

Promoting gender equality in mental health and clinical research

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The European Parliament adopted by 364 votes to 171 with 155 abstentions, a legislative resolution on promoting gender equality in mental health and clinical research.

Parliament recalled that the right to the highest attainable standard of physical and mental health is a fundamental human right. In this respect, they noted that in the EU, 27 % of the adult population, including both men and women, have experienced at least one episode of mental illness. Accordingly, it called on Member States to take measures and **allocate sufficient resources to ensure women's access to healthcare and specifically to mental health services** – including women's shelters – independently of their legal status, gender identity, sex characteristics, ethnic origin, or religion.

Parliament recalled that in a global context marked by an ongoing economic crisis and a sharp rise in unemployment, in particular among young people and women, the incidence of mental health problems such as depression, bipolar disorders, schizophrenia, anxiety and dementia is steadily increasing. The World Health Organisation has estimated that depression affects 350 million people and by 2020 this illness will be the **second leading cause of inability to work**.

Gender equality in mental health: Parliament called on the Commission and the Member States to promote information and prevention campaigns and other initiatives to raise public awareness of mental health problems. It also asked for effective action in order to:

- **change how people with mental health problems are perceived:** Members stressed the fact that there was a link between mental health and poverty and social exclusion. Acknowledging the influence of media and particularly of the Internet and social networks on mental health, Members called for more research on this topic. They pointed out that some women have a distorted perception of their image due to media, stereotyped advertising and social pressure, and develop eating and behavioural disorders, for instance anorexia and bulimia. Parliament called on the Commission, the Member States, and local authorities to ensure that their mental health strategies address the mental health challenges that could be faced by LGBTI people;
- **targeted assistances for vulnerable women and women refugees:** Parliament raises serious concerns over the provision of mental health care and facilities to refugee women and girls in Europe, particularly those living in makeshift conditions across Member States. It highlights that detention of refugees and asylum seekers without effectively and efficiently processing their asylum claims is in violation of international law and has a negative impact on their mental health and wellbeing. It called on Member States to protect women asylum seekers in detention, and stresses that these women are to be provided with immediate protection, including ending detention, speeding up relocation and promoting support and counselling. Parliament also calls on Member States to **delink health policies from immigration control** by allowing access to basic healthcare services and **not imposing a duty to report undocumented migrants on healthcare practitioners**. It asked Member States, moreover, to implement the multi-agency guidelines on protecting and supporting the mental health and psychosocial wellbeing of refugees, asylum-seekers and migrants in Europe, as prepared by WHO/Europe, UN High Commission for Refugees and the International Organisation of Migrants.

Gender equality in clinical trials: Parliament underlined the fact that clinical trials of pharmaceutical products on both men and women are necessary and that these should be inclusive, non-discriminatory

and performed under conditions of equality. It wanted **the labels on pharmaceutical products clearly to indicate whether trials on women took place or not**, and whether men and women may expect different side effects. It also asked the Commission to incentivise projects at EU level focused on how women are treated in clinical research. **Parliament** also underlined that **urgent action was required to correct gender gaps in clinical trials in areas of health where such gaps are particularly harmful**, such as in medication for Alzheimer's, cancer, treatment of strokes, anti-depressants, and cardiovascular diseases.

Sexual and reproductive education: Parliament called for comprehensive, age-appropriate, evidence-based, scientifically accurate and non-judgmental sexuality education. It also called for quality family planning services and access to contraception help to prevent unintended and unwanted pregnancies, reduce the need for abortion, and contribute to the prevention of HIV and STIs. In general, Parliament considered that sexual and reproductive rights include **access to legal and safe abortion**, reliable, safe and affordable contraception, and comprehensive sexuality and relationship education.

Parliament also called on the commission and Member States to:

- promote healthcare by ensuring **easy access to services** and the provision of adequate information tailored to men's and women's specific needs and the exchange of best practice in the field of mental health and clinical research;
- **take stock of the specific health needs** of women and men in their health policies;
- ensure that prevention strategies specifically target women who are at risk of intersectional discrimination;
- recognise gender-based violence and violence against women as a public health issue;
- incentivise programmes that address the specific needs of women concerning illnesses such as osteoporosis, musculoskeletal problems and central nervous system illnesses such as Alzheimer's and/or dementia.

Lastly, Parliament recalled that healthcare and health policy are a competence of the Member States and that the role of the Commission is complementary to national policies.