

**Question for written answer E-000214/2021
to the Commission**
Rule 138
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Subject: Treatment of psychiatric patients during the pandemic

Almost half of the EU's Member States reported that three out of four mental health services stopped during the first wave of the coronavirus, affecting 84 million people. In Greece, hospitals and health centres were turned into 'single disease structures' while on-call psychiatric clinics were suspended, regular appointments postponed or cancelled, and prescribing proved 'difficult'.

The reality faced by people when confronted with a pandemic causes a surge in needs. Remote services are insufficient, as nothing replaces the physical contact between the patient and their therapist; furthermore, many patients who do not have the financial capacity and technical means are unable to access these services.

At the root of the problem is the EU's class policy, which has been pursued by Greek governments over many years and which considers mental illness to be a source of productivity loss.

In the light of this

and bearing in mind the EU's own responsibility in this connection:

1. How is it that Member States' governments fail to recruit enough health and auxiliary staff for psychiatric departments of general and specialised hospitals, mental health centres, shelters and other sheltered accommodation and ensure that prevention and treatment services are adequate?
2. How is it that, despite the enormous need, Member States do not provide generous funding from the billions in the 'Recovery Fund' to the public health system to help those with mental health issues but instead finance groups whose actions have resulted in the current sorry state of affairs?