

FEPS POLICY RECOMMENDATIONS

HEALTHY MINDS, STRONGER EUROPE

PROGRESSIVE SOLUTIONS FOR MENTAL HEALTH
AND WELLBEING IN EUROPE



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1 INTRODUCTION

Mental health is emerging as one of the defining public policy issues of our time. Across Europe, rising rates of anxiety, depression, behavioural addictions or the risk of suicide¹ – particularly among young people – reveal the urgent need for systemic solutions. In particular, the intersection of mental health with addictions, digital technologies and the psychosocial risks at work forms a complex web of challenges that transcend traditional health policy boundaries. As mental health risks differ between genders, with distinct causes, symptoms and ways of coping, special attention needs to be paid to the gender dimension. Tackling mental health challenges, therefore, requires both a gender-responsive and an intersectional approach that cuts across different policy areas, especially health, social and employment policies.

While mental health remains primarily within the competence of member states of the European Union (EU), there is growing recognition of the EU's role in supporting, coordinating and promoting best practices, especially in the case of cross-cutting issues. The EU can also encourage member states to collect data on mental health trends and monitor the implementation of mental-health-related policies to help reduce disparities and ensure progress is both equitable and measurable with regards to targets agreed at the EU level.

Yet, the EU approach to mental health remains fragmented, reactive and overly medicalised, with a narrow emphasis on late-stage clinical responses. While some pharmacotherapy – for example, antidepressants and ADHD medications – can be essential and life-changing, with growing evidence of long-term benefits, the overall policy mix still underinvests in prevention, early intervention and evidence-based harm reduction. There is no unified strategy linking mental health with broader social determinants, such as housing, education, employment, age, gender equality or digital safety. This gap risks deepening inequalities, fuelling social exclusion and undermining Europe's capacity to respond to future crises with resilience and solidarity.

The European Commission's recent inclusion of mental health in its policy agenda represents a unique opportunity to chart a more coherent path forward – while ensuring that other EU policies in areas such as climate, social affairs or even security advance mental wellbeing and consider all psychosocial impacts. In this context, work-related factors merit special attention: the workplace is a major source of mental health burden and, crucially, a tractable setting for action. Targeted interventions through

occupational safety and health policy and regulation are low-hanging fruits, since people spend much of their lives at work and psychosocial risks there are more identifiable and preventable than diffuse societal stressors.

Furthermore, any EU approach to mental health must pay special attention to gender: women, men and gender-diverse people face distinct risks, vulnerabilities and coping patterns. Gender-based violence is a structural driver of poor mental health. Among other factors, women shoulder unequal care burdens, higher single-parenthood, precarious work in feminised sectors, perinatal risks (including postpartum depression) and heightened sexual technology-facilitated harassment. At the same time, men's mental health is underreported due to stigma and norms encouraging avoidance or externalising behaviours – as reflected in higher suicide and substance misuse levels. Gender-diverse people face minority stress, discrimination and targeted online abuse. Gender-sensitive measures across workplaces, addictions and digital environments are essential to strengthening the prevention of mental health problems; harm reduction; ensuring equitable access to support and treatment; and last, but not least, stigma reduction.

In addition, **participation and intersectionality must be mainstreamed** across all mental health initiatives. This means centring the voices of people with lived experience, young people and communities facing multiple barriers to health and wellbeing. All EU programmes and policy instruments should systematically apply gender, age and equity impact assessments to ensure that interventions reflect the needs of diverse populations and contribute to reducing existing inequalities, hence promoting solidarity between generations.

Poor mental health – rising sharply among young people – imposes heavy individual and family burdens and societal costs of about 4-5% of GDP in high-income countries.² Recent crises, especially the COVID-19 pandemic, and trends such as greater digitalisation and social media – affecting concentration, emphasis on individuality, increased loneliness and unequal access to education – are straining young people. Importantly, these impacts are gendered, with research showing different impacts on girls and boys. **Europe's future depends on how well the next generation learns, thrives and contributes, and caring for them is an intrinsic EU commitment.** Supporting parents' mental health and caregiving capacity is essential; because women are often primary caregivers, their wellbeing warrants particular attention. Early parent-child relationships strongly shape lifelong outcomes.

Capitalising on **this momentum** requires a shift away from siloed approaches toward integrated, people-centred systems that view mental health in its complexity and as an overlapping dimension of human wellbeing. When shaping a comprehensive and progressive European strategy on mental health, several principles should guide action:

- **Treat mental health as a human right.** Everyone should have the opportunity to attain good mental wellbeing.
- **Apply “mental health in all policies”,** integrating considerations across climate, social, education, employment and security, and mobilising public, civil society and private actors.
- **Follow the economy of wellbeing.** Invest in mental health as a driver of economic development, include people with partial work ability and the long-term unemployed, and recognise that supporting work ability is integral to healthy workplaces and inclusive labour markets.
- **Prioritise the promotion of mental health and prevention** – tackling root causes, building mental health skills throughout the life course and reducing stigma. Where relevant, complementing these with compassionate, evidence-based harm-reduction approaches that minimise risk and severity of the impacts on mental health.
- **Leverage physical activity** to strengthen wellbeing and resilience (with benefits across many disorders).
- **Pay particular attention to vulnerable groups,** including children and young people, but also seniors, workers facing high workloads and stress, migrants and refugees, persons with disabilities, and people in mental health rehabilitation.

These policy recommendations draw on evidence, best practices and the inputs from experts representing a variety of fields, and they propose a progressive policy framework in support of a comprehensive EU strategy on mental health that addresses all the most relevant stressors and takes a holistic view of the most relevant factors influencing the mental health of Europeans. **These policy recommendations focus on three priority dimensions – addictions, psychosocial risks and mental health at work, and digital technologies – as they reflect the most-pressing and cross-cutting challenges, with significant social and economic impacts, where EU-level action can deliver meaningful change.**

2 POLICY RECOMMENDATIONS

The following recommendations are addressed primarily to EU institutions, while the contribution of EU member states (at the relevant level of government) and social partners is essential to their implementation.

2.1 Mental health and addictions

Mental health and addictions are deeply intertwined, often influenced by socio-economic determinants such as poverty, housing and job insecurity, educational struggle, adverse childhood experiences, gender inequalities, and systemic discrimination. Yet, EU policy frameworks, such as the EU Drugs Agenda, remain largely focused on illegal substances, neglecting behavioural and legal addictions such as gambling, alcohol or gaming.³

Addiction and mental health challenges often overlap, yet the systems meant to support them remain fragmented, inconsistent and disconnected from people's lived realities. Many individuals struggling with addiction also face mental health challenges, but services remain fragmented in most EU member states, with addiction and mental health often treated separately, and with limited coordination across housing, employment and social support. Integrated, person-centred care models that respond to these overlapping needs are urgently needed, along with intersectional strategies that reflect how gender, age, poverty and migration shape access, risk and recovery.

A whole new domain of addictive behaviours have emerged in the digital environment, becoming a significant source of mental ill-health and psychological distress. Addictions to social media, online platforms and constant connectivity are increasingly recognised as serious public health concerns, particularly among young people (with gendered patterns, e.g., many girls experience higher body-image-related anxiety and many boys face higher gaming-related risks). While some of these behaviours are relatively new – such as compulsive engagement with social media or algorithm-driven content loops – others represent digital extensions of existing addictions, including online gambling, gaming and shopping.

A more coherent strategy must reflect the overall complexity of the interaction between addictions and mental health and emphasise prevention, harm reduction and recovery.



Addiction prevention and treatment must address the distinct needs of women, men and gender-diverse people, recognising gendered patterns of risk, stigma and access. For women, perinatal risks require particular attention. Alcohol use in pregnancy can cause foetal alcohol spectrum disorder, a preventable yet lifelong condition that remains under-recognised and under-supported. Men experience higher rates of substance misuse and often underdiagnosed mental ill-health, while gender-diverse people face additional barriers to affirming care. A trauma-informed, gender-responsive approach – centred on prevention and early intervention – should guide policy and services.

Therefore, we recommend the following:

- **Promote trauma-informed prevention and support school-based life skills programmes** across member states that teach emotional regulation, decision-making and resilience.⁴
- **Embed harm reduction in EU strategy** and ensure sustainable funding for supervised use sites, needle-exchange programmes, opioid substitution and safer supply initiatives.⁵
- **Enable recovery-oriented care models and integrate housing, employment and peer-support services through approaches** like Housing First and dual-diagnosis community teams.⁶
- **Include vulnerable voices and involve people with lived experience** in the design and delivery of services and policy.
- **Expand the scope of the EU Drugs Agenda** and address legal and behavioural addictions – including digital compulsions (e.g., gaming, gambling, social media, shopping, pornography) – as core public health issues.
- **Implement strategies that address the intersectionality of gender norms, substance use and coping mechanisms**, ensuring that prevention, harm reduction and support services are tailored to diverse experiences and needs.
- **Address the links between gender-based violence and substance use disorders**, ensuring trauma-informed and gender-responsive support services, recognising how violence shapes coping mechanisms.
- **Reflect addictions in EU digital regulation**, embedding an “addictive design” risk lens across the Digital Services

Act, the Audiovisual Media Services Directive and the AI Act. This would require platforms to assess and mitigate compulsive-engagement features (including AI-enabled anthropomorphised agents), apply proportionate safeguards for minors, provide default time/use controls, ensure researcher access to platform data, and maintain clear accountability.

2.2 Mental health in the workplace

A safe and healthy working environment is recognised as a fundamental principle and right at work. Therefore, work and work-related factors must not harm mental health. While employers and institutions have made progress in addressing physical health and safety at work, mental health remains inadequately protected from work-related psychosocial risks in most labour frameworks. Precarious employment, job insecurity and rising performance pressures lead to many workers facing chronic stress, burnout and psychosocial risks.

Increased digitalisation is blurring boundaries between work and private life and driving technostress – the mental strain from constant connectivity, ICT overload, interruptions and errors, digital surveillance, and continual system change.⁷ In addition, rapid digitalisation and generative AI are intensifying occupational insecurity – especially in roles more easily automated – and accelerating job redesigns that heighten the risk of professional attrition across sectors. **Overall, the resulting distress leads to absenteeism, reduced productivity and high turnover, costing the EU billions annually.⁸**

Different populations are affected differently by workplace psychosocial stressors. Women and gender-diverse people often face greater workplace precarity and unpaid care burdens; men may encounter workplace norms and stigma that penalise help-seeking or openness about mental distress – discouraging use of support services (for instance, in a male-dominated team, a man who schedules an Employee Assistance Programme session is often told to “toughen up” and later marked down on “resilience” in his performance review). **Ageing employees can face age-based discrimination, including assumptions that they are less digitally savvy than younger colleagues**, while younger workers often face high expectations with fewer opportunities to gain experience. Moreover, workplace harassment and gender-based violence are significant psychosocial risks that must be systematically integrated into EU occupational safety and health frameworks.

Progressive political forces have historically led efforts to protect workers from physical harm and exploitation – through workplace safety regulations, fair working conditions and social protections. **In today's economy – shaped by the digital and green transitions and rapid technological change – mental strain is an increasing risk for modern labour; yet current labour laws, regulations and institutional practices still prioritise physical health and safety, leaving mental health insufficiently protected from work-related stressors.** Recognising and building a prevention program to eliminate and minimise psychosocial risks at work is a logical continuation of the social justice agenda and an essential component of building a resilient, inclusive workforce.

Therefore, we recommend the following:

- **Enforce the right to disconnect**, while updating it to reflect new patterns. This would require adopting an EU Directive ensuring workers are protected from off-hours contact and digital overexposure.⁹ It would require employers to ensure manageable workloads during working hours – including adequate staffing and cover, realistic deadlines, fair task distribution, and routine workload/psychosocial risk assessments – backed by anti-retaliation safeguards, collective-bargaining provisions and effective labour-inspectorate enforcement.
- **Recognise and address technostress as a psychosocial risk** in EU labour frameworks. Develop guidelines and prevention strategies to reduce ICT overload, constant digital adaptation pressures, interruptions, digital noise, notifications, system complexity and digital surveillance, ensuring healthier and more sustainable digital work environments.
- **Raise mental health literacy**, equipping employers and employees with the skills and language to recognise distress, foster psychological safety and promote positive wellbeing.
- **Create neurodiversity-affirming workplaces**: recognise neurodivergence (e.g., ADHD, autism, dyslexia, dyspraxia, Tourette's) as natural human variation – not a mental health condition – while supporting co-occurring mental health needs where present. Provide inclusive hiring and confidential accommodations; flexible work and predictable routines; sensory-friendly environments and assistive tech; and manager training in neuroinclusive, anti-bias practices aligned with universal design and broader “diversity equity and inclusion” goals.
- **Institutionalise trade union cooperation**, making unions co-creators of workplace strategies to combat psychosocial risks at work.
- **Apply the BALANCE framework** – Build awareness and literacy; Assess psychosocial risks; Leadership and labour participation; Accommodations and accessibility; Navigation and reintegration; Confidential, culturally safe care; and Evaluation for equity – in which sector-specific strategies must include access to support, reintegration pathways, inclusive accommodations and confidential care mechanisms.
- **Promote intergenerational inclusion**, by supporting youth entry to work – funding fairly paid traineeships, mentorships and mental-health onboarding aligned with younger workers' expectations – and complement this with measures for more senior workers (recognition, upskilling, flexible roles and transitions). This should be paired with awareness campaigns that combat age stereotypes, promote intergenerational solidarity, and help workplaces recognise and leverage the strengths of all age groups.
- **Tackle the mental health burden stemming from unpaid care work**. This would require delivering on the European Care Strategy by scaling affordable, high-quality, long-term care and early-childhood education to meet the revised Barcelona targets, easing families' care loads. It would also rely on the strengthening and enforcement of the Work-Life Balance Directive – robust carers' leave, flexible work, anti-retaliation and adequate income replacement – and embedding carers' mental health in national long-term care plans with funded respite, counselling/peer support and care navigation. It calls for the protection of carers through social protection (e.g., pension credits, income support during intensive-care episodes), systematically tracking unpaid care via standardised time-use data and European Semester monitoring, and planning for rising need by incorporating projections of informal-care burdens into EU and national planning.

2.3 Digital technologies and mental health

There is substantial and growing evidence that digital platforms, neuro-technologies and algorithmic manipulation have significant mental health impacts, especially on children and youth.¹⁰ These risks are currently under-regulated, and girls appear to be particularly vulnerable.



Social media and gaming platforms employ machine learning systems that prioritise engagement over safety. In practice, this means children's attention is drawn away from essential activities, such as sleep and face-to-face interaction, while they are simultaneously exposed to a largely unregulated flow of harmful and age-inappropriate content, including pornography, deepfakes, violent material and extremist content.¹¹

The immersive and deliberate addictive design of digital platforms amplifies the risks, blurring the lines between recreation, dependence and harm. While the EU Digital Services Act represents progress, a better defined and broader regulation is needed to address the psychological risks associated with digital content and platform design. AI-powered systems exploit behavioural data and psychological vulnerabilities of the user,¹² reducing autonomy, impairing decision-making and amplifying social comparison, and should therefore be subject to stricter regulation. Emerging and related AI-enabled concerns include anthropomorphising chatbots and smart devices, as well as their unregulated use as emotional or therapeutic substitutes. This – coupled with barriers to timely care – can reinforce negative patterns or even surface harmful advice. Reports of minors being drawn into “romantic” exchanges with chatbots and anthropomorph smart toys raise additional child-safety and developmental worries. The spread of deepfakes, predominantly pornographic and disproportionately targeting women, can also have severe mental health impacts. While current evidence suggests these AI-related harms are smaller in prevalence than harms linked to constant connectivity and social media overuse, they are rapidly evolving and warrant proportionate, precautionary policy attention.

This is particularly urgent considering the growing evidence that excessive screen time, harmful content and addictive platform features contribute to anxiety, addiction, depression, low self-esteem, and diminished capacity to inhibit impulses and to concentrate – especially among children and adolescents.¹³ Digital technologies are linked to cyberbullying, online harassment, image-based abuse, grooming and other forms of technology-facilitated violence. Evidence shows gendered patterns: girls face higher mental health risks from social-media exposure – including cyberbullying, harassment and non-consensual image sharing – while boys face elevated risks related to gaming, online gambling and pornography. Gender-diverse youth also experience distinct and often overlooked vulnerabilities, including targeted abuse and barriers to affirming support, which policy and research must address explicitly.

Stronger safeguards, child protection-by-design and cross-sectoral cooperation are needed to address these risks,¹⁴ but more needs to be done to translate these priorities into enforceable standards and systematic support across member states.

By regulating the use of digital technologies with mental wellbeing in mind, we contribute to the protection of cognitive integrity, hence protecting individuals' mental processes, including thoughts, memories, emotions and decision-making, from external manipulation or addiction-inducing influence or manipulation by digital and neuro-technologies.

Therefore, we recommend the following:

- **Regulate and restrict manipulative and addictive design for minors under 18 years old.** As with gambling, AI-driven systems exploit psychological vulnerabilities and minors lack mature cognitive control; parents cannot shoulder this alone, and expecting self-regulation is unrealistic and unethical. In parallel, the EU should enable clinician training on digital risks, add digital-behaviour screening to routine mental health assessments and strengthen capacity to detect emerging harms (self-harm, eating disorders, anxiety, depression, PTSD, porn addiction, gaming disorders).
- **Require technology companies to implement effective age verification systems, with strict penalties for non-compliance.** Responsibility must rest with providers, not families. Regulatory experience from sectors such as tobacco and alcohol shows that corporate accountability is achievable when supported by strong political will.
- **Enshrine cognitive integrity as a legal right** to mental autonomy and protection from manipulative or harmful influences on one's thinking and decision-making.
- **Require health professionals to inform parents of newborns at early check-ups about risks of early screen exposure,** including delayed language, reduced attention, and how parents' screen use can negatively affect early child-parent relationships and child development.
- **Establish mental health regulation for mental health technology** and require online applications to pass mental health safety tests.¹⁵ Ensure maximum protection of personal data of users.
- **Require all schools to implement clear screen policies,** including smartphone-free environments and the use

of safe, purposeful digital tools in classrooms to support – rather than undermine – learning. Schools should also play an active role in helping parents establish joint agreements to delay children's access to smartphones and social media. This reduces peer pressure, promotes healthier digital norms among children and ensures schools serve as a key platform for reaching all parents.

- **Integrate mental health and digital risk awareness into the curricula of computer science, software engineering and related programs**, and require training for professionals responsible for software procurement and deployment. This ensures that those designing and implementing digital technologies are aware of their potential psychological harms and embed safeguards from the outset.
- **Promote digital literacy, offline balance and real-world social connection**, funding accessible after-school leisure activities and education initiatives that encourage conscious digital use and ensure access to non-digital spaces for youth. Evidence shows that physical activity and real-world social relationships support children's and adolescents' mental health by improving mood, reducing depression, increasing self-esteem, providing social support and strengthening cognitive function.
- **Coordinate across sectors**, building a task force linking health, education, digital regulation and child protection.
- **Recognise and address technology-facilitated violence** as a form of gender-based violence with profound mental health consequences.
- **Combat disinformation** and support tools such as pre-bunking and critical thinking training to reduce mental health impacts of online misinformation.¹⁶

2.4 Horizontal recommendations

The challenges of mental health, addiction, psychosocial risks at work and digital risk are interconnected. Responses must break policy silos and deliver inclusive, integrated solutions across sectors. **A progressive EU response must rest on shared values and principles: equity; participation; evidence-based decision-making; and innovation.**

Therefore, we recommend the following:

- **Develop and adopt a comprehensive EU strategy on mental health**, as a cross-sectoral framework that

should link health, social policy, education, digital regulation and working conditions under one coherent vision. This strategy should have a gender lens and include clear objectives, indicators and funding mechanisms.

- **Build a European data ecosystem.** The EU should coordinate real-time, interoperable monitoring systems that track sex- and gender-disaggregated mental health and addiction trends – including behavioural addictions and social determinants – across EU member states.
- **Fund pilot programmes and regulatory innovation**, encouraging EU member states to test and scale initiatives such as decriminalisation models, safer supply pilots and public-interest tech regulation.
- **Mainstream participation and intersectionality**, centring the voices of people with lived experience, youth, women and communities experiencing multiple barriers to access mental health care. All EU programmes should apply gender, age and equity impact assessments.
- **Align funding with an integrated care approach.** EU instruments such as EU4Health, Horizon Europe and the ESF+ should ensure support interdisciplinary models, multistakeholder projects on healthy psychosocial work environments, and school-based prevention and harm reduction. Therefore, the current proposal for the next EU Multiannual Financial Framework (2028-2034) should be reconsidered to lay the foundations for a genuine European Health Union and not only consider health through crisis management lenses.

Prioritise robust, coordinated enforcement of existing EU digital laws and frameworks – especially the Digital Services Act (DSA) – focusing on systemic non-compliance by large platforms: resource regulators, set tight deadlines; require audited risk assessments and data access; publish enforcement outcomes; and issue corrective design orders with deterrent penalties for evasion.



3 CONCLUSIONS AND CALL TO ACTION

The mental health crisis, exacerbated by the climate crisis, digital harms, economic pressures, geopolitical instability and widening inequalities, demands a systemic and humane response. Current EU frameworks are insufficiently integrated, often focused on crisis response rather than prevention and recovery.

These policy recommendations offer a progressive solution: one that places prevention, care, equity and social cohesion at the heart of EU public policy. It calls for the creation of a unified and comprehensive EU strategy on mental health and wellbeing, anchored in data, coordinated governance and the lived realities of European citizens.

Policymakers must act with urgency and vision – not only to reduce suffering, but to build a Europe where everyone has the opportunity to thrive and live in dignity and respect.

Moreover, mental health is a precondition for making our society more participatory, resilient and fair. The time for action is now.

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Progresivní analytické centrum (PAC) is an independent think tank in the Czech Republic dedicated to understanding and responding to major societal, environmental, economic, and security challenges. It seeks to elevate public debate through critical analysis, promote progressive policy ideas, and facilitate solutions especially around inequalities, climate change, democracy, mental health and technological change. The PAC emphasises open dialogue across social divides, interdisciplinary work, and long-term resilience and sustainable development. Its leadership includes experts from academia, policy, and civil society.



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About IRAP

The Institute for Rational Addiction Policies, established in 2017 by former National Drug Policy Coordinator Jindřich Vobořil, is an independent platform focused on evidence-based addiction policies. In the field of addiction, we advocate for a harm reduction approach (minimising risks and harms) and a regulated market that replaces higher-risk substances with safer alternatives. Our strategy is built on balancing prevention, treatment and a regulated market with low-risk alternatives, emphasizing effective regulation based on risk levels to create a safer environment. Our goal is to develop responsible and sustainable policies grounded in scientific evidence, balancing human rights, societal needs and security considerations.



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