



Council of the
European Union

164567/EU XXVII. GP
Eingelangt am 30/11/23

Brussels, 30 November 2023
(OR. en)

15971/23

SAN 699
SOC 823
EMPL 590
RECH 529
JEUN 275
EDUC 463
CULT 170
DIGIT 279
ENV 1378
ECOFIN 1280
FIN 1240

OUTCOME OF PROCEEDINGS

From:	General Secretariat of the Council
To:	Delegations
No. prev. doc.:	15053/23
Subject:	Council conclusions on mental health

Delegations will find in Annex the above-mentioned Council conclusions, approved by the EPSCO Council (Health) at its meeting on 30 November 2023.

Council conclusions on mental health

Introduction

Before the COVID-19 pandemic, mental health problems already affected roughly 84 million people in the EU, i.e. one in every six citizens, at a cost of EUR 600 billion or 4% of GDP¹.

According to the World Health Organisation (WHO), in the first year of the COVID-19 pandemic, the global prevalence of anxiety and depression increased by 25%. The pandemic particularly affected the mental health of young people. Furthermore, women have been more severely impacted than men and people with non-communicable diseases have been more likely to develop symptoms of mental disorders.

Other challenges such as Russia's war of aggression against Ukraine, the climate crisis, increasing unemployment rates and rising living cost, as well as the pressures of the digital area and social media, have only exacerbated already poor levels of mental health, especially for children and young people, as well as people with mental health problems.

Improving mental health is an individual, a social and economic imperative. Under Article 35 of the Charter of Fundamental Rights of the European Union², everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.

¹ OECD/European Union (2018), Health at a Glance: Europe 2018: State of Health in the EU Cycle, OECD Publishing, Paris/European Union, Brussels,
https://doi.org/10.1787/health_glance_eur-2018-en

² Charter of Fundamental Rights of the European Union (2000/C 364/01), Official Journal of the European Communities.: https://www.europarl.europa.eu/charter/pdf/text_en.pdf

In June 2023 the Commission adopted the "Communication on a Comprehensive Approach To Mental Health" to support Member States and stakeholders address challenges in the area of mental health in the EU. The communication points out three guiding principles that should apply to every citizen: i) access to adequate and effective prevention, ii) access to high quality and affordable mental healthcare and treatment and iii) reintegration in society after recovery³.

The Communication from the Commission and actions that are being developed by Member States provide a basis for a new approach to mental health that is comprehensive, promotes and protects well-being and is prevention-based, as well as multi-stakeholder oriented.

THE COUNCIL OF THE EUROPEAN UNION,

1. ACKNOWLEDGING the WHO Constitution, which states that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity and that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.
2. ACKNOWLEDGING that mental health is 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 community⁴.
3. CONSIDERING that every person, without discrimination, should have access to quality essential health care services, as part of universal health coverage, and as acknowledged by the United Nations 2030 agenda Sustainable Development Goal 3⁵.

³ COM(2023) 298. Communication from the Commission on a comprehensive approach to mental health.

⁴ World Health Organization, WHO Fact Sheets, 'Mental health: strengthening our response', 2022."

⁵ UN Sustainable Development Goals. Goal 3: Ensure healthy lives and promote well-being for all at all ages: <https://www.un.org/sustainabledevelopment/health/>

4. CONSIDERING that every person, including children and young people, should have the opportunity to grow up and live in conditions and settings that promote and are supportive to their mental health.
5. ACKNOWLEDGING the vital role of families in fostering mental well-being of children and recognising that children who experience institutionalisation or are in a situation of homelessness have been associated with higher mental health problems.
6. WELCOMING the Commission Communication on a *Comprehensive Approach To Mental Health*, adopted on 7 June 2023, as well as its funding opportunities of over EUR 1.2 billion and 20 flagship initiatives that aim to support Member States and stakeholders in substantially improving the mental health of citizens.
7. RECOGNISING the relevance of improving the quality of life of people with mental health problems, their families and (in)formal caregivers, with a particular focus on addressing stigma and discrimination as stated in the Commission Communication on a *Comprehensive Approach To Mental Health*.
8. TAKING NOTE of the European Parliament resolution of 5 July 2022 on mental health in the digital world of work⁶.
9. TAKING NOTE OF the Council Conclusions on Mental Health and Precarious work, which tackle the interlinkages between mental health and work⁷.
10. RECOGNISING the significant worsening of the population's mental health, due to the COVID-19 pandemic⁸.

⁶ European Parliament resolution of 5 July 2022 on mental health in the digital world of work (OJ C 47, 7.2.2023, p. 63).

⁷ <https://www.consilium.europa.eu/en/documents-publications/public-register/council-concl/>

⁸ OECD (2021), "Tackling the mental health impact of the COVID-19 crisis: An integrated, whole-of-society response", OECD Policy Responses to Coronavirus (COVID-19), OECD Publishing, Paris, <https://doi.org/10.1787/0ccafa0b-en>

11. ACKNOWLEDGING that loneliness can harshly affect mental health. In the EU, loneliness increased between 22% and 26% across regions, as a result of the pandemic⁹.
12. TAKING NOTE OF the *Report on the final outcome of the Conference on the Future of Europe*¹⁰, that called for improving the understanding of mental health problems and finding ways of addressing them, including the development of an EU Action Plan on mental health that would provide a long term Mental Health Strategy in the EU, including aspects such as research, tackling the issue of the availability of professionals, specific populations such as children and young people and the setting up in the near future of a dedicated European year of mental health.
13. TAKING NOTE OF the *OECD Recommendation of the Council on Integrated Mental Health, Skills and Work Policy*, advising for policy principles in health systems, education and youth systems, workplaces, and welfare systems, as the core of a mental-health-in-all-policies approach that contributes to breaking siloes in mental health policy¹¹.
14. TAKING NOTE OF the report “*Health at a Glance Europe 2022*” that concludes that one in two young Europeans aged 18-29, report unmet needs for mental health care, that symptoms of anxiety and depression amongst young people more than doubled in several European countries during the pandemic and that there is an alarming increase in reported rates of suicidal ideation (suicidal thoughts)¹².

⁹ Baarck, J., Balahur, A., Cassio, L., d’Hombres, B., Pásztor, Z., Tintori, G., Loneliness in the EU – Insights from surveys and online media data, EUR 30765 EN, Publications Office of the European Union, Luxembourg, 2021, ISBN 978-92-76-40246-6, doi:10.2760/28343, JRC125873

¹⁰ Conference on the Future of Europe. Report on the Final Outcome. May 2022. Available on: https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/new-push-european-democracy/conference-future-europe_en

¹¹ OECD Recommendation of the Council on Integrated Mental Health, Skills and Work Policy, OECD/LEGAL/0420 (2022)

¹² OECD/European Union (2022), *Health at a Glance: Europe 2022: State of Health in the EU Cycle*, OECD Publishing, Paris, <https://doi.org/10.1787/507433b0-en>

15. RECOGNISING the effects of the ongoing crisis and health emergency, including the war of aggression in Ukraine and refugee receiving host countries, resulting in mental health and psychosocial health deterioration¹³ and the need for humanitarian response and assistance in psychosocial support, including sexual and other forms of gender-based violence.
16. RECOGNISING the need for an effective transfer of the provision of mental health services from hospital-centred services to comprehensive, integrated mental health and social care services in community-based settings¹⁴.
17. RECOGNISING that social, economic and environmental determinants such as natural disasters have a negative impact on mental health and increase the need for psychosocial support.
18. RECALLING the Council Conclusions of 2019 on the Economy of Wellbeing, that invite the Commission to propose a Mental Health Strategy for the Union¹⁵.
19. RECOGNISING that there is an estimated shortage of health workers in the EU and that some Member States are facing shortages of mental health professionals whereas investing in health also requires investing in health workforce.
20. WELCOMING the blueprint (toolkit) for a multi-disciplinary approach to mental health capacity building, which the Commission plans to launch in 2024, and would reflect on this issue.

¹³ World Health Assembly, 75. (2022). Seventy-fifth World Health Assembly: Geneva, 22-28 May 2022: resolutions and decisions, annexes. World Health Organization.

<https://apps.who.int/iris/handle/10665/365610>. Resolution WHA 75.11.

¹⁴ Comprehensive mental health action plan 2013–2030. Geneva: World Health Organization; 2021. Licence:CC BY-NC-SA 3.0 IGO.

¹⁵ Council conclusions on the economy of well-being:
<https://data.consilium.europa.eu/doc/document/ST-13432-2019-INIT/en/pdf>

21. WELCOMING the progress made by the UN in the Convention on the Rights of Persons With Disabilities (CRPD) emphasising that discrimination against people based on physical or mental disabilities is a violation of their basic human rights, and also the progress made by the WHO, for example by the initiative “QualityRights” which proposes tools to assess the respect of rights in mental health services and training tools, for example the e-training on Mental Health, Recovery and Community Inclusion, which aims to combat stigma.
22. TAKING NOTE OF the Comprehensive Mental Health Action Plan 2023-2030 from WHO and its objective number 2 that establishes the need to provide comprehensive, integrated and responsive mental health and social care services in community-based settings.
23. TAKING NOTE OF the WHO European framework for action on mental health 2021–2025 which shows that an estimated 119 000 lives were lost across the European Region in 2019 due to suicide, being the second leading cause of death among young people (15-29 years old)¹⁶.
24. RECOGNISING that mental health problems are associated with many forms of inequalities, such as, for example, people in vulnerable situations, minorities, marginalised groups and those in disadvantaged socioeconomic situations including those living in long-term care services, those experiencing loneliness and social isolation, children and young people, older people, women, LGBTI¹⁷ persons, cancer patients, persons with disabilities, refugees, migrants, prisoners and people experiencing homelessness. Also recognising that the gender equality perspective and the leave no one behind principle according to the UN Sustainable Development Goals are vital in addressing inequalities in the area of mental health.

¹⁶ WHO European framework for action on mental health 2021–2025. Copenhagen: WHO Regional Office for Europe; 2022. Licence: CC BY-NC-SA 3.0 IGO.

<https://www.who.int/europe/publications/i/item/9789289057813>

¹⁷ See the Commission’s LGBTIQ Equality Strategy 2020-2025 (COM(2020) 698 final)

25. RECOGNISING that mental health problems are related to health determinants (such as access to healthcare, biological and psychological factors, nutrition and physical activity, consumption of alcohol, tobacco and illicit drugs), as well as to environmental, urban planning, climatic, social, cultural, economic and commercial determinants.
26. RECOGNISING that strengthening protective factors, such as regular sports and physical exercise as well as participation in cultural activities, can boost the overall mental health and well-being of people and reduce the risk of mental health conditions;¹⁸
27. RECOGNISING the Exploratory Opinion from the European Economic and Social Committee from 2023 on “Measures to improve mental health” which supports the development of person-centered mental health systems that empower individuals¹⁹.
28. RECOGNISING that mental health and physical health are fundamentally linked and that people living with a serious mental health problem are at higher risk of experiencing a wide range of chronic physical conditions and have a life expectancy that is 10 to even 20 years lower as the general population²⁰.
29. STRESSING THE IMPORTANCE OF IMPLEMENTING the Convention on the Rights of People with Disabilities, especially regarding the protection of people with mental health problems.
30. RECALLING the importance of following-up on the recommendations outlined in in Recommendation Rec (2004) 10 of the Council of Europe Committee of Ministers concerning the protection of the human rights and dignity of persons with mental disorders²¹.

¹⁸ CultureForHealth report. Culture’s contribution to health and well-being: a report on evidence and policy recommendations for Europe. Final_C4H_FullReport_small.pdf (cultureforhealth.eu)

¹⁹ SOC/760-EESC-2023

²⁰ WHO Guidelines for the management of physical health conditions in adults with severe mental disorders. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO. <https://iris.who.int/bitstream/handle/10665/275718/9789241550383-eng.pdf>

²¹ [https://www.coe.int/t/dg3/healthbioethic/Activities/08_Psychiatry_and_human_rights_e_n/Rec\(2004\)10%20EM%20E.pdf](https://www.coe.int/t/dg3/healthbioethic/Activities/08_Psychiatry_and_human_rights_e_n/Rec(2004)10%20EM%20E.pdf)

31. PROMOTING a human-rights-based evaluation of mental health services utilising, inter alia, the WHO quality rights toolkit.

INVITES THE MEMBER STATES TO:

- a) PRIORITISE integrated policies and services addressing mental health and well-being and CONSIDER ELABORATING action plans or strategies to tackle the most urgent and prevalent matters, such as:
1. Implementing a mental health, across all-policies approach that goes beyond health and includes issues in other key sectors as relevant factors, such as employment, education, digitalisation (including the effects of Artificial Intelligence), social protection, financial security, research, housing, urban planning, access to culture, media and communication, environment and climate;
 2. Recognising the social, environmental and economic determinants of mental health;
 3. Improving education on mental health literacy from early ages and also for parents, in particular by using the European Code on Mental Health²² to be developed as of 2024 onwards;
 4. Promoting mental health and well-being in different contexts in the life course with a focus on strengthening protective factors for good mental health and mental health resilience such as participating in sports and culture;
 5. Preventing mental problems (including prevention of suicide, self-harm and depression prevention) in different contexts such as schools, workplaces, healthcare, neighbourhoods, communities, including a mix of universal, selective and indicated preventive interventions and policy measures;

²² [HaDEA call](#) for stakeholders to establish a Code for mental health: [Funding & tenders \(europa.eu\)](#)

6. Improving mental health systems and services to be responsive to the needs expressed by people experiencing mental health problems, towards a quality universal health care coverage;
7. Improving timely and equitable access to and coordination of effective and safe mental health care, promoting early diagnosis and integrated care through community-based and recovery-oriented mental health services;
8. Promoting evidence-based practice in mental health care and services and guideline-based treatment including preventing the use of polypharmacy, whenever possible;
9. Promoting prevention, early detection and care of individuals with suicidal behaviour and its consequences;
10. Developing actions to tackle loneliness in the general populations, focusing on groups at risk for loneliness;
11. Ensuring the effective application of existing EU and national legislation to guarantee safety and health at work and promoting mental health, prevention and managing psychosocial risks and strengthening mental health resources in the workplace;
12. Promoting actions to maintain or strengthen the mental health of health professionals;
13. Promoting mental health, development of social and emotional learning skills, early detection and screening in educational settings to support, manage and promote the mental health of children and young people;
14. Promoting access to specialised mental health services for school going children;
15. Supporting the development and establishment of an interdisciplinary mental health work force, integrating all key disciplines to provide a holistic approach to promotion, prevention, treatment and care;

16. Regularly collecting recent and comparable data and information to monitor progress and to guide investments in areas where progress is needed through international coordination;
17. Strengthening actions to reintegrate people into society, in the workforce and decision-making processes for mental health policies and to prevent as much as possible relapses after deinstitutionalisation or reintegration;
18. Considering a multidisciplinary team dedicated in each Member State to ensure taking into account mental health in all policies to follow up the implementation of mental health policies with indicators.

INVITES THE COMMISSION TO:

- a) **SUPPORT** Member States' policies on mental health by continuing to provide support to the Member States in the implementation of the Communication on a comprehensive approach to mental health and its 20 flagship initiatives;
- b) **PRESENT** an overview document on the flagship initiatives presented in the Commission Communication on a Comprehensive Approach To Mental Health which would also include a timetable for implementation of each flagship initiative and the allocated financial budget;
- c) **STRENGTHEN** mental health across policies by ensuring synergies within the Commission as well as by coordinating with international organisations and relevant stakeholders on actions, tools and funding related to mental health;
- d) **MONITOR** and **ANALYSE** the effectiveness and results of the implementation of flagship initiatives as defined by the Communication of the Commission against the internationally agreed indicators from the Sustainable Development Goals and the WHO targets closely with the Member States via the Expert Group on Public Health and in particular its sub-group on mental health;

- e) ENCOURAGE the understanding of mental health issues, CREATE awareness and PROMOTE the exchange of best practices as set out in the Commission Communication on a Comprehensive Approach To Mental Health;
- f) Support Member States and coordinate actions through the EU4 health Programme, as well as other initiatives, such as the Expert Group on Public Health, including its sub-group on mental health;
- g) PAY PARTICULAR ATTENTION to vulnerable and socioeconomically disadvantaged groups;
- h) BETTER PROMOTE and MAKE VISIBLE the different EU funding possibilities for specific actions in the area of mental health, with due consideration for matching these possibilities with Member States' needs and demands;
- i) PROMOTE initiatives to support mental health and communication campaigns in the EU through a European year of mental health, which should take place no later than 2029;
- j) IMPLEMENT the multidisciplinary training and exchange programmes for health and social care professionals and other professionals encountering people in different situations (for example professionals working at schools, day-care, trainers, security business) in order to support and promote their mental health skills and the quality of care, as well as to strengthen their mental health resilience.

INVITES THE MEMBER STATES AND THE COMMISSION TO:

- a) CONTINUE moving towards a comprehensive approach to mental health in 2024 and beyond;
- b) ENCOURAGE the design and implementation of actions and recommendations in the form of an EU Action Plan based on the promotion of well-being for all population groups across the entire age spectrum, the prevention of mental health problems and the enhancement of mental health resilience. Additionally, the actions should focus on improving the accessibility and quality of care for persons with mental health problems with the ultimate goal of meeting the needs of the population;
- c) PROMOTE a comprehensive approach to mental health and cross-sectorial collaboration in order to enhance broad, long-term policy perspectives and provide balanced policy recommendations;
- d) FOCUS ON reducing inequalities in mental health that exist between and within Member States as well as between socioeconomic groups, in particular those in disadvantaged situations, and promote equality and antidiscrimination as a tool for prevention, with special attention to those in vulnerable and marginalised situations;
- e) ENCOURAGE cooperation between Member States and the Commission through the exchange of experiences and best practices in the area of mental health in particular under the Expert Group on Public Health;
- f) CONTINUE cooperation in exchanging experience and integrating mental health across policies via existing structures that engage key stakeholders of society, including the public, non-governmental/civil society, and private sectors;
- g) FIGHT AGAINST mental health stigma by developing EU guidance on breaking stigma and discrimination including awareness on mental health problems in all areas of society;

- h) INCREASE common efforts to combat discrimination, hate speech, any form of violence, in particular gender based violence and suicides;
 - i) RECOGNISE and PROMOTE the active participation of people with lived experience (service users, family carers, etc.) and INTEGRATE existing and new knowledge into multidisciplinary training, mental health reforms, research and policy development;
 - j) FACILITATE the exercise of rights in the organisation of mental health care organisations.
-