Basic information

2016/2096(INI) INI - Own-initiative procedure	Procedure completed
Promoting gender equality in mental health and clinical research **Subject** 4.10.04 Gender equality 4.20.02 Medical research	

Key players

European Parliament

Committee responsible	Rapporteur	Appointed
FEMM Women's Rights and Gender Equality	BECERRA BASTERRECHEA Beatriz (ALDE)	18/04/2016
	Shadow rapporteur ESTARÀS FERRAGUT Rosa (PPE) WARD Julie (S&D) GIRLING Julie (ECR) BJÖRK Malin (GUE/NGL) VON STORCH Beatrix (EFDD)	

Committee for opinion	Rapporteur for opinion	Appointed
DEVE Development	MARCELLESI Florent (Verts/ALE)	07/06/2016
ITRE Industry, Research and Energy	The committee decided not to give an opinion.	

European Commission

Commission DG	Commissioner
Justice and Consumers	JOUROVÁ Věra

Key events

Date	Event	Reference	Summary
09/06/2016	Committee referral announced in Parliament		

29/11/2016	Vote in committee		
12/12/2016	Committee report tabled for plenary	A8-0380/2016	Summary
13/02/2017	Debate in Parliament		
14/02/2017	Decision by Parliament	T8-0028/2017	Summary
14/02/2017	Results of vote in Parliament		
14/02/2017	End of procedure in Parliament		

Technical information	
Procedure reference	2016/2096(INI)
Procedure type	INI - Own-initiative procedure
Procedure subtype	Initiative
Legal basis	Rules of Procedure EP 55
Stage reached in procedure	Procedure completed
Committee dossier	FEMM/8/06684

Documentation gateway

European Parliament

Document type	Committee	Reference	Date	Summary
Committee draft report		PE587.677	08/09/2016	
Amendments tabled in committee		PE592.270	18/10/2016	
Committee opinion	DEVE	PE584.186	09/11/2016	
Committee report tabled for plenary, single reading		A8-0380/2016	12/12/2016	Summary
Text adopted by Parliament, single reading		T8-0028/2017	14/02/2017	Summary

European Commission

Document type	Reference	Date	Summary
Commission response to text adopted in plenary	SP(2017)358	31/08/2017	

Promoting gender equality in mental health and clinical research

2016/2096(INI) - 14/02/2017 - Text adopted by Parliament, single reading

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.

Promoting gender equality in mental health and clinical research

2016/2096(INI) - 12/12/2016 - Committee report tabled for plenary, single reading

The Committee on Women's Rights and Gender Equality adopted the own-initiative report by Beatriz BECERRA BASTERRECHEA (ADLE, ES) on promoting gender equality in mental health and clinical research.

Members 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, they called on Member States to **take measures and allocate sufficient resources to ensure 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.

Gender equality in mental health: Members 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. They 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. Members 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;

- **develop tailored policies for marginalized and refugee women**: the committee called on Member States to protect women asylum seekers in detention who report abuse, and stresses that these women are to be provided with **immediate protection**. It called on the Commission, the Member States and local authorities to develop specific tailored policies in order to provide mental health services to groups of vulnerable women in marginalised communities.

Gender equality in clinical trials: Members 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. They 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. They also asked the Commission to incentivise projects at EU level focused on how women are treated in clinical research.

Members 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.

Lastly, the committee 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.