



**Mental  
Health  
Europe**

Equal rights.  
Better mental health.  
For all.

July 2024

## Event Report

# Co-creating Europe's Mental Health



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Furthermore, we would like to express our appreciation to the Belgian Presidency of the Council of the European Union for their patronage of this year's European Mental Health Week. We would like to thank Commissioner Kyriakides for her participation in the roundtable and for delivering the keynote address. We would also like to thank Katarina Ivankovic-Knezevic for her contribution to the discussions.

Finally, we would like to thank all participants, both online and in person, for making this event a success and for their active contributions to the discussions.

See you next year for European Mental Health Week 2025!

Mental Health Europe's Team

## Welcome & Introduction

Claudia Marinetti, Director of Mental Health Europe, started this event by reminding the participants of the importance of awareness-raising initiatives such as [European Mental Health Week](#). In a society where stigma and discrimination associated with mental health problems and psychosocial disabilities are still high, and where mental health literacy is still too low, Mental Health Europe has been organising European Mental Health Week since 2020 to spearhead the societal shift towards the [psychosocial model of mental health](#).

Introducing the topic of the week, Claudia Marinetti shared the definition of co-creation adopted by Mental Health Europe. This definition not only ensures that persons with lived experience and their families have a seat at the table but also aims at incentivising the participation of all relevant stakeholders working for the general interest in co-creating Europe's future mental health.

The policy roundtable was organised with the objective of applying this vision of co-creation to policy discussions, particularly relevant at a pivotal pre-election time at the EU level, where the balance of power is shifting and the commitment to mental health must be re-affirmed by new EU leadership.

## Part I – The Future of Mental Health Policies

### Keynote address by Commissioner Kyriakides

Commissioner Kyriakides demonstrated her dedication to mental health by attending the roundtable and delivering the [opening speech](#). She reminded the participants about the state of mental health in the EU, with **nearly half of the population having experienced depression or anxiety**, which have been aggravated by world events that are straining our mental health. She especially mentioned groups that are more at risk.

The Commissioner reminded the participants of the different actions the EU has already been implementing under the [Communication on a Comprehensive Approach to Mental Health](#) and stressed that tools and strategy needs to be tailored to the diverse needs of the EU Member States.

Looking ahead, the Commissioner mentioned a focus on the mental health of children and young people with the drafting of a Children Health 360 toolkit. It will aim to better address the link between mental and physical health to better protect young people. The Commissioner also referred to upcoming EU guidance to Member States on how to address stigma and discrimination. Additionally, a new comprehensive [tracking framework](#) allows better monitoring of the progress and delivery of initiatives under the Communication and its implementation by Member States.

She concluded by reflecting on the theme of this year's edition of European Mental Health Week, inviting all stakeholders—national authorities, Member States, stakeholders, civil society, those with lived experience of mental health challenges—to make their voices heard and realise that they have a place in the debate.

Finally, Commissioner Kyriakides called on all to be vigilant and to **keep pushing for mental health to stay high on the EU agenda** and to be integrated into all policies. She reaffirmed her commitment to supporting Mental Health Europe's efforts in the future.

## Discussions on the future of mental health policies

The first part of the discussion looked at the future of mental health-specific policies. To frame the debate and ensure a level playing field among all the participants, some representatives had been asked to present the work of their respective institutions.

**Pietro Barbieri**, as representative of the EESC and rapporteur of the upcoming opinion on [Mental health community services](#) opened the conversation. The EESC has been active on the topic of mental health, with an opinion recently published supporting the development of rights-based, person-centred, recovery-oriented, community-based mental health systems that prioritise the person's empowerment and active participation in their own recovery. The EESC has been calling for the EU Comprehensive Approach to mental health to be swiftly transposed into an **EU Mental Health Strategy**. This strategy should have a timeframe, define clear responsibilities, and include **measurable progress indicators** (e.g., in the framework of the European Semester process). It should also be properly funded. He stressed the necessity to ensure full compliance with the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and to ensure a strong focus on the needs and wishes of groups in vulnerable situations. He stressed the importance of addressing the socioeconomic determinants of mental health and providing solutions in the community that respect the rights, will, and preferences of all.

**Ledia Lazeri**, Regional Adviser for Mental Health of the WHO Europe region, stressed the importance of a human right-based approach to mental health. She highlighted the situation of **persons with psychosocial disabilities and persons with mental health conditions whose rights are still being violated** and that are victims of abuses that are inherent to the way the systems were designed. Especially, **she underlined the urgent problem of institutionalisation and the need to speed up the efforts to achieve the transition to community-based support systems compliant with human rights**. She stressed that co-creation is a key element to achieve this transition, as it enables every person with mental health problems and their supporters to contribute their say, their knowledge,

their expertise, and their learned experience. She also reminded participants about the importance of a **life course approach to mental health**, and the necessity to integrate mental health literacy to education, starting as early as early childhood education and care. She shared the call from WHO Europe to keep working together to address the socioeconomic determinants of mental health following the Mental Health in all policies approach.

**Anna Kubina**, Public Health Advisor to the Cabinet of Belgian Vice Prime Minister Frank Vandenbroucke, reaffirmed the importance of mental health for the Vice Prime Minister and for the Belgian presidency, which gave its patronage to EMHW 2024. She mentioned the three principal axes of the Belgian national policy for mental health. The first one being the **transition from institutional to community-based** care via the creation of mobile teams, rehabilitation teams and special community housing committees. Users of services, their families and representatives have systematically been included in the conversations. The second principle of action is on **access and removing financial barriers to access mental health services**, focusing on young people. The last principle is a strong focus on **prevention and addressing the mental health risk factors**. At the EU level, the Belgian presidency has followed the path of the Spanish one, under whose leadership 4 sets of Council Conclusions were adopted, while Belgium focused on mental health at work, well being management and addressing mental health in the [La Hulpe Declaration](#) on the future of the European Pillar of Social Rights.

**Hannes Jarke**, from [Eurohealthnet](#), stressed the need to have better **indicators to monitor the mental health** of the population and the socioeconomic determinants. Co-creation would be a key element of the future data collection efforts as there will be a need to bring a broad range of stakeholders to the table to determine the type of data needed to inform policy development. He stressed the particular importance of making efforts to reach populations that are less visible **in the data** such as ethnic minorities, and LGBTQI+ people to have a comprehensive picture and design solutions that leave no one behind.

**Olga Kalina**, chair of the European network of ex-users, user and survivors of psychiatry ([ENUSP](#)), stressed the importance of **involving people with lived experience** in every step of policy processes, in order to ensure that the most pressing problems are adequately addressed. For instance, the Communication on a Comprehensive Approach to Mental Health did not, in ENUSP opinion, mention enough the human rights of persons with mental health problems and should have had a more important focus on deinstitutionalisation and accessibility requirements.

**Thomas Bignal**, Secretary General of [EASPD](#), highlighted the main findings of [their report](#) on the barriers faced by service providers in developing person centred community based mental health support services. He highlighted as a priority the challenges around funding. **EU fiscal policies are not conducive to investments in community based mental health services**. For instance, under the public procurement model, it is impossible for service providers to offer

flexible person- centred support. He stressed the importance of developing the funds and the funding rules to match the policy objectives and not to have them as parallel stream of work. Lastly, he echoed the point on the problem of the **staff shortages** and the need to invest in **upskilling and reskilling** of the health and care workforce, notably by developing a cross Europe curricula for social workers on person centred care and human rights (EASPD is contributing to this development as a member of the [Partnership for Skills in Long Term Care](#)).

**Nicoletta Policek**, Director of the [European Aids Treatment Group](#), brought the gender angle to the conversation, highlighting the specific issues faced by **women and transgender populations**. She referred to “intersecting burdens,” in relation to the mental health issues that 1 out of 3 persons with HIV live with. She urged finding ways to go further in the co-creation process, by involving more stakeholders around the table and by ensuring that safety and inclusion are guaranteed in every step of the co-creation process, from the beginning throughout. For example, all stakeholders involved should use **inclusive language, to avoid replicating the systemic violence** that people oftentimes face in conversation settings.

**Simona Barbu**, Policy Officer from [FEANTSA](#), stressed the importance of housing as a social determinant of both physical and mental health, given that according to international studies **60 to 93% of those who experience homelessness have a lifetime prevalence of mental health problems**. She stressed the need to include housing stability in mental health policies and urged participants to join the FEANTSA call for establishing a flagship initiative to support marginalised groups, including people experiencing homelessness, under the Comprehensive approach for mental health of the European Commission.

**John Francis Leader**, from the board of directors of [EFPA](#), the European Federation of Psychologists Association, stressed the need to be inclusive in the discussion in order to better identify and **address the power structures** and dynamics around these topics. John stressed the need for accountability at the policy level and called for a stronger emphasis on coordination and integration.

## Part II – The Future of Mental Health in All Policies

### Mental Health Europe’s call for co-creation – launch of the policy brief.

Presentation of Mental Health Europe Policy Brief by **Francesca Centola**, Policy and Knowledge Officer.

## What is co-creation?

Co creation is a collaborative approach involving all actors in mental health working together on an equal basis to develop and implement policies, services, research, and communication that foster positive mental health, in line with human rights and the psychosocial model of understanding mental health. It is about the redistribution of power.

## Why do we need Co creation and mental health?

For human rights, “nothing about us without us” is now a cornerstone of international human rights law. It is the right of every person to be meaningfully engaged in a public decision. Co-creation processes remove the labels attached to the people around the table so there are no more roles, prefabricated identities, or preconceptions which hinder the creation of new knowledge.

For more information, refer to the Mental Health Europe [Policy Brief on Co-Creation](#) and our other [resources on co-creation](#).

## Keynote Address by Katarina Ivankovic-Knezevic

**Katarina Ivankovic-Knezevic** - Director for Social Rights and Inclusion, DG Employment, Social Affairs and Inclusion - opened the floor by giving a moving tribute to her [former colleague John Ryan](#), former director general of DG Sante who passed away this year. She then shared concerning data about the mental health of children and young people in the EU, with an estimated **19 million of adolescents aged 10 to 19 living with some kind of mental health condition**. She stressed the importance of a strong social Europe that cares for the mental health and wellbeing of its citizens, especially in the run up to the elections. The Communication on a Comprehensive Approach to Mental Health adopted in 2023 promotes the human rights-based approach to mental health, focusing on combatting stigma and discrimination and promoting the empowerment and involvement of people with lived experience. By stressing the **right to timely access to affordable, preventive, and curative good quality services**, the communication echoed the European Pillar of Social Rights, helping to address the inequalities where mental health problems take root. She moved on to mentioned three crucial frameworks under the **European Pillar of Social Rights** that contribute to addressing the socio-economic determinants of mental health.

The first one is the **European Child Guarantee**, aiming to guarantee free (or affordable) and effective access to key services. Under this framework, EU Member States are encouraged to facilitate early detection of mental health problems. Children with mental health problems are also among the potential target groups that EU Member States should take into consideration when designing support measures.

Under the **European Care Strategy**, EU Member States are asked to provide access to affordable high-quality long-term care options for persons with disabilities, including persons with psychosocial disabilities. At the same time, the European Care Strategy also looks at the other side of the care and support equation, by requiring Member States to put in place measures to support the mental health of professional and informal carers.

Under the **European Strategy on the Rights of Persons with Disabilities**, one of the 5 Union of Equality Strategies, the European Commission has applied co-creation, by channelling the work through the European Disability Platform. Using this method, several flagships such as the disability employment package and the disability card have already been produced and the European Commission will continue to work with civil society organisations through these channels.

## Discussion on The Future of Mental Health in All Policies

**Ally Dunhill**, policy, advocacy and communication director from [Eurochild](#), started by reminding the importance of co-creation and of gathering all the relevant actors in the room, while noticing that there were no child participants present at the table. In her view, as mental health is relevant to all the persons civil society organisations are representing, there should be no competition but rather collaboration. She then reflected then on how to **better integrate children's rights and mental health** across the different sectors covered by the European Pillar of Social Rights. Education plays a crucial role in the promotion of mental health and wellbeing, but there is a need to advance the **whole school approach** and to create close connections with the families and broader communities. In healthcare, the cost barriers of accessing mental health care should be addressed. Lower tariffs do not mean free and may force some families to renounce providing their children with the care they need. Actions should be strengthened to **improve access to employment and social protection for families in vulnerable situations**, and to promote social inclusion of children with mental health problems and their families. Eurochild recently published a [report on children and mental health](#). She concluded by calling on the participants to take inspiration from children and to **talk more openly about mental health** with families and friends and within our communities.

**Markaya Henderson**, health policy and project officer from the [European Disability Forum](#), reminded that co-creation is at the heart of EDF policy and advocacy action. Persons with disabilities have the same mental health needs as everybody else. However, they face **disproportionate social and economic risk factors** which contribute to poor mental health and mental health outcomes. The situation is exacerbated by the lack of access to services for persons with



disabilities, the persistence of practices that violate human rights such as the use of **coercion, violence, and abuse in mental healthcare settings**, to which persons with psychosocial disabilities are particularly exposed. She then mentioned how different flagship initiatives under the European Strategy for the Rights of Persons with Disabilities were contributing to addressing the socio-economic determinants of mental health for persons with disabilities. Flagship actions aim at removing barriers to employment and moving towards deinstitutionalisation and independent living with the upcoming guidelines to Member States. Independent living and inclusion in the community are not only central rights of the UNCRPD but a crucial aspect to the mental health and well-being of persons with disabilities. She also mentioned the recent initiatives on access to health care. However, if these initiatives are important and should not be downplayed, none of them have yielded full results so far and persons with disabilities are still particularly at risk when it comes to mental wellbeing as barriers are still present. Only 51% of persons with disabilities are in employment and this number is even lower in the case of **women with disabilities** or persons with both psychosocial and intellectual disabilities. In the majority of EU Member States, legislation is in place depriving persons with psychosocial disability of their legal capacity. Many mental health laws across Europe also allow for the **forced treatment and forced placement of persons** with disabilities, subjecting them to violence, abuse and sometimes long-lasting psychological harm and trauma. She concluded by calling on the next EU mandate to keep a focus on mental health and mental health across all policies to address on the one hand social and economic determinants of mental health while also **promoting rights-based quality health services**.

**Claire Champeix**, Policy Officer from [Eurocarers](#), reminded that approximately 80% of the informal care in the EU is provided by informal carers, who in the vast majority are women and that they are **20% more prone to mental health problems**, such as anxiety and depression, than non-carers. Measures such as **work-life balance**, economic stability and training on self care can make a difference in the life of informal carers, as well as respite care and psychological support. She mentioned the [WELL CARE project](#), in which Eurocarers is collaborating with Mental Health Europe, EASPD and other project partners, to bridge the research gap on the factors for resilience and well-being of professional and informal carers. By identifying and analysing policies, legislation and good practices across Europe, the project aims to design innovative solutions to support mental health of carers.

**Johanna Schima**, from [Make Mother Matters](#), shed light on the mental health of mothers and emphasised the need to better support women through pregnancy and motherhood while looking at the **intersecting vulnerabilities** that could further hinder their access to health care. She called **for better integration** and a holistic approach to women's health, both mental and physical.

**Philippe Seidel**, Policy Manager from the [Age Platform Europe](#), stressed the importance of dealing with mental health across the lifespan. Deteriorating health and mental health have been a factor in pulling people out of the job

market towards the end of their career. He emphasised that **mental health and wellbeing should not be seen exclusively as a tool for productivity and profit**, as this carries the risk of tying social protection for mental healthcare to paid employment. The **issue of loneliness in old age** is also something that requires urgent actions as the aftermath of COVID-19 has brought to the fore the detrimental effects of isolation on mental health.

**Meredith O'Connor**, [record artist](#) and mental health activist, talked about the positive outcomes of being open with her public about her mental health and creating a **safe space** to talk about it. She talked about her work collaborating with different artists and community leaders while on tour, mental health policy she contributed to, co-developing educational resources and [programming](#) implemented globally through the mental health centre that she founded. She made a parallel between co-creation and representation and the need for **artists to use their platform to raise awareness** about mental health.

**Rozina Spinnoy**, the founder of [Bids Belgium](#), stressed the need for integrated intersectional approaches and putting inclusion back at the centre of the discussion, broadening the scope to **inclusion across various sectors** such as sports and culture. She pointed out the importance for the co-creation process to start with a mapping of all relevant stakeholders that should be involved in the discussions and the need to apply a **bottom-up approach**.

**Chiara Piccolo**, director of the [Learning for Wellbeing foundation](#), stressed that mental health is the result of sound policies and these policies need to adopt a **life cycle approach** and protect mental health from the start. Wellbeing and mental health should be objectives of educational policies and well-being should be a learning objective at school.

**Manon Baert**, policy officer at the [5Rights Foundation](#), enlarged the discussion, emphasising the need to apply co-creation not just in the phase of developing policies, but also at the implementation level. For instance, in relation to the **Digital Services Act**, it is crucial that different civil society stakeholders work together in co-creation, to identify the risks to children's rights or to mental health inherent in online platforms. Additionally, she mentioned the added value of **co-creation at a product level for digital products**, to ensure the safety by design approach there which requires children and mental health actors to be involved.

**Bettina Guigui**, Senior Communication Officer [at COFACE Families Europe](#), emphasized the need for **family centred mental health services** and the need for **service integration** so families can access different range of services in the community. There is a need to support parents in building their parental skills to enhance positive intra-family relations. She stressed the role of education and the need for it to be fully **inclusive and to embrace the diversity**. This means addressing and preventing mental health risks factors in schools such as **bullying**. On this topic, she mentioned that COFACE has created an [online learning course](#) for teachers on how to deal with bullying.

**Thomas Bignal**, Secretary General of EASPD, closed the round of discussions by stressing the importance of understanding the different roles and responsibilities within the co-creation process. One of the pre-requisites is **defining accountability mechanisms** and mutual recognition not only of rights but of the potential limited scope of actions and implementation of the different actors involved in the process.

**Claudia Marinetti**, Director of Mental Health Europe, closed the roundtable discussion by thanking all the participants, calling on them to keep the discussion going around mental health and to join Mental Health Europe's efforts to keep mental health high on the agenda for the next EU mandate. She announced the intention of Mental Health Europe to lead by example and to continue bringing the relevant actors to the table to co-create the future of Europe's mental health. She called on the participants to keep following the work of Mental Health Europe, to strengthen the collaboration and to use the discussion space created to go further in their work on mental health.





**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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