



European
Mental
Health Week

19-25
MAY 2025

CARE FOR MENTAL HEALTH INVEST IN SOCIAL RIGHTS

#EuropeanMentalHealthWeek



Policy brief

Using the European Pillar of Social Rights as a tool towards mentally healthy and strong societies



Mental
Health
Europe

Contents

Introduction.....	2
A broader understanding of mental health.....	2
Mental health in EU policies.....	3
The win-win of social policies promoting mental health	3
The benefits of good mental health go beyond the health sector	3
The benefits of mental health go beyond the individual	4
The European Pillar of Social Rights and mental health	5
The social rights enshrined in the Pillar	5
The links between social rights and the right to good mental health	6
Equal opportunities and access to the labour market.....	7
Fair working conditions.....	8
Social protection and inclusion	9
Conclusions and recommendations	11
Recommendations to the EU	12
Recommendations to Member States.....	14
Sources	15

Introduction

A broader understanding of mental health

Over the last forty years, Mental Health Europe has been advocating for a real shift away from an obsolete biomedical understanding of mental health, towards a **psychosocial approach to mental health**. The biomedical approach views mental health problems as primarily caused by neurobiological factors and focuses on illness and promoting forms of treatment that are primarily medical and pharmacological, and often imposed on a passive receiver of care. It puts emphasis on the mental impairment and on what a person cannot do. This understanding has often led to the belief that people with mental health problems can be considered as inferior or inadequate to contribute to society. They are seen as a problem, burden or danger, with little to no possibility of prevention or recovery.

On the contrary, the psychosocial approach to mental health recognises – in addition to a variety of life events and transition moments across the life course – **mental health is very strongly shaped by wider social, economic, and environmental factors**. Throughout our lives, these individual, social, and structural determinants (presence or lack of social support, community connectedness, safe living environments, employment, education, freedom from discrimination and violence, and access to economic resources) may accumulate and interact to protect or undermine our mental health, acting as protective or risk factors.

The psychosocial approach to mental health calls for **structural interventions, looking at social, economic and political aspects of our societies**, whereas the **biomedical approach - with its focus on the individual - distracts from more systemic solutions**, as pointed out by the Special Rapporteur on extreme poverty and human rights, Olivier De Schutter.¹

A comprehensive understanding of mental health and its socio-economic and environmental determinants sees a **mental health-in-all-policies approach** as essential to protect and improve mental wellbeing. In such an approach, actions are taken to address mental health **within and beyond the health sector**, with a strong focus on promotion and prevention. Policies in different areas (such as education, child protection, employment, income, housing, culture, environment, social protection and many more) can impact positively on mental health, by strengthening protective factors and mitigating risk factors for mental health problems. Conversely, a lack of sufficient policy provisions or changes to policies (e.g., austerity measures or diminishing income support policies) can adversely affect mental health and wellbeing.²

¹ "Conceptualizing the determinants of mental health requires a focus on relationships and social connection, which demands structural interventions in society and outside the health-care sector. The explanation of mental health inequities extends well beyond the biological and individual to the social, economic and political". Olivier De Schutter, Special Rapporteur on extreme poverty and human rights

² [Joint Statement Mental Health in All policies Thematic Network](#)

Mental health in EU policies

In June 2023, the European Commission launched a [Communication on a comprehensive approach to mental health](#), with the ambition to put mental health on a par with physical health and to leave nobody behind. The Communication adds another pillar to the architecture of the European Health Union, highlighting the urgency for collective action to address challenges that no single Member State can tackle effectively on its own. The Communication marks a new beginning for a comprehensive, prevention-oriented and multi-stakeholder approach to mental health at EU level. **Even though the European Union continues to lack a strategy to address mental health, our call for a psychosocial approach to mental health has been heard and there is an increased recognition at EU level of the impact of broader determinants on our mental health.**

While still calling for a European Mental Health Strategy³, in this brief, Mental Health Europe wants to focus on **how to utilise the current EU policy framework to act on the socio-economic determinants of mental health**. Given the close interconnections between social policies and mental health, we argue that the [European Pillar of Social Rights](#) (EPSR) - set out in 2017 by the EU to act as a compass for a strong Social Europe- should be considered as a **central to a European Health Union**. This brief aims to foreground how the new EPSR Action Plan can serve as a catalyst to improve mental health in the European Union, following a mental health-in-all-policies approach and to inform the next Action Plan.

The win-win of social policies promoting mental health

The benefits of good mental health go beyond the health sector

It is well recognised that the promotion of good mental health in sectors other than health creates **win-win situations**, with positive outcomes both in health and in non-health policy areas. For instance, comprehensive school-based mental health and psychosocial support can lead to enhanced academic achievement, increased retention, and reduce learners' risk-taking behaviour, reinforcing objectives under EPSR Principle 1.⁴ Supporting informal carers' mental health is crucial to ensure their continuous availability to provide care and it is a key action to make European long-term care systems sustainable - EPSR Principle 18.⁵ Interventions such as Housing First⁶ show that providing with housing security - EPSR Principle 19 - and

³ Joint Statement Deliver on promises and honour commitments on mental health, World Mental Health Day 2024
<https://www.mentalhealtheurope.org/joint-statement-deliver-on-promises-and-honour-commitments-on-mental-health/>

⁴ UNICEF, [Promoting and protecting mental health in schools and learning environments.pdf](#)

⁵ WELL CARE Project, Report on analysis of legislation, policies, care frameworks and funding schemes October 2024,
<https://wellcare-project.eu/wp-content/uploads/2024/10/WellCare-D4.1.pdf>

⁶ Housing First, Nicholas Pleace European observatory on Homelessness-
https://www.feantsaresearch.org/download/housing_first_pleace3790695452176551843.pdf

quality has a direct impact on people's mental health. Housing policies should consider the impact on mental wellbeing and offer flexible and adapted solutions to people in vulnerable situations. It has been demonstrated that substantial reductions in productivity loss could potentially be achieved by promoting higher levels of mental health in the workplace.⁷ Integrating mental health to areas like urban planning, such as investing in green spaces, has generated savings in public care budgets.⁸

As the WHO highlights, there is a need for increased collaboration and joint policies to mobilise actors across different functions and levels of governance, as well as broader society to address the mental health determinants at social and structural levels. To succeed, we need **“whole-of-government and whole-of-society approaches, intersectoral collaborations and aligned or joint policies”**.⁹ However, creating and implementing these is challenging due to differing sectoral goals and interests. As recommended by WHO¹⁰, roles and responsibilities among sectors need to be clearly defined, with shared budgets and accountability mechanisms. Awareness on how cross-sector collaboration on social and structural determinants can benefit their own sector's goals needs to be raised amongst government employees.¹¹

The benefits of mental health go beyond the individual

“*In the face of declining productivity growth in the EU and persisting labour and skills shortages, negatively affecting EU competitiveness, we recall that well-designed social reforms and investments can have a positive impact on economic growth, by enhancing human capital and increasing productivity gains and the labour supply, while contributing to social progress.*

La Hulpe Declaration

Promoting good mental health is first and foremost a human rights' imperative, but it also makes economic sense.

As stated in the [Council Conclusion of 2019](#), the social returns associated with greater individual wellbeing - including greater trust, more civic engagement and social cohesion - contribute to economic growth through stronger total factor productivity, greater financial and political stability, and enhanced resilience to adverse shocks.

⁷ Ziggi Ivan Santini, Lau Caspar Thygesen, Ai Koyanagi, Sarah Stewart-Brown, Charlotte Meilstrup, Line Nielsen, Kim Rose Olsen, Michael Birkjær, David McDaid, Vibeke Koushede, Ola Ekholm, Economics of mental wellbeing: A prospective study estimating associated productivity costs due to sickness absence from the workplace in Denmark, Mental Health & Prevention, Volume 28, 2022, <https://doi.org/10.1016/j.mhp.2022.200247>.

⁸ <https://www.isglobal.org/en/-/mental-health-and-the-environment>

⁹ Guidance on mental health policy and strategic action plans. Module 2. Key reform areas, directives, strategies, and actions for mental health policy and strategic action plans, World Health Organisation 2025

¹⁰ Ibidem

¹¹ Ibidem

Hence, as demonstrated in the 2024 study, *The Social Pillar and the Future of the EU Social Agenda*, well designed social policies can provide economic and social return and bring together the financial and social objectives through the social investment paradigm. Hence “a strong Social Europe is the foundation not only of our citizens’ prosperity and wellbeing but also of a competitive economy” while “failing to acknowledge the importance of social investment, and neglecting investment in key social areas, not only hinders societal wellbeing but will likely trigger higher future costs”.¹²

As highlighted by Belgian Minister Frank Vandenbroucke during the Belgian Presidency¹³, “investments in well-organised social policies are an asset and not a liability, a productive factor rather than a cost”. According to the Minister, “investment in health and healthcare are prime examples of investment in human capital and should be included in the concept of social investment”.¹⁴ Mental Health Europe echoes the Belgian Minister call for greater links to be established between the European Health Union and the EPSR.

The European Pillar of Social Rights and mental health

The social rights enshrined in the Pillar

The European Pillar of Social Rights (EPSR) was proclaimed by the European Parliament, the Council and the Commission, in 2017 at the Gothenburg Summit. The main ambition was to bring back the social dimension of the EU, rebalance economic policies with social considerations, reconnect with European citizens, while at the same time addressing key issues related to changes in the world of work and society.

The EPSR contains 20 thematic principles in three main areas: (1) equal opportunities and access to the labour market (2) fair working conditions and (3) social protection and inclusion.

Three and a half years after the proclamation of the EPSR during the social summit in Porto, the European Commission published an [action plan](#) to turn the 20 principles of the EPSR into action. Three headline targets to be achieved by 2030 were set: at least 78% of the population aged 20 to 64 should be in employment by 2030; at least 60% of all adults should be participating in training every year by 2030; a reduction of at least 15 million in the number of people at risk of poverty or social exclusion. These social targets were meant to help focus policy efforts on reaching results and act as an incentive for reform and investment in the Member States.

¹² [The Social Pillar and the Future of the EU Social Agenda](#) The Foundation for European Progressive Studies, Social Platform, AK Europa and Solidar, 2024.

¹³ [The promise of a European Health Union](#), Frank Vandenbroucke

¹⁴ Ibidem

Currently, the EPSR is implemented by a threefold approach. Firstly, the implementation strategy encompasses both legislative and non-legislative measures, as well as thematic equality strategies. Secondly, the European Semester, traditionally focused on economic and fiscal policies, now better incorporates considerations related to social and employment aspects. Finally, the implementation of the EPSR is facilitated through EU funding mechanisms, with the European Social Fund Plus (ESF+) being the main instrument supporting its implementation.

In March 2024, the Belgian Presidency's adopted an [Interinstitutional Declaration](#) committing to work on the second phase of the EPSR Action Plan, as a means of establishing shared values and objectives towards a stronger Social Europe, the question of better mental health was present throughout the document.

The review of the EPSR and its Action Plan, scheduled for 2025, will offer an important opportunity to reflect on how the different principles can be leveraged to enhance the mental health of every person in Europe, leaving nobody behind. In the next section, we will provide some examples of how the social rights enshrined in the EPSR are intertwined with mental health considerations and how investing in social rights enables better mental health across Europe.

The links between social rights and the right to good mental health

As outlined by WHO¹⁵, mental health is a fundamental human rights' concern and is essential to realise the right to health.

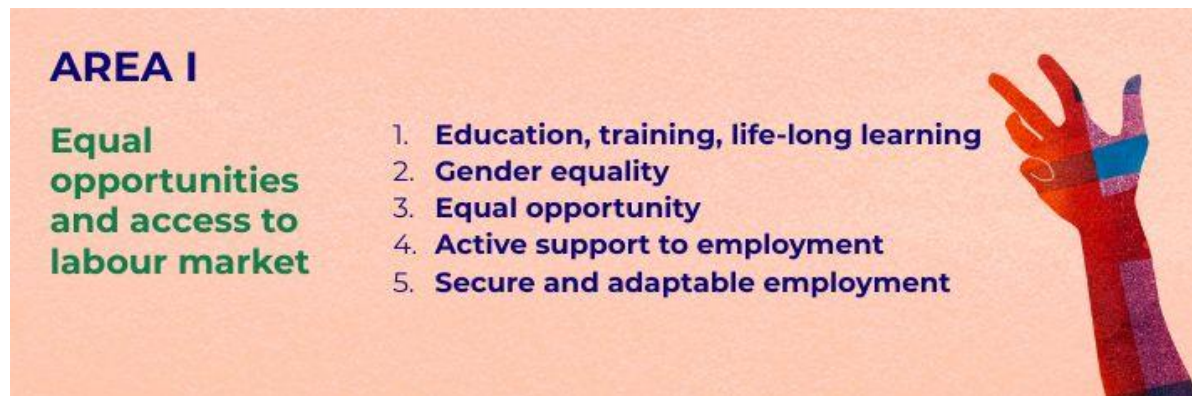
Interdependence of rights is a foundational principle for a human rights-based approach to mental health. It means that the realisation of good mental health and all other human rights is interlinked and are mutually reinforcing. According to the 2019 report of the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health "*Attaining positive mental health and wellbeing is a product of, and a path towards, the full realization of the rights enshrined in international human rights law.*"¹⁶

In this part, we will see how the three chapters of the EPSR and the social rights embedded underneath, interlink with the right to good mental health.

¹⁵ Guidance on mental health policy and strategic action plans. Module 1. Introduction, purpose and use of the guidance, World Health Organisation 2025

¹⁶ Right of everyone to the enjoyment of the highest attainable standard of physical and mental health Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 2019, <https://docs.un.org/en/A/HRC/41/34>

Equal opportunities and access to the labour market



The first chapter of the EPSR aims to promote equal opportunities and access to the labour market, particularly for groups in marginalised and disadvantaged situations by improving access to education, training and employment.

As such, this chapter contributes to mental health through its mission of reducing social and economic inequalities, which are important risks factors for mental health. As rightfully *“Discrimination on any ground, within and beyond mental health settings, is both a cause and a consequence of poor mental health”*.¹⁷

Some groups are particularly at risk of experiencing poor mental health, because of **intersectional discrimination** (discrimination that takes place because of several personal grounds or characteristics/identities, which operate and interact with each other at the same time in such a way as to be inseparable). The links between these identity markers or socio-economic conditions and mental health need to be taken into consideration to develop preventive measures and **tailored support**. In a study published in November 2024, [Racism and Discrimination as Determinants of Mental Health](#), Mental Health Europe has explored racism and discrimination as determinants of mental health.

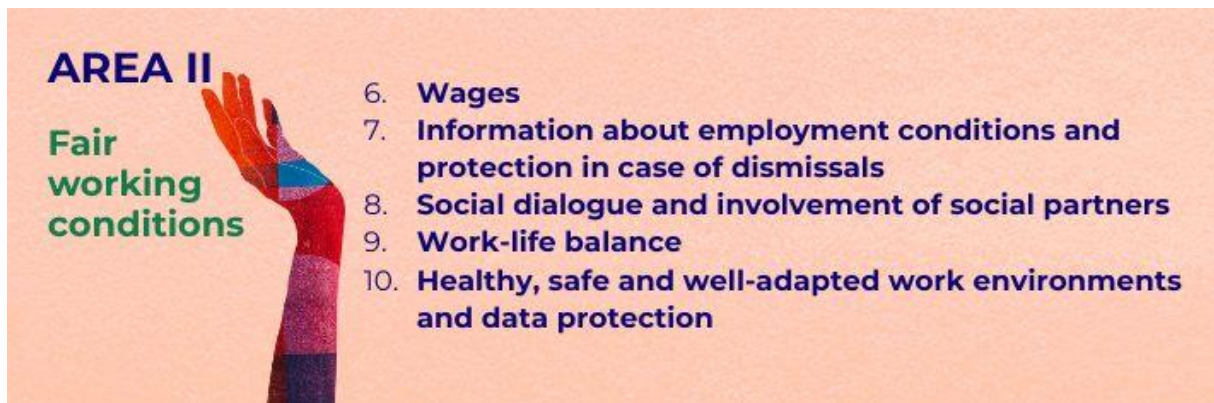


*People with mental health conditions, psychosocial disabilities and others facing discrimination due to factors like age, gender, sexual orientation, disability, immigration and refugee status, race and ethnicity, indigeneity, or houselessness are especially impacted. With limited or no access to resources, they are more exposed to risk factors and not able to implement protective strategies. As a result, their mental health is further compromised.*¹⁷

The burnout economy: poverty and mental health,
Report of the Special Rapporteur on extreme poverty and human rights

¹⁷ The burnout economy: poverty and mental health, Report of the Special Rapporteur on extreme poverty and human rights, Olivier De Schutter, <https://docs.un.org/en/A/79/162>

Fair working conditions



Chapter 2 of the EPSR is about fair working conditions, covering issues such as wages, work-life balance and health and safety at work.

Work is more than a job – it’s a significant part of our lives. Work should give us access to an income that allows us to live our lives with dignity. Work also influences our sense of purpose, self-worth, and overall mental wellbeing. As such, mental health and work are inherently intertwined.

Psychosocial risks at work - defined by the International Labour Organisation as *“anything in the design or management of work that increases the risk of work-related stress”*¹⁸ – are considered as being *among the most challenging issues in occupational safety and health*.¹⁹

There are a variety of aspects of work which can pose psychosocial risks to workers, such as poor work design and management, conflicting home/work demands, lack of control over job design or workload. When the load of risk factors goes beyond the capacity to cope with them, stress arises, resulting in negative psychological, physical and social outcomes.

At an individual level, prolonged exposure to workplace stress and psychological strain can lead to anxiety, depression, and even physical health problems. When left unaddressed, they contribute to a negative work environment that undermines employee wellbeing and job satisfaction, ultimately affecting performance and engagement. The societal impact includes increased healthcare costs, a higher charge on social services, and reduced overall quality of life. On a larger scale, national economies can experience diminished workforce efficiency and lower economic output due to widespread mental health issues in the working population. Hence, creating a work environment that nurtures mental wellbeing is not just an ethical responsibility but a strategic advantage for both businesses and society.

To address psychosocial risks, the solutions need to concern the organisational structure and only then focus on the individual. In other words, risk factors can be moderated to some extent by individual characteristics such as resilience. The

¹⁸ International Labour Organisation, 10 November 2022, *Psychosocial risks and stress at work*, <https://www.ilo.org/resource/psychosocial-risks-and-stress-work>

¹⁹ European Agency for Safety and Health at Work, *Psychosocial risks and mental health at work*, <https://osha.europa.eu/en/themes/psychosocial-risks-and-mental-health>

priority to address psychosocial risks involves identifying and tackling the stressors (with a risk assessment) and in promoting wellbeing at work. Only then, the focus can move to the individual level, by identifying and supporting employees in stressful situations and supporting those who are experiencing stress.

Addressing psychosocial risks at work has become even more urgent due to the rapid transformations in the labour market, driven by teleworking, digitization, and platform work. While these changes offer flexibility and new opportunities, they also introduce new stressors and uncertainties for workers. Teleworking can blur the boundaries between professional and personal life, leading to longer working hours, social isolation, and difficulties in disconnecting.²⁰ The rise of digital technologies has increased work intensity and the pressure to be constantly available, contributing to burnout.²¹ Platform work can be particularly detrimental to workers' mental wellbeing. Work schedules are determined by algorithms and are increasingly unstable and unpredictable, with variable work hours, short advance notice of weekly schedules, and frequent last-minute changes to shift timings. This unpredictability leads to more work-life conflicts and increases household economic insecurity, both risk factors for mental health.²²

These evolving work structures make it essential for policymakers and businesses to adapt and implement measures that protect workers' mental health, ensuring that modernisation leads to progress rather than new forms of workplace stress and inequality.

Mental Health Europe has been joining forces with other organisation under the work of the [EndStress Platform](#) to call for a Directive on Addressing Psychosocial Risks at work.

Social protection and inclusion



Chapter 3 of the EPSR is about fostering social protection and social inclusion, core values of Social Europe.

²⁰ SAMEK LODOVICI, M. et al., 2021, The impact of teleworking and digital work on workers and society, Publication for the committee on Employment and Social Affairs, Policy Department for Economic, Scientific and Quality of Life Policies, European Parliament, Luxembourg [https://www.europarl.europa.eu/RegData/etudes/STUD/2021/662904/IPOL_STU\(2021\)662904_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2021/662904/IPOL_STU(2021)662904_EN.pdf)

²¹ European Agency for Safety and Health at Work, 11 November 2024, *Digitalisation and workers wellbeing: The impact of digital technologies on work-related psychosocial risks*, <https://osha.europa.eu/en/publications/digitalisation-and-workers-wellbeing-impact-digital-technologies-work-related-psychosocial-risks>

²² The burnout economy: poverty and mental health, Report of the Special Rapporteur on extreme poverty and human rights, Olivier De Schutter, <https://docs.un.org/en/A/79/162>

Economic insecurity, unemployment, housing instability, and social exclusion are significant risk factors for mental health problems, such as anxiety, depression, and chronic stress. By working on creating cohesive and inclusive societies, this chapter contributes to mental health by offering security to the persons in the most vulnerable situations. Inclusion finds its space as an essential right for all, which deserves specific actions and funds, rather than being considered an automatic result of economic growth.

Improving income security is essential for the prevention of mental health problems, considering that countries with better economic outcomes are also increasingly concerned by economic insecurities caused by globalisation and the resulting economic restructuring which in turn affect population mental health negatively, causing psychological distress. These effects are particularly strong among people in, or at risk of, poverty.²³

It is well recognised that *“more than absolute poverty or material deprivation as such, it is relative poverty or inequality, as well as economic insecurity, that cause mental health problems.”*²⁴ Research evidence²⁵ reconfirms the link between income inequality and mental health problems to social capital (what binds people together), which is higher in more equal countries. *Social capital provides a more supportive environment to individuals, thus allowing them to cope better with stress.*²⁶

Poverty can manifest itself in different forms, and one of them is related to housing insecurity. Extensive, decades long research demonstrates that insecure housing has detrimental effects on mental health.²⁷ The WHO has isolated the problems of homelessness and housing insecurity in their 2025 Guidance on mental health policy and strategic action plans. Social isolation and loneliness, that can also be the result of inadequate and non-inclusive housing policies, were outlined as being linked with deteriorated mental health, even premature mortality.²⁸

Older people, covered among others by principle 15 of the EPSR, are amongst the groups likely to experience social isolation, because of structural barriers, such as age discrimination, lack of accessible public spaces, limited employment opportunities, and digital exclusion. The fragmentation of intergenerational connections, along with insufficient mental health services tailored to older adults, further deepens their exclusion, making it harder for them to maintain emotional and psychological wellbeing. Additionally, ageist stereotypes can lead to a loss of purpose and self-worth, exacerbating mental health issues like depression and anxiety. Investing in the mental health of the ageing population creates a positive cycle of social inclusion and wellbeing. When older individuals have access to mental health care, lifelong learning programs, and opportunities for active

²³ The burnout economy: poverty and mental health, Report of the Special Rapporteur on extreme poverty and human rights, Olivier De Schutter, <https://docs.un.org/en/A/79/162>

²⁴ The burnout economy: poverty and mental health, Report of the Special Rapporteur on extreme poverty and human rights, Olivier De Schutter, <https://docs.un.org/en/A/79/162>

²⁵ Based on data from the European Quality of Life Survey, mentioned in The burnout economy: poverty and mental health, Report of the Special Rapporteur on extreme poverty and human rights, Olivier De Schutter, <https://docs.un.org/en/A/79/162>

²⁶ The burnout economy: poverty and mental health, Report of the Special Rapporteur on extreme poverty and human rights, Olivier De Schutter, <https://docs.un.org/en/A/79/162>

²⁷ [Homelessness and Mental Health](https://www.feantsa.org/en/newsletter/2013/08/21/summer-2013-homelessness-and-mental-health?bcParent=27), Homeless in Europe Magazine, Summer 2013, <https://www.feantsa.org/en/newsletter/2013/08/21/summer-2013-homelessness-and-mental-health?bcParent=27>

²⁸ Guidance on mental health policy and strategic action plans. Module 2. Key reform areas, directives, strategies, and actions for mental health policy and strategic action plans, World Health Organisation 2025

participation in society, they are more likely to stay engaged, reducing loneliness and increasing their sense of belonging. This, in turn, can improve overall community cohesion, as older adults can contribute their knowledge, experience, and time to volunteering, mentorship, and civic activities.

Persons with disabilities, whose rights are specifically defended under principle 17, are also likely to experience social isolation, due to physical, digital, and societal barriers that prevent full participation in everyday life. Inaccessible public transportation, workplaces, and social spaces often limit their ability to engage in their communities, leading to loneliness and exclusion. Moreover, societal stigma and misconceptions about disabilities can create psychological distress, reinforcing feelings of marginalisation and invisibility.

In addition to social isolation, many other barriers encountered by persons with disabilities in their day-to-day life act as risk factors for their mental health. Employment rates for persons with disabilities in the EU remain substantially lower than for the general population, with many experiencing workplace discrimination, lack of reasonable accommodations, and barriers to education and training. As a result, many rely on inadequate social benefits, making it difficult to achieve financial independence and a decent standard of living.²⁹ Persons with disabilities are more at risk of poverty and financial insecurity, which directly impacts their mental health.

Investing in personalised and community-based support services, employment opportunities, and accessible public spaces allows people with psychosocial disabilities to engage meaningfully in society, improving their mental health and overall quality of life.

An inclusive society is not only a legal and ethical obligation but also a fundamental requirement for ensuring the mental wellbeing and dignity of all individuals.

Conclusions and recommendations

In conclusion, mental health is a **cross-cutting issue** that must be mainstreamed across all principles of the **European Pillar of Social Rights**, as it is both a **prerequisite for social inclusion and cohesion and affected by social rights**. From access to **social protection (Principle 12)** to **decent employment (Principle 5) and equal opportunities (Principle 3)**, mental wellbeing is deeply interconnected with all aspects of social and economic life. A failure to integrate mental health considerations into these policies risks exacerbating exclusion, poverty, and discrimination, particularly for vulnerable groups such as older adults, persons with disabilities, and those in precarious work.

By embedding mental health in all social policies, the European Union can create a **virtuous cycle of inclusion, productivity, and wellbeing**. Ensuring **dignified working conditions, adequate income support, access to quality care,**

²⁹ [European Human Rights Report 2020: Poverty and Social Exclusion](#), 2020, European Disability Forum.

including early childhood education and care and long-term care, and community-based social services will not only **protect individuals from psychosocial risks** but also strengthen society as a whole. A truly comprehensive approach to mental health - one that considers investment in mental health as a social investment - is essential to achieving a **fair, inclusive, and competitive Europe**, where no one is left behind.

Recommendations to the EU

At Mental Health Europe we firmly believe in the crucial value of EU action on mental health, within and beyond the health policy field.

Mental health, now a pillar of the EU Health Union, further highlights the urgency for collective action to address challenges that no single Member State can tackle effectively on its own.

In light of this, we reiterate our [call for a European Mental Health Strategy](#), one that includes a clear timeline, adequate budget, and measurable indicators to ensure progress. Without such a strategy, the vision of a Europe where everyone thrives, and no one is left behind risks becoming a hollow promise.

In addition to this call, we also put forward the following recommendations, linked to the EPSR.



We reiterate that the European Semester, with its economic and social aspects, should remain a key framework to monitor the implementation of the Pillar, including via the Social Scoreboard, to identify risks to upward social convergence and to monitor the progress achieved towards the 2030 EU and national targets on employment, skills and poverty reduction.

La Hulpe Declaration

General recommendations

- ✓ Strengthen the **link between the European Health Union and the EPSR**, as investing in social rights is an investment in (mental) health and investment in (mental) health is a social investment.
- ✓ **Further embed the EPSR in** the European Economic Governance via a social progress oriented **European Semester** providing more socially focused country specific recommendations.
- ✓ **Mainstream mental health in the European Semester Process** (including Country Recommendations), to encourage and monitor progress by Member States towards a mental health in all policies approach.
- ✓ Ensure that the upcoming revision of the **Social Scoreboard** covers all principles of the EPSR and aim to **develop indicators to better monitor the mental health impact of different social policies**.
- ✓ Enable the **implementation of the EPSR through funding mechanisms**. The upcoming Multi Financial Framework should ensure an increase in the

allocation dedicated to social programmes mechanisms, such as EU cohesion funds and the European Social Fund Plus.

- ✓ Ensure **meaningful involvement of civil society** actors from health, social and disability sectors and provide Member States with guidance on how to structurally and meaningfully involve civil society organisations in the implementation of the EPSR. This can be done through co-creation methodology.

Recommendations for the next EPSR Action Plan:

Chapter 1:

- ✓ **Renew and strengthen EU equality strategies, by mainstreaming mental health and considering the links between discrimination and mental health.**
- ✓ **Ensure that mental health literacy is included in upcoming initiatives on education and lifelong training.**
- ✓ Support Member States in their efforts to **increase understanding of broader determinants of mental health and of mental health impacts of all policies across all sectors** (e.g. encouraging the provision of training on the psychosocial approach to different professionals).
- ✓ Enhance data collection by standardisation of **equality data collection** to help monitor disparities and inform targeted policy interventions.
- ✓ **Ensure that the Social Scoreboard better disaggregate data by population groups.**

Chapter 2:

- ✓ Adopt an **EU [directive on Psychosocial risks at work](#)**, based on consultation with social partners and civil society organisations.
- ✓ Commit to take forward the **European Care Strategy**, notably its Long-Term Care (LTC) initiative, ensuring that the ambition of the EU policy is translated at the implementation level by Member States in their National Action Plans, which should include a focus on the **mental health impact of caring responsibilities**. This means dedicated funding, targets and measuring frameworks.

Chapter 3:

- ✓ Commit to the development of the follow up to the Communication on a Comprehensive Approach to Mental Health via a **Mental Health Strategy** to support the realisation of the objectives of the EPSR.
- ✓ Mainstream mental health considerations in relation to social protection and inclusion, ensuring that nobody is left behind. This means enlarging the focus of upcoming initiatives, which should cater to the needs also of those not participating in the job market (e.g. informal carers or older people).
- ✓ Address the specific challenges faced by persons with Psychosocial Disabilities in the next phase of the European Strategy for the Rights of

Persons with Disabilities, by promoting strong actions to achieve a shift towards supported decision-making, community based, recovery-oriented mental health care and equal opportunities in accessing key services.

- ✓ Add indicators related to other fields than employment in the Social Scoreboard to beyond the focus on disability employment gap, when monitoring progress towards the inclusion of persons with disabilities in society.

Recommendations to Member States

- ✓ Develop elaborate action plans or strategies on mental health in coordination with EU level action, in line with a mental health-in-all-policies approach, addressing not only health, but also employment, education, digitalisation and AI, culture, environment, and climate factors, among others, as recommended in the [European Council Conclusions on Mental Health](#).
- ✓ Include plans related to the implementation of the EPSR in the Country Reports under the European Semester process, by adopting a mental health approach in-all-policies.
- ✓ Promote mental health by increasing financial support to sustainable, cross-cutting programmes that reduce poverty, inequalities, discrimination on all grounds and violence in all settings, so that the main determinants of mental health are effectively addressed.
- ✓ Develop anti-discrimination laws and ensure full implementation and enforcement of the Race Equality Directive.
- ✓ Introduce a **mental health impact assessment** in all policies, beyond the health sector, to mitigate risks and harness opportunities.
- ✓ **Address potential conflict of interest and particularly commercial interests**, specifically when dealing with entities which might promote limited and ineffective approaches related to a biomedical understanding of mental health.
- ✓ Challenge the stigma around mental health, by raising awareness on mental health and its determinants, for instance by joining activities such as [European Mental Health Week](#).

Sources

Guidance on mental health policy and strategic action plans. Module 1. Introduction, purpose and use of the guidance, World Health Organisation 2025 <https://www.who.int/publications/i/item/9789240106796>

Guidance on mental health policy and strategic action plans. Module 2. Key reform areas, directives, strategies, and actions for mental health policy and strategic action plans, World Health Organisation 2025 <https://www.who.int/publications/i/item/9789240106819>

Right of everyone to the enjoyment of the highest attainable standard of physical and mental health Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 2019, <https://docs.un.org/en/A/HRC/41/34>

The burnout economy: poverty and mental health, Report of the Special Rapporteur on extreme poverty and human rights, Olivier De Schutter, <https://docs.un.org/en/A/79/162>

The Intersection of Social Justice and Mental Health, <https://www.radiashealth.org/the-intersection-of-social-justice-and-mental-health/#:~:text=Social%20inequality%20significantly%20impacts%20mental,an d%20a%20sense%20of%20helplessness>

Statement by Tlaleng Mofokeng Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health https://www.ohchr.org/sites/default/files/documents/issues/health/consultation/mentalhealthoct2024/session2/Tlaleng-Mofokeng_0.pdf

The promise of a European Health Union, Frank Vandenbroucke <https://iris.who.int/bitstream/handle/10665/375417/Eurohealth-29-3-4-8.pdf?sequence=1&isAllowed=y>

Call for inputs on mental health and human rights, Office of the High Commissioner for Human Rights, October 2024, WHO input <https://www.ohchr.org/en/calls-for-input/2024/call-inputs-mental-health-and-human-rights>

Suslovic B, Lett E. Resilience is an Adverse Event: A Critical Discussion of Resilience Theory in Health Services Research and Public Health. *Community Health Equity Research & Policy*. 2023;0(0). doi:[10.1177/2752535X231159721](https://doi.org/10.1177/2752535X231159721)

[The Social Pillar and the Future of the EU Social Agenda](#), The Foundation for European Progressive Studies, Social Platform, AK Europa and Solidar, 2024



The use of these materials should include an acknowledgement of the source. None of these materials may be changed or adapted without the express written authorisation of the authors.

© Mental Health Europe (May 2025)

Views and opinions expressed are those of the author(s) only and do not necessarily reflect those of the European Union or the European Commission's CERV Programme. Neither the European Union nor the granting authority can be held responsible for them.



Co-funded by
the European Union