



Draft

Title: **Mental health is political: Addressing Europe’s mental health crisis holistically**

Tabled by: Federation of Young European Greens

Draft text

1 The COVID-19 pandemic has put the spotlight on and worsened what Europe has long
2 been facing – a mental health crisis. In the European Union, 83 million people
3 are affected by poor mental health and one third of those suffering still do not
4 have access to mental healthcare. Brussels and national governments across
5 Europe have done little to address this, and when doing so fail to take into
6 consideration societal factors directly causing the crisis. We welcome the
7 Commission’s announcement of a European mental health initiative with a
8 “comprehensive approach to mental health”. However, an initiative treating the
9 consequences rather than the causes is not enough. Addressing the mental health
10 crisis necessitates a holistic, intersectional approach which, besides
11 addressing a failing mental healthcare system, must also consider broader
12 societal issues, such as the skyrocketing costs of living compounded by the
13 Russian invasion of Ukraine, the housing crisis, poverty, poor working
14 conditions (overwork, burnout, underpay, pay gaps, etc.), structural,
15 institutional and systemic discrimination, and neglect or dehumanisation of the
16 invisibilised(refugees, homeless, etc.).

17 Access to, awareness and quality of mental healthcare differ not just between
18 Member States, but within them. Marginalised groups are disproportionately
19 disadvantaged not just by societal discrimination but by discrimination within
20 the mental healthcare system itself. Tackling this crisis, therefore, needs to
21 be achieved in two parts: wide-scale change at a systemic level to remove
22 oppressive systems that are actively damaging the mental health of the most
23 vulnerable; and the creation, reform, and expansion of mental health services to

24 support those in need.

25 **Education**

26 There is a sharp correlation between high levels of education and a decline in
27 mental illness. Furthermore, schools play a key role within communities.
28 Therefore, mental health in school curricula and services, such as counselling,
29 must be radically instituted or improved. A broader purpose of public education
30 must also consider integrational and cultural education for migrant and refugee
31 communities, and (re-)integrational, rehabilitative and cultural services for
32 invisibilised peoples.

33 **Housing**

34 The right to housing is not guaranteed to all equally. Youth are amongst those
35 vulnerable people who are greatly affected by the housing crises and are subject
36 to unaffordable and substandard living conditions that worsen mental health.
37 Homelessness rates are notably rising amongst youth as well as the elderly, the
38 unemployed, seasonal workers, and (failed) asylum seekers. Young queer people,
39 for example, risk parental rejection and are more exposed to homelessness. Plus,
40 the neglect and dehumanisation of the homeless further exacerbates mental
41 illness.

42 **Work**

43 The COVID-19 pandemic shed light on the poor working conditions or cultures
44 throughout Europe, and furthermore, placed vulnerable individuals in situations
45 of precariousness, exploitation, unemployment, and financial instability. The
46 global capitalist system has normalised a culture of overwork, with all 15
47 European countries surveyed in 2021 reporting a burnout rate of 45% or higher.
48 This is abnormal – we must neither live to work nor work to live – we must work
49 to work and live to live.

50 **Services**

51 Where mental health services exist, they are still inaccessible to many. Of the
52 21 Member States with available data, only 11 provide psychological care through
53 the public healthcare system at no additional cost, and only three provide
54 unlimited care. Many are hindered from access due to absurd waiting times or

55 bureaucracy, and further disparities exist for marginalised groups. The
56 distribution of funds for services tends to occur within the health or social
57 care structures, which represent two separate areas of government funding, and
58 the lack of coordination between the services provided is a barrier for those
59 seeking help.

60 **Systemic discrimination**

61 Black Lives Matter garnered global attention to the oppression of Afro-
62 descendent peoples throughout the West, and the #StopAsianHate movement drew
63 attention to massive spikes of hate crime against peoples of Asian descent
64 throughout the pandemic. Racism is not solely a social issue, but a global
65 public health issue, too. Racism determines social inequalities in health and
66 worsens mental health; its social and economic consequences further negatively
67 impact mental health. Communities of colour, particularly those designated
68 'Muslim' or 'Black', disproportionately experience racial profiling,
69 occupational downgrading and unemployment, violence, and discrimination. They
70 even face racism within mental health services and are disadvantaged in
71 receiving appropriate, timely mental healthcare. To illustrate, although women
72 of colour are at greater risk of developing mental health issues, they face
73 inequalities in diagnosis and care which depend on the cultural competence and
74 attitudes of healthcare providers.

75 Furthermore, health studies disproportionately skew towards wealthy white cis
76 males, leading to research disparities in class, gender, and ethnicity. Special
77 attention is needed for trans healthcare, as trans youth face inordinate
78 obstacles and discrimination to access mental healthcare and gender-affirming
79 surgery. Furthermore, refugees face additional obstacles to mental well-being,
80 with little to no access to mental healthcare in the asylum process, and upon
81 access, under- or misdiagnosis.

82 **Based on the above, the European Greens are asking the EU and/or national** 83 **governments to:**

- 84 1. Recognise that marginalised peoples are most at risk from and most
85 prejudiced by oppressive systems;
- 86 2. Factor in mental health when any resolution, report, or motion is drafted
87 or debated;

88 3. Continue to spread awareness about mental well-being and illness and work
89 to reduce stigma, particularly for and among underrepresented groups.

90 **With regards to education, to:**

91 1. Develop and introduce mental health into the curriculum, such as emotional
92 education;

93 2. Increase the amount of individual tutoring in schools to provide students
94 with safe spaces and more personal, non-conflictual relationships with
95 their educators;

96 3. Institute or improve mental health and counselling services in educational
97 institutions and equip educators with awareness and sensitivity training;

98 4. Facilitate participation in cultural and leisure activities both within
99 and outside educational institutions by funding more projects,
100 scholarships and programmes that aim to increase the cultural and social
101 capital of youth;

102 5. Provide free and accessible cultural and integration courses for migrant
103 and refugee communities;

104 6. Provide free and accessible (re-)integration, rehabilitation and cultural
105 services and help in finding employment for invisibilised peoples to
106 provide them with dignity and reintegrate them into society.

107 **With regards to housing, to:**

108 1. Eliminate practices that contribute to overcrowding and substandard and
109 unaffordable living conditions – for example, via rent controls, improved
110 renter rights, and more social housing;

111 2. Combat rising costs of living, primarily energy poverty for the upcoming
112 winter, via price ceilings or rent moratoria, such as in the Energy
113 Poverty Resolution of 2021;

114 3. Recognise housing as a fundamental right and provide the homeless with

115 humanity and dignity via ethical and humane temporary living conditions;

116 4. Provide those in social housing with tools for self-reliance enabling them
117 eventually to be able to afford permanent housing.

118 **With regards to work, to:**

119 1. Expand workers' rights by, among others, increasing minimum pay and paid
120 vacation, reducing maximum working hours, restricting grounds for firing,
121 and abolishing unpaid work;

122 2. Ensure the financial stability of workers via a European basic income;

123 3. Expand the scope and enforcement of anti-discrimination laws in hiring and
124 work, providing equal opportunities to and within employment regardless of
125 identity.

126 **With regards to mental health services, to:**

127 1. Make mental healthcare part of the public healthcare system at no
128 additional cost to individuals;

129 2. Reprioritise mental healthcare to be evidence-based and patient-first: a
130 system that not only reduces mental illness via curative and
131 rehabilitative care but also improves mental well-being via promotive and
132 preventive care;

133 3. Provide EU-wide standards and best practices in diagnosing and treating
134 mental illness to ensure a cohesive and understandable system, and equal
135 access to care throughout the Member States;

136 4. Increase the accessibility and transparency of information on mental
137 healthcare, particularly in marginalised communities – for example, via
138 centralised, accessible information portals with accessible routes for
139 requesting such services;

140 5. As only 4 Member States meet the recommended number of 20 psychologists
141 per 100,000 people, fund education to boost the number of psychologists to

142 ensure that all Member States meet and eventually surpass this minimum;

143 6. Increase funding for intersectional education, research, diagnosis and
144 treatment of mental health to appropriately address the severity of this
145 crisis.

146 **With regards to systemic discrimination, to:**

147 1. Be it education, housing, labour, or (mental) healthcare policy, approach
148 these intersectionally whilst also working on anti-racist and anti-
149 discrimination policies to dismantle institutional and systemic
150 discrimination;

151 2. Implement inclusive policies and practices in (mental) health education
152 and the healthcare system, such as racial, gender and LGBTQIA+ sensitivity
153 and cultural competence training of (mental) health professionals;

154 3. Overhaul trans healthcare to make it simple, accessible, safe, and
155 holistic, prioritising trust and belief in and the well-being of trans
156 youth;

157 4. Encourage the recruitment of researchers, students, psychologists, and
158 other mental health professionals from marginalised communities, such as
159 ethnic and cultural minorities, for example, by facilitating access to
160 educational and employment opportunities;

161 5. Ensure adequate mental healthcare for refugees.