



The EU ‘Healthier Together’ Non-Communicable Diseases Initiative – A commendable step in the right direction, but a more ambitious approach to mental health is needed

The Mental Health Advocacy Platform Statement

July 2022

On 20 June 2022, the European Commission has launched the [Healthier Together – EU Non-Communicable Diseases \(NCDs\) Initiative](#), aimed to support EU Member States in reducing the burden of major non-communicable diseases (NCDs) and improving mental health and well-being. The guidance document sets out ambitious priorities and examples of inspiring practices, alongside an overview of available financial tools to translate them into concrete actions.

We welcome the Initiative and agree with its rationale, i.e., the need to address the burden of NCDs and promote good mental health (made even more urgent by the negative impact of the COVID-19 pandemic, of the war in Ukraine and of the climate change crisis).

We applaud the co-creation process used to develop the EU NCD Initiative, consisting of active engagement of the competent authorities of the EU countries and health stakeholders, in collaboration with international organisations such as WHO Europe, OECD and the European Investment Bank.

Concerning the content of the Initiative, in particular the parts dedicated to mental health, we think there are both elements of praise and of concern.

We express our approval of, and **strong support** to the following:

- ✓ The focus on promotion of mental health and prevention of mental distress.
- ✓ The acknowledgement that mental health cannot be addressed only within the limits of the health sector, but it rather requires an integrated approach (mental health in all policies, including social welfare, labour, education and youth policies), in recognition of the role played by socio-economic and environmental determinants.
- ✓ The recognition that some people (e.g., youth and refugees) are more vulnerable than others and they need additional and tailored support to benefit from equal opportunities.
- ✓ The recognition that the impact of poor mental health can affect people throughout their life course and that mental health problems in early childhood and adolescence increase risk factors later in life.
- ✓ The recognition of the need to increase awareness of mental health problems among teachers, line managers in workplaces, the media, primary care professionals and other professionals to strengthen mental health resilience and detect mental health problems at an early stage.

- ✓ The recognition that creation of awareness should go hand-in-hand with tackling stigma associated with mental health problems, as stigma and discrimination increase social isolation and exclusion of people with mental health problems and their families and create barriers to help-seeking.
- ✓ The reference to the need to gather data, including data on (social) determinants of health and their impact on mental health.
- ✓ A terminology – in the final version of the document – more in line with the psychosocial approach to mental health compared to the initial versions of the guidelines (with a more frequent use of the wording mental health problems, rather than mental disorders).

We stand ready to further collaborate with the EC in the implementation phase of the Initiative and to support our members in taking stock of existing opportunities that they can benefit from.

Nonetheless, we have the following **concerns**:

- ✓ The Initiative is mainly focused on transfer of, and investments in, mental health-related good practices and it totally relies on the willingness of MS to take action. Given the voluntary basis of this action, a more ambitious approach to mental health is needed, with a roadmap and an action plan (both at EU and at national levels). At international level, WHO considers the need for action on mental health indisputable and urgent and it is calling for [comprehensive, transformative and joint actions](#) to achieve the global objectives set out in the WHO Comprehensive mental health action plan 2013–2030 and the Sustainable Development Goals.
- ✓ The economic argument – stressing the cost of mental ill health in terms of expenses and lost revenues – is a valid one and can be very effective in persuading policymakers to take action. However, we underline that promoting good mental health is above all a human rights imperative (the right to health includes the right to mental health) and MS have obligations arising from international treaties (such as the UN Convention on the Rights of Persons with Disabilities, which the EU and all its MS have ratified) to work towards achieving these commitments. The right to timely access to affordable, preventive and curative health care of good quality is also enshrined in the Treaty on the Functioning of the EU, in the EU Charter of Fundamental rights and in the European Pillar of Social Rights.
- ✓ There is insufficient discussion around the links between mental health and NCDs despite the fact that they are [well documented](#). For example, experiences of anxiety and depression are recognised as risk factors in cardio-vascular diseases, but support to prevent them is rarely part of routine clinical practice. It has also been [reported that one in four cancer patients experiences depression, and the risk of becoming depressed is five times higher in cancer patients than for the general population](#). Moreover, the climate and environmental crisis can act as determinant of different NCDs, including mental health. For instance, [research](#) suggests a positive association between air pollutants, environmental chemical substances and negative outcomes, on both physical and mental health. It is therefore critically important that mental health services are a fully integrated part of the prevention and treatment of non-communicable diseases.
- ✓ Whilst timely and equitable access to high quality mental health services is commendably mentioned as a priority area, the initiative does not mention Universal Health Coverage (UHC). Given MS commitment towards achieving UHC, integration

of mental health services (including promotion and prevention) and NCDs into existing (or under development) UHC policies and programs is essential for rights-based and evidence-based services to be accessible and affordable.

- ✓ The EU has come a long way in terms of deprioritising institutional care but it is still worth stressing as part of the initiative that MS have an obligation to shift the focus of care for mental health services away from institutional towards primary and community based care. This in turn will help the de-stigmatisation of mental health and make care accessible and affordable.
- ✓ Though the Initiative acknowledges the existence of vulnerable groups, it mainly focuses on youth and refugees and it fails to make explicit mention of other groups, such as people experiencing homelessness and Roma. Socio-economic determinants – coupled with discrimination – make them at risk of experiencing mental health problems and call for additional, tailored support.

Based on the above considerations, we express the following recommendations:

We call on the EC to:

- **Adopt a EU-wide Mental Health Strategy**, as it has been recommended in the past by this Platform [in a previous statement](#), as well as by the [Council of the EU](#) and the [European Parliament](#). A mental health strategy should be **intersectional** and cross-cutting different initiatives, acknowledging those who live in vulnerable situations and face multiple and intersecting forms of discrimination, including on the basis of ethnicity (such as Roma), religion, sexual orientation and gender identity, migration status, a lack of a house (homelessness), age or disability. An effective mental health strategy should include a budget, framework, benchmarks and monitoring of implementation.
- Integrate mental health into health data collection and facilitate the collection and routinely reporting of **comparable, disaggregated mental health data** across Europe, using indicators which clearly reflect the social determinants of mental health and human rights of people with psychosocial disabilities (as [recommended by WHO](#)).
- Ensure and advocate for the meaningful integration of rights based and evidence-based **quality mental health into universal health coverage policies and programs**, keeping persons with lived experience at the core of planning and implementation.
- Address **mental health in plans for crisis preparation and response** (and recovery and resilience building) so the EU is well-equipped and can either prevent or reduce the negative mental health impacts of widespread crises, climate emergency including. Reflect it in the EU Foresight for Better Policy-making processes.
- Ensure that relevant **EU initiatives** (e.g., the EU Semester Process, EU Child Guarantee, EU4Health, the upcoming European Care strategy - its long-term and early childhood education and care aspects) **take account of (their impact on) mental health**.

We call on MS to:

- **Refer to human rights frameworks and obligations when developing policies, legislation and service provisions related to mental health**. This means aiming to

completely exclude any form of coercion or forced treatment, but also the need to respect human rights even and especially in time of crisis.

- Ensure that an appropriate (i.e., proportionate to the burden of mental health problems) **percentage of general health funding is allocated to mental health initiatives**. These can be direct mental-health only initiatives and cross-cutting initiatives - e.g., it can be for mental health within cancer programmes, within diabetes programmes, within COVID response and other initiatives, as long as the primary objectives/targets of the initiative are about mental health.
- Follow a **co-creation approach** in the implementation of the Initiative, consisting in meaningfully and actively engaging with people with lived experience in all stages of policy-making and programming. People with lived experience are necessary partners for the development of services that are most responsive to their needs. This is in line with one of the areas of commitment of the new [Global Compact on NCD](#), launched in April 2022 at UN level.

Signed by:

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Organisations

Mental Health Europe (MHE)

European Pharmaceutical Students’ Association (EPSA)

European Region of the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA Europe)

Global Alliance of Mental Illness Advocacy Networks-Europe (GAMIAN-Europe)

European Federation of National Organisations Working with the Homeless (FEANTSA)

European Public Health Alliance (EPHA)

EFPSA (European Federation of Psychology Students' Associations)

EuroHealthNet (European partnership for health, equity and wellbeing)

