

Mental health is political: Addressing Europe's mental health crisis holistically

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

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

Education

There is a sharp correlation between high levels of education and a decline in mental illness. Access to education, with the social and societal benefits it potentially brings, creates a bedrock for mental health in our society. Higher levels of education itself have been shown to correlate with lower rates of mental ill-health. Furthermore, schools play a key role within communities. Yet, the education system can often fail to be accessible in itself, or to take into account the needs of those inside it, having a profound and lasting negative effect on the mental health of students. With this in mind, the guarantee of a right to free and accessible education, including an accessible, inclusive and safe educational environment is thus crucial for children and adults alike. Therefore, mental health in school curricula and services, such as counselling, must be radically instituted or improved, so that children can, from a young age, already be taught to understand their emotions and mental states through emotional education, to destigmatise mental illness, and to provide them the care they need. Those providing such curricula or services and those working in related professional fields that deal with mental wellbeing of others should especially receive the proper intersectional education and training, including sensitivity training, to equip them to deal with this. We need an educational system that accommodates and nurtures both neurodivergent people, such as those with ADHD and autism, and people with different mental health needs, like anxiety and depression. A broader purpose of public education must also consider integrational and cultural education for migrant and refugee

communities, and (re-)integrational, rehabilitative, and cultural services for invisibilised peoples.

Housing

Access to housing is not guaranteed to all equally. We demand the establishment and implementation of a right to housing across Europe. Youth are amongst those vulnerable people who are greatly affected by the housing crises and are subject to unaffordable and substandard living conditions that worsen mental health. Homelessness rates are notably rising amongst youth as well as the elderly, the unemployed, seasonal workers, and (failed) asylum seekers. Young queer people, for example, risk parental rejection and are more exposed to homelessness. Plus, people with mental illnesses are at a higher risk of experiencing homelessness and the neglect and dehumanisation of the homeless further exacerbates mental illness, creating a vicious cycle.

Work

The COVID-19 pandemic shed light on the poor working conditions or cultures throughout Europe, and furthermore, placed vulnerable individuals in situations of precariousness, exploitation, unemployment, and financial instability. The current work culture normalised under capitalism is unsustainable and needs to be addressed as a societal issue. This work culture increases demands on individuals caused by a constant pressure to overwork, which has a grave negative impact on the mental health of individuals, including causing exhaustion and burnout. World Health Organisation 2022 World Mental Health Report indicates that globally one in eight people live with a mental health disorder, but resources for help and support are gravely under-resourced. The same report lists e.g. decent work, community and safe environment as factors contributing to a better mental health. This is abnormal – we must neither live to work nor work to live – we must work to work and live to live.

Services

Where mental health services exist, they are still inaccessible to many. Of the 21 Member States with available data, only 11 provide psychological care through the public healthcare system at no additional cost, and only three provide unlimited care. Many are hindered from access due to absurd waiting times or bureaucracy, and further disparities exist for marginalised groups. The distribution of funds for services tends to occur within the health or social care structures, which represent two separate areas of government funding, and the lack of coordination between the services provided is a barrier for those seeking help. Problems with service provision also exist in non-EU countries in the wider Europe.

Coordination is also lacking between the new disability strategy and EU funding. Furthermore, to better monitor the existing services, to improve the situation of people with disabilities (be it visible or not), and to be able to identify where services are still missing, a European-wide harmonised disability data collection would be pertinent, including any EU social surveys and statistical data.

Systemic discrimination

Power structures in society erode the mental health of oppressed people and makes it harder for those already suffering to get back on their feet. Black Lives Matter garnered global attention to the oppression of Afro-descendent peoples throughout the West, and the #StopAsianHate movement drew attention to massive spikes of hate crime against peoples of Asian descent throughout the

pandemic. Racism is not solely a social issue, but a global public health issue, too. Racism determines social inequalities in health and worsens mental health; its social and economic consequences further negatively impact mental health. Communities of colour, particularly those designated 'Muslim' or 'Black', disproportionately experience racial profiling, occupational downgrading and unemployment, violence, and discrimination. They even face racism within mental health services and are disadvantaged in receiving appropriate, timely mental healthcare. To illustrate, although women of colour are at greater risk of developing mental health issues, they face inequalities in diagnosis and care which depend on the cultural competence and attitudes of healthcare providers.

Since the COVID-19 pandemic, disabled/chronically ill people have faced increased mental health struggles due, for example, to isolation. Currently, the mental health impact on those living with a disability/chronic illness is often overlooked, yet mental and physical health go hand in hand. Healthcare must be holistic and multidisciplinary, so that those requiring long term physical healthcare also have integrated access to mental healthcare services.

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

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

- Recognise that marginalised peoples are most at risk from and most prejudiced by oppressive systems;
- Mainstream mental health in all relevant policy initiatives and legislation at national and European level, following the "Health in All Policies" approach by the WHO; Continue to spread awareness about mental well-being and illness and work to reduce stigma, particularly for and among underrepresented groups.

With regards to young people:

- As a UK-study shows (Children and young people: statistics | Mental Health Foundation) 50% of mental health problems are established by age 14 and 75% by age 24. If the mental health problems of Europe's populations are to be improved, it will be necessary to prioritize the mental health of the youth as well as implementing mental health policies with the aim of preventing mental health problems from developing in the first place.

With regards to education:

- Develop and introduce age-appropriate education on mental health literacy, including emotional education and education on neurodiversity into school curricula starting from primary education;
- Increase the amount of individual tutoring in schools to provide students with safe spaces

and more personal, non-conflictual relationships with their educators;

- Institute or improve mental health and counselling services in educational institutions and equip educators with awareness and sensitivity training;
- Facilitate participation in cultural and leisure activities both within and outside educational institutions by funding more projects, scholarships and programmes that aim to increase the cultural and social capital of youth;
- Provide free and accessible cultural and integration courses for migrant and refugee communities;
- Provide free and accessible (re-)integration, rehabilitation and cultural services and help in finding employment for invisibilised peoples to provide them with dignity and reintegrate them into society.

With regards to housing, to:

- Improve access to decent and affordable housing with measures that increase the supply of new housing or make more accessible pre-existing housing, such as providing housing benefits as part of social security, the construction of new or provision of deeply renovated and retrofitted energy-efficient housing - a portion of which must be allocated to public or social housing, increasing the provision of public or social housing more generally, implementing rent controls where applicable, and temporary moratoria on eviction when necessary to prevent an acute crisis which may cause large numbers of people to lose their homes;
- Eliminate practices that contribute to overcrowding and substandard and unaffordable living conditions by introducing new or strengthening pre-existing renters' rights and ensuring their proper implementation and enforcement, as well as providing free unconditional legal advice and legal aid, so that renters have the information and resources they need to uphold their rights;
- Combat rising costs of living, primarily energy poverty for the upcoming winter, especially by providing short-term solutions like financial support to low-income households through different measures like direct payments or tax redistribution, such as in the Energy Poverty Resolution of 2021, as well as long-term solutions like higher energy efficiency standards;
- Recognise housing as a fundamental right and provide the homeless with humanity and dignity via ethical and humane temporary living conditions, following the housing first approach that has been implemented in some member states of the European Union already;
- Provide those in temporary social housing with tools for self-reliance enabling them eventually to be able to afford permanent housing;
- Provide low-energy, high-quality social housing for those who cannot enter the private rental market.

With regards to work, to:

- Expand workers' rights by, among others, increasing the minimum level of social protection or income in a manner customary to each member state and paid vacation, reducing maximum working hours, restricting grounds for firing, increasing parental leave, and abolishing unpaid work, including e.g. unpaid internships;
- Ensure the financial stability of workers via adequate wages as well as social benefits that secure livelihoods guided by the idea of a European basic income and working with model projects to explore its possibility and feasibility;
- Expand the scope and enforcement of anti-discrimination laws in hiring and work, providing equal opportunities to and within employment regardless of identity;
- Provide appropriate guidance so that everyone has access to quality, sustainable jobs;
- Ensure an adequate minimum social protection for those who can't work;
- Ensure high workers' welfare standards in public procurement contracts and eliminate modern day slavery from all supply chains;
- Ensure neurodiversity is not discriminated against in both hiring and employment by adopting neurodiversity-friendly hiring and workplace practices in the public sector and incentivising similar practices among private employers.

With regards to mental health services, to:

- Ensure Universal Health Coverage, in accordance with the WHO definition, with a public healthcare system that includes mental health care with no additional costs for individuals;
- Work towards integrating physical, social and mental health care, increasing communication within and between services, and facilitating interdisciplinary collaboration. This will make services easier to navigate, and promote holistic, person-centred care;
- Reprioritise mental healthcare to be evidence-based and patient-first: a system that not only reduces mental illness via curative and rehabilitative care but also improves mental well-being via promotive and preventive care;
- Involve people with lived experience of mental health issues in the shaping and implementation of relevant mental health services (e.g., through independent advocacy);
- Provide EU-wide standards and best practices in diagnosing and treating mental illness to ensure a cohesive and understandable system, and equal access to care throughout the Member States, all of which can be used as an example for non-EU countries in the wider Europe;
- Increase the accessibility and transparency of information on mental healthcare, particularly in marginalised communities – for example, via centralised, accessible information portals with accessible routes for requesting such services;
- The WHO has alerted the European region in its 2022 report Health and care workforce in

Europe: time to act on European countries' lack of capability to respond to the worsening mental health situation due to the inadequate number of health and care workers, especially insufficient recruitment of mental health professionals. To solve this crisis, the European countries need to take the WHO recommendations seriously, fund increased education of mental health professionals, promote healthy work life balance and take measures to protect the health and mental well-being of the workforce. Increase funding for intersectional education, research, diagnosis and treatment and care of mental health to appropriately address the severity of this crisis. This includes intersectional education on mental health and mental health-relevant education, such as trauma-informed training, neurodiversity awareness training and sensitivity training for both (mental) health professionals and all related professions that deal with the mental wellbeing or addressing mental care of others outside medical care as well, such as counsellors and HR managers;

- Recognise, appropriately research, and care for deteriorating mental health in the context of the climate crisis (e.g. climate anxiety and eco-depression), without pathologizing what is a legitimate reaction to one's social environment.

With regards to systemic discrimination, to:

- Be it education, housing, labour, or (mental) healthcare policy, approach these intersectionally whilst also working on anti-racist and anti-discrimination policies to dismantle institutional and systemic discrimination;
- Implement inclusive policies and practices in (mental) health education and the healthcare system, such as racial, gender, disability and LGBTQI+ sensitivity and cultural competence training of (mental) health professionals, as well as for all related professions that deal with the mental wellbeing or addressing mental care of others outside medical care as well;
- Overhaul trans healthcare to make it simple, accessible, safe, and holistic, prioritising trust and belief in and the well-being of trans youth;
- Encourage the recruitment of researchers, students, psychologists, and other mental health professionals from marginalised communities, such as ethnic and cultural minorities, for example, by facilitating access to educational and employment opportunities;
- Ensure adequate mental healthcare for refugees and other migrants.