



# Analysis of the Communication from the European Commission on 'A Comprehensive Approach to Mental Health'

## Introduction

On 7 June, the European Commission published the [Communication on a comprehensive approach to mental health](#). In the months leading to the publication of the initiative, Mental Health Europe (MHE) took part in the consultation process and put together [recommendations](#), which could be grouped into six key points:

1. **Develop an initiative on mental health with a clear timeline, adequate budget, objectives, as well as indicators to monitor progress.**
2. **Adopt a psychosocial model of understanding mental health to address social determinants, structural barriers and provide tailored support.**
3. **Promote and protect the rights of people with mental health problems and psychosocial disabilities.**
4. **Mainstream mental health in all policies at EU level.**
5. **Co-create the initiative with people with lived experience and key stakeholders**
6. **Break stigma and end discrimination.**

The following analysis is an evaluation of the Communication on the basis of Mental Health Europe's main recommendations and provides advice on next steps.

## 1. **Develop an initiative on mental health with a clear timeline, adequate budget, objectives, as well as indicators to monitor progress**

MHE's main recommendation has been, for a long time, to develop a comprehensive European initiative or strategy on mental health with a clear timeline, adequate budget, objectives, as well as indicators to monitor progress. This message has been echoed by [civil society](#), the [Council of the European Union](#) and the [European Parliament](#).

The Communication from the European Commission is however not a strategy, nor does it lay out a plan for the European Union to work on the development of a long-term action on mental health. The Communication collects existing funding allocations and actions related to mental health, for a total of 20 flagship initiatives and EUR 1.23 billion to support their implementation. However, no new initiatives nor funding were established.

The document explicitly states the social and economic imperative to improve mental health, through investments in prevention, early intervention and promotion. It also put a spotlight on a topic - mental health - that has been overlooked for years, creating momentum for more advocacy and actions. Nonetheless, as the flagship initiatives and funding are short-term, the European Union continues to lack a long-term approach to address mental health.

#### Follow-up recommendation:

- Develop a long-term action plan on mental health based on the commitment taken in the Communication. The action plan should have concrete targets, objectives, and budget as well as a clear timeline and indicator to monitor progress.

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

The psychosocial model understands mental health as being influenced by a variety of factors that go beyond the medical sector and individual traits. Socio-economic and environmental determinants have an important role in forming and conditioning the wellbeing of every person. For this reason, any approach to mental health can only be comprehensive if it addresses structural changes and acknowledges the need to tackle socio-economic and environmental barriers. Mental Health Europe has called for an initiative that is framed around the socio-economic determinants of mental health, with particular attention to those who face multiple and intersecting forms of discrimination, to address underlying structural problems of mental health care systems.

It is therefore positive that the new initiative on mental health greatly emphasised support for people in vulnerable situations. The Communication also recognises the role of communities in prevention and early intervention and the need to reshape environments that influence mental health such as home, education, workplaces and broader communities. Although the Communication did not explicitly refer to the psychosocial model of mental health, the European Union and its Member States should use this as a guiding principle to inform the Commission's work on mental health.

Similarly, the Communication emphasises the need to strengthen biomedical research and efforts in this area, despite this type of approach has proven to be [limited and ineffective and other areas and types of mental health related research could be more beneficial](#). Mental Health Europe firmly calls for investment in implementing structural and systemic changes, to effectively facilitate better mental health outcomes for all. Here, MHE highlights the need for a shift from the biomedical to the psychosocial model.

To address the increasing number of young people reporting mental health problems and increased stress, the Communication rightly dedicated a whole section to improving the mental health of children and young people. Notably, some initiatives such as the European Code for mental health and

Youth First flagship focus on healthy lifestyles and the individual. While it is positive to see such activities, they should be coupled with actions addressing broader determinants.

#### Follow-up recommendations:

- Earmark funding for structural and systemic changes to address mental health risk factors and promote protective factors.
- Ensure EU actions on mental health are informed by the psychosocial model of mental health, including by funding research in line with the paradigm shift from the biomedical model.

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

The European Union's commitment to human rights and the implementation of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) is reiterated in the initiative. Although concrete actions are mainly linked to those already outlined in the [European Disability Strategy](#), the Communication approaches mental health holistically, with no separation between the well-being of all and the obligation to promote and protect the rights of persons with disabilities, including people with psychosocial disabilities.

The Communication states that it “focuses on how to bring relief to people suffering from mental health and on prevention policies and that it draws on three guiding principles, one of which is “to be able to reintegrate society after recovery.” Unfortunately, this framing echoes a biomedical understanding of psychosocial disabilities, for which people that experience a mental health problem are not treated and considered on an equal basis with others. This approach foresees the exclusion from society as inevitable and focuses on bringing relief rather than providing support to remove structural barriers and make sure people remain part of society.

Mental Health Europe has always been adamant in its efforts to have mental health seen in its entirety, as a continuum from good mental health to psychosocial disability. This perspective recognises that individuals can transition along this continuum at any point during their life course and that [recovery is a personal journey](#) that needs to take place within the community. For some people, recovery might mean ceasing to experience mental health problems, while for others it might mean finding a way to live meaningfully with a mental health issue. Besides being a human rights imperative enshrined in the CRPD, exclusion from society also hinders the possibility to have a successful recovery process. For this reason, MHE also regrets not having seen more commitment from the European Union to prevent institutionalisation, forced treatment and involuntary placement, coercion and deprivation of legal capacity.

#### **Follow-up recommendations:**

- Promote a recovery-oriented approach to mental health and psychosocial disabilities, where people are not excluded from society and receive adequate and person-centred support.
- Support Member States in the process of developing and delivering systems that are person-centred and human rights compliant.

## **4. Mainstream mental health in all policies at EU level**

Mental Health Europe had advised to take a mental health in all policies approach to develop and design the initiative, and to mainstream mental health into all policy areas beyond health. The Communication clearly makes links between mental health and various policy areas, explicitly calling for a mental health in all policies approach. Policy fields and funding streams in the initiative span from social inclusion and health to environment and digitalisation. The proposal reflects the fruitful coordination among different Directorate Generals and services of the European Commission.

#### **Follow-up recommendations:**

- Continue promoting a mental health in all policies approach, including by coordinating the implementation and monitoring of the Communication among different Directorates-Generals.
- Introduce a mental health impact assessment to evaluate the effect of different EU actions, policies and funding programmes on mental health.

## **5. Co-create the initiative with people with lived experience and with key stakeholders**

Co-creation is a cornerstone of international human rights law as it is based on the notion that people with lived experiences and relevant stakeholders are meaningfully engaged in the services, policy and programmes that concern them.

In this regard, the Communication on a comprehensive mental health approach takes the following concrete commitments:

- Use the EU Children's Participation Platform to consult with children in the preparation of the 2024 initiative on integrated child protection systems, including on the mental health dimension.
- In 2024, create a child and youth mental health network to exchange information, mutual support and outreach via youth ambassadors.
- Develop EU guidance on breaking through stigma and tackling discrimination with the Member States under the Expert Group on Public Health and stakeholder groups.

The Communication also foresees the possibility for stakeholders to collaborate and coordinate their joint input through the EU Health Policy.

While these actions are a good first step, they cannot be considered a full-fledged implementation of a co-creation approach. These actions mainly focus on ad-hoc initiatives rather than creating a structure for mainstreaming the meaningful and regular engagement of people with lived experiences as well as all other key stakeholders.

#### Follow-up recommendations:

- Further efforts to ensure more meaningful cooperation with civil society and the communities they represent, experts and particularly persons with lived experience. Holistic approaches to mental health prevention, support and services should be developed alongside affected communities, including above all the meaningful involvement of people with psychosocial disabilities, through co-creation and in a non-tokenistic manner.
- Consider and address potential conflicts of interest and/or industrial interests when dealing with stakeholders, particularly business and corporations.

## 6. Breaking stigma and end discrimination

Breaking stigma, combating discrimination, promoting equality and normalising the conversation around mental health among the public and in specific sectors, especially through mental health awareness (such as [European Mental Health Week](#)) was integrated in the Communication. The document also emphasised the importance of increased education and training on mental health, to make sure people have an accurate and balanced understanding of mental health.

While the European Year of Skills and Year of Youth were highlighted, the initiative includes no plans for a dedicated European Year for Mental Health to further strengthen implementation efforts. At times, the initiative also included words such as 'mental illness' that are related to a biomedical model of understanding mental health or that might foster discrimination. Lack of understanding, negative stereotypes, and misinformation about mental health issues often lead to stigma and discrimination against people who experience or have experienced mental health problems. Therefore, Mental Health Europe advises avoiding specific stigmatising language to help pave the way to de-stigmatisation.

### Follow-up recommendations:

- Use language and terminology that reflects on the variety of mental health experiences and frames the topic in an inclusive and non-stigmatising way.
- Deliver a European Year dedicated to mental health to further address mental health issues at EU level.

## Conclusion

Considering the limited time that the European Commission had to develop this initiative, expecting the publication of a comprehensive European strategy would have fallen short of reality and risked producing an unambitious result. Yet, the European Union will still be in need of a long-term and structured action plan to mental health, which should still be developed in the years to come. Overall, Mental Health Europe considers the Communication on a comprehensive approach to mental health as an essential first step, laying the foundation for a stronger commitment to mental health in the future.