



TEXTS ADOPTED

P9_TA(2023)0457

Mental health

European Parliament resolution of 12 December 2023 on mental health (2023/2074(INI))

The European Parliament,

- having regard to Article 168 of the Treaty on the Functioning of the European Union (TFEU),
- having regard to the Commission communication of 7 June 2023 on a comprehensive approach to mental health (COM(2023)0298),
- having regard to Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union’s action in the field of health (‘EU4Health Programme’) for the period 2021-2027, and repealing Regulation (EU) No 282/2014¹,
- having regard to Regulation (EU) 2021/695 of the European Parliament and of the Council of 28 April 2021 establishing Horizon Europe – the Framework Programme for Research and Innovation, laying down its rules for participation and dissemination, and repealing Regulations (EU) No 1290/2013 and (EU) No 1291/2013²,
- having regard to the Commission’s proposal of 26 April 2023 to revise and replace the existing general pharmaceutical legislation,
- having regard to Regulation (EU) 2021/1119 of the European Parliament and of the Council of 30 June 2021 establishing the framework for achieving climate neutrality and amending Regulations (EC) No 401/2009 and (EU) 2018/1999 (‘European Climate Law’)³,
- having regard to its resolution of 28 November 2019 on the climate and environment emergency⁴,
- having regard to the Regulation (EU) 2022/2065 of the European Parliament and of the Council of 19 October 2022 on a Single Market for Digital Services and amending

¹ OJ L 107, 26.3.2021, p. 1.

² OJ L 170, 12.5.2021, p. 1.

³ OJ L 243, 9.7.2021, p. 1.

⁴ OJ C 232, 16.6.2021, p. 28.

Directive 2000/31/EC (Digital Services Act)¹,

- having regard to its resolution of 5 July 2022 on mental health in the digital world of work²,
- having regard to its resolution of 21 January 2021 with recommendations to the Commission on the right to disconnect³,
- having regard to its resolution of 10 March 2022 on a new EU strategic framework on health and safety at work post 2020 (including a better protection of workers from exposure to harmful substances, stress at work and repetitive motion injuries)⁴,
- having regard to the briefing entitled ‘Mental health and the pandemic’, published by its Directorate-General for Parliamentary Research Services in July 2021,
- having regard to its resolution of 12 July 2023 on the COVID-19 pandemic: lessons learned and recommendations for the future⁵,
- having regard to its resolution of 10 July 2020 on the EU’s public health strategy post-COVID-19⁶,
- having regard to its resolution of 1 March 2018 on the situation of fundamental rights in the EU in 2016⁷,
- having regard to its resolution of 21 January 2021 on the EU Strategy for Gender Equality⁸,
- having regard to its resolution of 14 February 2019 on the rights of intersex people⁹,
- having regard to its resolution of 16 September 2021 with recommendations to the Commission on identifying gender-based violence as a new area of crime listed in Article 83(1) TFEU¹⁰,
- having regard to its resolution of 20 April 2023 on the universal decriminalisation of homosexuality in the light of recent developments in Uganda¹¹,
- having regard to its resolution of 16 February 2022 on strengthening Europe in the fight against cancer – towards a comprehensive and coordinated strategy¹²,
- having regard to the Commission communication of 3 February 2021 entitled ‘Europe’s

¹ OJ L 277, 27.10.2022, p. 1.

² OJ C 47, 7.2.2023, p. 63.

³ OJ C 456, 10.11.2021, p. 161.

⁴ OJ C 347, 9.9.2022, p. 122.

⁵ Texts adopted, P9_TA(2023)0282.

⁶ OJ C 371, 15.9.2021, p. 102.

⁷ OJ C 129, 5.4.2019, p. 14.

⁸ OJ C 456, 10.11.2021, p. 208.

⁹ OJ C 449, 23.12.2020, p. 142.

¹⁰ OJ C 117, 11.3.2022, p. 88.

¹¹ Texts adopted, P9_TA(2023)0120.

¹² OJ C 342, 6.9.2022, p. 109.

Beating Cancer Plan' (COM(2021)0044),

- having regard to the Commission initiative entitled 'Healthier Together – EU Non-Communicable Diseases Initiative' launched in December 2021,
- having regard to its resolution of 5 July 2022 towards a common European action on care¹,
- having regard to the Commission communication of 7 September 2022 on the European care strategy (COM(2022)0440),
- having regard to the Council conclusions of 24 October 2019 on the Economy of Wellbeing, which call for a comprehensive EU mental health strategy,
- having regard to the 2008 European Pact for Mental Health and Well-being, adopted at the EU high-level conference entitled 'Together for Mental Health and Well-being' in Brussels on 13 June 2008,
- having regard to the Commission green paper of 14 October 2005 entitled 'Improving the mental health of the population – Towards a strategy on mental health for the European Union' (COM(2005)0484),
- having regard to the report of December 2015 by the Joint Action on Mental Health and Well-being entitled 'Mental health in all policies – Situation analysis and recommendations for action',
- having regard to World Health Organization (WHO) World Mental Health Day 2023, the theme of which was 'Mental health is a universal human right',
- having regard to the WHO European framework for action on mental health for 2021-2025,
- having regard to the European Agency for Health and Safety at Work (EU-OSHA) report of 7 October 2011 entitled 'Mental health promotion in the workplace – a good practice report',
- having regard to the EU Framework for Action on Mental Health and Well-being, published by the Commission in 2016,
- having regard to the 2022 report by the OECD and the Commission entitled 'Health at a Glance: Europe 2022: State of Health in the EU Cycle',
- having regard to the International Labour Organization (ILO) list of occupational diseases, as revised in 2010,
- having regard to the 2022 policy brief by the WHO and the ILO entitled 'Mental health at work: policy brief',
- having regard to Commission Recommendation (EU) 2022/2337 of 28 November 2022

¹ OJ C 47, 7.2.2023, p. 30.

- concerning the European schedule of occupational diseases¹,
- having regard to the Commission communication 30 November 2022 entitled ‘EU Global Health Strategy: Better Health for All in a Changing World’ (COM(2022)0675),
 - having regard to the Commission communication of 24 March 2021 entitled ‘EU strategy on the rights of the child’ (COM(2021)0142),
 - having regard to the Commission communication of 11 May 2022 entitled ‘A Digital Decade for children and youth: the new European strategy for a better internet for kids (BIK+)’ (COM(2022)0212),
 - having regard to the Commission communication of 30 September 2020 on achieving the European Education Area by 2025 (COM(2020)0625),
 - having regard to the Commission communication of 3 March 2021 entitled ‘Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030’ (COM(2021)0101),
 - having regard to the 2006 UN Convention on the Rights of Persons with Disabilities,
 - having regard to the Commission communication of 12 November 2020 entitled ‘Union of Equality: LGBTIQ Equality Strategy 2020-2025’ (COM(2020)0698),
 - having regard to the Commission communication of 18 September 2020 entitled ‘A Union of equality: EU anti-racism action plan 2020-2025’ (COM(2020)0565),
 - having regard to Rule 54 of its Rules of Procedure,
 - having regard to the report of the Committee on Environment, Public Health and Food Safety (A9-0367/2023),
- A. whereas the WHO defines mental health as ‘a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community’; whereas mental health conditions include mental health conditions and psychosocial disabilities, as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm;
- B. whereas mental health is a universal human right and its promotion is a crucial prerequisite for the prosperity of personal, community and socio-economic development;
- C. whereas mental health is an integral part of health and is fundamental to the well-being of individuals and societies and a precondition for an inclusive and functional society; whereas mental health should therefore have parity with physical health; whereas due to the interlinkage of mental and physical health, people with mental health conditions face a substantially higher risk of premature mortality, including from unaddressed physical health conditions;

¹ OJ L 309, 30.11.2022, p. 12.

- D. whereas the WHO has estimated that over 150 million people¹ in Europe live with a mental health condition and a certain level of under-diagnosis must be assumed; whereas mental health conditions are the leading cause of years lived with disability and the fifth leading cause of disability-adjusted life years of all non-communicable diseases (NCDs) in the EU and rank second among the most common NCDs; whereas research shows that overall, mental health conditions are significantly more prevalent in women; whereas approximately 4 %² of all deaths in the EU are caused by mental and behavioural disorders;
- E. whereas the mental health and well-being of the population is a crucial factor for the individual; whereas mental ill-health can result in a loss of individual and business productivity and decreased workforce participation and place financial burdens on individuals, families and communities and can have enormous economic consequences, equivalent to over 4 % of the EU's GDP (EUR 600 billion) per year³; whereas other indirect costs often outweigh direct costs, such as healthcare expenditure, and there is increasing evidence that the promotion of good mental health and the prevention of mental health conditions can be cost-effective and cost-efficient;
- F. whereas according to the WHO, socio-economic conditions, such as employment, social support, education levels and the physical environment, are among the most significant factors influencing an individual's mental health status;
- G. whereas structural economic and social inequalities have a different impact depending on the population group; whereas all public mental health policies must be particularly sensitive to economically vulnerable populations to ensure equal protection for all citizens;
- H. whereas poverty, social inequality and discrimination place people in a vulnerable position and may induce a scarcity mindset, leading to intense feelings of anxiety, aggravating the poverty cycle and increasing the risk of mental conditions;
- I. whereas focusing on prevention and tackling these mental health determinants can contribute to shifting the emphasis from late and costly interventions and help to improve mental health and well-being;
- J. whereas addressing mental health conditions requires a 'mental health in all policies' (MHAP) approach aimed at thoroughly understanding the different determinants of mental health through an intersectoral lens, in order to prevent and mitigate the impacts on individuals, communities and societies;
- K. whereas epidemiological surveillance is the systematic and ongoing collection, analysis, interpretation and dissemination of health data and information related to the occurrence, distribution and determinants of diseases or health conditions within a population; whereas the primary purpose of surveillance is to monitor the health status of a population, detect outbreaks or unusual patterns of disease, assess the effectiveness

¹ WHO, [The Pan-European Mental Health Coalition](#), 2023.

² Eurostat Statistics Explained, [Mental health and related issues statistics](#), September 2023.

³ OECD and European Commission, [Health at a Glance: Europe 2018: State of Health in the EU Cycle](#), 2018.

of public health interventions and inform public health decision-making;

- L. whereas the urgent need for better and wider awareness and understanding of mental health and for effective action to prevent and address mental ill-health has increasingly been recognised in recent years, but mental health literacy remains very low compared to physical health literacy, which can negatively impact the tendency to seek help;
- M. whereas the community model^{1,2} is patient-centred, its key element being the role of patients and their families in the discussion and planning of the healthcare network; whereas according to the community care paradigm, it is a priority to empower patients so they become active agents of decisions regarding their own mental health, from prevention to treatment; whereas taking advantage of the experience and knowledge of users and their environment is essential for planning and developing healthcare services;
- N. whereas social prescribing is a holistic approach to healthcare, further promoting community-based integrated care and facilitating demedicalisation; whereas social prescribing can include, among other services, support in mental health, social inclusion and financial and housing advice, as well activities promoting physical activity and creative self-expression;
- O. whereas in many Member States, there are barriers in accessing mental health services and support is inadequate or scarce, leading to additional fees, long waiting times, shortages of mental health professionals, stigmatisation and the creation of further socio-economic discrimination and inequities;
- P. whereas out-of-pocket expenses for healthcare services pose a financial barrier for people with health conditions, and universal health coverage mitigates economic constraints for prevention, diagnosis, support and rehabilitation;
- Q. whereas outermost regions are particularly vulnerable given the difficulty in accessing highly differentiated healthcare services, with the situation set to worsen in the coming years due to the effects of climate change, as these regions will experience compromised short-term aid and provision disruptions (with factors including coastal geography changes and rising sea levels, freshwater shortages, extreme weather events, higher temperature periods, droughts, intense fires and altered rainfall patterns);
- R. whereas the COVID-19 pandemic triggered and exacerbated mental health conditions, such as anxiety and depression; whereas the aftermath of the COVID-19 pandemic is further aggravated by the current context of Russia's war of aggression against Ukraine, the socio-economic crisis and the climate, nature and pollution crisis;
- S. whereas job insecurity, temporary employment and inadequate working conditions are associated with poor mental health and unemployment, as are absenteeism and presenteeism³, and EU-OSHA reports that 45 % of employed persons consider stress

¹ WHO [guidance and technical packages on community mental health services](#), 2021.

² Royal College of Psychiatrists College Centre for Quality Improvement, [CCQI Improvement Standards for Community Mental Health Services](#), fourth edition, March 2022.

³ Randstad Canada, [Getting more work done: How absenteeism and presenteeism affect productivity](#), 30 May 2023.

and other risk factors that can adversely affect mental well-being to be common in their workplace;

- T. whereas EU-OSHA highlights that for good mental health, it is important how work is organised and how interpersonal relationships in the work environment function, citing factors such as work-related stress, burnout, violence, bullying and sexual harassment in the workplace, fatigue, psychological burdens and emotional demands as having a negative impact;
- U. whereas mental health conditions are linked with risk factors in the workplace and are included in the ILO's list of occupational diseases;
- V. whereas people with mental health conditions are often less likely to be employed and mental health conditions in early childhood and adolescence increase the risk of poor academic performance and job opportunities later in life;
- W. whereas digitalisation plays an increasingly significant role in modern society in both personal and professional life, and can be leveraged to support the scale-up of mental health support and evidence-based interventions, but can negatively impact an individual's mental health;
- X. whereas digital technology can have significant benefits in connecting remote areas and providing accessible and affordable means of psychological support, but, at the same time, the omnipresence of smartphones, and digital technologies such as mobile applications and social media networks, poses a risk for mental health conditions and social isolation; whereas the use of such digital technology, especially in excess, negatively impacts the mental health of children and adolescents; whereas the use of social media and digital networks and exposure to cyberbullying, pornography, sexualised and violent imagery and gaming, anonymous trolling, content featuring diet restrictions and unattainable/unhealthy beauty standards can have negative mental health consequences, especially in children, adolescents and young people^{1,2}; whereas cyberbullying victims are at higher risk of depression and suicidal ideation;
- Y. whereas nine million adolescents (aged 10 to 19) in Europe are living with mental health conditions, with anxiety and depression accounting for more than half of all cases; whereas studies show that 34,6 % of all mental health conditions begin by age 14 and 62,5 % by age 25; whereas 19 % of European boys aged 15 to 19 suffer from mental disorders, as do over 16 % of girls the same age, yet 70 % of children and adolescents who experience mental health conditions do not receive appropriate interventions at a sufficiently early age³;
- Z. whereas death by suicide or intentional self-harm is the second leading cause of death in

¹ Smahel, D. et al, [EU Kids Online 2020: Survey results from 19 countries](#), EU Kids Online, 2020.

² Joint Research Centre (European Commission), [How children \(10-18\) experienced online risks during the Covid-19 lockdown – Spring 2020](#), Publications Office of the European Union, Luxembourg, 2021.

³ OECD and European Commission, [Health at a Glance: Europe 2022: State of Health in the EU Cycle](#), OECD Publishing, Paris, 2022.

adolescents (15-19 years of age)¹ in Western Europe, particularly in boys, and is found to be significantly higher than in adults;

- AA. whereas studies suggest that a large proportion of students show signs of mental health conditions, in addition to diminished social skills and emotional capacities²;
- AB. whereas children, adolescents and young adults are increasingly exposed to pressure and high expectations from society and are impacted by anxiety stemming from global threats, such as the COVID-19 pandemic, the climate emergency, conflicts, uncertainty and other factors;
- AC. whereas there is a strong link between poor mental health and bullying, with harmful additional consequences, resulting in higher stress, anxiety and other negative mental health symptoms in children, adolescents and young people, with damaging consequences in adulthood;
- AD. whereas low levels of social and familial interactions in childhood lead to poorer mental health outcomes in young adults, which continue throughout adulthood;
- AE. whereas in the EU, the annual value of lost mental health in children and young people is estimated at EUR 50 billion³;
- AF. whereas psychologists have an important role to play in education by attending to the general mental health of the school or facility, promoting effective health education, improving learning outcomes, keeping children safe, preventing school drop-outs and poor discipline, managing conflicts between peers, students and their teachers and between other members of staff, promoting skills across a variety of disciplines, integrating and improving the learning outcomes of students with special needs and students from ethnic minorities, promoting gender equality, bringing guardians closer to school, improving teachers' mental health, and training both teaching and non-teaching staff;
- AG. whereas the gender pay gap in the EU averages 13 %⁴, affecting women more negatively than men, and especially single-parent households;
- AH. whereas the mortality rate from eating disorders is higher than all other mental health conditions, affecting mainly girls and younger women and influencing not only their physical health but also leading to, among others, lower self-esteem, general anxiety disorder, social anxiety disorder, depression, intentional self-harm and suicide;
- AI. whereas pregnant women, women who have recently given birth and women who have been the victim of a traumatic episode are more susceptible to the psychological impacts

¹ UNICEF, *The State of the World's Children 2021 – On My Mind: Promoting, protecting and caring for children's mental health*, UNICEF, New York, October 2021.

² European Commission, Directorate-General for Education, Youth, Sport and Culture, [A systemic, whole-school approach to mental health and well-being in schools in the EU](#), Publications Office of the European Union, Luxembourg, 2021.

³ UNICEF, *The State of the World's Children 2021 – On My Mind: Promoting, protecting and caring for children's mental health*, UNICEF, New York, October 2021.

⁴ According to the European Commission's 2022 fact sheet on the gender pay gap.

of social, economic and political crises ^{1,2}; whereas household chores and childcare responsibilities have a significant impact on women's mental health, as illustrated by the publication 'Headway 2023 – Mental Health Index', which reports that 44 % of women with children under 12 struggle with responsibilities in the household, compared to just 20 % of men;

- AJ. whereas according to the WHO, violence against women has become a public health problem of epidemic proportions as, for instance, one in three women in the EU has experienced physical and/or sexual violence, leading to poorer mental health status, higher stress and mental health conditions;
- AK. whereas the national health services of various Member States can and must do more to support women who suffer physical violence or sexual abuse; whereas human trafficking for sexual exploitation in the EU is a gender-specific phenomenon predominantly impacting women³;
- AL. whereas hate, discrimination and violence against the LGBTQIA+ community, especially adolescents, is increasing and consequently leading to severe mental health conditions, especially among adolescents, and to permanent outcomes such as homicide, death by intentional self-harm or suicide, resulting in collective minority distress among the community;
- AM. whereas the LGBTQIA+ community is at greater risk of developing eating disorder symptoms and behaviours⁴;
- AN. whereas interventions claiming to be conversion 'therapies' of an individual's sexual orientation, gender identity or gender expression are pseudoscience and contribute to stigmatisation and poor mental health within the LGBTQIA+ community⁵;
- AO. whereas loneliness and social isolation in older adults are associated with dementia and adverse physical and mental health outcomes, including substance-related disorders, suicidality, poor lifestyle habits, major depression and anxiety;
- AP. whereas migrants, asylum seekers and refugees face adverse situations that contribute to psychological trauma and other mental health conditions;
- AQ. whereas both licit and illicit substances, such as caffeine, cannabis, alcohol, hallucinogens, inhalants, opioids, sedatives, hypnotics and anxiolytics, stimulants,

¹ WHO Mental Health Gap Action Programme, [mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings – version 2.0](#), World Health Organization, Geneva, 2016.

² The European House – Ambrosetti in collaboration with Angelini Pharma, [Headway 2023 – Mental Health Index](#), Brussels, October 2021.

³ UNICEF, The State of the World's Children 2021 – On My Mind: Promoting, protecting and caring for children's mental health, UNICEF, New York, October 2021.

⁴ O'Flynn, J. et al, '[Toward inclusivity: A systematic review of the conceptualization of sexual minority status and associated eating disorder outcomes across two decades](#)', *International Journal of Eating Disorders*, Volume 56, Issue 2, February 2023, pp. 350-365.

⁵ Harrell, B., [Conversion Therapy Bans, Suicidality, and Mental Health](#), October 2022.

nicotine, tobacco¹ and other substances, and behaviours (gambling, overeating, television compulsion and internet addiction, among others²), can lead to behavioural addictions or substance-related disorders, which are highly correlated with other mental health conditions;

- AR. whereas some people from vulnerable groups are likely to receive care in institutional settings where they can be isolated from the broader community and/or compelled to live together and might lack sufficient control over their lives and the decisions which affect them, and where the requirements of the organisation itself can take precedence over the residents' individual needs;
- AS. whereas trans-institutionalisation is a phenomenon characterised by patients transferring from one institution to another following the closure of psychiatric institutions³;
- AT. whereas prison inmates and people detained by public authorities in general suffer from confinement and isolation and more than one third of people in prison suffer from mental health conditions of various types; whereas one in five prisons in Europe reports overcrowding;
- AU. whereas suicide is the sixth leading cause of death among the population as a whole in the EU and the UK⁴ and the fourth leading cause of death among young people; whereas the suicide mortality rate is an indicator in the WHO Comprehensive Mental Health Action Plan 2013–2030, and target 3.4 of the Sustainable Development Goals is to reduce by one third, by 2030, premature mortality from NCDs through prevention and treatment and promote mental health and well-being; whereas age-standardised suicide rates in the European region have been decreasing over the years, but Europe remains the region with the second highest rate worldwide⁵, with a higher prevalence in men; whereas according to recent WHO studies, social stigma, the taboo on openly discussing suicide and the poor availability of data leads to a poor quality of available data on both suicide and suicide attempts;
- AV. whereas communicable diseases, such as HIV, viral hepatitis, sexually transmitted infections and others, are often a cause of stigmatisation and mental health impairment for individuals;
- AW. whereas NCDs can have a profound impact on mental health and well-being and the challenges of managing NCDs often contribute to stress, depression, anxiety and suicidal behaviour and are more evident in the child and youth population, especially those suffering from chronic pain⁶;

¹ American Psychiatric Association, *Diagnostic and statistical manual of mental disorders (5th ed.)*, 2013.

² American Psychiatric Association, *Diagnostic and statistical manual of mental disorders (5th ed.)*, 2013.

³ According to the Oxford Dictionary of Sociology.

⁴ The European House – Ambrosetti in collaboration with Angelini Pharma, [Headway 2023 – Mental Health Index](#), Brussels, October 2021.

⁵ WHO, [Suicide worldwide in 2019: global health estimates](#), World Health Organization, Geneva, 2021.

⁶ Miró, J. et al, '[Chronic pain and high impact chronic pain in children and adolescents: a cross-sectional study](#)', *Journal of Pain*, Volume 24, Issue 5, May 2023, pp. 812-823.

- AX. whereas people living with a rare disease are more likely to experience symptoms of a mental health condition (such as low mood, anxiety or emotional exhaustion, sometimes leading to suicidal thoughts or intention) than the general population;
- AY. whereas NCDs can co-occur with associated chronic physical conditions and significantly impact people's mental health;
- AZ. whereas people with disabilities face multiple obstacles in daily life, including stigma, isolation, discrimination, absenteeism, lack of accessibility, abandonment and lack of social support, leading to high mental health stress, anxiety, depression, death by intentional self-harm or suicide;
- BA. whereas mental health conditions play a substantial role in increasing the susceptibility to NCDs¹; whereas this interaction is of a cyclical nature and can subsequently heighten NCD risk;

Addressing mental health determinants

Preventing mental health conditions and promoting mental health for all, especially among vulnerable groups in society

1. Highlights that everyone can face different mental stressors and risk factors at different phases of their lives, which can increase the risk of more severe or even chronic mental health conditions; stresses that any person can, at any point in their life, become more susceptible to poorer mental health and thus find themselves in a vulnerable situation; highlights further that a person can belong to multiple vulnerable groups at once, which emphasises the importance of an intersectional approach;
2. Underlines that mental health and well-being is shaped by a combination of socio-economic, environmental, biological and genetic factors; highlights, furthermore, the negative influences of adverse childhood experiences on the onset of mental health conditions²;
3. Stresses that addressing mental health conditions requires a thorough understanding of the different determinants of mental health and that an intersectoral approach is necessary to prevent and mitigate the impacts on individuals, communities and societies through a 'mental health in all policies' (MHiaP) approach³ and innovative

¹ Pryor, L. et al., [Mental health and global strategies to reduce NCDs and premature mortality](#), 2017.

² Kessler, R.C. et al, '[Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys](#)', *British Journal of Psychiatry*, Volume 197, Issue 5, November 2010, pp. 378-385.

³ 'In [a MHiaP] approach, actions are taken to address mental health within and beyond the health sector, with a strong focus on promotion and prevention. Policies in different areas (such as education, child protection, employment, income, housing, culture, environment, social protection and many more) can impact positively on mental health, by strengthening protective factors and mitigating risk factors for mental health problems.' . EU Health Policy Platform Thematic Network 'Mental Health in All Policies' statement of 19 April 2023, [A mental health in all policies approach as key component of any comprehensive initiative on mental health](#).

collaboration between the healthcare sector and other relevant sectors, including social services, housing, employment and education¹; believes that the MHiAP approach should apply to all policy levels and sectors;

4. Recognises the deep and lasting impact that the COVID-19 pandemic has had on mental health, worsening existing conditions and increasing their prevalence, with a disproportionate impact on certain groups in society, such as women, disabled people, children, adolescents and young adults, elderly people, immunocompromised people, their caregivers and groups of people with limited social contact;
5. Underlines that the cumulative effects of successive economic, social, health and environmental crises, the degradation of living conditions and the economic conditions continue to affect society; emphasises, therefore, the need to tackle social inequalities, poverty and discrimination as well as to guarantee social and labour rights, access to culture and a healthy environment; underlines the impact of environmental factors on mental health and emphasises the need to address environmental stressors, such as pollution and climate change, when developing mental health strategies;
6. Recognises the importance of protective mental health factors and of the active promotion of resilience and good mental health, including through the promotion of a functioning society, health and social services, affordable healthy food and housing, sufficient income, and access to safe public spaces (such as green spaces), play and physical and cultural activities;
7. Emphasises that mental health conditions are an important driver of suicide and that the WHO recognises suicide as a public health priority; stresses that suicide is preventable and that effective interventions exist;
8. Acknowledges the complex interconnections between physical health and mental health and recognises that mental health stigma and discrimination remain prevalent in society, which leads to mental health being disregarded compared to physical health, impacting the quality and accessibility of mental healthcare and the allocation of funds to mental health services; notes that mental health conditions are the leading cause² of years of healthy life lost due to disability in the EU and that people who are diagnosed with severe mental health conditions and associated chronic conditions are more likely to die prematurely and to have a reduced quality of life, mobility and social participation across their lifespan; stresses that people with severe mental health conditions experience a higher prevalence of physical comorbidities and multi-morbidities, which calls for integrated and holistic care delivery that considers both their mental and physical health needs;
9. Encourages a life-course approach to mental health, with greater investment in services for all stages of life and age-friendly environments; further notes the importance of an EU strategy to address the mental health consequences of the demographic changes in the population; considers that, in order to reduce the incidence and inequalities in the

¹ Allen, J. et al., *Social Determinants of Mental Health*, 2014.

² Data from the Global Burden of Disease Collaborative Network's Global Burden of Disease Study 2019 indicates that [mental health conditions are the leading cause of years lived with disability in both sexes for standardised age if counted together with substance-related disorders](#).

risk of developing mental health conditions, it is vital that measures are taken to improve the conditions of everyday life, starting before birth and progressing through to early childhood, middle childhood and adolescence, during family formation and working life, and into old age, adopting a life-cycle perspective that recognises that the influences operating at each stage of life can affect mental health;

10. Stresses the importance of a biopsychosocial approach to mental health and of social policies that tackle risk factors for social exclusion, including but not limited to poverty, homelessness, substance-use disorders, unemployment and economic vulnerabilities, discrimination, precariousness and negative consequences of labour market deregulation, in order to prevent mental health conditions and address their root causes;
11. Highlights the fact that interventions should address immediate and future housing and employment needs, and create an environment conducive to overall well-being and mental health resilience;
12. Calls, furthermore, on the Member States to improve access to mental health services for vulnerable populations and for groups with certain medical conditions, as it is marked by variability and disparities; underlines the heightened vulnerability to mental health conditions in specific groups as a result of the unique challenges faced by each group, which can exacerbate mental health conditions; urges the Member States to consider the needs of vulnerable and high risk populations and tackle the health disparities rooted in legal barriers, economic limitations, language and cultural challenges and discriminatory practices;
13. Calls, therefore, for the EU and the Member States to apply a proportionate universalism approach, with targeted support to those who may need it at any given time in their lives;
14. Calls on the Commission to support the development of capacity-building and empowerment tools, such as a mental health and well-being toolkit for vulnerable populations, in order for vulnerable groups to thrive in their communities;

Children, adolescents and young adults

15. Underlines the beneficial role of physical activity, movement and play in driving and raising awareness for positive mental health, especially in children, adolescents and young adults;
16. Stresses, therefore, the importance of protecting children, adolescents and young adults' mental health and the significance of early detection and intervention, as well the accessibility and affordability of children' and young people's mental health services, particularly in the school and family environment, as this largely determines personal development in adulthood;
17. Observes with concern the growing difficulties and challenging environment that children, adolescents and young adults face because of the COVID-19 pandemic, the energy crisis, war and conflict, economic instability and job competitiveness, difficulty accessing affordable housing and the pressing climate, nature and pollution crisis; is alarmed by the high number of young Europeans aged 10-19 diagnosed with a mental health condition and by the fact that suicide rates in this group are particularly high,

especially among male adolescents¹; acknowledges the potential of societal shifts to leave a lasting impact on the younger generation's mental health and their societal expectations;

18. Highlights the importance of childhood support systems in schools and outside schools, including via cultural organisations, youth organisations and sports clubs; notes the potential adverse effects that rising climate anxiety has on children's, adolescents' and young people's mental well-being and therefore calls on the Member States to address this risk and for mental health to be included in the provision of healthcare, with initiatives such as the development of resilience-building programmes that address climate-related anxiety and trauma;
19. Stresses the fact that young people's exposure to psychoactive substances, in particular those of high potency, increases their risk of developing psychotic disorders², such as schizophrenia, and depressive disorders, with chronic and disabling outcomes throughout development and adult life, such as negative impacts on their cognitive and social functioning and increased risk of suicide;
20. Calls, therefore, on the Commission and the Member States to prioritise mental health and well-being among children and young people by recognising mental health conditions as one of the most significant health concerns for this demographic group;
21. Further calls on the Commission to investigate further regulation and to complement the existing legal framework in order to draft policies at EU level in favour of the protection of children, adolescents and young adults, in full respect of the Member States' competences;
22. Encourages the Member States to develop policies that prioritise children's, adolescents' and young adults' mental health by strengthening child protection services, thereby aiming to prevent mental health conditions and suicide, and by providing access to low-cost or free mental health services with minimal administrative complexity; emphasises that caring for children in state institutions should be a last resort and that the Member States should focus on preventive care; recommends the allocation of resources for the training of caregivers and staff in state institutions and encourages the provision of ongoing mental health assessments and support for children throughout their time in state care, with a focus on individualised treatment plans and regular follow-ups; calls on the Member States to ensure that children in state care have access to mental health services, to collaborate with all relevant stakeholders (including child psychologists, psychiatrists, social workers and NGOs), to establish specialised mental health assessment protocols to identify and address pre-existing mental health conditions and to refer them to appropriate mental health professionals; emphasises the importance of continuity of care for children transitioning out of state care and underlines the necessity of integration into society for long-term good mental health;

¹ Global Burden of Disease Collaborative Network, [Global Burden of Disease Study 2019 \(GBD 2019\)](#), Institute for Health Metrics and Evaluation, Seattle, 2020.

² Fischer, B. et al, '[Recommendations for Reducing the Risk of Cannabis Use-Related Adverse Psychosis Outcomes: A Public Mental Health-Oriented Evidence Review](#)', *Journal of Dual Diagnosis*, Volume 19, Issue 2-3, 2023 pp. 71-96.

Digitalisation

23. Acknowledges both the benefits and the risks of digital technologies, from connectivity and increased access to information to potential digital addiction and reduced real-world interactions;
24. Recalls the key role of the prevention of mental health conditions within digital platforms and calls for the reinforcement of support, listening and alert platforms for victims of gender-based and sexual violence;
25. Calls on the Member States to fully implement the Digital Services Act¹ in order to prevent, tackle and avoid any online hate and harassment, especially for vulnerable people, such as women and young people;
26. Underlines the importance of bridging the digital gap in order to avoid widening inequalities, especially in children, adolescents and young adults;
27. Calls on the Commission to assist the Member States with the implementation of the Better Internet for Kids strategy and the protection of children in the digital world, as the primary regulator for very large online platforms and very large online search engines under the Digital Services Act, and to move towards a safer and healthier digital space for all by guaranteeing an upward convergence and setting the highest and safest benchmarks;
28. Notes that the COVID-19 pandemic has potentially deepened the educational and digital gaps that impact children's life chances, as well as their physical and mental health; further calls on the Commission and the Member States to carefully assess the negative consequences of the digitalisation of education on children's, adolescents' and young adults' mental health, as despite its benefits, in some cases it can cause social and behavioural problems, together with other health issues, such as sedentary and irregular sleep behaviours; further underlines the important role of education in preventing bullying and cyberbullying in school; stresses the urgent need for scientific research on the safe use of digital technology by children and adolescents and on the means that could be most effective in reducing the burden of mental health conditions in this population;

Gender

29. Acknowledges that gender plays a pivotal role in shaping mental health experiences, leading to disparities in prevalence, types of disorders and access to mental healthcare; considers that violence, stress and toxic environments are often correlated with mental health conditions in all genders and aversion to seeking help for mental health conditions; stresses, therefore, the importance of tackling gender inequalities;
30. Considers that the gender pay gap still plays a significant role in women's ability to prioritise their own mental health and promote well-being; calls, therefore, on the

¹ Regulation (EU) 2022/2065 of the European Parliament and of the Council of 19 October 2022 on a Single Market For Digital Services and amending Directive 2000/31/EC (Digital Services Act) (OJ L 277, 27.10.2022, p. 1).

Member States to swiftly implement the Directive on equal pay for equal work¹;

31. Underlines that studies show that the mental health status of women, especially girls, is worsening at an alarming rate, without societies having the adequate capacities, knowledge and structures to promote, prevent or professionally help them in the early stages; acknowledges that women's mental health can influence the mental health and well-being of future generations as the result of women taking on more responsibility in providing childcare;
32. Highlights that women might experience postpartum depression after childbirth, as well as the related stigma, which may lead to a lack of support; highlights the importance of ensuring access to reproductive and sexual health services, as well as safeguarding maternity and paternity rights;
33. Stresses the importance of tackling gender inequalities and violence against women; emphasises the disproportionate impact of intimate partner violence, defined as physical violence, sexual violence, stalking or psychological aggression (including coercive acts) by a current or former intimate partner², on women's mental health; further highlights the added psychological distress stemming from the physical and reproductive consequences of the aggression;
34. Notes with concern that six EU Member States (Bulgaria, Czechia, Hungary, Latvia, Lithuania and Slovakia)³ have not yet ratified the Council of Europe convention on preventing and combating violence against women and domestic violence (the Istanbul Convention) and urges them to do so; calls on the Member States to focus on tackling gender-based violence, particularly violence against women and girls, as gender-based violence can inflict life-long trauma;
35. Condemns female genital mutilation practices, as they can result in psychological trauma, anxiety, somatisation, depression, post-traumatic stress and other mental health conditions;
36. Calls on the Commission to address the root causes of sexual exploitation and trafficking by supporting Member States in the fight against poverty, social exclusion and discrimination;

LGBTQIA+

37. Condemns the criminalisation of homosexuality and the implementation of LGBTQIA+-free zones, as well as conversion 'therapies', as they increase mental health

¹ Directive (EU) 2023/970 of the European Parliament and of the Council of 10 May 2023 to strengthen the application of the principle of equal pay for equal work or work of equal value between men and women through pay transparency and enforcement mechanisms (OJ L 132, 17.5.2023, p. 21).

² Center for Disease Control and Prevention, [Fast Facts: Preventing Intimate Partner Violence](#), October 2022.

³ European Parliament resolution of 15 February 2023 on the proposal for a Council decision on the conclusion, by the European Union, of the Council of Europe Convention on preventing and combating violence against women and domestic violence (OJ C 283, 11.8.2023, p. 149), recital Z and paragraph 25.

conditions and constitute a human rights violation;

38. Stresses the importance of the ongoing implementation of the Union of Equality: LGBTQ Equality Strategy 2020-2025 and calls for the EU and the Member States to ensure legal gender recognition in a non-discriminatory and accessible manner;
39. Highlights the need for inclusive assessments of the LGBTQIA+ community in the literature and research on eating disorders, focused on under-represented groups with intersecting identities;
40. Further calls for the EU and the Member States to tackle hate speech online, particularly that directed at ethnic minorities and racially discriminated persons, the LGBTQIA+ community and other vulnerable groups;

Work and workplace

41. Acknowledges the important role that the workplace can play in facilitating good mental health and recognises that healthy working conditions can have a positive impact on physical and mental health, well-being and productivity;
42. Urges the Member States to identify and address workers' specific psychological care needs through dedicated instruments tailored to their distinct needs, including through occupational medicine;
43. Considers that essential service workers, education, health, security and shift workers, are subject to higher stress burdens, which might lead to burnout and disproportionate suicide rates; believes that this issue should be addressed through targeted policies and interventions for the prevention and promotion of their mental health and well-being;
44. Underlines the profound impact of disease exposure on the well-being of both the healthcare workforce and caregivers, who play a vital role in providing care to those who need assistance;
45. Recalls that healthcare professionals were on the front line during the COVID-19 pandemic and that their own mental health has been significantly impacted, and highlights the need to consider and address this added vulnerability; calls for healthcare professionals and essential workers to have facilitated access to mental health support services as they are a key component of the healthcare system;
46. Calls for further research on the impact of teleworking, which in some cases has led to greater isolation among workers, excessive screen time, increased risk of working time, permanent availability and the lack of a work-life balance;
47. Considers that workers can face stressful situations, such as the requirement to acquire multiple skills, the growing pressure to increase production, salary cuts and low wages, uncertainty and precarious employment, long and irregular working days and hours and concern about potential unemployment, violence and harassment at work, and are therefore at greater risk of developing mental health conditions; highlights the importance of guaranteeing labour rights and tackling unemployment and job insecurity, and therefore advocates for policies that support good mental health in the workplace

and promote a balanced lifestyle and a culture of acceptance;

48. Calls on the Commission to propose a legislative initiative, in consultation with the social partners, on the management of psychosocial risks and well-being at work, including online, in order to effectively prevent psychosocial risks in the workplace, provide training for management and workers, periodically assess progress and improve the working environment; further calls on the Commission to put forward a directive implementing the 2022-2024 work programme of the European cross-industry social partners concerning teleworking and the right to disconnect;
49. Further underlines that the workplace challenges faced by many people with mental health conditions result in high rates of workplace exclusion; calls, therefore, on the Commission to adopt guidelines to support the access and return to work of people with mental health conditions, including more flexible work practices, to promote the reduction of harmful psychosocial risk factors at work and to guarantee the right of workers to the same level of protection, regardless of their status and where they live and work; urges the Member States, lastly, to take measures to improve workers' mental health and well-being by respecting and prioritising workers' rights, including adequate compensation and social benefits;
50. Recommends that the Member States introduce measures to provide flexible work practices that support employees who suffer from disease, physical or emotional pain, stress or other health crises;

Chronic illnesses, NCDs and communicable diseases

51. Highlights that social environments, mental health conditions and chronic conditions and physical comorbidities are often correlated; recognises that disabled people or people living with chronic diseases are more likely to have mental health conditions and experience higher rates of workplace exclusion; underlines that people who suffer from both mental health conditions and associated chronic conditions often have substantially poorer physical health and an increased risk of NCDs, such as cancer and cardiovascular-related diseases, which all contributes to lower life expectancy;
52. Stresses that people living with chronic NCDs, which are often characterised by permanent pain or disability, are particularly vulnerable as regards developing mental health conditions; welcomes the UN's call for the development of effective programmes to promote mental health and psychosocial support for persons living with a rare disease; calls on the Commission and the Member States to adequately address the impact of NCDs and other chronic diseases and disabilities in policies and programmes on mental health and suicide prevention;
53. Considers that it is important to integrate psychosocial interventions to support patients living with the psychological consequences of HIV and to support HIV services in line with WHO recommendations¹; notes that HIV criminalisation has a broadly negative impact on the well-being of people living with HIV, a situation that is exacerbated for

¹ WHO, [*Integrating psychosocial interventions and support into HIV services for adolescents and young adults: technical brief*](#), World Health Organization, Geneva, 2023.

people who may face intersecting forms of marginalisation; condemns, therefore, HIV discrimination on any level, including at legislative level, and urges the Member States to end such practices without delay, including practices that hinder access to health services;

54. Acknowledges that people who use addictive licit or illicit substances often suffer from mental health comorbid conditions with increased levels of severity; notes that the relevance of the comorbidity of substance use and mental health conditions is related not only to its high prevalence, but also to its difficult management and its association with poor outcomes for those affected; calls, furthermore, on the Member States to detect and prevent the use of addictive licit or illicit substances and behaviours;

Elderly people

55. Notes with concern that, in the context of an ageing society, the risks of mental health conditions in the elderly are increasing, including isolation and stigmatisation, which can lead to abuse, neglect and difficulties in coping with depression and other disorders; also notes the role played by the increased cost of living and the energy crisis, deteriorating living conditions, which are exacerbated by low pensions in certain population groups, the loss of social support from family and friends, and the occurrence of physical or neuro-psychological illnesses;
56. Further notes with alarm that suicide rates among elderly people are high¹, and believes it is therefore essential to promote the active participation of elderly people in community life, affordable and equal access to healthcare, as well as public support structures, community care, and infrastructure equipped with mental health specialists;
57. Acknowledges the increasing incidence of dementia and the negative mental health consequences associated with it (including on informal caregivers), as well as its array of modifiable risk factors and their preventative nature and therefore calls on the Commission to help Member States to implement, together with the relevant international organisations, the endorsed Global Dementia Action Plan at national and regional levels; further calls on the Member States to develop national dementia plans in order to expand early diagnosis, support and care for adults with dementia;

Other vulnerable groups

58. In the light of the growing body of international research and the increasing recognition of the challenges relating to farmers' psychosocial work environment and mental health, supports the Commission's proposal to focus on people living in rural or remote areas, such as farmers, particularly through targeting funds in a way that is tailored to their needs and calls for specific proposals to be put forward; stresses that outermost regions are more vulnerable to healthcare disruptions, requiring adequate policies, and recommends the use of task-sharing and task-shifting initiatives such as the Mental Health Gap Action Programme (mhGAP) to equip non-specialised health service providers with the tools to support people with mental health conditions in order to

¹ OECD, '[Main causes of mortality](#)', *Health at a Glance 2021: OECD Indicators*, OECD Publishing, Paris, 2021.

facilitate access particularly in outermost, rural and hard-to-access regions;

59. Recognises the need for support for people who find themselves homeless, particularly in terms of adapting residences to the diverse needs of those who lack resources;
60. Recalls that the incarcerated population is a vulnerable group and underlines the problematic conditions this group suffers, which can further exacerbate inmates' mental health conditions, and calls on the Member States to guarantee human rights in this context; urges the Commission to support the Member States in taking concrete measures without delay to protect the human rights of the incarcerated population, and promote their mental health and well-being; highlights that the right to access health services, such as vaccination and the availability of healthcare services must not be violated, regardless of the motive behind their conviction; recommends that the Member States invest in continuity of care following release from prison, ensuring that community mental health services are available for this vulnerable population; recalls that a safe and healthy prison environment is fundamental in order to support inmates in the process of reintegration into society, helping avoid setbacks and a subsequent relapse into illegal activities after release from prison;
61. Is deeply concerned about the lack of action in the European Union's policies regarding the protection of migrants, refugees, asylum seekers and ethnic minorities, their rights and their effective implementation, which are issues that have a negative impact on these population groups' mental health;
62. Considers that migrants, refugees, asylum seekers and ethnic minorities face structural and multi-faceted discrimination, segregation and marginalisation, including structural, institutional and interpersonal racism and xenophobia, and should be protected to safeguard their physical well-being and mental health;

Epidemiological surveillance

63. Considers mental health information systems to be an important and effective tool to collect data, measure the incidence, prevalence and clinical severity of mental health conditions, the cost-effectiveness of mental health interventions and to support the implementation of policies that promote good mental health in society; emphasises, in this context, the importance of data privacy and the need to ensure that the data collected is used in compliance with the principles of transparency, legitimate purpose and proportionality;
64. Sees the forthcoming European Health Data Space as a tool that could contribute to strengthening the underlying data for evidence-based public health policy and health equity;
65. Calls on the Commission and the Member States to develop tools capable of delivering insightful, disaggregated and quality data to help understand mental health determinants, conditions, care, support, interventions and effective public policies;
66. Calls for the EU to facilitate the collection, collation and routine reporting of core mental health data, in a form that is comparable and disaggregated by gender, age and other factors to properly capture intersectional issues across the EU; recommends that

the Member States use the Health-Related Quality of Life (HRQoL)¹ and the patient-reported outcome measures (PROMs)² to measure outcomes;

67. Recommends that mental health data monitoring be carried out using evidence-based tools and validated indicators³ for mental health and overall well-being with specific indicators tailored to different settings and age groups; stresses that indicators should strive to complement diagnostic criteria with people's actual experiences to reflect the social determinants of mental health and the human rights of people with psychosocial disabilities and, where possible, these indicators should be developed in collaboration with people with lived experience; stresses that specific indicators on determinants of mental health should also be available in health information systems, as recommended by the WHO; calls on the Commission and the Member States to systematically implement, improve and update common indicators;
68. Calls on the Commission and the Member States to improve the comprehensiveness, quality and timeliness of their suicide-related data including registration of suicide, hospital-based registries of intentional self-harm and suicide attempts and nationally representative surveys collecting information about self-reported suicide attempts and suicidal ideation, safeguarding the patient's privacy;
69. Further calls on the Member States to collect data and monitor access to and availability of mental health services across the EU, including integrated mental healthcare across healthcare services; highlights the importance of mental health service mapping and calls on the Commission to support the Member States in developing a tool to collect mental health data to share and identify gaps in service availability, accessibility, quality and workforce; additionally suggests that the Member States make use of mental health service level indicators to outline a detailed mapping of the state of mental healthcare across the EU, as a basis for action and priority setting;
70. Calls on the Commission to assist the Member States in collecting and spreading best practices, via the EU Best Practice Portal, with regard to targeted campaigns to support vulnerable groups and marginalised communities;

Mental health stigma, awareness and literacy

71. Is deeply concerned that, despite progress in some countries, individuals with mental health conditions, including those with psychosocial disabilities or associated chronic conditions, and their families, frequently experience discrimination, stigma and social exclusion, which can be a barrier for recognition; notes that often they do not have access to timely, accessible, and affordable healthcare and can suffer from discriminatory access to the labour market⁴ and to education, and recognises the importance of improving access to such areas; notes that this can have various

¹ Yin, S., et al., [Summarizing health-related quality of life \(HRQoL\): development and testing of a one-factor model](#), 2016.

² Churruca, K., et al., [Patient-reported outcome measures \(PROMs\): A review of generic and condition-specific measures and a discussion of trends and issues](#), 2021.

³ Joint Research Centre (European Commission), [Handbook on Constructing Composite Indicators: Methodology and User Guide](#), 2008.

⁴ Brouwers, E., et al., [Discrimination in the workplace, reported by people with major depressive disorder: a cross-sectional study in 35 countries](#), 2015.

consequences, such as insufficient promotion and protection of their rights as well as potential human rights violations, an increased risk of complications and poorer health outcomes, delayed or avoided treatment, social isolation, reduced quality of life, labour market discrimination and increased risk of suicide;

72. Underlines that since mental health is still stigmatised and taboo, there is an urgent need to develop and implement information campaigns, raise awareness and promote open discussions of mental health conditions targeted on all audiences throughout the EU and especially at healthcare professionals, caregivers, patients, vulnerable groups, educators, children, adolescents and youth as well as parents; stresses in this context the role of communities, public figures, politicians, public institutions, governments and individuals to fight the stigma surrounding mental health conditions without prejudice or biases;
73. Calls on the Commission and the Member States to support a cultural change as well as promote initiatives to combat stigma, exclusion and discrimination against people with mental health conditions, as a means to integrate them into the community;
74. Calls for the EU and the Member States, in collaboration with civil society and all stakeholders to raise awareness of the importance of promoting good mental health in a coordinated and timely manner, through an MHIAP approach;

Mental health literacy

75. Calls for the EU and the Member States to invest in citizens' mental health literacy in order to fight stigma and empower them, as well as to increase mental health resilience;
76. Calls on the Member States to include mental health in school education and provide training for educators as well as psychoeducation for families and youth workers, given the powerful influence that school can have on destigmatising mental health from an early age;
77. Highlights the need for specific support regarding education in order to prevent substance use disorders and to fight stigma;

Communication

78. Recalls that the language used to address people with mental health conditions can be stigmatising and therefore terms such as 'mental illness' should be largely avoided and replaced with a person-centred, inclusive, non-stigmatising, strengths-based and recovery focused language reflecting the variety of mental health experiences; calls on the Commission to develop mental health taxonomy guidelines in collaboration with international health organisations so as to avoid the use of terms with negative connotations in policy documents and to harmonise the use of the mental health lexicon across Europe;
79. Calls for the Member States to encourage the media to adapt their practices and communication to adhere to ethical and responsible reporting of suicide, to take caution with addressing the concept of self-care to avoid placing the responsibility on individuals; notes the impact of licit and illicit substance abuse in self-harm, suicidal ideation and suicide; therefore calls on the Member States to strictly monitor advertising to avoid the promotion of substance use;

80. Is deeply concerned about the negative impact on mental health of the media coverage and societal representations of body size and image, often portraying toxic and unrealistic beauty standards;

Strengthening mental health systems

Accessibility of mental health services

81. Underlines that the principles of equitable, affordable and readily accessible care, empowerment of people living with mental health conditions, choice of desired treatment and patient-centeredness should underpin mental health systems across the EU; emphasises that all EU citizens must have access to the necessary full range of quality mental health services, when and where they need them, without incurring financial hardship or facing administrative hurdles;
82. Considers that universal health coverage is essential to ensure that everyone, including the most vulnerable population groups and marginalised communities, receive timely, effective and affordable healthcare; considers that access to healthcare is a human right, making it an integral, essential and structural part of the Member States' national health systems; welcomes the WHO Special Initiative for Mental Health (2019-2023)¹, aimed at scaling-up mental healthcare as part of universal health coverage; urges the Member States to ensure the access to quality and tailored mental health services and programmes, and highlights the benefits of these services being free;
83. Underlines the importance of mental healthcare being truly accessible for all, taking into account the specific needs of certain societal groups, such as disabled persons, children and the elderly; warns against the risks arising from poor access to mental healthcare services, especially for children and adolescents, for whom timely help is crucial for their psychosocial development and underlines the importance of continuity of care when patients transit from child and adolescent mental health services to adult services;
84. Is deeply concerned by the poor availability of mental healthcare services in the Member States, with currently alarmingly long waiting lists for appointments with psychiatrists and psychologists and a gap in therapeutic treatment, as well as for in- and outpatient clinic treatment and lack of relevant expense coverage by health insurance providers;
85. Considers that the shortage of staff in this specific sector, the failure to integrate mental health services in the framework of general and specialised health services and underfunding exacerbates the lack of availability of mental healthcare services; underlines that the cost of mental health services cannot and must not be an obstacle for citizens;

Organisation of mental health services

86. Acknowledges that cost-free civil society initiatives can provide guidance about further mental health interventions, thus serving as a gateway to accessing the right mental

¹ [WHO Special Initiative for Mental Health \(2019-2023\): Universal Health Coverage for Mental Health.](#)

health support, promoting the participation of families, help uphold the rights of people with mental health conditions and combat stigma among other things; calls on the Member States to develop and encourage supportive measures by civil society initiatives addressing mental health needs and their cooperation with national public health services;

87. Deems it essential to ramp up investment in public health services, including providing the requisite means and resources, both in terms of staffing and facilities in hospitals and of primary healthcare across the EU; stresses that mental healthcare coverage should be tailored to the real need for existing services with a view to rectifying the serious shortcomings in the sector; calls for better collaboration and exchange of information between private and public mental healthcare services in the Member States;

Multidisciplinary and integrated care

88. Notes that integrated and multi-sectoral mental health services in collaboration with educational, judicial, healthcare, and social security systems are extremely valuable for citizens, governments and society in general;
89. Highlights that dual disorders represent a challenge for treatment services as patients are often referred from one service to the other, making access to treatment more difficult; underlines the need to effectively respond to the coexistence of mental health and other conditions and underlines that a patient-centred approach should take mental health into account throughout the patient journey, from diagnosis to post-treatment, including for cancer survivors; therefore recommends that mental health services and adequate psychological support are included within the comprehensive care delivered to patients;
90. Is deeply concerned about the low availability of integrated addiction support centres in the context of the rising number of these conditions and the repercussions for mental health;
91. Calls, therefore, on the Member States to strengthen their mental health systems by building networks of interconnected services that cover a broad spectrum of care and support needs, within and beyond the health sector, i.e. cooperation between psychological, psychiatric and social security services, and ensuring availability of low threshold access interventions (social care), care pathways and high quality accessible psychological first aid;

Mental healthcare professionals

92. Highlights the need to ensure further investment in public health services and that they are staffed with sufficient mental health professionals; acknowledges that the shortages in the mental health workforce, caused by insufficient training, poor staff retention, workplace migration, brain drain, burnout, lay-offs, retirement and other events undermines the accessibility of mental health services; additionally emphasises that addressing mental health workforce shortages is critical for improving service accessibility, future pandemic preparedness, and providing treatment for children and young people;

93. Highlights the importance of mental health service mapping and its application in the organisation of national health systems;
94. Stresses the need for better trained professionals in the EU by ensuring training, re-training, certification and capacity building schemes for staff in order to increase the number of qualified professionals and so comply with the standards and obligations of the UN Convention on the Rights of Persons with Disabilities (CRPD); supports the adaptation of training programmes on cultural sensitivity for professionals dealing with diverse populations, taking into account cultural sensitive counselling and specific contexts and needs such as trauma caused by war and conflict, and natural disasters;
95. Suggests that cross-speciality training for all professionals is explored in order to better understand the relationship between physical and mental health and ensure that best practices are shared across the EU and the Member States;
96. Urges the Commission to work with the Member States on improving a coordinated response to mental health workforce gaps, including pan-European mapping and implementation of best practices; urges the Member States to invest in recruitment and retention of mental health professionals to address growing staff shortages and address the underinvestment in public healthcare systems;

Primary healthcare

97. Stresses the importance of primary healthcare services in mental health screening and ensuring early intervention in the case of mental health conditions, referrals to specialised and multidisciplinary care and accompanying people with mental health conditions throughout their lives; believes that primary healthcare should play a more prominent role in the treatment of patients with mental health conditions; calls on the Member States to equip primary healthcare services with expert mental health professionals, and advocates in this context for primary care to focus on community-led responses;

Telehealth

98. Recognises that digital health and telehealth services can cater to a broader population, including populations in remote areas, and reduce waiting times, while providing easy access and affordable support; supports the view that harnessing digital technologies for mental health has the potential to contribute substantially to the Member States' efforts to achieve EU-wide mental health coverage; calls, therefore, on the Commission and the Member States to develop cross-border networks and digital tools whereby mental health professionals can provide such services, including on a voluntary or low-cost basis, especially for vulnerable populations including marginalised minorities and communities, socioeconomically disadvantaged or remote areas; calls on the Commission and the Member States to promote best practices for digital mental health, driven by ethical principles, privacy, safety and accountability; calls on the Member States to provide accessible mental health resources in various formats, including audio, video, and visual materials, to cater to the diverse literacy needs;
99. Recognises the potential effect of digital mental health services in increasing accessibility for youth, especially in remote or underserved areas; acknowledges that

digital disparities and literacy barriers may hinder some young people from accessing online mental health services; calls on the Member States to provide digital literacy training and resources to equip young individuals with the necessary skills to navigate and benefit from online mental health support platforms; emphasises the importance of designing digital mental health resources and platforms with youth-friendly interfaces and plain language content to ensure they are accessible to young people with varying levels of digital literacy;

Early diagnosis and intervention

100. Considers that mental health conditions are currently under- and misdiagnosed or are diagnosed late in the EU, resulting in significant individual and societal consequences, making this an issue that needs urgent attention; considers that stigma, limited access to mental healthcare services, inadequate infrastructure and healthcare labour shortages, as well as factors such as varying levels of awareness and expertise among healthcare providers exacerbate these issues; underlines that each mental health condition affects each person in a different way, according to their experience and thus every diagnosis must be individual and tailored to the patient;
101. Underlines the importance of early diagnosis and intervention for mental health conditions with a focus on vulnerable groups in society, as early intervention is cost-effective and may prevent poor outcomes;
102. Highlights that early identification and treatment of depression and substance use disorders are essential to reduce the suicide rate by one third by 2030, in line with the Member States' commitment under the WHO Mental Health Action Plan 2013–2030 and target 3.4 of the Sustainable Development Goals; calls on the Commission and the Member States to consider that early identification, assessment, management and follow-up contact with people who have attempted suicide is part of referral and support; calls on the Commission and the Member States to implement WHO evidence-based interventions in suicide-prevention programmes and to support suicide-prevention hotlines through finance, capacity building and the exchange of best practices;
103. Recommends the relevant use of screening tools and considers that these should be validated¹ and specific to the targeted population; notes that the use of screening tools should not come at the expense of concrete support and treatment by mental healthcare professionals, which can notably occur in school settings²; notes that evidence-based digital tools for mental health screening and early treatment can be of use where services are insufficient, but should be employed with care and with appropriate regulation, and cannot replace in-person services;
104. Calls on the Commission and the Member States to increase funding for training, capacity building and implementation of programmes focusing on the healthcare workforce in order to better detect mental health conditions and recognise early signs of concern; calls on the Commission to promote the sharing among the Member States of best practices on early diagnosis and referral to mental health services from educational,

¹ [Joint Research Centre \(European Commission\), *Handbook on Constructing Composite Indicators: Methodology and User Guide*, 2008.](#)

² [WHO, *First meeting of the pan-European Mental Health Coalition: from debate to action*, 2022.](#)

judicial, healthcare and social security systems;

Mental health first aid

105. Encourages the Member States to adopt mental health first aid training programmes, including on psychological first aid on large scale to equip individuals with the knowledge and skills they need to recognise and respond to mental health crises, especially in culturally sensitive contexts for children, such as that of migration;

Early intervention at an early age

106. Recalls the need for prevention at an early age via the education system, which can include investment in art and play, adequate access and resources in psychology services, mental health training and guidelines for teachers to deal with mental health conditions such as awareness and sensitivity training, and individual tutoring to provide students with safe spaces and more personal, non-conflictual relationships with their educators;
107. Calls on the Commission and the Member States to design and promote educational programmes to empower children and adolescents to understand and deal with the full range of their feelings, as well as explore tools and strategies to support their mental well-being; calls on the Member States to strengthen the capacity of schools and to render pre-, primary and secondary schools sufficiently well-equipped to cater the particular needs of their communities;
108. Recognises the potential of evidence-based parenting programmes, which can help to promote responsive caregiving and child development, foster positive child-caregiver relationships, and support the mental health of parents and caregivers, all of which are determinants for positive mental health throughout life;
109. Calls, therefore, on the Member States to invest in early intervention for children, adolescents, parents and families, especially in the context of maternal mental health services, including prevention, screening and support programmes;

Person-centred approach

110. Acknowledges that people with mental health conditions and psychosocial disabilities have the right to lead full and meaningful lives and to live in a state of well-being in which they realise their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and are able to make a contribution to their community; calls on the Member States to promote the empowerment and social integration of persons with mental health conditions and disabilities;
111. Considers it necessary that policies impacting, involving or regarding mental health are multidimensional, person-centred and human rights compliant, recognising diversity, cultural sensitivity and multiple intersectional needs;
112. Highlights the essential role of a multi-disciplinary health workforce and the clinical, financial and organisational benefits of community-based healthcare and recognises the importance of ensuring suitable standards of training and regulation for mental healthcare providers;

Lived experience

113. Highlights the need to involve people with lived experience of mental health conditions in developing integrated services; calls on the EU and the Member States to step up efforts to ensure a more meaningful cooperation with civil society and the communities they represent, experts and particularly persons with lived experience and their carers; suggests that people with lived experience are included and integrated into all stages of policymaking working alongside decision-makers and key stakeholders in a non-tokenistic manner;

Institutionalisation

114. Notes that some modern psychiatric institutions in some Member States still have an approach to treatment that can lead to deprivation of agency, aggravation of stigma among other human rights concerns¹, and can cause worsened mental health outcomes; invites Member States to embrace the shift towards deinstitutionalisation of people with mental health conditions, ensuring that alternatives to traditional psychiatric institutions are developed and patients receive modern, state-of-the-art treatment; cautions against the phenomenon of transinstitutionalisation, and believes that effective strategies and community-based healthcare is needed to avoid such occurrences;
115. Supports deinstitutionalisation and independent living for disabled persons and recognises the importance of psychological support for disabled persons to better integrate in society and urges the Member States to rethink the organisation of national health services and adapt the approach on mental health in line with the strategy for the rights of persons with disabilities;
116. Calls on the Member States to provide rehabilitation of disabled persons and individuals with mental health conditions, promoting work and other activities, and ensuring that every single person benefits from residential support in accordance with their needs and particular degree of independence;

Mental health support and treatment

117. Stresses that people with mental health conditions and psychosocial disabilities have the right to receive evidence-based treatment and support tailored to their needs;
118. Acknowledges that mental health treatment and support consists of more than alleviation of symptoms and is a personal journey towards leading a meaningful life with values, purposes, and relationships, despite the challenges posed by a mental health condition and should not be reduced only to curative and rehabilitative care but should also improve mental well-being via promotive and preventive care; emphasises the need to prioritise effective, evidence-based, person-centred mental healthcare treatment and support to overall well-being; furthermore, emphasises the need to tackle the spread of mis- and disinformation amid the flourishing ‘well-being industry’ that can risk harming mental health, delay or prevent treatment, and encourage the spread of mis- and disinformation;

¹ [Council of Europe’s Reform of mental health services: an urgent need and a human rights imperative.](#)

119. Emphasises the need to take into account gender in mental health treatment as different genders have different needs in terms of mental health conditions;
120. Encourages the integration of family and caregiver support services into mental health service delivery models; calls therefore on the Member States to establish mental health support programmes specifically designed for caregivers and mental health patients' families, including counselling, respite care, and peer support as well as crisis intervention;
121. Calls on the Member States to improve access to care, treatment and support for mental health conditions and associated chronic conditions by implementing and enhancing holistic, integrated, and multidisciplinary care, given that when conditions are treated in isolation the outcome is less successful; encourages the Member States to take into account the social, psychological and biological factors as well as patient centeredness and patient choice in treatment decisions; underlines the importance of controlled access to medicines while preventing their abuse in the form of hazardous overmedication, self-medication or their being diverted to non-medical purposes;

Care for students

122. Invites the Member States to facilitate young people's access to mental health support such as psychosocial counselling and therapy without administrative burdens; recommends that the Member States ensure that students have direct access to psychological help when they seek it; acknowledges the potential additional mental health challenges that can occur for students while taking part in exchange programmes and calls on the EU and the Member States to provide adequate support, including in the Erasmus+ Programme;

Chronic disease management

123. Highlights that mental health and associated chronic conditions are best conceptualised as biopsychosocial experiences and therefore effective treatment demands holistic, multidisciplinary and integrated care services within chronic disease management initiatives; highlights that such mental health support, including psychological counselling and support groups, enhances treatment adherence and overall well-being for people dealing with chronic conditions and their family members; recognises that self-management of chronic disease, as well as educating individuals on healthy stress management, anxiety coping, and depression prevention can help in developing essential skills to take care and cope with long-term mental health conditions and mitigate harmful behaviours;
124. Calls on the Commission and the Member States to promote policies around evidence based practices of meaningful collaboration among mental health services and social sector services in the Member States, in line with a MHiAP and social prescribing approach, taking into account the specific context of each Member State;

Community mental healthcare (CMHC)

125. Acknowledges that CMHC is an accessible, evidence-based and recovery oriented network of support services and resources with adequate capacity for a local community and which provides the support, therapeutic interventions and necessary treatment

needed for this targeted population in an adequate and timely way¹; notes the benefits of CMHC in contributing to prevention, diagnosis and treatment of mental health conditions, in particular when linked to hospital inpatient, outpatient and public primary healthcare services; calls, therefore, on the Member States to implement good practices in CMHC² and step up investment in existing CMHC support services within the framework of existing healthcare infrastructure and facilitate involvement of all the relevant stakeholders (i.e. mental health professionals, patients, families, tutors and policymakers); calls on the Commission to facilitate the exchange of best practices on the community mental healthcare paradigm;

Non-discrimination and integration

Integration and acceptance

126. Recalls that most people living with mental health conditions are actively participating in society and the labour market, despite this population group's exhibiting much lower overall employability, and while disabled people or people living with chronic diseases are more likely to present mental health conditions and experience higher rates of workplace exclusion;
127. Insists that the Member States implement structural policies supporting people with mental health conditions in their daily lives, especially workers, children, adolescents and young adults, parents and elderly people;
128. Urges the Member States to ensure that people on medical leave because of mental health conditions do not face discrimination in the employment sector; urges the Member States, in order to reduce inequities and tackle social determinants, to implement national plans with a MHiAP approach for people with mental health conditions and associated chronic conditions, among others, that:
 - (a) promote their adaptation, integration and reintegration into the labour market;
 - (b) ensure reasonable and flexible adjustments at work, taking into account their ability to work;
 - (c) provide assistance and information to workers when they require leave for mental health conditions and include mechanisms for financial and rehabilitation support;
 - (d) increase the efforts on supporting their recruitment, while ensuring that such measures do not increase unjustified administrative burdens for these companies, particularly small and medium-sized enterprises;

Research and innovation

129. Emphasises the central role that the EU can play in incentivising mental health research, both in terms of funding and as a global political actor; therefore invites the

¹ Thornicroft, G., et al., [Community mental health care worldwide: current status and further developments, 2016.](#)

² WHO, [Guidance on community mental health services: promoting person-centred and rights-based approaches, 2021.](#)

Commission and the Member States to invest in further research and implementation of research outcomes on mental health, active promotion of mental health and prevention of mental health conditions, as well as promoting brain health and including under-researched sectors while consulting relevant stakeholders on priority areas;

130. Recalls that public investments must be transparent and bring public returns in terms of affordability, availability and accessibility of the end products;

Specific research areas

131. Emphasises the urgent need for further research and scientific knowledge on how co-occurrence between mental and physical ill health can be prevented and calls for research into the factors that lead to severe mental health conditions as well as factors that offer resilience to these conditions; invites the Commission and the Member States to allocate adequate funding for research on the relationship between mental health and associated chronic conditions;
132. Highlights the need for multidisciplinary studies that bridge the gap between health, social and economic knowledge and on the links between intervention actions in all relevant sectors and mental health;
133. Welcomes the support and stimulation of implementation and growth of social innovation and entrepreneurship programmes addressing mental health in the wider population;
134. Invites the Commission to incentivise the development and introduction of technological, pharmaceutical and behavioural interventions; also invites the Commission and the Member States to invest in further research on digital technologies and mental health and to share best practices used in digital mental health;
135. Calls on the Commission to support research into interactions between alcohol, painkillers and drug use cannabis variants with high concentrations of tetrahydrocannabinol (THC) and their different modes of consumption and to obtain data on their interactions;

Social prescribing¹

136. Acknowledges that social prescribing is a useful, practical, holistic and effective approach that can be integrated into the primary care setting within national health systems, as pointed out by the WHO in its toolkit on how to implement social prescribing; stresses the significance of social prescribing involving physical activities, culture, arts and other measures and notes that strategies for improving access to evidence-based psychological and pharmacological interventions, as well as identification and assessment of mental health conditions should be considered;
137. Calls on the Member States to develop appropriate and adequate new social prescribing interventions for people with mental health conditions or who will benefit from such interventions; calls on the Commission to promote discussions with the Member States on evidence based practices in social prescribing and to share best practices;

¹ WHO, [A toolkit on how to implement social prescribing](#), 2022.

Global mental health

138. Welcomes the inclusion of mental health in the EU Global Health Strategy as a rising challenge that needs to be prioritised, with a focus on bolstering the availability of mental health services in primary healthcare;
139. Calls on the Commission and the Member States to leverage the EU's role in the global context at the forefront of mental health prevention, resilience building and care and to strengthen transnational partnerships and networks of organisations and individuals, for the better sharing of experiences, services and practices in the area of mental health, and to consider mental health in foreign policy actions;
140. Highlights that a mental health workforce is as essential as are all other aid-resources in natural, climate, humanitarian, geopolitical and conflict related disasters; believes that mental health workforce should therefore be an integral part of first aiders in European Civil Protection and Humanitarian Aid Operations; recommends that psychological first aid training is included in the first aid courses for staff and volunteers working in these operations;
141. Calls for the Member States' healthcare sectors to urgently develop psychosocial mental health support structures, aimed specifically at victims of natural, climate, humanitarian, geopolitical and conflict-related disasters, asylum seekers and migrants from all backgrounds; calls on the EU and the Member States to take urgent climate action in order to mitigate direct and indirect costs of climate change in health, particularly on mental health; invites the Commission and the Member States to integrate mental health and psychosocial support structures into emergency planning programmes in all stages (preparedness, response and recovery) and Occupational Health and Safety preparedness plans to effectively prepare for future health crises and other threats within the EU and in a global context;

Mental health in the EU

Legacy

142. Recalls the importance of biological determinants and the impact of social and environmental factors on mental health and encourages the biopsychosocial model to be considered when referring to mental healthcare; calls on the Commission to take this model into account in all relevant EU actions and initiatives so as to ensure a balanced approach;
143. Welcomes the comprehensive approach to mental health announced by the Commission as an initial step to tackling and preventing mental health conditions at the European level; further notes that the Commission communication highlights several flagship initiatives that indirectly contribute to improving mental health; stresses that the EU can and should strive to achieve a global leadership role in shaping improvement of promotion, prevention, care and support of mental health conditions; believes the Commission should encourage effective leadership and governance to go beyond the usual approach of 'sharing' best practices;
144. Invites the Commission to build upon its communication on a comprehensive approach to mental health and, together with the Member States, to draw up a long-term,

comprehensive and integrated European Mental Health Strategy focusing particularly on the most vulnerable groups in society; believes that this strategy should establish in-depth initiatives with clear and quantifiable objectives, measurable indicators, and that it should set achievable targets for the promotion of mental health, prevention and treatment, in consultation with all relevant stakeholders following a bottom-up approach; calls on the EU and the Member States to create a concrete timeline for the implementation of these objectives, with regular progress monitoring and reporting and invites the Commission to allocate direct funding and resources in this respect;

145. Calls on the Commission, when drawing up the European Mental Health Strategy, to focus on many areas in which young people's mental health can be improved in coordination with the European Education Area; highlights that this specific focus should include bullying and cyber-bullying in schools, digital literacy initiatives, suicide prevention strategies and school-based suicide prevention programmes and measures to improve data collection;
146. Supports the implementation of this strategy acting as a support system for the Member States; calls on the Member States to develop corresponding national strategies all with a clear timeline, adequate budget, concrete targets, objectives, as well as indicators to monitor progress;

European Year of Mental Health

147. Calls on the Commission to follow the recommendations of the Conference on the Future of Europe and designate next year as the European Year of Mental Health, in order to raise awareness, inform, and educate citizens and policymakers on the subject of mental health and contribute to combating stigma and discrimination, while also serving as a stepping stone towards the EU Strategy on Mental Health;
148. Calls for the EU and the Member States, in collaboration with civil society and professional stakeholders to raise awareness of the importance of good mental health in a coordinated and timely manner, by mainstreaming MHiaP and ensuring that mental health considerations are built into the design, implementation, monitoring and evaluation of relevant policy, legislation and spending programmes; further calls for the development of policies and programmes that enhance the well-being of their families and caregivers of people with mental health conditions;
149. Calls on the Commission to include sub-national and civil society actors in its Expert Group on Public Health subgroup on Mental Health; calls on the Commission to introduce a mental health impact assessment to evaluate the effect of different EU measures, policies and funding programmes on mental health;

Mental health in national programmes

150. Calls on the Commission to assist the Member States in developing, updating, implementing and monitoring their respective mental health national programmes, ensuring that they are devised to be long-term, with a clear timeline, adequate budget, concrete targets, indicators and objectives and compliant with human rights, which should be assessed and adapted if required; calls, therefore, on the Commission to support the Member States in including mental health and mental health conditions in health impact assessments and in all relevant policies; recommends further integration

of mental health concerns in other programmes recommended by the UN such as HIV, NCDs and dementia, among others;

EU at work

151. Welcomes the European care strategy proposed by the Commission, which, among other things, aims to address the impact of digitalisation on working conditions and the effects of teleworking and telecommuting on mental health in a comprehensive way;
152. Invites the Commission to review the European Framework Directive on Safety and Health at Work in order to improve its effectiveness at promoting good mental health and mental health resilience and addressing mental health challenges in the workplace;
153. Notes with concern that the Commission recommendation from 2022 concerning the European schedule of occupational diseases does not include work-related mental health conditions, in particular depression, burnout, anxiety and stress; urges the Commission, in consultation with the social partners, to further revise the recommendation to ensure the proper inclusion of mental health conditions;

Financial support

154. Welcomes the funding of EUR 765 million made available through the Horizon 2020 and Horizon Europe¹ programmes to support research and innovation projects on mental health; calls on the Commission to track spending and evaluate the impact and outcome of EU funding that contributes directly or indirectly to improving mental health in the EU;
155. Considers that sufficient funding should be allocated to match the scale of the challenge and that mental health must be further addressed in future financial programmes such as the EU4Health programme 2028-2034 and Horizon Europe;
156. Considers that the EU lacks a direct fund for mental health research and innovation; calls on the Commission to convert the flagship initiatives, introduced in the comprehensive approach, into concrete actions with adequate financial support for vulnerable groups and to create a mission on Mental Health from the Horizon Europe programme and the future programme in the Multiannual Financial Framework 2028-2035;

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157. Instructs its President to forward this resolution to the Council and the Commission.

¹ According to the [Horizon Europe](#) research and innovation funding programme.