



FINAL Meeting minutes

Drafting group on stigma and discrimination

29 November 2023

On 29 November 2023, the first meeting of the drafting group on stigma and discrimination (from now “drafting group”) took place. The group is part of the mental health subgroup that falls under the Expert Group on Public Health (PHEG). The meeting, chaired by DG SANTE, was attended by 21 representatives from 13 Member States, Commission services, and agencies (HaDEA).

Welcome message from DG SANTE

The Chair welcomed participants and outlined that the drafting group was set up to develop EU guidance on stigma and discrimination towards patients affected by mental health disorders. This action is a flagship of the Commission Communication on a comprehensive approach to mental health (from now “the Communication”).

DG SANTE presented the key areas to be addressed in the meeting:

- Discussing the concepts of stigma and discrimination on the basis of the Commission communication.
- Defining the mandate of the drafting group, highlighting that it was set up for tackling stigma and discrimination at EU level and in Member States.
- Providing the outline of the draft paper on stigma and discrimination.
- Presenting the WHO QualityRights initiative, with the latest updates shared by WHO representatives.
- Mapping existing or planned initiatives at national level through a tour de table.

Mandate of the drafting group and nomination to co-chair

DG SANTE presented the mandate of the drafting group, explaining that a key task for the drafting group will be to discuss and agree on a document to outline EU guidance on stigma and discrimination on mental health. It was decided that the drafting group would meet on a quarterly basis, with the next meeting being in February.

Finland proposed to co-chair the drafting group together with DG SANTE. This was welcomed by all participants.

Czechia asked more details concerning the scope of the EU guidance document and its expected impact. DG SANTE replied that it will help to further raise awareness and identify tools and ways to address this issue. As a starting point, the drafting group will map the initiatives at EU and national level to identify common patterns and possible best practices to be transferred.

Outline on stigma and discrimination

DG SANTE gave a description of what the EU guidance document could look like. Stigma should be defined based on the Communication and on the glossary issued by Mental Health Europe, the leading European association on mental health. The document could present the different forms of stigma at societal, personal, family and/or local level. In addition, existing initiatives, campaigns and research results need to be addressed. This will eventually help to provide guidance and foster discussions among Member States on solutions to effectively address stigma and discrimination.

The different levels of stigma were then briefly presented (self-stigma, stigma by association, public stigma, and structural stigma), as well as how to define stigma.

EU initiatives that could be identified so far were the Communication, the annual European Mental Health Week and World Mental Health Day (10 October), and the EU Best Practice Portal that collects best and promising practices. In addition, already some of national initiatives were identified, such as 'Mindset: Destigmatisation Workshop for nursing high schools', an awareness-raising campaign for adolescents in nursing high schools to decrease the level of stigma towards mental illness and prevent discrimination among future health professionals.

Some initial solutions were briefly presented, such as policies to promote the integration of people with mental health disorders in the labour market, reintegration into employment, campaigns and awareness raising activities, and the collection of data and information.

Czechia provided feedback on the Lancet Commission work. The Lancet Commission analysed the evidence on interventions to reduce stigma and discrimination on mental health by considering both scientific evidence and practical experiences. The Lancet Commission's work was adopted by the Global Anti Stigma Alliance, which connects people who run nationwide anti-stigma campaigns in the world. The Lancet Commission has prepared lessons learnt from these programmes and studied the relationship between stigma and the media. A survey targeting people with experience across the world and their priorities and views on stigma and discrimination in different cultural contexts was also run on a global scale. Finally, the Lancet Commission has developed follow-up recommendations and calls to action. It was agreed that the drafting group would use the experience from the Lancet Commission in its work.

WHO – The QualityRights initiative and action on stigma

WHO presented the QualityRights initiative aimed at building capacity to combat stigma and discrimination and promote human rights and recovery. The initiative is based on eight core modules (five core modules and three specialised modules) which provide support in the definition of procedural matters, conducting assessments, preparing interviews with relevant stakeholders, and analysing and reviewing pivotal documents. WHO also introduced its anti-stigma toolkit based on the Lancet Commission main results and provided actors - from individuals to national governments - with the necessary skills to plan, set up, implement, and sustain anti-stigma interventions.

Tour de table

Finland outlined that the drafting group could generate added value for the PHEG by developing a common approach to tackle stigma and discrimination at EU level, actively involving all Member States. Finland presented its national initiatives implemented to address stigma and discrimination, e.g. recommendations to prepare a toolkit, individual

placement and support programme related to stigma and discrimination. Finland stressed the need for developing a nationwide programme specifically dedicated to stigma and discrimination, incorporating previous actions.

DG SANTE confirmed that having a common approach to stigma and discrimination may be difficult as Member States are at different stages in developing actions in this area. Nonetheless, DG SANTE proposed supporting the drafting group by setting up a common communication channel for drafting group members. DG SANTE repeated that a first mapping of active initiatives in the area of stigma and discrimination will be done.

Austria agreed with the suggested approach and gave a brief overview of national initiatives. Austria shared insights on the recommendations that are being prepared by ad hoc policy groups focused on mental health – including representatives from the Austrian government, experts on disability rights, and other healthcare sector stakeholders. Austria reflected on the various definitions of stigma, which were addressed in ad hoc recommendations that will result in a policy paper presenting priority actions.

Cyprus underlined the need for having common strategies concerning stigma and discrimination as it has a high number of patients affected by serious forms of mental health diseases (e.g. bipolar disorder, schizophrenia). Cyprus also informed participants on Cyprus Mental Health Commission that can provide helpful support in organising anti-stigma campaigns in high schools.

Czechia underlined the importance to address the negative impact generated by stigma.

France attended the meeting as an observer and did not comment on the drafting group activities.

Germany agreed to share knowledge and best practices among Member States to address stigma and discrimination. Germany mentioned that, although the country made significant progress in the fields of anxiety and stress disorders, stigma and discrimination are still key challenges. To this end, Germany promotes projects to tackle stigma and discrimination, selecting eight projects for a total value of EUR 2.5 million. Germany also organises a 'Mental Health Week' every year, including over 600 events in 2023, to educate people about mental health problems and to reduce barriers.

Greece focused on the fact that stigma and discrimination must also be addressed at social level with the help and support of sociologists, especially when considering self-stigma and stigma on the workplace.

Ireland is currently in the process of developing a national stigma reduction campaign. In parallel, Ireland is developing a framework for outcomes evaluation in respect of mental health.

The Netherlands participated as an observer, but underlined the necessity to link the Communication to other EU policies to ensure wide coverage of the areas of stigma and discrimination in different areas, such as employment.

Slovenia shared that the country is currently developing the third national action plan focusing on the evaluation of mental health programmes. Slovenia proposed to share evaluation methodologies already adopted by other EU Member States and make them available to the drafting group members.

Sweden mentioned the need to integrate the work carried out by the Lancet Commission and WHO in the activities of the drafting group.

Next steps

DG SANTE thanked all participants and mentioned that the next meeting will be in February. DG SANTE stated that a shared communication channel (MS Teams) will be created for all drafting group members. This tool will be used as a repository for relevant documentation concerning stigma and discrimination as well as for mapping EU and national initiatives. DG SANTE referred to the upcoming meeting on 6 December of the PHEG, which will also reflect on the role of the drafting group and its activities.