POSITION PAPER

Guaranteeing Choice and Control: Transforming Mental Health and Psychosocial Disability Support

Guaranteeing
Choice & Control
Transforming Mental Health and Psychosocial Disability Support

EASPD
European Association of Service providers
for Persons with Disabilities

Acknowledgements

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Introduction

About one in eight people in the world live with a mental health issue. At present, worries, anxieties and feelings of depression caused by the effects of the pandemic, escalating international conflicts, climate change, unemployment and rising living costs have exacerbated the already poor levels of mental health, especially for children and young people in OECD countries[1]. According to OECD[2], mental ill-health impacts societies and economies, costing up to 4% of GDP and resulting in poorer educational, employment, and physical health outcomes for those living with mental health issues and psychosocial disabilities.

There is an unequal distribution of mental health problems between population groups. In this context, persons living with mental health issues in combination with other disabilities, can encounter heightened challenges to their well-being. In a context where mental health services are insufficient to meet the broader population's needs, persons with disabilities report higher unmet medical needs compared to those without disabilities, revealing gaps in healthcare quality, accessibility, and availability. Service providers for persons with disabilities are also experiencing an increase in demand for support from people with mental health problems, in particular young people who are insufficiently supported by the mental health system. This happens in areas such as day to day support, employment support, inclusive education and supported decision-making services.

In parallel, mental health and psychosocial disability support services are transitioning towards a human rights-based model, emphasising community engagement and individual empowerment in recovery journeys. As in other areas of support, this shift aims to replace outdated paternalistic approaches with person-centred strategies, aligning with the rights articulated in the Convention on the Rights of Persons with Disabilities (CRPD). By adopting this holistic approach, mental health can be more effectively integrated into the broader spectrum of healthcare rights, fostering equitable and inclusive services for all.

The burden of mental health problems is not inevitable. More must be done to prevent and treat them, and to foster wellbeing. Service providers supporting persons with disabilities and their representative organisations can and are ready to play a pivotal role in advocating for and driving actions to address these chronic disparities in the access and quality of service provision in mental health.

Recognising these urgent needs, in light of the European Commission's communication on *A comprehensive approach to mental health*, and in line with Multi-Annual Strategy "Moving Forward: Smart Transformation and Building Resilience", EASPD decided to focus on mental health in 2024. First, the research **"Towards Human-rights based Mental Health and Psychosocial Support Services across Europe"** gathered data on the critical situation of mental health services and systems. Furthermore, the international conference **"Guaranteeing Choice and Control: Transforming Mental Health and Psychosocial Disability Support"** provided an opportunity to over 250 participants to discuss key issues related to mental health and how to foster a human-right centred approach.

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[1] https://health.ec.europa.eu/state-health-eu/country-health-profiles_en

[2] Health at a Glance: Europe 2018. State of Health in the EU Cycle, © OECD/European Union, 2018 https://www.oecd-ilibrary.org/docserver/health_glance_eur-2018-4-en.pdf?expires=1716804948&id=id&accname=guest&checksum=168C65A0A9603EB770D7F6CC17EE0E3F#:~:text=URL%3A%20https%3A%2F%2Fwww.oecd

The Conference was organised in cooperation with TENENET and SocioFórum, with the support of the World Health Organisation (WHO). It took place in Bratislava on 20-21 May, and focused on the following aspects:

- **Clarifying guiding principles** of mental health, firmly rooted in a human rights-based approach, to provide clarity and direction.
- **Gathering the perspectives of service providers, persons with disabilities and other stakeholders** within the context of European and national advocacy.
- **Showcasing practical tools and good practices** that translate abstract guidelines into actionable initiatives.
- **Reinforcing legal frameworks, funding, and supportive policies**, as well as advocating for broader strategies to comprehensively integrate mental health approaches across sectors.

Following a similar structure, this position paper aims to set a clear direction for the future vision and work of EASPD, and to provide recommendations on how to build human-right, recovery-based, and inclusive mental health systems.

A rights-based approach to mental health: definitions and legal framework

Definitions

The World Health Organization (WHO) defines **mental health** as a basic human right and as a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, and contribute to their communities[3]. Mental health and mental wellbeing are often seen as synonymous, not solely determined by the presence or absence of a mental health problem, but as an overall state of wellbeing. The WHO states that mental health exists along a continuum ranging from optimal wellbeing to states of great suffering and emotional pain[4].

According to WHO, "Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case."

The mental condition of people is **determined by a multiplicity of factors**, including biological (e.g., genetics, gender), individual (e.g., personal experiences), family and social (e.g., social support), and economic and environmental (e.g., social status and living conditions)[5]. Protective and risk factors shape our mental health, influenced by various life events and transitions, alongside broader social, economic, and environmental circumstances. Throughout our lives, these factors interact to either support or challenge our mental wellbeing. Risks can emerge at any stage of life, but those arising during developmentally critical periods, such as early childhood, are especially harmful, including, for example, physical punishment and harsh parenting, and bullying. Individual characteristics, coupled with community and structural elements such as social support, community connectedness, safe living environments, employment, education, freedom from discrimination and violence, and access to economic resources, all play roles as protective or risk factors.

In 2019, the Special Rapporteur on the Right to Health[6] elaborated on the **rights-based approach to mental health**. It indicated that the "biomedical dominance has led to overmedicalisation in the health sector, particularly in mental health, diverting resources away from a rights-based approach to the promotion of mental health". A rights-based approach instead goes beyond medical treatment of mental health issues to encompass access to a healthy psychosocial environment that sustains well-being, social connection, equal opportunities and dignity.

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[3] https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response
[4] World Mental Health Report: Transforming Mental Health for All, WHO, 2022
[5] Green Paper. Improving the mental health of the population: Towards a strategy on mental health for the European Union, Brussels, 14.10.2005, COM(2005)484
https://ec.europa.eu/health/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf
[6] Report on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Special Rapporteur on the right to health (A/HRC/41/34)

The right to health, and therefore the right to mental health, has five key components known as the **AAAAQ framework**. These are Availability, Accessibility, Assessment, Acceptability and Quality. This framework outlines the main ideas underpinning a human rights-based approach to mental health and psychosocial support services.

In the area of mental health, stigma is an additional challenge, and it is therefore important to carefully choose wording. Mental Health Europe (MHE), the main independent European non-governmental network organisation in the field of mental health, developed a glossary, in co-creation with people with lived experience, supporters, care professionals, service providers, and human rights and health experts, to help pave the way to de-stigmatisation. We consulted the glossary to develop this document and recommend readers to refer to it.

International legal framework

The international legal framework for mental health can illustrate how the foundations of the human-rights based approach to mental health are built.

The 1946 World Health Organization Constitution recognised that the "enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being", reiterated by the Universal Declaration of Human Rights, in 1948. The Declaration reflects a **holistic approach to mental health**, by linking health and well-being with decent standards of living. In its article 25, it states that **"**Everyone has the right to a standard of living adequate for the *health and well-being* of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."

This is further specified in 1966, with the International Covenant on Economic, Social and Cultural Rights that explicitly mentioned mental health and "the right of everyone to the enjoyment of the *highest attainable standard of physical and mental health*". In 2000, the Committee on Economic, Social and Cultural Rights reiterates the link with individual wellbeing and social protection, specifying that the right to health goes beyond health care and embraces a wide range of *socio-economic factors* that promote conditions in which people can lead a healthy life[7].

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[7] General Comment No 14 The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights), Committee on Economic, Social and Cultural Rights, 2000 https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmlBEDzFEovLCuW1AVC1NkPsgUedPlF1vfPMJ2c7ey6 PAz2qaojTzDJmC0y%2B9t%2BsAtGDNzdEqA6SuP2r0w%2F6sVBGTpvTSCbiOr4XVFTqhQY65auTFbQRPWNDxL

A cornerstone for the right to mental health is the Convention on the Rights of Persons with Disabilities, adopted in 2006 and which highlights the importance of **independent living and inclusion in the community**, and recognises the rights of persons with disabilities, including those with psychosocial disabilities and mental health issues, *to enjoy full and equal participation in society*. Article 25 focuses on health and recognises the rights of people with disabilities to a high standard of health without discrimination, and the obligation to provide *disability specific* care and support.

The United Nations [Sustainable Development Goals](#) (SDGs), published in 2015, are designed to address global challenges and achieve a better and more sustainable future for all by 2030. They cover a broad range of objectives, amongst which the promotion of mental health, specifically mentioned in Goal 3, which aims to ensure healthy lives and promote well-being for all at all ages and refers to the promotion of mental health and well-being.

In parallel, the WHO provides guidance and standards through its [Mental Health Action Plan](#) 2013-2030 and other initiatives promoting access to quality mental health services, while advocating for the integration of mental health into broader health and development agendas.

In conclusion, the international legal framework for mental health exemplifies how a human-rights based approach to mental health has been systematically established and evolved over time. These international instruments and initiatives underscore the global commitment to ensuring mental health as an integral component of human rights and well-being, determined by multiple factors, including socio-economic ones. They emphasise the importance of human rights, non-discrimination, and the provision of appropriate support and services for individuals with mental health problems on a global scale.

The EU context

In the European Union (EU) context, mental health definition and actions are in continuum with the United Nations approach and addressed through a combination of legal frameworks and initiatives aimed at promoting mental well-being and integrating mental health into broader public health strategies. According to the [EU Charter of fundamental rights](#) (2000), everyone has the right of access to preventive health care and the right to benefit from medical treatment. Specific attention to mental health started in 2005 with a [Green Paper](#) on Mental Health, which laid the groundwork for cooperation among Member States, focusing on the promotion of mental health, prevention, and the improvement of care for people with mental health problems.

In 2013, the [Joint Action on Mental Health and Well-being](#) developed a framework for action on community-based and socially inclusive approaches to mental health, including the [EU Compass](#) with information on policy and stakeholder activities**.**

In 2021 the Commission launched a new Mental Health Strategy, in the framework of the [EU4Health programme](#), adopted in response to the pandemic to provide financial support to the area of health.

The programme includes a Communication on a comprehensive approach to mental health, launched in 2023 and considered "the beginning of a new strategic approach to put mental health on par with physical health". It draws on three **guiding principles** that should apply to every EU citizen:

(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.

In line with the WHO vision, "a comprehensive approach must recognise the influence of biological and psychological factors, as well as the importance of the family, community, economy, society, the environment and security". The Communication thus insists on Integrating mental health across policies, and on prevention and early intervention for mental health problems, with attention to the most vulnerable. The Communication mentions that "disabilities can often expose individuals to a higher risk of developing mental health problems", it includes references to the EU Strategy on the Rights of Persons with Disabilities, and its actions in the areas of independent living, access to employment, and to the framework for Social Services of Excellence for persons with disabilities.

The Communication goes hand in hand with the creation of an EU repository on mental health's best and promising practices to support collaborative actions between the Member States to address mental health challenges across the EU.

Promoting a paradigm shift: towards a person-centred, recovery-oriented and rights-based approach

In line with the international and EU legal framework, mental health support is moving from a medical and patronising approach, towards a person-centred, recovery-oriented, and human rights-based approach. This also indicates a shift in power, where power is placed in the hands of each person, giving them more choice and control over the support they receive. This transformation emphasises the holistic well-being of individuals, focusing on their strengths, personal goals, and active participation in their recovery journey. It integrates the principles of human dignity, equality, and non-discrimination, ensuring that mental health services are accessible, respectful, and empowering. This approach recognises that recovery is not solely about symptom reduction but about enabling people to lead fulfilling lives within their communities, rather than in in segregated settings. By prioritising personal autonomy and social inclusion, and by addressing the broader social determinants of mental health, this paradigm shift seeks to create a more supportive and equitable mental health care system. This evolving perspective aligns with global mental health frameworks, aiming to improve quality of life and uphold the rights of those with mental health issues.

The World Health Organization developed a Guidance for promoting person-centred and rights-based approaches in community mental health services[8]. This document highlights the need for improved health and social outcomes through sustainable means using a human rights-based approach.

How does this apply to service provision?

Guiding principles and practices for a human-rights based approach

To be **human rights-based,** mental health services must provide support that respects the inherent dignity and fundamental rights of all individuals and aim to create an environment where they can receive equitable, respectful, and empowering support, fostering their mental health and well-being.

These services are grounded in principles such as:
- **Non-discrimination and equality,** by ensuring universal accessibility to mental health support.
- **Participation and empowerment** of individuals in decisions about their own support and treatment, and in the development and evaluation of mental health policies and services.
- **Respect for dignity** autonomy, and privacy of individuals.
- **Freedom from harm**, inhumane treatment, coercion, and abuse, ensuring that mental health services are safe and supportive.
- **Access to Information** about their rights, and available treatment options, and services.
- **Accountability**, by establishing mechanisms to hold mental health service providers and systems accountable for respecting and upholding human rights standards.

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[8] Guidance on community mental health services: promoting person-centred and rights-based approaches, WHO, 2021

Coming back to the above-mentioned AAAAQ framework, we can see how this applies to the practice of service provisions of mental health support, inclusive of persons with disabilities[9]:

- **Availability** means services must be present in the areas where people live and tailored to meet the diverse needs of individuals with disabilities. This includes ensuring that services are available in rural and insular areas, where individuals may face additional barriers to accessing necessary support.
- **Accessibility** involves physical, financial, bureaucratic, social, and informational domains. Financial accessibility means ensuring services are affordable, considering individuals' economic means and indirect costs like transportation. Procedural accessibility involves simplifying steps and registration requirements, considering literacy levels and preferred service hours. Social accessibility includes non-discrimination, language inclusivity, and initiatives to mitigate stigma and meet the diverse needs of people with disabilities. Lastly, information accessibility requires diverse communication methods, languages, and confidentiality assurances to ensure comprehensive outreach.
- **Assessment** means analysing, with an intersectional lens, barriers and facilitators of mental health care and support services across the disability spectrum and rights, such as independent living, housing, employment and participation in leisure activities. Mental health professionals thus extend their role beyond individual treatment and work with the person they support to enhance their social inclusion, challenge stigma and discrimination, and advocate for societal well-being.
- **Acceptance** means that providers recognise that various aspects of a person's identity—such as race, gender, sexuality, and disability—intersect and influence each person's experiences, needs and challenges. This also includes respect for cultural diversity, adherence to ethical and professional standards, and the promotion of confidentiality and informed consent.
- **Quality** means acting with integrity to deliver to high-quality standards by investing in capacity-building and reskilling of professionals.

A person-centred approach in mental health services

To be **person-centred**, mental health services respect and respond to the unique needs, preferences, and values of individuals receiving care.
These services:

- prioritise the individual's **active involvement** in their own treatment and decision-making process, ensuring that their personal goals and life circumstances shape the care and support they receive.
- build strong therapeutic **relationships** based on trust, empathy, and collaboration between the person supported and the care and support provider.
- are **flexible and adaptable**, offering tailored support that evolves with the person's changing needs and circumstances.

A recovery-oriented approach in mental health services

To be **recovery-oriented**, mental health services are designed to support people in their personal journey towards recovery, focusing on enhancing their quality of life and promoting social inclusion.

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[9] Towards Human-rights based Mental Health and Psychosocial Support Services across Europe, EASPD 2024

These services:

- prioritise the individual's **strengths, preferences, and goals**, and aim to foster hope, empowerment, and resilience, recognising that recovery is a unique and personal process that goes beyond symptom reduction to include overall well-being and the ability to lead a fulfilling life.
- are characterised by a **holistic approach** that integrates clinical treatment with support for housing, employment, education, and community connections, ensuring that care is person-centred, flexible, and responsive to the changing needs of individuals.

Recovery-oriented interventions should encompass the 5 key elements known as CHIME:
- **C**onnection with others and with the community,
- **H**ope and optimism about the future,
- A positive sense of one's own **I**dentity,
- **M**eaning and purpose in life
- **E**mpowerment.

Early intervention in mental health support

Early intervention is another cornerstone of quality mental health support. Identifying and addressing mental health issues at their initial stages and *offering* counselling, therapy, and other interventions, can prevent the progression of mental health issues.

For developmental issues and disabilities, Early Childhood Intervention[10] (ECI) is crucial for promoting the healthy development of young children and preventing the onset of mental health issues. ECI is about working with families to identify and address developmental, emotional, and behavioural concerns at an early stage. Interventions may include therapy, family support, and educational programs tailored to the child's needs. By providing early support, these interventions can enhance cognitive, social, and emotional skills, leading to improved long-term outcomes. Early childhood intervention also helps in building a strong foundation for lifelong mental health and well-being, benefiting both the child and their families.

Legal capacity and self-directed support

A paradigm shift towards a human-rights, recovery-oriented and person-centred approach to mental health is closely linked to the concepts of **legal capacity** and **self-directed support**.

Legal capacity refers to an individual's right to make decisions about their own life, including decisions related to their mental health care and treatment. The CRPD asserts that people with disabilities, including psychosocial disabilities, have the right to legal capacity on an equal basis with others. It emphasises supported decision-making as an alternative to guardianship and involuntary treatment, enabling individuals to make decisions with support from trusted allies, rather than having their decision-making rights taken away.

Self-directed support is about empowering individuals to direct their own care and support according to their preferences and goals. It allows individuals to tailor services to meet their unique needs, promoting autonomy, independence, and dignity. By promoting legal capacity and self-directed support, mental health

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[10] Family-centred Early Childhood Intervention: The best start in life. Position Paper, EASPD, 2022

services shift from a paternalistic model towards one that respects individuals' rights, preferences, and agency.

Legal frameworks that recognise and protect legal capacity are essential for ensuring that individuals with mental health problems can access self-directed support and participate fully in decisions about their care and support. This includes laws and policies that support informed consent, advance directives, and supported decision-making, enabling individuals to exercise their rights and preferences in accordance with their own values and priorities. In essence, legal capacity and self-directed support are integral components of the broader movement towards person-centred, recovery-oriented, and human rights-based mental health care.

Intersectionality

Incorporating intersectionality[11] into human rights-based, person-centred support services for people with psychosocial disabilities is essential. It ensures services are equitable, inclusive, and responsive to diverse individual needs.

People with psychosocial disabilities often face significant stigma and discrimination, which are compounded when their mental health issues intersect with other marginalised identities such as race, gender, sexual orientation, and socio-economic status. These challenges are cumulative, creating unique barriers to accessing support and achieving well-being.

Women with psychosocial disabilities, for instance, may encounter gender-based violence, lower access to education and employment, and greater socioeconomic disadvantages compared to men with similar disabilities. The violence they experience can include physical and sexual violence, as well as emotional and verbal abuse. Gender norms and expectations also influence the prevalence and diagnosis of mental health issues, with women more frequently diagnosed with depression and anxiety, while men are often underdiagnosed due to societal expectations around masculinity.

Intersectionality allows support services to better understand the holistic lived experiences of individuals with psychosocial disabilities. Discrimination is layered and context-dependent, so an intersectional approach helps tailor interventions to address the multifaceted vulnerabilities faced by these individuals. Recognising how structural inequalities and societal attitudes impact those with intersecting identities helps create policies and practices that protect and empower people with psychosocial disabilities.

By addressing the unique challenges at the intersections of multiple identities, service providers can uphold the dignity and rights of all individuals, fostering a more just and supportive environment. Understanding and

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[11] Intersectionality, a concept introduced by Kimberlé Crenshaw in 1989, initially referred to the double discrimination of racism and sexism faced by black women, which could not be tackled simultaneously in legal cases. Crenshaw explains that "intersectionality is a metaphor for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves and create obstacles that often are not understood among conventional ways of thinking." Originally describing the intersection of race and gender, the term has expanded to take into consideration multiple identities such as disability, sexual orientation, race, ethnicity, occupation, immigration and socio-economic status.

addressing the layered nature of discrimination through an intersectional lens enables more effective interventions, enhancing the overall well-being of those in precarious conditions.

For example, mental health services should offer gender-sensitive care that considers the social and cultural contexts of women's lives, including creating safe spaces, providing trauma-informed care, and training mental health professionals to recognise and address gender-specific issues.[12] Additionally, equipping service providers to effectively address the intersections of migration, displacement, crisis, and racism within their support strategies is crucial for ensuring quality support.

[12] World Health Organization. (2021). Guidance on Community Mental Health Services: Promoting Person-Centred and Rights-Based Approaches

Recommendations and commitments

Recommendations for Policymakers

The following recommendations aim to guide policymakers in creating more inclusive, effective, and human-rights-oriented mental health frameworks.

1. Incorporate Person-Centred and Human Rights Approaches

- Ensure all mental health policies and practices align with the Convention on the Rights of Persons with Disabilities (CRPD).
- Prioritise policies that embed person-centred and human rights approaches into mental health frameworks, particularly focusing on those living with disabilities.
- Support the adoption of recovery-oriented practices by providing guidance and resources to mental health service providers.
- Promote legal capacity and supported decision-making for individuals with psychosocial disabilities.
- Establish guidelines, consulting with those with mental health difficulties and implementing effective monitoring mechanisms.

2. Ensure Equitable Access to Community-Oriented Mental Health Services

- Invest in expanding and improving mental health services, ensuring they are available, accessible, acceptable, of high quality (AAFAQ framework), and inclusive towards persons with multiple disabilities.
- Foster the development of community-oriented support networks through policy incentives, funding mechanisms, and regulatory frameworks that prioritise community-based care.
- Encourage preventive measures, including workplace mental health programs and community support initiatives.
- Fund and promote early childhood intervention programs to address developmental and psychosocial challenges early.
- Address the specific mental health needs of marginalised populations, including women, low-income groups, and migrants, with an intersectional approach.

3. Implement Comprehensive Mental Health Policies

- Align national mental health strategies with the EU's new Mental Health Strategy, focusing on prevention, care, and societal reintegration.
- Develop and enforce policies that integrate mental health into broader health, social, and economic policies.

4. Invest in Awareness-Raising and Capacity Building:

- Launch EU-wide campaigns to destigmatise mental health issues and raise awareness about psychosocial disabilities.
- Allocate funding for training (including online) initiatives aimed at capacity building, information sharing, and psychosocial support for mental health professionals.
- Allocate EU funding to facilitate knowledge sharing and best practices in inclusive and human-rights-based mental health support.

- Train professionals in the mental health and disability sectors on intersectionality and its impact on mental health.

5. **Strengthen Data Collection and Monitoring:**
   - Establish mechanisms for gathering disaggregated data on mental health rights and disability at local, national, and international levels. This data should be used to monitor progress, identify gaps in service provision, and inform policymaking processes.

Future commitments of EASPD

The conference and the research exercise marked the start for a deeper engagement on the promotion of a paradigm shift towards human-right, person-centred, recovery-oriented approaches to inclusive mental health service provision, and for this EASPD will:

1. **Continue to advocate for holistic care and support approaches and community-oriented services, and encourage the transition towards person-centred, recovery-oriented, and rights-based models of support.** This will be further achieved by close collaboration with policymakers, other service providers, Disabled Persons' Organisations (DPOs) and persons with mental health issues and psychosocial disabilities to reach this objective.
2. **Engage with individuals with lived experience and their representative organisations -** and foster co-production in mental health policies. The involvement of individuals with lived experience of mental health issues and psychosocial disabilities in the design, implementation, and evaluation of services is also essential.
3. **Challenge stigma and discrimination** through an intersectional approach based on empowering individuals with mental health issues to challenge stigma and discrimination, promoting social inclusion and societal well-being. EASPD will foster language awareness and advocacy efforts, working in cooperation with other DPOs and CSOs and leveraging resources like Mental Health Europe's glossary of terms. As a large employer, social care and support services also have the responsibility to create workplaces, accounting for intersectionality and EASPD will ensure to raise awareness on this aspect too. This is even more important if we are to meet the existing recruitment and retention gaps and deliver high quality support.
4. **Promote best practices and knowledge sharing** by organising events and training sessions to share best practices and innovative approaches in mental health support and mainstream successful prevention and recovery-oriented practices. EASPD's Innovation Awards, along with project development and implementation are well positioned to help EASPD achieve this.
5. **Support capacity-building** and work in partnership to develop resources to enhance the knowledge of staff and awareness of promising practices in inclusive and human-rights based mental health support. EASPD will use initiatives like the Care4Skills project to enhance training in digital and person-centred care approaches.

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