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November 2024

Report

The mental health impacts of racial discrimination



The mental health impacts of racial discrimination: The overlooked challenges and what is needed in Europe

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Mental Health Europe is an organisation committed to human rights, the promotion of positive mental health, and the improvement of mental health care and social inclusion. In social rights, the topic of racial and ethnic discrimination has unfortunately not garnered enough attention, in comparison to other grounds of discriminations. Therefore, it is essential to recognise, reflect on and address racism as a prevalent issue both outside and within the mental health movement. An intersectional approach has been central to our work and this report. This is Mental Health Europe’s first attempt to explore the mental health impacts of discrimination and inequalities rooted in race and ethnicity with the ambition of mainstreaming these aspects consistently in our work, given their effects on mental health.

Introduction

Racism is a reality in the lives of racial, ethnic and religious minorities in the European Union. Research consistently shows that marginalised racial and ethnic groups in Europe experience higher rates of mental health problems and psychosocial disabilities, while encountering barriers to access services to support them.^{1 2} However, the realities are often misunderstood, overlooked and under documented, resulting in challenges to concrete situational analyses and proposals to tackle the situation. In 2020, the European Commission released an EU Action Plan Against Racism,³ which outlined the Union's strategic objectives to tackle structural racism. As this Action Plan ends in 2025, the time is right for a reflection on the future EU mental health and anti-racist policies: so that priorities include increased mental health prevention and promotion, as well as improved access to mental health services for marginalised groups. This is essential to ensure future policies are developed to reduce inequalities linked to race and ethnicity.

The purpose of this document is to provide an outline of existing policy developments on the topic and to support the prevention of mental health problems and promotion of good mental health. It will also identify systemic barriers to mental health care, access to resources and good healthcare outcomes.

Addressing (mental) health disparities requires a whole-society-approach. Therefore, this report is aimed at the public, decision makers, students as well as professionals working with racialised communities and or mental health and those interested in the topic. The report will first identify the different forms of discriminations linked to race and ethnic origins. Racism and discrimination as fundamental determinants of mental health, equity and wellbeing, with a specific focus on personal, institutional, mental health care and cultural barriers will also be presented. An assessment of current the EU policy frameworks on racial discrimination will then be provided. To conclude, the report will provide concrete recommendations for approaches to combat discrimination and promote equality. Overall, increasing attention on this is imperative for relevant stakeholders to work collaboratively and achieve mental health in all policies, mainstream human and disability rights, intersectionality and take care of the specific needs of certain group populations.

¹ Apers H, Van Praag L, Nöstlinger C, Agyemang C (2023). Interventions to improve the mental health or mental wellbeing of migrants and ethnic minority groups in Europe: A scoping review. *Cambridge Prisms: Global Mental Health*, 10, e23, 1–25 <https://doi.org/10.1017/gmh.2023.15>

² European Union, 'Flash Eurobarometer FL530: Mental Health' available at: https://data.europa.eu/data/datasets/s3032_fl530_eng?locale=en

³ European Commission, 'EU Anti-racism Action Plan 2020-2025', available at: https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/combating-discrimination/racism-and-xenophobia/eu-anti-racism-action-plan-2020-2025_en

Forms of Racial and Ethnic Discrimination

Racism refers to the ideas or theories of superiority of one race or group of persons of one colour or ethnic origin.⁴ Racism is prejudice, discrimination, or hostility directed against individuals or groups based on their race or ethnicity. It stems from the widespread conscious or unconscious belief that certain races are inherently superior or inferior to others. Racial and ethnic discrimination can manifest in various forms across different sectors of society. These not only impact individuals' rights but also contribute to broader social inequalities, which in turn can impact people's wellbeing. Examples of groups most affected in Europe include people of African and Asian descent, Muslims, Jewish and Roma people. There are different forms of racism, including anti-black racism, antigypsyism, antisemitism, islamophobia and anti-Asian racism. Some forms link to religion or belief in cases such as anti-Muslim hatred.⁵ Individuals often face multiple types of racial and ethnic discrimination which can impact their day-to-day life.

Individual discrimination occurs when an individual acts on prejudiced beliefs against someone based on their race or ethnicity. This can happen in everyday interactions, such as being denied service in a restaurant, facing verbal abuse, or experiencing social exclusion. Research (although limited) has indicated that ethnic minorities frequently encounter this type of discrimination in various settings, including workplaces⁶ and educational institutions.^{7 8}

In contrast, **institutional discrimination** is deeply embedded in the policies, practices, and procedures of organisations and institutions. It often results in unequal treatment of individuals based on their race or ethnicity, perpetuating systemic inequalities. Research indicates that racial minorities often face barriers in accessing healthcare, educational resources, and job opportunities due to discriminatory institutional policies.⁹ In 2023, the European Court of Justice (ECJ) ruled that public authorities in Member States can prohibit employees from wearing headscarves and other religious symbols. Moreover, in April 2024, the European Court of Human Rights (ECtHR) delivered its judgment and upheld Belgium's hijab ban on wearing visible religious symbols in schools.¹⁰ Both cases were heavily critiqued for the absence of intersectional analysis, with such rulings impacting Muslim women (primarily racialised women) and disproportionately limiting their access to education, employment, as well as general autonomy and visibility in societal spaces.

⁴ Art. 4 of UN Convention on the Elimination of All Forms of Racial Discrimination, available at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-convention-elimination-all-forms-racial>

⁵ EU Anti-Racism Action Plan (2020-2025), available at: https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/combating-discrimination/racism-and-xenophobia/eu-anti-racism-action-plan-2020-2025_en

⁶ Ball E, Steffens MC, Niedlich C. Racism in Europe: Characteristics and Intersections With Other Social Categories. *Front Psychol.* 2022 Mar 24;13:789661. 8-9 doi: 10.3389/fpsyg.2022.789661. PMID: 35401357; PMCID: PMC8988036.

⁷ astro Atwater, S. A. 2008. "Waking up to Difference: Teachers, Color-Blindness, and the Effects on Students of Color." *Journal of Instructional Psychology* 35 (3): 246–253

⁸ European Parliament (2022), 'Role of culture, education, media and sport in the fight against racism' available at: [https://oeil.secure.europarl.europa.eu/oeil/popups/ficheprocedure.do?reference=2021/2057\(INI\)&|=en](https://oeil.secure.europarl.europa.eu/oeil/popups/ficheprocedure.do?reference=2021/2057(INI)&|=en)

⁹ Cloos, P., Bilsen, J. Editorial commentary: public mental health and racism in Europe. *Arch Public Health* 79, 200 (2021). <https://doi.org/10.1186/s13690-021-00722-0>

¹⁰ European Court of Human Rights (ECtHR), *Mikyas and Others v. Belgium*, Available at: <https://hudoc.echr.coe.int/eng#%7B%22appno%22:%5B%2250681/20%22%5D,%22itemid%22:%5B%22001-233826%22%5D%7D>

Moreover, **structural discrimination** refers to the societal structures that uphold systemic racism and inequality. The term structural racism refers to “ideologies, practices, processes, and institutions that operate at the macro level to produce and reproduce differential access to power and to life opportunities along racial and ethnic lines.”¹¹ This form manifests in the ways that societal norms, values, and historical practices disadvantage certain racial and ethnic groups. Ethnic minorities and migrants in Europe face social and structural barriers that limit their access to quality education, housing, employment, and healthcare. The European Union Agency for Fundamental Rights (FRA) regularly reports widespread experiences of discrimination in daily life, ranging from the job market to healthcare systems. For instance, segregation in housing and education has long-lasting effects on racialised communities, impacting their socioeconomic status and access to resources. Furthermore, racial and ethnic minorities are often over-policed and subjected to harsher treatment within the criminal justice system. This includes racial profiling, higher arrest rates, and longer sentences compared to their white counterparts for similar offenses. Such practices lead to a cycle of mistrust and fear among minority communities.

Cultural discrimination arises from the perception that certain cultures are inferior or less valuable than others. This can lead to stigmatisation of cultural practices, languages, and identities. Cultural discrimination often affects migrants and ethnic minorities, as they may be pressured to assimilate into the dominant culture, leading to identity conflicts and psychological distress.

Environmental racism describes the disproportionate impact of environmental hazards on racial and ethnic minority communities. For example, research has shown that these communities are often situated near toxic waste sites or have limited access to clean air and water, further exacerbating health disparities.^{12 13}

Xenophobia is the prejudices, attitudes and behaviour that reject and exclude people based on the perception that they are outsiders or foreigners to the community, society or national identity.

In Europe, racism is generally based on complex combination of nationality, origin, accent, visual features, religion and perceived foreignness. An intersectional approach is essential here to capture the complexity of racism intertwined with other forms of discrimination such as that based on sexual orientation or socio-economic status.¹⁴ **Intersectionality** is a way of understanding social relations, by examining intersecting forms of systemic discrimination.¹⁵ This means acknowledging that social systems are complicated and so are our identities. Gender, race, ethnicity, age, education, among others intersect and interact to shape who we are and the challenges we face; many of which may be present at the same time in an individuals’ life.

¹¹ Viruell-Fuentes EA, Miranda PY, Abdulrahim S. More than culture: structural racism, intersectionality theory, and immigrant health. *Soc Sci Med.* 2012; 75(12):2099–106.

¹² European Environmental Bureau (2020), ‘Pushed to the wastelands: Environmental racism against Roma communities in Central and Eastern Europe’, available at: <https://eeb.org/library/pushed-to-the-wastelands-environmental-racism-against-roma-communities-in-central-and-eastern-europe/>

¹³ European Network Against Racism (2022), ‘The Climate Crisis is a (Neo)Colonial Capitalist Crisis: experiences, responses and steps towards decolonising climate action’, available at: <https://www.enar-eu.org/racialised-communities-in-europe-hit-hardest-by-the-climate-crisis-new-enar-report/>

¹⁴ Ball E, Steffens MC, Niedlich C. Racism in Europe: Characteristics and Intersections With Other Social Categories. *Front Psychol.* 2022 Mar 24;13:789661. doi: 10.3389/fpsyg.2022.789661. PMID: 35401357; PMCID: PMC8988036.

¹⁵ Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: a black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *Univ. Chicago Legal Forum* 1989, 139–167

Racism and discrimination as fundamental determinants of (mental) health, equity and wellbeing

Mental health is a state of mental wellbeing that enables people to realise their own potential, live in line with their values, and meaningfully contribute to their communities. It is a human experience, shaped by events across the life course. According to the psychosocial model of mental health, various socio-economic and environmental factors can negatively impact mental wellbeing.¹⁶ Among the various negative determinants of mental health is racism. However, the link between racism and mental health often does not receive the attention it deserves. In this part, we will further explore how social, economic, and environmental factors influenced by racism affect mental health outcomes.

Impact of interpersonal and internalised racism

In Europe, personal discrimination based on race and ethnicity remains a pervasive issue, manifesting in various forms such as verbal abuse, microaggressions, exclusion, and unequal treatment. Individuals from minority ethnic groups, such as migrants, Roma communities, or people of African descent, often face bias in workplaces, schools,¹⁷ public spaces, and interactions with law enforcement. This discrimination is fuelled by stereotypes, xenophobia, and systemic inequalities.

The impact on mental health can be profound. Persistent exposure to racism and ethnic discrimination contributes to chronic stress, feelings of isolation, and diminished self-worth. Victims may experience anxiety, depression, and consequences of trauma due to repeated encounters with prejudice. Longstanding forms of discrimination can also connect to generational trauma (or intergenerational trauma), which refers to a cycle of trauma transferred through families. This concept is particularly relevant in understanding the mental health challenges faced by individuals whose relatives endured significant adversities, such as war, colonisation, or systemic oppression.

Microaggressions are overt or large-scale aggression toward those of a certain race, culture, gender, or other characteristic and can create environments where individuals feel labelled, unwelcome or undervalued. This reinforces a sense of “otherness,” leaving them excluded from societal cohesion. Children and young people subjected to discrimination may internalise negative stereotypes, leading to lower academic performance and long-term negative psychological consequences.

As mental health means having a level of wellbeing that enables a person to contribute to their community, poor mental health and its risk factors also have impact on the overall wellbeing and economy of societies. For instance, the World Economic Forum projects the cumulative cost of lost productivity due to psychological distress and suicide during the period 2020-2025 at \$114 billion, including \$11 billion in lost productivity amongst young people. Understanding how racism impacts mental health in Europe requires acknowledging the broader social and institutional contexts in which racial and ethnic discrimination occurs.

¹⁶ Mental Health Europe (2023), ‘Promoting Understanding of the Psychosocial Model of Mental Health’ available at: <https://www.mentalhealtheurope.org/library/mhe-releases-psychosocial-toolkit/>

¹⁷ European Parliament (2019), ‘Resolution on fundamental rights of people of African descent in Europe’, available at: https://www.europarl.europa.eu/doceo/document/TA-8-2019-0239_EN.html

Impact of institutional and structural racism

Systemic discrimination and inequities encountered by racial and ethnic minorities are apparent in various ways such as policies and legislations, the labour market, policing, in education and much more. For instance, a FRA report specified that almost a quarter of Roma people have no national health insurance, 82% live in overcrowded households while 25% of Roma felt they had been discriminated against in the past year in everyday situations such as while looking for work, at work, housing, healthcare and education.¹⁸ Racial minorities are often excluded from social protection systems, leaving them particularly vulnerable to stressors like unemployment and poverty, which further deteriorate their mental wellbeing. For instance, marginalised communities are more likely to face exclusion in society and are often disproportionately affected by issues such as unequal access to affordable and community-based mental health services, support and housing. Concerning the education system, the FRA 2023 reporting 'Being Black in the EU'¹⁹ identified that young people of African descent are three times more likely to leave school early, compared to young people generally. The same report highlighted that "34% [of respondents] felt racially discriminated against when looking for a job and 31% at work in the 5 years before the survey".

While such groups in vulnerable situations may face discrimination, incidents are often under-reported. This can be due to lacking trust in the police and legal systems, and lacking awareness of laws and institutions to turn to, which pose serious hurdles. For example, as with many communities, the level of trust in the police and legal system among Roma and Travellers is generally low.²⁰

For those experiencing these issues, social and structural determinants can interact to undermine rather than protect their mental health and shift their position on the mental health continuum, and lead to worsening mental health outcomes. The combination of systemic racism and everyday discrimination and racism, put racialised people under more stress. As such, they are more likely to experience mental health risk factors and less likely to be exposed to protective factors in comparison to non-racialised people.

Mental health care and support

Racism, both at the individual and systemic levels, plays a fundamental role in determining health outcomes.²¹ WHO defines social determinants of health as conditions in which people are born, grow, live, work, and age, including factors like employment, education, and healthcare access.²² These determinants are heavily influenced by social policies, institutional practices, and cultural norms, many of which are steeped in racial inequality.

¹⁸ FRA (2022), 'Roma in 10 European Countries - Main results', available at:

<https://fra.europa.eu/en/publication/2022/roma-survey-findings>

¹⁹ FRA (2023), 'Being Black in the EU – Experiences of people of African descent', available at:

<https://fra.europa.eu/en/news/2023/black-people-eu-face-ever-more-racism>

²⁰ FRA (2021), 'Roma and Travellers in six countries - Technical report', available at:

<https://fra.europa.eu/en/publication/2021/roma-and-travellers-six-countries-technical-report>

²¹ Kayani Z, Willis A, Salisu-Olatunji SO, Jeffers S, Khunti K, Routen A. Reporting and representation of underserved groups in intervention studies for patients with multiple long-term conditions: a systematic review. *Journal of the Royal Society of Medicine*. 2024;0(0). doi:10.1177/01410768241233109, available at: <https://journals.sagepub.com/doi/full/10.1177/01410768241233109>

²² World Health Organisation, 'Social determinants of health', available at: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

Ethnic minorities and immigrants often report experiences of bias in healthcare settings. These experiences, in turn, lead to disparities in treatment and care and to poorer health outcomes by restricting economic mobility and increasing stress. Such discrimination exacerbates mental health challenges, making it harder for affected groups to seek help or receive appropriate support. During the COVID pandemic, ethnic and racial minority groups in Europe were particularly vulnerable to infection as they were overrepresented in frontline occupations: health and social care, transport, delivery services, food supply and security roles.²³

Studies across Europe show that minority communities are often underrepresented in healthcare utilisation due to language barriers, cultural insensitivity, and fear of discrimination.²⁴ Examples of how racism acts as a barrier in accessing healthcare include exclusion on the basis of appearance (e.g. wearing hijabs/headscarves) or on the basis of local language skills.²⁵

The role of health professionals is crucial in ensuring mental health promotion and prevention, as well as access to quality support, reach all communities. They are often responsible for determining who can access medical treatment and what types of interventions may be offered. Healthcare professionals in the EU often lack training in culturally competent care,²⁶ leading to mis or underdiagnoses, or inadequate treatment of mental health issues among minority service users.²⁷ This is particularly concerning as longstanding, deeply embedded myths about racial difference, especially biological differences based on race can contribute to coercive, overly medicalised, and isolating practices which are connected to the dominant model in mental health, the biomedical approach. This focuses the attention on the illness, biomedical factors, and genetic predisposition. Consequently, amongst professionals this promotes forms of treatment being offered that are primarily medical and pharmacological. Unequal treatment and health disparities can be exacerbated when professionals do not recognise and are not informed (e.g. within the education system) on how racism and discrimination affect health, based on social inequalities.

Discriminatory practices, whether intentional or unconscious, reinforce mistrust in medical systems, further discouraging racial and ethnic minorities from seeking mental health support. For example, asylum seekers and refugees often arrive in Europe with trauma-related mental health problems, yet the bureaucratic hurdles and discriminatory policies in many member states limit their access to appropriate care.²⁸ Moreover, in the UK a 2022 report by MBRRACE-UK, using data from 2018–2020,

²³ Akbulut, N., Limaro, N., Wandschneider, L. *et al.* (2020), ASPHER statement on racism and health: racism and discrimination obstruct public health's pursuit of health equity. *Int J Public Health* 65, 727–729 (2020). <https://doi.org/10.1007/s00038-020-01442-y>

²⁴ Kayani Z, Willis A, Salisu-Olatunji SO, Jeffers S, Khunti K, Routen A. Reporting and representation of underserved groups in intervention studies for patients with multiple long-term conditions: a systematic review. *Journal of the Royal Society of Medicine*. 2024;0(0). doi:10.1177/01410768241233109, available at: <https://journals.sagepub.com/doi/full/10.1177/01410768241233109>

²⁵ FRA (2013), 'Inequalities and multiple discrimination in access to and quality of healthcare', available at: <https://fra.europa.eu/en/publication/2013/inequalities-and-multiple-discrimination-access-and-quality-healthcare#related>

²⁶ Watson H, Harrop D, Walton E, Young A, Soltani H. A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe. *PLoS ONE*. 2019;14(1):e0210587. <https://doi.org/10.1371/journal.pone.0210587>.

²⁷ Hamed S, Thapar-Björkert S, Bradby H, Ahlberg BM. Racism in European health care: structural violence and beyond. *Qual Health Res*. 2020;30(11): 1662–73. <https://doi.org/10.1177/1049732320931430>

²⁸ Mental Health Europe (2024), 'Report on impact of regulations on migrants with psychosocial disabilities', available at: <https://www.mentalhealtheurope.org/what-we-do/migration-and-mental-health/>

revealed that Black women were 3.7 times more likely to die than White women, and Asian women were 1.8 times more likely to die than White women.²⁹

Moreover, the lack of awareness and discourse around mental health, racial and ethnic discrimination limits the creation of and enhanced opportunities for tailored culturally sensitive spaces. Culture and gender-sensitive awareness and competencies among professionals in crosscutting sectors (i.e. education and employment) is essential for increasing equitable participation of ethnic and racial groups and finding tailored solutions. Nevertheless, this should not replace or compensate for lack of professionals from diverse or similar cultural backgrounds to individuals seeking support. This is vital as it can foster positive experiences in psychosocial settings, reinforce safe spaces with professionals and supporters with cultural competence who can provide insight and guidance on complex situations and incorporate culturally specific interventions whilst honouring overarching values.

²⁹ MBRRACE-UK (2024), Saving Lives, Improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2020-22, available at: <https://www.npeu.ox.ac.uk/mbrance-uk/reports/maternal-reports>

Combating discriminations based on race and ethnicity in EU policies: state of play

Although discrimination and inequalities based on race and ethnicity continue to persist, the EU has introduced legislation to combat racial and xenophobic discrimination since 2000.³⁰ These policies work collectively to combat racial and ethnic discrimination while promoting equality and inclusivity across the European Union. However, there has been much criticism about the effectiveness of such policies so far, largely due to implementation frameworks, absence of binding commitments, and reliance on member states to enforce these policies. Some of the most notable initiatives and policies are noted below:

European Pillar of Social Rights

The 2017 European Pillar of Social Rights³¹ establishes a framework including 20 different principles aimed at promoting fair and inclusive labour markets and social protection systems across the EU. It emphasises the importance of equal opportunities and access to the labour market for all individuals.

The Pillar includes principles related to social protection and inclusion, highlighting the need to combat discrimination and ensure access to quality services, including healthcare and mental health support. The Pillar touches on systemic discrimination by promoting equality and social rights.

Through its commitment to social inclusion and non-discrimination, the European Pillar aims to improve mental health outcomes by ensuring that everyone has access to necessary resources, thereby fostering a healthier, more equitable society. The Pillar informs all relevant policies, including those listed below. Under Principle 3 'Equal opportunities', it is noted regardless of racial or ethnic origin, religion or belief, disability (among others), everyone has the right to equal treatment and opportunities regarding employment, social protection, education, and access to goods and services available to the public. Moreover, that equal opportunities of under-represented groups shall be fostered.

EU Charter of Fundamental Rights (2000)

The EU Charter of Fundamental Rights (2000)³² enshrines certain political, social and economic rights for European (EU) citizens and residents into EU law. On non-discrimination, article 21 explicitly prohibits discrimination on the basis of race, ethnicity, or other personal characteristics and states that "any discrimination based on any ground such as race, color, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion" is prohibited. This prohibition relates to all areas of life, including employment, education, and access to services, emphasising the EU's commitment to ensuring equality for all individuals regardless of their racial or ethnic background. Additionally, article 34 of the charter reinforces social security and social assistance as rights for all,

³⁰ European Parliament (June 2024), Briefing on 'EU legislation and policies to address racial and ethnic discrimination', available at:

[https://www.europarl.europa.eu/thinktank/en/document/EPRS_BRI\(2024\)762334#:~:text=In%20recent%20re solutions%2C%20Parliament%20has,authorities%20to%20take%20an%20intersectional](https://www.europarl.europa.eu/thinktank/en/document/EPRS_BRI(2024)762334#:~:text=In%20recent%20re solutions%2C%20Parliament%20has,authorities%20to%20take%20an%20intersectional)

³¹ European Commission, "Employment, Social Affairs & Inclusion: The European Pillar of Social Rights in 20 principles" available at: <https://ec.europa.eu/social/main.jsp?catId=1606&langId=en>

³² Charter of Fundamental Rights of the European Union (2012/C 326/02), available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:12012P/TXT>

particularly regarding the protection of vulnerable groups, which can apply to racial and ethnic minorities.

EU Race Equality Directive (2000/43/EC)

The 2000 EU Race Equality Directive³³ is a key legal framework prohibiting discrimination based on race or ethnic origin across EU member states in areas including education, employment, and healthcare. Here a framework was developed to ensure equal treatment and access to services, including mental health care, for all individuals regardless of race or ethnicity.

The directive adopts a broad scope and goes beyond addressing discrimination in employment by requiring EU member states to adopt anti-discrimination laws across various key areas. These include access to employment, self-employment, and occupation, aiming at ensuring fair recruitment and promotion practices regardless of race or ethnicity. It also covers vocational training, working conditions (such as dismissal and pay), and involvement in workers' or professional organisations. Beyond employment, the directive aims to ensure non-discriminatory access to social protection, including healthcare, education, and social security. It also mandates equal access to public goods and services, including housing.

However, the directive does not extend to structural or institutional racism and only focuses on direct and indirect discrimination. There is currently no definition of structural discrimination or for “discrimination by association and assumption”³⁴ under EU law. This directive also does not cover nationality discrimination, unless discrimination based on nationality constitutes indirect racial or ethnic discrimination.³⁵

The Race Equality Directive and other directives require Member States to set up national equality bodies,³⁶ promote equal treatment and fight discrimination based on race, ethnicity, and other protected areas. In June 2024, the Council adopted two directives to strengthen the role of equality bodies across the EU. These efforts will help to improve the effectiveness of these bodies and guarantee their independence. The directives establish common EU-wide minimum requirements for equality bodies in several key areas: for instance, enhanced competences and independence from

³³ Council Directive 2000/43/EC of 29 June 2000 implementing the principle of equal treatment between persons irrespective of racial or ethnic origin, available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32000L0043>

³⁴ *This type of discrimination is often called associative discrimination because the victim is being discriminated against because he or she is associated with another person or other persons who are the main targets of the perpetrator's prejudice. Associative discrimination can take place in relation to many different grounds, including disability, and is conceptually linked to the “grounds by association”. Closely related to the concept of discrimination by association is the discrimination due to assumption. Here the victim is being discriminated against because the person is assumed to be, or be part of a group which is, the target of the perpetrators prejudice.* Available at:

https://www.eeas.europa.eu/sites/default/files/11_hr_guidelines_external_action_en.pdf

³⁵ EURACTIV (2020), ‘Handbook on the Racial Equality Directive’ available at :

<https://www.migpolgroup.com/wp-content/uploads/2020/09/MINDSET-Handbook-on-the-Racial-Equality-Directive-003-final.pdf>

³⁶ European Parliament (June 2024), Briefing on ‘EU legislation and policies to address racial and ethnic discrimination’, available at:

[https://www.europarl.europa.eu/thinktank/en/document/EPRS_BRI\(2024\)762334#:~:text=In%20recent%20re solutions%2C%20Parliament%20has,authorities%20to%20take%20an%20intersectional](https://www.europarl.europa.eu/thinktank/en/document/EPRS_BRI(2024)762334#:~:text=In%20recent%20re solutions%2C%20Parliament%20has,authorities%20to%20take%20an%20intersectional)

external influence.³⁷ By ensuring equal access to mental health services and addressing discriminatory practices in healthcare, these bodies contribute to reducing disparities and fostering a more inclusive society.

EU Action Plan Against Racism 2020-2025

In 2020, the EU Action Plan Against Racism (2020 – 2025) was released and is one of several equality strategies and action plans by the European Commission that collectively worked to build a Union of Equality where all people can live free from discrimination.

The Action Plan set out to tackle racism and racial discrimination across society through various means. The plan aimed to assess and strengthen legal protection by enhancing existing anti-discrimination laws, extending EU non-discrimination legislation to outstanding areas and ensuring that racism is effectively punished, particularly through better enforcement of the Race Equality Directive and other legal instruments. Concerning law enforcement, training for police forces and law enforcement agencies and gathering of data was noted to counter discriminatory practices and prevent racial profiling.

Across Europe, there is a lack of comparable and regular data collection on equality and non-discrimination, which hinders effective monitoring of the application of instruments (i.e. equality strategies) related to such issues.³⁸ Equality Data refers to information collected and used to monitor, examine, and address inequalities related to discrimination and exclusion in various sectors, such as employment, education, healthcare, and housing. This lack of systemised collection can also result in civil society and community led organisations left with the burden of capturing such valuable data, despite limited resources. In 2022, Ireland announced the development of a National Equality Data Strategy to support in the implementation and monitoring of the Irish National Action Plan Against Racism, the National Traveller and Roma Inclusion Strategy, as well as the National LGBTI+ Inclusion Strategy and National LGBTI+ Youth Strategy.³⁹

Strengthening cooperation was also underlined in the Action Plan and specifically the importance of working with all actors at all levels work effectively to fight racism and other forms of discrimination. The strategy stated coordinator, Michaela Moua, is appointed to act as focal point to oversee implementation, bridge gaps and mainstream the voices of racialised communities in EU policies. Other key areas such as boosting diversity, funding and research, extremism and hate speech and awareness raising were also highlighted in the strategy.

Unfortunately, mental health was not included as a primary focus. However, the plan stated that “racism causes trauma and can, therefore, also affect people’s mental health”.⁴⁰ The document also noted the need for equal access to healthcare, which includes mental health services, as a fundamental right. The Action Plan also emphasises the importance of addressing structural racism

³⁷ The Council of the EU and the European Council (2024), ‘Strengthening the role of equality bodies across the EU: Council adopts two directives’, available at: <https://www.consilium.europa.eu/en/press/press-releases/2024/05/07/strengthening-the-role-of-equality-bodies-across-the-eu-council-adopts-two-directives/>

³⁸ European Commission, ‘Equality data collection’ available at: https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/combating-discrimination/equality-data-collection_en

³⁹ gov.ie, ‘Minister O’Gorman announces the development of a National Equality Data Strategy’, available at: <https://www.gov.ie/en/press-release/5a7f4-minister-ogorman-announces-the-development-of-a-national-equality-data-strategy/>

⁴⁰ EU Anti-Racism Action Plan (2020-2025), available at: https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/combating-discrimination/racism-and-xenophobia/eu-anti-racism-action-plan-2020-2025_en

across sectors like healthcare, housing, and employment, and more generally ensuring fair treatment. These factors all directly impact mental health outcomes. The Commission called for Member States, in full respect of their national contexts, to move towards the collection of data disaggregated on the basis of racial or ethnic origin.

Council Framework Decision on Racism and Xenophobia

The Council Framework Decision on Racism and Xenophobia⁴¹ is a legal framework adopted in 2008 by the European Union to combat racism and xenophobia through criminal law. It directs member states to punish public incitement to violence or hatred based on race, ethnic origin, or religion. This includes criminalising the denial or trivialisation of genocide and crimes against humanity. This decision plays a key role in addressing the mental health impact of racism. Through its enforcement, the framework helps to ensure more inclusive environments and reduce these harmful experiences and, consequently, mitigates the mental health disparities driven by racial and ethnic discrimination.⁴² Unfortunately, the framework has not been fully or correctly transposed by some Member States and in 2022 the European Parliament advised the European Commission to monitor this and ensure that Member States comply with EU anti-discrimination legislation.⁴³

European Commission Communication on a comprehensive approach to mental health

The 2023 European Commission Communication on a comprehensive approach to mental health⁴⁴ marked as an essential first step, laying the foundation for a stronger commitment to mental health by the EU. The communication emphasised that mental health is influenced by social and environmental factors, urging EU member states to adopt policies promoting prevention and early intervention, especially for groups disproportionately affected by discrimination. Although the unmet needs and existence of other groups in vulnerable situations was underscored, the communication did not include interventions specifically focusing on racial and ethnic discrimination (among other group), with only two flagship initiatives focusing on specific vulnerable groups (young cancer and survivors' victims of crime).⁴⁵

⁴¹ Council Framework Decision 2008/913/JHA of 28 November 2008 on combating certain forms and expressions of racism and xenophobia by means of criminal law, available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32008F0913>

⁴² European Union Agency for Fundamental Rights (2021), 'Fundamental Rights Report – 2021', available at: https://fra.europa.eu/sites/default/files/fra_uploads/fra-2021-fundamental-rights-report-2021-opinions_en.pdf

⁴³ European Parliament (2022), 'European Parliament resolution on racial justice, non-discrimination and anti-racism in the EU', available at: https://www.europarl.europa.eu/doceo/document/TA-9-2022-0389_EN.html

⁴⁴ European Commission (2023), Communication from the Commission to the European Parliament, the Council, the European Economic And Social Committee and the Committee Of The Regions on a comprehensive approach to mental health, available at: https://health.ec.europa.eu/publications/comprehensive-approach-mental-health_en

⁴⁵ Mental Health Europe (2023), 'Analysis of the Communication from the European Commission on 'A Comprehensive Approach to Mental Health'

Concrete recommendations: Looking to the future – Towards an approach which combats discrimination and promotes equality

When working to address racism in the field of mental health, there must be a shift away from solely zoning in on individual health and instead consider how social determinants and structural realities have impacted and continue to shape mental health and other health impacts. Building effective, reliable and sustainable forms of support and mental health systems requires an approach that recognises the social context in which these stressors occur. It helps to move beyond the individual, focusing on the need to challenge systemic barriers and provide culturally sensitive mental health services. Promoting mental wellbeing in this way requires societal change to reduce discrimination and create supportive environments.

Mental Health Europe envisions a truly inclusive society which steps up action against racism and all forms of discrimination. One which addresses the impact of discrimination and inequalities based on race and ethnicity through an intersectional approach. Tailored approaches that consider the unique intersections of identity can bridge gaps and ensure equitable access to support and resources. For that reason, Mental Health Europe calls for the EU and Member States to:

Recommendations for EU Institutions:

1. **Develop an intersectional EU Mental Health Strategy** which includes concrete targets, objectives, and budget as well as a clear timeline and indicator which addresses the socio-economic determinants of mental health. This should have particular attention to those who face multiple and intersecting forms of discrimination, including on the basis of ethnicity, religion, sexual orientation and gender identity, migration status, age or disability.
2. **Renew and strengthen EU equality strategies.** Incorporate recommendations from civil society to address persistent racial and ethnic discrimination. The EU should lead by example and ensure that the design, implementation, monitoring and evaluation of initiatives are characterised by the meaningful engagement of key stakeholders, particularly civil society, representatives of people with lived experience and their supporters.⁴⁶
3. **Enhance data collection by standardisation of equality data collection to help monitor disparities and inform targeted policy interventions.**
 - Collect and harmonise equality data disaggregated by indicators on multiple grounds of discrimination, this should include race and ethnicity as well as disability. The European Union should coordinate and guide the systematic collection of equality data at European, national and local levels.
 - Integrate mental health into the routine health information system and identify, collate, routinely report and use core mental health data disaggregated by gender, age and other

⁴⁶ Mental Health Europe defines co-creation as “a collaborative approach involving all actors in mental health working together on an equal basis to develop and implement policies, services and communication that foster positive mental health according to a psychosocial model and human rights-based approach.” The concept of co-creation emphasises the redistribution of powers of all participants in the process and the attribution of equal value to the different expertise of all the participants.

grounds to properly capture intersectionality issues. Indicators on determinants of mental health should also be available in population (mental) health information and monitoring systems.

4. **Allocate EU funding to support for anti-racism and mental health initiatives.**

- Ensure funding on tackling racism and discrimination is integrated into relevant programmes.
- Increase funding for specific mental health programs that are focused on racialised and marginalised communities, ensuring adequate resources for culturally competent care.
- increased funding for equality bodies, directly benefiting marginalised communities and reducing disparities, especially in mental health care.

5. **Promote and fund EU-wide research** on the connection between racial discrimination, inequality, and mental health, to better understand and address the underlying causes.

Recommendations for Member States:

6. Develop long term and sustainable **national mental health equity action plans**:

- Ensure national strategies that target the mental health disparities faced by minority groups, focusing on integrating anti-racist practices in public health policies.
- Strengthen cooperation between social and healthcare services to develop integrated services at the community level, including mental health services. Support additional community-based approaches and participation.
- Ensure human rights compliant, accessible, affordable, holistic, and community-based mental health services and support. Guarantee that marginalised communities have equal access to mental health care services by eliminating language, financial, geographic and other barriers.

7. Develop **cultural competency** training. Mandate training for healthcare professionals to recognise and address the specific mental health needs of racial, ethnic and other minorities, fostering a more inclusive and supportive health system.

8. Develop **anti-discrimination laws** and ensure full implementation and enforcement of the Race Equality Directive across all member states, specifically in health sectors, to combat discrimination and inequalities based on race and ethnicity:

- Enhance legal protections against workplace discrimination: Strengthen employment laws to address racial and ethnic discrimination, ensuring that the workplace environment supports the mental wellbeing of minorities.
- Increase investment in inclusive education and foster inclusion and diversity in educational settings by introducing anti-racism programs that address the impact of discrimination on the mental health of young people from ethnic minorities. Upscale mental health literacy to strengthen understanding of mental health, through an intersectional lens.

Conclusion

Discrimination and inequalities based on race and ethnicity have profound and lasting effects on mental health across Europe. There is a long way to go to ensure support systems aid mental health protective factors, through a human right and person-centred approach rather than exacerbating

mental health risk factors. Structural racism and exclusionary practices are unfortunately rampant and disparities in healthcare, employment, education, and social services remain prevalent.

In Europe, and beyond, individuals need tailored services as well as changes to tackle racism and discrimination which exacerbate mental health problems. A psychosocial approach to mental health must be widely adopted with culturally competent mental health services, improved legal frameworks, and stronger enforcement of anti-discrimination laws to alleviate mental health disparities and achieving equity and wellbeing for all. It is high time for investments to take a whole-of-society response and not compromise on human rights.



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Co-funded by
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