and their representative organisations in EU public affairs, including in the preparation and negotiation of EU laws and initiatives, and the next EU budget.

## 5. Mental health-related stigma and discrimination

Communication can have an important role when it comes to stigma and discrimination related to mental health. Words matter a great deal not only because they frame concepts and ideas, but also because they can influence the outcome of policies and initiatives either positively or negatively.

EU institutions are well positioned and have the opportunity to contribute to re-shaping the conversation around mental health, while ending the stigma and discrimination that still surrounds this topic.

MHE calls for:

- Using language in line with a psychosocial understanding of mental health and a human rights-based approach (see [Mental Health Europe's glossary](#) for concrete examples and explanations).
- Supporting awareness raising initiatives and campaigns among the general public and professionals, such as the [European Mental Health Week](#).
- Establishing a European Year of Mental Health.



[www.mhe-sme.org](http://www.mhe-sme.org)

**Mental Health Europe (MHE) is the largest independent network organisation representing people with mental health problems, their supporters, care professionals, service providers and human rights experts in the field of mental health across Europe. Its vision is to strive for a Europe where everyone's mental health and wellbeing flourishes across their life course. Together with members and partners, MHE leads in advancing a human rights, community-based, recovery-oriented, and psychosocial approach to mental health and wellbeing for all.**



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