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Measures to improve mental health
European Economic and Social Committee

European Economic
and Social Committee

Exploratory opinion requested
by the Spanish Presidency

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Key challenges at EU level regarding mental health and work

- Mental health to be recognised in all Member States as a serious topic that requires an adequate degree of attention and a holistic, coordinated, structured and human-centred response:

  ▶ Mental health deteriorations cost 4 % of EU GDP annually and are a growing concern for the young people;

  ▶ Coercion, stigma, segregation and discrimination around mental health conditions need to be lifted;

  ▶ Appropriate funding for mental health services are needed as to make them universally accessible and affordable; investments in properly trained health care staff, adequate levels of pay, constant up-skilling and sufficient staffing levels.

+ Workplaces as cradles for nurturing mental health and support:

  ▶ Psychosocial risks in the workplace must be assessed and eliminated, and every effort must be made to prevent violence and mental harassment;

  ▶ Common initiatives and joint actions of social partners aimed at continuously improving working conditions should be promoted, and sufficiently funded.

Mental health issues – priorities at EU level

▶ Enable rights-based, person-centred, recovery-oriented, community-based mental health systems that prioritise the person's empowerment and active participation in their own recovery with the ultimate goal of improving the quality of life of people with mental health conditions;

▶ Promote the efforts to implement inclusive care and support within the mental health system to focus on the needs of specific and vulnerable groups, such as children, older people, refugees and migrants, LGBTIQ+ as well as people in disadvantaged socio-economic situations;

▶ Focus on constant promotion of mental health, prevention of mental illness and building resilience that is mainstreamed into all EU, national, regional and sectoral policies;

▶ The European Commission's communication on a comprehensive approach to mental health to be swiftly transposed into an EU Mental Health Strategy that has a timeframe, is sufficiently funded, defines responsibilities and includes indicators to monitor progress across the EU and Member States – including in the framework of the European Semester process.

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▶ Improved access to support services, treatment, psychotherapy, medical and social rehabilitation, special and general care and activities related to psychosocial support;

▶ Done by developing and implementing innovative, personalized and evidence-based interventions, improving and ensuring equal and socially acceptable access to medication, support for the families of persons with mental health conditions, improving the capacity and qualification of those providing general and specialized care and building a system for integrated care, including community-based, delivered by multidisciplinary teams;

▶ Children and adolescents:

o Early childhood mental health promotion as an integral part of general health care;

o Educational systems focused on information and awareness raising, prevention and screening for violence – both physical and online, alcohol, tobacco or drug abuse, etc. Programs to promote mental well-being at school and to advance mental health literacy;

o The use of social media and the influence of school stress and school performance cause pressure on mental health: effective pathways to the health care sector should be developed to support children to recognize their feelings and those of others, and to deal with difficult emotions and situations by choosing effective coping strategies;

▶ **People in advanced age:**

o Aging processes may cause life changes (incl. psychosensory), violations in the psychomotor and sensory spheres and gradual loss of acuity of perception and difficulties in adapting to the changing environment. All these lead to anxiety and depression; neurological disorders; difficulties and loss of autonomous abilities, isolation;

o To cope with all these challenges, it is necessary to develop standards for structured care that goes beyond the institutional level and addresses older people's personal needs. The development of person-centred care-giving programmes in the community is vital so as not to limit the services only to institutions such as homes for older people or hospices. Further effort must be made to actively search for people who need support, especially in crisis situations or after a traumatic event;

▶ **Gendered perspectives** - gender mainstreaming and account for biological differences, psychological and social factors. Special focus:

o A trend of much sharper deterioration of mental health for teenage girls compared to boys, and the pressures on girls are three times stronger currently than 20 years ago;

o Premenstrual dysphoric disorder (PMDD); mental, physical, psychiatric and pharmacokinetic effect of menopause or oral contraception; lack of drug therapy for pregnant and breastfeeding women; the lack of tailored mental and health care and treatment after domestic and/or sexual violence, early marriage and (early) exposure to (violent) pornography, or trafficking;

▶ **People with addictions** - alcohol and/or illicit drug addiction, nomophobia;

▶ **People with intellectual and psychosocial disabilities -** individualized person-centred care and support under crisis conditions needed; segregation practices have to be abolished, deinstitutionalization has to be at the core of social policies to enable people with disabilities to enjoy their right to live in the community:

▶ **Excessive stress exposure – e.g. pandemic, natural disasters, conflicts:**

o Some professions are more exposed than others to risk of physical harassment – e.g., workers in: health care and education (14.6%), transport and communication (9.8%), hospitality (9.3%), retail (9.2%). Those sectors also report unwanted sexual attention: hospitality (3.9%), health care and education (2.7%) and transport and communication (2.6 %). Such stressful events may cause mental issues and conditions and must be prevented;

o People who have experienced the dangerous environment of uncontrollable natural disasters, e.g., earthquakes, hurricanes, fires and floods, victims of human trafficking as well as international protection seekers (27 ongoing conflicts and 68.6 million displaced people worldwide).

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► Develop and implement complementary approaches to provide appropriate support in crisis and emergency situations;

► Establish a "pyramid of interventions" based on embedding social and cultural considerations into core measures to tackle medical conditions, strengthening community ties and family support through focused non-specific support and providing specialist services and assistance from various health professionals for citizens with more severe conditions;

► At all levels of education, health promotion curricula should focus on developing adequate behaviour and ensuring basic health care, as well as on mental health hazards and how to avoid or reduce their impact, with emphasis on special cases such as pandemics or natural disasters.

Mental health – an integral part of EU policy and strategy. Cooperation

► EU, national, inter-state, inter-sectoral cooperation in the field of mental health is needed;

► Multi-stakeholder capacity shall be built and a guarantee of inclusive participation into the implementation of the initiatives;

► Action fields: coordination, exchange of information, experience and good practices; boost scientific research and innovation; aim towards positive health and social outcomes and digitization of processes; promote work in networks/platforms of social partners, researchers and scientists, health professionals, social workers, patient NGOs, social services;

► European Semester should give more consideration to the impact of socio-economic and environmental factors on mental health, including the important benefits of improving access to affordable and quality services of general interest (housing, energy, waste/water, etc). Ideally, this would steer national-level work by, for example, requiring Member States to develop and implement action plans which the Commission could periodically review and bring countries together to exchange and inspire each other to strive for ambitious actions. The main environmental and social risk factors should be constantly monitored and relevant strategies and measures should be swiftly adopted to minimize and eliminate those risks.

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▶ Direct link between human rights violations and mental ill health: people with mental disabilities, intellectual disabilities and substance abuse problems often experience bad treatment, human rights violations and discrimination in health care settings. Often, the quality of care in both inpatient and outpatient facilities is poor or even harmful and can actively hinder recovery;

▶ It is necessary to monitor existing social and mental health care services against the UN Convention on the Rights of Persons with Disabilities standards, develop rights-based practices and invest in services and support that are respectful of the free and informed consent of the person, and safe from coercion and forced treatment. It is necessary to adopt guidelines and protocols, as well as provide training on rights-based approaches for health and social care workers;

▶ Provide possibilities for early diagnosis, adequate treatment, psychotherapy and rehabilitation for people with mental health conditions and psychological disabilities and social inclusion based on respect of personal dignity, human rights, freedom and equality;

▶ The EESC calls upon the EC to declare 2024 the European Year of Mental Health.

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