



European Commission releases comprehensive approach to mental health – What’s in it for Europe’s Roma¹?

On 7 June 2023, the European Commission (EC) put forward a [Communication laying out a comprehensive approach to mental health](#), aimed at helping Member States and stakeholders **take swift action to deal with mental health challenges**. The Communication is a starting point for a new approach that recognises that **mental health is about more than just health**, and it features 20 European flagships to complement the work done in the Member States, identifying financing opportunities worth EUR 1.23 billion.

ERGO Network has closely engaged with this important topic, and our research report [Roma access to healthcare and long-term care](#) (2022) includes a dedicated chapter on Roma mental health. Despite field research indicating that **the Roma are often at higher risk of being in poor mental health**, most of them cannot access much-needed care and support due to **unavailability of services in communities, high costs of consultations, antigypsyism and stigma, and a lack of trust** in the healthcare system overall. We have reviewed the proposed EC initiative in light of these findings, and the result of this exercise are reprinted below.

¹ The umbrella term “Roma” encompasses diverse groups, including Roma, Sinti, Kale, Romanichels, Boyash/Rudari, Ashkali, Egyptians, Yenish, Dom, Lom, Rom and Abdal, as well as Traveller populations (gens du voyage, Gypsies, Camminanti, etc.), in accordance with terminology used by the [European Commission](#).

ERGO Network warmly welcomes that **the Roma are explicitly mentioned** in the Communication, which acknowledges that “Roma may be at a higher risk for mental health problems, given their often-difficult situation arising from **poor socio-economic income, circumstances and exclusion, lack of access to education and employment, inadequate housing, segregation, exclusion and discrimination, including in health-related aspects.**” (page 15). These statements are closely aligned with our own findings. We also particularly appreciate the social determinants of health perspective, which looks at poverty, discrimination, and poor access to quality housing, education, and employment.

The Communication also features **clear links with the EU Roma Strategic Framework** for Equality, Inclusion and Participation, which is mentioned twice – as one of the five strategies of the Union of Equality, highlighting **discrimination of Roma in what concerns mental health** and not only, and immediately following the quote above, reminding that the Framework features a **sectoral objective of improving Roma health** and of increasing the effective equal access to quality healthcare and social services. Moreover, the **Council Recommendation on Roma Equality, Participation and Inclusion** is also referenced in the document, which stresses that the Commission urges Member States to ensure equal access without barriers to quality and affordable healthcare and social services, especially for those groups most at risk or those living in marginalised or remote localities, and to **address the specific situation for Roma, by improving access to mental health services and primary prevention measures**, for example through awareness raising campaigns.

Aside these very positive references specifically to Europe’s Roma, we are equally happy to see that **the Communication mentions ethnic minorities**, highlighting determinants of mental health such as intersectional discrimination (including on grounds of racial or ethnic origin), violence, and hate speech. It also underlines that **inequalities based on ethnicity**, as well as multiple other determinants, have an important **impact both on mental health as well as on access to adequate care**. The plight of non-ethnic minorities is also comprehensively taken into account in the strategy, which also speaks of ‘minority stress’, in the context of LGBTQIA+ rights, reminding that **marginalisation, discrimination, and stigmatisation increased the risk** of suicidal behaviour, self-harm, and depression.

We are equally very pleased to see **discrimination comprehensively mentioned** throughout the document, including explicit references to the **discrimination faced by the Roma**. The Communication clearly acknowledges that experiences of discrimination, as well as hate speech and violence, including on ethnic grounds, lead to poorer mental health outcomes. However, the word **antigypsyism is not used**. There is equally **no reference to racism**, and no links made with the EU Anti-Racism Action Plan, which is a tremendous missed opportunity.

The Communication includes solid provisions and one flagship initiative, worth EUR 18 million, on support to activities that **combat the stigma and discrimination associated with mental health**, which is very welcome. However, **no similar efforts are dedicated to combating discrimination on other grounds** (such as ethnic or racial background), despite it being acknowledged as a determinant of poor mental health. An approach based on prevention, as the initiative professes to be, should primarily **tackle the root causes and social determinants** of mental health that it identifies in the same text, including racial and ethnic discrimination.

The most encouraging quote of the text is:

“Member States are urged to use EU funding opportunities and [...] to address the links between inequalities and mental health by increasing efforts to combat stigma, discrimination, hate speech and violence, and to provide adequate training, upskilling and reskilling of the health and social care workforce in the promotion of mental health and wellbeing. Countries should also [...] address the links between exclusion, inequalities and mental health by increasing efforts to combat discrimination, hate speech and violence.”

This very on point **general call to Member States** is not further detailed and **does not have an associated EU flagship initiative, or dedicated budget**. While EUR 9 million are dedicated, in a different section, to staff training, it is a great shame to not have included requirements for **anti-bias training for mental health professionals** and for Member States to promote the hiring of **minority mental health workers** and **mental health mediators**, to build trust of various constituents and bridge communication gaps. EU political and financial support to such initiatives would have been invaluable to **ensure that vulnerable communities such as the Roma are not left behind** and can access the support and services they need.

Another flagship initiative announced in the document will see EUR 10 million dedicated to “support the role of stakeholders **in promoting mental health in communities focusing on vulnerable groups**, including children and young people and migrant/refugee populations.” . A further **EUR 6 million is dedicated to suicide prevention**, based on an exchange of best practices between Member States. This kind of outreach is very positive, nonetheless – given the mostly material causes of declining mental health within these groups, as identified by the same Communication – perhaps **some of this money could have gone towards meeting concrete needs**, in order to ensure better quality of life and security about the future.

The section on children and young people **correctly identifies bullying** as a risk factor for mental wellbeing, but **only singles out migrant and refugee children**, while children from ethnic minorities suffer the same plight but go unmentioned. While one of the corresponding flagship initiatives recommends paying special attention to bullying, **no budget is foreseen to support school-based initiatives** in Member States. There is also no other flagship initiative in this section that would be aimed at responding to the challenges identified for migrant and refugee children. A subsequent section is dedicated to a very long **list of key vulnerable groups (including the Roma)**, but only two of these groups receive a dedicated flagship initiative (cancer patients and victims of crime), **none of them with a budget**.

The section on the prevention of psycho-social risks at work **fails to mention workplace discrimination**, or to address it in its flagship initiatives, or to allocate any budget. This is also the case for the section on reinforcing mental health systems and improving access to treatment and care, where **racism and discrimination on ethnic and other grounds when seeking support services** are not referred to, nor are any measures proposed to tackle them. Addressing inequalities is mentioned – but only for displaced people, refugees, migrants, people with disabilities, and the LGBTQIA+ community, but **not ethnic minorities**. An encouraging flagship initiative of this section is aimed at **improving data collection** in the framework of the European Health Interview Survey (EHIS), where we **hope that data will also be broken down by ethnic background**, as requested by the EU Anti-Racism Action Plan, in order to have a complete picture of the state of Roma mental health and of their access to and take-up of corresponding support services.

The final section, on improving mental health globally, also refers to providing determined and ambitious **support to people fleeing the war in Ukraine and their children**. Overwhelming evidence from the ground has shown that **Roma families escaping the war have been severely discriminated** in host countries, including their children, often being turned away, not believed, denied help, or persecuted because of their ethnicity. This takes a **double toll** on already vulnerable individuals leaving behind their homes in an armed conflict zone. Part of the EUR 28 million that the European Commission pledges to provide psychological first aid to these people **must be dedicated to combatting antigypsyism**.

The Communication is a very important first step in comprehensively improving mental health in Europe, however **it falls short of being a strategy** with targets and monitored objectives. The 20 flagship initiatives, while welcome, are **mostly short-term and not entirely new** initiatives, while the impressive EUR 1.23 billion are largely a **collection of existing funding allocations**. Disappointingly, the **main social and material determinants of mental health** – poverty and material deprivation, including poor housing and living conditions – **are not sufficiently addressed**. And while discrimination is amply mentioned, it is not tackled.

Given the fact that the document aims at better inclusion and empowerment, it is surprising how **stakeholders (including civil society) are only mentioned once** in a general sentence, while nothing is said about the affected communities themselves, who **should be closely associated to the design, implementation, and monitoring** of policies affecting their lives and wellbeing. Only such meaningful involvement can achieve sustainable results.

ERGO Network **broadly welcomes the European Commission's comprehensive approach to mental health**, and hopes that the gaps identified above will be remedied through implementation and through subsequent EU policy measures. We **stand ready to support these efforts** at both EU and national level.

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