

## A Comprehensive Approach to Mental Health Call for Evidence (EPHA response)

The European Public Health Alliance (EPHA) strongly supports the European Commission's proposed initiative for a Comprehensive Approach to Mental Health. Representing our diverse membership of NGOs and our cross-sectoral specialties, EPHA recommends the following actions to address mental health needs in Europe:

1. Develop a European Mental Health Strategy with a clear timeline, adequate budget, objectives and indicators, and a robust monitoring and implementation framework, detailing action and engagement for its Member States and civil society. EPHA, in support of MHE, strongly recommends the European Commission to develop a European Mental Health Strategy as the subject of the forthcoming initiative in 2023.

2. Adopt a psychosocial approach to addressing mental health in all policies, recognising the social determinants of health, racism and discrimination. The development of many mental health problems across the life-course can be viewed with a 'psychosocial' lens, as a human response arising from negative experiences such as social inequities, poverty and discrimination. Discrimination by gender, sexuality, race, disability and class all cause inequities in mental health needs. Discrimination also negatively affects diagnosis and appropriate, timely access to mental health care. Higher burden of mental health problems due to poverty and discrimination particularly impacts marginalised groups such as people experiencing homelessness and racialised groups such as Roma. Policy action to prevent and support people with mental health problems must take a whole-of-society and whole-of-government approach to protect mental health, physical health, and to prevent health inequalities. This must be addressed with a rights-based approach in all policies from education to housing to healthcare, alongside addressing mental health stigma in health promotion activities and endorsing trauma-informed practices. It is critical that sufficient data on protected characteristics such as ethnicity is collected and publicly available, to quantify inequities and monitor effectiveness of mental health policies.

3. Address mental health implications in all policies. Mental health is affected by social, economic, commercial and political factors, which must be addressed in all policies. For example, the harmful impact of alcohol on mental and physical health necessitates commercial controls on pricing, marketing and availability, as recommended by WHO. Furthermore, EPHA calls to build on the "Healthier Together" NCD initiative by addressing how our physical environment and pollution influences mental health and other NCDs. Not only would this improve health and the environment; it would refocus the impetus of change on other Directorate-Generals beyond DG SANTE.

4. Achieve resilient mental health services with sustainable, reliable investment. Addressing mental health workforce shortages is critical for improving service accessibility and future pandemic preparedness. Expanding workforces and training generalist health workers can improve access and service delivery while also improving healthcare staff wellbeing. Budgets

must allow the development of mental health policies, as well as their implementation and evaluation. Mental health must be integrated into all crisis-response activities.

5.Improve access to mental health services. Universal health coverage and integration of mental health services into primary care is essential for improving access and equity. Integration of addiction services and social support services is critical for holistic care, such as 'One-Stop Centres' for survivors of gender-based violence. Additionally, digital mental health solutions overcame access barriers during the pandemic with comparable efficacy to in-person care. Adequate monitoring is essential to ensure quality of telepsychiatry platforms and alternatives to reduce digital exclusion such as community outreach that is free at the point of use.

## A Comprehensive Approach to Mental Health: EPHA Response to the Call for Evidence (Annex)

The European Public Health Alliance (EPHA) strongly supports the European Commission's proposed initiative for a Comprehensive Approach to Mental Health. Representing our diverse membership profile of NGOs across Europe and based on our cross-sectoral specialties, EPHA recommends the following actions to address the mental health needs in Europe today:

1. Develop a European Mental Health Strategy, with a clear timeline, adequate budget, objectives and indicators, and a robust monitoring and implementation framework
2. Adopt a psychosocial approach to addressing mental health in all policies, considering the social determinants of health, racism and discrimination.
3. Address mental health implications in all policies.
4. Achieve resilient mental health services with sustainable, reliable investment.
5. Improve access to mental health services.

1. **Develop a [European Mental Health Strategy](#), with a clear timeline, adequate budget, objectives and indicators, and a robust monitoring and implementation framework**, as [advised by the Mental Health Advocacy Platform](#) and recommended by the [Council of the European Union](#) and the [European Parliament](#). EPHA, in support of MHE, recommends the European Commission to develop a European Mental Health Strategy as the subject of the forthcoming initiative in 2023. Such a strategy must ensure long term, coordinated and comprehensive action by EU Member States and civil society engagement.

The Strategy could envisage the following core objectives:

- 1) Strengthen effective leadership and governance to go beyond the usual approach of "sharing best practices" and rather support Member States 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) Provide comprehensive, integrated and responsive mental health and social care in community-based setting. Possible targets include increasing the number of community-based mental health services and in integrating mental health care at primary care level.
- 3) Implement strategies for promotion and prevention that go beyond the target of reduction of suicide rates, toward life-course prevention and support. For instance, Member States could be asked to have at least two functioning multisectoral programmes for mental health promotion and prevention, as well as a system in place for mental health and psychosocial preparedness for emergencies and/or disasters.
- 4) Strengthen information systems, evidence and research: the EU could facilitate the collection and routinely reporting of comparable, disaggregated mental health data across Europe, using indicators which clearly reflect the social determinants of mental health and human rights of people with psychosocial disabilities (as [recommended by WHO](#)).

## 2. Adopt a psychosocial approach to addressing mental health in all policies, considering the social determinants of health, racism and discrimination.

Many mental health problems can be viewed through the 'psychosocial' lens, as a human experience resulting from negative experiences such as poverty, discrimination or trauma, rather than arising from a biomedical source. Discrimination by gender, sexuality, race, disability and class all cause inequalities in mental health needs. Building on MHE's recommendations to adopt a psychosocial approach to mental health, and the European Commission's recognition of socioeconomic status as a contributing factor to mental health, EPHA calls for further recognition of how the social determinants of health, racism and discrimination can intersect and impact the risk of mental health problems.

**Social inequities contribute to [increased risk of common mental health problems](#)** among vulnerable groups, which was exacerbated during the [Covid-19 pandemic](#). Furthermore, the psychosocial effects of relative deprivation impact not only the most vulnerable such as people experiencing poverty or homelessness, but individuals [across the income scale](#), with associations between social status, mental health problems, and development of non-communicable diseases. As such, action to tackle and prevent mental health problems must take a whole-of-society approach to prevent not only mental health problems, but also [physical health conditions and health inequalities](#). This requires political will to **break down silos** and ensure cohesive action on mental health across EU Directorate-Generals. Mental health stakeholders, civil society, people who use mental health services from diverse backgrounds and any other relevant stakeholder must be involved and given a seat at the table in policy making around mental health, following a **co-production principle**.

**Racism and discrimination act as determinants of mental health and a barrier to equitable, appropriate care.** As highlighted in the [recent Lancet series](#), racism and discrimination at the individual, institutional and structural level is associated with stress and mental health problems. This occurs through direct experiences of interpersonal racism and through the intersecting implications of structural racism across multiple determinants of health, from inequities in healthcare access to [type of employment](#), such as precarious work, which is of interest to the [upcoming Spanish presidency](#) of the EU. These social inequities also contribute to social exclusion for racialised groups such as Roma. Roma often suffer higher than average rates of [anxiety or depression](#), and a study shows that Irish travellers are [six times more likely](#) to die by suicide than non-Travellers. Furthermore, when in need of mental health care, institutional racism negatively affects [accurate diagnosis and appropriate, timely access](#) to mental health care.

To combat racism, anti-gypsyism and other forms of discrimination, mental health must be addressed with a rights-based approach [across all policies](#); in housing, employment and working conditions, for example in the **proposed platform work directive**, and in social protection and migration policies. In healthcare systems, endorsing [cultural competency](#), [trauma-informed practices](#), co-creation with people with lived experience, and addressing stigma in health promotion activities are all fundamental actions to improve healthcare quality. It is also critical that **sufficient data** on protected characteristics such as ethnicity is collected, to quantify inequities and monitor effectiveness of mental health policies for all.

In light of the adopted resolution in 2019 for the EU and national authorities to develop anti-racism policies, and recognition that ['people of African descent should be taken into account more in current](#)

[funding programmes and in the next multiannual financial framework \(2021-2027\)](#), EPHA recommends the promotion of EU and national level anti-racism and anti-discrimination policies. There are also opportunities to raise mental health as a priority, such as during the negotiations in the European council for an **anti-discrimination directive**.

### 3. Address mental health implications in all policies.

To effectively address intersecting and cross-sectoral determinants of mental health, it is imperative to mainstream mental health in all EU policies.

Mental health is affected by social, economic, commercial and political factors, which must be addressed in all policies. For example, the harmful impact of alcohol on mental and physical health necessitates commercial controls on pricing, marketing and availability, as recommended by WHO in its [Global Alcohol Action Plan 2022-2030](#). Moreover, excessive alcohol consumption frequently destabilises social and economic personal relationships that leads to fractured social circumstances and increased poverty, creating even greater causal factors for poor mental health. Actions at EU level to improve mental health should include strong actions to reduce alcohol use across the whole of population.

EPHA calls to build on the “Healthier Together” NCD initiative by addressing how our physical environment and pollution influences mental health and other NCDs. In our cities, noise pollution, lack of green and blue space, [urban heat islands](#), and [long-term exposure to air pollutants](#) can contribute to risk of depression and anxiety, amongst numerous detrimental physical health impacts. These [disproportionately impact disadvantaged groups](#).

EPHA supports decisive, rapid, cross-sector action on climate change, with solutions that cut across [mental and physical health improvement](#). Achievable solutions for cities include action to increase equitable access to urban green space and urban tree canopies, which can counter the negative impacts of heat, noise and air pollution; and [decreasing traffic dominance](#) in cities to promote wellbeing and active transportation. Not only would this improve health and the environment; it would also refocus the impetus of change upon other Directorates-Generals beyond DG SANTE.

### 4. Achieve resilient mental health services with sustainable, reliable investment.

Health system recovery, resilience, and pandemic preparedness post-COVID-19 must prioritise the need for strong mental health systems. The health workforce shortage is negatively impacting access to mental health care via lack of services and unequal access in rural areas, compounded by [increased prevalence of mental health problems](#) since COVID-19.

Firstly, budgets must allow the development of [substantial policies](#) in mental health and their implementation. Policymakers at all levels of governance must draft and vote for [ambitious budgets](#) that deliver on EU (and global) health objectives, including on mental health. Additionally, learning from the COVID-19 pandemic, we need to integrate mental health concerns into all [crisis-response activities](#).

Secondly, implementation demands a sufficient, trained workforce. Expanding workforces and training generalist health workers with a task-shifting approach can [improve access and service delivery](#) while also improving healthcare staff wellbeing. Addressing workforce shortages is critical for future pandemic preparedness to ensure access and continuity of treatment.

#### **5. Improve access to mental health services.**

EPHA welcomes the European Commission's focus on national suicide prevention programmes and reforming mental health services; yet long-term, affordable and accessible psychological care must be ensured beyond emergency responses, via [universal health coverage](#) and integration of mental health services into [primary care](#). Integration of addiction services and social support services is critical for holistic care of those with additional needs or [multiple disadvantage](#). ['One-Stop Centres'](#) are good examples of integration for survivors of gender-based violence.

Additionally, digital mental health support saw a [surge in popularity](#) during the Covid-19 pandemic, overcoming access barriers. It can [increase access to psychological services](#), and [evidence suggests](#) therapy is no less clinically efficacious when delivered via videoconferencing than in-person. [Another study](#) found that telepsychiatry clients felt that they could present the same information as in person (93%) and were satisfied with their session (96%). This must be promoted alongside adequate monitoring and evaluation to ensure quality control of telepsychiatry platforms.

Finally, alternatives must be available to prevent digital exclusion. [Community](#) and [street outreach](#) services that are free at point of use improve access for vulnerable groups such as people experiencing homelessness, who may otherwise be digitally excluded.