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**Opinion of the European Committee of the Regions – Mental Health
(Own-initiative opinion)**

(C/2024/3666)

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POLICY RECOMMENDATIONS

THE EUROPEAN COMMITTEE OF THE REGIONS

Key messages

1. welcomes the European Commission's communication on a comprehensive approach to mental health. The document makes it clear that any action on mental health should be comprehensive and cross-sectoral and go beyond health policy;
2. reiterates that mental health is a universal human right and is crucial to human, community and socio-economic development; whereas the WHO's estimate of over 150 million people in Europe living with a mental health condition poses a challenge to the overall attainment of well-being and sustainable development in European societies;
3. states that under Article 168 of the Treaty on the Functioning of the European Union, Union action is to complement and support national policies and be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health. However, these actions should respect EU countries' regional health policies, in particular on the organisation and delivery of health services and medical care;
4. draws attention to its previous opinions on health, stressing that physical and mental health are inextricably linked and must be treated on an equal footing in terms of adequate funding; stresses that people with severe mental illness experience a higher prevalence of physical co-morbidities and multi-morbidities and therefore there is a need for integrated and holistic care delivery which considers their mental and physical health needs;
5. notes that mental health conditions not only reduce health expectancy, but are also a risk factor associated with some premature deaths; mental health conditions thus constitute a risk factor associated with suicide which is the second leading cause of death in young people (aged 15-24) in the European Union;
6. stresses that mental health disorders were already affecting some 84 million people in the EU even before the outbreak of the COVID-19 pandemic, with an estimated cost of around EUR 600 billion per year, or more than 4 % of GDP. Moreover, there are significant social, gender and age inequalities between regions, and further research into these disparities is needed;
7. points out that the right of access to preventive healthcare and the right to benefit from medical treatment are enshrined in the Charter of Fundamental Rights of the EU ⁽¹⁾;
8. expresses concern about obstacles in certain Member States that hinder access to mental health services through the public healthcare system, including issues such as additional fees, prolonged waiting times for appointment scheduling, a shortage of mental health professionals, and the prevalence of stigmatisation;
9. welcomes the Council conclusions of 30 November 2023, which called on Member States to 'elaborate action plans or strategies with a cross-sectoral approach to mental health'. The Committee is prepared to participate in this process through its members at all levels of subnational government and as an advisory body at EU level;

⁽¹⁾ OJ C 202, 7.6.2016, p. 389.

10. underlines the impact of environmental factors on mental health and emphasises the need to address environmental stressors, such as pollution, noise and climate change, alongside societal and economic factors when developing Member States' strategies on mental health;

The role of local and regional authorities and the importance of collecting data

11. highlights the crucial role of local authorities in managing mental health services⁽²⁾, as well as the commitment of cities and regions to high-quality, patient-centred healthcare. It also draws attention to its 2022 report on the State of Regions and Cities⁽³⁾, including examples of local mental health projects;

12. draws attention to the very limited, and sometimes even lack of, access to up-to-date local and regional data on mental health, which in turn makes it difficult to develop and implement promotion, prevention and treatment measures to improve mental health and boost access to essential healthcare⁽⁴⁾. The CoR therefore calls on the European Commission to prioritise the collection of standardised local and regional data in order to identify prerequisites for mental health as well as health needs at local and regional level. The data collected will allow for ongoing monitoring and appropriate responses to regional and local health gaps, including disparities in access to high-quality services. It therefore welcomes the Commission's intention to include additional data on mental health (European Health Interview Survey) in European research on mental health as of 2025. It also calls on the Commission to support further research on mental health, to thoroughly assess local and regional projects and to test the implementation of the most promising results of joint actions, such as ImpleMENTAL;

13. supports the promotion of all research work using health data in digital form. At the same time, it points out that the increasing digitalisation of such sensitive information must be counterbalanced by an appropriate degree of security. The cybersecurity threat is continually growing, and a possible leak of health data, and mental health data in particular, could be extremely detrimental to the wellbeing of those directly affected; also calls on the Commission to ensure that the opportunities and security requirements arising from sharing mental health data and its primary and secondary use are thoroughly considered and explored in connection with the EU initiative for building the European Health Data Space⁽⁵⁾;

14. would like to join the Commission's Public Health Expert Group (PHEG) as an observer to support the transfer of relevant best practices from Member States and stakeholders to cities and regions;

15. welcomes the Commission's intention to provide adequate support to each EU Member State through technical assistance and capacity building for the transfer and implementation of best practices. The CoR calls on the Commission and Member States to extend this offer to local and regional authorities, as they have unique knowledge and experience of needs and solutions and are largely responsible for subsequently implementing solutions at local and regional level;

Support and measures for promoting, preventing and treating mental health

16. agrees with the statement that 'people's health is influenced by their life experiences and environments in which they spend their lives', as it expresses the important role of environmental determinants, including socio-economic factors, on mental health. The CoR therefore reiterates its call to the Commission to finance a new edition of the 2013 report on health inequalities in the EU⁽⁶⁾ to reflect the current situation, i.e. the impact of wars, pandemics, the technological changes in progress, and energy and economic crises;

⁽²⁾ <https://cor.europa.eu/en/engage/studies/Documents/health-systems/health-systems-en.pdf>.

⁽³⁾ <https://cor.europa.eu/en/our-work/Pages/State-of-Regions-and-Cities-2022.aspx>.

⁽⁴⁾ Eurostat does not have data specific to prevention of mental health issues or mental health care at NUTS 2 regional level, it is based instead on data at national level.

⁽⁵⁾ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A52022PC0197>.

⁽⁶⁾ <https://op.europa.eu/en/publication-detail/-/publication/e3d84056-2c24-4bd3-92db-2cb71a0d0bc4/language-en>.

17. reminds that especially health professionals, but also education, security, essential service workers and shift workers are subject to a high stress burden and disproportionate suicide rates; therefore urgently requests targeted policies and interventions for prevention and promotion of mental health and wellbeing in these professions; stresses that working conditions need to be designed in a way to allow a healthy work-life balance, thereby ensuring the retention of professionals in these fields in the long term;

18. underlines the importance of healthy childhood development for promoting mental health and preventing mental health issues. In 2022, 24,7 % of children under the age of 18 in the EU were at risk of poverty or social exclusion ⁽⁷⁾. Therefore, reiterates the call for a Child Union for Europe and a strong European Child Guarantee to eradicate child poverty and ensure access to rights such as healthcare and education ⁽⁸⁾. This would not only provide children with more developmental opportunities in life but also increase primary caretakers' capacity to foster safe attachments with their children which are fundamental to their mental health even as adults;

19. supports the Council Conclusions adopted on 9 October 2023 ⁽⁹⁾ on the interconnection between mental health and employment, with a focus on precarious work. Mental health and work are closely interconnected. Mental health is an important issue for work ability and productivity and, conversely, psychosocial risks at work can be detrimental to mental health. In particular, precarious work, including poorly paid and unprotected jobs, may lead to disorders such as anxiety and depression; in addition, studies show that there are groups of workers who, due to the particular idiosyncratic nature of the tasks they perform, are particularly vulnerable to mental health disorders, and that these workers should receive special care and protection, given that they also provide services that are essential to the community. These include, in particular, staff working in the areas of care provision, the emergency services and security, on account of their exposure to situations of high stress and emotional impact. Measures relating to mental health surveillance in situations where there is psychological risk will lead to greater protection of the health of the community;

20. welcomes the invitation to present best practices on the promotion of health and mental health through the relevant EU portal ⁽¹⁰⁾. The CoR calls on local and regional authorities to share examples of innovative or promising projects from their areas;

21. reminds the Commission that healthcare systems in most Member States are decentralised and therefore recommends that the planned national websites for citizens (Flagship Initiative 4) also have links to regional sites in order to improve access to treatment, support and care;

22. refers to the Venice Declaration ⁽¹¹⁾, which is focused on Goal 11 of the United Nations 2030 Agenda for sustainable development aiming to make cities and human settlements inclusive, safe, durable and sustainable. As per the Venice Declaration, it highlights that the organisation of campaigns that promote healthy lifestyles can play a huge role when it comes to promoting mental health and preventing mental issues. In this regard, calls on other cities and regions to sign the Declaration enabling a wider collection of relevant good practices to be shared;

23. supports the World Health Organization (WHO) campaign Every Move Counts ⁽¹²⁾ and draws attention to the beneficial link between physical activity and mental health. Scientific studies show that physical activity reduces symptoms of anxiety and depression. Physical activity-related actions should pay particular attention to people with mental health issues, as this group is at greater risk of poor physical health. The CoR calls on the Member States to establish national physical activity programmes with specific chapters dedicated to the impact of differences in age, gender and socio-economic background and to make sports infrastructure, courses and clubs more accessible;

⁽⁷⁾ https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Children_at_risk_of_poverty_or_social_exclusion.

⁽⁸⁾ Opinion of the European Committee of the Regions – Improving the social inclusion of children by implementing the European Child Guarantee at local and regional level (OJ C, C/2024/3669, 26.6.2024, ELI: <http://data.europa.eu/eli/C/2024/3669/oj>).

⁽⁹⁾ <https://data.consilium.europa.eu/doc/document/ST-13937-2023-INIT/en/pdf>.

⁽¹⁰⁾ Portal BP (europa.eu).

⁽¹¹⁾ <https://familyperspective.org/wp-content/uploads/2023/02/2023-updated-venice-declaration-1.pdf>.

⁽¹²⁾ <https://www.who.int/news-room/feature-stories/detail/physical-activity---great-for-your-body---great-for-your-mind>.

Substance abuse and mental health

24. is concerned about the strong link between mental health crises and substance use/abuse. For example, according to the European Monitoring Centre for Drugs and Drug Addiction, up to 80 % of patients in certain drug treatment groups have other mental health problems as well ⁽¹³⁾;

25. shares the view that people facing mental health disorders are more vulnerable to the abuse of psychoactive substances as some might use them to soothe the emotional pain at the root of their mental health issues ⁽¹⁴⁾. As a result of drug abuse, these people often become dependent on them, making them more vulnerable to unemployment and homelessness, and more likely to engage in high-risk behaviours linked to infections such as HIV and hepatitis C. Specific efforts should be made to detect these disorders and to adopt multidisciplinary, holistic approaches with the aim of ensuring close coordination and integration between the different services of regional and national authorities' mental health care networks;

26. recognises the stigmatisation of addiction and substance abuse, which can prevent people who are affected by it from reaching out, and therefore advocates treating it as a complex health issue; calls on the Member States to increase their involvement in research and to put organisational solutions in place for people dealing with mental health issues and addictions. Aware of the devastating impact of drug cartels, both in Europe and on other continents, the CoR welcomes the new EU roadmap to fight drug trafficking and organised crime; stresses that the fight against organised crime must go hand in hand with programmes to support recovery from addiction and to help prevent the onset of drug use, especially among minors;

Vulnerable groups and groups subject to discrimination

27. recognises the impact on mental health of discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation;

28. stresses the importance of social policies that tackle social exclusion, poverty, homelessness, substance-related disorders, unemployment and economic vulnerabilities in order to prevent mental health conditions and address their root causes; underlines the need to provide better instruments to help people to cope with problems;

29. condemns HIV criminalisation and discrimination in the European Union and urges Member States to end such practices without further delay, including those that hinder accessibility to health services;

30. points out that women are twice as likely to experience depression and that their experiences and societal roles shape perceptions and expectations and have an impact on mental wellbeing ⁽¹⁵⁾. The CoR therefore welcomed the approval of the Pay Transparency Directive ⁽¹⁶⁾ in spring 2023 and calls on all Member States to transpose it into national law without delay. It hopes that Directive (EU) 2023/970 will help close the gender pay gap faster – it currently stands at around 13 % in the EU;

31. is shocked by the fact that one third of all women in Europe have experienced physical or sexual violence at least once in adulthood, 20 % of young women have experienced online sexual harassment, one in five women have been stalked, one in twenty women have been raped and more than one in ten have experienced sexual violence. Such acts have an irreversible psychological impact on women. The CoR calls for more effective actions and frameworks to be put in place at all levels of governance in order to ensure that sex offenders are prosecuted, and to focus on preventing violence and assisting victims of violence and helping them to become part of society and the labour market once again;

⁽¹³⁾ https://www.emcdda.europa.eu/media-library/motion-graphic-drug-use-problems-and-mental-health-%E2%80%94-comorbidity-explained_en.

⁽¹⁴⁾ https://www.emcdda.europa.eu/publications/pods/comorbidity-substance-use-mental-health_en.

⁽¹⁵⁾ https://eige.europa.eu/publications-resources/toolkits-guides/gender-equality-index-2021-report/women-report-poorer-mental-well-being-men?language_content_entity=en.

⁽¹⁶⁾ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52021PC0093>.

32. notes that the Istanbul Convention on preventing and combating violence against women ⁽¹⁷⁾ entered into force in the EU on 1 October 2023 and calls on the few Member States that have not yet ratified it to do so without delay;

33. notes that the situation of migrants and refugees makes them more vulnerable to mental health crises. The prevalence of mental illness, for example such disease categories as depression, anxiety and PTSD is noticeably higher in this group (one in three) compared to the rest of the population. In addition, many migrants face problems accessing mental health services ⁽¹⁸⁾;

34. highlights the challenges related to discrimination against the LGBTQ+ community. The ever-present stigma and discrimination negatively affect their overall wellbeing and increase the risk of depression and suicide attempts ⁽¹⁹⁾;

35. notes the situation and mental health conditions of homeless people, flagged up by many European and international studies ⁽²⁰⁾, and calls on the Member States to establish support programmes for homeless people which make mental health a priority in terms of care and assistance;

36. condemns all forms of discrimination against LGBTQIA+ people, as it poses a significant threat to their mental health and is a violation of human rights;

37. Emphasises the often overlooked link between mental health and pregnancy, noting the worrying prevalence of depression and anxiety among pregnant women; stresses the importance of comprehensive and accessible support from conception to postpartum; underlines the role of education on the impact of mental health on both mother and baby to ensure their safety and well-being during and after this critical period;

38. stresses that the ageing process increases the risk of social isolation, loss of independence and the emergence of chronic diseases, which at the same time has a negative impact on mental health. The CoR is concerned about the frequently occurring depression and higher suicide rates among older people and calls on local and regional authorities to prioritise projects on ageing with dignity, support for physical activity and opportunities to socialise for older people, as such projects have a positive impact on their mental wellbeing;

39. stresses the importance of protecting the mental health of children, adolescents and young adults, particularly in the school and family environment, as this largely determines their development in adulthood; underlines the important role of education in preventing bullying and cyberbullying at school to prevent problems in the health and well-being of students;

40. Underlines the beneficial impact of physical activity, movement and play as drivers of positive mental health, especially in children, adolescents and young adults;

41. welcomes the announcement of programmes to support the mental health of children and young people, in particular the Child and Youth Mental Health Network (initiative 7), the prevention toolkit focusing on, e.g. bullying in educational settings (initiative 8), tools for children and young people to actively address healthy lifestyles (initiative 9) and the Healthy Screens, Healthy Youth programme (initiative 10);

42. Calls on the EU and Member States to develop a holistic strategy to address neurodivergent conditions and hidden disabilities, such as autism and ADHD. Emphasises the crucial role of early diagnosis in order to provide timely and improved support and to create an educational atmosphere that encourages continuous learning and well-supported integration of children with neurodivergent conditions, in order to promote inclusivity and ensure a society that values and empowers individuals with diverse needs.

43. is concerned about the increasing number of suicide attempts among children and young people. The CoR notes that the reasons for this are multifaceted and require integrated cross-sectoral action (health service, education, judiciary, social assistance) and calls for better funding for programmes aimed at integrating these areas of action as part of a comprehensive approach to mental health; calls for special attention to be paid to the media and to digital content managers;

⁽¹⁷⁾ <https://www.consilium.europa.eu/en/press/press-releases/2023/06/01/combating-violence-against-women-council-adopts-decision-about-eu-s-accession-to-istanbul-convention/>.

⁽¹⁸⁾ <https://www.who.int/news-room/fact-sheets/detail/mental-health-and-forced-displacement>.

⁽¹⁹⁾ <https://ilga-europe.org/report/annual-review-2022/>.

⁽²⁰⁾ See Hwang, 2001; Baggett et al., 2010; Chin et al., 2011; Kertesz, 2014; Davies and Wood, 2018.

44. highlights that prioritising family-friendly policies that recognise that families provide individuals with a sense of security, love and belonging are essential for good mental health. A lot can be done at home to combat mental health problems if the right structures are put in place and if parents and care-givers are well supported;

Privatisation of mental healthcare

45. draws attention to the labour shortages in health services experienced by almost all regions and cities. In particular, it is concerned about the lack of mental illness specialists across various professions. Staff shortages are affecting medical staff working in psychiatry, clinical psychology professionals and nursing professionals specialising in mental health, as well as other therapeutic staff in both outpatient and hospital settings. The CoR calls on the Member States to address this issue by working with insurers, universities and health services to create the right conditions for training mental health specialists, developing their skills and ensuring they have a sustainable working life;

46. urges the Commission and the Member States to support and develop programmes assisting family members and informal caregivers of people with mental health issues, as the family members and caregivers themselves are constantly subject to considerable levels of stress which could seriously jeopardise their own mental wellbeing;

47. stresses that while healthcare is available to European citizens, the long waiting time for help forces many people to pay for these services themselves. This makes them less accessible for less affluent communities and, in the longer term, may even lead to social exclusion ⁽²¹⁾;

48. calls for increased funding for mental health care for children and young people and for greater structural support for local types of services that can intervene to prevent mental health crises among minors;

Deinstitutionalisation and the costs of inaction

49. encourages all national governments to implement good practices of deinstitutionalisation in the field of mental health; this necessitates enhancing and increasing community-level tools and resources;

50. is concerned about the growing commercialisation of mental health services, which will consequently lead to increasing inequalities in the availability of such services among those in need; stresses, therefore, the importance of the public and openly accessible nature of healthcare services in Europe;

51. stresses that research in the field of health economics ⁽²²⁾ shows that the development of mental health social services significantly reduces the cost of hospital services, while at the same time making treatments highly effective. The positive impact on health means that more people can enter the labour market. This increases the level of production and overall social participation;

52. stresses that inaction can lead to greater economic burdens in the long term, including higher healthcare costs, but also social consequences, as mental health problems can get worse if not treated, putting those experiencing them in vulnerable situations, unable to find employment and at risk of poverty and social exclusion;

53. encourages the development of mental health services in primary health and social care facilities. Making them more accessible lightens the burden on the costly system of hospital care; the development of mental health services should also be promoted in the context of the activities carried out by the health services of occupational risk prevention services. With regard to workers' health surveillance, there is potential to detect signs and symptoms relating to mental health early; the effectiveness and efficiency of this opportunity should be enhanced;

54. recognises the potential impact of digital mental health services in increasing accessibility for youth, especially in remote or underserved areas. Acknowledges that digital disparities and literacy barriers may hinder some young people from accessing online mental health services;

⁽²¹⁾ <https://www.independent.ie/irish-news/stark-divide-between-private-and-public-mental-health-units-revealed-in-new-watchdog-report/41803889.html#:~:text=Irish%20News-,Stark%20divide%20between%20private%20and%20public%20mental,revealed%20in%20new%20watchdog%20report&text=Only%20a%20select%20number%20of,new%20watchdog%20report%20has%20warned.>

⁽²²⁾ <https://deinstitutionalisationdotcom.files.wordpress.com/2017/07/guidelines-final-english.pdf>.

55. points out that, according to WHO studies, every dollar invested in more effective treatment of depression and anxiety provides a return of four dollars in terms of better health and capacity to work. Therefore, expenditure on mental health is not a cost, but an investment with a high rate of return;

Integrating mental health across policies

56. agrees with the ‘mental health across all policies’ approach and supports actions on mental wellbeing in areas such as education, arts and culture, environment, labour law, unemployment, cohesion, research and innovation, social protection, sustainable regional development, sustainable urban development and the digital world;

57. stresses the importance of implementing strong monitoring and evaluation systems in order to make mental health programmes more effective, and identify areas for improvement;

58. calls on the Member States to develop mental health programmes and implement them in schools to help children develop in a non-stigmatising environment adapted to their emotional needs. Children need to be equipped with the ability to cope with stress and other factors that have a negative impact on mental health. The CoR recommends that the Commission set up a repository of school programmes in order to increase their shared use;

59. calls on the Member States and their authorities to prioritise children’s mental health in all urban, regional and national strategies and to invest in such areas as free access to sport or cultural activities, youth organisations and extracurricular clubs;

60. is concerned about the spread of cyberviolence and welcomes the Digital Services Act (DSA)⁽²³⁾, particularly Article 34 which requires providers of large platforms or search engines to carry out a systemic risk assessment, including in particular threats that may have ‘any actual or foreseeable negative effects in relation to gender-based violence, the protection of public health and minors and serious negative consequences to the person’s physical and mental well-being’;

61. recommends that local and regional authorities support actions to raise awareness of the risks associated with the use of digital services by improving digital literacy, while also protecting identities online;

62. recommends that local and regional authorities step up their efforts to improve air quality at local level through spatial planning, mobility and transport, urban ecology and other policies. The CoR highlights the UN’s findings on the link between poor air quality and psychological and behavioural problems in childhood, including attention deficit hyperactivity disorder (ADHD), anxiety and depression;

63. reiterates its call⁽²⁴⁾ to city councils to promote and facilitate urban design strategies that create pedestrian- and bike-friendly, safe, attractive and accessible public spaces, and points out that green spaces have a positive impact on mental health⁽²⁵⁾;

Financing

64. welcomes the announcement of EUR 1,23 billion to support mental health measures, but notes that this funding may not be sufficient to support all the initiatives proposed by the Commission;

65. points out that EUR 765 million have been allocated under Horizon 2020 and Horizon Europe to support research and innovation projects in the field of mental health and calls on public authorities and scientific centres to take advantage of these opportunities;

66. is concerned that access to EU funds is still too complicated, especially for smaller entities and calls for the equivalent of the Technical Support Instrument for regions and cities;

67. supports the Parliament’s proposal to set up a mission on mental health under Horizon Europe and the future programme of the multiannual financial framework 2028-2035;

⁽²³⁾ Regulation (EU) 2022/2065 of the European Parliament and of the Council of 19 October 2022 on a Single Market For Digital Services and amending Directive 2000/31/EC (Digital Services Act) (OJ L 277, 27.10.2022, p. 1).

⁽²⁴⁾ Opinion of the European Committee of the Regions – The role of cities as health promoters (OJ C, C/2024/1045, 9.2.2024, ELI: <http://data.europa.eu/eli/C/2024/1045/oj>).

⁽²⁵⁾ <https://www.nature.com/articles/s41598-021-87675-0>.

The future of mental health in Europe

68. supports the call for a European Year of Mental Health and for a European Mental Health Plan;
69. encourages the Commission to take a comprehensive approach as a first step towards a full mental health act;
70. calls on the European Commission to ensure that the recommendations made in the course of the European semester do not have adverse effects on public services and the right to health of Europeans; insists particularly that austerity measures should not compromise the resilience of health care services in Member States.

Brussels, 17 April 2024.

The President
of the European Committee of the Regions
Vasco ALVES CORDEIRO
