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Subject:	Council conclusions on strengthening women's and girls' mental health by promoting gender equality

Delegations will find attached the Council Conclusions on the above subject approved by the EPSCO Council at its meeting held on 2 December 2024.¹

¹ Minor editorial corrections have been introduced into the text.

**Council Conclusions on
strengthening women's and girls' mental health by promoting gender equality**

THE COUNCIL OF THE EUROPEAN UNION

ACKNOWLEDGING THAT:

1. The Treaty on the Functioning of the European Union provides that “Union action, which shall complement national policies, shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health”.
2. Article 8 of the Treaty on the Functioning of the European Union provides that “In all its activities, the Union shall aim to eliminate inequalities, and to promote equality, between men and women”.
3. Gender equality and human rights are at the core of European values. Equality between women and men is a core principle of the European Union, enshrined in the Treaties and in the Charter of the Fundamental Rights of the European Union.
4. The Charter of Fundamental Rights of the European Union declares that “everyone has the right to respect for his or her physical and mental integrity”.

5. In its recent Conclusions on Mental Health, the Council recognizes 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, LGBTI² persons, cancer patients, persons with disabilities, refugees, migrants, prisoners and people experiencing homelessness.” According to the UN Sustainable Development Goals, the gender equality perspective and the leave no one behind principle are vital for addressing inequalities in the area of mental health.³
6. As indicated in the Commission’s Communication on a Comprehensive Approach to Mental Health, “mental health is an integral part of health. It is a state of well-being in which individuals realise their own abilities and can cope with the stresses of life and contribute to community life. Mental health is a precondition for a productive economy and inclusive society and goes beyond individual or family matters”. The Communication notes that women are almost twice as likely as men to experience depression. It also emphasises the need to tackle unequal access to employment, and the unequal sharing of domestic and family care responsibilities between women and men. It underlines that “determinants of mental health interact with existing inequalities in society, putting some people at a higher risk of poor mental health than others”. Therefore “when discrimination based on gender, racial or ethnic origin, religion or belief, disability, age or sexual orientation, violence and hate act as a cause for poor mental health, promoting equality in our societies is an important tool for prevention”.

² See the Commission’s LGBTIQ Equality Strategy 2020-2025 (COM(2020) 698 final)

³ Council conclusion on mental health, 15971/23, paragraph 24.

7. The Commission's Communication emphasises, moreover, "that countries should also deal with the challenges related to the prevention of mental health problems of vulnerable communities, reinforce early recognition of mental health issues, provide early interventions and support, and address the links between exclusion, inequalities and mental health by increasing efforts to combat discrimination, hate speech and violence".
8. As specified by the Commission's Gender Equality Strategy 2020-2025, pursuing a "dual approach of targeted measures to achieve gender equality, combined with strengthened gender mainstreaming" is essential. The Strategy further states that "the Commission will enhance gender mainstreaming by systematically including a gender perspective in all stages of policy design in all EU policy areas, internal and external."

NOTING THAT:

9. "Inequalities related to gender, ethnicity, geographical location, including the urban-rural divide, education, age, and sexual orientation, gender identity"⁴, as stated in the Commission's Communication on a comprehensive approach to mental health, "have an important impact on the population's mental health,"⁵ in particular women and girls. The Commission's Communication also underlines that individuals may simultaneously belong to one or more groups in vulnerable situations, which illustrates the need to combat multiple and intersecting forms of discrimination. These can have a great impact on women and girls, whose experiences of discrimination can involve several intersecting factors, such as race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth and disability, as well as the aforementioned factors, which together can determine their opportunities and particular challenges.

⁴ Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on a comprehensive approach to mental health, COM (2023) 298 final, page 19.

⁵ *Ibid.*

ACKNOWLEDGING THAT:

10. The UN Sustainable Development Goal (SDG) 3 on non-discriminatory access to quality essential health care services underlines the importance of ensuring healthy life and promoting the well-being for all at all ages, including mental health.⁶ Meanwhile, SDG 5 focuses on achieving gender equality and the empowerment of all women and girls.
11. The Beijing Platform for Action identifies “Women and Health” as one of twelve critical areas of concern and states that women have the right to the enjoyment of the highest attainable standard of both physical and mental health. It also states that women are affected by many of the same health conditions as men, but experience them differently.
12. Based on the WHO European Framework for action on mental health for 2021-2025, mental health and well-being are endangered by a wide range of factors covering individual, social and environmental levels, and involving poverty and deprivation; debt and unemployment; and violence and conflict. Moreover, women with mental health conditions and psychosocial, intellectual, cognitive and neurodevelopmental disabilities are among those at highest risk of social exclusion.
13. As demonstrated by recent Eurofound data, among workers, women are more exposed to violence and harassment, including psychological and sexual harassment, at work and report low well-being and financial hardship more often than men. This is related to the fact women are overrepresented in low-wage jobs with challenging psychosocial working conditions.⁷

⁶ United Nations Department of Economic and Social Affairs: Sustainable Development Goal 3.

⁷ Eurofound (2023), Psychosocial risks to workers’ well-being: Lessons from the COVID-19 pandemic, European Working Conditions Telephone Survey 2021 series, p 36-38; Eurofound (2022), Working conditions in the time of COVID-19: Implications for the future, European Working Conditions Telephone Survey 2021 series, p 104; [ESDE Review 2023](#), chapter 2.

14. Mental health challenges affect all individuals; men are significantly affected, and also more likely to die by suicide. Almost 8 in 10 suicides (77%) are among men. On the other hand, the rate of *attempted* suicide is higher among women, and the mental health conditions that often underlie suicidal thoughts and behaviours (particularly depression and anxiety) are more prevalent among women.⁸ Women also face particular mental health challenges and concerns, including conditions, diseases or disorders that are specific to women, such as post-natal depression; or which appear more frequently in women; or which have different risk factors for women; or which manifest differently in women and men (for example, post-traumatic stress disorder). This highlights the importance of taking a gender-responsive approach to mental health that also recognises that there are significant gender-specific differences in the causes, risk factors, diagnoses and symptoms of mental health difficulties, including mental disorders, as well as in the course of different diseases or disorders. Moreover, gender-based barriers, including stigma, gender stereotypes and discrimination on any ground, can hinder women and girls, as well as men and boys from gaining access to mental health services.

⁸ European Parliamentary Research Service: Mental health in the EU, European Parliament Briefing 2023.

15. Gender stereotypes and traditional gender roles have a significant impact on the lives of women and girls, and factors such as overwork, all forms of violence (including sexual and gender-based or domestic violence), harassment, psychological overload, economic pressure and dependence can result in depression, exhaustion, post-traumatic stress disorder, eating disorders, substance use disorders, etc. Given women's higher-level exposure to these factors, and in the light of the different mental health and well-being needs of women and girls of all ages, targeted mental health support to improve mental health outcomes, as well as targeted measures to address structural inequalities and strengthen gender equality, are indispensable in order to ensure the well-being of girls and women from childhood through old age. Policies aimed at tackling gender gaps and reducing the mental load from care work are also needed along with multidisciplinary support, and notably policies focusing on the whole spectrum of women's health and care needs, including improved social, long-term care, and mental health services.
16. Anyone experiencing gender-based violence is in a vulnerable situation, and this is especially true of women and girls. The EU Directive on combating violence against women and domestic violence recognises that domestic violence and violence against women have detrimental consequences on their mental health and that victims experiencing intersectional discrimination are at a heightened risk of violence. Furthermore, it recognises that children who witness domestic violence within the family or domestic unit run an increased risk of suffering from mental illness, both in the short and long term. The implementation of this Directive, as well as other relevant international instruments as referred to in the annex to these Conclusions, will contribute to the protection of women's mental health, inter alia, through measures addressing sexual harassment at work, and through the training and information offered to professionals with supervisory functions in the workplace on this subject.

17. Analysis of self-assessed mental well-being across population groups demonstrates that women in Europe report lower levels of mental well-being regardless of family structure, age, income level, country of birth or disability. Social determinants of mental health are potentially at play. The gender care gap is a key factor behind gender inequalities and discrimination against women and thus has a significant impact on their physical and mental health. Furthermore, unpaid caregivers, predominantly women, are at greater risk of suffering from loneliness and isolation, which is a major risk factor for mental health.
18. Women continue to shoulder the majority of care work and are, as a consequence, more likely than men to adapt their paid working time. The Work-Life Balance Directive aims to tackle the unequal sharing of care responsibilities between men and women by facilitating the reconciliation of work and family life for workers who are parents or carers, including through paternity leave and non-transferable parental leave paid for all parents. Next to this, two Council Recommendations, on Early Childhood Education and Care: the Barcelona Targets for 2030 and on Access to Affordable High Quality Long Term Care promote measures to enhance accessible, affordable and high-quality care for children and other dependants over the life course. These measures aim at alleviating the strain on families and promote the equal sharing of caring responsibilities between women and men, to the benefit of all. Providing inclusive, accessible, affordable and high-quality early childhood education and care (ECEC) and long-term care (LTC) for children and other dependants is important for the mental health of women, who perform more paid and unpaid care work than men.

CONSIDERING THAT:

19. Women and girls as well as men and boys can face a range of gender-specific mental health challenges throughout the life course. Certain challenges related to mental health are more prevalent among women and girls.

20. Digital tools and social media can have a positive impact on mental health, including by providing access to information, support groups, and therapy services, but can also affect mental health negatively. Children and young people, especially girls and young women, are particularly exposed to dangers such as the harmful, body-image-damaging effects of online content and the risk of cyber violence, including cyber harassment, as highlighted in the recently adopted Directive on combating violence against women and domestic violence. Exposure to these types of content can also have a negative impact on the psychological development of children and young people, reinforcing gender stereotypes and even encouraging violent behaviour towards girls and women.
21. Young people frequently share large amounts of data online without fully understanding its use or implications. It is crucial to address concerns around addictive and deceptive designs, and excessive online tracking by digital service providers. Moreover, children and young people, especially young women and girls, face a high risk of exposure to disinformation, manipulation and abuse, as well as technology-facilitated gender-based violence, including cyber stalking, online sexual harassment, non-consensual sharing of intimate or manipulated material and the unsolicited sending of images, video or other material depicting genitals. The United Nations reports that women are 27 times more likely to be attacked online than men.⁹ In addition, early exposure to pornography, including extreme and violent content, and the use of GenAI in the context of child sexual abuse and/or gender-based violence, are also adversely affecting girls' mental health and increasing misogynistic behaviour. All these factors may significantly impair girls' health and their physical and mental development.

⁹ Preventing Technology-Facilitated Gender-Based Violence (TF GBV) – Responding to the 2030 Agenda and "Our Common Agenda" by proactively mitigating technology-facilitated gender-based violence by enhancing product design, data privacy and security, and legal frameworks to hold offenders accountable.

22. The WHO has found that the negative health consequences of social media, particularly among adolescent girls, include loss of self-esteem, worrying, anxiety, difficulty in relaxing and sleeping, and deteriorating face-to-face communication skills¹⁰.
23. In addition, as reported by the WHO, adolescent girls have poorer mental health and well-being across the board compared to boys. Furthermore, these gaps widen with age, with 15-year-old girls showing the worst outcomes.¹¹ Almost twice as many 15-year-olds (13% for boys and 28% for girls) than 11-year-olds (8% for boys and 14% for girls) report feeling lonely. It is worth noting that gender stereotypes can discourage both boys and girls from reporting mental health concerns.
24. Social media contribute to reinforcing artificial and unhealthy beauty standards, including through digitally created or edited content, as well as by perpetuating gender stereotypes. This places young people, in particular young women, under a great deal of pressure when it comes to their physical characteristics. Eating disorders (e.g. anorexia nervosa, bulimia, etc.) among adolescents, in particular girls, are a significant public health concern. Unrealistic aesthetic ideals also affect boys and can lead to body dysmorphic disorder and other disorders.
25. Boys are also exposed from an early age to the widespread objectification, sexualisation and stereotypical representations of girls and women online, notably via pornography or in the media and in the wider culture, including online games, which can perpetuate gender roles and stereotypes, as well as trivialise gender-based violence, especially violence against women and girls. The online behaviour of influencers and the content they create may also be harmful to individuals, as well as to society as a whole. Furthermore, the mental and physical health of the online audience, in particular that of minors, can be negatively impacted by, for example, cyberbullying, misinformation or disinformation, as well as by unhealthy comparisons with influencers. Addressing unhealthy and gender-stereotyped masculine attitudes and harmful behaviours online is also a crucial challenge.

¹⁰ World Health Organization: Women's health and well-being in Europe: beyond the mortality advantage, 2016.

¹¹ World Health Organization: Mental health in Europe and Central Asia: girls fare worse than boys. WHO Europe, 2023.

26. Single parents are in a particularly vulnerable situation when it comes to poverty, housing and health challenges, including mental health issues.¹² There are 7.8 million single-parent families in the EU and women make up almost 80% of single parents.¹³ Many single mothers face psychological stress resulting from a precarious financial situation, social exclusion or the accumulation of social roles.¹⁴
27. The vulnerability and mental strain experienced by women during and after pregnancy, including perinatal depression, can have a severely detrimental impact on their lives. The challenges during the first 1000 days of a child, can affect the lives of all family members, including in terms of mental health, and this also merits attention. Research shows that the social network or support system available to the mother is important in determining her mental health and general health, as well as the quality of the care she is able to provide to her infant; this illustrates the importance of affordable, accessible, high-quality and inclusive care services and the equal sharing of care work between women and men and within households based on well-compensated non-transferable maternity, paternity and parental leave and flexible working arrangements. There is consistent evidence that parents' access to flexible leave, including in the post-partum period, alleviates the burden on mothers, thus improving maternal health and lowering the risk of post-partum depression. Often underestimated, miscarriages and women-specific health conditions, such as endometriosis, and the resulting psychological distress, also warrant specific attention and support measures. More generally, gender stereotypes can lead to delayed medical diagnoses or cause women's suffering to be dismissed or belittled.

¹² European Institute for Gender Equality (EIGE): Poverty, gender and lone parents in the EU, 2016.

¹³ EIGE's calculations based on EU-SILC 2022 microdata. This number includes one-parent families with dependent children aged below 24 who are declared to be own/adopted children or stepchildren and are not in employment or unemployment.

¹⁴ World Health Organization: Women's health and well-being in Europe: beyond the mortality advantage, 2016.

28. Access to employment empowers women, enabling resilience and control over one's life, notably through financial independence and autonomy. Challenges such as unequal access to social services; employment and/or career progression; gender gaps, including the gender pay gap; the unequal sharing of domestic and family care responsibilities between women and men; and economic pressures and dependencies, all place significant mental strain on women. The financial independence of women is directly linked to their mental health, as financial dependence is associated with a range of negative outcomes, including fewer opportunities to engage in education, paid employment, and entrepreneurial activities. Harassment and violence in the workplace can also be detrimental to women's mental health.
29. Providing care may have undesired consequences for informal carers, including negative effects on their current and future income and on their mental health. The prevalence of mental health problems among carers, most of whom are women, is 20% higher than among non-carers.¹⁵ Tackling those challenges therefore contributes to both strengthening gender equality and supporting women's mental health.
30. The mental health of victims of sexual and gender-based violence and domestic violence is an issue requiring particular attention, as violence has serious long-term psychological effects. Women and girls and persons in vulnerable situations are disproportionately affected. Gender-based violence takes many forms, including, domestic violence, intimate partner violence, sexual violence, physical violence, psychological violence, economic violence, forced marriage, femicide, female genital mutilation and human trafficking, as well as technology-facilitated gender-based violence. In the EU, physical and sexual violence by a current or former partner or spouse against a woman is among the most common forms of gender-based violence. More than one in five women (22 %) has fallen victim to it.¹⁶ As highlighted by the Fundamental Rights Survey published by the European Agency for Fundamental Rights (FRA), sexual violence, in particular, has a serious long-term psychological impact on victims, including feeling anxious, defenceless, ashamed, embarrassed or depressed.

¹⁵ Social Protection Committee and the European Commission: Adequate social protection for long-term care needs in an ageing society, 2014.

¹⁶ European Institute for Gender Equality: Gender Equality Index 2021: Health.

31. Based on the Commission Communication entitled “Demographic change in Europe: a toolbox for action,” Europe “needs to build a ‘longevity society’ “that values the longer lifetime spent in older-age, empowers older citizens, and nurtures the welfare and well-being of present and future generations alike”. In this context, the mental health of older people, especially women, merits particular attention. Mental health disorders, including depression, anxiety, and cognitive deterioration are prevalent among the older population. On average, women live longer, but spend more years of their lives in poorer mental health. Social isolation and loneliness, which affect about a quarter of older people, are key risk elements for mental health conditions in later life. So too is the maltreatment of older people, which includes any kind of physical, psychological, sexual or financial abuse, as well as neglect.
32. The UN Committee on the Rights of Persons with Disabilities has found that women and girls with disabilities often face a higher risk of being subjected to harmful practices, which affects their health and well-being, including their mental health.¹⁷ In particular, they are often at a greater risk of violence in institutions due to facing “more restrictions regarding their place of residence as well as their living arrangements owing to paternalistic stereotyping and patriarchal social patterns that discriminate against women”.¹⁸ Moreover, lack of accessibility in the built and online environments, products, services and communications prevents women with disabilities from fully participating in all areas of life, leading to isolation and discrimination, which is also detrimental to their mental health. Some of these challenges also affect the mental health of their families and carers.
33. This set of conclusions builds on previous work and political commitments voiced by the Council, the Commission, the European Parliament and relevant stakeholders in this area, including the documents listed in the Annex.

¹⁷ United Nations, Convention on the Rights of Persons with Disabilities, 24 January 2007, A/RES/61/106.

¹⁸ United Nations Committee on the Rights of Persons with Disabilities, General comment No.5 on Article 19 – the right to live independently and be included in the community, 27 October 2017, CRPD/C/GC/5.

INVITES THE MEMBER STATES, IN ACCORDANCE WITH THEIR COMPETENCES AND TAKING INTO ACCOUNT NATIONAL CIRCUMSTANCES, TO:

34. ENSURE that measures to promote and support better mental health include a gender perspective and are gender-responsive in their design and delivery. These measures should be accessible and, where required, targeted to groups that may be harder to reach, or face particular mental health challenges.
35. COMBAT all forms of violence, hate speech and discrimination, especially against women and girls, including multiple and intersecting forms of discrimination, as well as stigma around mental health difficulties, with a specific focus on women and those in the most vulnerable or marginalised situations, including persons in disadvantaged socioeconomic situations.
36. COMBAT gender stereotypes and negative social norms, including taboos, that discourage women and girls, but especially men and boys, from showing vulnerability, thus limiting their ability to seek support when they need it.
37. TAKE ACTION, where appropriate, in order to tackle gender stereotyping, as well as objectifying and sexualized representations of women and girls in media and advertising.
38. ADDRESS the link between lifestyle and mental health, including with respect to eating habits, physical activity, the harmful consumption of alcohol, the consumption of drugs and other harmful substances, and co-morbidity, taking into account a gender perspective.
39. TAKE APPROPRIATE MEASURES, including preventive measures, in compliance with the Directive on combating violence against women and domestic violence and the Digital Services Act, to protect women and girls from all forms of gender-based violence, including violence in public institutions and technology-facilitated gender-based violence and STRENGTHEN tailored support services for victims. In this context, it is important to pay special attention to women and girls living with mental disorders or in vulnerable situations, including those facing precarious conditions or homelessness. SUPPORT gender-responsive training for workers, including volunteers in all sectors who are likely to be in contact with victims.

40. While respecting the fundamental rights of individuals, as well as common European values, TAKE APPROPRIATE MEASURES to protect young persons from harmful online content, including AI-generated content such as deepfakes, that causes body dysmorphia and poor mental health while violating the victims' right to privacy and image rights, sexual integrity and dignity. Such measures can include awareness-raising activities for children, parents and teachers via the national Safer Internet Centres and broad campaigns to sensitize society as well as ensuring effective reporting processes. SUPPORT gender-responsive training for employees in all sectors who are likely to be in contact with the victims. In addition, FOSTER transparency and enhance the collection of data disaggregated by sex and, where appropriate, other relevant characteristics, so as to support the monitoring of harmful online content.
41. TAKE APPROPRIATE MEASURES, pursuant to the Audiovisual Media Service Directive and the Directive on combating violence against women and domestic violence, to protect minors, particularly girls, from illegal and violent content available online that may impair their physical or mental development or cause psychological trauma.
42. As and where appropriate, PROMOTE positive role models and diverse representation in the media, and combat gender stereotypes, as well as the objectification and sexualisation of women and girls in the media and online, taking into account the need to support the mental health of young people, especially young women and girls, and paying special attention to possible effects related to their body image. ADDRESS gender stereotypes at all levels of and in all forms of education.

43. ENSURE adequate support and social protection for all parents, including single mothers, and parents raising children with disabilities, through measures such as affordable, accessible, high-quality and inclusive care services as well as child and housing allowances, in order to allow parents to work and so as to reduce financial distress and its impact particularly on women's mental health. Furthermore, ENSURE, in line with the Work-Life Balance Directive, adequate work-life balance for parents, including for single mothers, through measures such as promoting flexible working, including teleworking arrangements, and the equal sharing of paid and unpaid care responsibilities between women and men and within households, including by improving access to paid paternity leave and non-transferable parental leave. Moreover, TAKE STEPS, in line with existing commitments, to improve accessible, affordable and high-quality LTC and ECEC services.
44. TAKE MEASURES TO IMPROVE access to medical, social and psychological support services for parents, including single mothers, unpaid long-term caregivers and women in vulnerable situations, as well as access to affordable early childhood education and care services, in order to prevent and tackle burn-out and other adversities linked to multiple burdens. PROVIDE low-threshold access to social and psychological support, especially for women in vulnerable situations, minorities, marginalised groups and those in disadvantaged socioeconomic situations, including those supported by long-term care services, those experiencing loneliness and social isolation, persons with disabilities, refugees, migrants, prisoners and people experiencing homelessness.
45. ENSURE the provision of high-quality affordable and accessible gender-responsive health and social services, including community care, while also ensuring, across policy and practice, that such services are alert and responsive to the diverse needs of all persons, especially women and girls, whatever their age, and including the most marginalised; that they are human rights-based in their approach, valuing lived experience and actively involving service users (and their family members, carers and supporters as appropriate) as leaders in the planning and delivery of their care; and that they are trauma-informed.

46. TAKE MEASURES to ensure the respect, protection and fulfilment of the human rights of all women and girls, notably women and girls with disabilities, to promote their empowerment and advancement, and to ensure their right to independent decision-making, as well as to tackle discrimination and barriers faced by women and girls with disabilities in accessing social services and community support in order to foster their independence.
47. TAKE MEASURES to prevent mental health difficulties among women and girls by promoting positive mental health in the whole population, and provide services to support early intervention where mental health difficulties arise, particularly for those who are difficult to reach, who are at risk of social exclusion, or who belong to groups in vulnerable situations.
48. TAKE MEASURES to improve the medical and psychological care of parents, especially mothers in need in the perinatal and postnatal periods, as well as in case of miscarriages, and to promote the building of local support networks in order to mitigate parents' mental health challenges linked to pregnancy, birth and parenthood. FACILITATE appropriate training for healthcare workers and social workers in this regard. TAKE MEASURES to encourage fathers in taking up family and care responsibilities with a view to the equal sharing of such responsibilities between women and men, especially on the occasion of pregnancy and birth in the family.
49. FOSTER measures that ensure mother and baby-friendly circumstances in perinatal care, paying special attention to the information provided to the patient and the physical and emotional integrity and needs of women before, during, and after childbirth with regard to care, procedures, interventions, medicines and the birthing environment, while also attending to the inclusion of the partner and/or accompanying person.

50. SUPPORT prevention, health promotion and awareness-raising strategies for healthy and active ageing, taking into account a gender perspective, and including active measures to combat ageism, to improve health literacy and to protect and improve the mental health of older people, especially older women, such as measures aiming at strengthening their economic self-sufficiency, measures to close the gender gap in pensions and to reduce old-age poverty, which disproportionately affects women, and measures to ensure safe and accessible housing, and access to affordable high-quality long-term care, measures to ensure access to care for women experiencing health issues during peri-menopause and menopause or other issues related to ageing, as well as social support for them, and for their carers, in order to reduce social isolation and loneliness.
51. CONTINUE to offer a range of mental health support services, including online low-threshold psychological support services for minors, where appropriate.
52. RAISE AWARENESS of the importance of and recognize the need for universal access to sexual and reproductive health and rights as identified in paragraph 34 of the New European Consensus on Development (2017) as key elements in ensuring the highest attainable standards of both physical and mental health.

INVITES THE EUROPEAN COMMISSION AND THE MEMBER STATES, IN ACCORDANCE WITH THEIR RESPECTIVE COMPETENCES, TO:

53. ENSURE Member States' timely and correct transposition and implementation of EU legislation on combating violence against women and domestic violence, on equal opportunities and equal treatment of women and men in matters of employment and occupation, and on work-life balance for parents and carers, as well as on pay transparency, including with a view to combating old-age poverty, with special focus on older women.
54. TAKE STEPS to improve health and safety at work, taking into account a gender perspective, especially by addressing mental health risks and psychosocial risks at work, while respecting the role and autonomy of the social partners. PROMOTE the proper and effective application and enforcement of the national legislation transposing the relevant EU health and safety at work directives in this context.

55. RAISE AWARENESS among children and young people, their parents, caregivers and educators, as well as the general population, about respectful and responsible online communication and content sharing, including through support for specific campaigns aimed at children, with a view to improving protection online and on social media.
56. RAISE AWARENESS about the psychological and cognitive consequences of excessive smartphone screen time on minors, including the youngest generation. TAKE MEASURES based on the Commission Communication on a comprehensive approach to mental health and CONTINUE work on the development of the prevention toolkit addressing the determinants of physical and mental health mentioned therein.
57. ENCOURAGE promotion and prevention measures, including measures supporting the development of psychosocial skills, especially that of women and girls, as recommended by the WHO, from an early age, across all age groups, and in all environments.
58. TAKE MEASURES, including under the Digital Services Act, to provide minors, especially girls, with a high level of safety, security and privacy when using online platforms and engaging in the digital sphere.
59. ENCOURAGE fostering a healthy work-life balance, for example through flexible working arrangements, including, where appropriate, teleworking, and promoting practices that allow balancing work and personal time effectively, keeping in mind the importance of mental well-being.

INVITES THE EUROPEAN COMMISSION, IN ACCORDANCE WITH ITS COMPETENCES, TO:

60. CONTINUE TO FOSTER actions for tackling technology-facilitated gender-based violence, addressing the relevant areas identified in the Gender Equality Strategy and the European Strategy for a Better Internet for Kids and in the implementation of the Digital Services Act, including actions to prevent and combat cyberviolence, online harassment, cyberstalking and sexism against girls and boys.

61. CONTINUE to monitor and support the correct transposition and application of the relevant requirements under the Audiovisual Media Services Directive, the Digital Services Act and the Directive on combating violence against women and domestic violence, so as to ensure the protection of minors, particularly girls, from illegal and harmful content available online. In particular, MAKE EFFORTS to develop a new framework of cooperation between social media platforms to protect women's and girls' safety online, as foreseen in the Gender Equality Strategy 2020-2025.
62. ENCOURAGE Member States, within the framework of the Regulation on harmonized rules on Artificial intelligence, to monitor abusive uses of generative AI and to oblige online operators to assume responsibility in this area. Specifically MONITOR the obligation on Member States under the Directive on combating violence against women and domestic violence to provide for measures to promptly disable access to or remove illegal and harmful material, such as deepfakes, that violates persons' right to privacy and image rights, sexual integrity and dignity, and to ensure protection for users, their fundamental rights and freedoms.
63. RAISE AWARENESS of the importance of psychological support for parents, especially single mothers and unpaid long-term caregivers in vulnerable and disadvantaged socio-economic situations.
64. INCREASE GENERAL AWARENESS of psychosocial disorders and ADDRESS gender stereotypes and PROMOTE destigmatization in this context.
65. RAISE AWARENESS about pay transparency rights, support raising awareness on collective action in matters of pay discrimination, and monitor and develop guidance on the implementation and application of the Pay Transparency Directive as well as about the new rights of working parents and carers under the Work-Life Balance Directive.

66. PROMOTE initiatives aimed at supporting the highest attainable standard of both physical and mental health of parents, especially mothers, throughout the life course, including through the engagement of men and boys in family and care responsibilities, especially during the period of pregnancy and around the time of childbirth. CONTINUE to improve the health literacy of all people, taking a gender-responsive approach, including a focus on women and girls. CONTINUE the distribution of high-quality information on health to all people, especially among young girls and boys.
 67. EMPHASIZE the importance of providing all victims and survivors of sexual and gender-based violence and victims of human trafficking with the necessary social and psychological support when developing initiatives to combat gender-based violence and human trafficking.
 68. CONSIDER targeted initiatives focused on older women aiming to protect and improve their mental health, for example, through measures to combat loneliness and social isolation.
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Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers and repealing Council Directive 2010/18/EU.

Directive 2010/13/EU of the European Parliament and of the Council of 10 March 2010 on the coordination of certain provisions laid down by law, regulation or administrative action in Member States concerning the provision of audiovisual media services (Audiovisual Media Services Directive), amended by Directive (EU) 2018/1808 of the European Parliament and of the Council of 14 November 2018.

Directive (EU) 2024/1385 of the European Parliament and of the Council of 14 May 2024 on combating violence against women and domestic violence.

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