

Mental Health **Toolkit**



2022

1. Introduction



The COVID-19 pandemic has brought to light and worsened what Europe has long been facing – a mental health crisis. 83 million people in the European Union are affected by poor mental health; still, one third of those suffering do not have access to mental healthcare. Brussels and national governments throughout Europe have done little to address this, and when doing so fail to take into consideration societal factors directly causing the crisis.

We welcome the Commission’s announcement of a European mental health initiative with a “comprehensive approach to mental health.” However, an initiative treating the consequences and not the causes is not enough.

Addressing the mental health crisis necessitates a holistic intersectional approach that, besides addressing a failing mental healthcare system, must also consider broader societal issues such as skyrocketing cost of living only further compounded by the Russian invasion of Ukraine, the housing crisis, poverty, poor working conditions (overwork, burnouts, underpay, pay gaps, etc.), structural, institutional and systemic discrimination, neglect or dehumanisation of the invisible (refugees, homeless, etc.).

Access to, awareness and quality of mental healthcare differ not just between Member States, but within them. Marginalised groups such as communities of colour are disproportionately disadvantaged not just by societal discrimination but by discrimination within the mental healthcare system itself. Tackling this crisis, therefore, needs to come in two parts: wide-scale change at a systemic level to remove oppressive systems that are actively damaging the mental health of the most vulnerable; and the creation, reform, and expansion of mental health services to support those who are in need.



Therefore, the Federation of Young European Greens (FYEG) decided to work for one year on the topic of how mental health has to be political. Hundreds of young people from all over Europe came together in a seminar in Podgorica, Montenegro, a summer camp in Rouen, France and a political conference in Brussels, Belgium to explore the topic. A working group was also established. This document is an accumulation of all the work that has been put in and their findings.

2. Joint Statement

FYEG and several international organisations signed and published the joint statement emphasising the need for Europe to change their approach to mental health.



A joint statement for a holistic approach to Europe's mental health

We, the people of Europe, are facing a mental health crisis fired up by societal and political factors like the skyrocketing costs of living, the housing crisis, poverty, poor working conditions, structural, institutional and systemic discrimination, and neglect or dehumanisation of the invisibilised. Awareness raising is not enough anymore. The approach to mental health has to be political. Therefore we, the undersigned organisations, movements, networks, and political parties:

- **Underline the mental health crisis that Europe is facing, where 83 million people are affected by poor mental health, and where one third of those suffering do not have access to mental healthcare.**
- **Denounce the depoliticisation of mental distress.** Mental ill-health is not an illness like any other, rooted in supposedly flawed brain chemistry. Recent research concluded that depression is not caused by a chemical imbalance of the brain. However, therapy today fails to examine the causes of distress, and fails to identify mental ill-health as a survival response to an oppressive world, therefore depoliticising its causes.
- **Recognise the necessity of holistic mental healthcare.** Patients diagnosed with mental illnesses have a right to appropriate patient-first medical healthcare. The medical research needed to improve treatment of their conditions in the long term must be better funded and supported, whilst also intersectional, holistic, and culture-sensitive. Mental health care must not just reduce mental illness via curative and rehabilitative care but improve mental wellbeing via promotive and preventive care.
- **Insist that, despite the European Union not holding the competence on health, EU policies are strongly impacting the mental health of European citizens.** The EU must take mental health into consideration in the policies it enacts, and the broader societal issues and consequences on mental health. Furthermore, the EU can directly play a role in protecting mental health and improving access to, quality and resilience of mental health care throughout Member States, such as via European-wide standards and best practices, improved cross-border accessibility, and increased funding of research.

→ Demand that conversations about mental ill-health take into account its social, cultural and political causes, such as the cost of living crisis, the housing crisis, poverty, overwork, low pay, racism, sexism, homophobia, the refugee crisis and many other crises currently affecting Europe.

→ **Insist that bad housing creates bad mental health.** Youth in particular are greatly affected by the housing crises throughout Europe and are subjected to unaffordable and substandard living conditions that further contribute to mental ill-health.

→ **Add that bad work creates bad mental health.** The COVID-19 pandemic shed light on poor working conditions or cultures throughout Europe, and further placed vulnerable individuals in precarious or exploitative situations of work, unemployment and financial instability.

→ **Denounce the lack of mental health services.** Of the 21 EU Member States with data available, only 11 provide psychological care through the public healthcare system at no additional cost, and only three provide unlimited care. Many are hindered from access due to absurd waiting times or bureaucracy, and further disparities exist for marginalised groups.

→ **Outline that mental ill-health disproportionately affects different groups due to systemic discrimination.** Racism is not solely a social issue, but a global public health issue. Racism determines social inequalities in health and worsens mental health; its social and economic consequences further negatively impact mental health. Communities of colour, particularly those designated 'Muslim' or 'Black', disproportionately experience racial profiling, occupational downgrading and unemployment, violence, and discrimination. They face racism within mental health services and are disadvantaged in receiving appropriate, timely mental healthcare. Although women of colour are at greater risk of developing mental health issues, they face inequalities in diagnosis and care dependent on cultural competence and attitudes of healthcare providers. On top of this, health studies disproportionately skew towards wealthy white cis males, leading to research disparities in class, gender, and ethnicity. Special attention is needed for trans healthcare, as trans* youth face inordinate obstacles and discrimination to obtain mental healthcare and gender-affirming health services.

→ **Acknowledge that the European Commission has become more perceptive on the need to tackle this European crisis and ask that this is followed with concrete action.** Quoting the President of the European Commission Ursula von der Leyen during the State of the Union Address in September 2022: 'I have outlined a number of proposals for the year ahead that stem from the Conference conclusions. They include for example a new initiative on mental health.'

→ **Demand that, to do justice to this mental health crisis, the EU and national governments:**

1. Recognise that marginalised peoples are most at risk and most prejudiced from oppressive systems.
2. Factor in mental health when any resolution, report, or motion is drafted or debated.
3. Continue spreading awareness about mental health and illness and work to reduce stigma, particularly for and among underrepresented groups.

We have come together from civil society, social and environmental movements, and political parties to unite behind this call to action.



3. Five things we did not know before finishing one year of work on mental health

During the year-long project, we discovered five findings that are worth sharing and that can help you and your organisation in case you want to start a project on this topic.



If a plant were wilting we wouldn't diagnose it with "wilting-plant-syndrome" – we would change its conditions. Yet when humans are suffering under unlivable conditions, we're told something is wrong with us, and expected to keep pushing through. – *Sanah Ahsan*



Defining mental health is and must remain a work in progress.

Defining mental health is a work in progress. The need for a definition comes from often sincere and well-meaning efforts to measure progress in our collective mission to make people's lives better. Yet many definitions are coloured by the views and ideologies of the authors, whether these are medical measurements to determine treatment (medical model citation) or the ability to be a "productive" member of society (WHO).

Issues related to mental health involve the mind in friction with itself or its environment. Yet most definitions put the responsibility of that friction on the mind. But if the fabric of reality is coarse and unfriendly, is it then fair to blame that friction on the mind?

This work-kit will not attempt to define what mental health is in its entirety. What it will do is to argue that the environmental factors on mental health have been seriously ignored, and that there are practical steps we can take to improve it. We are social beings, with minds situated in society, and as all societal issues are political, all politics is mental health politics.

Hopefully we can with this project be part of that work in progress to bring us closer to a universal definition of mental health that captures humanity in all its complexity.

We must know the history of the mental health discourse to challenge its flawed approach.

When exploring the history of the mental health discourse we want to highlight a few elements.

The mental illness diagnosis was used as a tool by the patriarchy. Not too long ago, hysteria was widely acknowledged as a female illness and serious diagnosis in need of medical attention. Women were considered to have a too fragile nervous system and to just overreact to the conditions around them, when their feelings of despair were instead due to their oppression. This assignment of illness was - and often still is today - a tool of oppression: it resolved the contradictions of patriarchy by framing women as generally crazy.

We must move away from a strictly biomedical model to understand mental illnesses. Our current societies do not have a political understanding of the human psyche. What is instead dominating is an approach called the biomedical model and its linked theory of 'chemical imbalance', according to which the reason for various mental illnesses lies in the brain of the affected individual and specifically in its chemical imbalance. This view overemphasises the brain and its chemical reactions in contrast to the individual's social relations and physical wellbeing. Finally, this narrow focus on the brain produces a solution to the problem that is just as limited: medicating the individual to resolve the imbalance.

Colonial psychiatry was an important part of this history. When talking about Europe's history with psychiatry and madness its colonies need to be part of the conversation. In them, the colonised people were regarded as subordinate and less human. Whether it was for the indigenous people of Algeria, South Africa or South America, a whole discipline of colonial psychiatry developed theories that supposedly proved the animalistic, inferior psyche of the colonised - and therefore European superiority. The misery, violence and criminality that were a result of colonialism itself were interpreted as the result of the Barbarians nature.

There have already been radical and emancipatory critiques of the medical model, especially through the anti-psychiatry movement. Central part of the alternative movements of the 50s, 60s and 70s was the anti-psychiatry movement. In West-Germany this movement was largely carried out by patients themselves who had horrific and traumatising experiences in the medical institutions and who started to organise. They specifically denounced the continuity of Nazi legacy into medical institutions, where the people who carried out the killing of the mentally ill under fascism were still working in hospitals and asylums as physicians and psychiatrists. Their critique went way beyond theory as we can see with the Heidelberg Socialist Patient Collective (SPK). Together with mental health professionals, the SPK combined political agitation and therapy. They helped each other out with solidaric aid, occupied the Heidelberg university and organised group therapy sessions as well as radical education.

The medical model took part in the neoliberal turn. The European societies experienced in the 70s a major economic crisis which led to the reorganisation of these societies following a neoliberal approach. This meant the destruction of huge parts of the welfare state, the end of the labour unions' influence, and the increase of corporate power. In this ideological turn to individualism, the huge asylum sector was identified as too costly, and the responsibility of mental health care shifted towards the individual. All this was framed as a progress towards community care. In an effort to commercialise, streamline and simplify the process of diagnosis, the Diagnostic and Statistical Manual of Mental Disorders (DSM) was established, a catalogue of mental disorders. The third version of the DSM didn't just describe mental disorders, but included checklists of symptoms for these disorders. The DSM 3 became a bestseller and had a huge ideological and economic influence. Accompanied by the chemical imbalance theory it pushed for the medicalisation of the masses. The pharmaceutical industry emerged and for decades since Big Pharma profits worldwide off the mentally ill. Through this, the anti-psychiatry movement was also pushed into invisibility.

The added burden of chronic illness, physical health and societal conditions is lost in the discourse.

When we talk about a person's experience of mental health issues, the focus is usually on that specific issue, e.g. the struggle with an eating disorder or the battle against depression. But these struggles exist within a life, and the energy available to persevere is affected by the circumstances of that life. If you have a chronic illness, your energy goes to dealing with both the chronic illness and your mental health issues. If you cannot pay your heating bills, your energy goes to financial worries, physical discomfort and your mental health issues. All of these struggles interact, and it is only very recently this is at all mentioned in the general discourse around mental health.

The language around mental health needs to acknowledge that managing, coping with or recovering from mental health issues are affected by the circumstances of our lives, and that a lack of resources, privilege or physical health compounds how a person deals with their mental health issues.

Selfcare is an act of political warfare.

Growing up in countries whose economic systems can be classified as capitalistic, young people are nowadays accustomed to the high pace, efficiency-oriented way of schooling, working and living. In the race for the cheapest, quickest and most consumer-appealing solutions, the individual and their needs are often disregarded as secondary or tertiary. Seeing that the systemic mental health care in all European countries is, at best, inadequate, there is no space for education on self-care and its importance for the well-being of all people.

The tension young people are under, especially activists or politically active individuals with no help or assistance in relation to burn-outs, public scrutiny, etc., cannot be understated. And exactly in their capabilities to remain active is where the hope for a greener, more inclusive and fairer world lies. Their ability to care about their own mental health, find ways to provide and obtain support, is a necessary act to preserve but also, through indirect action, oppose the broken and unsustainable system, solidified and nurtured by the artificial neo-liberal restraints.

These conclusions did not come easy to many of the participants of our campaign. Learning how to switch one's focus inward while growing up in a system focused on outward qualifiers is a process which may be effectively facilitated once popularised through a comprehensive public debate.



“

Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare. – *Audre Lorde*

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Mental health washing exists and is dangerous.

What we refer to as mental health washing is the phenomenon of using the growing acknowledgement and recognition of different mental health issues in marketing strategies of commercial entities. So called commercialisation.

Mental health washing may also involve portraying mental disorders in media as glamorous or in any way appealing to regular viewers. So called romanticisation.

There are two main aspects of commercialised mental health:

1. The portrayal of mental illness for the enjoyment of others. An example is the depiction of depression as something beautiful, glamorous or poetic in films or series (romanticisation). Such portrayals are to popularise a given piece of media, for example, through posting trends on social media platforms. Another prominent form is the creation of merchandise by influencers with slogans such as 'anxiety sucks'. The latter form of taking advantage of mental disorders is through direct sales – of pills that are meant to 'cure OCD' or toys that 'prevent insomnia'.
1. When services are marketed to better mental health. Commercialisation hinders the development of an appropriate political, legislative and social discourse, for instance by popularising an untrue image of those suffering. It moreover stigmatises individuals struggling with different mental health problems. This practice may also encourage self-diagnosis, which has led to the development of dangerous TikTok trends among the youth or prevented individuals from getting appropriate help in due time. It is also an unfair practice which should be strictly regulated, in a manner similar to how health and nutritional claims are strictly overseen in the European Union.

Importantly, there is a difference between malicious disinformation and unintentional misinformation; this is key to acknowledge if we want to fairly assess what response is appropriate in a given context, and to avoid inappropriately depicting mental health disorders in the future.



4. Bad society creates bad mental health

In many different ways, societal factors have an impact on mental health. If it is how the education sector works, how people live or what discrimination does to someone's mental health, mental health cannot be seen as an isolated factor.

This is how different areas of life interact with people's mental health.

Education and mental health

There is a sharp correlation between high levels of education and a decline in mental illness. Access to education, with the social and societal benefits it potentially brings, creates a bedrock for mental health in our society. Higher levels of education itself have been shown to correlate with lower rates of mental ill-health. Furthermore, schools play a key role within communities. Yet, the education system can often fail to be accessible in itself, or to take into account the needs of those inside it, having a profound and lasting negative effect on the mental health of students. With this in mind, the guarantee of a right to free and accessible education, including an accessible, inclusive and safe educational environment is thus crucial for children and adults alike. Therefore, mental health in school curricula and services, such as counselling, must be radically instituted or improved, so that children can, from a young age, already be taught to understand their emotions and mental states through emotional education, to destigmatise mental illness, and to provide them the care they need. Those providing such curricula or services and those working in related professional fields that deal with mental wellbeing of others should especially receive the proper intersectional education and training, including sensitivity training, to equip them to deal with this. We need an educational system that accommodates and nurtures both neurodivergent people, such as those with ADHD and autism, and people with different mental health needs, like anxiety and depression. A broader purpose of public education must also consider integrational and cultural education for migrant and refugee communities, and (re-)integrational, rehabilitative and cultural services for invisibilised peoples.

Housing and mental health

Access to housing is not guaranteed to all equally. We demand the establishment and implementation of a right to housing across Europe. Youth are amongst those vulnerable people who are greatly affected by the housing crisis and are subject to unaffordable and substandard living conditions that worsen mental health.

Homelessness rates are notably rising amongst youth as well as the elderly, the unemployed, seasonal workers, and (failed) asylum seekers. Young queer people, for example, risk parental rejection and are more exposed to homelessness. Plus, people with mental illnesses are at a higher risk of experiencing homelessness and the neglect and dehumanisation of the homeless further exacerbates mental illness, creating a vicious cycle.

Work and mental health

The COVID-19 pandemic shed light on the poor working conditions or cultures throughout Europe, and furthermore, placed vulnerable individuals in situations of precariousness, exploitation, unemployment, and financial instability. The current work culture normalised under capitalism is unsustainable and needs to be addressed as a societal issue. This work culture increases demands on individuals caused by a constant pressure to overwork, which has a grave negative impact on the mental health of individuals, including causing exhaustion and burnout. World Health Organisation 2022 World Mental Health Report indicates that globally one in eight people live with a mental health disorder, but resources for help and support are gravely under-resourced. The same report lists e.g. decent work, community and safe environment as factors contributing to a better mental health. This is abnormal – we must neither live to work nor work to live – we must work to work and live to live.

Service and mental health

Where mental health services exist, they are still inaccessible to many. Of the 21 Member States with available data, only 11 provide psychological care through the public healthcare system at no additional cost, and only three provide unlimited care. Many are hindered from access due to absurd waiting times or bureaucracy, and further disparities exist for marginalised groups. The distribution of funds for services tends to occur within the health or social care structures, which represent two separate areas of government funding, and the lack of coordination between the services provided is a barrier for those seeking help. Problems with service provision also exist in non-EU countries in wider Europe. Coordination is also lacking between the new disability strategy and EU funding. Furthermore, to better monitor the existing services, to improve the situation of people with disabilities (be it visible or not), and to be able to identify where services are still missing, a European-wide harmonised disability data collection would be pertinent, including any EU social surveys and statistical data.



Systemic Discrimination and Mental Health

Power structures in society erode the mental health of oppressed people and make it harder for those already suffering to get back on their feet. Black Lives Matter garnered global attention to the oppression of Afro-descendent peoples throughout the West, and the #StopAsianHate movement drew attention to massive spikes of hate crime against peoples of Asian descent throughout the pandemic. Racism is not solely a social issue, but a global public health issue, too. Racism determines social inequalities in health and worsens mental health; its social and economic consequences further negatively impact mental health. Communities of colour, particularly those designated 'Muslim' or 'Black', disproportionately experience racial profiling, occupational downgrading and unemployment, violence, and discrimination. They even face racism within mental health services and are disadvantaged in receiving appropriate, timely mental healthcare. To illustrate, although women of colour are at greater risk of developing mental health issues, they face inequalities in diagnosis and care which depend on the cultural competence and attitudes of healthcare providers.

Since the COVID-19 pandemic, disabled/chronically ill people have faced increased mental health struggles due, for example, to isolation. Currently, the mental health impact on those living with a disability/chronic illness is often overlooked, yet mental and physical health go hand in hand. Healthcare must be holistic and multidisciplinary, so that those requiring long term physical healthcare also have integrated access to mental healthcare services. Furthermore, health studies disproportionately skew towards wealthy white cis males, leading to research disparities in class, gender, and ethnicity. Special attention is needed for trans healthcare, as trans youth face inordinate obstacles and discrimination to access mental healthcare and gender affirming surgery. Furthermore, refugees face additional obstacles to mental well-being, with little to no access to mental healthcare in the asylum process, and upon access, under- or misdiagnosis.



5. The policy

Now that we have identified some broad areas where we think change is necessary, the task is to find actionable solutions to these problems that can be adopted by democratic institutions. This section will focus on how we turn the issues identified above into policies that will in turn create change.

A policy is a rule that if followed should solve a problem or create a benefit. It can be specific and technical, or broad and direction-setting. A policy is the answer to the question: “Well, what do you want us to do about it?”. Carrying this answer with you in your fight for change is important.

With the fact that all politics is mental health politics, it can be difficult to know where to start when deciding where your change shall be made.

What policy is there

At the moment, mental health policy is devolved to the local and national levels of government which means the EU Parliament has limited powers to achieve policy change in the health sector. However, there are several international policy initiatives that are working to improve mental health policy in the world.

Key organisations are:

- The World Health Organisation (WHO) which works towards raising awareness and spreading good practices through guidelines and action plans.
- The Council of Europe which looks at mental health through their human rights conventions, highlighting good practices and examples from member countries.



What are examples of policy that you can support to improve mental health policies

As mentioned numerous times mental health is political and has influence on all aspects of our lives. Below you can find examples of how policy is affecting mental health and vice-versa in different fields.

Education

Learning and studying is a great aspect of our lives as it provides us with the tools to master this life. Education opens up doors to better quality jobs, housing and wellbeing as we understand the network that surrounds all of society. It also enables us to look inwards and understand our own mental health. Education policy sets out how equal our society is and if, for example, students can concentrate on their studies or have to worry about how to survive whilst being a student. Other examples include:

- Free education;
- Sex education;
- Free counselling services in schools and awareness and sensitivity training for educators;
- Develop and introduce age-appropriate education on mental health literacy, including emotional education and education on neurodiversity into school curricula starting from primary education;
- Provide free and accessible cultural and integration courses for migrant and refugee communities;
- Provide free and accessible (re-)integration, rehabilitation and cultural services and help in finding employment for invisibilised peoples to provide them with dignity and reintegrate them into society.

Environment

You could argue that all environmental policies are good for mental health, as climate breakdown is considerably bad for mental health. However, here is a selection of policies that not only addresses the climate crisis, but also helps people in the more immediate term. Being connected to nature is good for our mental health, and a bad local environment through for instance air and water pollution is bad for both our physical and mental health.

- Clean air policies;
- Clean water policies;
- Policies to ensure access to nature and green spaces in cities;
- Financial support for insulating homes.

Health & Services

Obviously, the health care system should be taking mental health into account and provide services that are serving the needs of society in fast, fair and appropriate ways. However, other services are playing a big role in mental wellbeing as well. The state should help their citizens in taking care of themselves, their families and all issues that might arise. Policy examples include:

- Universal basic income and universal basic services;
- Free and unlimited psychological care;
- Free psych assessment for young people;
- Abolishing patents on essential medicine;
- Encouraging yearly checks.

Immigration & Refugee

Migrants and refugees' mental health is especially fragile and they should be able to access services as soon as possible. Being able to receive therapy and be able to work through what they might have experienced during their journey, will make it easier for them to arrive in their new country and integrate into it. Other policy examples include:

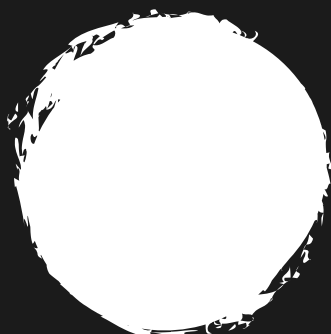
- Abolish refugee camps in conjunction with human refugee policies, quicker and friendlier asylum application processing and establishment of community-based placements;
- Accessibility for language services;
- Access to mental healthcare in the asylum process and upon access.

Work & Employment

Our jobs are still the place where we spent most of our time. Therefore, we need to make those accessible, comfortable and fair for us all. The place where we are at should not be contributing to a worse mental health. Numerous policies can lead to a better working environment and therefore better mental health. These include, but are not limited to:

- 4-day work week;
- Ban (unpaid) internships;
- Anti-discrimination laws;
- Paid overtime and higher wages on weekend and holidays;
- Ensure an adequate minimum social protection for those who can't work;
- Trans-gender employment quota/law.

Bureaucracy is finally a massive drain on the resources of those struggling with mental health, policies that reduce such drains would be beneficial to all these areas.



6. The lobbying

So you have a great idea about how to change how we talk about mental health and what needs to be done. However, having the idea is just the first step. The next steps will determine what can be done to influence the greater outcome.

The act of lobbying sounds ominous and shady as it is usually only used to describe the activities of big companies, national governments and lobby organisations to influence policy making on a local, national and European level and make politicians favour the opinions of these kinds of organisations.

This dismisses the need to have everyone heard in our society. From citizens to companies and NGOs, our parliamentarians should be able to make decisions based on the most diverse opinion pool as possible.

Very rarely we hear about citizen lobbying, a very powerful lobbying tool. What does that mean for smaller organisations and youth wings of political parties? How can these groups lobby for their priorities and opinions?

The Good Lobby sees five avenues for good lobbying.

- Administrative; i.e. asking for a review of actions by a public authority, Freedom of Information requests;
- Legislative; i.e. influencing the outcome of a legislative initiative such as public consultations;
- Campaign; i.e. an outward facing and public tool to put pressure on and promote a cause like petitions;
- Judicial; i.e. legal actions against certain decisions to ensure rights are upheld;
- Political; i.e. direct contact with political officials like councillors, members of national parliaments or members of the European Parliament.

The Good Lobby has a great toolkit that goes deeper in the general advice of what lobbying can look like for citizens.

The next section will focus specifically on political youth wings and how smaller organisations can lobby on various stages.



How FYEG achieved change in the European Greens

The first example of how lobbying can work is closely related to this kit. In the wake of the European Greens Congress, the FYEG Mental Health Working Group drafted and submitted a [resolution](#) called “*Mental health is political: Addressing Europe’s mental health crisis holistically*” which was voted in unanimously during the Congress in Copenhagen in 2022.

What steps did FYEG take to get the resolution voted unanimously in?

- Identify the purpose of a resolution at the European Greens level;
- Draft the resolution to bring in the most radical policy from FYEG;
- Compromise with Green mother parties on the European level;
- End up with a resolution that has the core of radical asks with compromises that all parties can agree on.

By starting from the most radical position and being able to compromise with the mother parties, FYEG was able to bring in important policy points into the European Green Party. This will lead to the development of further mental health policies on the European level guided by the FYEG’s radical policies.

How political youth wings can lobby their mother parties

There are different ways political youth wings are able to influence their mother parties and have their voices heard.

Introduce motions and resolutions at their mother parties’ conferences and congresses

This is a great way to influence policy directly. The voice of young people should be heard even in your mother party and it can have a great impact nationally.

A great example is the Scottish Young Greens’ policy to introduce free bus travel for under 22-year-olds. This started as a motion introduced by the Scottish Young Greens at their mother party’s conference and was adopted with a very high level of support. When the Scottish Greens entered government, one of the first actions they undertook was to introduce legislation based on the Scottish Young Greens’ policy. Now, thousands of young people in Scotland are benefiting from free bus travel.



Fight for seats on the mother parties' boards

Young people's voices have to be at the table when making political decisions. A true Green party should value their youth wing and find ways to give them powers in their structures.

The Scottish Young Greens managed to negotiate to receive a full membership with voting rights to all mother party committees as well as the Executive Board of the party. Therefore, young greens are able to oversee election campaigns, lead on party policy as well as oversee party procedures in various committees.

Support other young people running in internal elections. You can do so by running together as a list, encouraging other members to vote according to this list and highlighting these young people in internal and external communications.

Support national or local campaigns

Party youth wings are a great connection between activists and political parties. You can use your organisation's channels to communicate on relevant actions and campaigns. Maybe you have members who are also part of these campaigns, take that opportunity and learn from them.

How can you lobby organisations to include mental health policies

Similar to mother party and youth wing relations, build up the relationships with other organisations. A strong connection between civil society and politics will ensure that you can mutually support and benefit from each other. Here are some tips, how you can achieve that:

- Invite NGOs and community organisations to your events, show them what you are focusing on and how you approach different policy matters;
- Consult organisations when writing policy to get an insight on what they want;
- Disseminate information about NGOs' and activists' events and campaigns in your networks;
- Encourage members to join campaigns and support causes.

For the "FYEG LAB: All Politics is Mental Health Politics", the last stage of the project, FYEG invited several civil society organisations to hear about the outcomes and learnings. Through this, we managed to reach a wider and more diverse audience and convince other organisations that this matter is an important lens to apply to their work. Afterwards, Diaspora Vote and Gamian-Europe wrote blog posts ([here](#) and [here](#)) about their participation in the event.

Lobbying is a tool that can help you with furthering your cause and influencing decision-making on numerous levels.

7. The community

Societal change does not just come about by passing policy and influencing democratic institutions. There are many groups, organisations and businesses that influence peoples' lives, which means that they also have the power to create change. This can be by advocating for change or showing solidarity with those fighting for change. But perhaps most importantly they can lead by example, by implementing internal policies that they believe, if adopted by others, would make society a better place.

There are many things organisations can do in order to improve the mental health of their members, as well as being part of a societal shift towards better practices in general. Here are some suggestions of such changes:

- Appointed safe space and awareness people;
- Quiet room during events;
- Social gatherings;
- Personal check-ins at beginning of meetings;
- People-centred evaluations;
- Less is more.

Safe Space Policies

A safe space in your organisation should be tailored to your organisation. It should fit your organisational culture and its members. However, you should set high expectations on how everyone in your organisation behaves towards each other. This should be an evolving document, changing to concentrate on the groups you are working with and how your organisation evolves as well. Points to take into account are:

- Respect each other and having a zero tolerance policy against any kind of discrimination;
- Being aware of privileges everyone brings with them;
- Consent;
- The use of language;
- Assumptions about each other;
- Learn and ask;
- Everyone has their turn to speak;
- If there is harmful behaviour, be prepared to call it out or to be called out.



More information about each point can be found in the [FYEG Safer Space Policy](#). Overall, it is important that everyone in your organisation can contribute to developing these safe space policies so that they feel ownership of them.

A strong sexual harassment policy in your organisations with clear protocols and ways to deal with it, is key to make everyone aware of their rights and responsibilities. FYEG sexual harassment policy is part of its Safer Space Policy.

Finally, do not be too harsh on yourselves and remember that safe spaces are always evolving and not static, and that whenever there is a safe space in place, discrimination will be perceived more harshly by those affected because the expectations are higher. Use [the poem "Invitation to a brave space"](#) by Micky Scottbey Jones to remind everyone that building safer spaces is a shared responsibility and that you will make mistakes.

Employment Practices

Making your organisation a place where your members and workers can nurture their mental health is within your power. Not only will this be beneficial to your members and workers, it will help usher in a change in culture, moving society in a direction that cares more about people's mental health.

- Flexible Working Hours and overall reduction of working hours;
- Strengthening of labour union powers;
- Higher monetary recognition of work during sociable hours (evenings and weekends);
- Mental Health Days;
- Neurodivergent-friendly interviewing practices.

Investment & Engagement

Any organisation, regardless of size, plays a role in their society. Being aware of that role and how that affects the mental health of people in that society is therefore important. Organisational policies on how it invests its money and which other organisations it engages with is therefore essential to any group that wishes to fight for better mental health. Here are some suggestions for how to do this:

- If you have a company-wide pension scheme, invest in funds that are green, supporting human rights and transparent;
- Participate in trainings led by expert organisations on the topics like mental health, anti-discrimination and good workplace practices;
- Support local and community-based organisations when ordering or purchasing items;
- Engage your employees in the process of budgeting for upcoming years.



8. The network

Lots of work has already been done with the aim of bettering mental health policy and approaches. Before starting work on a given topic, it is always useful to take some time to research what has already been done and use other people's work as inspiration or basis for our own work. Getting in contact with some of the people who started this work before you will most likely pay off.

These are some of the organisation we have on our radar after one year of working on the topic of mental health.

- [Euro Youth Mental Health](#);
- [Mental Health Europe](#) and their [manifesto for better mental health in Europe](#);
- [GAMIAN-Europe](#) and their [MEP Alliance for Mental Health](#);
- [Healing Justice Ldn](#);
- The European Youth Forum and their report [The pandemic scar on young people](#);
- [Black Minds Matter](#).

The further readings we suggest to organisations wanting to include the mental health lens to their work and find out more are:

- Fact Sheet Activist Burnout by Amnesty International. [Read it here](#);
- The Guardian's opinion piece "I'm a psychologist – and I believe we've been told devastating lies about mental health" ([here](#)) and the Gal-dem article "The cost of living crisis risks becoming a suicide crisis. What might keep us alive?" ([here](#)) both written by poet and psychologist Sanah Ahsan and overall all her work;
- Wellbeing section on Extinction Rebellion website. [Read it here](#);
- Caring Movements - Chronic Illness and Activism. [Read it here](#);
- The Care Manifesto: The Politics of Interdependence by The Care Collective. [Buy it here](#);
- "Decolonizing Global Mental Health The psychiatrization of the majority world" ([here](#)) by China Mills.





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