

Briefing Paper on the EU Commission comprehensive Approach to Mental Health (europa.eu)

With focus on implications for persons with disabilities and social services

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1. Why a European Strategy on Mental Health

On 07/06/2023 the European Commission launched a comprehensive strategic approach to mental health in the EU. This initiative is a response to the calls from the European Parliament for the Commission to develop a strategy on Mental health, since this is an issue which affects more and more European citizens each year. Numbers have witnessed a rapid surge especially after the Covid-19 pandemic, and in light of other global crises - like climate change, the war in Ukraine and rising inflation - that cause uncertainty. Children and youth are particularly affected because of the role played by an increased presence in the digital world, which fosters isolation. By placing the spotlight on a topic – mental health – that has been overlooked for years, the EU Commission strives to create momentum for more advocacy and positive action to tackle this pressing societal issue.

2. What this Approach entails

This EU Mental Health initiative presents a cross-sectoral, horizontal and holistic approach to mental health which engages multiple stakeholders, including social services. These actors must strive to “mainstream mental health” (p.26) into all policy areas, beyond the ‘health’ field. Hence, efforts should be coordinated with the aim “to mobilise society as a whole and take a life-course approach with the emphasis on equality and non-discrimination” (p.28). Such objective is informed and driven by three guiding principles: “(i) to have access to adequate and effective prevention, (ii) to have access to high quality and affordable mental healthcare and treatment, and (iii) to be able to reintegrate society after recovery” (p.2). It is important to note that these should apply to every EU citizen and are also reflected in the main recommendations of the ongoing [EU Disability Strategy 2021-2030](#).

To operationalise such framework, 20 ‘flagship initiatives’ are proposed throughout the Communication. Funding for these is set to be made available from different existing EU financial

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instruments, for a total of €1.23 billion (p.27). The areas of focus are: mental health promotion, prevention and early intervention; boosting mental health of youth and children; protecting the mental health of vulnerable groups of society including persons with disabilities; safeguarding well-being and reducing psychosocial risks at work; strengthening mental health systems; improving access to treatment and care; breaking stigma around mental health; and fostering a global approach.

It must be noted that clear short, medium, and long-term objectives for member states, with set indicators, benchmarks and mechanisms to monitor progress are lacking from the Communication. It is not a structured action plan that can sustainably and holistically ensure the empowerment, participation and inclusion of persons with mental health issues, but rather proposes specific ad-hoc initiatives as means to implement the co-creation of the overarching approach to mental health. Nonetheless, this Communication should be regarded as an essential first step which lays the foundation for a stronger future general commitment to addressing mental health in Europe.

3. Why is this relevant to the EASPD

As statistics and studies have shown, disability and mental health issues overlap. A commendable aspect of the new EU Commission approach is the recognition and acknowledgment of the fact that “disabilities can expose individuals to higher risk of developing mental health problems” (p.13). If the rights of persons with mental health issues are better protected and their needs better met by all segments of society, this can yield positive reverberations for persons with disabilities who are often confronted with similar challenges. For one, fighting discrimination and stigma linked to mental health can benefit persons with disabilities who are also often victims of these same hostile treatments and marginalising mindsets in workplace environments. Thus, it is doubly important to improve the capacity and accessibility of social services. Specifically, the Communication urges Member States to “improve mental health services and community-based care and de-institutionalisation” (p.22). This is in line with current EASPD [multi-annual strategy](#). In this light, EASPD members, service providers not only in medical settings but also in education, employment or residential care, are all targeted by the Commission approach.

As a whole, this approach is relevant to the following EASPD areas of work: employment, inclusive living, technology, workforce development, education, ECI, funding of social services. Taking a “life-course” approach to mental health means that essentially all EASPD members can in some capacity be touched by the provisions set forth by this Communication. Given that the aim of this novel strategy is to be as **comprehensive** as possible, our members can be classified as falling under the broad-encompassing category of “relevant stakeholders” who can drive the much sought-after positive change related to mental health.

Given that several existing EU funds will be pooled to draw resources for the mental health approach in question, the EASPD’s Project Development team may decide to share news and guidance on such funds in their monthly ‘funding alert’ update to relevant service providers. Some EASPD members may indeed be entitled to the funding if their work falls within the scope of the mental health strategic priorities and initiatives too. This would increase the overall uptake of EU funds by social services as advocated by the EASPD.

4. What is in it for our Members

The communication describes the desired characteristics of social and long-term services as follows: “**accessible, affordable, integrated, community-based and user friendly**” (p.12). EASPD members should align with these principles/elements and our role would be to ensure that the support they offer is coherent with such vision.

Our members can be of vital importance for the operationalisation of the guiding principles of this new EU approach to mental health. Firstly, in “**prevention**”, those engaged on ECI and working within the education field, for example in ECEC settings, can contribute to raising awareness and early detection. In fact, the Commission findings reveal that the most hit groups are children and youth. By being better informed and supported, individuals can benefit from appropriate and tailored interventions from the critical early years. It must be noted that just like not all disabilities are visible, mental ill-health often is not either. Moreover, mental ill-health can also be disabling in itself, leading to the development of psychosocial disabilities. Hence, for persons with disabilities who also face mental health challenges, service providers should become a point of contact and reference for those who seek to “ask for help” (p.5). In this regard, service providers can become champions of ‘prevention’ by starting with safeguarding the mental health of their own employees. Secondly, in matters of “re-integration and **social inclusion**”, our members working to boost social inclusion of persons with disabilities through promoting de-institutionalization, inclusive living, or fostering a more open labour market can play a pivotal role.

The Expert Group on Public Health is collecting and transferring “relevant best practices from Member States and stakeholders to promote mental health across all policies in communities” (p.4). If any of our members are engaged in any such practices, they should be prompted to submit their initiatives/activities/projects, which would boost visibility and increase their recognition. In particular, this year, via the **EU Best Practices Portal** there is a call to submit best practices “on mental health promotion, prevention, early detection and early intervention”; if any members already do this amongst their target communities, then they would be eligible and should be encouraged to contribute to the ‘Healthier Together’ initiative.

Service providers engaged in **employment**-related practices in support of persons with disabilities will also benefit from this EU Commission approach. Stress and psychosocial risks in the workplace are often experienced by persons with disabilities, but this Communication remains vague on how these are to be concretely reduced and prevented. Still, opportunities may present themselves for EASPD members to engage with the upcoming updated overview and guidance on OSH in the Health and Care sectors (p.17), as well as through the continued implementation of the European Care Strategy (p.18). Given that employers in social services are often themselves subject to high levels of stress and exposed to psychosocial risks at work, we must continue to shed light on these experiences to account for the needs of support/care staff as well.

Another relevant upcoming output is the “blueprint (**toolkit**) for a multi-disciplinary approach to mental health capacity building” (p.5) that will be launched in 2024 by the Commission. Our members should be on the lookout for this once it is released and ensure that they are pioneers in integrating the foreseen approach within their practices. It can be a great opportunity to make use of the capacity building component of this toolkit, to the benefit of both their staff and their recipient target communities, as both will be more resilient to mental health issues. Alongside this, as per the flagship **initiative n15** “Initiative for more and better trained professionals in the EU” (p.21), EASPD members can take advantage of the announced training opportunities for mental and non-mental healthcare professionals, such as social workers. Overall, this will contribute to the upskilling of the social sector.

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