

Position paper



A People-Centred Approach to Mental Health in Europe: Five Priorities for EU Action

Mental health and psychosocial well-being are key foundations of resilient and thriving communities. Acting early when needs arise is essential to supporting quick recovery – especially for people affected by discrimination, exclusion, displacement or crisis.

Drawing on the first-hand experience of National Red Cross Societies, this position paper offers recommendations to the EU and Member States to make mental health and psychosocial support (MHPSS) an integral part of public policies and everyday societal practices.

To ensure a MHPSS that is preventive, person-centred, inclusive and accessible, this position paper outlines five key recommendations to the EU and Member States:

1. **Put people first:** prioritise a bottom-up approach to MHPSS
2. **Make MHPSS everyone's business:** integrate MHPSS across sectors and services
3. **Leave no one behind:** guarantee universal access to MHPSS
4. **Break the silence:** tackle stigma and foster participation in MHPSS
5. **Be ready for tomorrow:** embed MHPSS in preparedness for emergencies

“The EU should prioritise psychosocial support, prevention, and non-clinical pathways to care, ensuring that help is available early and at the local level.”

Position paper

Mental health and psychosocial¹ well-being is gaining increasing attention in Europe, and for good reason. Countries across the region face common challenges: mental health needs are increasingly exceeding the capacity of public systems to respond, undermining the right to mental health and psychosocial well-being – especially for people experiencing vulnerability, discrimination or social exclusion. At the same time, individuals and communities face growing emotional pressure in a rapidly changing world marked by the impacts of the climate crisis, geopolitical tensions, accelerated digitalisation and rising polarisation.

The EU promotes “the well-being of its people” as one of its aims² and has laid important groundwork to advance mental health and psychosocial well-being in recent years.³ This offers a precious opportunity to turn political momentum into lasting change.

Ensuring the right to mental health and psychosocial well-being for everyone requires rethinking how our health, education, social and justice systems are designed. We also need to consider the role of communities in shaping solutions, and how support that strengthens mental health and psychosocial well-being is delivered.

European National Red Cross Societies share a common ambition: to make mental health and psychosocial support (MHPSS) an integral part of public policies and everyday societal practices. This support must be preventive, person-centred, inclusive and accessible.

Red Cross staff from seven National Red Cross Societies providing MHPSS support participate in a “Caring for staff and volunteers” training organised in Budapest, Hungary. The sessions were held in the framework of the “Provision of quality and timely psychological first aid to people affected by the Ukraine crisis in impacted countries” project. © IFRC



To help realise this vision, this position paper outlines five key recommendations to the EU and Member States:

1. Put people first: prioritise a bottom-up approach to MHPSS
2. Make MHPSS everyone's business: integrate MHPSS across sectors and services
3. Leave no one behind: guarantee universal access to MHPSS
4. Break the silence: tackle stigma and foster participation in MHPSS
5. Be ready for tomorrow: embed MHPSS in preparedness for emergencies

For the Red Cross, addressing mental health and psychosocial needs is not an add-on. It is a

fundamental part of upholding human dignity, reducing vulnerability, and promoting inclusion and social cohesion. Acting early is essential to supporting quick recovery – especially for people affected by discrimination, exclusion, displacement or crisis. Together with Member States – and in line with their auxiliary role⁴ to public authorities – National Red Cross Societies support national systems to meet rising demand and address gaps in mental health and psychosocial services.

Within the Red Cross, MHPSS services are organised according to a pyramid framework,⁵ with support structured across multiple and complementary levels of care.

The increasing MHPSS policy commitments from EU institutions and European countries contribute

The International Red Cross and Red Crescent Movement's mental health and psychosocial support framework





French Red Cross staff and volunteers accompany people experiencing homelessness. They don't only offer warm food and drinks, but also company and human connection.
© Alex Bonnemaison / French Red Cross

to making mental health and psychosocial well-being a foundation for resilient and inclusive societies – where individuals and communities can fully participate and thrive. Yet, significant disparities remain across Europe, and several barriers continue to hinder the development of robust, mental health-informed societies and systems. To overcome these challenges, EU institutions and EU Member States should:

1. Put people first: prioritise a bottom-up approach to MHPSS

MHPSS strategies in Europe are overly medicalised and lack sufficient focus on prevention and community-based support. Most prioritise clinical and specialised care over basic and focused psychosocial support or early intervention. They also fall short in tackling the determinants of mental health and psychosocial well-being such as economic stability, education, healthcare access, housing or social relationships.⁶ As a result, many conditions are only treated once they become severe. Without a decisive shift toward preventive and community-driven care approaches, pressure on services will continue to grow, further putting the quality of care at risk.

Early action is critical: the sooner support is provided, the more mental health issues and psychosocial challenges can be prevented from escalating into conditions requiring specialised care. National Red Cross Societies begin by offering scalable, basic and focused psychosocial support through simple, cost-effective, community-based interventions that bolster people's coping mechanisms and existing (or new) support networks where they live, learn,

work and connect. These include peer-to-peer support,⁷ recreational activities and initiatives to reduce loneliness and strengthen social ties. In most cases, these early psychosocial support interventions contain and reduce needs before they grow. For those requiring psychological and more specialised care, referral pathways to psychologists, psychiatric nurses or psychiatrists ensure rapid access to appropriate care. Timely referrals enable faster recovery and reduce the risk of long-term impacts.

We call on the EU and Member States to:

- » Develop ambitious EU and national MHPSS strategies that prioritise psychosocial support, prevention and non-clinical pathways to care, ensuring that help is available early and at the local level. These plans should include clear indicators, timelines and accountability mechanisms beyond a purely medical focus, to reflect both specialised and community-based services.⁸ Community-based actors such as the Red Cross and service users/affected populations should be involved in drafting the plans. This will help to ensure they align with lived and operational realities and promote coordinated approaches between actors.
- » Translate the importance of prevention in mental health into concrete action. Existing and upcoming funding instruments – including the EU's Multiannual Financial Framework (MFF) 2028-2034, notably through its Competitiveness & Society pillar – must prioritise prevention in healthcare, including mental health, with targeted support for community-level initiatives. The EU's cohesion policy frameworks and

funding programmes⁹ should invest in filling gaps and setting up longer-term frameworks at the local level that help ensure access to prevention programmes and healthcare, stopping people from falling through the cracks.

2. Make MHPSS everyone's business: integrate MHPSS across sectors and services

Mental health support is often disconnected from other systems that influence well-being, such as housing, education, integration, social care or employment. This siloed approach fails to address the complex and interlinked determinants of mental health and psychosocial well-being. When psychosocial considerations are integrated into these sectors, they not only help protect mental health and psychosocial well-being but also lead to better outcomes in these areas.¹⁰ Conversely, policies in other sectors that are poorly designed or implemented can exacerbate mental distress and cause harm.

Experience from community actors demonstrates the value of embedding mental health awareness and basic psychosocial skills across all services. For example, National Red Cross Societies are systematising MHPSS training for their staff and volunteers beyond those in dedicated MHPSS roles. Integrating these competencies into services such as food aid, shelter, or long-term care helps to reduce fragmentation in service delivery and improves capacities to address people's full mental, emotional and social needs, especially for people facing intersecting vulnerabilities.

We call on the EU and Member States to:

- » Use existing social policy tools to promote a supportive environment that ensures dignity, inclusion and resilience. Instruments like the European Pillar of Social Rights, the European Semester, the EU's Anti-Poverty Strategy, and the Affordable Housing

Initiative should focus on reducing structural inequalities and creating conditions for better mental health and well-being for all.

- » As the EU advances its agenda on employment, MHPSS must be recognised as essential for safe, healthy and inclusive workplaces. All workers should benefit from measures that promote well-being and prevent psychosocial risks. Frontline workers, such as teachers, health and social care professionals, and informal carers, require particular attention. The EU Strategic Framework on Health and Safety at Work (2021–2027), the revision of the Occupational Safety and Health (OSH) Framework Directive, and the European Care Strategy offer key opportunities to improve these policies.

3. Leave no one behind: guarantee universal access to MHPSS

Universal and fair access to holistic care, including MHPSS, as set out under the UN Sustainable Development Goals and the European Pillar of Social Rights, remains out of reach for many people. Stigma, financial and administrative barriers, limited availability of services, and a disconnect between services and people's real needs are among the key obstacles. Public health systems often rely on uniform, standardised approaches which overlook diverse backgrounds, identities and experiences – resulting in persistent care gaps, increased distress and deeper exclusion.

Groups such as migrants and displaced persons, older adults, children and young people, people experiencing homelessness or without stable housing, persons with disabilities, persons in detention, people with diverse sexual orientation, gender identity and expression, and sex characteristics, as well as individuals facing social exclusion are often more exposed to stress and face greater difficulties accessing MHPSS. In response, a range of actors, including National Red Cross Societies, help fill these gaps by providing accessible, culturally sensitive MHPSS through outreach, community centres and other platforms that complement formal public health services with tailored services for disadvantaged and marginalised groups.¹¹

We call on the EU and Member States to:

- » Move beyond one-size-fits-all approaches and ensure non-discriminatory access to MHPSS services, regardless of legal status, language or socioeconomic situation. This means removing restrictive eligibility criteria, such as administrative status, across all services, including those funded by the EU. Accountability to the European Pillar of Social Rights and the UN Sustainable Development Goals, in

“ Some groups face greater difficulties accessing MHPSS. National Red Cross Societies help fill these gaps by providing accessible, culturally sensitive MHPSS through outreach, community centres and other platforms that complement formal public health services with tailored services for disadvantaged and marginalised groups. ”



One year after the DANA floods in Valencia, the Spanish Red Cross has supported 143,000 people. Their work went beyond meeting basic needs, contributing to providing shelter, or rehabilitating homes. They also provided psychosocial support to affected people. © Toni Tomás / Spanish Red Cross

particular to “Ensure healthy lives and promote well-being for all at all ages”, must be reinforced to produce tangible progress in providing mental health services and in reducing stigma.

- » Strengthen collaboration with community-based actors to bridge gaps in access and make sure that support is tailored to people’s needs. This includes working more closely with organisations such as National Red Cross Societies, which play a vital role in connecting people on the margins with mainstream systems. EU and public funding frameworks must be aligned with structural and operational realities, ensuring that community actors have the means to sustain and scale their engagement. Successful community-based initiative¹² developed through partnerships should be replicated and adapted across contexts to better reach groups facing vulnerability and exclusion.

4. Break the silence: tackle stigma and foster participation in MHPSS

Stigma remains a major barrier to seeking help and accessing MHPSS. While awareness of mental health and psychosocial well-being has increased, the prevailing perception still frames mental health as a specialised or clinical issue, reserved for professionals. This narrow view overlooks the broader social and emotional dimensions of well-being and can discourage people from seeking help early or through community-based interventions. As a result, knowledge and capacities within communities – which can be vital sources of support – often remain untapped. To unlock this potential, it is essential to build on the strengths and expertise already present in communities. Trusted local actors can share accessible

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information, encourage open conversations about mental health and challenge harmful stereotypes.

Beyond awareness-raising, National Red Cross Societies enable people of all ages to access basic and focused psychosocial activities. They also use practical self-help tools promoting individual and collective well-being in ways that resonate across communities. This approach frames mental health and psychosocial well-being as a shared responsibility and helps normalise seeking support as a sign of strength. It places particular emphasis on engaging young people and adolescents – a group with high mental health needs in the EU – by providing them with spaces and tools to lead meaningful actions that foster mental well-being among their peers.

We call on the EU and Member States to:

- » Mainstream MHPSS literacy and psychoeducation from early childhood to older adulthood, including in schools, youth programmes and public health campaigns. Mental health education should go beyond naming conditions to include accessible self-care tools that can be used in daily life. To ensure relevance and impact, these initiatives should be evidence based, co-created with the people they aim to reach, and complemented by safeguards to confirm the quality and safety of any mental health-related information shared, including through AI tools and online, especially on social media.
- » Invest in community skills and individual agency by scaling up accessible training for the public, with the aim of empowering everyone to actively contribute to positive mental health and well-being. EU-wide training targets should

be set for key community settings such as schools, workplaces and youth or volunteer organisations. Psychological first aid (PFA) should be recognised as a core life skill. Like physical first aid, it equips individuals to care for themselves and others in the immediate aftermath of a crisis, disaster or traumatic event.

5. Be ready for tomorrow: embed MHPSS in preparedness for emergencies

Too often, MHPSS in emergency preparedness, response and recovery remains an afterthought, despite clear evidence of its critical importance. Certain events significantly increase people's vulnerability to mental health problems. In humanitarian crises such as the COVID-19 pandemic,¹³ the displacement caused by the international armed conflict in Ukraine,¹⁴ or crises triggered by natural hazards like floods or wildfires, people's mental health needs can more than double. This makes it essential to ensure early and sustained access to MHPSS from the earliest stages of a crisis. Early MHPSS is key to enhancing recovery and enabling people affected by disasters to restore their well-being and resilience. It also represents a highly cost-effective intervention that helps to prevent additional burdens on already overstretched health systems.

Resolution 2 of the 33rd International Conference of the Red Cross and Red Crescent is "Addressing the mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies".¹⁵ Adopted by all EU Member States, this provides a valuable framework to guide stronger, more coordinated responses. It calls on states and humanitarian actors to ensure early access to MHPSS, strengthen local and community-based responses, and provide comprehensive and integrated care for people affected by emergencies. The Resolution also urges

the prevention of mental health harm by upholding the protection and dignity of people affected by crises, as well as by building the capacities of the MHPSS workforce and safeguarding the well-being of staff and volunteers responding to humanitarian needs.

We call on the EU and Member States to:

- » Integrate MHPSS as a core component of the implementation of the Preparedness Union Strategy and national preparedness plans. Importantly, these plans must ensure that support continues beyond the acute phase, with exit strategies and connections to long-term mental health systems. The effects of trauma can emerge or persist long after the crisis ends. The report by Special Adviser Niinistö¹⁶ stresses the need for EU and national preparedness agendas to better account for communities' mental health, well-being and long-term ability to cope amid increasing risks and instability. Trusted community-based actors with strong local outreach can play a key role alongside public authorities, helping to foster communities that are not only more resilient but also active partners in emergency preparedness.
- » Leverage the auxiliary role of National Red Cross Societies to their public authorities through sustained, formalised collaboration at national and EU level before, during and after crises. Partner with them to deliver timely, community-based psychosocial support at scale, allowing rapid response when crises occur. Successful cooperation requires investing in the skills and well-being of local and frontline actors who provide humanitarian assistance, including volunteers, before crises hit. Their essential role in crisis response and the importance of safeguarding their well-being to sustain effective action must be recognised; they must be able to access MHPSS.

The Latvian Red Cross' "Breathe to be happy" programme promotes the mental health of 13 to 30 year-old people living in Latvia. It is lead by young people who organise activities to enhance the wellbeing of their peers, such as yoga sessions, 2022. © Latvian Red Cross



“European National Red Cross Societies share a common ambition: to make mental health and psychosocial support (MHPSS) an integral part of public policies and everyday.”



Young people from Ukraine participate in a summer school organised by the Croatian Red Cross to promote mental health and well-being. © Croatian Red Cross

Cover photo: The Belgian Red Cross provides first aid training for mental health in workplaces. This innovative training provides concrete learning on how to act in the face of distress. © Belgian Red Cross

Endnotes

- 1 The International Red Cross and Red Crescent Movement Policy on Addressing Mental Health and Psychosocial Needs defines psychosocial as the interconnection between the individual (i.e. a person's internal, emotional and thought processes, feelings and reactions) and their environment, interpersonal relationships, community and/or culture (i.e. their social context).
- 2 Article 2 of the Lisbon Treaty.
- 3 Notably through the EU Comprehensive Approach to Mental Health.
- 4 The auxiliary role of Red Cross and Red Crescent National Societies is to support their public authorities through humanitarian services, in times of war or peace, while acting in accordance with the Fundamental Principles of the Red Cross and Red Crescent Movement.
- 5 The International Red Cross and Red Crescent Movement's Mental Health and Psychosocial Support Framework, represented as a pyramid, covers the full spectrum of mental health and psychosocial support - from basic psychosocial support through to specialized mental health care - embedded within a protective environment. This multilayered model guides National Red Cross and Red Crescent Societies in providing the appropriate type of support to individuals, families and communities based on their specific needs. Online: <https://psccentre.org/about-us/focus-areas/the-mhpss-framework>
- 6 Mental health systems capacity in European Union Member States, Iceland and Norway, WHO Regional Office for Europe, 2024.
- 7 Many National Societies run buddy programmes for different groups, for example, pairing refugees with local volunteers or connecting older and younger people through intergenerational initiatives. In 2024, the Study Buddy Programme by the Danish Red Cross Youth, supporting young people in prison, was recognised as an EU best practice.
- 8 The RCEU article: [No health without mental health: The EU's long-awaited comprehensive approach to mental health highlights concerns about](#)
- 9 For instance, Article 3 of the Regulation on the European Regional Development Fund and Cohesion Fund; Article 4 of the European Social Fund Regulation. See also: [Research for REGI Committee: Cohesion Policy and support to health](#), European Parliament, 2021.
- 10 See: [Policy Brief: Mental health and psycho-social support as an enabler when supporting people affected by humanitarian crisis](#), Danish Red Cross, 2024, for examples of positive outcomes of MHPSS in other sectors.
- 11 For example, in their work with migrants, some National Societies offer critical and unique services for survivors of war and torture. See Red Cross practices in the European Migration Network and RCEU inform report: [Practices and challenges in processing victims of torture and ill-treatment in the context of international and temporary protection](#), 2024, and in the RCEU article: [A new start in life for survivors of human trafficking](#) presenting the EU-funded project 'Pathways' carried out by the Italian and British Red Cross with international partners.
- 12 [Successful MHPSS services catalogue](#), Red Cross Red Crescent MHPSS Hub, 2025.
- 13 [COVID-19 conversations: Digital or face-to-face help?](#), RCEU, 2020.
- 14 [Red Cross mental health response to the international armed conflict in Ukraine \(2022–2025\)](#), IFRC Europe, 2025.
- 15 [Resolution 2: Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies](#), 33rd International Conference of the Red Cross and Red Crescent, 2019.
- 16 [Strengthening Europe's civil and military preparedness and readiness: Report by Special Adviser Niinistö](#), European Commission, 2025, Chapter 4: Empowering citizens as the backbone of societal resilience and preparedness.



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The International Red Cross and Red Crescent Movement is committed to, and bound by its seven Fundamental Principles
HUMANITY | IMPARTIALITY | NEUTRALITY | INDEPENDENCE | VOLUNTARY SERVICE | UNITY | UNIVERSALITY