

# Joint Statement on Mental Health

FYEG and several international organisations signed and published the joint statement emphasising the need for Europe to change their approach to mental health.

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## A joint statement for a holistic approach to Europe's mental health

We, the people of Europe, are facing a mental health crisis fired up by societal and political factors like the skyrocketing costs of living, the housing crisis, poverty, poor working conditions, structural, institutional and systemic discrimination, and neglect or dehumanisation of the invisibilised. Awareness raising is not enough anymore. The approach to mental health has to be political. Therefore we, the undersigned organisations, movements, networks, and political parties:

→ **Underline the mental health crisis that Europe is facing, where 83 million people are affected by poor mental health, and where one third of those suffering do not have access to mental healthcare.**

→ **Denounce the depoliticisation of mental distress.** Mental ill-health is not an illness like any other, rooted in supposedly flawed brain chemistry. Recent research concluded that depression is not caused by a chemical imbalance of the brain. However, therapy today fails to examine the causes of distress, and fails to identify mental ill-health as a survival response to an oppressive world, therefore depoliticising its causes.

→ **Recognise the necessity of holistic mental healthcare.** Patients diagnosed with mental illnesses have a right to appropriate patient-first medical healthcare. The medical research needed to improve treatment of their conditions in the long term must be better funded and supported, whilst also intersectional, holistic, and culture-sensitive. Mental health care must not just reduce mental illness via curative and rehabilitative care but improve mental wellbeing via promotive and preventive care.

→ **Insist that, despite the European Union not holding the competence on health, EU policies are strongly impacting the mental health of European citizens.** The EU must take mental health into consideration in the policies it enacts, and the broader societal issues and consequences on mental health. Furthermore, the EU can directly play a role in protecting mental health and improving access to, quality and resilience of mental health care throughout Member States, such as via European-wide standards and best practices, improved cross-border accessibility, and increased funding of research.

→ Demand that conversations about mental ill-health take into account its social, cultural and political causes, such as the cost of living crisis, the housing crisis, poverty, overwork, low pay, racism, sexism, homophobia, the refugee crisis and many other crises currently affecting Europe.

→ **Insist that bad housing creates bad mental health.** Youth in particular are greatly affected by the housing crises throughout Europe and are subjected to unaffordable and substandard living conditions that further contribute to mental ill-health.

→ **Add that bad work creates bad mental health.** The COVID-19 pandemic shed light on poor working conditions or cultures throughout Europe, and further placed vulnerable individuals in precarious or exploitative situations of work, unemployment and financial instability.

→ **Denounce the lack of mental health services.** Of the 21 EU Member States with data available, only 11 provide psychological care through the public healthcare system at no additional cost, and only three provide unlimited care. Many are hindered from access due to absurd waiting times or bureaucracy, and further disparities exist for marginalised groups.

→ **Outline that mental ill-health disproportionately affects different groups due to systemic discrimination.** Racism is not solely a social issue, but a global public health issue. Racism determines social inequalities in health and worsens mental health; its social and economic consequences further negatively impact mental health. Communities of colour, particularly those designated 'Muslim' or 'Black', disproportionately experience racial profiling, occupational downgrading and unemployment, violence, and discrimination. They face racism within mental health services and are disadvantaged in receiving appropriate, timely mental healthcare. Although women of colour are at greater risk of developing mental health issues, they face inequalities in diagnosis and care dependent on cultural competence and attitudes of healthcare providers. On top of this, health studies disproportionately skew towards wealthy white cis males, leading to research disparities in class, gender, and ethnicity. Special attention is needed for trans healthcare, as trans\* youth face inordinate obstacles and discrimination to obtain mental healthcare and gender-affirming health services.

→ **Acknowledge that the European Commission has become more perceptive on the need to tackle this European crisis and ask that this is followed with concrete action.** Quoting the President of the European Commission Ursula von der Leyen during the State of the Union Address in September 2022: 'I have outlined a number of proposals for the year ahead that stem from the Conference conclusions. They include for example a new initiative on mental health.'

→ **Demand that, to do justice to this mental health crisis, the EU and national governments:**

1. Recognise that marginalised peoples are most at risk and most prejudiced from oppressive systems.
2. Factor in mental health when any resolution, report, or motion is drafted or debated.
3. Continue spreading awareness about mental health and illness and work to reduce stigma, particularly for and among underrepresented groups.

We have come together from civil society, social and environmental movements, and political parties to unite behind this call to action.