European Mental Health Week | 4-8 MAY 2026

STRONGER TOGETHER

A PATH TOWARDS A EUROPEAN MENTAL HEALTH STRATEGY FOR ALL

POLICY BRIEF

Mental Health Europe

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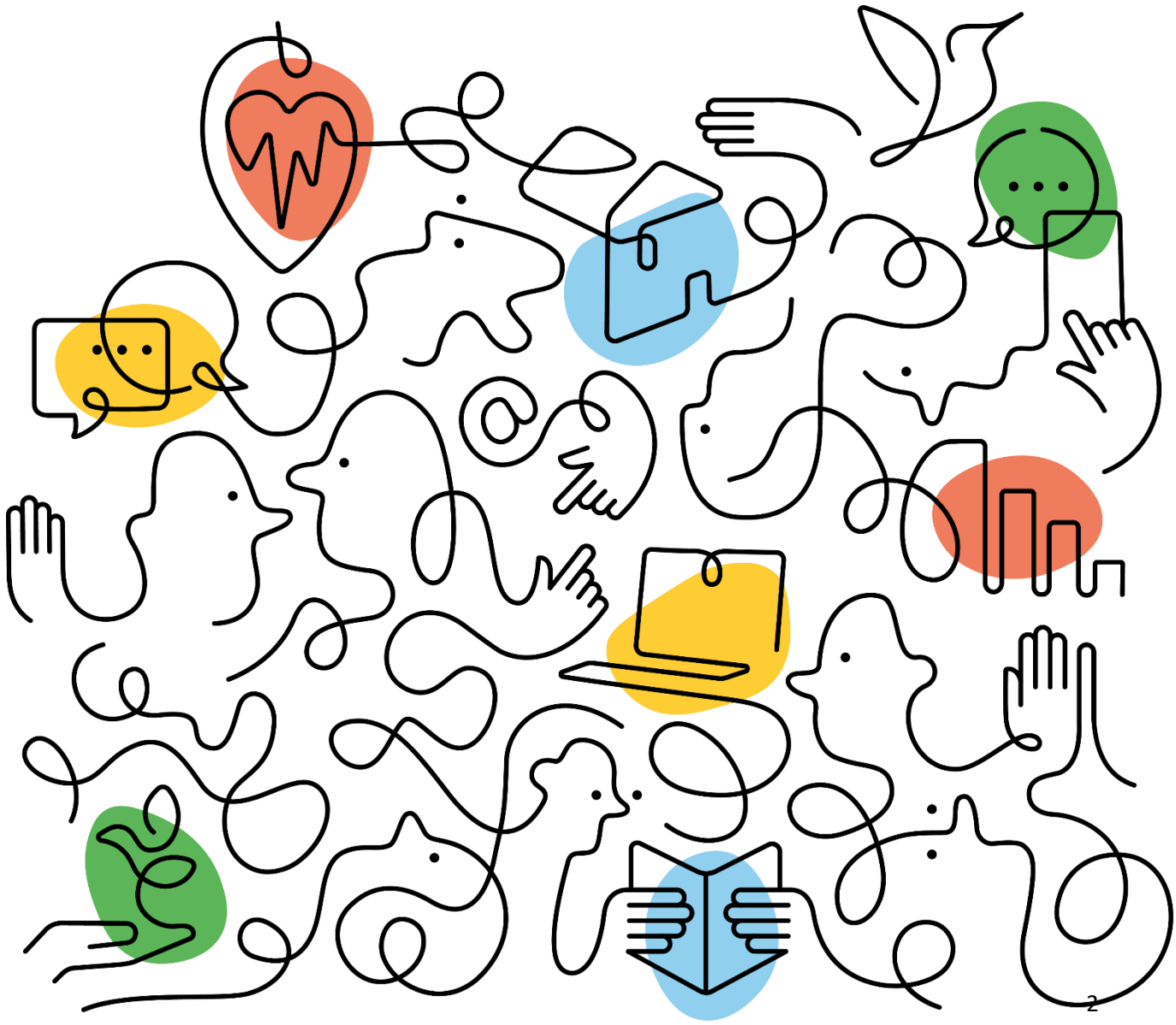

Setting the Scene: A Union That Opened the Door

For a long time, mental health occupied a peripheral space in European policymaking. It was recognised as important, yet rarely treated as a structural issue requiring coordinated action across sectors. Responsibility remained fragmented, visibility limited, and ambition constrained to a narrow understanding of mental health which prompted the assumption that the responsibility laid primarily within national competence. Before the Comprehensive Approach, mental health at EU level was largely guided by the 2005 Green Paper[1] and the 2008 European Pact for Mental Health, both non-binding initiatives, with no dedicated funding, no flagship initiatives, and no cross-departmental mandate.[2]

This changed in 2023. The EU Comprehensive Approach to Mental Health was first announced on 14 September 2022 by Ursula von der Leyen in her State of the Union and published on 7 June 2023 by the European Commission. This non-binding policy document marked a turning point: for the first time, mental health was recognised as a shared responsibility across the EU's political institutions, from the European Commission and Parliament to Member States, and across policy areas far beyond health, including education, employment, digital policy, social inclusion and justice. It was not just procedural change, but a transformative step forward.

Mental Health Europe (MHE) welcomed the Comprehensive Approach as a long-overdue recognition of mental health's central role in European policy, a shift toward a rights-based, community-centred vision in which mental health is inseparable from social justice and from lived realities of people.

By opening this door, the Comprehensive Approach created momentum. It raised expectations among Member States and civil society and brought mental health into policy conversations where it had previously been absent or marginal. In doing so, it helped uplift mental health as a legitimate and necessary dimension of European action.

While the Comprehensive Approach was conceived as an open-ended policy framework with no expiry date, its operative dimension, the 20 flagship initiatives, was tied from the outset to the current EU budgetary cycle, giving the entire programme a three-year lifespan. Three years on, those flagship initiatives are winding down, no successors have been announced, and implementation of the policy guidance has progressed unevenly. **What began as a political signal risks ending as a political footnote**. **The question is no longer whether mental health belongs on the EU agenda. The question is whether the Union chooses to build on that foundation, with governance, funding and accountability to match, or lets the momentum dissipate.**

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[1] European Commission. (2005). *Green Paper: Improving the mental health of the population — Towards a strategy on mental health for the European Union* (COM(2005) 484 final). https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52005DC0484

[2] European Commission. (2008). *European Pact for Mental Health and Well-Being*. DG Health and Food Safety. https://health.ec.europa.eu/latest-updates/european-pact-mental-health-and-well-being-support-statement-mental-and-physical-health-platform-2010-04-15_en

This paper starts with the conviction that the progress achieved so far must not be the endpoint. Instead, it should serve as the foundation for a renewed and more ambitious EU Mental Health Strategy, capable of carrying mental health forward into the next political cycle, stronger together. This paper moves through three questions: where EU mental health policy stands today, what the Comprehensive Approach achieved and left unfinished, and what a renewed Strategy must look like to ensure the progress of recent years becomes the foundation of the next decade, not its ceiling.

Where Are We Now?

Three years on, the mental health crisis in Europe has not eased. If anything, the pressures people face, precarity, uncertainty, isolation, the psychological weight of a world that feels increasingly out of control, have deepened. Public awareness of mental health challenges has grown significantly in recent years, and the numbers behind it are stark.

Nearly half of people in Europe (46%) reported experiencing emotional or psychosocial difficulties, such as anxiety or depression, in the past year, according to EU surveys.[3] Eurofound's latest e-survey deepens this concern, with 57% of respondents showing signs of being at risk of depression, a situation the organisation describes as "potential persistent stress at a societal level."[4] People in precarious work and low-income households are disproportionately affected, making mental health inseparable from questions of economic security and social justice.[5]

The situation is acute for younger generations as well. According to the WHO, one in seven children and adolescents in the European Region lives with a mental health condition" as opposed to "in the WHO European Region lives with a mental health condition,[6] and **suicide is the leading cause of death among 15–19-year-olds in the EU.[7] These are not inevitable realities; they are the measurable consequence of systems that intervene too late and invest too little in community-based support.** And gender shapes the picture throughout.

As MHE's March 2026 report *Rethink to Rebuild: Towards Rights-Based and Gender-Just Mental Health Systems in Europe*[8] makes clear, women across the EU face disproportionately higher rates of anxiety, depression and stress-related conditions. These are driven by the

[3] European Commission. (n.d.). *Mental health*. DG Health and Food Safety. https://health.ec.europa.eu/non-communicable-diseases/mental-health_en
[4] Eurofound. (2025). *Living and working in the EU — e-survey 2025*. https://www.eurofound.europa.eu/en/surveys-and-data/surveys/living-and-working-in-the-eu-e-survey/e-survey-2025
[5] World Health Organization. (2001). *The world health report 2001: Mental health — New understanding, new hope*. https://www.who.int/whr/2001/en/
[6] World Health Organization Regional Office for Europe. (n.d.). *The Pan-European Mental Health Coalition*. https://www.who.int/europe/initiatives/the-pan-european-mental-health-coalition
[7] Eurofound. (n.d.). *Mental health: Risk groups, trends, services and policies*. https://www.eurofound.europa.eu/en/publications/all/mental-health-risk-groups-trends-services-and-policies
[8] Mental Health Europe. (2026). *Rethink to rebuild: Towards rights-based and gender-just mental health systems in Europe*. https://www.mentalhealtheurope.org/statement-from-violence-to-unpaid-care-the-hidden-drivers-of-womens-mental-health-in-europe

unequal distribution of unpaid care, exposure to gender-based violence, and persistent structural inequalities. For LGBTQ+, racialised and migrant women, these risks are even greater. **Without a gendered lens, any EU mental health strategy risks overlooking the very structural drivers it seeks to address.**

The cost of inaction is staggering. **Mental health conditions already cost European economies over €600 billion per year — more than 4% of EU GDP and exceeding the EU's entire annual budget.**[9] This reflects the full chain of consequences: direct costs to health and social systems, including hospital care, medication and disability support, as well as indirect costs such as reduced employment, chronic absenteeism and lower productivity.

Around half of all lost working days in Europe are linked to stress and psychosocial risks at work, and mental health conditions are the leading cause of early exit from the labour market across Member States. Yet the systems we rely on were not designed for today's realities.[10] Mental health challenges often go unrecognised and, without timely support, mild to moderate conditions escalate into more severe situations, placing even greater strain on already overstretched services.

Across the EU, mental health services are stretched to breaking point: waiting lists grow, professionals burn out, and the gap between need and available support widens every year. Treating this as a capacity problem misses the point entirely.

Mental health systems are failing because of decades of underinvestment and lack of prioritisation. While being asked to compensate for conditions that should never have arisen in the first place. That is the case for prevention. That is the case for a European Mental Health Strategy.

[9] European Platform for Rehabilitation. (n.d.). *Mental health becomes a priority in the EU*. https://www.epr.eu/mental-health-becomes-a-priority-in-the-eu/

[10] OECD. (2025). *Promoting good mental health in children and young adults*. https://www.oecd.org/content/dam/oecd/en/publications/reports/2025/04/promoting-good-mental-health-in-children-and-young-adults_5da8fc0f/ebb8aa47-en.pdf

What the Comprehensive Approach Changed, and What It Didn't

a. Where EU Institutions Advanced on Mental Health

The Comprehensive Approach marked a structural shift within the Commission, at least on paper. For the first time, a formal Communication extended responsibility for mental health beyond DG SANTE to other Directorates-General, including employment, education, digitalisation, social inclusion, youth and justice. Mental health was no longer treated solely as a health issue, but as a cross-cutting priority, with shared responsibility across services.

That said, the shift had clear limits. Coordination across DGs remained largely voluntary and informal. Within DG SANTE, a formal mental health subgroup of the Expert Group on Public Health was established, but no permanent cross DG mechanism was mandated to oversee implementation as a whole.

In April 2023, just two months before the Communication's launch, 16 major European civil society organisations, including UNICEF, European Public Health Alliance and FEANTSA, were still calling on "all DGs" to integrate mental health into their annual work programmes. Cross DG ownership was framed as an aspiration, not a reality.[11]

Progress did occur where individual DGs chose to engage, but **choice is not the same as an explicit mandate**. A cross-DG coordination body is only as effective as the process through which it is designed. It should be developed through structured consultation with Member State health and social ministries, civil society organisations, professional associations, and people with lived experience. It should also be governed by clear terms of reference, rotating sectoral leadership, and public annual reporting.

Informal working groups and ad hoc coordination will not deliver the same results. Without a formal mandate and dedicated resources, cross-DG ownership will remain an aspiration rather than a reality.

The scale of unmet mental health needs, in terms of prevalence, severity and access to care, has continued to grow since 2023, with no sign that the structural pressures driving it are easing.

The Comprehensive Approach also contributed to greater political visibility. Mental health gained prominence in EU-level debates, communications and funding discussions, reinforcing its legitimacy as a policy concern and encouraging Member States to reflect on their own approaches. For civil society and people with lived experience, this visibility created new opportunities for dialogue, engagement and advocacy at European level.

Importantly, the Comprehensive Approach helped normalise the idea that EU action on mental health can add value without overstepping national competences. By fostering

[11] CPME et al. (2023, April). *Joint statement: Mental health in all policies*. Standing Committee of European Doctors. https://www.cpme.eu/api/documents/adopted/2023/04/Joint-Statement-Final-MHiAP.pdf

coordination, knowledge sharing and strategic alignment, it demonstrated how the EU can support Member States, complement national efforts and stimulate innovation, particularly in prevention, youth mental health, workplace wellbeing and the mental health impacts of digitalisation. However, the level of ambition remained too modest to foster real upward convergence across Member States' mental health systems, and the gaps between countries in workforce, access and service quality reflect that.

Advancements in the Council of the EU and the European Parliament Leadership

The institutional response to the Comprehensive Approach extended well beyond the Commission. Under the Spanish Presidency alone, the Council adopted four sets of conclusions on mental health in the second half of 2023. These addressed the links between mental health and precarious work,[12] a comprehensive approach to youth mental health,[13] the co-occurrence of drug use disorders and mental health conditions,[14] and a general set of conclusions on mental health[15] calling on Member States to develop cross-sectoral action plans, while urging the Commission to publish a timetable and budget for each flagship initiative.

The European Parliament matched this momentum in December 2023, adopting two own initiative reports in a single plenary session. One, led by MEP Sara Cerdas[16], called for a long-term EU Mental Health Strategy. The second addressed the addictive design of online services[17], explicitly connecting digital harm to mental health.

The European Economic and Social Committee[18] also contributed in July 2023, calling for the Comprehensive Approach to be developed into a full strategy with a defined timeline, clear responsibilities and measurable indicators.

Momentum continued into 2024. The Hungarian Presidency advanced Council conclusions on community-based mental health care,[19] while the Belgian Presidency placed mental health at

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[12] Council of the European Union. (2023). *Council conclusions on mental health in the context of precarious work* (ST 13937 2023 INIT). https://data.consilium.europa.eu/doc/document/ST-13937-2023-INIT/en/pdf

[13] Council of the European Union. (2023). *Council conclusions on a comprehensive approach to the mental health of young people* (ST 15322 2023 INIT). https://data.consilium.europa.eu/doc/document/ST-15322-2023-INIT/en/pdf

[14] Council of the European Union. (2023). *Council conclusions on the co-occurrence of drug use disorders and mental health conditions* (ST 16112 2023 INIT). https://data.consilium.europa.eu/doc/document/ST-16112-2023-INIT/en/pdf

[15] Council of the European Union. (2023). *Council conclusions on mental health* (ST 15971 2023 INIT). https://data.consilium.europa.eu/doc/document/ST-15971-2023-INIT/en/pdf

[16] European Parliament. (2023). *European Parliament resolution of 5 October 2023 on a comprehensive EU approach to mental health* (P9_TA(2023)0457). https://www.europarl.europa.eu/doceo/document/TA-9-2023-0457_EN.html

[17] European Parliament. (2023, December). *New EU rules needed to address digital addiction* [Press release]. https://www.europarl.europa.eu/news/en/press-room/20231208IPR15767/new-eu-rules-needed-to-address-digital-addiction

[18] European Economic and Social Committee. (2023). *Measures to improve mental health* [Opinion]. https://www.eesc.europa.eu/en/our-work/opinions-information-reports/opinions/measures-improve-mental-health

[19] Hungarian Presidency of the Council of the European Union. (2024). *Programme and priorities of the Hungarian Presidency*. https://wayback.archive-it.org/12090/20250412082714/https:/hungarian-presidency.consilium.europa.eu/media/32nhoe0p/programme-and-priorities-of-the-hungarian-presidency.pdf

work at the centre of its social agenda, including through a high-level Conference[20] and connecting mental health to the future of the European Pillar of Social Rights.[21] Taken together, 2023 was a year of unusually dense and coordinated institutional action on mental health across all three main EU institutions and the EESC simultaneously.

A Multi-Institutional Momentum

By the end of 2023, all three main EU institutions had taken clear positions on mental health and, importantly, they aligned. What began as a Commission initiative evolved into something broader: a shared institutional commitment to a Mental Health in all policies approach. Mental health was no longer treated solely as a health issue, but increasingly embedded across social, economic and digital policy.

One example of this structural ambition in practice is the partnership between the World Health Organization and the European Commission. This €11 million project, financed through EU4Health, aims to strengthen mental health capacities across all EU Member States, as well as Iceland and Norway, reaching more than 450 million people. It builds directly on the WHO European Framework for Action on Mental Health 2021 to 2025.[22] It is among the most structurally significant collaborations to emerge from the Comprehensive Approach.

Whether it becomes a model or remains an outlier is, in many ways, the central question the flagship initiatives have yet to answer.

b. Looking at Flagship Initiatives: Progress and Limitations

Taking stock of the Flagship Initiatives

The 20 flagship initiatives launched under the Comprehensive Approach aim to cover an impressive range, from youth mental health and workforce training to digital risks, stigma reduction and crisis support for displaced Ukrainians. Most are still ongoing and, taken together, they reflect a genuine effort to bring mental health into multiple policy spaces simultaneously. Breadth of the selected flagships was part of the objective. However, we have observed three structural limitations that run through the portfolio.

Voluntary Participation

The first limitation lies in the reliance on voluntary participation. Most initiatives under the Comprehensive Approach, including capacity building networks, peer review processes, knowledge exchange platforms and technical support for national reforms, depend entirely on Member States choosing to engage and follow through. Without binding incentives or dedicated funding linked to measurable outcomes, participation has been uneven. In the

[20] EuroHealthNet. (2024). *Mental health at work has remained in the shadows for too long: Belgium's Deputy Prime Minister urges EU to dedicate the next 10 years to mental health*. EuroHealthNet Magazine. https://eurohealthnet-magazine.eu/mental-health-at-work-has-remained-in-the-shadows-for-too-long-belgiums-deputy-prime-minister-urges-eu-to-dedicate-the-next-10-years-to-mental-health/

[21] Mental Health Europe. (2024). *Possibly scoring the Belgian Presidency's work on mental health*. https://www.mentalhealtheurope.org/possibly-scoring-the-belgian-presidencys-work-on-mental-health/

[22] World Health Organization Regional Office for Europe. (2021). *WHO European framework for action on mental health 2021–2025*. https://www.who.int/europe/publications/i/item/9789289057813

absence of robust monitoring mechanisms, this unevenness has largely gone undetected, making it difficult to assess where the Comprehensive Approach has reached people and where it has not.

The health and social workforce crisis illustrate the limits of this model. While the Comprehensive Approach has supported capacity building and knowledge exchange on workforce planning, these efforts also rely on voluntary engagement. Yet the scale of the structural challenge goes far beyond what voluntary coordination can address.

The access data makes this clear. Nearly half of young people in the EU, 49 percent, report unmet mental health care needs, compared to 23 percent of adults.[23] This gap reflects the lack of early, community based support: psychologists, social workers, mental health nurses, occupational therapists and peer support workers who should serve as the first point of contact, but who remain largely invisible in EU-level workforce data. These are not gaps that capacity building alone can close. They are the result of long-term underinvestment in community-based care and require structural solutions.

Data limitations further compound the problem. The WHO Mental Health Atlas 2024[24] shows that the European Region has, on average, 9.3 psychologists and 28.4 mental health nurses per 100,000 people. However, these figures mask wide disparities between Member States and fail to capture key parts of the workforce, including social workers, occupational therapists and peer support workers as distinct professional categories. Simply put, **you cannot plan for what you do not measure**.

The same cross-national comparison study that tracks psychiatrist numbers also measures psychologist and nurse rates across the EU, finding that the countries with the lowest psychiatric workforce tend to cluster at the bottom across all measured mental health professions simultaneously, meaning that workforce gaps are systemic, not profession-specific.

This is reinforced by a 2025 WHO Europe policy brief on nurse staffing,[25] which warns that deteriorating working conditions and rising mental health pressures are accelerating nurse burnout and attrition across EU Member States: 11 to 34% of health workers across the region are considering leaving the profession. Europe is projected to face a shortfall of nearly one million health workers by 2030,[26] with mental health professionals disproportionately affected.

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[23] Council of the European Union. (n.d.). *Mental health*. https://www.consilium.europa.eu/en/policies/mental-health/

[24] World Health Organization Regional Office for Europe. (2024). *Mental health* [Fact sheet]. https://www.who.int/europe/news-room/fact-sheets/item/mental-health

[25] World Health Organization Regional Office for Europe. (2026, February 18). *Unsafe nurse staffing in European Region can harm patients and drive nurses out of the profession* [News release]. https://www.who.int/europe/news/item/18-02-2026-unsafe-nurse-staffing-in-european-region-can-harm-patients-and-drive-nurses-out-of-the-profession

[26] United Nations News. (2025, October). *Europe projected to face a shortfall of nearly one million health workers by 2030*. https://news.un.org/en/story/2025/10/1166071

Capacity building initiatives remain valuable, but they cannot substitute for the sustained, structural investment needed to address these gaps across the full range of mental health professions.[27]

Targeted Actions VS Systemic Changes

The second limitation lies in the gap between targeted actions and systemic change. The portfolio's focus on specific groups, including young people, cancer survivors, victims of crime and displaced people in Ukraine, has delivered real and valuable results. However, project based responses to structural challenges do not necessarily transform the systems that produce them.

When the funding cycle ends, so too often does the intervention. Several flagship initiatives have already been completed, including the Depression and Suicide Prevention initiative, the first phase of the stigma and discrimination initiative, and the Mental Health and Psychosocial Support Minimum Service Package. Yet there is no clear mechanism to embed successful approaches into permanent national or EU level structures.

This raises a fundamental question: if these initiatives are time limited, what happens after 2026?

The Absence of Continuity

The third limitation is the absence of new initiatives beyond 2026. Most flagship actions are funded under the current programming period, and their "ongoing" status often refers only to implementation continuing until 2027, rather than any real commitment to continuation.

The EU-PROMENS[28] multidisciplinary training programme for health professionals, in which Mental Health Europe is a partner, launched in January 2024 with €9 million in EU4Health funding, illustrates this clearly. The European Commission's describes the programme as ongoing only "until 2027,"[29] the end of the current Multiannual Financial Framework, with no successor announced beyond that date. In other words, what is presented as continuity may in practice be a cliff edge.

No new list of flagship initiatives has been announced for the next cycle. The Commission's own tracking framework,[30] updated in October 2024, makes this clear: progress is tied to specific funded projects rather than embedded in permanent policy cycles.

For Member States and civil society organisations trying to plan ahead, this creates a clear time horizon aligned with the end of the current EU budget cycle. While the Comprehensive

[27] Arango, C., Fiorillo, A., Dom, G., & Lopez-Morinigo, J. D. (2025). Responsiveness of European countries to the population mental health needs: A cross-national comparison study. *European Psychiatry*, *68*(1), e102. https://doi.org/10.1192/j.eurpsy.2025.2448

[28] EU-PROMENS Consortium. (n.d.). *EU-PROMENS*. https://eu-promens.eu/eu-promens

[29] European Commission. (n.d.). *Mental health*. DG Health and Food Safety. https://health.ec.europa.eu/non-communicable-diseases/mental-health_en

[30] European Commission. (2024, October). *Tracking framework for the implementation of the Commission Communication on a comprehensive approach to mental health*. DG Health and Food Safety. https://health.ec.europa.eu/publications/tracking-framework-implementation-commission-communication-comprehensive-approach-mental-health_en

Approach generated real momentum, it did not define what comes next or include a sustainability plan.

Evidence from a 2025 academic study, based on qualitative interviews with key informants across 25 European countries, makes the implications clear.[31] **Successful mental health policy implementation depends on active stakeholder involvement, stable and sufficient funding, and strong political commitment**. **The main barriers are equally consistent: underfunding, workforce shortages, weak political prioritisation, and the absence of effective monitoring systems.**

These are structural challenges, and they remain largely unaddressed by the Comprehensive Approach.

The findings of an independent March 2026 briefing by the European Parliament Research Service broadly confirm this assessment, drawing on the latest institutional, academic and intergovernmental evidence on the implementation of the Comprehensive Approach.

But these limitations can also be a turning point. They offer the European Commission a clear opportunity to take stock of this first phase and build on it to propose a truly transformative agenda for mental health systems across Europe.

From Lessons to Action

The past three years have shown that coordinated EU action on mental health is possible. They have also exposed its limits. A revised set of flagship actions under the Communication would risk reproducing the same structural weaknesses: no binding accountability, no guaranteed continuity, and no mechanism to withstand shifts in political priorities.

The real value of a Strategy lies not in the document itself, but in the coherence, governance, funding and accountability it can embed, and in its capacity to sustain these across political cycles. Sector specific legislation alone would fragment what needs to remain coherent.

[31] Guerrero, Z., Kågström, A., Tomaskova, H., Aliev, A., Yon, Y., Lazeri, L., Redlich, C., & Winkler, P. (2025). Implementation of mental health policies and plans across the WHO European region: Barriers and facilitators. *Global Mental Health*, *12*, e121. https://doi.org/10.1017/gmh.2025.10070

A Path Towards a New EU Mental Health Strategy

The foundations exist. We propose five priorities to turn political commitment into structural change.

1. Anchor Mental Health in EU Governance

Mental health action at the EU level cannot continue to depend on political will. A renewed Strategy must establish it as a durable cross-cutting priority.

This requires:

- A permanent cross-DG coordination mechanism, formally mandated and publicly accountable, with dedicated resources and a regular reporting obligation across policy areas including employment, education, digital and social policy.
- Integration of mental health into the European Semester, with country-specific recommendations and measurable outcome indicators.
- A structured annual dialogue involving Member State representatives, civil society organisations, and people with lived experience, feeding directly into implementation, monitoring and review.

The design of this mechanism must be participatory. Member States, civil society, cross-sectoral stakeholders should be consulted on its remit, composition and governance rules before it is established.

2. Shift the Logic from Treatment to Prevention

Mental health systems cannot absorb the full cost of structural inequality. The EU must act further upstream, through the policies that shape how people live, work and grow up.

This requires:

- A dedicated directive on psychosocial risks at work with binding minimum standards applicable across all Member States, rather than defaulting to voluntary guidance.
- Systematic mental health impact assessments for major EU policies and funding programmes, embedded upstream in the legislative process.
- A stronger prevention mandate in ESF+, Cohesion Policy and EU4Health, with explicit orientation toward early intervention, community support and school-based programmes.

The evidence is settled: interventions providing prompt access to support reduce symptom severity and duration by up to 87%[32]. **Prevention is not a cost, as the figures cited above make clear, it is a cost-reduction mechanism.**

3. Accelerate the Transition to Community-Based Care

Institutional care remains the default in too many Member States. That must change, not only through voluntary guidance, but through targeted funding conditionality and structured reform support.

This requires:

- Mobilisation of the Technical Support Instrument (TSI) for mental health system reform, with explicit linkage between TSI flagship requests and deinstitutionalisation and community care objectives.
- Workforce development targets across the full skill mix, not only psychiatrists, but psychologists, mental health nurses, social workers, occupational therapists, and peer support workers.
- A formal commitment to recovery-oriented care as the guiding paradigm for EU-supported reform, with peer support recognised and funded as a mainstream profession, not a time-limited project.

Almost half of young people in the EU (49%) report unmet mental health care needs, compared to 23% of the adult population[33]. That gap is the direct consequence of structural underinvestment in early and community-based support.

4. Embed Mental Health Across All Policy Areas

The Comprehensive Approach established mental health as a cross-cutting priority in name. A renewed Strategy must make it one in practice.

This requires:

- Systematic mental health impact assessments embedded upstream in the EU legislative process, applied consistently across policy areas including digital regulation, labour law, social policy and education.
- Structured mechanisms for public health expertise, including civil society and people with lived experience, to feed into policy processes early, not as a consultation afterthought.

[32] OECD. (2025). *Mental health promotion and prevention*. https://www.oecd.org/content/dam/oecd/en/publications/reports/2025/10/mental-health-promotion-and-prevention_a9090c86/88bbe914-en.pdf

[33] Council of the European Union. (n.d.). *Mental health*. https://www.consilium.europa.eu/en/policies/mental-health/

The legal and regulatory tools already exist across multiple policy domains. What a renewed Strategy must deliver is the process architecture that ensures mental health evidence reaches decision-makers before texts are finalised.

5. Fund Civil Society and Lived Experience as Infrastructure

Civil society organisations and people with lived experience are not stakeholders to be consulted. They are co-creators of effective policy. The current funding architecture does not reflect that.

This requires:

- A dedicated stream within Horizon Europe for mental health research projects, with explicit priority given to cross-country collaboration and building shared understanding of mental health aligned with the psychosocial approach across Member States and communities.
- Structured participation of civil society organisations and people with lived experience across the EU mental health policy cycle (from the design of funding programmes and legislative proposals through to their implementation and review) funded, continuous, and governed by clear terms of reference.
- Longer-term, flexible funding for organisations carrying out core coordination and policy functions in the mental health field, with administrative and reporting requirements proportionate to organisational size, so that smaller organisations are not structurally excluded from meaningful engagement.
- Formal recognition of co-creation with people with lived experience as a human rights obligation grounded in the UNCRPD, embedded as a procedural requirement across EU-supported mental health initiatives, not a best practice recommendation, but a baseline condition.

Together, these priorities aim to transform the momentum created by the Comprehensive Approach into a coherent and lasting framework for action. They do not call for entirely new policy competences, but for greater continuity, alignment and ambition within existing EU tools and instruments.

By focusing on governance, prevention, community transformation, safe environments and sustainable partnerships, a EU Mental Health Strategy can ensure that mental health remains a cross-sectoral priority throughout the next mandate and that the progress achieved since 2023 translates into tangible improvements in people's lives across Europe.

Delivering this vision will require sustained political commitment and collective ownership across institutions, Member States and stakeholders.

What Success Looks Like in 2037

If the European Union builds on the momentum of recent years and delivers a Mental Health Strategy, the conversation by 2037 should no longer be about recognising the scale of the problem, but about demonstrating sustained, measurable progress in how people live, access support and participate in society.

Accountability and mental health indicator to guide policy making

A central pillar of this shift would be structural accountability. Mental health indicators would sit alongside employment and fiscal targets within the European Semester, meaning that a country falling short on waiting times or workforce capacity would face the same level of scrutiny as one missing a deficit target.

This is not without precedent: the WHO Comprehensive Mental Health Action Plan 2013–2030 already sets binding global targets to which EU Member States are committed, including a one-third reduction in suicide rates by 2030 and a doubling of community-based mental health facilities.[34] A 2024 study in Global Mental Health[35] reviewing 38 European mental health plans found that the vast majority set only output-based targets rather than measurable outcomes, meaning that even well-resourced plans rarely translate into accountable delivery.

By 2037, that pattern should be reversed: Member States would report annually against shared outcome indicators, and progress gaps would trigger structured support, ensuring that commitments translate into real change on the ground.

Systems Built for Prevention, Not Crisis

For Member States, success would mean a shift towards systems centred on prevention and early intervention rather than crisis response, with sustained investment in schools, workplaces and communities easing pressure on acute services. Policies on poverty, housing and precarious work would be recognised and implemented as mental health policies in their own right.

Across Europe, more people would have access to timely, community-based and person-centred support. Services would be designed around recovery, social inclusion and autonomy, with integrated approaches linking health, social services, employment and housing to keep people connected to their communities.

At the societal level, progress would be reflected in **reduced stigma and a stronger recognition of mental health as a shared responsibility**. Employers, educators, digital platforms and public authorities would play a more active role in shaping environments that

[34] World Health Organization. (2021). *Comprehensive mental health action plan 2013–2030*. https://iris.who.int/server/api/core/bitstreams/69921758-6229-49ba-bd3d-c24736e35829/content

[35] Guerrero, Z., Kågström, A., Aliev, A., Tomášková, H., Yon, Y., Lazeri, L., Reinap, M., Redlich, C., Tijerino Inestroza, A. M., Maurer, J., & Winkler, P. (2024). Mental health plans and policies across the WHO European region. *Global Mental Health*, *11*, e110. https://doi.org/10.1017/gmh.2024.88

support mental wellbeing. Public debate would shift away from crisis driven narratives towards a greater focus on prevention, inclusion and long-term resilience.

People with Lived Experience at the Centre

There is a growing demand for the systematic protection of the right of people with lived experience to participate in decisions that directly impact them[36] and by 2037, that demand would have been answered with durable structural change. Mental Health Europe's policy brief on co-creation makes the case clearly: co-creation is not an add-on to better policy[37], it is the method by which mental health systems become genuinely responsive to the people they exist to serve.

The proof would be in what people **actually experience.** By 2037, the evidence-based stigma reduction and early support interventions that a 2025 JAMA Network Open review found to be most effective[38] would be standard features of school curricula across Member States, not scattered pilots. Online environments would be governed by rules that put wellbeing ahead of engagement metrics. The focus would shift from whether interventions are effective to whether they are reaching everyone who needs them.

Partnerships That Last

Finally, success in 2037 would be visible in the strength of partnerships. Civil society organisations and people with lived experience would be systematically involved in policy development, implementation and monitoring. More stable and predictable funding would enable them to contribute effectively over time, ensuring that EU action remains grounded in real-world experience.

Taken together, these changes would mark a simple but decisive shift: mental health policy in Europe would finally be durable. With sustained commitment and a clear strategic framework, the European Union has the tools to turn the progress of recent years into lasting improvements for people and communities across Europe, stronger together.

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[36] European Agency for Safety and Health at Work. (n.d.). *Confronting work-related psychosocial risks in the EU* [Event page]. EU-OSHA. https://osha.europa.eu/en/oshevents/data-directive-confronting-work-related-psychosocial-risks-eu

[37] Mental Health Europe. (2024). *Co-creation in mental health policy* [Policy brief]. https://www.mentalhealtheurope.org/wp-content/uploads/2024/05/Policy-brief-co-creation-FINAL.pdf

[38] Crockett, M. A., Núñez, D., Martínez, P., et al. (2025). Interventions to reduce mental health stigma in young people: A systematic review and meta-analysis. *JAMA Network Open*, *8*(1), e2454730. https://doi.org/10.1001/jamanetworkopen.2024.54730

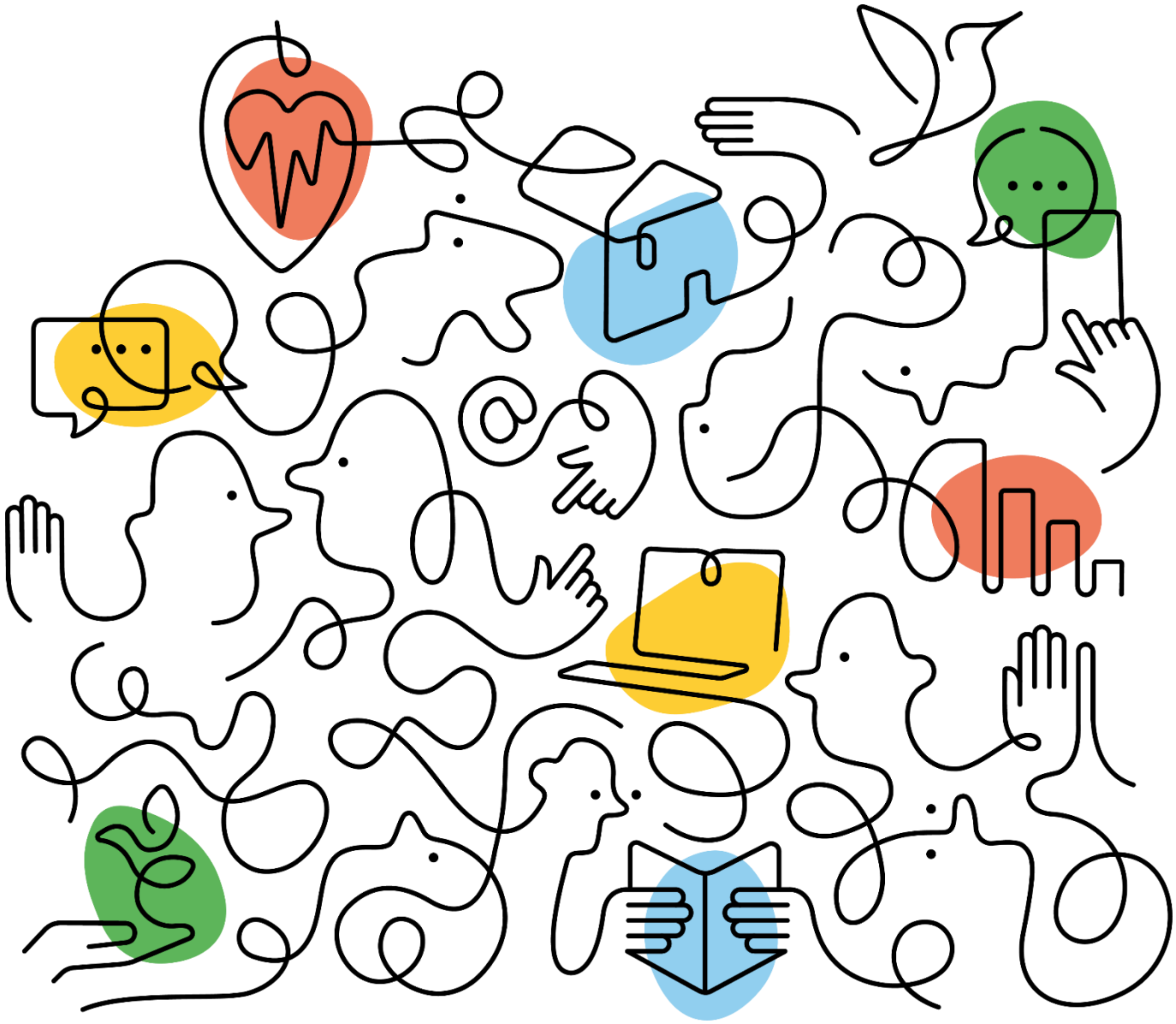
A Call for European Leadership

Mental health is not a peripheral concern of European policy. It is a foundation of everything the EU seeks to achieve: a productive economy, a fair labour market, a safe digital environment and an inclusive society.

The evidence is clear, the tools exist, and the political groundwork has been laid. What the next decade requires is the will to build on this **deliberately and collectively**.

Mental Health Europe stands ready to support this effort, as a strategic partner to the institutions, a bridge to the communities most affected, and a strong advocate for the rights based, person centred approach that must sit at the heart of a serious EU Mental Health Strategy.

Mental Health has been part of the EU agenda, now it has to be embedded in its design.



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