Question for written answer E-000321/2026
to the Commission
Rule 144
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Subject: Access to mental health care in the outermost regions

In accordance with the Treaties, health care is a sovereign competence of the Member States. Nevertheless, in order to ensure that the outermost regions (ORs) have effective access to care, targeted financial support from the EU, in strict compliance with national competences, can be justified owing to their remoteness, insularity and permanent additional costs of a structural nature.

Réunion, for instance, is dealing with a worrying increase in mental health needs, but institutions face several major obstacles:

- the persistent shortage of health care workers stemming from an inability to attract workers and the poor working conditions;

- the impossibility of bringing certain units into services, such as suicide prevention units, owing to the lack of adequate funding;

- insufficient recognition of innovative therapies, which are essential for reducing the side-effects of drug treatments.

Against this background, and in the context of Article 349 of the Treaty on the Functioning of the European Union, how does the Commission intend to adapt the use of European funds for the ORs (European Regional Development Fund, European Social Fund Plus and specific programmes), at the request of the competent national authorities, in order to offset these additional costs, support the opening and equipping of local infrastructure and support, without interference, the health policies of the French state?

Supporters[1]

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