



# ROMANIAN PRESIDENCY SCORECARD

(JANUARY - JUNE 2019)

## MENTAL HEALTH & HUMAN RIGHTS

In order to engage with and analyse the performance of the rotating Presidency of the Council of the European Union (EU), [Mental Health Europe](#) has devised a scorecard system through which we evaluate each Presidency's commitment to and promotion of mental health. The performance of each Presidency is rated based 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.**

The Romanians notably prioritised the protection of citizens' social rights. The employment in taking over various social policy files from their Presidency's predecessor, including the one on Work-Life Balance. Similarly, two Council Conclusions on the future of work were adopted, signalling that the focus of this Presidency being on workers' rights and well-being.

The Romanian Presidency notably dedicated energy and resources to advance gender equality as well as the rights of persons with disabilities. MHE met with representatives of the Romanian government before the start of the Presidency to discuss some of the topics mentioned below and would like to acknowledge their availability for a constructive dialogue.

### SCALE OF APPRECIATION: HOW WAS THE WEATHER DURING THE ROMANIAN PRESIDENCY?



GOOD



FAIR



AVERAGE



POOR

### PROMOTION OF MENTAL HEALTH AND WELL-BEING

In January 2019, a provisional agreement was reached between the European Commission, the European Parliament and the Council of the EU on the Directive on Work-Life Balance for Parents and Carers. The approval of this Directive is a milestone in EU's social policy as this is the first piece of legislation stemming from the [European Pillar of Social Rights](#). It introduces the European minimum standards on leaves and arrangements for parents and carers. However, MHE regrets to see that the final text of the Directive is not as ambitious as it could have been. The approved Directive does not explicitly recognise mental health problems and psychosocial disability as reasons to request leave and flexible working arrangements. Our analysis of the Directive can be found [here](#).



Following the example of its predecessors, the Romanian Presidency adopted the [Council Conclusions on Young People and the Future of Work](#) and [on the Changing World of Work: Reflections on New Forms of Work and Implications for the Safety and Health of Workers](#). MHE is pleased to see that both Council Conclusions cover concerns and implications regarding the potential negative effects for workers of the changing nature of work. In particular, we commend the emphasis put on the impact of these changes on workers' overall well-being and mental health. We also welcome the recognition that integrating mental well-being as a part of the development of relevant practical knowledge, skills and competences should be promoted throughout the working life.

## COMMITMENT TO THE RIGHTS OF PERSONS WITH PSYCHOSOCIAL DISABILITIES



In March 2019, together with the European Commission and the French Minister of European and foreign affairs and the State Secretariat for Persons with disabilities, the Presidency co-organised an informal meeting of the EU Member States' national authorities responsible for persons with disabilities, which resulted in the adoption of the [Joint Declaration to Strengthen Mobilization for the Autonomy and Full Participation of People with Disabilities at EU Level](#). A month after, in April, the Presidency organised the [Conference on the European Social Fund \(ESF\) post-2020](#) and co-hosted the [seminar on moving towards independent living and community-based care](#). All three events have clearly signalled the Romanian Presidency's commitment to foster the enjoyment of all rights by persons with disabilities, including their right to independent living, the importance of supported decision-making and the need to allocate adequate EU funding for the development of community-based services. However, the discussions during these events did not explicitly mention people with psychosocial disabilities and people with mental health problems. Broad conversations on the use of EU funding, deinstitutionalisation and disability tended to focus on general and visible barriers, while often forgetting the needs of people with invisible disabilities (i.e. psychosocial and mental-ill health) and the level of discrimination they face.

In June 2019, the Presidency organised a high-level international conference on violence against women - [Perspectives of the Istanbul Convention: new horizon - a paradigm change for all stakeholders](#). Regrettably, MHE sees the conference as a missed opportunity to discuss the impact of violence and discrimination on the mental health of women and to tackle the issue of intersectional discrimination of women with psychosocial disabilities. The conference agenda did not include speakers representing women with lived experience who could have provided their perspective.

## INVOLVEMENT AND EMPOWERMENT OF USERS OF MENTAL HEALTH SERVICES



In June 2019, the Presidency hosted a [high-level conference on eHealth](#). The event was used to discuss such topics as data security, interoperability challenges, model and best practices in the use of technological innovation for the transformation of health systems. The conference sent a clear message that the ongoing health digitalisation was taken seriously by the Presidency. However, we noticed the lack of involvement of users of mental health services in the debate. Some valid concerns and challenges (e.g. safety, effectiveness, equity) remain there for users and need to be taken into account.

In June 2019, the Presidency also [reported](#) to the Council that some progress on a few legislative files had been made, including on Health Technology Assessment. The presidency proposed provisions on conflicts of interest and quality assurance, which were generally welcomed by other Member States. Recognition of conflicts of interest and quality assurance in the field of health, vulnerable to undue commercial influence, constitutes a positive improvement. These provisions widen the space for addressing the legitimate needs and interests of users.

## CONCLUSION

One of the priorities of the Romanian Presidency was to develop the EU social dimension through the enforcement of the European Pillar of Social Rights. Looking at its six-month work, it is undeniable that the Romanian Presidency has given an important contribution to the advancement of social rights in Europe.

Generally, throughout the Presidency there was a visible lack of efforts put into the engagement and empowerment of users of mental health services and people with psychosocial disabilities. People with mental ill-health were not effectively involved in the meetings of relevance for their situation organised by the Presidency.

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