



**Mental  
Health  
Europe**

Equal rights.  
Better mental health.  
For all.

January 2025

**MENTAL HEALTH EUROPE'S ALTERNATIVE REPORT  
For the second review of the European Union  
by the Committee on the Rights of Persons with  
Disabilities (UNCPRD)**



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## About Mental Health Europe

[Mental Health Europe](#) is the largest independent European non-governmental network working in the field of mental health. We are committed to the promotion of mental well-being, the prevention of mental distress and improvement of care. We advocate for social inclusion and the protection of the rights of (ex)users of mental health services, persons with psychosocial disabilities, their families and carers. We also raise awareness of mental health to end mental health stigma and discrimination.

Mental Health Europe represents associations and individuals in the field of mental health including users of mental health services, their supporters, professionals, service providers, human rights experts and volunteers. We work closely with the European Institutions and international bodies to mainstream mental health in all policies and end mental health stigma. For a better understanding of the essence of our work, check our [Mental Health Europe explained](#) page and [our introductory video](#).

## Context

The European Union (EU) ratified the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) in 2010. In 2015, it was reviewed for the first time by the Committee on the Rights of Persons with Disabilities (UN CRPD Committee). Its second review, originally planned for 2022, was postponed to March 2025.

As a unique economic and political union between 27 Member States, the EU listed the areas in which it has an exclusive or shared competence with its Member States vis-à-vis the implementation of the UN CRPD. The EU has exclusive competence about the compatibility of state aid with the common market and the common custom tariff. It shares competence with Member States on actions to **combat discrimination towards persons with disabilities**, improve **free movement of goods, persons, services and capital** agriculture, transport by rail, road, sea and air transport, taxation, internal market, **equal pay regardless of gender, disability or other grounds of discrimination**, Trans-European network policy and statistics. It also shares competence with Member States towards developing a **coordinated strategy for employment**.

The declaration of competence also contains a list of EU laws and regulations that are relevant for the implementation of the UN CRPD on topics related to accessibility, equality, independent living standards, social inclusion, work and employment, personal mobility, statistics and data collection, and international cooperation.

## Methodology

**This updated version of the alternative review done in 2022, reflecting the policy changes at the European level that have happened since its publication.**

In 2022, Mental Health Europe created an ad-hoc working group to support the preparation of our alternative report. The working group was composed of Mental Health Europe's members knowledgeable on human rights and psychosocial disability, including experts by experience, and/or expert in one or more of the topics covered by the UNCRPD. The alternative report was drafted by Mental Health Europe Brussels office and reviewed by the ad-hoc working group and the Mental Health Europe Board.

Information for the original report and the update was collected through desk research starting from [Mental Health Europe's 2019 implementation report of the UNCRPD recommendations](#).

For more information, please contact Camille Roux, Policy Coordinator at Mental Health Europe, [c.roux@mentalhealtheurope.org](mailto:c.roux@mentalhealtheurope.org).

## Abbreviations and acronyms

<b>EEG</b>	European Expert Group in the transition from institutional to community-based care
<b>EU</b>	European Union
<b>UN CRPD</b>	United Nations Convention on the Rights of Persons with Disabilities
<b>UN CRPD Committee</b>	Committee on the Rights of Persons with Disabilities

## Glossary

**Mental health** is [defined by the World Health Organisation \(WHO\)](#) as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” Mental health is an integral part of everyone’s general health, and is as valuable and important as physical health.

**Mental health problems** are the opposite of good mental health. It is a state where a combination of factors, such as a person’s life, social, economic and cultural environment, negatively influence their well-being. Mental health problems can prevent a person to reach the highest possible level of wellbeing if paired with societal barriers.

**Psychosocial disability** is an internationally recognised term, in particular by the United Nations, to describe the experience of people who have mental problems which, in interaction with various societal barriers, may hinder the full realisation of their rights.

The **psychosocial model of disability** frames psychosocial disability as a human experience. Distress is caused by a variety of factors including wider socio-economic issues, challenging or traumatic life events and personality. With this model, a psychosocial disability is a mental health problem which, when combined with barriers in society, becomes disabling. The psychosocial model differs from the biomedical model of disability, which frames psychosocial disability as an illness mainly caused by biomedical factors and genetic predisposition.

This term **experts by / through experience** is often seen as an equivalent of ‘person with lived experience’. It refers to a person who has or had experience of mental health problems and has gained expertise in their own experience.

**Co-creation** is an approach through which persons with psychosocial disabilities, their supporters, service providers and other actors work together on an equal basis and value the essential knowledge each contribute.

For more information and explanations on terms and words related to psychosocial disabilities, please consult [Mental Health Europe glossary and guidance](#).

# Review of General Provisions of the UN CRPD

## Articles 1 to 4: General principles and obligations

### Ratification of the Optional Protocol

The EU has not ratified the Optional Protocol of the UN CRPD.

Mental Health Europe calls for:

The European Union to ratify the Optional Protocol to the UN CRPD.

### Review of EU legislation to harmonise it with the UNCRPD

To date the EU has not conducted a review of its legislation to ensure the full harmonisation with the provisions in the UN CRPD, as recommended in the 2015 Concluding Observations.

Additionally, in a number of documents including pieces of legislations, publications or web pages, inappropriate terminology continues to be used, despite the UN CRPD. These are widely prevalent, one example is the use of expressions like “mentally disabled persons” in documents referring to the [mutual recognition of final decisions in criminal matters](#).

Mental Health Europe calls for:

1. Conducting a full review of its legislation to ensure that it is harmonized with the UN CRPD.
2. Continuing aligning new laws, policies and programs with the UN CRPD.
3. Providing compulsory training on UNCRPD and non-stigmatizing terminology in law making to staff.
4. Reviewing legislation, policies and programs with the purpose of using appropriate non-stigmatizing terminology towards people with psychosocial disabilities and mental health problems.

### Strategy on the implementation on the UNCRPD

The EU adopted its strategy for the implementation of the UN CRPD in March 2021, the [Strategy for the Rights of Persons with Disabilities 2021-2030](#). This strategy clearly mentions some of the barriers faced by persons with psychosocial disabilities and mental health problems – a clear improvement from the past strategy covering the 2010-2020 period, which did not fully address

the challenges faced by persons with 'invisible' disabilities. The first phase of action under the Strategy is almost over and there has been progress under this framework. However, all of the actions planned in the first phase are coming to an end in 2025 and at the time of this report. **Commissioner Lahbib committed to propose new actions and a flagship initiative in the first year of her mandate, but there is not concrete plan and timeline at the time of this publication.**

Mental Health Europe calls for:

1. The European Commission to develop the second phase of the Strategy through an action plan with clear and immediate actions and deadlines for the realization of the rights under the UNCRPD by 2030 Strategy for the Rights of Persons with Disabilities 2021-2030.
2. The European Commission to develop and implement specific initiatives to close the gap for persons with psychosocial disabilities and mental health problems, with a special focus on legal capacity and deinstitutionalisation.

## Set up a structured dialogue for the meaningful involvement of persons with disabilities

The Strategy for the Rights of Persons with Disabilities 2021-2030 established the Disability Platform. This group includes experts in the field of disability, including persons with disabilities in their professional function and their representative organisations, and aims to support the European Commission in the implementation of the 2021-2030 strategy, as well as national disability strategies, plans or policies. Additionally, the Directorate-General for Employment, Social Affairs and Inclusion has a structured dialogue with civil society which sometimes deals with issues of relevance for persons with disabilities.

That said, there is no standardised mechanism to ensure the regular and meaningful involvement of persons with disabilities and their representative organisations in other Directorates General of the European Commission or other EU bodies (e.g. Council of the EU). Consultation continues to be ad hoc across all EU institutions.

Mental Health Europe calls for:

The EU to set up a structured dialogue with an independent budget line and sufficient funding for coordination among EU institutions, agencies and bodies and for meaningful consultation with and participation of persons with disabilities in all their diversity and their representative organizations.

## Update the declaration of competence and its list of instruments

The EU has not updated the declaration of competence and its list of instruments, as recommended in the 2015 Concluding Observations.

Mental Health Europe calls for:

The EU to timely update the declaration of competences and its list of instruments and determine what measures will be taken if this timescale is unmet.

## Article 5: Equality and non-discrimination

The 2015 Concluding Observations recommended the EU to adopt the horizontal Directive on equal treatment as well as ensure that discrimination in all aspects on the grounds of disability is prohibited, including multiple and intersectional discrimination.

Until today, the proposed horizontal Directive on equal treatment is not adopted as this piece of legislation remains blocked for adoption in the Council of the EU. This implies that presently the EU does not have a comprehensive piece of legislation addressing discrimination on the grounds of disability, age, religion or belief, and sexual orientation in the areas of social protection, health care, (re)habilitation, education and the provision of goods and service.

Over the past few years, the European Commission has introduced a variety of initiatives to address the better inclusion of persons in vulnerable situations or marginalised groups. Examples of such initiatives are: the [Gender Equality Strategy 2020-2025](#), the [LGBTIQ Equality Strategy 2020-2025](#) and the [EU Youth Strategy for 2019-2027](#). While some of these initiatives aim to tackle those barriers and challenges that can cause multiple and intersectional discrimination and other socio-economic factors that can precipitate mental distress, there continues to be a lack of concrete actions to ensure the adequate implementation of these initiatives and the meaningful involvement of persons with lived experiences. Mental Health Europe recently published a report on [the mental health impacts of racial discrimination](#) to call for more an intersectional approach to mental health.



A barrier that is specifically faced by persons with psychosocial disabilities is the way in which their disability is recognised and assessed through legislation. Definitions of psychosocial disabilities remain narrow, over-medicalised or non-existent. The continuous prevalence of the bio-medical model frames and interprets mental impairments as a series of symptoms to cure and psychosocial disability as an illness to treat. This approach hinders the understanding of mental health and psychosocial disability as a wide spectrum of experiences and feelings, and does not take into account the external barriers that might cause distress and mental impairments.

The bio-medical approach (and definitions based on it) are incompatible with the UNCRPD as they predominantly focus on the functional evaluation of the capabilities of a person rather than the needs and barriers faced by individuals. In addition, unclear or medical definitions of disability have assessments that require proof of impairment or duration of impairment, which can be harder to prove for people with psychosocial disabilities since their impairment is not visible and the assessment can be subjective and narrow for the reasons explained above.

Mental Health Europe calls for:

1. The EU to ensure the adoption of the Horizontal Directive on equal treatment and to ensure that discrimination in all aspects on the grounds of disability is prohibited, including multiple and intersectional discrimination.
2. The EU to create an action plan that will step up the efforts to promote a psychosocial model to disability – as opposed to a biomedical model – in laws, policies and programs.
3. The EU to ensure an intersectional approach in the next phase of the Equality Strategy.

## Article 8: Awareness-raising

The EU has made effort to raise awareness on the rights of persons with disabilities under the strategy but has not yet introduced a comprehensive campaign to raise awareness about the UN CRPD and combat prejudice against people with psychosocial disabilities.

In 2019, the European Commission launched an online campaign on combating discrimination in the workplace for people with disabilities. This campaign focused on employers and on the provision of reasonable accommodations. In

August 2023, the European Commission launched the [Together for Rights](#) campaign to raise awareness on the rights of persons with disabilities but the campaign seems to be dormant. In 2024, the European Commission launched the [#InThisTogether Campaign](#) to raise awareness and combat stigma and discrimination towards people with mental health problems. In spite of this, the prevalence of the bio-medical model of understanding mental health is still very strong and actions are needed to raise awareness on the social model of understanding psychosocial disabilities and mental health issues both among policy makers and the general public.<sup>1</sup>

Persons with psychosocial disabilities and mental health problems are still exposed to high level of stigma and discrimination, notably with the persisting myth around them being “dangerous” and more targeted actions are needed. Additionally, there is a lack of representation of persons with disabilities, including psychosocial disabilities, in awareness raising initiatives of the EU that are not directly linked to disability rights.

Mental Health Europe calls for:

The EU to develop comprehensive and accessible campaigns through co-creation to raise awareness about the UN CRPD and combat prejudice against people with psychosocial disabilities.

## Article 12: Equal recognition before the law

In 2024, the European Disability Forum published a [report on legal capacity](#) which findings show that no EU country fully protects persons with disabilities from losing their right to make decisions. **12 EU member states allow full deprivation of legal capacity and 8 permit partial removal.** Only 6 EU member states have nearly abolished any type of deprivation of legal capacity but still allow exceptions. Which means that in reality, persons can be denied their legal capacity in all EU countries.

Mental Health Europe’s research<sup>2</sup> shows that while some promising initiatives

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<sup>1</sup> See for instance the declaration suggesting to that mental health is a brain issue: [https://www.europarl.europa.eu/news/en/press-room/20241218IPR26022/sant-parliament-confirms-standing-committee-for-public-health?xtor=AD-78-%5bSocial\\_share\\_buttons%5d-%5blinkedin%5d-%5ben%5d-%5bnews%5d-%5bpressroom%5d-%5bsant-chair-statement-on-establishing-standing%5d&](https://www.europarl.europa.eu/news/en/press-room/20241218IPR26022/sant-parliament-confirms-standing-committee-for-public-health?xtor=AD-78-%5bSocial_share_buttons%5d-%5blinkedin%5d-%5ben%5d-%5bnews%5d-%5bpressroom%5d-%5bsant-chair-statement-on-establishing-standing%5d&)

<sup>2</sup> A map of promising initiatives across Europe that work towards ending coercive measures in mental health as well as practices of supported decision-making is available here: <https://www.mentalhealthurope.org/what-we-do/human-rights/promising-practices/>. All practices can be found in Mental Health Europe’s reports on ending coercion from 2019 (available <https://Mental Health Europe -sme.org/wp-content/uploads/2019/01/Coercion-Report.pdf>) and supported decision-making from 2020 (available <https://www.Mental Health Europe -sme.org/wp->

and legislation on supported decision-making exist at the local and national level, there is still no EU-wide measure or initiative to ensure that all persons with psychosocial disabilities can fully exercise their rights as enshrined in EU treaties and legislation.

In the Strategy for the Rights of Persons with Disabilities 2021-2030, the EU acknowledges that the deprivation of legal capacity remains a dominant barrier for many persons with psychosocial disabilities to participate as equal members of society and be treated in an equitable way. The Strategy states that this barrier is particularly prevalent when it comes to the full participation in the democratic processes, the possibility to access and retain quality and sustainable jobs as well as access to justice, legal protection, freedom and security.

The [2000 Hague Convention](#) regulates issues of jurisprudence, applicable law and others "in international situations of adults who, by reason of an impairment or insufficiency of their personal faculties, are not in a position to protect their interests". In the [2017 Explanatory Report](#), it is further outlined that situations of placing adults in "a particular care institution" or confining adults "who are a danger to third parties by reason of the mental disorders from which they suffer" for reasons of both public safety are included in the scope of the Hague Convention.

**These provisions and the language that they use are in clear contrast with the principles of the UN CRPD, its Article 12 as well as the 2015 Concluding Observations.** However, through the Strategy, the European Commission commits to "work with Member States to implement the 2000 Hague Convention on the international protection of vulnerable adults in line with the UN CRPD" and to collect good practices on supported decision-making. Neither action specifies concrete measures for their implementation. The Hague Convention and its reference in the Strategy has been [deemed as concerning by Mental Health Europe](#)<sup>3</sup> as well as the [broader disability movement](#).

As foreseen in Strategy for the Rights of Persons with Disabilities 2021-2030 the European Commission published in 2021 a [Study on the cross-border legal protection of vulnerable adults in the EU](#). In spite of protests from the disability movement, the European Commission then carried on with a proposal for a [Regulation of the European Parliament and of the Council on jurisdiction,](#)

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[content/uploads/2020/06/Report-ENNHRI-and-MENTAL HEALTH EUROPE - Implementing-supported-decision-making.pdf](#)). It also includes recent examples from the WHO Good Practice Guidance on Community Mental Health Services (2021) available: <https://www.who.int/publications-detail-redirect/9789240025707>

<sup>3</sup> Read the initial reaction of Mental Health Europe concerning the breach of article 12. Available here: <https://www.Mental Health Europe -sme.org/wp-content/uploads/2021/04/Statement-2000-Hague-Convention-CLEAN.pdf>

**applicable law, recognition and enforcement of measures and cooperation in matters relating to the protection of adults**.

This proposal pushes for the adoption of the Hague Convention without the modifications that would make the text compliant to the UNCRPD, an as such push for disposition that are in direct violation to the UNCRPD. Its adoption as such will create confusion for the Member States already transitioning towards supported decision-making regimes.

The proposal was presented by the Commission in 2023, and it is now being negotiated in the Parliament and the Council of the EU. The text has been criticised by the UN Special Rapporteur on persons with disabilities and the Independent Expert on the enjoyment of all human rights by older persons.<sup>4</sup> Both Mental Health Europe and EDF proposed set of amendments to the draft Regulation<sup>5</sup>, none of them have been accepted so far.<sup>6</sup>

Mental Health Europe calls for:

1. The European Commission to revise the proposal for a Regulation of the European Parliament and of the Council on jurisdiction, applicable law, recognition and enforcement of measures and cooperation in matters relating to the protection of adults to ensure its compliance with the UNCRPD.
2. The EU to lead the way to urgently eliminate the restrictions of legal capacity that hinder the rights of EU citizens with disabilities granted by the EU treaties, and ensure that the 2000 Hague Convention of international protection of vulnerable adults promoted by the European Commission is done in compliance with the CRPD.
3. The EU to fund comprehensive research about the impact of restrictions of legal capacity on the lives of persons with disabilities, including persons with psychosocial disabilities.
4. The EU to support the replacing of substituted decision-making and replacement with supported decision-making regimes across the EU, including through the promotion of data collection, research and

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<sup>4</sup> Read here the full text Towards Greater Coherence of International Law Reflections on the adequacy of the European Commission’s proposal for a Regulation and Council Decision governing the Hague Convention on the Protection of Adults. “  
<https://www.ohchr.org/sites/default/files/documents/issues/disability/olderpersons/Annex-Joint-Submission-Towards-Greater-Coherence-International-Law.pdf>

<sup>5</sup> Read here the amendments: <https://www.MentalHealthEurope-sme.org/wp-content/uploads/2023/11/Amendments-regulation-on-protection-of-adults-MENTALHEALTHEUROPE.pdf>

<sup>6</sup> For updated information about this issue, see EDF campaign page: <https://www.edf-feph.org/protection-of-adults-across-borders/>.

exchange of good practices which include co-creation with persons with psychosocial disabilities and mental health problems.

## Article 13: Access to justice

People with psychosocial disabilities often facing additional barriers when dealing with justice systems. In relation to denial of legal capacity, people with psychosocial disabilities are often denied their right to stand as parties in administrative or judicial proceedings, therefore being unable to exercise their rights and appeal to the decisions concerning them. In criminal justice systems, people with psychosocial disabilities experience barriers both as victims and as defendants. This can stem from inaccessible justice procedures, inadequate community care as well as stigma over being more 'dangerous' than people without psychosocial disabilities and being a 'danger' to public safety. People with psychosocial disabilities as defendants are often denied representing themselves on the basis of diminished mental capacity in criminal proceedings, are **denied right to equality of arms** and can be subjected to indefinite deprivation of liberty solely on the basis of their mental health problems under the notion of dangerousness.

[In 2023, the Commission proposed a revision of the victims' rights directive](#) which includes a specific provision on the rights of victims with disabilities, requiring member states to provide accessibility and reasonable accommodation in victims' rights services and access to justice. However, some disposition in the European Commission contains language that could contribute to fostering stigma and discrimination towards persons with psychosocial disabilities, due to the insertion of the paragraph 3.a on the risk emanating from the offender in the Article 22 that reads as follow: '*3a. In the context of the individual assessment, particular attention shall be paid to the risk emanating from the offender, including the risk of violent behaviour and of bodily harm, the use of weapons, involvement in a group of organised crime, drug or alcohol abuse, child abuse, **mental health issues**, behaviour of stalking, expression of threats or hate speech.*'. The proposed revised text is currently negotiated by the Parliament and the Council.

Mental Health Europe calls for:

1. The European Commission to further address the lack of awareness of psychosocial disabilities amongst justice system services.
2. The EU to develop an action plan with concrete measures and timeline to ensure the funding of training to justice personnel and to provide support to victims with disabilities, in line with the UN CRPD.

3. The European Parliament and the European Council to amend the Victims' Rights Directive and remove stigmatizing reference to "mental health issues" in its text.

## Article 14: Liberty and security of the person

Persons with psychosocial disabilities continue to be deprived of their liberty through involuntary treatment. While [some initiatives, policies and laws exist at the local and national level to put an end to forced treatment and coercion](#), all the EU Member States are involved in the drafting of the additional protocol to the Oviedo Convention of the Council of Europe. If adopted, this additional protocol would precede UN CRPD in the requirement to abandon legislation<sup>7</sup> regulating involuntary treatment and placement in mental health settings.

Although the EU is not a member of the Council of Europe, the two bodies have signed a [Memorandum of Understanding](#) in 2007 where they agreed to base their co-operation on the principles of indivisibility and universality of human rights, respect for the standards set out in this field by the fundamental texts of the United Nations and the Council of Europe, in particular the Convention for the Protection of Human Rights and Fundamental Freedoms, and the preservation of the cohesion of the human rights protection system in Europe. Europe. As both EU and Council of Europe referred explicitly to the fundamental text of the United Nations, including the UN CRPD.

Despite the content of the Memorandum of Understanding and the clear contrast with the UN CRPD, [the EU has not taken a position to oppose the adoption of the additional protocol to the Oviedo Convention](#).

Mental Health Europe calls for:

1. The EU to oppose the adoption of the draft Additional Protocol to the Oviedo Convention.
2. The EU to support its Member States in respecting autonomy of people with psychosocial disabilities and mental health problems in mental health settings.
3. To provide EU guidance through policies funds, programmes and technical

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<sup>7</sup> See Article 30(4)(a) taken in conjunction with Article 30(3) of the Vienna Convention on Law of Treaties (1969).

assistance for Member States to engage reforms towards respecting the autonomy of people with psychosocial disabilities and mental health problems in mental health settings.

## Article 19: Living independently and being included in the community

The [European Expert Group in the transition from institutional to community-based care \(EEG\)](#) estimates that [over one million people still live in institutions in Europe](#). [Mental Health Europe Research](#) shows that institutions for persons with psychosocial disabilities still exist in many EU Member States. Moreover, historically, a large proportion of individuals previously in institutionalised settings did not receive adequate support in the community and have consequently experienced homelessness or have been re-institutionalised.

The EU promotes the transition from institutional to community-based care through the allocation of its funding, in particular through the [European Social Fund Plus](#), the [Regional Development Fund](#) and the [Common Provisions Regulation](#). In addition, as a response to COVID-19 pandemic, the EU created the [Recovery and Resilience Facility](#) to boost recovery. Despite this funding allocation, examples of misuse of funding to invest in institutions are still present, as it is repeatedly flagged by the EEG.

The Commission has recently adopted [Commission Notice Guidance on independent living and inclusion in the community of persons with disabilities in the context of EU funding](#) aims at informing member states on how to use EU funds to advance the article 19 of the UNCRPD, which Mental Health Europe considers to be a positive development. However, the guidelines are not binding. An upcoming initiative on deinstitutionalisation was mentioned by [Commissioner Lahbib during her confirmation hearing in front of the European Parliament](#).<sup>8</sup>

Mental Health Europe calls for:

1. The EU to improve its monitoring on the use of EU funds, with withdrawal and recovery of payments if the obligation to respect fundamental rights is breached.
2. The EU to ensure that no funding will go to institutions in the next funding

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<sup>8</sup> Read here a full summary of the recent Commissioners hearings, p244-255 presents the commitment towards the rights of persons with disabilities made by Commissioner Lahbib, including point 83 on deinstitutionalisation. [BRIEFING Commitments made at the confirmation hearings of the Commissioners-designate 2024-2029](#).

period and to use the above mention guidance for the next MFF.

3. The EU to develop the new housing initiative, Green Deal and Anti-poverty strategy, renewal of the European Pillar of Social Rights Action plan and further relevant initiatives with the realization of article 19 as an objective.
4. The European Commission to develop an action plan with concrete measures and timeline for the transition to independent living and, attention should be paid to mental health and persons with psychosocial disabilities.

## Article 25: Health

On 7 June 2023, the European Commission published the [Communication on a comprehensive approach to mental health](#).

The Communication aims to put mental health on par with physical health and to ensure a new, cross sectoral approach to mental health issues. With 20 flagship initiatives and €1.23 billion in EU funding from different financial instruments, the Commission will support Member States putting people and their mental health first. However, the Communication does not create new funding or obligations.

Under this framework, the EU action on mental health focuses on three guiding principles: adequate and effective prevention; access to high quality and affordable mental healthcare and treatment; and reintegration into society after recovery. The comprehensive approach looks at mental health across all policies. It is important to note that Mental Health Europe is critical towards the “reintegration into society after recovery” approach of the Communication as it suggests exclusion and continued support for institutional or segregated mental healthcare services. Instead, Mental Health Europe is advocating for definition of recovery in mental health and services fully in line with the UNCRPD.<sup>9</sup>

Access to health services and support remains a right that cannot be fully enjoyed by persons with disabilities in Europe.

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<sup>9</sup> Read Mental Health Europe’s latest report *“Towards Recovery-Based Human Rights Indicators in Mental Health Services,”* laying forward a transformative vision for mental health systems across Europe. Rooted in the principles of the UN Convention on the Rights of Persons with Disabilities (UNCRPD), this report analyses existing definitions, tools, and practices, it identifies gaps in the current approaches and lays the foundation for aligning mental health services with rights-based recovery principles. Available here: <https://www.mentalhealtheurope.org/library/report-recovery-based-human-rights-indicators-in-mental-health-services/>



For people with psychosocial disabilities, the challenge is not only potential discrimination and stigmatisation, but also the risk of not receiving adequate information, or of their guardian having the power to give informed consent if they are under guardianship, without them being informed or consenting. Supported decision-making is a practice that can have a substantial impact on the right to health of persons with psychosocial disabilities, yet virtually all EU Member States still include some type of substitute decision-making schemes as a last resort<sup>10,11</sup>. This means that, in many cases, where there is a choice between the two, substitute decision-making prevails over supported decision-making.

In addition, the [EU4Health Programme](#) is the main financial instrument to support EU health policies and was mentioned as such in the EU's reply to the List of Issues Prior to Reporting when detailing the actions it supports. However, in early 2024, the EU decided to reallocate 1 billion euros, nearly a third of the overall EU4Health budget, to various other priorities. With such deep cuts, it is unclear how the EU will carry out planned actions and how actions aimed at reducing health inequities for persons with disabilities, including psychosocial disabilities, will be prioritised.

Mental Health Europe calls for:

1. The EU to ensure that persons with disabilities, including psychosocial disabilities, are provided with the same range, quality and standard of free or affordable community-based health care and programs as provided to other persons.
2. The EU to support its Member States in the abolition of substitute decision-making schemes in healthcare with practices and programs implementing supported decision-making.
3. The EU to ensure all initiatives connected to the right to health are sensitive the needs of people with disabilities, including persons with psychosocial disabilities, with co-creation at the heart of any consultative initiatives.

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<sup>10</sup> Read 2024 EDF Human Rights Report on legal capacity: Personal choice and control. While the report acknowledges some progress in some member states, there is no Member States that has complete the full abolition of guardianship. Available here: <https://www.edf-feph.org/content/uploads/2024/05/Final-print-version-HR-Summary-of-the-report.pdf>

<sup>11</sup> For background see the 2020 report by ENRHI and Mental Health Europe "Implementing supported decision-making Developments across Europe and the role of National Human Rights Institutions" available here: <https://www.MentalHealthEurope-sme.org/wp-content/uploads/2020/06/Report-ENNHRI-and-MENTALHEALTHEUROPE-Implementing-supported-decision-making.pdf>

4. The EU to ensure that everyone is able to equally benefit from digital (mental) health and care services.
5. The EU to ensure that fundamental rights of persons with psychosocial disabilities and mental health problems are protected while receiving health services.

## Article 27: Work and employment

The [Disability employment package](#), one of the flagship actions under the European strategy for the rights of persons with disabilities, has already delivered several outputs aimed to support the inclusion of persons with disabilities in the open labour market.

However, persons with psychosocial disabilities face additional barriers in accessing and remaining into the open labour market. Stigma and the misconception of being “unfit” to work remain a pervasive attitude that hinders the employment of people with psychosocial disabilities. Discrimination towards employees with disabilities is still widespread. This can lead to fear of repercussions, stigma, and unfair treatment, and prevents people with psychosocial disabilities from disclosing their disability status and requesting reasonable accommodations.

Mental Health Europe calls for:

The EU to develop an action plan with concrete measures and timeline that will increase equitable employment of persons with disabilities, including tackling disability-specific barriers like those faced by people with psychosocial disabilities and mental health problems.

## Article 29: Participation in political and public life

Some persons with disabilities, including persons with psychosocial disabilities, still cannot fully enjoy their right to political participation across the EU. In 2023, Mental Health Europe published [Guidelines on the right to vote for persons with psychosocial disabilities in the EU](#).

In the 2024 elections laws in seven countries (Bulgaria, Cyprus, Estonia, Malta, Poland, Portugal and Romania) still automatically exclude people under legal guardianship from voting<sup>12</sup>. However, several countries removed voting restrictions based on legal capacity, particularly for people with intellectual and psycho-social disabilities. Instead, they offer support in voting or assess each person case-by-case. However, this does not include those persons who, even if not deprived of their legal capacity, could not vote because of being institutionalized. Additionally, as Mental Health Europe 2023 Report on the right to vote for persons with psychosocial disabilities in the European Union shows, significant number of people with psychosocial disabilities are denied the right to vote often through automatic or quasi-automatic exclusion on the basis of denial of legal capacity.<sup>13</sup> As [EDF Human Rights Report on political participation](#) points out as well, in each of the 27 EU countries, there are rules or organisational arrangements that deprive some voters with disabilities of the possibility of participating in European Parliament elections on an equal basis with others.

This is not only a violation of the UN CRPD, but also of EU Treaties and the EU Charter on Fundamental Rights, which recognise the right of persons with disabilities to exercise their citizenship rights, including the right to vote and stand for elections.

Mental Health Europe calls for:

1. The European Commission to support Member States in ensuring the right to vote and stand as a candidate for persons with psychosocial disabilities and mental health problems in European elections.
2. The European Commission to ensure the accessibility of European elections for all persons with disabilities.

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<sup>12</sup> Read here FRA's report '[Political participation of people with disabilities in the EU](#)' examines recent developments and highlights recent progress as well as ongoing challenges such as legal capacity, accessibility, awareness...

<sup>13</sup>Ahead of the 2024 European Parliament elections, Mental Health Europe published a study on the developments in the European Union (EU) Member States in regard to the right to vote for persons with mental health problems or psychosocial disabilities, with a particular focus on changes that may have occurred since the last European Parliament elections in 2019. The study also included a survey among Mental Health Europe's members to determine changes in policies and practices at national level [https://www.mhe-sme.org/wp-content/uploads/2023/12/MHE\\_Right-to-Vote\\_Study\\_FINAL.pdf](https://www.mhe-sme.org/wp-content/uploads/2023/12/MHE_Right-to-Vote_Study_FINAL.pdf)

## Article 31: Statistics and data collection

EU-wide official data are mainly collected through Eurostat, the statistical office of the EU. Data are collected on the basis of disability in the area of social policy (e.g. on poverty and social exclusion) and are disaggregated by gender. However, data are not disaggregated by the type of disability and are collected by households, therefore leaving out those people living in institutions. Eurostats made some progress on the accessibility of disability data with the [disability database](#) which since January 2024, present a single interface to consult disability related data. However, data are still not disaggregated by the type of disability and present little option to explore other forms of intersectional discrimination.

Mental Health Europe calls for:

The EU to address the major gaps in availability, reliability and comparability of data relating to the living conditions of persons with disabilities in Europe, including disaggregating data by the type of disability, by form of intersecting discrimination and people living in institutions.



**Mental Health Europe** is the largest independent network organisation representing people with mental health problems, their supporters, care professionals, service providers and human rights experts in the field of mental health across Europe. Its vision is to strive for a Europe where everyone's mental health and wellbeing flourishes across their life course. Together with members and partners, Mental Health Europe leads in advancing a human right, community-based, recovery-oriented, and psychosocial approach to mental health and wellbeing for all.

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