

EU COMPASS FOR ACTION ON MENTAL HEALTH AND WELLBEING

ANNUAL ACTIVITY REPORTS OF MEMBER STATES AND STAKEHOLDERS (D2 2018)

This report has been prepared by the EU Compass consortium, Nova University (José Miguel Caldas de Almeida, Diana Frasilho, Joana Zózimo), Trimbos Institute (Ionela Petrea, Charlotte Steenhuis) and Finnish Association for Mental Health (Johannes Parkkonen).



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List of abbreviations

CHAFEA: Consumers, Health, Agriculture and Food Executive Agency

CME: Continuous medical education

DALY: Disability adjusted life years

DG SANTE: Directorate General for Health and Food Safety of the European Commission

EU: European Commission

MS: Member State

WHO: World Health Organization

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INTRODUCTION

The *EU Compass for Action on Mental Health and Wellbeing*, a tender commissioned by the European Commission Consumers, Health, Agriculture and Food Executive Agency (CHAFAEA), aims to support actions that address challenges in mental health care in Europe through monitoring and disseminating information about activities related to mental health in the European Union.

The EU Compass builds upon previous mental health and wellbeing work at the EU level, such as the *Green Paper for Mental Health* (2005), the *European Pact for Mental Health and Wellbeing* (2008), and the *Joint Action for Mental Health and Wellbeing* (2013-2016)¹.

The Joint Action on Mental Health and Wellbeing (JA-WB) began in 2013 and involved 51 partners representing all EU Member States and 11 European organizations. The JA-WB delivered a situation analysis and framework for action in mental health policy at the European level addressing five areas: 1) promoting action against depression and suicide and implementation of e-health approaches; 2) developing community-based and socially inclusive mental health care for people with severe mental disorders; 3) promotion of mental health at the workplaces; 4) promotion of mental health in schools; and 5) promoting the integration of mental health in all policies. It also succeeded at building a process for structured collaborative work, involving Member States, the European Commission, and relevant stakeholders and international organizations.

Building on the work of the Joint Action, the European Commission initiated the EU Compass for Action on Mental Health and Wellbeing in April 2015 to collect, exchange, and analyse information on Member States and stakeholder activities in mental health policy. The Compass was also tasked with undertaking actions to disseminate the European Framework for Action on Mental Health and Wellbeing resulting from the Joint Action and monitor its implementation. The EU Compass focuses on seven priority areas which rotate annually: 1) preventing depression & promoting resilience; 2) better access to mental health services; 3) providing community-based mental health services; 4) preventing suicide; 5) mental health at work; 6) mental health and schools; and 7) developing integrated governance approaches.

¹ European Communities (2005). Green Paper - Improving the mental health of the population: Towards a strategy on mental health for the European Union. Brussels.

European Commission(2008). European Pact on Mental Health and Wellbeing. Retrieved from:[Http://ec.europa.eu/health/ph_determinants/life_style/mental/docs/pact_en.pdf](http://ec.europa.eu/health/ph_determinants/life_style/mental/docs/pact_en.pdf)

European Commission (2016a). Joint Action on Mental Health and Well-being. Retrieved from: Luxembourg <http://www.mentalhealthandwellbeing.eu/publications>.

European Commission (2016b). European Framework for Action on Mental Health and Wellbeing. 2016. Retrieved from: Luxembourg <http://www.mentalhealthandwellbeing.eu/publications>.

Activities carried out by the EU Compass include the establishment of a platform to systematically monitor policies, activities and good practices in the field of mental health and wellbeing by Member States and stakeholders from diverse sectors (health, labour, education, social affairs and environment). For that, annual surveys are carried out inviting participants to share information and give visibility to their achievements in this field. Findings are collated in yearly reports and in good practice database and brochures. Furthermore, the EU Compass facilitates the preparation of scientific reports on four of the seven priority areas, as selected by the Member States. The EU Compass is organizing three annual forums (2016, 2017 and 2018) as well as national mental health workshops in each Member State as well as Iceland and Norway.

The EU Compass is implemented by a consortium led by the Trimbos Institute in the Netherlands, together with the NOVA University of Lisbon, the Finnish Association for Mental Health and EuroHealthNet under the supervision and in close cooperation with the “Group of Governmental Experts on Mental Health and Wellbeing”.

This report provides a descriptive overview of information collected in the end of 2017 on EU Member States as well as stakeholder activities and policies in mental health. The data collected focused on two EU Compass annual themes: *providing community-based mental health services* and *developing integrated governance approaches*. This report is the Deliverable 2 of the third year of the EU Compass on Mental Health and Wellbeing and serves as the background document for the Annual Report (Deliverable 13a).

METHODOLOGY

The information presented in this report was collected through annual online surveys completed by Member States and stakeholders between August and December 2017.

Instrument

Development of the questionnaire

The development of the survey and its dissemination was led by the Finnish Association for Mental Health (FAMH), together with the other Consortium members and with input from the DG SANTE and CHAFEA. The surveys were in accordance with guidelines set forth in a contractual agreement with DG SANTE and CHAFEA. Indicators and questions were based on existing structures and frameworks of the surveys used for collecting data on interventions in the Joint Action on Mental Health and Wellbeing and

the World Health Organization's 2008 guide on documenting good practices in health. The development of the indicators and questions used for the survey involved extensive rounds of consultations between DG SANTE, the Compass Consortium and the group of governmental experts in mental health. The survey was piloted with a panel of stakeholders, which allowed the Consortium to make adjustments to the survey to optimize user friendliness, clarity, readability and relevance.

The surveys were built using the web-based tool *Webropol*, which provides a user-friendly template allowing users to complete their survey online. Access to the survey was provided through a web link sent to Member State representatives and stakeholders via email. The *Webropol* tool allowed users to save their data for later completion if desired.

Structure of the surveys

The Member State and stakeholder surveys included open and closed-ended questions. The Member States' survey included 26 questions and was more in-depth than the stakeholders' survey, which included 14 questions.

The Member States' survey was divided into five parts:

- Part A covered background information, such as contact information and country;
- Part B covered updates on key developments or those to be initiated by March 2018 (e.g. the implementation of programmes or plans implemented since the previous EU Compass survey (2016, 2017));
- Parts C and D focused on the two EU Compass themes for 2017 (providing community-based mental health services and developing integrated governance approaches);
- Part E includes details of relevant documents concerning mental health and wellbeing produced since 2016 not previously mentioned.

The stakeholders' survey was also divided into five parts.

- Part A addresses basic information on the organization;
- Part B focuses on the key activities carried out in the organization, with questions on the organization's objectives, their target group(s), key activities and achievements, the partners they involve, available resources, strengths of the organization's activities, challenges faced, and whether or not activities were evaluated;
- Part C and D focused on the two EU Compass themes and the extent to which action on these took place;

- Part E includes details of relevant documents concerning mental health and wellbeing produced since 2016 not previously mentioned.

Data collection

Identifying respondents and sampling

Respondents for the annual activity surveys were identified by NOVA University of Lisbon and other members of the EU Compass consortium. Member State representatives for all countries, as well as Turkey, Norway and Iceland were identified following a consultation with the Group of Governmental Experts and, where necessary sub-national public authorities. Existing lists developed for the Joint Action for Mental Health, as well as lists of relevant stakeholders of the EU Compass Consortium partners were consulted and used to identify stakeholders for the survey. These included stakeholder representatives from non-governmental organisations in health, social affairs, education, workplaces and justice and civil society groups. The total number of stakeholders identified through this process was 605. In addition, the web link was placed on the EU Compass website.

Data collection process

Once identified, Member State representatives and relevant stakeholders were invited by email to take part in the 2017 survey. Questionnaires were sent via e-mail containing a private web-link to the online survey, from August to December 2017.

To maximize response rates, reminders via email were sent out to non-responders. Member States' representatives that failed to respond to the survey by November 2017 were followed up individually through email or by phone. Also, during the EU Compass's Awareness-raising and training workshops, EU Compass representatives encouraged representatives from the Member States who had not responded so far to do so. The initial deadline for the Member State's survey was 30th October 2017. However, the deadline was extended until the 2nd of December 2017 to increase the response rate.

Data collection through stakeholder surveys occurs on a continuous basis, to be utilized in further annual reports and the EU Compass database.

Response rate

Of all the Member State representatives and three additional countries invited to participate in the Member States' survey, 26 representatives², completed the survey. Only five Member States³ did not respond.

Of the 605 stakeholders invited to complete the survey, 24 completed the survey.

Data analyses

Raw data from the surveys were exported from *Webropol* to Excel spreadsheet, IBM SPSS Statistics and pdf documents. All data were checked for any inconsistencies or missing data and were cleaned.

Quantitative data analyses were performed using SPSS (Statistical Package for the Social Sciences), version 21. Descriptive statistics (e.g. frequencies and cross-tabulations) were used to describe and summarize data provided by the Member States and Stakeholders representatives.

Qualitative survey data from both surveys was extracted and cleaned from errors or misspells. Rapporteurs read and re-read the written answers, and prominent concepts were identified and analysed.

²Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Finland, France, Germany, Greece, Hungary, Iceland, Republic of Ireland, Italy, Lithuania, Luxembourg, The Netherlands, Norway, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Turkey and United Kingdom.

³Denmark, Estonia, Latvia, Malta and Poland.

ANNUAL ACTIVITY REPORTS OF MEMBER STATES

ANNUAL ACTIVITY REPORT FROM AUSTRIA

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

In 2016 and 2017, the Austrian health target #9 “To promote psychosocial health in all population groups” has been elaborated by an intersectional and multidisciplinary workgroup following a mental health in all policies approach. Three strategic aims and a bundle of actions shall contribute to enhance mental health promotion, prevention, support, treatment and anti-stigma work. Mental health has also become part of the national treaty between the state, the federal region, and the health insurance that accompanies the national health care reform.

B2. New documents, reports or resources that could benefit other stakeholders in mental health

1. <https://gesundheitsziele-oesterreich.at/english-summary/>
2. https://www.bmgf.gv.at/home/Gesundheit/Gesundheitsreform/Zielsteuerungsvertrag_2017_bis_2021
3. https://gesundheitsziele-oesterreich.at/website2017/wp-content/uploads/2018/01/bericht_gz9_psychosoziale-gesundheit-bei-allen-bevoelkerungsgruppen-foerdern.pdf

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in all parts of the country.

C1.2. Level of coordination between the different services within each catchment areas

Some coordination.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services	X				
Community mental health teams		X			
Crisis care – daytime only	X				
Crisis care – 24 hours		X			
Home treatment					X
Assertive outreach					X
Early interventions					X
Rehabilitation services	X				
Primary care liaison					X
Residential facilities	X				
Total	4	2	0	0	4

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	---	---	X
Rate of annual patients treated in Community Mental Health Centres	---	---	X
<i>Rate per 100.000 population by sex (if available)</i>	---	---	X

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals						X
Outpatient clinics in community-based psychiatric units						X
Home treatment						X
Assertive Outreach teams						X
Other (specify)	X					
Total	1	0	0	0	0	5

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
	Female: 46%; Male: 26% receive invalidity pension due to mental illness	2014	

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities		X			
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services				X	
C6.1.3) Integrate mental health in primary health care		X			
C6.1.4) Shift the focus of specialised mental health care towards community-based services				X	
C6.1.5) Establish or increase the number of psychiatric units in general hospitals				X	
C6.1.6) Promote the social inclusion of people with long-term mental disorders				X	
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system	Not Answered				
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders				X	
C6.1.9) Develop structured cooperation between mental health services, social services and employment services		X			
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services		X			
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'				X	
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services				X	
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area				X	
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care					X
C6.1.15) Develop integrated programmes with case management				X	
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services	Not Answered				
C6.1.17) Develop self-help and users and carer groups				X	
C6.1.18) Develop Supported employment programs				X	
C6.1.19) Other - which?	None				
Total	0	4	0	11	1

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support				X
C7.2) Inadequate/insufficient funding				X
C7.3) Lack of consensus among stakeholders				X
C7.4) Poor cooperation between health and social care				X
C7.5) Poorly trained human resources				X
C7.6) Difficulties in the integration of mental health in primary care				X
C7.7) Mental health resources centralised in large institutions				X
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model				X
C7.9) Other - which?			None	
Total	0	0	0	8

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

In 2016 and 2017, the Austrian national health target #9 “To promote psychosocial health in all population groups” has been elaborated by an intersectional and multidisciplinary workgroup following a mental health in all policies approach (more than 40 institutions/organizations were involved). Three strategic aims and a bundle of actions shall contribute to enhance mental health promotion, prevention, support, treatment and anti-stigma work. The 10 Austrian health targets were developed with the aim to prolong the healthy life years of all people living in Austria in the coming 20 years (until 2032), irrespective of their level of education, income or personal living condition.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

Yes.

D2.1. These programmes entail:

Please see answer in D1.

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

All or almost all (81-100%).

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health		X		
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies		X		
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance			X	
D3.5) Include mental health prominently in overall health impact assessments				X
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health				X
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions				X
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge				X
D3.10) Utilise tools such as joint budgeting				X
D3.11) Other - which?			None	
Total	0	4	1	5

D3b. Further comments regarding the implementation of the recommendations mentioned above

As the implementation of health target #9 is an ongoing process it is too early to estimate its impact yet.

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information available	not	Total	Average
D4.1) Low political support				X			
D4.2) Inadequate/insufficient funding				X			
D4.3) Poor consensus among stakeholders				X			
D4.4) Poor cooperation between health and other (which?) sectors				X			
D4.5) Problems with joint budgeting				X			
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance				X			
D4.7) Lack of available tools				X			
D4.8) Lack of evidence of the benefits of integrated governance approach				X			
D4.9) Other - which?	None						

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

As the implementation of health target #9 is an ongoing process it is too early to describe barriers yet.

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	Not Answered
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	Not Answered
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	Not Answered
D5.4) Sectors and professionals involved?	Not Answered
D5.5) Focus on targeted or universal approaches	Not Answered
D5.6) Relevant publications and/or evaluations on this thematic area	Not Answered
D5.7) Is there citizen/public involvement in this area	Not Answered

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

The final report of the working group for Austrian health target #9 can be downloaded at: https://gesundheitsziele-oesterreich.at/website2017/wp-content/uploads/2018/01/bericht_gz9_psychosoziale-gesundheit-bei-allen-bevoelkerungsgruppen-foerdern.pdf

ANNUAL ACTIVITY REPORT FROM BELGIUM

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

A second wave of the Reform of Child and Adolescent Mental Health Masterplan; Forensic Psychiatry Reform for Adults; and Community Mental Health is in place.

B2. New documents, reports or resources that could benefit other stakeholders in mental health

1. www.psy01-18.be
2. www.psy107.be

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in all parts of the country.

C1.2. level of coordination between the different services within each catchment areas

Fairly good coordination.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services		X			
Community mental health teams		X			
Crisis care – daytime only	X				
Crisis care – 24 hours	X				
Home treatment		X			
Assertive outreach		X			
Early interventions		X			
Rehabilitation services		X			
Primary care liaison		X			
Residential facilities	X				
Total	3	7	0	0	0

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	Not Answered	Not Answered	Not Answered
Rate of annual patients treated in Community Mental Health Centres	Not Answered	Not Answered	Not Answered
<i>Rate per 100.000 population by sex (if available)</i>	Not Answered	Not Answered	Not Answered

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals			X			
Outpatient clinics in community- based psychiatric units	X					
Home treatment			X			
Assertive Outreach teams			X			
Other (specify)	X					
Total	2	0	3	0	0	0

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
Not Answered	Not Answered	Not Answered	Not Answered

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities		X			
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services		X			
C6.1.3) Integrate mental health in primary health care		X			
C6.1.4) Shift the focus of specialised mental health care towards community-based services		X			
C6.1.5) Establish or increase the number of psychiatric units in general hospitals				X	
C6.1.6) Promote the social inclusion of people with long-term mental disorders		X			
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system					X
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders		X			
C6.1.9) Develop structured cooperation between mental health services, social services and employment services				X	
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services			X		
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'		X			
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services		X			
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area		X			
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care				X	
C6.1.15) Develop integrated programmes with case management		X			
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services				X	
C6.1.17) Develop self-help and users and carer groups		X			
C6.1.18) Develop Supported employment programs		X			
C6.1.19) Other – which? Answer: Home treatment teams		X			
Total	0	12	1	4	1

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support			X	
C7.2) Inadequate/insufficient funding		X		
C7.3) Lack of consensus among stakeholders		X		
C7.4) Poor cooperation between health and social care		X		
C7.5) Poorly trained human resources			X	
C7.6) Difficulties in the integration of mental health in primary care		X		
C7.7) Mental health resources centralised in large institutions	X			
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model		X		
C7.9) Other - which? Answer: <u>Resistance of psychiatrists</u>		X		
Total	1	6	2	0

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

Campaigns to increase the awareness for mental health issues at work (adults) or at school (children and adolescents).

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

Yes.

D2.1. Further description of these programmes:

Catchment areas are governed by committees, including partners from non-health sectors and representation of patients and their families.

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

All or almost all (81-100%).

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health		X		
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies		X		
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance			X	
D3.5) Include mental health prominently in overall health impact assessments			X	
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health		X		
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions		X		
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge		X		
D3.10) Utilise tools such as joint budgeting			X	
D3.11) Other - which?			None	
Total	0	7	3	0

D3b. Further comments regarding the implementation of the recommendations mentioned above

None.

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support		X		
D4.2) Inadequate/insufficient funding		X		
D4.3) Poor consensus among stakeholders		X		
D4.4) Poor cooperation between health and other (which?) sectors. Answer: <u>housing and employment</u>		X		
D4.5) Problems with joint budgeting	X			
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance		X		
D4.7) Lack of available tools	X			
D4.8) Lack of evidence of the benefits of integrated governance approach	X			
D4.9) Other - which?			None	
Total	3	5	0	0

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

D 4.5: Funding comes from closing hospital facilities. The Health sector wants to consolidate these budgets and is not in favor of transferring these budgets to other sectors.

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	Not available
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	Some coordination related activities are funded by the Federal Government.
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	Federal, regional and local governments.
D5.4) Sectors and professionals involved?	Health, Well-being, Employment, Housing, Education
D5.5) Focus on targeted or universal approaches	Universal approaches
D5.6) Relevant publications and/or evaluations on this thematic area	Guide for a better mental health care: first evaluation of the mental health by a scientific team from three universities
D5.7) Is there citizen/public involvement in this area	Representation of patients and their families in parts of the network

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

- www.psy107.be
- www.psy01-18.be

ANNUAL ACTIVITY REPORT FROM BULGARIA

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

The latest version of the National Mental Health Program and Plan of Action for the next 6 years period is under preparation. The new on-line portal for suicide attempts is active and works since 2016. An Educational internet platform for General practitioners in the field of mental health is active, since 2016.

B2. New documents, reports or resources that could benefit other stakeholders in mental health

1. <http://ncphp.government.bg/index.php?lang=bg>

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

No.

C1.2. level of coordination between the different services within each catchment areas

Not Applicable.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services	X				
Community mental health teams			X		
Crisis care – daytime only			X		
Crisis care – 24 hours			X		
Home treatment				X	
Assertive outreach				X	
Early interventions				X	
Rehabilitation services		X			
Primary care liaison			X		
Residential facilities			X		
Total	1	1	5	3	0

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	0.17	2016	---
Rate of annual patients treated in Community Mental Health Centres	285.71	2015	---
<i>Rate per 100.000 population by sex (if available)</i>	Not Answered	Not Answered	Not Answered

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals	X					
Outpatient clinics in community- based psychiatric units		X				
Home treatment		X				
Assertive Outreach teams	X					
Other (specify)	X					
Total	3	2	0	0	0	0

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information available	not
---	---	---	X	

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities			X		
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services			X		
C6.1.3) Integrate mental health in primary health care			X		
C6.1.4) Shift the focus of specialised mental health care towards community-based services			X		
C6.1.5) Establish or increase the number of psychiatric units in general hospitals			X		
C6.1.6) Promote the social inclusion of people with long-term mental disorders			X		
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system			X		
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders		X			
C6.1.9) Develop structured cooperation between mental health services, social services and employment services			X		
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services			X		
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'			X		
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services			X		
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area			X		
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care			X		
C6.1.15) Develop integrated programmes with case management			X		
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services			X		
C6.1.17) Develop self-help and users and carer groups			X		
C6.1.18) Develop Supported employment programs			X		
C6.1.19) Other - which?	None				
Total	0	1	17	0	0

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

For the specific period 2015 -2017, almost no development in all the mentioned areas could be reported. What has been achieved is before the specified period.

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support	X			
C7.2) Inadequate/insufficient funding	X			
C7.3) Lack of consensus among stakeholders	X			
C7.4) Poor cooperation between health and social care	X			
C7.5) Poorly trained human resources		X		
C7.6) Difficulties in the integration of mental health in primary care		X		
C7.7) Mental health resources centralised in large institutions		X		
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model	X			
C7.9) Other - which?	None			
Total	5	3	0	0

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

Mental health problems are not among the priorities of non-health sectors' policies, as well as for the health sector. There is no special interest to reform the existing institutional model of mental health care which reflects on the attitudes in the non-medical sector.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

Yes.

D2.1. Further description of these programmes:

There is a national strategy where the integrated approach in mental health care is described. Actually, no real legislative changes are done to support these intentions.

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

None.

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health			X	
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies			X	
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts			X	
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance			X	
D3.5) Include mental health prominently in overall health impact assessments			X	
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives			X	
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health			X	
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions			X	
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge			X	
D3.10) Utilise tools such as joint budgeting			X	
D3.11) Other - which?			None	
Total			10	

D3b. Further comments regarding the implementation of the recommendations mentioned above

None.

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support	X			
D4.2) Inadequate/insufficient funding	X			
D4.3) Poor consensus among stakeholders	X			
D4.4) Poor cooperation between health and other (which?) sectors. Answer: <u>social, educational, and regional authorities</u>	X			
D4.5) Problems with joint budgeting	X			
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance	X			
D4.7) Lack of available tools	X			
D4.8) Lack of evidence of the benefits of integrated governance approach	X			
D4.9) Other - which?			None	
Total	8	0	0	0

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

See 4.4.

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	No.
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	Nobody.
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	Ministry of Health
D5.4) Sectors and professionals involved?	Social sector, General practitioners, Educationalists, Psychologists.
D5.5) Focus on targeted or universal approaches	Targeted
D5.6) Relevant publications and/or evaluations on this thematic area	Yes.
D5.7) Is there citizen/public involvement in this area	Yes.

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

Mental health services in Bulgaria - analysis of psychiatric services - availability, range of services offered, human resources, financing – in Bulgarian, <http://ncphp.government.bg/index.php?lang=bg>.

ANNUAL ACTIVITY REPORT FROM CROATIA

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

Strategic Plan for the Development of Child and Adolescent Psychiatry has been prepared by the Ministry of Health and is in the governmental procedure; first part of "Ensuring Optimal Health Care for People with Mental Health Disorders" (Twinning project with Netherlands; implemented by Trimbos Instituut; funded by the EU) has been completed in April 2017, and the second part (Technical Assistance; implemented by MCS and Ericsson consortium; funded by EU) has started. National Framework for Screening and Diagnostics of Autism Spectrum Disorders has been prepared by the Ministry of Health, Ministry of Social Politics and Youth, Ministry of Science, Education and Sports; with participation of users' organizations; and is in the acceptance procedure.

B2. New documents, reports or resources that could benefit other stakeholders in mental health

Not answered.

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in some parts of the country.

C1.2. level of coordination between the different services within each catchment areas

Fairly good coordination.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services	X				
Community mental health teams			X		
Crisis care – daytime only	X				
Crisis care – 24 hours	X				
Home treatment			X		
Assertive outreach				X	
Early interventions			X		
Rehabilitation services			X		
Primary care liaison	X				
Residential facilities	X				
Total	5	0	4	1	0

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	0,54	2016	---
Rate of annual patients treated in Community Mental Health Centres	N/A	2016	---
<i>Rate per 100.000 population by sex (if available)</i>	Not Answered	Not Answered	Not Answered

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals		X				
Outpatient clinics in community- based psychiatric units				X		
Home treatment		X				
Assertive Outreach teams	X					
Other (specify) Answer: <u>Health Care Centers</u>				X		
Total	1	2	0	2	0	0

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
NA	NA	NA	There is no special calculation for unemployed people

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities				X	
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services				X	
C6.1.3) Integrate mental health in primary health care				X	
C6.1.4) Shift the focus of specialised mental health care towards community-based services		X			
C6.1.5) Establish or increase the number of psychiatric units in general hospitals		X			
C6.1.6) Promote the social inclusion of people with long-term mental disorders		X			
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system				X	
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders		X			
C6.1.9) Develop structured cooperation between mental health services, social services and employment services		X			
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services		X			
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'				X	
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services		X			
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area				X	
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care		X			
C6.1.15) Develop integrated programmes with case management		X			
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services		X			
C6.1.17) Develop self-help and users and carer groups		X			
C6.1.18) Develop Supported employment programs		X			
C6.1.19) Other - which?				None	
Total	0	12	0	6	0

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

Regarding points C6.1.2. and C6.1.11, Mental hospitals in Croatia offer mostly short term (weeks) inpatient and outpatient services, and some have programs for community support and mobile team members. The number of beds in long-stay units is constantly being reduced. Regarding C6.1.10, the second part of the project "Ensuring Optimal Health Care for People with Mental Health Disorders" - Technical Assistance (funded by EU) aims at improving the use and effectiveness of monitoring mechanisms of mental health services (due to be completed in April 2018).

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support	X			
C7.2) Inadequate/insufficient funding	X			
C7.3) Lack of consensus among stakeholders	X			
C7.4) Poor cooperation between health and social care		X		
C7.5) Poorly trained human resources		X		
C7.6) Difficulties in the integration of mental health in primary care		X		
C7.7) Mental health resources centralised in large institutions	X			
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model		X		
C7.9) Other - which?			None	
Total	4	4	0	0

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

Mental health is taken into account by many policies, but when it comes to implementation, funding and practice most sectors expect only the health sector to be active and there is often little cooperation (mostly formal) and synergy. E.g. mental health is part of the National Framework Curriculum (education), but specific themes are rarely taught in schools (except if related to addiction). Or, disability due to mental health is not separated from other causes of disability (it is formally equal), but when it comes to employment programs for people with mental health problems they are almost non-existent.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

Yes.

D2.1. Further description of these programmes:

They entail health, social, labour, education, justice and some other sectors' cooperation; covering all topics and recommendations given in modern mental health care. Unfortunately, they are often not implemented.

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

A few (1- 20%).

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health		X		
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies		X		
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance			X	
D3.5) Include mental health prominently in overall health impact assessments		X		
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health		X		
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions		X		
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge		X		
D3.10) Utilise tools such as joint budgeting		X		
D3.11) Other - which?	None			
Total	0	9	1	0

D3b. Further comments regarding the implementation of the recommendations mentioned above

Not Answered.

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support	X			
D4.2) Inadequate/insufficient funding	X			
D4.3) Poor consensus among stakeholders	X			
D4.4) Poor cooperation between health and other (which?) sectors. Answer: <u>primarily labour and education; then social and justice.</u>		X		
D4.5) Problems with joint budgeting		X		
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance	X			
D4.7) Lack of available tools	X			
D4.8) Lack of evidence of the benefits of integrated governance approach		X		
D4.9) Other - which?	None			
Total	5	3	0	0

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

None.

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	No (data were not collected).
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	State or local authority budgets, national lottery, international funding (e.g. EU), donations.
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	Truly integrated approach exists in the field of addiction, other integrated approaches rely on intersectoral committees, often on formal level.
D5.4) Sectors and professionals involved?	Health, social, educational, labour, justice.
D5.5) Focus on targeted or universal approaches	Equal.
D5.6) Relevant publications and/or evaluations on this thematic area	Other than some local observations or participation in EU or WHO surveys, no.
D5.7) Is there citizen/public involvement in this area	Low level

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

Not answered.

ANNUAL ACTIVITY REPORT FROM CYPRUS

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

A new legislation on Community Mental Health Care has been submitted for approval by the Parliament. Its primary aim is the development of community residential health facilities for persons with mental health issues, either by the private sector, or NGO's or Municipalities, after obtaining approval from Mental Health Services. Additionally, an Inpatient Unit for Juvenile drug users with serious behaviour problems began to operate in the General Hospital of Nicosia since early 2017. Additionally, at the current stage, the European Early Promotion Program is running by the MHS. This is a provisional programme for promoting mental health and for early intervention for families with children aged 0-2 years old. It refers to families with children aged 0-2 years old and it's carried out by Health Visit Officers, who are appropriately trained from skilled mental health personnel.

B2. New documents, reports or resources that could benefit other stakeholders in mental health

Not answered.

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in all parts of the country.

C1.2. Level of coordination between the different services within each catchment areas:

Very high.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services	X				
Community mental health teams	X				
Crisis care – daytime only	X				
Crisis care – 24 hours	X				
Home treatment		X			
Assertive outreach		X			
Early interventions		X			
Rehabilitation services	X				
Primary care liaison			X		
Residential facilities				X	
Total	5	3	1	1	0

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	2.84	2016	---
Rate of annual patients treated in Community Mental Health Centres	6276	2016	---
<i>Rate per 100.000 population by sex (if available)</i>	Not Answered	Not Answered	Not Answered

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals	X					
Outpatient clinics in community- based psychiatric units				X		
Home treatment				X		
Assertive Outreach teams		X				
Other (specify)	X					
Total	2	1	0	2	0	0

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
---	---	---	X

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities		X			
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services		X			
C6.1.3) Integrate mental health in primary health care				X	
C6.1.4) Shift the focus of specialised mental health care towards community-based services				X	
C6.1.5) Establish or increase the number of psychiatric units in general hospitals				X	
C6.1.6) Promote the social inclusion of people with long-term mental disorders		X			
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X			
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders		X			
C6.1.9) Develop structured cooperation between mental health services, social services and employment services		X			
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services		X			
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'	X				
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services		X			
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area	X				
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care		X			
C6.1.15) Develop integrated programmes with case management		X			
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services		X			
C6.1.17) Develop self-help and users and carer groups		X			
C6.1.18) Develop Supported employment programs		X			
C6.1.19) Other - which?				None	
Total	2	13	0	3	0

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

None.

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support		X		
C7.2) Inadequate/insufficient funding	X			
C7.3) Lack of consensus among stakeholders		X		
C7.4) Poor cooperation between health and social care	X			
C7.5) Poorly trained human resources			X	
C7.6) Difficulties in the integration of mental health in primary care			X	
C7.7) Mental health resources centralised in large institutions			X	
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model		X		
C7.9) Other - which?			None	
Total	2	3	3	0

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

MHS has an active role in a significant number of multi-ministerial committees in order to promote mental health in various aspects of life. Additionally, they are closely cooperating with the Ministry of Education on several prevention programmes as well as being part of the Committee for Special Education. Apart from that, the Mental Health units for adults are collaborating with various departments of the Ministry of Labour, Welfare and Social Insurance. The involvement of the Mental Health Services in the drafting of bills that are related to mental health, education, professional legislations (for professions related to health), human rights, etc, through the Ministry of Health, is another aspect of the MHS role. Finally, MHS under the National Program 2014-2020 of the Asylum, Migration and Integration Fund, are currently implementing the project «Provision of Mental Health Services at the Reception and Accommodation Center for Applicants of International Protection at Kofinou and at the Menoyia Detention Center». The Reception and Accommodation Center for Applicants of International Protection at Kofinou is under the authority of Asylum Service, of the Ministry of Interior and the Menoyia Detention Center is under the authority of the Police and hence the Ministry of Justice and Public Order.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

Information not available.

D2.1. Further description of these programmes:

Not applicable.

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

Not applicable.

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health		X		
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies		X		
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance			X	
D3.5) Include mental health prominently in overall health impact assessments		X		
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health		X		
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions			X	
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge		X		
D3.10) Utilise tools such as joint budgeting		X		
D3.11) Other - which?			None	
Total	0	8	2	0

D3b. Further comments regarding the implementation of the recommendations mentioned above

Not answered.

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support		X		
D4.2) Inadequate/insufficient funding		X		
D4.3) Poor consensus among stakeholders		X		
D4.4) Poor cooperation between health and other (which?) sectors. Answer: <u>Not answered.</u>		X		
D4.5) Problems with joint budgeting		X		
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance		X		
D4.7) Lack of available tools	X			
D4.8) Lack of evidence of the benefits of integrated governance approach		X		
D4.9) Other - which?				
Total	1	7	0	0

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

None.

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	Not available
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	State budget and/ or relevant to the subject of the collaboration EU funds.
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	Ministry of Health and other stakeholders depending on the subject of the collaboration.
D5.4) Sectors and professionals involved?	Depends on the subject of the collaboration.
D5.5) Focus on targeted or universal approaches	Mainly on targeted approaches.
D5.6) Relevant publications and/or evaluations on this thematic area	No.
D5.7) Is there citizen/public involvement in this area	The procedure of Public Consultation promotes the involvement of citizen and the public in general, in decision making and thus the development of integrated governance approach.

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

Not answered.

ANNUAL ACTIVITY REPORT FROM CZECH REPUBLIC

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

Some of the projects related to the mental health care reform were launched in 2017. This included: Destigmatization – focused on mental health promotion and prevention via improving attitudes to mental health across a number of stakeholders Multidisciplinarity – focused on multidisciplinary approach in treatment of mental disorders. Community Mental Health Centres – focused on building new centres of community mental health care. Deinstitutionalization – project including necessary changes in legislation, quality measures and also transformation of psychiatric hospitals. All the projects are in the initial phase, there have not been any outcomes or implementation results yet. In 2016, also many projects on destigmatization funded via Norwegian Grants took place.

B2. New documents, reports or resources that could benefit other stakeholders in mental health

1. Link to destigmatization videos that have been found effective in improving young people's attitudes towards mental health: <https://www.youtube.com/channel/UCn2ff3XbNakG7qNrAa8hhcA>.
2. A project (MERRPS) focused on quality measures and mental health indicators has been initiated: www.merrps.cz.

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

No.

C1.2. level of coordination between the different services within each catchment areas

Not applicable.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services	X				
Community mental health teams			X		
Crisis care – daytime only			X		
Crisis care – 24 hours			X		
Home treatment				X	
Assertive outreach				X	
Early interventions				X	
Rehabilitation services		X			
Primary care liaison			X		
Residential facilities			X		
Total	1	1	5	3	0

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	----	2017	X
Rate of annual patients treated in Community Mental Health Centres	----	----	X
<i>Rate per 100.000 population by sex (if available)</i>	Not Answered	Not Answered	Not Answered

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals		X				
Outpatient clinics in community- based psychiatric units					X	
Home treatment	X					
Assertive Outreach teams	X					
Other (specify) Answer: <u>social rehabilitation services</u>			X			
Total	2	1	1	0	1	0

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
---	---	---	X

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities			X		
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services			X		
C6.1.3) Integrate mental health in primary health care			X		
C6.1.4) Shift the focus of specialised mental health care towards community-based services			X		
C6.1.5) Establish or increase the number of psychiatric units in general hospitals			X		
C6.1.6) Promote the social inclusion of people with long-term mental disorders		X			
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X			
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders			X		
C6.1.9) Develop structured cooperation between mental health services, social services and employment services			X		
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services			X		
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'			X		
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services			X		
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area			X		
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care		X			
C6.1.15) Develop integrated programmes with case management		X			
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services		X			
C6.1.17) Develop self-help and users and carer groups		X			
C6.1.18) Develop Supported employment programs			X		
C6.1.19) Other - which?				None	
Total	0	6	12	0	0

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

The recommendations are described in the Strategy of mental health reform (2013) and are the core of the projects that are about to be implemented in 2018 and further.

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support	X			
C7.2) Inadequate/insufficient funding	X			
C7.3) Lack of consensus among stakeholders		X		
C7.4) Poor cooperation between health and social care		X		
C7.5) Poorly trained human resources		X		
C7.6) Difficulties in the integration of mental health in primary care	X			
C7.7) Mental health resources centralised in large institutions	X			
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model		X		
C7.9) Other - which?			None	
Total	4	4	0	0

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

Mental health is still not recognized as a priority in non-health sectors policies and practice. This might be caused by a number of reasons, low awareness and severe stigma might be among them.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

No.

D2.1. Further description of these programmes:

Not applicable.

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

Not applicable.

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health			X	
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies			X	
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance			X	
D3.5) Include mental health prominently in overall health impact assessments			X	
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives			X	
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health			X	
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions		X		
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge		X		
D3.10) Utilise tools such as joint budgeting			X	
D3.11) Other - which?				
Total	0	3	7	0

D3b. Further comments regarding the implementation of the recommendations mentioned above

None.

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support	X			
D4.2) Inadequate/insufficient funding	X			
D4.3) Poor consensus among stakeholders		X		
D4.4) Poor cooperation between health and other (which?) sectors. Answer: xxxxxx		X		
D4.5) Problems with joint budgeting	X			
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance	X			
D4.7) Lack of available tools	X			
D4.8) Lack of evidence of the benefits of integrated governance approach		X		
D4.9) Other - which?	None			
Total	5	3	0	0

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

Not answered.

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	Not in our country, there is evidence from abroad.
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	No funding allocated.
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	Ministry of health
D5.4) Sectors and professionals involved?	Department of strategies
D5.5) Focus on targeted or universal approaches	no
D5.6) Relevant publications and/or evaluations on this thematic area	no
D5.7) Is there citizen/public involvement in this area	no

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

www.reformapsychiatrie.cz

ANNUAL ACTIVITY REPORT FROM FINLAND

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

The renewal of the mental health legislation is in progress. The availability of digital mental health services has improved.

B2. New documents, reports or resources that could benefit other stakeholders in mental health

Digital mental health services: <http://www.finlandhealth.fi/-/mentalhub-fi-a-single-door-to-mental-health-services-in-finland>

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in all parts of the country.

C1.2. Level of coordination between the different services within each catchment areas

Fairly good coordination.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services	X				
Community mental health teams	X				
Crisis care – daytime only	X				
Crisis care – 24 hours	X				
Home treatment	X				
Assertive outreach	X				
Early interventions			X		
Rehabilitation services	X				
Primary care liaison	X				
Residential facilities	X				
Total	9	0	1	0	0

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	Number of individual community mental health centres is not available	Not available	---
Rate of annual patients treated in Community Mental Health Centres	3.020 per 100.000	2015	---
<i>Rate per 100.000 population by sex (if available)</i>	Reported proportion of women 58% and men 42%	2015	---

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals			X			
Outpatient clinics in community- based psychiatric units						X
Home treatment			X			
Assertive Outreach teams			X			
Other (specify) Answer: <u>community rehabilitation units</u>			X			
Total	0	0	4	0	0	1

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
---	---	---	Data on social welfare benefits due to mental health problems is not available. Number of persons on disability pension due to a mental health or substance abuse disorder (ICD-10 F-category) was 106.655 (age group 16-64 years) in year 2015, which is 3,13 % of the total population in this age group.

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities	X				
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services	X				
C6.1.3) Integrate mental health in primary health care	X				
C6.1.4) Shift the focus of specialised mental health care towards community-based services	X				
C6.1.5) Establish or increase the number of psychiatric units in general hospitals	X				
C6.1.6) Promote the social inclusion of people with long-term mental disorders	X				
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system	X				
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders	X				
C6.1.9) Develop structured cooperation between mental health services, social services and employment services		X			
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services	X				
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'			X		
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services		X			
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area	X				
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care		X			
C6.1.15) Develop integrated programmes with case management		X			
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services		X			
C6.1.17) Develop self-help and users and carer groups	X				
C6.1.18) Develop Supported employment programs		X			
C6.1.19) Other - which? Answer: <u>xxxxxxx</u>				None	
Total	11	6	1	0	0

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

None.

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support			X	
C7.2) Inadequate/insufficient funding		X		
C7.3) Lack of consensus among stakeholders			X	
C7.4) Poor cooperation between health and social care		X		
C7.5) Poorly trained human resources			X	
C7.6) Difficulties in the integration of mental health in primary care		X		
C7.7) Mental health resources centralised in large institutions		X		
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model		X		
C7.9) Other - which?			None	
Total	0	5	3	0

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

The Let's Talk -method (developed in the Effective Child & Family Programme) is being implemented in the whole country as part of the Government Key Project "Programme to address child and family services." KiVa school (kivaprogram.net), 90% of all comprehensive schools, actions against bullying, from 2006. Mental Health skills are part of the new core curriculum for basic education since August 2016. Time Out! (tampub.uta.fi/handle/10024/66805), psychosocial support program targeted at those conscripts exempted from military or civil service, from 2004. Good Hunting Mate! Talk about your worries, early identification and intervention at hunts (theseus.fi/handle/10024/55410), from 2011. Mental Health First Aid is being disseminated in the whole country as part of the Government Key Project "Health and wellbeing will be fostered and inequalities reduced". The aim is to disseminate Mental Health First Aid to professionals working with people in different fields. The Finnish Defence Forces have provided their personnel with the Mental Health First Aid training in the Karelia Brigade. PALOMA -project develops methods to promote mental health of the refugees and asylum seekers.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

No.

D2.1. Further description of these programmes:

Not Applicable.

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

Not Applicable.

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health	X			
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies		X		
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance		X		
D3.5) Include mental health prominently in overall health impact assessments		X		
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health		X		
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions		X		
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge		X		
D3.10) Utilise tools such as joint budgeting				X
D3.11) Other - which?			None	
Total	1	8	0	1

D3b. Further comments regarding the implementation of the recommendations mentioned above

Not answered.

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support		X		
D4.2) Inadequate/insufficient funding		X		
D4.3) Poor consensus among stakeholders			X	
D4.4) Poor cooperation between health and other (which?) sectors. Answer: <u>many sectors</u>		X		
D4.5) Problems with joint budgeting				X
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance		X		
D4.7) Lack of available tools		X		
D4.8) Lack of evidence of the benefits of integrated governance approach		X		
D4.9) Other - which?	None			
Total	0	6	1	1

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

None.

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	Not currently
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	Ministry of Social Affairs and Health mostly
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	Ministry of Social Affairs and Health, National Institute for Health and Welfare, municipalities
D5.4) Sectors and professionals involved?	The national level work should involve all sectors of the government. At local level, the municipalities are free to develop their own groups and networks, but they are recommended to involve many sectors of the local government and also NGO's and the private sector.
D5.5) Focus on targeted or universal approaches	The focus is on both universal and targeted approaches. On the one hand, the national and local level government and the regional level government that is being constructed currently are responsible for universal approaches. On the other hand, municipalities and in the future the regional governments are required to promote the health and wellbeing of their population on the basis of their analysis of the needs of the different population groups. Also, the national government is steering and financing targeted action together with universal approaches
D5.6) Relevant publications and/or evaluations on this thematic area	Not answered
D5.7) Is there citizen/public involvement in this area	The level of the citizen involvement varies in the municipalities and at the regional level, but promising models are emerging and being disseminated.

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

Not answered.

ANNUAL ACTIVITY REPORT FROM FRANCE

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

In October 2016: creation of the National Council for Mental Health, supported by commissions working on priority areas like suicide prevention, Children and Young adults' well-being, implementation of stakeholders' collaboration in the territories, precarity and vulnerabilities. In the last quarter of 2017: ongoing elaboration of the new National Health Strategy, which should include an official national mental health strategy. The document is currently available online for public consultation and comments.

B2. New documents, reports or resources that could benefit other stakeholders in mental health

1. <http://solidarites-sante.gouv.fr/ministere/acteurs/partenaires/article/conseil-national-de-sante-mentale>
2. <http://solidarites-sante.gouv.fr/systemede-sante-et-medico-social/strategie-nationale-de-sante/article/donnez-votre-avis-sur-la-strategie-nationale-de-sante>

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in all parts of the country.

C1.2. Level of coordination between the different services within each catchment areas

Some coordination.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services	X				
Community mental health teams	X				
Crisis care – daytime only				X	
Crisis care – 24 hours		X			
Home treatment			X		
Assertive outreach			X		
Early interventions			X		
Rehabilitation services			X		
Primary care liaison					X
Residential facilities		X			
Total	2	2	4	1	1

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	5.5	2014	---
Rate of annual patients treated in Community Mental Health Centres	22.236 acts/ 100.000	2014	---
<i>Rate per 100.000 population by sex (if available)</i>	---	---	X

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals		X				
Outpatient clinics in community- based psychiatric units				X		
Home treatment		X				
Assertive Outreach teams		X				
Other (specify)	X					
Total	1	3	0	1	0	0

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
28%	Not available	2009	---

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities		X			
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services		X			
C6.1.3) Integrate mental health in primary health care		X			
C6.1.4) Shift the focus of specialised mental health care towards community-based services		X			
C6.1.5) Establish or increase the number of psychiatric units in general hospitals			X		
C6.1.6) Promote the social inclusion of people with long-term mental disorders		X			
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X			
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders		X			
C6.1.9) Develop structured cooperation between mental health services, social services and employment services		X			
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services		X			
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'			X		
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services		X			
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area		X			
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care				X	
C6.1.15) Develop integrated programmes with case management		X			
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services		X			
C6.1.17) Develop self-help and users and carer groups		X			
C6.1.18) Develop Supported employment programs		X			
C6.1.19) Other - which?				None	
Total	0	15	2	1	0

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

Not answered.

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support		X		
C7.2) Inadequate/insufficient funding		X		
C7.3) Lack of consensus among stakeholders		X		
C7.4) Poor cooperation between health and social care		X		
C7.5) Poorly trained human resources		X		
C7.6) Difficulties in the integration of mental health in primary care		X		
C7.7) Mental health resources centralised in large institutions		X		
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model		X		
C7.9) Other - which?			None	
Total	0	8	0	0

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

Aspects of mental health are integrated in several plans of action: from Ministry of Education (lower and higher education), Ministry of Works, Ministry of Justice. The National Council for Mental Health includes these ministries as members, to discuss national policies.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

Yes.

D2.1. Further description of these programmes:

A new development in mental health governance: from 2017, mental health stakeholders have to elaborate together "territorial mental health programmes", the territory being defined as being adequate for the relevant coordination of health, social and medico social actors (eg a French department). Local mental health councils are also being developed all over France, at suburban, urban and rural levels.

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

Some (21- 50%).

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health		X		
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies		X		
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance			X	
D3.5) Include mental health prominently in overall health impact assessments			X	
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health			X	
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions		X		
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge		X		
D3.10) Utilise tools such as joint budgeting		X		
D3.11) Other - which?	None			
Total	0	7	3	0

D3b. Further comments regarding the implementation of the recommendations mentioned above

None.

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support		X		
D4.2) Inadequate/insufficient funding		X		
D4.3) Poor consensus among stakeholders		X		
D4.4) Poor cooperation between health and other (which?) sectors. Answer: <u>social and medico-social</u>		X		
D4.5) Problems with joint budgeting		X		
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance		X		
D4.7) Lack of available tools		X		
D4.8) Lack of evidence of the benefits of integrated governance approach		X		
D4.9) Other - which?	None			
Total	0	8	0	0

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

None.

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	No.
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	Government mostly. Local authorities to some extent.
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	Government provides funds to the Regional Health Agencies who allocate these funds according to their priorities.
D5.4) Sectors and professionals involved?	Health sector mostly.
D5.5) Focus on targeted or universal approaches	Targeted.
D5.6) Relevant publications and/or evaluations on this thematic area	No.
D5.7) Is there citizen/public involvement in this area	Yes: users and families are involved at all levels.

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

None.

ANNUAL ACTIVITY REPORT FROM GERMANY

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

Program zur Suizidprävention Novellierung Psychotherapie Richtlinie durch den G-BA Hometreatment _§ 64b SGB V

B2. New documents, reports or resources that could benefit other stakeholders in mental health

1. <http://dip21.bundestag.de/dip21/btd/18/127/1812782.pdf>
2. https://www.g-ba.de/downloads/62-492-1266/PT-RL_2016-11-24_iK-2017-02-16.pdf
3. https://www.gesetze-im-internet.de/sgeb_5/_64b.html

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in all parts of the country.

C1.2. Level of coordination between the different services within each catchment areas

Fairly good coordination.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services	X				
Community mental health teams	X				
Crisis care – daytime only	X				
Crisis care – 24 hours	X				
Home treatment			X		
Assertive outreach	X				
Early interventions			X		
Rehabilitation services	X				
Primary care liaison			X		
Residential facilities	X				
Total	7	0	3	0	0

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	---	---	X
Rate of annual patients treated in Community Mental Health Centres	---	---	X
<i>Rate per 100.000 population by sex (if available)</i>	---	---	X

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals			X			
Outpatient clinics in community- based psychiatric units						X
Home treatment		X				
Assertive Outreach teams		X				
Other (specify)	X					
Total	1	2	1	0	0	1

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
37%	---	2016	---

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities				X	
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services				X	
C6.1.3) Integrate mental health in primary health care				X	
C6.1.4) Shift the focus of specialised mental health care towards community-based services				X	
C6.1.5) Establish or increase the number of psychiatric units in general hospitals				X	
C6.1.6) Promote the social inclusion of people with long-term mental disorders				X	
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system				X	
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders				X	
C6.1.9) Develop structured cooperation between mental health services, social services and employment services				X	
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services		X			
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'					X
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services		X			
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area		X			
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care		X			
C6.1.15) Develop integrated programmes with case management				X	
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services		X			
C6.1.17) Develop self-help and users and carer groups				X	
C6.1.18) Develop Supported employment programs		X			
C6.1.19) Other - which?			None		
Total	0	6	0	11	1

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

None.

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support		X		
C7.2) Inadequate/insufficient funding		X		
C7.3) Lack of consensus among stakeholders		X		
C7.4) Poor cooperation between health and social care		X		
C7.5) Poorly trained human resources		X		
C7.6) Difficulties in the integration of mental health in primary care		X		
C7.7) Mental health resources centralised in large institutions		X		
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model		X		
C7.9) Other - which?			None	
Total	0	8	0	0

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

Mental health at work place; Youth welfare frühe Hilfen; Schools: psychological support.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

Information not available.

D2.1. Further description of these programmes:

Not applicable.

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

Not applicable.

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health		X		
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies		X		
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance				X
D3.5) Include mental health prominently in overall health impact assessments				X
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health				X
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions		X		
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge				X
D3.10) Utilise tools such as joint budgeting				X
D3.11) Other - which?			None	
Total	0	5	0	5

D3b. Further comments regarding the implementation of the recommendations mentioned above

None.

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support		X		
D4.2) Inadequate/insufficient funding		X		
D4.3) Poor consensus among stakeholders		X		
D4.4) Poor cooperation between health and other (which?) sectors.		X		
D4.5) Problems with joint budgeting		X		
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance		X		
D4.7) Lack of available tools		X		
D4.8) Lack of evidence of the benefits of integrated governance approach		X		
D4.9) Other - which?	None			
Total	0	8	0	0

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

Unsure.

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	Unsure.
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	BMG, BMAS, BMBF, Länder.
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	Bund, Länder, Kommunen.
D5.4) Sectors and professionals involved?	Health, Work, Social Networks, School.
D5.5) Focus on targeted or universal approaches	Both.
D5.6) Relevant publications and/or evaluations on this thematic area	Unsure.
D5.7) Is there citizen/public involvement in this area	Unsure.

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

Mental Health at Work Places: <https://www.baua.de/DE/Angebote/Publikationen/Berichte/Psychische-Gesundheit.html;jsessionid=700F4FDCB557C69326C456EC785B4059.s1t1>

ANNUAL ACTIVITY REPORT FROM GREECE

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

Not answered.

B2. New documents, reports or resources that could benefit other stakeholders in mental health

Not answered.

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in all parts of the country.

C1.2. Level of coordination between the different services within each catchment areas

Low.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services			X		
Community mental health teams		X			
Crisis care – daytime only			X		
Crisis care – 24 hours				X	
Home treatment			X		
Assertive outreach			X		
Early interventions			X		
Rehabilitation services		X			
Primary care liaison			X		
Residential facilities	X				
Total	1	2	6	1	0

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	0,49	2017	---
Rate of annual patients treated in Community Mental Health Centres	---	---	X
<i>Rate per 100.000 population by sex (if available)</i>	---	---	X

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals						X
Outpatient clinics in community- based psychiatric units						X
Home treatment						X
Assertive Outreach teams						X
Other (specify)						X
Total	0	0	0	0	0	5

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
---	---	---	X

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities		X			
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services	X				
C6.1.3) Integrate mental health in primary health care			X		
C6.1.4) Shift the focus of specialised mental health care towards community-based services	X				
C6.1.5) Establish or increase the number of psychiatric units in general hospitals		X			
C6.1.6) Promote the social inclusion of people with long-term mental disorders		X			
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X			
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders		X			
C6.1.9) Develop structured cooperation between mental health services, social services and employment services			X		
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services		X			
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'		X			
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services		X			
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area		X			
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care		X			
C6.1.15) Develop integrated programmes with case management			X		
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services		X			
C6.1.17) Develop self-help and users and carer groups		X			
C6.1.18) Develop Supported employment programs			X		
C6.1.19) Other - which?			None		
Total	2	12	4	0	0

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

None.

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support			X	
C7.2) Inadequate/insufficient funding	X			
C7.3) Lack of consensus among stakeholders		X		
C7.4) Poor cooperation between health and social care	X			
C7.5) Poorly trained human resources		X		
C7.6) Difficulties in the integration of mental health in primary care	X			
C7.7) Mental health resources centralised in large institutions		X		
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model			X	
C7.9) Other - which?			None	
Total	3	3	2	0

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

Mental health is partly recognized as a priority in the sector of education whereas it is a low priority in the employment sector. The main reasons are firstly the low level of social protection which has deteriorated due to the ongoing economic crisis and secondly the lack of awareness of the impact of mental health across all policies.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

No.

D2.1. Further description of these programmes:

Not Applicable.

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

Not Applicable.

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health			X	
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies			X	
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts			X	
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance			X	
D3.5) Include mental health prominently in overall health impact assessments			X	
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health			X	
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions			X	
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge			X	
D3.10) Utilise tools such as joint budgeting			X	
D3.11) Other - which?	None			
Total	0	1	9	0

D3b. Further comments regarding the implementation of the recommendations mentioned above

None.

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support		X		
D4.2) Inadequate/insufficient funding		X		
D4.3) Poor consensus among stakeholders	X			
D4.4) Poor cooperation between health and other (which?) sectors. Answer: <u>social care and education.</u>	X			
D4.5) Problems with joint budgeting	X			
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance	X			
D4.7) Lack of available tools	X			
D4.8) Lack of evidence of the benefits of integrated governance approach		X		
D4.9) Other - which?	None			
Total	5	3	0	0

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)

None.

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	Information not available
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	There is no funding of relevant activities.
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	There is no implementation of integrated governance approaches.
D5.4) Sectors and professionals involved?	Sectors and professionals are not involved.
D5.5) Focus on targeted or universal approaches	There is no implementation of either approaches.
D5.6) Relevant publications and/or evaluations on this thematic area	Information not available
D5.7) Is there citizen/public involvement in this area	No relevant involvement.

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

Ministerial Decision of the mental health policies to be implemented for the period of 2016-2020.

ANNUAL ACTIVITY REPORT FROM HUNGARY

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

The Hungarian Government has set as target the structural development of mental health services, including improved treatment of depression, via funding by EU structural funds EFOP/VEKOP. Within these projects, the infrastructural improvement of child and adolescent psychiatry, addictology and mental hygiene service systems (6 bil. Ft), the conditional advancement of psychiatric out-patient services (4 bil. Ft), the development of a secured psychiatric unit (2,7 bil. Ft) and the infrastructural improvement of psychiatric and addictology departments (in which 14 acute psychiatric wards will receive support) will be achieved.

In the framework of the Norwegian Financial Mechanism, with the aid of 1,18 Bil. Ft, development of capacity and methodology has been achieved in favour of public mental health promotion. This allowed the establishment of 6 Mental Health Centres, on the basis of Operational Health Promotion Centres and the methodology base for nationwide expansion – planned mainly via EU funds - respectively.

The Youth Aware of Mental Health Program, YAM, a school-based universal intervention, targeting pupils aged 14-16 years, is ongoing.

In 2017, within the framework of Baby-Mother-Father Perinatal Mental Disorders Services program a new official guideline was developed in intersectoral cooperation, providing support for treatment of perinatal and postnatal depression as well. Implementation of the program is ongoing in Saint John Hospital as a pilot in Central and Eastern Europe.

Hungary signed the Convention on the Rights of Persons with Disabilities (CRPD). Recently psychosocial disability was included to the group of disabilities. The national NGO received the status similar to other disability organizations, with improved governmental financing.

An expansion of governmental financing of community mental health services was made as part of social service provision (169 service providers covered 8701 clients in June 2017).

The Government is committed to the deinstitutionalization of 5 long term care institutions, out of which 3 LTC institutions for people with disability and 2 LTC institutions for psychiatric patients.

The supported living program has been launched with home-care services offered for 660 people by EU funds, which will be expanded to 10.000 people in the planning period of 2017-2020.

The first, accredited training of experts by experience was launched by Awakening Foundation, and the Hungarian Social Bill does not exclude the employment of experts by experience.

B2. New documents, reports or resources that could benefit other stakeholders in mental health

Unfortunately, these documents are available mainly Hungarian. If there is an interest, we provide further data possible on English.

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in all parts of the country.

C1.2. Level of coordination between the different services within each catchment areas

Some coordination.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services		X			
Community mental health teams	X				
Crisis care – daytime only		X			
Crisis care – 24 hours	X				
Home treatment					X
Assertive outreach					X
Early interventions				X	
Rehabilitation services	X				
Primary care liaison			X		
Residential facilities		X			
Total	3	3	1	1	2

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	1,2	2016	---
Rate of annual patients treated in Community Mental Health Centres	1300	2016	---
<i>Rate per 100.000 population by sex (if available)</i>	---	---	X

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals	X					
Outpatient clinics in community- based psychiatric units				X		
Home treatment						X
Assertive Outreach teams						X
Other (specify)	X					
Total	2	0	0	1	0	2

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
---	---	---	X

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities				X	
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services		X			
C6.1.3) Integrate mental health in primary health care			X		
C6.1.4) Shift the focus of specialised mental health care towards community-based services		X			
C6.1.5) Establish or increase the number of psychiatric units in general hospitals	X				
C6.1.6) Promote the social inclusion of people with long-term mental disorders		X			
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X			
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders				X	
C6.1.9) Develop structured cooperation between mental health services, social services and employment services			X		
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services			X		
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'				X	
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services					X
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area		X			
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care				X	
C6.1.15) Develop integrated programmes with case management					X
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services			X		
C6.1.17) Develop self-help and users and carer groups		X			
C6.1.18) Develop Supported employment programs		X			
C6.1.19) Other - which?			None		
Total	1	7	4	4	2

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

None.

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support		X		
C7.2) Inadequate/insufficient funding		X		
C7.3) Lack of consensus among stakeholders				X
C7.4) Poor cooperation between health and social care		X		
C7.5) Poorly trained human resources				X
C7.6) Difficulties in the integration of mental health in primary care	X			
C7.7) Mental health resources centralised in large institutions				X
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model			X	
C7.9) Other - which? Answer: <u>Lack of a good financial model for community-based services.</u>	X			
Total	2	3	1	3

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

As the Ministry of Human Capacities contains 8 Secretariats which are important to MH, the political structure is not an obstacle for the policy. The main obstacle is the lack of a National Governmental Mental Health Plan.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

No.

D2.1. Further description of these programmes:

Not applicable.

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

Not applicable.

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health		X		
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies		X		
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance				X
D3.5) Include mental health prominently in overall health impact assessments		X		
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives				X
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health				X
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions			X	
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge				X
D3.10) Utilise tools such as joint budgeting			X	
D3.11) Other - which?	None			
Total	0	4	2	4

D3b. Further comments regarding the implementation of the recommendations mentioned above

No.

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support		X		
D4.2) Inadequate/insufficient funding	X			
D4.3) Poor consensus among stakeholders				X
D4.4) Poor cooperation between health and other (which?) sectors. Answer: xxxxxx		X		
D4.5) Problems with joint budgeting	X			
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance				X
D4.7) Lack of available tools		X		
D4.8) Lack of evidence of the benefits of integrated governance approach	X			
D4.9) Other - which?	None			
Total	3	3	0	2

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

No.

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	No.
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	National Insurance Fund.
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	Health Secreteriate, Ministry of Human Capacities
D5.4) Sectors and professionals involved?	Theoretically, the whole Ministry of Human Capacities
D5.5) Focus on targeted or universal approaches	Targeted approaches
D5.6) Relevant publications and/or evaluations on this thematic area	No information on this.
D5.7) Is there citizen/public involvement in this area	No information on this.

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

None.

ANNUAL ACTIVITY REPORT FROM ICELAND

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

The Mental Health Policy and Action Plan, 2016-2020, which was passed through congress in April of 2016 is being actively implemented and monitored. The Public Health Policy which was passed through congress in October of 2016 is also being actively implemented and monitored. The Action Plans for both policies have received funding and funding will be budgeted for the plans in the coming years. Both plans involve collaboration between cross-sectoral partners, focus on interventions as well as prevention and wellness promotion.

B2. New documents, reports or resources that could benefit other stakeholders in mental health

1. <http://www.althingi.is/altext/145/s/1217.html>
2. https://www.stjornarradid.is/media/velferdarraduneyti-media/media/skyrslur2016/Lydheilsustefna_og_adgerdaaetlun_30102016.pdf

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in some parts of the country.

C1.2. Level of coordination between the different services within each catchment areas

Fairly good coordination.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services		X			
Community mental health teams		X			
Crisis care – daytime only		X			
Crisis care – 24 hours		X			
Home treatment		X			
Assertive outreach		X			
Early interventions	X				
Rehabilitation services	X				
Primary care liaison	X				
Residential facilities		X			
Total	3	7	0	0	0

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	---	---	X
Rate of annual patients treated in Community Mental Health Centres	---	---	X
<i>Rate per 100.000 population by sex (if available)</i>	---	---	X

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals					X	
Outpatient clinics in community- based psychiatric units		X				
Home treatment		X				
Assertive Outreach teams	X					
Other (specify)	X					
Total	2	2	0	0	1	0

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
---	---	---	X

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities		X			
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services		X			
C6.1.3) Integrate mental health in primary health care	X				
C6.1.4) Shift the focus of specialised mental health care towards community-based services		X			
C6.1.5) Establish or increase the number of psychiatric units in general hospitals			X		
C6.1.6) Promote the social inclusion of people with long-term mental disorders		X			
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X			
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders		X			
C6.1.9) Develop structured cooperation between mental health services, social services and employment services		X			
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services		X			
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'	Not answered				
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services		X			
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area		X			
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care		X			
C6.1.15) Develop integrated programmes with case management		X			
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services		X			
C6.1.17) Develop self-help and users and carer groups		X			
C6.1.18) Develop Supported employment programs		X			
C6.1.19) Other - which? Answer: <u>xxxxxxx</u>	None				
Total	1	15	1	0	0

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

C6.1.4. In accordance with our Mental Health Policy and Action Plan (2016-220), we are placing increasing emphasis on the importance of primary care as the first stop for all health needs, including mental health needs. We recognize the importance of destigmatizing mental illness and promoting general wellbeing. Therefore, funding for psychological services in primary care has increased and now people in almost all parts of the country have access to psychology services of some sort in their primary care clinic. Interdisciplinary team work is also being promoted in primary care and there is increased emphasis on education about mental health and wellbeing. We are also developing interdisciplinary community mental health teams within the primary care system as an outreach effort.

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support	X			
C7.2) Inadequate/insufficient funding	X			
C7.3) Lack of consensus among stakeholders		X		
C7.4) Poor cooperation between health and social care			X	
C7.5) Poorly trained human resources			X	
C7.6) Difficulties in the integration of mental health in primary care			X	
C7.7) Mental health resources centralised in large institutions			X	
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model			X	
C7.9) Other - which?	None			
Total	2	1	5	0

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

The Directorate of Health recommended last year that the government formally and actively pursue a health into all policies approach. However, there is inadequate political support for this action. Nonetheless, two important policies were launched in 2016 which reflect the understanding of the importance of mental health into all policies: The Mental Health Policy and Action Plan 2016-2020 (Stefna og aðgerðaráætlun í geðheilbrigðismálum) and the The Public Health Policy (Lýðheilsustefna og aðgerðaráætlun). Both policies were developed with a HiAP framework and emphasize collaboration between sectors on issues pertaining to health and mental health. We also have a policy on alcohol and substance abuse (Stefna í áfengis- og vímuevörnum til ársins 2020). The Directorate of Health is developing health impact assessment and has for the last two years published determinants of health for the entire country analysed down to the community level. Variables

related to wellness and mental health are included in the determinants of health. Furthermore, the national curriculum for all educational levels has health and wellbeing (incl. mental health) as one of the pillars of education and all Icelandic schools are responsible for enhancing students' health and wellbeing according to the curriculum. A significant percentage of primary and secondary schools in Iceland have implemented the Health Promotion Schools model which include special emphasis on mental health.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

Yes.

D2.1. Further description of these programmes:

The aforementioned policies on mental health and public health.

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

All or almost all (81-100%).

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health		X		
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies		X		
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance		X		
D3.5) Include mental health prominently in overall health impact assessments		X		
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health		X		
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions		X		
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge				X
D3.10) Utilise tools such as joint budgeting		X		
D3.11) Other - which?			None	
Total	0	9	0	1

D3b. Further comments regarding the implementation of the recommendations mentioned above

D3.10) The Ministry of Welfare has two ministers, the Minister of Health and the Minister of Social Affairs and Equality. This facilitates collaboration and joint budgeting.

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support	X			
D4.2) Inadequate/insufficient funding	X			
D4.3) Poor consensus among stakeholders		X		
D4.4) Poor cooperation between health and other (which?) sectors. Answer: <u>education.</u>		X		
D4.5) Problems with joint budgeting	X			
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance		X		
D4.7) Lack of available tools		X		
D4.8) Lack of evidence of the benefits of integrated governance approach		X		
D4.9) Other - which?	None			
Total	3	5	0	0

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

None.

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	Not answered.
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	Not answered.
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	Not answered.
D5.4) Sectors and professionals involved?	Not answered.
D5.5) Focus on targeted or universal approaches	Not answered.
D5.6) Relevant publications and/or evaluations on this thematic area	Not answered.
D5.7) Is there citizen/public involvement in this area	Not answered.

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

None.

ANNUAL ACTIVITY REPORT FROM REPUBLIC OF IRELAND

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

N/A

B2. New documents, reports or resources that could benefit other stakeholders in mental health

The National Youth Mental Health Task Force has completed its work and was published in December 2017. The report touched on ten key areas of importance for improving youth mental health in Ireland. It lists 21 recommendations that need to be delivered within three years. There was a high level of consultation with young people and key stakeholders and therefore the recommendations may benefit others who are trying to better understand the needs of young people and things that may help their mental health. The report can be downloaded from: <http://health.gov.ie/wp-content/uploads/2017/12/YMHTF-Final-Report.pdf>

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in all parts of the country

C1.2. Level of coordination between the different services within each catchment areas

Very high coordination

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services	X				
Community mental health teams	X				
Crisis care – daytime only		X			
Crisis care – 24 hours		X			
Home treatment		X			
Assertive outreach		X			
Early interventions		X			
Rehabilitation services		X			
Primary care liaison		X			
Residential facilities		X			
Total	2	8	0	0	0

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres			X
Rate of annual patients treated in Community Mental Health Centres	4,625	2016	
<i>Rate per 100.000 population by sex (if available)</i>			X

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals		X				
Outpatient clinics in community- based psychiatric units				X		
Home treatment		X				
Assertive Outreach teams		X				
Other (specify)	X					
Total	1	3	0	1	0	0

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
			X

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities		X			
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services				X	
C6.1.3) Integrate mental health in primary health care		X			
C6.1.4) Shift the focus of specialised mental health care towards community-based services		X			
C6.1.5) Establish or increase the number of psychiatric units in general hospitals		X			
C6.1.6) Promote the social inclusion of people with long-term mental disorders		X			
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X			
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders		X			
C6.1.9) Develop structured cooperation between mental health services, social services and employment services		X			
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services		X			
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'		X			
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services		X			
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area				X	
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care				X	
C6.1.15) Develop integrated programmes with case management		X			
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services		X			
C6.1.17) Develop self-help and users and carer groups		X			
C6.1.18) Develop Supported employment programs		X			
C6.1.19) Other - which?					
	None				
Total	0	15	0	3	0

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

This is difficult to define. There are some regions in Ireland that have achieved full implementation while other areas are at various stages of implementation.

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support		X		
C7.2) Inadequate/insufficient funding		X		
C7.3) Lack of consensus among stakeholders			X	
C7.4) Poor cooperation between health and social care		X		
C7.5) Poorly trained human resources		X		
C7.6) Difficulties in the integration of mental health in primary care			X	
C7.7) Mental health resources centralised in large institutions		X		
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model		X		
C7.9) Other - which?			None	
Total	0	6	2	0

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

Mental Health has been prioritized by the Irish Government and work is underway to place mental health on an equal footing with primary care. As a result, there is a great deal of inter-agency and inter-departmental collaboration taking place with Government Departments and stakeholders to consider the possible impacts that policy and decision making may have on the mental health of others. Added to this there are four key initiatives occurring at present to ensure the priority of Mental Health in Ireland remains high: 1. A review of Ireland's Mental Health Policy 'A Vision for Change' is underway 2. A new Inter-Departmental Pathfinder initiative is being established to deliver a coordinated approach to youth mental health nationally. This will involve prioritisation of mental health initiatives, funding allocation and the monitoring of governance models and service outcome measures. 3. A National Youth Mental Health Task Force was established and has completed its work.

The recommendations were designed to “to consider how best to introduce and teach resilience, coping mechanisms, greater awareness to children and young people, and how to access support services voluntarily at a young age”. The report was approved and launched by the Irish Government in December 2017. 4. A new Government Joint Committee on Mental Health has been formed to maintain oversight of Mental Health initiatives in Ireland. The group will ensure Mental Health remains a key Government Priority.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

Yes.

D2.1. Further description of these programmes:

The development of an Inter-Government Pathfinder programme will ensure standardization in the development of Key Performance Indicators. The Health Service is in the process of recruiting Mental Health leads who will coordinate governance protocols with Pathfinder to ensure national standardisation.

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

Some (21- 50%)

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health		X		
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies		X		
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance		X		
D3.5) Include mental health prominently in overall health impact assessments		X		
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health		X		
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions		X		
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge		X		
D3.10) Utilise tools such as joint budgeting		X		
D3.11) Other - which?	None			
Total	0	10	0	0

D3b. Further comments regarding the implementation of the recommendations mentioned above

N/A

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support			X	
D4.2) Inadequate/insufficient funding			X	
D4.3) Poor consensus among stakeholders			X	
D4.4) Poor cooperation between health and other (which?) sectors. Answer: xxxxxx			X	
D4.5) Problems with joint budgeting			X	
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance			X	
D4.7) Lack of available tools		X		
D4.8) Lack of evidence of the benefits of integrated governance approach		X		
D4.9) Other - which?	None			
Total	0	2	6	0

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

N/A

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	Yes. The need for integrated governance stimulated the development of Pathfinder and the Government Joint Committee on Mental Health to be established.
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	Inter-Departmental
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	Department of Health
D5.4) Sectors and professionals involved?	N/A
D5.5) Focus on targeted or universal approaches	Yes
D5.6) Relevant publications and/or evaluations on this thematic area	In process of publication
D5.7) Is there citizen/public involvement in this area	Yes, consultation is key

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM ITALY

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

The process to close down all Forensic Hospitals in the Country has been completed 2) Research has been further developed by the Ministry of Health on quality of community care

B2. New documents, reports or resources that could benefit other stakeholders in mental health

The final report on the closing down of Forensic Hospitals and the last research project on quality of care.

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in all parts of the country

C1.2. Level of coordination between the different services within each catchment areas

Fairly good coordination

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services	X				
Community mental health teams	X				
Crisis care – daytime only		X			
Crisis care – 24 hours			X		
Home treatment	X				
Assertive outreach			X		
Early interventions		X			
Rehabilitation services	X				
Primary care liaison		X			
Residential facilities	X				
Total	5	3	3	0	0

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	3.84 (>18 years old)	2015	
Rate of annual patients treated in Community Mental Health Centres	20.20	2015	
<i>Rate per 100.000 population by sex (if available)</i>	21.00 (male)	2015	

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals	X					
Outpatient clinics in community- based psychiatric units					X	
Home treatment					X	
Assertive Outreach teams						X
Other (specify) : CMHC					X	
Total	1	0	0	0	3	1

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
			X

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities	X				
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services				X	
C6.1.3) Integrate mental health in primary health care		X			
C6.1.4) Shift the focus of specialised mental health care towards community-based services				X	
C6.1.5) Establish or increase the number of psychiatric units in general hospitals				X	
C6.1.6) Promote the social inclusion of people with long-term mental disorders				X	
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X			
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders				X	
C6.1.9) Develop structured cooperation between mental health services, social services and employment services	X				
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services	X				
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'				X	
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services				X	
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area	X				
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care	X				
C6.1.15) Develop integrated programmes with case management		X			
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services		X			
C6.1.17) Develop self-help and users and carer groups		X			
C6.1.18) Develop Supported employment programs		X			
C6.1.19) Other - which?					
	None				
Total	5	6	0	7	0

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

N/A

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support		X		
C7.2) Inadequate/insufficient funding		X		
C7.3) Lack of consensus among stakeholders		X		
C7.4) Poor cooperation between health and social care		X		
C7.5) Poorly trained human resources			X	
C7.6) Difficulties in the integration of mental health in primary care	X			
C7.7) Mental health resources centralised in large institutions			X	
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model		X		
C7.9) Other - which?			None	
Total	1	5	2	0

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

It is recognised as a priority, in almost all strategies, but not implemented to a large extent, apart from some regional/local good practices

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

Yes.

D2.1. Further description of these programmes:

The last "National MH Plan" (2013) includes recommendations for integrated approaches at all levels. An example of quality approach to integrated care for major mental disorders is the "Agreement between State and Regions" on the issue (Accordo sui percorsi di cura del 2014).

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

Some (21- 50%).

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health		X		
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies		X		
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance		X		
D3.5) Include mental health prominently in overall health impact assessments		X		
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health	X			
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions		X		
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge		X		
D3.10) Utilise tools such as joint budgeting		X		
D3.11) Other - which?			None	
Total	1	9	0	0

D3b. Further comments regarding the implementation of the recommendations mentioned above

The answers refer to a general knowledge and are not based on specific data

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support		X		
D4.2) Inadequate/insufficient funding	X			
D4.3) Poor consensus among stakeholders			X	
D4.4) Poor cooperation between health and other (Social) sectors.		X		
D4.5) Problems with joint budgeting	X			
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance		X		
D4.7) Lack of available tools		X		
D4.8) Lack of evidence of the benefits of integrated governance approach			X	
D4.9) Other - which?			None	
Total	2	4	2	0

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

For some partners it is not a real priority

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	As far as I know, not at National level in the specific field of Mental health. A study just started in 4 Regions (financed by the MoH) to assess also the financial benefits of integrated care pathways
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	Both Health and Social sectors. In some cases also Education and Justice (students, prisoners)
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	The implementation is responsibility of the Regions, especially for health and social sectors
D5.4) Sectors and professionals involved?	All those mentioned in D5.2, including school and prison staff. Of course those mainly involved are health and social staff
D5.5) Focus on targeted or universal approaches	It is on both, depending on the specific objective of the program, strategy or plan
D5.6) Relevant publications and/or evaluations on this thematic area	Not aware of recent publications on this, especially in English
D5.7) Is there citizen/public involvement in this area	As representative of the MoH and responsible for MH planning, I always try to support the issue, and promote related research projects

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM LITHUANIA

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

In 2016, the Commission for Suicide and Violence Prevention was established at the Seimas of the Republic of Lithuania.

B2. New documents, reports or resources that could benefit other stakeholders in mental health

N/A

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in all parts of the country

C1.2. Level of coordination between the different services within each catchment areas

Low coordination

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services	X				
Community mental health teams	X				
Crisis care – daytime only		X			
Crisis care – 24 hours			X		
Home treatment				X	
Assertive outreach					X
Early interventions					X
Rehabilitation services		X			
Primary care liaison					X
Residential facilities		X			
Total	2	3	1	2	3

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	4	2017	
Rate of annual patients treated in Community Mental Health Centres	N/A	N/A	
<i>Rate per 100.000 population by sex (if available)</i>	N/A	N/A	

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals	X					
Outpatient clinics in community- based psychiatric units				X		
Home treatment	X					
Assertive Outreach teams	X					
Other (specify)						
Total	3	0	0	1	0	0

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
			X

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities		X			
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services		X			
C6.1.3) Integrate mental health in primary health care				X	
C6.1.4) Shift the focus of specialised mental health care towards community-based services		X			
C6.1.5) Establish or increase the number of psychiatric units in general hospitals				X	
C6.1.6) Promote the social inclusion of people with long-term mental disorders		X			
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X			
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders		X			
C6.1.9) Develop structured cooperation between mental health services, social services and employment services		X			
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services			X		
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'					X
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services		X			
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area					X
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care					X
C6.1.15) Develop integrated programmes with case management					X
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services		X			
C6.1.17) Develop self-help and users and carer groups				X	
C6.1.18) Develop Supported employment programs					X
C6.1.19) Other - which?					
			None		
Total	0	9	1	3	5

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

N/A

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support		X		
C7.2) Inadequate/insufficient funding	X			
C7.3) Lack of consensus among stakeholders		X		
C7.4) Poor cooperation between health and social care		X		
C7.5) Poorly trained human resources		X		
C7.6) Difficulties in the integration of mental health in primary care			X	
C7.7) Mental health resources centralised in large institutions			X	
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model			X	
C7.9) Other - which?			None	
Total	1	4	3	0

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

Some sectors implement activities directly or indirectly related to mental health and wellbeing, though it is not recognized as a “Mental Health in All Policies (MHiAP) approach”. For example, according to the Law of Safety and Health at work of the Republic of Lithuania the employer must ensure safety and health for workers at work. It is a general obligation for employers to carry out a risk assessment for all psychosocial factors. The assessment procedure is regulated by Provisions of risk assessment approved by the Ministry of Social Security and Labour and the Ministry of Health (2012). The basic and specific documents on psychosocial risk assessment are Methodological regulations for psychosocial risk assessment approved by the Ministry of Social Security and Labour and the Ministry of Health (2005). The psychosocial risk assessment can sufficiently contribute to the stress management at the workplaces. Another example can be that in Mental health strategy and suicide prevention implementation plan for 2016-2020 the major players are Health, social affair and education sectors. It is quite difficult to say that mental health is recognized as a priority, but at least identified as a very important topic

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

No.

D2.1. Further description of these programmes:

N/A

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

N/A

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health		X		
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies			X	
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance			X	
D3.5) Include mental health prominently in overall health impact assessments		X		
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives				X
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health				X
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions			X	
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge				X
D3.10) Utilise tools such as joint budgeting			X	
D3.11) Other - which?			None	
Total	0	3	4	3

D3b. Further comments regarding the implementation of the recommendations mentioned above

N/A

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support		X		
D4.2) Inadequate/insufficient funding	X			
D4.3) Poor consensus among stakeholders		X		
D4.4) Poor cooperation between health and other (N/A) sectors.		X		
D4.5) Problems with joint budgeting	X			
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance	X			
D4.7) Lack of available tools	X			
D4.8) Lack of evidence of the benefits of integrated governance approach			X	
D4.9) Other - which?		None		
Total	4	3	1	0

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

N/A

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	N/A
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	Different sectors
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	Different sectors
D5.4) Sectors and professionals involved?	Educations and science sector, social security and labour sector, Ministry of the Interior, Justice sector
D5.5) Focus on targeted or universal approaches	Targeted
D5.6) Relevant publications and/or evaluations on this thematic area	N/A
D5.7) Is there citizen/public involvement in this area	N/A

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM LUXEMBOURG

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

The Evolution of the organisation of a part of our ambulatory psychiatric service to a reshaped service that helps patient suffering from mental diseases to insert themselves better into society through three different axes: living, leisure time and work. The increase of counselling possibilities for refugees by financing interpreters and their permanence in different languages during counselling hours.

B2. New documents, reports or resources that could benefit other stakeholders in mental health

www.llhm.lu

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in all parts of the country

C1.2. Level of coordination between the different services within each catchment areas

Some coordination.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services	X				
Community mental health teams	X				
Crisis care – daytime only				X	
Crisis care – 24 hours				X	
Home treatment		X			
Assertive outreach				X	
Early interventions				X	
Rehabilitation services		X			
Primary care liaison			X		
Residential facilities		X			
Total	2	3	1	4	0

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	N/A	N/A	N/A
Rate of annual patients treated in Community Mental Health Centres	N/A	N/A	N/A
<i>Rate per 100.000 population by sex (if available)</i>	N/A	N/A	N/A

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals		X				
Outpatient clinics in community- based psychiatric units				X		
Home treatment			X			
Assertive Outreach teams	X					
Other (specify)						
Total	1	1	1	1	0	0

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
N/A	N/A	N/A	N/A

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities					X
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services		X			
C6.1.3) Integrate mental health in primary health care		X			
C6.1.4) Shift the focus of specialised mental health care towards community-based services		X			
C6.1.5) Establish or increase the number of psychiatric units in general hospitals		X			
C6.1.6) Promote the social inclusion of people with long-term mental disorders		X			
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system					X
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders		X			
C6.1.9) Develop structured cooperation between mental health services, social services and employment services		X			
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services			X		
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'			X		
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services			X		
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area		X			
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care		X			
C6.1.15) Develop integrated programmes with case management			X		
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services		X			
C6.1.17) Develop self-help and users and carer groups		X			
C6.1.18) Develop Supported employment programs		X			
C6.1.19) Other - which?				None	
Total	0	12	4	0	2

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

N/A

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support	X			
C7.2) Inadequate/insufficient funding	X			
C7.3) Lack of consensus among stakeholders		X		
C7.4) Poor cooperation between health and social care			X	
C7.5) Poorly trained human resources			X	
C7.6) Difficulties in the integration of mental health in primary care			X	
C7.7) Mental health resources centralised in large institutions	X			
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model		X		
C7.9) Other - which?	None			
Total	3	2	3	0

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

A few interventions are made to promote mental health in schools and also in businesses, for example suicide prevention. Sadly, MHiAP seems not to be a priority of the actual political government and in a small country like Luxembourg, there are still a lot of taboos around mental health issues which makes it also difficult.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

No.

D2.1. Further description of these programmes:

N/A

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

N/A

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health				X
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies				X
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts				X
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance				X
D3.5) Include mental health prominently in overall health impact assessments				X
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives				X
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health				X
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions				X
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge				X
D3.10) Utilise tools such as joint budgeting				X
D3.11) Other - which?			None	
Total	0	0	0	11

D3b. Further comments regarding the implementation of the recommendations mentioned above

N/A

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support	X			
D4.2) Inadequate/insufficient funding	X			
D4.3) Poor consensus among stakeholders				X
D4.4) Poor cooperation between health and other (N/A) sectors.				X
D4.5) Problems with joint budgeting				X
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance				X
D4.7) Lack of available tools				X
D4.8) Lack of evidence of the benefits of integrated governance approach				X
D4.9) Other - which?	None			
Total	2	0	0	7

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

N/A

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	N/A
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	N/A
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	N/A
D5.4) Sectors and professionals involved?	N/A
D5.5) Focus on targeted or universal approaches	N/A
D5.6) Relevant publications and/or evaluations on this thematic area	N/A
D5.7) Is there citizen/public involvement in this area	N/A

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM THE NETHERLANDS

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

The Dutch Healthcare Authority has published a report on the state of mental healthcare in the Netherlands (Marktscan GGZ 2016). One of the Authority's conclusions is that a shift has taken place from specialized to basic/primary (mental) care: more patients are treated in basic/primary (mental) care rather than in specialized care. Moreover, the Authority concludes that waiting times between registration and intake are often longer than agreed upon in the 'Treek standards' (reference values). This especially concerns patients with autism spectrum disorders or personality disorders.

A national approach to solve waiting lists in mental healthcare has been launched. The ministry, insurers, caregivers and local authorities have written an action plan. Regional taskforces comprised of all stakeholders have been established in order to minimize waiting times for patients by the summer of 2018. Progression will be monitored by the Dutch Healthcare Authority.

An independent research institute (Trimbos) has published a report about the state of the deinstitutionalization in the mental healthcare sector. The current policy is aimed at improving quality of care and decreasing costs by treating patients in outpatient/community based facilities or at home instead of intramural care. The conclusion of the report is that deinstitutionalization has started but the outpatient capacity is not increasing accordingly.

In order to gain more insight in the quality of care, Routine Outcome Measurements have been implemented in the Dutch mental healthcare sector. Caregivers are contractually obligated by insurers to have at least 50% of their patients fill in a pre and post treatment questionnaire. Data are pseudonymously collected and analyzed. It will be evaluated whether these data are indeed useful to judge quality. Furthermore, a new institution will be funded this year, with the purpose of enhancing quality in mental healthcare. It is planned to be operational in 2019.

New legislation has been developed, and passed in the parliament, to cover mandatory mental healthcare.

An integral approach/policy to increase the quality of care for people who are (temporarily) confused or disturbed has been launched. The causes for the state of confusion can be very diverse and the problems and needs of these people are often of a wide variety. Therefore, an integrated approach is required involving several policy areas (housing, care, employment, debts, and wellbeing) and several stakeholders. A national

team stimulates and facilitates (local) stakeholders to create networks between different caregivers and institutions involved in the care for people with confused behavior.

A national 'depression campaign' has been launched to create awareness and to break the stigma of mental illness. This campaign will run for multiple years. A regional program has been launched to prevent suicide. In these regional experimental setups, all local stakeholders (schools, caregivers, municipalities) work together to prevent suicide. Several projects aimed to decrease stigma are subsidized by the national government.

B2. New documents, reports or resources that could benefit other stakeholders in mental health

1. https://www.nza.nl/1048076/1048181/Marktscan_ggz_2016.pdf
2. <https://www.trimbos.nl/producten-en-diensten/webwinkel/product/?prod=af1510>
3. <https://www.rijksoverheid.nl/binaries/rijksoverheid/documenten/brieven/2017/07/13/afspraken-aanpak-wachttijden-ggz/afspraken-aanpak-wachttijden-ggz.pdf>
4. <https://www.omgaanmetdepressie.nl/>
5. <https://vng.nl/personen-met-verward-gedrag>

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in all parts of the country

C1.2. Level of coordination between the different services within each catchment areas

Fairly good coordination.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services	X				
Community mental health teams		X			
Crisis care – daytime only	X				
Crisis care – 24 hours		X			
Home treatment		X			
Assertive outreach		X			
Early interventions		X			
Rehabilitation services		X			
Primary care liaison		X			
Residential facilities		X			
Total	2	8	0	0	0

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	5,7	2014	
Rate of annual patients treated in Community Mental Health Centres	5829	2014	
<i>Rate per 100.000 population by sex (if available)</i>	N/A	N/A	N/A

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals						X
Outpatient clinics in community- based psychiatric units						X
Home treatment						X
Assertive Outreach teams						X
Other (specify)	None					
Total	0	0	0	0	0	4

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
0,43	N/A	2013	N/A

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities		X			
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services		X			
C6.1.3) Integrate mental health in primary health care				X	
C6.1.4) Shift the focus of specialised mental health care towards community-based services				X	
C6.1.5) Establish or increase the number of psychiatric units in general hospitals				X	
C6.1.6) Promote the social inclusion of people with long-term mental disorders				X	
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system	X				
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders	X				
C6.1.9) Develop structured cooperation between mental health services, social services and employment services		X			
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services		X			
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'					X
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services				X	
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area				X	
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care	X				
C6.1.15) Develop integrated programmes with case management		X			
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services	X				
C6.1.17) Develop self-help and users and carer groups		X			
C6.1.18) Develop Supported employment programs	X				
C6.1.19) Other - which?					
				None	
Total	5	6	0	6	1

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

N/A

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support		X		
C7.2) Inadequate/insufficient funding		X		
C7.3) Lack of consensus among stakeholders		X		
C7.4) Poor cooperation between health and social care		X		
C7.5) Poorly trained human resources			X	
C7.6) Difficulties in the integration of mental health in primary care			X	
C7.7) Mental health resources centralised in large institutions			X	
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model			X	
C7.9) Other - which?			None	
Total	0	4	4	0

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

It is mainly integrated in programs that aim to increase general health and welfare (i.e. prevention and awareness programs).

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

Yes.

D2.1. Further description of these programmes:

- prevention programs (i.e. suicide, depression).
- anti-stigma campaigns
- national program to support/shelter/help confused people.
- national 'child telephone': children can call this number and talk about their problems/insecurities etc. in confidence.

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

All or almost all (81-100%)

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health		X		
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies		X		
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance			X	
D3.5) Include mental health prominently in overall health impact assessments		X		
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives	X			
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health				X
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions		X		
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge		X		
D3.10) Utilise tools such as joint budgeting		X		
D3.11) Other - which?	None			
Total	1	7	1	1

D3b. Further comments regarding the implementation of the recommendations mentioned above

N/A

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support		X		
D4.2) Inadequate/insufficient funding		X		
D4.3) Poor consensus among stakeholders		X		
D4.4) Poor cooperation between health and other (N/A) sectors.	-	-	-	-
D4.5) Problems with joint budgeting		X		
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance		X		
D4.7) Lack of available tools		X		
D4.8) Lack of evidence of the benefits of integrated governance approach				X
D4.9) Other - which? Answer: Lack of interest, sigma, other health issues get more priority.		X		
Total	0	7	0	1

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

N/A

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	No, there is no information available.
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	Government, mainly via subsidies.
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	This depends on the program.
D5.4) Sectors and professionals involved?	Education, rehabilitation, social workers, local civil servants
D5.5) Focus on targeted or universal approaches	This depends on the program.
D5.6) Relevant publications and/or evaluations on this thematic area	Yes, evaluations of campaigns that are funded by the government are regularly published. (i.e. https://www.google.nl/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwiZsnWAhXPUIAKHYfzCurl=https%3A%2F%2Fwww.rijksoverheievaluatie-gebruik-online-klachtgerichte-mini-interventies%2Fraevaluatie-gebruik-online-klachtgerichte-mini-interventies.pdf&usg=AFQjCNEs7c6wR)
D5.7) Is there citizen/public involvement in this area	N/A

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM NORWAY

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

The Programme for Public Health in the Municipalities 2017-2027 is a national framework of joint effort on mental health promotion and drug prevention at the municipal Level. A national strategy for mental Health, with a focus on children and youth and mental Health in all policies was launched August 2017.

B2. New documents, reports or resources that could benefit other stakeholders in mental health

In Norwegian: <https://helsedirektoratet.no/folkehelse/folkehelsearbeid-i-kommunen/program-for-folkehelsearbeidi-kommunene>

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in all parts of the country.

C1.2. Level of coordination between the different services within each catchment areas

Fairly good coordination.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services	X				
Community mental health teams	X				
Crisis care – daytime only	X				
Crisis care – 24 hours	X				
Home treatment		X			
Assertive outreach		X			
Early interventions		X			
Rehabilitation services	X				
Primary care liaison	X				
Residential facilities	Unanswered				
Total	6	3	0	0	0

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	2,9	2016	--
Rate of annual patients treated in Community Mental Health Centres	Child and adolescents: 5080. Adult: 4680.	2016	--
<i>Rate per 100.000 population by sex (if available)</i>	--	--	X

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals		X				
Outpatient clinics in community- based psychiatric units					X	
Home treatment			X			
Assertive Outreach teams			X			
Other (specify)	X					
Total	1	1	2	0	1	0

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
--	--	--	X

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities	X				
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services				X	
C6.1.3) Integrate mental health in primary health care				X	
C6.1.4) Shift the focus of specialised mental health care towards community-based services				X	
C6.1.5) Establish or increase the number of psychiatric units in general hospitals				X	
C6.1.6) Promote the social inclusion of people with long-term mental disorders				X	
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system				X	
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders				X	
C6.1.9) Develop structured cooperation between mental health services, social services and employment services				X	
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services				X	
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'				X	
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services			X		
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area				X	
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care				X	
C6.1.15) Develop integrated programmes with case management				X	
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services				X	
C6.1.17) Develop self-help and users and carer groups				X	
C6.1.18) Develop Supported employment programs				X	
C6.1.19) Other - which? Answer: <u>xxxxxxxx</u>					
	Unanswered				
Total	1	0	1	16	0

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

N/A

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support		X		
C7.2) Inadequate/insufficient funding		X		
C7.3) Lack of consensus among stakeholders		X		
C7.4) Poor cooperation between health and social care		X		
C7.5) Poorly trained human resources		X		
C7.6) Difficulties in the integration of mental health in primary care			X	
C7.7) Mental health resources centralised in large institutions				X
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model		X		
C7.9) Other - which?	Unanswered			
Total	0	6	1	1

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

In 2017 the Norwegian Government introduced an inter-ministerial national strategy on mental health, which states the shared responsibility in promoting good mental health in all policies.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

Yes.

D2.1. Further description of these programmes:

In addition to the National strategy mention above, Norway are gradually implementing a Program for Public health in the municipalities, starting in 2017. The program is focusing on providing knowledge on what Works in mental Health promotion at the local levels, and how to work across sectors to improve mental health among children and young people. Drug prevention is also an important part of the program.

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

Some (21- 50%).

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health		X		
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies		X		
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance			X	
D3.5) Include mental health prominently in overall health impact assessments			X	
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health			X	
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions			X	
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge		X		
D3.10) Utilise tools such as joint budgeting			X	
D3.11) Other - which?	Unanswered			
Total				

D3b. Further comments regarding the implementation of the recommendations mentioned above (Please refer to the specific number of the recommendation, e.g. D3.4)

N/A

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support			X	
D4.2) Inadequate/insufficient funding				X
D4.3) Poor consensus among stakeholders			X	
D4.4) Poor cooperation between health and other (which?) sectors.			X	
D4.5) Problems with joint budgeting			X	
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance		X		
D4.7) Lack of available tools		X		
D4.8) Lack of evidence of the benefits of integrated governance approach		X		
D4.9) Other - which?				X
Total	0	3	4	2

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)? (Please refer to the specific number of the barrier, e.g. D4.3)

Both the National strategy for Mental health and Program for Public Health are recently introduced, so it too early to say something certain about barriers in implementing these measures.

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	We do not have any information of this, but we have evaluations of collaborating services (health services and labour market measures) which suggest financial benefits and cost-effectiveness.
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	Integrated governance approaches are funded by national budgets.
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	The authorities on national, regional and local level have the main responsibility for implementing integrated governance approaches to mental health, but this also involve NGO's and the The Norwegian Association of Local and Regional Authorities (KS).
D5.4) Sectors and professionals involved?	The Norwegian strategy for mental health are signed by the ministers of Local Government and Modernisation Children and Equality - Education and Research - Labour and Social Affairs Culture - Justice and Public Security Health and Care Services.
D5.5) Focus on targeted or universal approaches	Both.
D5.6) Relevant publications and/or evaluations on this thematic area	The Norwegian strategy on mental health: https://www.regjeringen.no/contentassets/f53f98fa3d3e476b84b6e36438f5f7af/strategi_for_god_psyiskhelse_250817.pdf Program for Public Health: https://helsedirektoratet.no/Documents/Folkehelsearbeid%20i%20kommunen/Program%20for%20folkehelsearbeid%20i
D5.7) Is there citizen/public involvement in this area	Both the Strategy and the Program include strong citizen involvement and participation.

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM PORTUGAL

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

In Portugal, the Ministry of Health created a Technical Commission for the Follow-up of the Mental Health Reform, in 2017. This Commission published a report with a comprehensive assessment and evaluation of the Plan's implementation, with a view to extending the plan to 2020.

In 2017, several Public Mental Health Projects, funded by EEA-Grants, were conducted in Portugal to promote mental health in schools and in the workplace, develop innovative payment models for the mental health system, assess the impact of the economic crisis on the mental health of the population, encourage stepped care treatments and digital solutions for depression and suicide prevention in primary care, screen for perinatal depression, build capacity in primary care, and promote access to mental health services for the children of people with mental disorders.

New psychosocial rehabilitation programmes, including residential facilities, community day centres, and home support services have been launched with funding from the National Psychosocial Rehabilitation Programme.

B2. New documents, reports or resources that could benefit other stakeholders in mental health

1. <https://www.sns.gov.pt/wp-content/uploads/2017/08/RelAvPNSM2017.pdf>
2. <https://www.dgs.pt/em-destaque/relatorio-do-programa-nacional-para-a-saude-mental-2017.aspx>

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in all parts of the country.

C1.2. Level of coordination between the different services within each catchment areas

Some coordination.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services	X				
Community mental health teams		X			
Crisis care – daytime only			X		
Crisis care – 24 hours					X
Home treatment			X		
Assertive outreach			X		
Early interventions			X		
Rehabilitation services			X		
Primary care liaison	X				
Residential facilities			X		
Total	2	1	6	0	1

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	--	--	X
Rate of annual patients treated in Community Mental Health Centres	--	--	X
<i>Rate per 100.000 population by sex (if available)</i>	--	--	X

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals		X				
Outpatient clinics in community- based psychiatric units					X	
Home treatment		X				
Assertive Outreach teams		X				
Other (specify) Answer: xxxxxxxx						X
Total	0	3	0	0	1	1

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
--	--	--	X

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities		X			
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services		X			
C6.1.3) Integrate mental health in primary health care		X			
C6.1.4) Shift the focus of specialised mental health care towards community-based services			X		
C6.1.5) Establish or increase the number of psychiatric units in general hospitals		X			
C6.1.6) Promote the social inclusion of people with long-term mental disorders		X			
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X			
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders		X			
C6.1.9) Develop structured cooperation between mental health services, social services and employment services		X			
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services			X		
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'			X		
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services			X		
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area		X			
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care			X		
C6.1.15) Develop integrated programmes with case management		X			
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services			X		
C6.1.17) Develop self-help and users and carer groups		X			
C6.1.18) Develop Supported employment programs		X			
C6.1.19) Other - which?					X
Total	0	12	6	0	1

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

C6.1.2) Some psychiatric hospitals were closed until 2011, but others remain in full operation. C6.1.4) Community-based mental health care is scarce in all territory.

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support	X			
C7.2) Inadequate/insufficient funding	X			
C7.3) Lack of consensus among stakeholders		X		
C7.4) Poor cooperation between health and social care			X	
C7.5) Poorly trained human resources		X		
C7.6) Difficulties in the integration of mental health in primary care		X		
C7.7) Mental health resources centralised in large institutions		X		
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model		X		
C7.9) Other - which?				X
Total	2	5	1	1

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

The development of the 2008 National Mental health Plan involved many non-health sectors and was approved by the Government. In the recent years the sectors that have been mostly involved were the social sector, as well as programmes for homeless people and victims of domestic violence.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

Yes.

D2.1. Further description of these programmes:

N/A

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

N/A

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health			X	
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies			X	
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance			X	
D3.5) Include mental health prominently in overall health impact assessments		X		
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives			X	
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health		X		
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions		X		
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge			X	
D3.10) Utilise tools such as joint budgeting			X	
D3.11) Other - which?				X
Total	0	4	6	1

D3b. Further comments regarding the implementation of the recommendations mentioned above (Please refer to the specific number of the recommendation, e.g. D3.4)

There is an established policy of developing integrated governance approaches but the implementation has been poor.

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support		X		
D4.2) Inadequate/insufficient funding	X			
D4.3) Poor consensus among stakeholders		X		
D4.4) Poor cooperation between health and other (which?) sectors. Answer: N/A	X			
D4.5) Problems with joint budgeting	X			
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance		X		
D4.7) Lack of available tools		X		
D4.8) Lack of evidence of the benefits of integrated governance approach			X	
D4.9) Other - which?				
Total	3	4	1	0

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)? (Please refer to the specific number of the barrier, e.g. D4.3)

NA

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	Not applicable (same as D1, D3b and D4b)
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	Not applicable (same as D1, D3b and D4b)
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	The National Programme for Mental Health is responsible for the implementations of mental health policies. However, the articulation with other non-health sectors is very limited and those policies implementations only cover areas that health sector is responsible for.
D5.4) Sectors and professionals involved?	Not applicable (same as D1, D3b and D4b)
D5.5) Focus on targeted or universal approaches	Not applicable (same as D1, D3b and D4b)
D5.6) Relevant publications and/or evaluations on this thematic area	Information not available
D5.7) Is there citizen/public involvement in this area	Information not available

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

- <https://www.dgs.pt/portal-da-estatistica-da-saude/diretorio-de-informacao/diretorio-de-informacao/por-serie-883589-pdf.aspx?v=11736b14-73e6-4b34-a8e8-d22502108547>
- <https://www.dgs.pt/em-destaque/portugal-saude-mental-em-numeros-2015-pdf.aspx>
- <https://www.dgs.pt/portal-da-estatistica-da-saude/diretorio-de-informacao/diretorio-de-informacao/por--serie-842723-pdf.aspx?v=11736b14-73e6-4b34-a8e8-d22502108547>
- https://dre.pt/home/-/dre/75676512/details/3/maximized?serie=II%2Fen&print_preview=print--preview&dreId=75660870
- <http://www.mentalhealthandwellbeing.eu/assets/docs/publications/WP5%20Final-20151203075843.pdf>
- http://www.lisboninstituteofgmh.org/assets/docs/publications/9789241506809_eng.pdf
- http://www.lisboninstituteofgmh.org/assets/docs/publications/9789241506816_eng.pdf
- <http://crisisimpact.com/en/>

ANNUAL ACTIVITY REPORT FROM ROMANIA

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

Mental health legislation: The Ministry of Labor and Social Justice (MLSJ), through the National Authority for Persons with Disabilities (NAPD), as a central body in the development and regulation of the disability field, pay special attention on persons with disabilities, reflected in the agenda of priority measures adopted or under adoption by the Government of Romania, aiming to improve the living conditions of these persons. Thus, among measures for persons with disabilities in residential centers, we emphasize: Strengthening the monitoring capacity of ANPD by introducing compulsory endorsement for private residential centers for adults with disabilities; strengthening the National Agency for Payment and Social Inspection (NAPSI) competencies in controlling the insurance of the rights of persons with disabilities; adopting the status of a professional personal assistant, as an alternative to institutionalization of adults in residential centers and a transition to an independent life in the community. Amendments to the Mental Health Law – Rules of implementation 488/2016
Mental Health Strategy for Children and Adolescents /2016

Policy framework: The National Authority for Persons with Disabilities coordinates at the central level the activities of protection and promotion of the rights of persons with disabilities, elaborates policies, strategies and standards in the field of protection and promotion of the rights of persons with disabilities, and ensures the enforcement of the regulations in their own field.

Financing and/or funding: The financing of public centers for adults with disabilities, established and functioning as structures with or without legal personality, under the county councils, in the structure of the general directorates for social assistance and child protection (GDSACP), is ensured from the state budget, based on the standard costs calculated for beneficiaries / types of social services, approved according to the law.

Services organisation, development and/or quality: On June 30, 2017, the total number of persons with disabilities communicated to the NAPD, through GDSACP, was 788,092 persons. Of these, 97.72% (770,123 persons) are in the care of families and / or living independently (non-institutionalized) and 2.28% (17,969 persons) are in residential social institutions for persons with disabilities (institutionalized), 10.104 (56.23%) with mental impairments and 3.670 (20.42%) with psychic impairments. The number of residential facilities that provide social services to persons with disabilities with mental disabilities is 380: - 115 Care and assistance centres providing services for 4275 persons with mental disabilities - 18 Integration centres for occupational therapy providing services for 1006 persons with mental disabilities - 131 Recovery and rehabilitation centres

providing services for 7722 persons with mental disabilities - Shelter houses – 116 providing services for 771 persons with mental disabilities Supporting the deinstitutionalization of persons with disabilities while developing measures to prevent institutionalization and to support community living is a priority for Romania, as shown by the National Strategy - A Barrier-free Society for People with Disabilities 2016-2020 and the Governance Program. At the present stage, deinstitutionalization should be understood in terms of the gradual transfer of persons with disabilities to family-type dwellings, developed in the community, regulated by legislation in the form of sheltered housing. It is compulsorily accompanied by the development of services that support community integration and participation and provide flexible and integrated personal assistance, support and coordination so that people can live the life they want. The process of deinstitutionalization involves the following steps (Annex 13 - ANPD President's Decision 143/2017 published on www.anpd.gov.ro):

- Evaluation of the beneficiaries in the residential center, using tools to assess: independent living skills, social skills, skills for work;
- Identifying community locations for the development of social infrastructure to ensure: - access to all resources and facilities (health, education, work, culture, leisure); - access to public transport; - access to community services.
- Elaboration by the GDSACP of the restructuring plan of the old type institution;
- Preparing the community by informing and advising the factors contributing to local development (mayor, priest, teachers, community nurse, school mediator, social mediator, social assistant etc.);
- Training, including counseling, of adults with disabilities for whom the transfer to social services is ensured;
- Training of staff employed in new social services;
- Transfer of people with independent living skills, social skills and skills to work in family-type alternatives (sheltered housing) with the provision of support services tailored to individual needs (day centers).

Adult with disabilities will be involved in the transfer process from old-type institutions to family alternatives, taking into account their preferences. Under Structural Funds – Regional Operational Program (POR), Romania assumed the following: - reducing by 2023 the number of adults with disabilities from the old type institutions to 15.111 (with ESF and national budget).

For the period 2017-2023, both by financing from the state budget and by attracting European funds, it is intended: - extending the infrastructure for community-based social services tailored to the needs of people with disabilities in order to improve their skills and ensure the preparation for independent living, autonomy, counseling in order to identify and maintain a job. - ensuring the transition from a residential-based care system to a community-based family-based alternative service for people with disabilities.

The POR 2014-2020 proposes: - the establishment of 24 day care centers for persons with disabilities from residential centers that are in the process of deinstitutionalisation as well as persons with disabilities from the

respective communities, who are currently not provided with services to prevent institutionalization. - Establishing 72 sheltered housing that facilitates the integration process in the community by making the transition from old-style institutions by acquiring the skills, skills and abilities needed for integration. - ensuring for 516 persons the transfer from services rendered in old type institutions to family-type alternatives) protected dwellings) - stopping the admission of new beneficiaries to old type institutions where the transfer of adults with disabilities into family-type alternatives will be ensured. The list of residential centers with more than 120 beneficiaries eligible for POR was proposed by NAPD on the basis of their restructuring plans, approved by decisions of the county councils, based on NAPD President's Decision no. 143/2017 - Social Services Analysis Document for Transferring to Alternative Family Types the Adult Persons with Disabilities from Old Type Residential Institutions. The evaluation, monitoring and control of compliance with minimum quality standards in residential social services for adults with disabilities are the responsibility of the National Agency for Payments and Social Inspection.

B2. New documents, reports or resources that could benefit other stakeholders in mental health

1. Ministry of health website – www.ms.ro
2. National Mental Health center and antidrug website – www.cnsm.rog.ro
3. <http://anpd.gov.ro/web/transparenta/statistici/trimestriale/>
4. <http://anpd.gov.ro/web/despre-noi/programe-si-strategii/programul-operational-regional-2014-2020/>

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in all parts of the country

C1.2. Level of coordination between the different services within each catchment areas

Fairly good coordination.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services	X				
Community mental health teams		X			
Crisis care – daytime only				X	
Crisis care – 24 hours				X	
Home treatment				X	
Assertive outreach	-	-	-	-	-
Early interventions				X	
Rehabilitation services		X			
Primary care liaison		X			
Residential facilities			X		
Total	1	3	1	4	0

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	0.38	2017	
Rate of annual patients treated in Community Mental Health Centres			X
<i>Rate per 100.000 population by sex (if available)</i>			X

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals						X
Outpatient clinics in community- based psychiatric units						X
Home treatment						X
Assertive Outreach teams						X
Other (specify)	None					
Total	0	0	0	0	0	4

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
			X

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities		X			
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services					X
C6.1.3) Integrate mental health in primary health care		X			
C6.1.4) Shift the focus of specialised mental health care towards community-based services		X			
C6.1.5) Establish or increase the number of psychiatric units in general hospitals					X
C6.1.6) Promote the social inclusion of people with long-term mental disorders		X			
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system	X				
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders		X			
C6.1.9) Develop structured cooperation between mental health services, social services and employment services					X
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services		X			
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'					X
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services					X
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area		X			
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care		X			
C6.1.15) Develop integrated programmes with case management					X
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services		X			
C6.1.17) Develop self-help and users and carer groups					X
C6.1.18) Develop Supported employment programs					X
C6.1.19) Other - which?					
	None				
Total	1	9	0	0	8

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

We are starting to work together with other stake holders in C6.1.1, C6.1.3 and C6.1.9.

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support		X		
C7.2) Inadequate/insufficient funding	X			
C7.3) Lack of consensus among stakeholders	X			
C7.4) Poor cooperation between health and social care		X		
C7.5) Poorly trained human resources		X		
C7.6) Difficulties in the integration of mental health in primary care		X		
C7.7) Mental health resources centralised in large institutions		X		
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model		X		
C7.9) Other - which?			None	
Total	2	6	0	0

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

The National Strategy on Health 2014 - 2020 promotes the improvement of the Mental Health Services.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

Yes.

D2.1. Further description of these programmes:

The National Strategy of Mental Health for Children and Adolescents 2014 -2020 establishes priorities and a framework for interinstitutional and intersectorial collaboration.

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

The majority (51-80%)

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health	X			
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies			X	
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance				X
D3.5) Include mental health prominently in overall health impact assessments				X
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health		X		
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions		X		
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge		X		
D3.10) Utilise tools such as joint budgeting			X	
D3.11) Other - which?			None	
Total	1	5	2	2

D3b. Further comments regarding the implementation of the recommendations mentioned above

N/A

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support		X		
D4.2) Inadequate/insufficient funding	X			
D4.3) Poor consensus among stakeholders		X		
D4.4) Poor cooperation between health and other (N/A) sectors.		X		
D4.5) Problems with joint budgeting	X			
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance		X		
D4.7) Lack of available tools	X			
D4.8) Lack of evidence of the benefits of integrated governance approach	X			
D4.9) Other - which?	-	-	-	-
Total	4	4	0	0

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

N/A

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	No
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	Do not know
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	Do not know
D5.4) Sectors and professionals involved?	Do not know
D5.5) Focus on targeted or universal approaches	Do not know
D5.6) Relevant publications and/or evaluations on this thematic area	No
D5.7) Is there citizen/public involvement in this area	No

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM SLOVAKIA

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

Creation of a new Programme for Mental Health in Slovakia with involvement of cross-sectoral partners /the League for Mental Health, patient's organisations, reinitiating of the start the Reform in Mental Care Health

B2. New documents, reports or resources that could benefit other stakeholders in mental health

1. <https://www.dusevnezdravie.sk>,
2. www.psychiatry.sk

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in some parts of the country

C1.2. Level of coordination between the different services within each catchment areas

Low coordination.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services	X				
Community mental health teams			X		
Crisis care – daytime only					X
Crisis care – 24 hours	X				
Home treatment				X	
Assertive outreach					X
Early interventions				X	
Rehabilitation services			X		
Primary care liaison	X				
Residential facilities		X			
Total	3	1	2	2	2

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	N/A	N/A	N/A
Rate of annual patients treated in Community Mental Health Centres	N/A	N/A	N/A
<i>Rate per 100.000 population by sex (if available)</i>	N/A	N/A	N/A

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals		X				
Outpatient clinics in community- based psychiatric units		X				
Home treatment						X
Assertive Outreach teams						X
Other (specify)	None					
Total	0	2	0	0	0	2

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
0.30	55% (men)	N/A	N/A

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities		X			
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services					X
C6.1.3) Integrate mental health in primary health care		X			
C6.1.4) Shift the focus of specialised mental health care towards community-based services			X		
C6.1.5) Establish or increase the number of psychiatric units in general hospitals		X			
C6.1.6) Promote the social inclusion of people with long-term mental disorders		X			
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X			
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders		X			
C6.1.9) Develop structured cooperation between mental health services, social services and employment services		X			
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services					X
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'			X		
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services			X		
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area				X	
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care					X
C6.1.15) Develop integrated programmes with case management		X			
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services		X			
C6.1.17) Develop self-help and users and carer groups		X			
C6.1.18) Develop Supported employment programs		X			
C6.1.19) Other - which?				None	
Total	0	11	3	1	3

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

N/A

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support	X			
C7.2) Inadequate/insufficient funding	X			
C7.3) Lack of consensus among stakeholders		X		
C7.4) Poor cooperation between health and social care	X			
C7.5) Poorly trained human resources		X		
C7.6) Difficulties in the integration of mental health in primary care		X		
C7.7) Mental health resources centralised in large institutions		X		
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model				X
C7.9) Other - which?	None			
Total	3	4	0	1

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

Unfortunately, this cooperation of mental health service and non-health sector's policies is poor. The main reasons are: unawareness, perceived lack of need, different aims and measures, not enough interest and lack of financial support.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

Yes.

D2.1. Further description of these programmes:

- programme Zippy's friends- for children, psychoeducation's programmes, Days of mental health days of "forget-me-not".

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

Some (21- 50%).

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health				X
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies				X
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance		X		
D3.5) Include mental health prominently in overall health impact assessments		X		
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives				X
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health			X	
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions			X	
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge			X	
D3.10) Utilise tools such as joint budgeting			X	
D3.11) Other - which?			None	
Total	0	3	4	3

D3b. Further comments regarding the implementation of the recommendations mentioned above

More workshops, seminars implementing all policy sectors, mental health services, non- mental health policy, government and ministries - basic financial support, implementation of National Programme of Mental Health in practice with strong support of MoH, MoE, MoWaS

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support	X			
D4.2) Inadequate/insufficient funding	X			
D4.3) Poor consensus among stakeholders		X		
D4.4) Poor cooperation between health and other (MoE, MoWaS) sectors.		X		
D4.5) Problems with joint budgeting	X			
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance	X			
D4.7) Lack of available tools		X		
D4.8) Lack of evidence of the benefits of integrated governance approach		X		
D4.9) Other - which? Answer:				X
Total	4	4	0	1

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

D4.2, D4.5

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	No.
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	N/A
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	N/A
D5.4) Sectors and professionals involved?	Ministry of Health - Section of health, Dr. Lassan-general director, MoE, MoWaS
D5.5) Focus on targeted or universal approaches	N/A
D5.6) Relevant publications and/or evaluations on this thematic area	N/A
D5.7) Is there citizen/public involvement in this area	League for Mental Health, ODOS

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

- www.dusevnezdravie.sk
- www.odos-sk.com

ANNUAL ACTIVITY REPORT FROM SLOVENIA

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

1. In April 2016 Slovenia adopted the new Resolution on the National Health-Care Plan 2016–2025 (Official Gazette of the Republic of Slovenia, No 25/2016). In Chapter "6.2.7 Mental health" are announced those measures: Adoption of a national mental health program, Amendments to the Mental Health Act (Official Gazette of the Republic of Slovenia, No 77/2008), Healthcare cooperation protocol with providers in the field of social protection and education, Development of integrated community treatment programs and support for people with chronic mental health problems, Guidelines for programs and services to be carried out by non-governmental organizations, volunteers, family members and others, Development of the model of the national network of services for the mental health of children and adolescents.

2. In May 2016 Ministry of Health adopted Strategy for dementia in Slovenia until 2020. In 2017 Ministry provided public tender with the purpose to co-finance education programs for the management of dementia for the years 2017 and 2018 with the key objectives: - strengthening the capacities and competencies of professionals and associates in the care supply chain for people with dementia in different environments, - raising the awareness of individual professional and other target groups in the local environment to create people with a dementia-friendly environment, - reducing the differences between individual Slovenian regions.

3. In November 2016 a working group was appointed to prepare amendments to the Mental Health Act (Official Gazette of the Republic of Slovenia, No 77/2008). The working group is expected to complete its work in 2018.

4. In July 2017 Slovenia adopted Act Regulating the Integrated Early Treatment of Preschool Children with Special Needs (Official Gazette of the Republic of Slovenia, No 41/2017). Early childhood intervention in primary health care centers is intended for all children who are subject to a developmental risk or developmental disability. The aid covers the period between the moment of prenatal diagnosis and the moment that the child reaches the age at which school is compulsory. It includes the entire process from the earliest possible identification and detection up to the moment of training and guidance assessment. The Act as a novelty introduces a family representative and a representative of a non-governmental organization, who can be involved in a multidisciplinary team by providing support, counselling and assistance from their own experience in early childhood development or pre-school development. As a member of the multidisciplinary team, the coordinator of the assistance to the family is determined by law, which is determined in agreement with the parents. Until the entry into force of the law, which will take place on 1 January 2019, an early-project pilot

project is being implemented. 5. In October 2017 a new working group for the drafting of a National Mental Health Program was launched at the Ministry of Health. The National Mental Health Program is being prepared since 2009 and has been in 3 public hearings so far (2009, 2011, 2014).

B2. New documents, reports or resources that could benefit other stakeholders in mental health

- Resolution on the National Health-Care Plan 2016-2025, <https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2016-01-0999?sop=2016-01-0999>
- Strategy for Dementia in Slovenia, http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/NOVICE/25052016_Sr_trategija_obvladovanje_dememce.pdf
- Act Regulating the Integrated Early Treatment of Preschool Children with Special Needs, <https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2017-01-2065/zakon-o-celostni-zgodnji-obravnavi-predsolskih-otrok-s-posebnimi-potrebami-zopopp/>

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in all parts of the country

C1.2. Level of coordination between the different services within each catchment areas

Low coordination.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services		X			
Community mental health teams			X		
Crisis care – daytime only			X		
Crisis care – 24 hours				X	
Home treatment			X		
Assertive outreach			X		
Early interventions			X		
Rehabilitation services			X		
Primary care liaison			X		
Residential facilities	X				
Total	1	1	7	1	0

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
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Rate of Community Mental Health Centres	0.2	2016	
Rate of annual patients treated in Community Mental Health Centres	0.01	2016	
<i>Rate per 100.000 population by sex (if available)</i>	40% (male), 60% (female)	2016	

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals					X	
Outpatient clinics in community- based psychiatric units					X	
Home treatment		X				
Assertive Outreach teams		X				
Other (specify)	None					
Total	0	2	0	0	2	0

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
0.30	N/A	2016	

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities		X			
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services		X			
C6.1.3) Integrate mental health in primary health care		X			
C6.1.4) Shift the focus of specialised mental health care towards community-based services		X			
C6.1.5) Establish or increase the number of psychiatric units in general hospitals		X			
C6.1.6) Promote the social inclusion of people with long-term mental disorders		X			
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X			
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders		X			
C6.1.9) Develop structured cooperation between mental health services, social services and employment services		X			
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services			X		
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'			X		
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services		X			
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area		X			
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care		X			
C6.1.15) Develop integrated programmes with case management			X		
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services		X			
C6.1.17) Develop self-help and users and carer groups		X			
C6.1.18) Develop Supported employment programs	X				
C6.1.19) Other - which?				None	
Total	1	15	3	0	0

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

Undergoing improvements to the implementation of the recommendations

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support	X			
C7.2) Inadequate/insufficient funding	X			
C7.3) Lack of consensus among stakeholders		X		
C7.4) Poor cooperation between health and social care		X		
C7.5) Poorly trained human resources		X		
C7.6) Difficulties in the integration of mental health in primary care	X			
C7.7) Mental health resources centralised in large institutions	X			
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model	X			
C7.9) Other - which?			None	
Total	5	3	0	0

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

It is not priority because other priorities are chosen.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

Yes.

D2.1. Further description of these programmes:

In April 2016 Slovenia adopted the new Resolution on the National Health-Care Plan 2016–2025 (Official Gazette of the Republic of Slovenia, No 25/2016). In Chapter "6.2.7 Mental health" are announced those measures: Adoption of a national mental health program, Amendments to the Mental Health Act (Official Gazette of the Republic of Slovenia, No 77/2008), Healthcare cooperation protocol **with** providers in the field of social protection and education, Development of integrated community treatment programs and support for people with chronic mental health problems, Guidelines for programs and services to be carried out by non-governmental organizations, volunteers, family members and others, Development of the model of the national network of services for the mental health of children and adolescents.

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

A few (1- 20%)

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health		X		
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies			X	
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance			X	
D3.5) Include mental health prominently in overall health impact assessments			X	
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health			X	
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions			X	
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge			X	
D3.10) Utilise tools such as joint budgeting			X	
D3.11) Other - which?	None			
Total	0	3	7	0

D3b. Further comments regarding the implementation of the recommendations mentioned above

N/A

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support	X			
D4.2) Inadequate/insufficient funding	X			
D4.3) Poor consensus among stakeholders	X			
D4.4) Poor cooperation between health and other (social care sector) sectors.		X		
D4.5) Problems with joint budgeting	X			
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance		X		
D4.7) Lack of available tools		X		
D4.8) Lack of evidence of the benefits of integrated governance approach		X		
D4.9) Other - which?	None			
Total	4	4	0	0

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

N/A

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	No.
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	Ministry of Health
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	Government
D5.4) Sectors and professionals involved?	Health and social care
D5.5) Focus on targeted or universal approaches	Universal and targeted
D5.6) Relevant publications and/or evaluations on this thematic area	Not yet.
D5.7) Is there citizen/public involvement in this area	Yes.

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM SPAIN

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

At the national level, the updating of the Mental Health Strategy is pending. The Regions are developing new initiatives on promotion and prevention, development of health information systems to improve monitoring and measuring, legislation regarding rights and autonomy of patients, as well as to continue involving different sectoral partners. These are priority actions that they will be included in the updating of the Mental Health Strategy.

B2. New documents, reports or resources that could benefit other stakeholders in mental health

N/A

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in all parts of the country

C1.2. Level of coordination between the different services within each catchment areas

Very high coordination.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services	X				
Community mental health teams	X				
Crisis care – daytime only	X				
Crisis care – 24 hours	X				
Home treatment			X		
Assertive outreach			X		
Early interventions			X		
Rehabilitation services		X			
Primary care liaison	X				
Residential facilities		X			
Total	5	2	3	0	0

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	N/A	N/A	N/A
Rate of annual patients treated in Community Mental Health Centres	N/A	N/A	N/A
<i>Rate per 100.000 population by sex (if available)</i>	N/A	N/A	N/A

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals		X				
Outpatient clinics in community- based psychiatric units				X		
Home treatment		X				
Assertive Outreach teams		X				
Other (specify). Answer: Outpatient clinics in General Hospitals			X			
Total	0	3	1	1	0	0

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
17.9%	13.5% (men), 14.4% (women)	2015	

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities				X	
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services				X	
C6.1.3) Integrate mental health in primary health care				X	
C6.1.4) Shift the focus of specialised mental health care towards community-based services				X	
C6.1.5) Establish or increase the number of psychiatric units in general hospitals				X	
C6.1.6) Promote the social inclusion of people with long-term mental disorders				X	
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X			
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders				X	
C6.1.9) Develop structured cooperation between mental health services, social services and employment services				X	
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services					X
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'	-	-	-	-	-
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services				X	
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area				X	
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care				X	
C6.1.15) Develop integrated programmes with case management				X	
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services				X	
C6.1.17) Develop self-help and users and carer groups				X	
C6.1.18) Develop Supported employment programs				X	
C6.1.19) Other - which?					
	None				
Total	0	1	0	15	1

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

N/A

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support	X			
C7.2) Inadequate/insufficient funding	X			
C7.3) Lack of consensus among stakeholders	X			
C7.4) Poor cooperation between health and social care		X		
C7.5) Poorly trained human resources			X	
C7.6) Difficulties in the integration of mental health in primary care		X		
C7.7) Mental health resources centralised in large institutions			X	
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model			X	
C7.9) Other - which?			None	
Total	3	2	3	0

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

There is coordination between the Ministry of Health, Social Services and Penitentiary Institutions. At the Autonomous Region level, there is also coordination with Employment and Education. At the local level, there is also coordination with Housing.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

Information not available.

D2.1. Further description of these programmes:

N/A

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

N/A

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health	X			
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies		X		
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts				X
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance				X
D3.5) Include mental health prominently in overall health impact assessments		X		
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health			X	
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions			X	
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge			X	
D3.10) Utilise tools such as joint budgeting			X	
D3.11) Other - which?	None			
Total	1	3	4	2

D3b. Further comments regarding the implementation of the recommendations mentioned above

N/A

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support	X			
D4.2) Inadequate/insufficient funding		X		
D4.3) Poor consensus among stakeholders	X			
D4.4) Poor cooperation between health and other (N/A) sectors.	X			
D4.5) Problems with joint budgeting	X			
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance	X			
D4.7) Lack of available tools	X			
D4.8) Lack of evidence of the benefits of integrated governance approach		X		
D4.9) Other - which?	None			
Total	6	2	0	0

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

N/A

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	There is some evidence, but it is difficult to assess the impact.
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	Central and Regional Governments
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	Central and Regional Governments
D5.4) Sectors and professionals involved?	At the central level, Health, Social Services, Penitentiary Institutions are involved. At the Regional level, Employment and Education are involved.
D5.5) Focus on targeted or universal approaches	N/A
D5.6) Relevant publications and/or evaluations on this thematic area	No.
D5.7) Is there citizen/public involvement in this area	No.

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM SWEDEN

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

As also mentioned in the previous EU Compass survey, the Swedish government has adopted a national strategy for mental health for the period 2016-2020. The strategy is based on five focus areas that have been identified as the main challenges when it comes to promoting mental health and wellbeing and combating mental ill health: 1. Preventive and promotional efforts, 2. Accessible services early, 3. Vulnerable groups, 4. Participation and rights, and 5. Organization and leadership. Each focus area covers people of all ages – children, young people, adults and the elderly- as well as girls and boys, men and women. Suicide prevention is also a recognised priority. Sweden has a National Action Programme for the prevention of suicides that was adopted by the Parliament in 2008. Since 2015, The Public Health Agency of Sweden is commissioned by the government to coordinate efforts on the national level. Suicide prevention is also mentioned in the National Strategy for Mental Health. One of the key elements in achieving the Government's goals and supporting the implementation of the national strategy is an agreement between the Government and the Swedish Association of Local Authorities and Regions (SALAR).

In the 2017 Agreement on Support for Targeted Measures for Mental Health (Överenskommelse om stöd till riktade insatser inom området psykisk hälsa) the Government provided a total of 885 million SEK (approx. 91 million Euros) for targeted measures for mental health. 780 million SEK (approx. 80 million Euros) is provided to local authorities and regions to continue the work towards long-term sustainable efforts to promote mental health and mental well-being, and to improve services for individuals suffering from mental health problems. The governmental action plan gives the regions/local authorities autonomy on how the money should be distributed in the regions but all work is based on 5 focus areas that the government has proposed. One main focus area has been prevention of mental ill health among children and youth. On October 31st 2017 local authorities and regions had to provide a report on their needs analysis, long-term goals and their action plan for mental health promotion, as well as how the provided resources have been used. SALAR has been given 60 million SEK (approx 6.2 million Euros) to support municipalities and regions in their work to analyse conditions locally and regionally, give method support and conduct follow-ups. In the agreement for 2017, the government and SALAR have also agreed on the need to support the development of a structure for knowledge transfer and knowledge development in the area of mental health and ill health. SALAR has been given 45 million SEK (approx. 4.6 million Euros) for this purpose to set up six regional resource centres during 2017 with a focus on

first line care. The purpose is to increase the quality of care and reach improved care results, as well as a more efficient use of health care resources in the area of mental health and ill health. During 2017, The Public Health Agency of Sweden has been given several new government commission within the area of mental health and suicide prevention. The Agency is e.g, commissioned to allocate state grants, a total of 15 million SEK (approx. 1.6 million euros), for preventative initiatives within the field of mental health and suicide prevention. The Agency has also been commissioned to further support local and regional efforts within the field of mental health by allocating state grants (20 million SEK (approx. 2 million euros) for collaboration with researchers. In the budget proposition for 2018, the government has proposed an increase in the budget allocation to mental health and psychiatry with 500 million SEK (approx 51 million Euros), and intends to increase it to 1 billion SEK (approx. 103 million euros) per year in 2019 and 2020. The purpose is to strengthen first line care and specialized psychiatry for children and youth. Extra funds have also been given to youth care centres and to support care and prevention of mental ill health among young refugees. In total the government allocates a little more than 1.7 billion SEK (approx. 175 million Euros) in 2018 for efforts in mental health, which is an increase of 550 million SEK compared to 2017. In 2019 the estimated total budget allocation is 2.2 billion SEK (approx. 226 million Euros).

B2. New documents, reports or resources that could benefit other stakeholders in mental health

- Web page National coordinator of Mental Health: <http://samordnarepsyiskhalsa.se/>
- Web page Swedish Association of Local Authorities and Regions (SALAR) <http://www.uppdragpsyiskhalsa.se/>
- Webpage: National coordination suicide prevention (Public Health Agency of Sweden) <https://www.folkhalsomyndigheten.se/suicidprevention/>
- National strategy for mental Health 2016-2020 http://samordnarepsyiskhalsa.se/wp-content/uploads/2016/08/psyisk_halsa_210x240_se_webb.pdf
- National action plan for suicide prevention <https://www.folkhalsomyndigheten.se/publicerat-material/publikationsarkiv/n/national-action-programme-for-suicide-prevention/>
- Annual report on suicide prevention <https://www.folkhalsomyndigheten.se/contentassets/fb1318c86c964294800783bc73a17c0c/suicidprevention-2016-16150.pdf>
- National guidelines for depression and anxiety care <http://www.socialstyrelsen.se/publikationer2016/2016-12-6>

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in all parts of the country

C1.2. Level of coordination between the different services within each catchment areas

Some coordination.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services	X				
Community mental health teams		X			
Crisis care – daytime only					X
Crisis care – 24 hours	X				
Home treatment	X				
Assertive outreach					X
Early interventions		X			
Rehabilitation services	X				
Primary care liaison					X
Residential facilities	X				
Total	5	2	0	0	3

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres			X
Rate of annual patients treated in Community Mental Health Centres			X
<i>Rate per 100.000 population by sex (if available)</i>			X

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals						X
Outpatient clinics in community- based psychiatric units						X
Home treatment						X
Assertive Outreach teams						X
Other (specify)						X
Total	0	0	0	0	0	5

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
			X

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities					X
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services				X	
C6.1.3) Integrate mental health in primary health care					X
C6.1.4) Shift the focus of specialised mental health care towards community-based services				X	
C6.1.5) Establish or increase the number of psychiatric units in general hospitals					X
C6.1.6) Promote the social inclusion of people with long-term mental disorders		X			
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X			
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders		X			
C6.1.9) Develop structured cooperation between mental health services, social services and employment services		X			
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services		X			
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'					X
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services				X	
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area					X
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care		X			
C6.1.15) Develop integrated programmes with case management					X
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services		X			
C6.1.17) Develop self-help and users and carer groups		X			
C6.1.18) Develop Supported employment programs		X			
C6.1.19) Other - which?	None				
Total	0	9	0	3	6

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

N/A

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support	X			
C7.2) Inadequate/insufficient funding		X		
C7.3) Lack of consensus among stakeholders		X		
C7.4) Poor cooperation between health and social care		X		
C7.5) Poorly trained human resources		X		
C7.6) Difficulties in the integration of mental health in primary care		X		
C7.7) Mental health resources centralised in large institutions			X	
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model			X	
C7.9) Other - which?			None	
Total	1	5	2	0

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

An important starting point for the Governments strategy as well as the Agreement between the Government and the Swedish Association of Local Authorities and Regions (SALAR) is the notion that all mental health initiatives are a shared responsibility for all parts of society. In this work it is of outmost importance that all sectors, from education to health care, social care and employment etc. work close together, at a governmental level as well as on a regional and local level. The National Coordinator for Mental Health initiatives mandate involves supporting the work carried out by national agencies, municipalities, county councils and organizations within the sector, and ensuring that all initiatives in the area of mental health are coordinated at a national/governmental level. One of the key issues for the coordinator is to make sure that a Mental Health in All Policies perspective is present in all initiatives at a governmental level and that the key actors (for example the governmental agencies) work close together within different policy areas. Since May 2015, the Public Health Agency has been commissioned by the government to coordinate suicide prevention efforts at a national level. The role of the agency is to develop coordination and monitoring of suicide and suicide preventive work, as well as to develop and disseminate knowledge support, adapted to the needs of different target groups. Each authority and stakeholder involved in suicide preventive work is responsible for developing measures within its respective sector. The Public Health Agency is responsible for developing knowledge in the field of public health. The coordination is carried out through a national collaboration group of authorities and a national interest group with researchers and representatives of the nonprofit sector (NGO's). The aim of national coordination is to, bring together and develop suicide preventive work, identify areas for collaboration and create synergies between national stakeholders, highlight the need for knowledge, and prevent duplication of efforts.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

Yes.

D2.1. Further description of these programmes:

In the national strategy for mental health for the period 2016-2020 there are five focus areas that have been identified as the main challenges when it comes to promoting mental health and wellbeing and combating mental ill health. Each focus area covers people of all ages – children, young people, adults and the elderly – as well as girls and boys, men and women. Not only have the focus areas been developed in collaboration with a number of key stakeholders, the strategy also states that all improvement work in the field of mental health must be conducted simultaneously, and in a collaborative manner. The five focus areas are a summary of what Sweden as a society need to work on together to combat illness, promote mental health and provide effective, safe and cost-effective services for those suffering from mental illness. The national strategy especially states that the requirements for change are: A responsibility for all of society, A person-centered approach, Use the right data – in the right way, Effective knowledge support, Cost-efficiency, and Collaboration. Collaboration on all levels is mentioned as a vital requirement to bring about change. The experiences of patients, users and relatives are of greatest importance in this work. The Swedish health system is publically financed and organised into three levels: the national, regional and local levels. The county councils have the primary responsibility for organising health and medical care so that all their residents have access to high-quality care. The municipalities are responsible for health services for elderly persons, support and service after discharge from hospital care as well as support for persons with mental disabilities. The state is responsible for overall health policies. The National Coordinator for Mental Health initiatives supports the work carried out by national agencies, municipalities, county councils and organizations within the sector, and ensures that all initiatives in the area of mental health are coordinated at a national/ governmental level. SALAR (Swedish Local Authorities and Regions) plays an important role as a coordinating function for the local and regional level. The main task of the coordination function at SALAR is to support the implementation of the efforts being made by municipalities and county councils, while also encouraging an exchange of experiences among municipalities and county councils. The governmental agencies are important actors within the fields of knowledge support, legislation development and quality insurance within healthcare and social services. Regardless of whom you are and where in Sweden you live, you should have access to good health and social care on equal terms. The governmental agencies job is to produce and develop statistics, regulations and knowledge for the Government and for those working in health and medical care and social services. They approach representatives and officials in municipalities and county councils, as well as care providers and their personnel. Their work ensures that

everyone has access to a shared national knowledge base. This is an important foundation for good health and social care through-out Sweden.

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

All or almost all (81-100%)

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health				X
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies		X		
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts	X			
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance				X
D3.5) Include mental health prominently in overall health impact assessments				X
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health	-	-	-	-
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions		X		
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge				X
D3.10) Utilise tools such as joint budgeting				X
D3.11) Other - which?	None			
Total	1	3	0	5

D3b. Further comments regarding the implementation of the recommendations mentioned above

N/A

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support				X
D4.2) Inadequate/insufficient funding				X
D4.3) Poor consensus among stakeholders				X
D4.4) Poor cooperation between health and other (County council and social services) sectors.	X			
D4.5) Problems with joint budgeting	X			
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance				X
D4.7) Lack of available tools				X
D4.8) Lack of evidence of the benefits of integrated governance approach				X
D4.9) Other - which?	None			
Total	2	0	0	6

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

D4.4) Actors within the county council and the social services, with (partially) the same patients, are working in parallel organisations and structures, instead of integrated

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	N/A
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	Nationally the government through different agreements but it is also locally done by counties and municipalities.
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	All sectors to some extent; the government, municipalities, counties, and regions. Stated in the national strategy.
D5.4) Sectors and professionals involved?	All should be involved according to the national strategy.
D5.5) Focus on targeted or universal approaches	N/A
D5.6) Relevant publications and/or evaluations on this thematic area	The National strategy and the assignment of the National coordinator.
D5.7) Is there citizen/public involvement in this area	N/A

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM TURKEY

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

MHgap Trainings for Family Health Physicians and Psychosocial Protection, Prevention and Intervention to Crisis Trainings have been initiated in 2016. Psychosocial Support in Communal Traumas and Disasters Programme and Autism Spectrum Disorder Screening and Monitoring Programme has been initiated in 2017.

B2. New documents, reports or resources that could benefit other stakeholders in mental health

- http://whqlibdoc.who.int/hq/2000/WHO_MNH_MBD_00.1_tur.pdf
- http://whqlibdoc.who.int/hq/2000/WHO_MNH_MBD_00.2_tur.pdf
- http://whqlibdoc.who.int/hq/2000/WHO_MNH_MBD_00.3_tur.pdf
- http://whqlibdoc.who.int/hq/2000/WHO_MNH_MBD_00.4_tur.pdf
- http://whqlibdoc.who.int/hq/2000/WHO_MNH_MBD_00.5_tur.pdf
- http://whqlibdoc.who.int/hq/2000/WHO_MNH_MBD_00.6_tur.pdf

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in all parts of the country

C1.2. Level of coordination between the different services within each catchment areas

Fairly good coordination.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services		X			
Community mental health teams		X			
Crisis care – daytime only		X			
Crisis care – 24 hours	X				
Home treatment	X				
Assertive outreach		X			
Early interventions		X			
Rehabilitation services	X				
Primary care liaison		X			
Residential facilities		X			
Total	3	7	0	0	3

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	0.2	2017	
Rate of annual patients treated in Community Mental Health Centres	79	2017	
<i>Rate per 100.000 population by sex (if available)</i>	65 women and 91 men	2017	

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals				X		
Outpatient clinics in community- based psychiatric units				X		
Home treatment				X		
Assertive Outreach teams				X		
Other (specify)	None					
Total	0	0	0	4	0	5

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex (if available)	Year of data	Information not available
			X

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities		X			
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services		X			
C6.1.3) Integrate mental health in primary health care		X			
C6.1.4) Shift the focus of specialised mental health care towards community-based services		X			
C6.1.5) Establish or increase the number of psychiatric units in general hospitals		X			
C6.1.6) Promote the social inclusion of people with long-term mental disorders		X			
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X			
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders		X			
C6.1.9) Develop structured cooperation between mental health services, social services and employment services		X			
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services		X			
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'		X			
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services		X			
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area		X			
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care					
C6.1.15) Develop integrated programmes with case management		X			
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services		X			
C6.1.17) Develop self-help and users and carer groups		X			
C6.1.18) Develop Supported employment programs		X			
C6.1.19) Other - which?				None	
Total	0	18	0	3	6

C6.2. Further comments regarding the implementation of the recommendations mentioned above:

N/A

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support			X	
C7.2) Inadequate/insufficient funding			X	
C7.3) Lack of consensus among stakeholders		X		
C7.4) Poor cooperation between health and social care		X		
C7.5) Poorly trained human resources		X		
C7.6) Difficulties in the integration of mental health in primary care		X		
C7.7) Mental health resources centralised in large institutions		X		
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model			X	
C7.9) Other - which?	None			
Total	0	5	3	0

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

It is a priority to some extent. There are some targets and strategies in National Mental Health Action Plan (2011-2023) prepared by Ministry of Health. For example, Establishing a holistic mental health system meeting whole needs of the people with severe mental disorders, Promoting and developing mental health, etc. The Action Plan requires making cooperation and coordination with many public institutions at central and provincial level and also NGOs.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

Yes.

D2.1. Further description of these programmes:

National Mental Health Action Plan (2011-2023)

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

All or almost all (81-100%)

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health		X		
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies		X		
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance		X		
D3.5) Include mental health prominently in overall health impact assessments		X		
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health		X		
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions		X		
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge		X		
D3.10) Utilise tools such as joint budgeting		X		
D3.11) Other - which?	None			
Total	0	10	0	5

D3b. Further comments regarding the implementation of the recommendations mentioned above

N/A

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available
D4.1) Low political support		X		
D4.2) Inadequate/insufficient funding			X	
D4.3) Poor consensus among stakeholders		X		
D4.4) Poor cooperation between health and other (N/A) sectors.		X		
D4.5) Problems with joint budgeting		X		
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance		X		
D4.7) Lack of available tools		X		
D4.8) Lack of evidence of the benefits of integrated governance approach		X		
D4.9) Other - which?	None			
Total	0	7	1	0

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

N/A

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	After spreading the works of Community Mental Health Centers, there has been seen a decrease in the number of patients. That created financial benefits for health expenditure.
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	General budget (Government policy)
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	DG Public Health of Ministry of Health
D5.4) Sectors and professionals involved?	Cooperation with the Ministry of Family, and Social Policy, Ministry of Labour and Social Security, Ministry of National Education, Ministry of Justice, etc.
D5.5) Focus on targeted or universal approaches	N/A
D5.6) Relevant publications and/or evaluations on this thematic area	Yes, it is available
D5.7) Is there citizen/public involvement in this area	NGOs involved

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM UNITED KINGDOM

B. UPDATES ON KEY DEVELOPMENTS

B1. Significant mental health developments that have been implemented since the previous EU Compass survey (2016) or that will be initiated by March 2018

1. The Government published its response to the Five Year Forward View for Mental Health in England in January 2017 to set out how it will implement its recommendations across government. The Prime Minister also set out a wide range of mental health reforms which included a review of mental health in the workplace, a review of the Mental Health Act 1983 and delivering Mental Health First Aid training in schools. An Inter-Ministerial Group on Mental Health was also established to oversee this work which brings together senior Ministers across government to progress the mental health agenda.
2. Launched a programme to deliver Mental Health First Aid training in schools. We have started with secondary schools in June and will roll this out to primary schools from 2018/19. By 2022 we will have rolled out Mental Health First Aid training to over 24,000 schools in England.
3. Updated the Cross-Government Suicide Prevention Strategy for England to strengthen delivery of its key areas for action and expanded its scope to address self-harm as an issue in its own right. We will ensure that every local authority in England will have a multi-agency suicide prevention plan in place by the end of the year. This followed an inquiry into suicide prevention in England by the Health Select Committee. The Government published its response to the Committee in July.
4. Launched the first National Mental Health Prevention Concordat in England for local authorities to work across all local authorities and build mental health prevention into their local Strategic Joint Needs Assessments for local communities.
5. Published a 10 year Mental Health Workforce Strategy for England to set out the workforce requirements to support the implementation of the Five Year Forward View for Mental Health.
6. Commissioned an independent review of mental health in the workplace in England led by Lord Stevenson and Paul Farmer, Chief Executive of the mental health charity Mind. The report of this review was published in November setting out wide ranging recommendations for government and employers.
7. Launched the first National Internet Safety Strategy to make Britain the safest place to be online. This includes proposals for tackling online abuse and harmful content online.
8. We will publish a joint Health and Education Children and Young People's Green Paper this year to set out ambitious proposals for early intervention and prevention of mental ill health in young people of school and

college age. This builds on the vision for improving children and young people's mental health set out in Future in Mind.

9. Implemented legislative changes through the Policing and Crime Act to ban the use of police cells as places of safety for people under 18 detained under sections 135 and 136 of the Mental Health Act 1983. 10. Launched an independent review of the Mental Health Act 1983 led by Sir Simon Wessley to ensure that it remains fit for purpose and to improve the rights of people. An interim report of the review will be published in spring 2018.

B2. New documents, reports or resources that could benefit other stakeholders in mental health

1. Government response to the Five Year Forward View for Mental Health (2017): <https://www.gov.uk/government/publications/fiveyear-forward-view-for-mental-health-government-response>

2. Updated Cross-Government Suicide Prevention Strategy for England: <https://www.gov.uk/government/publications/suicide-prevention-third-annual-report>

3. Government's response to the Health Select Committee's inquiry into suicide prevention in England: <https://www.gov.uk/government/publications/suicide-prevention-response-to-health-select-committee>

4. National Mental Health Prevention Concordat: <https://www.gov.uk/government/collections/prevention-concordat-for-better-mental-health>

5. Mental Health Workforce Strategy: <https://www.hee.nhs.uk/our-work/planning-commissioning/workforce-planning/mental-health-workforce-plan>

6. Thriving at Work, an independent review of mental health in the workplace: <https://www.gov.uk/government/publications/thriving-at-work-a-review-of-mental-health-and-employers>

7. National Internet Safety Strategy: <https://www.gov.uk/government/consultations/internet-safetystrategy-green-paper>

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Are the mental health services in your country organised by catchment area/service area?

Yes, in all parts of the country.

C1.2. Level of coordination between the different services within each catchment areas

Fairly good coordination.

C2. Level of implementation of specialist mental health services in the community

	Significantly implemented (over 70%)	Implemented to some extent (30-70%)	Implemented to a small extent (up to 30%)	Not at all	Information not available
Specialist outpatient mental health services	X				
Community mental health teams	X				
Crisis care – daytime only	X				
Crisis care – 24 hours		X			
Home treatment	X				
Assertive outreach	X				
Early interventions	X				
Rehabilitation services	X				
Primary care liaison		X			
Residential facilities	X				
Total	8	2	0	0	0

C3. Community Mental Health Centres

	per 100.000 population	Year of data	Information not available
Rate of Community Mental Health Centres	---	---	X
Rate of annual patients treated in Community Mental Health Centres	---	---	X
<i>Rate per 100.000 population by sex (if available)</i>	---	---	X

C4. Proportion of patients with severe mental illness receiving routine follow-up community care upon discharge from inpatient services in the following settings

	None	A few (1-20%)	Some (21-50%)	The majority (51-80%)	All or almost all (81-100%)	Information not available
Outpatient clinics in Mental Hospitals					X	
Outpatient clinics in community-based psychiatric units					X	
Home treatment				X		
Assertive Outreach teams				X		
Other (specify)	None					
Total	0	0	0	2	2	0

C5. Proportion of unemployed people who receive social welfare benefits or pensions because of disability due to mental health problems in the last available year

Proportion * (total)	Proportion * by sex	Year of data	Information not
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	(if available)		available
49%	N/A	N/A	N/A

C6. Level of implementation of recommendations to provide community-based mental health services in 2015-2017

	Fully	To some extent	Not at all	Implemented before 2015	Information not available
C6.1.1) Develop and update mental health policies and legislation in accordance with WHO Mental Health Plans and the UN Convention on the Rights of People with Disabilities				X	
C6.1.2) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services				X	
C6.1.3) Integrate mental health in primary health care		X			
C6.1.4) Shift the focus of specialised mental health care towards community-based services				X	
C6.1.5) Establish or increase the number of psychiatric units in general hospitals		X			
C6.1.6) Promote the social inclusion of people with long-term mental disorders				X	
C6.1.7) Ensure the improvement of quality of care and the protection of human rights across all parts of the system				X	
C6.1.8) Ensure that community psychosocial supports are available for people with severe mental disorders		X			
C6.1.9) Develop structured cooperation between mental health services, social services and employment services				X	
C6.1.10) Improve the use and effectiveness of monitoring mechanisms of mental health services				X	
C6.1.11) Stopping new admissions in psychiatric institutions, or 'closing the front door'					X
C6.1.12) Reallocate resources, both human and financial, away from mental hospitals/psychiatric hospitals to community services		X			
C6.1.13) Promote liaison and coordination of inpatient psychiatric units with existing community mental health teams in the same catchment area				X	
C6.1.14) Promote co-ordination of care and effective follow-up of discharged patients in order to ensure continuity of care				X	
C6.1.15) Develop integrated programmes with case management				X	
C6.1.16) Promote the active involvement of users and carers in the delivery, planning and reorganisation of services				X	
C6.1.17) Develop self-help and users and carer groups				X	
C6.1.18) Develop Supported employment programs				X	
C6.1.19) Other - which?			None		
Total	0	4	0	13	1

C7. Barriers level of impact on implementation of the recommendations to provide community-based mental health services in 2015-2017

	A lot	To some extent	Not at all	Information not available
C7.1) Low political support			X	
C7.2) Inadequate/insufficient funding		X		
C7.3) Lack of consensus among stakeholders			X	
C7.4) Poor cooperation between health and social care		X		
C7.5) Poorly trained human resources			X	
C7.6) Difficulties in the integration of mental health in primary care		X		
C7.7) Mental health resources centralised in large institutions		X		
C7.8) Transferring patients to large residential facilities that present the risk of replicating the institutional model			X	
C7.9) Other - which?			None	
Total	0	4	4	0

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. How mental health is taken into account in non-health sectors' policies and practice.

Equalities legislation requires non-health sector policies to take into the account the needs of people with protected characteristics which includes people with mental health needs. The Government has put parity of esteem for mental and physical health into legislation. A Inter-Ministerial Group for Mental Health has been established with senior Ministers across Government to raise the profile of mental health in all sectors.

D2. National programmes/strategies for developing integrated governance approaches (or MHiAP):

Yes.

D2.1. These programmes entail:

N/A

D2.2. Proportion of regions or local authority areas (municipalities) that implement these provisions.

N/A

D3a. Recommendations to develop integrated governance approaches (or MHiAP) that have been implemented in your country in 2015-2017

	Fully	To some extent	Not at all	Information not available
D3.1) Action on social determinants of mental health		X		
D3.2) Strengthening capacity, and ensuring effective structures, processes and resources for mental health in all policies		X		
D3.3) Enabling the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D3.4) Provide tools for making mental health impact assessments of public policies at different levels of governance				X
D3.5) Include mental health prominently in overall health impact assessments	X			
D3.6) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives	X			
D3.7) Improve provision of sector-relevant information on impact of policy decisions on public mental health		X		
D3.8) Implement public monitoring or audit of the mental health and equity effects of policy actions		X		
D3.9) Encourage implementation studies on effective methods in Mental Health in All Policies that bridge the gap between health, social and economic knowledge				X
D3.10) Utilise tools such as joint budgeting		X		
D3.11) Other - which?	None			
Total	2	6	0	2

D3b. Further comments regarding the implementation of the recommendations mentioned above

N/A

D4. Barriers that impacted on the implementation of the recommendations to develop integrated governance approaches (or MHiAP) in 2015-2017

	A lot	To some extent	Not at all	Information not available	Total	Average
D4.1) Low political support		X				
D4.2) Inadequate/insufficient funding		X				
D4.3) Poor consensus among stakeholders		X				
D4.4) Poor cooperation between health and other (N/A) sectors		X				
D4.5) Problems with joint budgeting		X				
D4.6) Lack of knowledge/understanding of MHiAP/integrated governance		X				
D4.7) Lack of available tools		X				
D4.8) Lack of evidence of the benefits of integrated governance approach		X				
D4.9) Other - which?	None					

D4b. Further comments on the barriers to implement the recommendations to develop integrated governance approaches (or MHiAP)?

N/A

D5. Can you provide further information on the following areas regarding developing integrated governance approaches (or MHiAP) in your country?

D5.1) Evidence of financial benefits of developing integrated governance approaches to mental health	Various independent studies have been commissioned by sectors of government to show the benefits of integrated approaches to mental health. A strong body of research on integrating mental health, physical health and social care. Building the body of evidence on mental health and education and mental health and the workplace.
D5.2) Responsible entities for funding activities to develop integrated governance approaches to mental health	Funding may be by central and regional, local government
D5.3) Responsible entities for implementing integrated governance approaches to mental health.	Responsibility is devolved at local level in many respects
D5.4) Sectors and professionals involved?	Not Answered
D5.5) Focus on targeted or universal approaches	We have targeted integration in areas first where evidence exists.
D5.6) Relevant publications and/or evaluations on this thematic area	Not Answered
D5.7) Is there citizen/public involvement in this area	Not Answered

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM STAKEHOLDERS

ANNUAL ACTIVITY REPORTS FROM EU LEVEL STAKEHOLDERS

ANNUAL ACTIVITY REPORT FROM EUPHA

A. INFORMATION ON THE ORGANIZATION

A2. Status of the organisation:

Non-governmental sector (third sector)	<input checked="" type="checkbox"/>
Private sector	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

A3. The organisation belongs primarily to:

Cultural sector	<input type="checkbox"/>
Educational sector	<input type="checkbox"/>
Environmental sector	<input type="checkbox"/>
Financial sector	<input type="checkbox"/>
Health sector	<input type="checkbox"/>
Health and social sector	<input checked="" type="checkbox"/>
Housing sector	<input type="checkbox"/>
Human rights sector	<input type="checkbox"/>
Justice sector	<input type="checkbox"/>
Labour sector	<input type="checkbox"/>
Leisure and sports	<input type="checkbox"/>
Social sector	<input type="checkbox"/>
Transportation sector	<input type="checkbox"/>
Urban planning sector	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

A4) Basic information about the organization:

EUPHA is the Public Health umbrella organisation in Europe.

B. UPDATES ON KEY DEVELOPMENTS

B1. Organization's involvement in mental health, in 2017:

B1.1) Motivations to act on mental health	(already answered in the previous EU Compass survey)
B1.2) How mental health relates to the core objectives of the organisation	(already answered in the previous EU Compass survey)
B1.3) Key mental health activities	(already answered in the previous EU Compass survey)
B1.4) Key achievements of your actions in mental health	(already answered in the previous EU Compass survey)
B1.5) Key partners involved	(already answered in the previous EU Compass survey)
B1.6) Target group of the activities	(already answered in the previous EU Compass survey)
B1.7) Resources available for this work	(already answered in the previous EU Compass survey)
B1.8) Strengths of the activities	(already answered in the previous EU Compass survey)
B1.9) Challenges met during the activities	(already answered in the previous EU Compass survey)
B1.10) Are the activities evaluated? If so, how?	(already answered in the previous EU Compass survey)
B1.11) Any other comments?	(already answered in the previous EU Compass survey)

B2. New documents, reports or resources that could benefit other stakeholders in mental health

(Already answered this section in the previous EU Compass survey)

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Activities regarding the provision of community-based mental health services implemented in 2015-17:

Activity	Extensively	Some	None	Information not available
C1.1) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services			X	
C1.2) Promote the social inclusion of people with long-term mental disorders		X		
C1.3) Ensure that community psychosocial supports are available for people with severe mental disorders and develop community-based services and programmes for specific populations		X		
C1.4) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X		
C1.5) Improve the use and effectiveness of monitoring mechanisms of mental health services		X		
C1.6) Other			None	
Total	0	4	1	0

C2. Further information regarding activities for providing community-based mental health services:

EUPHA provides information to stakeholders, politicians and policy makers. Likewise, EUPHA supports and informs about research in the mental health field. Especially the section of Public mental health is disseminating knowledge on services and effectiveness of services.

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. Activities for developing integrated approaches to governance (or MHiAP), implemented in 2015-17

Activity	Extensively	Some	None	Information not available
D1.1) Take action on social determinants of mental health	X			
D1.2) Enable the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts	X			
D1.3) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives	X			
D1.4) Improve provision of sector-relevant information on impact of policy decisions on public mental health	X			
D1.5) Provide tools for making mental health impact assessments of public policies at different levels of governance		X		
D1.6) Participate in public monitoring or audit of the mental health and equity effects of policy actions	X			
D1.7) Other (Dissemination of information, networking)	X			
Total	6	1	0	0

D2. Further information regarding activities for developing integrated approaches to governance (or MHiAP)?

EUPHA brings together disciplines and professionals from different backgrounds. The Public mental health section serves as a platform for researchers and policy makers. The focus is on bringing together all disciplines to improve research and care. Herewith, the activities are on a large scale European wide. Likewise, the section initiated and organized the first International EUPHA-Public Mental Health Conference in 2017.

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

The first International EUPHA Public Mental health Conference set up a website to disseminate knowledge on Public Mental health.

ANNUAL ACTIVITY REPORT FROM EUROPEAN EURO YOUTH MENTAL HEALTH

A. INFORMATION ON THE ORGANIZATION

A2. Status of the organisation:

Non-governmental sector (third sector)	<input checked="" type="checkbox"/>
Private sector	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

A3. The organisation belongs primarily to:

Cultural sector	<input type="checkbox"/>
Educational sector	<input type="checkbox"/>
Environmental sector	<input type="checkbox"/>
Financial sector	<input type="checkbox"/>
Health sector	<input type="checkbox"/>
Health and social sector	<input type="checkbox"/>
Housing sector	<input type="checkbox"/>
Human rights sector	<input type="checkbox"/>
Justice sector	<input type="checkbox"/>
Labour sector	<input type="checkbox"/>
Leisure and sports	<input type="checkbox"/>
Social sector	<input type="checkbox"/>
Transportation sector	<input type="checkbox"/>
Urban planning sector	<input type="checkbox"/>
Other, please specify: Youth Sector	<input checked="" type="checkbox"/>

A4) Basic information about the organization:

We act in order to create a Europe that enables young people to access support and talk openly about their mental health and well-being. By encouraging collaboration across services, sharing of best-practice and ensuring that young people are empowered to have a voice in all matters that affect them around the promotion of mental health and preventing the impact of mental illness. Working with and for young people across Europe to ensure happy and healthy futures! # We do this as a small organisation by delivering, offering and developing - - Training - Consultation work - Co-production of our work - Sharing best practice - Promoting mental health with and for young people.

B. UPDATES ON KEY DEVELOPMENTS

B1. Organization's involvement in mental health, in 2017:

B1.1) Motivations to act on mental health	We act because young people's mental health is just as important as physical health, but it currently doesn't get the same priorities across Europe. We want to change that and empower young people to talk openly about their feelings and want professionals to share best practice and collaborate to offer young people the best support, to prevent the impact of mental illness
B1.2) How mental health relates to the core objectives of the organisation	It is our key focus in all the work we do.
B1.3) Key mental health activities	Training Campaigning/activism Sharing best practice collaborating Youth participation
B1.4) Key achievements of your actions in mental health	Setting up Delivering a workshop at YoFest 2017
B1.5) Key partners involved	No one specifically yet, but are in touch with Mental health Europe Eufami and various others
B1.6) Target group of the activities	Young people under 11-35 Professionals
B1.7) Resources available for this work	Currently 3 volunteer staff
B1.8) Strengths of the activities	We are an international team with experience of mental health illness. We all have international work experience We all work with youth
B1.9) Challenges met during the activities	Setting Up Finding funding to resource the time to grow as an organisation
B1.10) Are the activities evaluated? If so, how?	Not at present
B1.11) Any other comments?	We are just setting up as an organisation, based of colleagues from across Europe, main base is London.

B2. New documents, reports or resources that could benefit other stakeholders in mental health (already answered this section in the previous EU Compass survey)

N/A

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Activities regarding the provision of community-based mental health services implemented in 2015-17:

Activity	Extensively	Some	None	Information not available
C1.1) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services				X
C1.2) Promote the social inclusion of people with long-term mental disorders	X			
C1.3) Ensure that community psychosocial supports are available for people with severe mental disorders and develop community-based services and programmes for specific populations				X
C1.4) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X		
C1.5) Improve the use and effectiveness of monitoring mechanisms of mental health services			X	
C1.6) Other			None	
Total	1	1	1	2

C2. Further information regarding activities for providing community-based mental health services:

We are currently sharing best practice of a variety of good work/projects, all of which celebrate community-based practices as a preferred option. By doing this we hope we are sharing best practice to those who have not yet moved to a more community approach and look to collaborate to set this up. We do this voluntarily.

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. Activities for developing integrated approaches to governance (or MHiAP), implemented in 2015-17

Activity	Extensively	Some	None	Information not available
D1.1) Take action on social determinants of mental health	X			
D1.2) Enable the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D1.3) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives				X
D1.4) Improve provision of sector-relevant information on impact of policy decisions on public mental health			X	
D1.5) Provide tools for making mental health impact assessments of public policies at different levels of governance			X	
D1.6) Participate in public monitoring or audit of the mental health and equity effects of policy actions			X	
D1.7) Other			None	
Total	1	1	3	1

D2. Further information regarding activities for developing integrated approaches to governance (or MHiAP)?

N/A

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM EUROPEAN BRAIN COUNCIL

A. INFORMATION ON THE ORGANIZATION

A2. Status of the organisation:

Non-governmental sector (third sector)	<input checked="" type="checkbox"/>
Private sector	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

A3. The organisation belongs primarily to:

Cultural sector	<input type="checkbox"/>
Educational sector	<input type="checkbox"/>
Environmental sector	<input type="checkbox"/>
Financial sector	<input type="checkbox"/>
Health sector	<input type="checkbox"/>
Health and social sector	<input checked="" type="checkbox"/>
Housing sector	<input type="checkbox"/>
Human rights sector	<input type="checkbox"/>
Justice sector	<input type="checkbox"/>
Labour sector	<input type="checkbox"/>
Leisure and sports	<input type="checkbox"/>
Social sector	<input type="checkbox"/>
Transportation sector	<input type="checkbox"/>
Urban planning sector	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

A4) Basic information about the organization:

EBC is a Brussels-based association that brings together patient, scientific, industry and medical organizations around a common vision for the “brain space”. Its mission is to promote brain research and improve the quality of life of those living with brain disorders. The policy work of the EBC revolves around addressing challenges resulting from disorders of the brain, neurological and mental alike.

B. UPDATES ON KEY DEVELOPMENTS

B1. Organization's involvement in mental health, in 2017:

B1.1) Motivations to act on mental health	(answered this section in the previous Compass survey)
B1.2) How mental health relates to the core objectives of the organisation	(answered this section in the previous Compass survey)
B1.3) Key mental health activities	(answered this section in the previous Compass survey)
B1.4) Key achievements of your actions in mental health	(answered this section in the previous Compass survey)
B1.5) Key partners involved	(answered this section in the previous Compass survey)
B1.6) Target group of the activities	(answered this section in the previous Compass survey)
B1.7) Resources available for this work	(answered this section in the previous Compass survey)
B1.8) Strengths of the activities	(answered this section in the previous Compass survey)
B1.9) Challenges met during the activities	(answered this section in the previous Compass survey)
B1.10) Are the activities evaluated? If so, how?	(answered this section in the previous Compass survey)
B1.11) Any other comments?	(answered this section in the previous Compass survey)

B2. New documents, reports or resources that could benefit other stakeholders in mental health

(answered this section in the previous Compass survey)

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Activities regarding the provision of community-based mental health services implemented in 2015-17:

Activity	Extensively	Some	None	Information not available
C1.1) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services				X
C1.2) Promote the social inclusion of people with long-term mental disorders		X		
C1.3) Ensure that community psychosocial supports are available for people with severe mental disorders and develop community-based services and programmes for specific populations				X
C1.4) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X		
C1.5) Improve the use and effectiveness of monitoring mechanisms of mental health services				X
C1.6) Other:				X
Total				

C2. Further information regarding activities for providing community-based mental health services:

N/A

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. Activities for developing integrated approaches to governance (or MHiAP), implemented in 2015-17

Activity	Extensively	Some	None	Information available	not
D1.1) Take action on social determinants of mental health				X	
D1.2) Enable the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts				X	
D1.3) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X			
D1.4) Improve provision of sector-relevant information on impact of policy decisions on public mental health		X			
D1.5) Provide tools for making mental health impact assessments of public policies at different levels of governance				X	
D1.6) Participate in public monitoring or audit of the mental health and equity effects of policy actions				X	
D1.7) Other (please describe)				X	
Total	0	2	0	5	

D2. Further information regarding activities for developing integrated approaches to governance (or MHiAP)?

The European Brain Council (EBC) recently released a summary of facts and recommendation on suicide in Europe. This publication, written by a working group of suicide experts, gives an overview of the current state of play concerning suicide in Europe and provides recommendations to policy-makers and stakeholders on suicide prevention. By releasing the summary, EBC aims to raise public awareness of the magnitude of suicide in Europe. More information on the summary can be found on our website: <http://www.braincouncil.eu/activities/news/suicide-in-europe>

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

Suicide in Europe: Facts and Recommendations Source: <http://www.braincouncil.eu/activities/news/suicide-in-europ>

ANNUAL ACTIVITY REPORT FROM MENTAL HEALTH EUROPE

A. INFORMATION ON THE ORGANIZATION

A2. Status of the organisation:

Non-governmental sector (third sector)	X
Private sector	
Other, please specify:	

A3. The organisation belongs primarily to:

Cultural sector	
Educational sector	
Environmental sector	
Financial sector	
Health sector	
Health and social sector	
Housing sector	
Human rights sector	X
Justice sector	
Labour sector	
Leisure and sports	
Social sector	
Transportation sector	
Urban planning sector	
Other, please specify:	

A4) Basic information about the organization:

Mental Health Europe is an umbrella organisation which represents associations, organisations and individuals active in the field of mental health and well-being in Europe, including (ex)users of mental health services, volunteers and professionals. As such, MHE bridges the gap between its 73 member organisations and the European institutions, and keeps its members informed and involved in any developments at European Union level. MHE's work takes different forms. As the main mental health organisation active in Brussels, MHE is committed to advocating for its cause, whether this takes the form of submitting amendments to legislation, consulting with the European Commission, forming alliances with other organisations or being part of expert groups. Mental health Europe also develops and coordinates its own projects, conducts and disseminates research. Working to inform the general public on the plight of people with mental health problems, Mental Health Europe also cooperates closely with the media, and is often featured in prominent media outlets in Brussels and beyond. For more information, please see MHE's website www.mhe-sme.org.

B. UPDATES ON KEY DEVELOPMENTS

B1. Organization's involvement in mental health, in 2017:

B1.1) Motivations to act on mental health	(already answered this section in the previous EU Compass survey)
B1.2) How mental health relates to the core objectives of the organisation	(already answered this section in the previous EU Compass survey)
B1.3) Key mental health activities	(already answered this section in the previous EU Compass survey)
B1.4) Key achievements of your actions in mental health	(already answered this section in the previous EU Compass survey)
B1.5) Key partners involved	(already answered this section in the previous EU Compass survey)
B1.6) Target group of the activities	(already answered this section in the previous EU Compass survey)
B1.7) Resources available for this work	(already answered this section in the previous EU Compass survey)
B1.8) Strengths of the activities	(already answered this section in the previous EU Compass survey)
B1.9) Challenges met during the activities	(already answered this section in the previous EU Compass survey)
B1.10) Are the activities evaluated? If so, how?	(already answered this section in the previous EU Compass survey)
B1.11) Any other comments?	(already answered this section in the previous EU Compass survey)

B2. New documents, reports or resources that could benefit other stakeholders in mental health

(Already answered this section in the previous EU Compass survey)

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Activities regarding the provision of community-based mental health services implemented in 2015-17:

Activity	Extensively	Some	None	Information not available
C1.1) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services	X			
C1.2) Promote the social inclusion of people with long-term mental disorders	X			
C1.3) Ensure that community psychosocial supports are available for people with severe mental disorders and develop community-based services and programmes for specific populations	X			
C1.4) Ensure the improvement of quality of care and the protection of human rights across all parts of the system	X			
C1.5) Improve the use and effectiveness of monitoring mechanisms of mental health services		X		
C1.6) Other: Conducted research/mapping exercises on transition to community-based services	X			
Total	5	1	0	0

C2. Further information regarding activities for providing community-based mental health services:

Within its every-day work supported through an operation grant from the European Commission as well as membership fees, MHE is actively working to promote the transition from institutions to community-based services, both as founding members within the European Expert Group on the Transition from Institutions to Community-Based Services (the EEG) and throughout own advocacy work. In the recent years, we took part of the DI work package of the Joint Action on Mental Health, we worked on the implementation of the UN CRPD, especially its article 19 on Independent Living (through advocacy, articles in media, contribution to the consultation for the General Comment on Article 19, etc). We currently carry out a research project funded by the Open Society Foundations, in collation with the Tizard centre at the University of Leeds, called "Mapping and Understanding Exclusion" which aims at shedding light on the state of play on de-institutionalisation (DI) in Europe, and which also include personal testimonies on how institutionalisation affect a person. We also work on aspects that are closely linked to DI, including the right to legal capacity and the right to not be subjected to forced treatments and placements. We promote the social model of mental health and psychosocial disability and believe in human rights-compliant, recovery-focused, mental health services. For the relevant publications, see for example: http://www.mhe-sme.org/fileadmin/Position_papers/MHE_Contribution_-_Art._19_UNCRPD.pdf; http://www.mhe-sme.org/fileadmin/Position_papers/Article_12_Position_paper.pdf; About the project 'Mapping Exclusion': <http://www.mhe-sme.org/projects/mapping-exclusion/>. More info on our website www.mhe-sme.org.

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. Activities for developing integrated approaches to governance (or MHiAP), implemented in 2015-17

Activity	Extensively	Some	None	Information not available
D1.1) Take action on social determinants of mental health	X			
D1.2) Enable the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts	X			
D1.3) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives	X			
D1.4) Improve provision of sector-relevant information on impact of policy decisions on public mental health	X			
D1.5) Provide tools for making mental health impact assessments of public policies at different levels of governance		X		
D1.6) Participate in public monitoring or audit of the mental health and equity effects of policy actions		X		
D1.7) Other (please describe)			None	
Total	4	2	0	0

D2. Further information regarding activities for developing integrated approaches to governance (or MHiAP)?

Since we believe in the social model of mental health and psychosocial disability, and working on a paradigm shift in mental health, and since prevention and promotion are part of our core activities, we actively work from a MHiAP approach. We see awareness-raising and better understanding of the MHiAP approach as our core mission and we know that most of EU's activities will have an impact on mental health. Despite this, the mental health aspect is very often overlooked and/or misunderstood by policy-makers. We work through building alliances, capacitybuilding seminars, hearings, media work, advocacy etc etc. The list of work is long, but some of the most recent include:

- The establishment of the European alliance on Mental Health - work and employment: <https://eumhalliance.com>;
- An awareness-raising campaign on mental health called 'Each of Us': <https://eachofus.eu>;
- A European Parliament (EP) coalition of MEPs to promote mental health throughout EP work: <https://mental-health-coalition.com>;
- Open letter on the Paradigm Shift: http://www.mhe-sme.org/fileadmin/Position_papers/UN_Open_Letter.pdf - Joint Letter on Mental Health through the Health Policy Platform: http://www.mhe-sme.org/fileadmin/Position_papers/Jointstatement_on_mental_health-final_with_endorsements_01.pdf
- Score cards on the EU Presidencies: <http://www.mhe-sme.org/publications/presidency-scorecards/>

We are also currently in the process of providing input to the upcoming EU Multi-Annual Financial Framework, where we call on the mainstreaming of mental health in the EU funding instruments. This work will continue in the years ahead. More info on our website www.mhe-sme.org

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

1. <http://www.coe.int/en/web/commissioner/-/respecting-the-human-rights-of-persons-with-psychosocial-and-intellectual-disabilities-an-obligationnot-yet-fully-understood>
2. http://www.mhe-sme.org/fileadmin/Position_papers/Special_Rapporteur_report_on_mental_health_and_human_rights.pdf
3. http://enil.eu/wp-content/uploads/2017/07/OurRightsCampaign-Briefing_FINAL.pdf

ANNUAL ACTIVITY REPORT FROM ILGA-EUROPE

A. INFORMATION ON THE ORGANIZATION

A2. Status of the organisation:

Non-governmental sector (third sector)	<input checked="" type="checkbox"/>
Private sector	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

A3. The organisation belongs primarily to:

Cultural sector	<input type="checkbox"/>
Educational sector	<input type="checkbox"/>
Environmental sector	<input type="checkbox"/>
Financial sector	<input type="checkbox"/>
Health sector	<input type="checkbox"/>
Health and social sector	<input type="checkbox"/>
Housing sector	<input type="checkbox"/>
Human rights sector	<input checked="" type="checkbox"/>
Justice sector	<input type="checkbox"/>
Labour sector	<input type="checkbox"/>
Leisure and sports	<input type="checkbox"/>
Social sector	<input type="checkbox"/>
Transportation sector	<input type="checkbox"/>
Urban planning sector	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

A4) Basic information about the organization:

LGA-Europe - the European Region of the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) are an international non-governmental umbrella organisation bringing together 490 organisations from 45 European countries. ILGA-Europe was established as a separate region of ILGA and an independent legal entity in 1996. ILGA itself was created in 1978.

B. UPDATES ON KEY DEVELOPMENTS

B1. Organization's involvement in mental health, in 2017:

B1.1) Motivations to act on mental health	see last 2017 survey
B1.2) How mental health relates to the core objectives of the organisation	see last 2017 survey
B1.3) Key mental health activities	We're working on a social media campaign on mental health that will be launched on 10 October
B1.4) Key achievements of your actions in mental health	N/A
B1.5) Key partners involved	Mental Health Europe and our members
B1.6) Target group of the activities	the LGBTI community and policy makers at EU and national level across Europe
B1.7) Resources available for this work	We compile good practices by our members
B1.8) Strengths of the activities	We're an umbrella organization. Our members work directly on the ground and reflect the community's needs.
B1.9) Challenges met during the activities	N/A
B1.10) Are the activities evaluated? If so, how?	We evaluate our advocacy, communication and campaigning work's impact.
B1.11) Any other comments?	N/A

B2. New documents, reports or resources that could benefit other stakeholders in mental health

Resources will be made available during our campaign.

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Activities regarding the provision of community-based mental health services implemented in 2015-17:

Activity	Extensively	Some	None	Information not available
C1.1) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services			None	
C1.2) Promote the social inclusion of people with long-term mental disorders		X		
C1.3) Ensure that community psychosocial supports are available for people with severe mental disorders and develop community-based services and programmes for specific populations			None	
C1.4) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X		
C1.5) Improve the use and effectiveness of monitoring mechanisms of mental health services			None	
C1.6) Other			None	
Total	0	2	0	0

C2. Further information regarding activities for providing community-based mental health services:

Community-based services in 'our' terminology would mean : services that are developed primarily by and for LGBTI people. The aim of our campaign (launched on 10/10/17) is to highlight good practices from LGBTI organisations in this area.

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. Activities for developing integrated approaches to governance (or MHiAP), implemented in 2015-17

Activity	Extensively	Some	None	Information not available
D1.1) Take action on social determinants of mental health		X		
D1.2) Enable the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D1.3) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives			None	
D1.4) Improve provision of sector-relevant information on impact of policy decisions on public mental health			None	
D1.5) Provide tools for making mental health impact assessments of public policies at different levels of governance			None	
D1.6) Participate in public monitoring or audit of the mental health and equity effects of policy actions			None	
D1.7) Other (Coordinate cross-party mental health policy committee in the parliament)			None	
Total	0	2	0	0

D2. Further information regarding activities for developing integrated approaches to governance (or MHiAP)?

In our education work for instance, we make sure that policy makers are aware of the impact of homophobic and transphobic school bullying on young people (who are LGBTI or are perceived as such).

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM AUSTRIA'S STAKEHOLDER

PHYSIOAUSTRIA

A. INFORMATION ON THE ORGANIZATION

A2. Status of the organisation:

Non-governmental sector (third sector)	X
Private sector	
Other, please specify:	

A3. The organisation belongs primarily to:

Cultural sector	
Educational sector	
Environmental sector	
Financial sector	
Health sector	
Health and social sector	X
Housing sector	
Human rights sector	
Justice sector	
Labour sector	
Leisure and sports	
Social sector	
Transportation sector	
Urban planning sector	
Other, please specify:	

A4) Basic information about the organization:

Network regarding the physiotherapy in the field of mental health in Austria.

B. UPDATES ON KEY DEVELOPMENTS

B1. Organization's involvement in mental health, in 2017:

B1.1) Motivations to act on mental health	To strengthen the physiotherapy in the field of mental health
B1.2) How mental health relates to the core objectives of the organisation	One special field in physiotherapy
B1.3) Key mental health activities	Strengthening this subgroup in physiotherapy, standardizing the education of physiotherapist in mental health.
B1.4) Key achievements of your actions in mental health	Call Attention to this special field, benefits of physiotherapy in the field of mental health.
B1.5) Key partners involved	Other health professionals, health insurances
B1.6) Target group of the activities	Patients, other Health professions
B1.7) Resources available for this work	Personal dedication, backup from Physioaustria
B1.8) Strengths of the activities	See above
B1.9) Challenges met during the activities	Lack of time resources, great distances
B1.10) Are the activities evaluated? If so, how?	no
B1.11) Any other comments?	no

B2. New documents, reports or resources that could benefit other stakeholders in mental health

N/A

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Activities regarding the provision of community-based mental health services implemented in 2015-17:

Activity	Extensively	Some	None	Information not available
C1.1) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services			X	
C1.2) Promote the social inclusion of people with long-term mental disorders			X	
C1.3) Ensure that community psychosocial supports are available for people with severe mental disorders and develop community-based services and programmes for specific populations			X	
C1.4) Ensure the improvement of quality of care and the protection of human rights across all parts of the system			X	
C1.5) Improve the use and effectiveness of monitoring mechanisms of mental health services			X	
C1.6) Other:	None			
Total	0	0	5	0

C2. Further information regarding activities for providing community-based mental health services:

N/A

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. Activities for developing integrated approaches to governance (or MHiAP), implemented in 2015-17

Activity	Extensively	Some	None	Information not available
D1.1) Take action on social determinants of mental health			X	
D1.2) Enable the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts			X	
D1.3) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives			X	
D1.4) Improve provision of sector-relevant information on impact of policy decisions on public mental health			X	
D1.5) Provide tools for making mental health impact assessments of public policies at different levels of governance			X	
D1.6) Participate in public monitoring or audit of the mental health and equity effects of policy actions			X	
D1.7) Other (please describe)			X	
Total	0	0	7	0

D2. Further information regarding activities for developing integrated approaches to governance (or MHiAP)?

N/A

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM CROATIA'S STAKEHOLDER

LADRUGA ASSOCIATION

A. INFORMATION ON THE ORGANIZATION

A2. Status of the organisation:

Non-governmental sector (third sector)	<input checked="" type="checkbox"/>
Private sector	<input type="checkbox"/>
Other, please specify: University	<input type="checkbox"/>

A3. The organisation belongs primarily to:

Cultural sector	<input type="checkbox"/>
Educational sector	<input type="checkbox"/>
Environmental sector	<input type="checkbox"/>
Financial sector	<input type="checkbox"/>
Health sector	<input type="checkbox"/>
Health and social sector	<input checked="" type="checkbox"/>
Housing sector	<input type="checkbox"/>
Human rights sector	<input type="checkbox"/>
Justice sector	<input type="checkbox"/>
Labour sector	<input type="checkbox"/>
Leisure and sports	<input type="checkbox"/>
Social sector	<input type="checkbox"/>
Transportation sector	<input type="checkbox"/>
Urban planning sector	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

A4) Basic information about the organization:

Ludruga is an association focused on the upgrading of the mental health within the community. We initiate a dialogue about mental diversity. We bring together people with dense, intense and/or uncommon sensations and states of mind ("mental illnesses"). The participants our activities are people with an experience of psychiatric treatments, as well as their companions and allies (family members, partners, friends), and also various professionals (therapists, healthcare professionals, social workers, lawyers, activists of civil society organizations with experience of working in the field of human rights).

B. UPDATES ON KEY DEVELOPMENTS

B1. Organization's involvement in mental health, in 2017:

<p>B1.1) Motivations to act on mental health</p>	<p>Ludruga was created in 2012, by people with personal experience with mental health institutions and care system, as well as with experience of having a psychosocial disorder, which brought them to the conclusion that there is no possibility for them to work on their recovery independently in a way that would also include their community. They also realized that they are left to deal with it alone after leaving the psychiatric institutions. The current mental health care system in Croatia is not deinstitutionalised or community based. There is a shown interest from all stakeholders, but working towards that goal through non-governmental sector is needed for creating the foundation for such reforms. People with personal experience know best what their needs and capabilities are, which is why we see it is necessary to give them a voice in working towards the reformation of the mental health care system in Croatia.</p>
<p>B1.2) How mental health relates to the core objectives of the organisation</p>	<p>We primarily act in the field of community based mental health care, and our goals are as follows: Promoting new visions, policies, models and practices of mental health and psychological diversity within the community (deinstitutionalization, human rights concerns, modernization of therapeutic methods, uniformity of service quality at the level of the whole Croatia); Creating and developing the policy of psychodiversity ; Development of community policy and equality; Promotion and protection of human rights; Education of the concerned public through the organization and implementation of workshops, trainings, seminars, public events for the purpose of achieving the stated goals. With all our activities we strive to respect, follow, and gradually implement the stated goals into the system of practicing mental health care at the institutional level of the Republic of Croatia. We as a civil society association are trying to act on the local level of the society concerning mental health issues, of which we have the knowledge and experience, and we want to create an example of good practice, which is currently lacking in the Republic of Croatia, for spreading the idea of mental health care in the community. At the institutional level, there is a lack of opportunities and willingness for action towards the reform of mental health and it is up to us to explain and create these conditions. With our projects, we inform and raise awareness of the modern mental health care models. Our goal is to remove the taboo on mental health, strengthen dialogue and teach people to take responsibility for their own health.</p>
<p>B1.3) Key mental health activities</p>	<p>Since its founding in 2012, the Ludruga Association has been continuously working on promoting psychological diversity and contemporary models of psychosocial care within the community. Our work includes people with a diagnosis of mental disorder, members of their families, experts and activists. Up to now, we have been conducting our mission through support groups (assistance of equal peers / peer groups) in Zagreb, Zadar and Split, film screenings with forums and discussions, organization of facilitation training, and other seminars and workshops on the subject of mental health, process oriented psychotherapy and open dialogue methods, organization of theatre performances, poetry nights, creative workshops and workshops with therapy movement in cooperation with domestic and foreign experts (psychologists, psychotherapists, social workers, defectologists, students of the Faculty of Education and Rehabilitation in Zagreb, School for nurses Vrapče in Zagreb and volunteers from different professions with areas of mental health protection). Our main activities are: Peer to peer Psychosocial Support Groups Support groups are facilitated by people with experience of mental disorders and/or coexistence with such persons, and when experts by profession are included in the groups, they work as equals. We believe it is necessary to provide space for expressing, active listening and sharing of personal experiences, thus empowering and developing social skills. This actively promotes mental health care within the community and prevents isolation and current re-hospitalization of persons with mental disorders. Lectures and educational experiential workshops "The face and the back of the unknown" The workshops encourage the development of a personal approach to mental health care by the profession and the development of the principle of equality in the expert-user relation. It promotes the development of active listening skills, open dialogue, motivational interviews, insights and understanding of their own unconscious, enabling the profession to develop empathy and understanding towards the user, which implies the constant encouragement and empowerment of the user to take responsibility for their own emotions and support. Art therapy We use the</p>

	<p>techniques and elements of the Forum Theatre to conduct experimental psychodrama workshops with the aim of de-stigmatizing people with mental disorders. We have been nominated and landed a second place for the Dr. Guislain Award with our psychodrama 'Other side of the looking glass'. We cooperated with organizations from Serbia and Bosnia and Herzegovina which work in the field of mental health in the community, as well as with an art association from Belgrade and presented the results of this cooperation in 2015 at the Bitef Polyphony in Belgrade with the forum theatre play Blue Talks. Creating a mobile team and the first Recovery college in Croatia We are currently actively working towards these goals. We want to create a stable team that would consist of experts by experience educated in peer work, as well as experts by experience. Recovery College is a long term goal, for which the creation of a mobile team is a starting point. Organization of public forums and screening of films with discussion aimed at de-stigmatization of persons with psychological disabilities and the promotion of contemporary approaches to mental health care in the community. The movies we have shown are: The Doctor Who Hears Voice (Leo Reagan), Coming off psych drugs-a meeting of minds (Will Hall), Take these broken wings (Daniel Mackler), Healing homes (Daniel Mackler), Open dialogue (Daniel Mackler), 4th monkey (Hrvoje Mabic), C'era una volta la città dei matti (Marco Turco)</p>
<p>B1.4) Key achievements of your actions in mental health</p>	<p>Continuous work in designing and organizing support groups and creative facilitation with people diagnosed with mental illnesses.</p> <p>Project organization and implementation of mental health in the community (projections, discussions, forums in several Croatian cities) • Direct work with clients - creative workshops, poetry evenings and motion therapy workshops.</p> <p>Collaboration with students of Social Pedagogy of the Faculty of Education and Rehabilitation and Study Center of Social Work at the Zagreb University (mentoring and teaching students about new approaches to mental health care).</p> <p>Expanding organizational activities in Split and Zadar and launching local groups of mutual support in Rijeka, Čakovec, Osijek.</p> <p>Organization and implementation of the first 'The human library' - a mobile library set up as a space for dialogue and interaction in Croatia.</p> <p>Cooperation with School for Nurses Vrapče: presentation, organization and implementation of a series of "Half an hour in somebody else's shoes" workshops based on the techniques of forum theater through the school year for third, fourth and fifth grade students</p> <p>Establishing a regional cooperation with associations who work in the field of mental health and art organizations from Serbia and Bosnia and Herzegovina. Networking, organizing and implementing a European / regional project "Blue Talks" which affirms people with disorders through participation and work in a series of art and inclusive drama workshops that result in public appearances, designed and run by professional artists from Croatia and the region with volunteer participation from local communities.</p> <p>Collaboration with the Center for community service provision Osijek – "ME like YOU" on the EU Project "New Life" in which we will hold a cycle of three lectures entitled "Face and Back of the Unknown", ten supervisions and Forum theatre workshops for workers and users of the Centers services.</p> <p>As a team participant within the Twinning project "Ensuring Optimal Health Care for People with Mental Health Disorders", we work on the preparation of a manual for the public presentation of mental health and mental disorders issues</p>
<p>B1.5) Key partners involved</p>	<p>Trešnjevka Cultural Center (http://www.cekate.hr/)</p> <p>School for Nurses Vrapče (http://www.ssmedicinskevrappcezg.skole.hr/)</p> <p>Psychotherapy Marinac (Gestalt therapy - https://psihoterapijamarinac.com/)</p> <p>Association Perspektiva (http://perspekta.hr/)</p> <p>Lukjerna Association from Dubrovnik Phoenix Association (https://www.udrugaphoenix.com/)</p> <p>Duša Association (https://www.facebook.com/udruzenjedusa/)</p> <p>Most Association (https://most.hr/)</p> <p>ERGstatus Dance Theatre (http://www.ergstatus.org/)</p> <p>Coalition for work with psychotrauma and peace (https://www.cwwpp.org/)</p>

B1.6) Target group of the activities	People with psychosocial disorders, as well as members of their family and close community. A wider community interested in mental health issues is also a key group we target for the goal of de-stigmatization of mental disorders. Experts working in the field of mental health care - as associates and key stakeholders that we must act towards in order to stimulate the development of mental health care in the community at the institutional level. Psychiatrists, psychotherapists, social pedagogues and social workers need to change established attitudes and prejudices towards persons with psychosocial disorders. Health and social institutions (mental hospitals, National Institute of Public Health, Social Welfare Centers), as well as the key state administration institutions, which need to implement crosssectoral cooperation that is chronically lacking in Croatia, and is a prerequisite for deinstitutionalization of psychiatry and the creation of an organized community base mental health care system.
B1.7) Resources available for this work	Public tenders from local authorities and ministries that are mostly for one to three yearlong projects, as well as EU Funds. We have a great deal of human resources - volunteer engagement of Ludruga members (experts by experience and experts by profession). From our partners, other than human resources, we have Partner technical and logistic support (space we work in).
B1.8) Strengths of the activities	All of our activities are a result of direct work and communication with members who have experienced psychosocial disorders, as well as members of their families and communities, which gives us a clear and proper insight into their real needs and capacities so that we can suggest new approaches to creating a mental health care strategy at an institutional level.
B1.9) Challenges met during the activities	There is still a large amount of stigma surrounding mental health in Croatia, which largely prevents people from talking about it and seeking help. There is also lack of understanding from mental health professionals and institutions. Crosssectoral co-operation is still lacking in Croatia, which leads to non-recognition of modern approaches to mental health care. Institutions do not work together, even those that are clearly linked, such as health and social institutions. The psychiatric profession has a major biomedical approach to treating the psychosocial disorders, and it is a huge challenge to sensitize this profession. Although, social workers and social pedagogues are more receptive to the process of deinstitutionalization of health care institutions. Consequently, since we work in the field of culture and art, as well as healthcare, when applying for public funding, have encountered barriers in the past, as we are recognized in the health and disability sector, but culture does not.
B1.10) Are the activities evaluated? If so, how?	There is still a large amount of stigma surrounding mental health in Croatia, which largely prevents people from talking about it and seeking help. There is also lack of understanding from mental health professionals and institutions. Crosssectoral co-operation is still lacking in Croatia, which leads to non-recognition of modern approaches to mental health care. Institutions do not work together, even those that are clearly linked, such as health and social institutions. The psychiatric profession has a major biomedical approach to treating the psychosocial disorders, and it is a huge challenge to sensitize this profession. Although, social workers and social pedagogues are more receptive to the process of deinstitutionalization of health care institutions. Consequently, since we work in the field of culture and art, as well as healthcare, when applying for public funding, have encountered barriers in the past, as we are recognized in the health and disability sector, but culture does not.
B1.11) Any other comments?	We are open for cooperation and partnerships in all projects where our capacities and experience are needed. We will gladly share everything that can be of use and collaborate with different organizations and institution in sharing our and making use of all the knowledge they are willing to offer.

B2. New documents, reports or resources that could benefit other stakeholders in mental health

- There are translated movies available on our website: <http://ludruga.hr/en/category/cinematheque/>
Documentary about our play "Other side of the looking glass"
(<https://www.youtube.com/watch?v=T9vnuv4C2bQ&t=4s>)
- We have translated several manuals and they are also available on our web site:
<http://ludruga.hr/en/category/library/>

- Our members came out with their personal stories in different media: <https://www.youtube.com/watch?v=PLjABnIBDeU> , <https://www.youtube.com/watch?v=qkmLRtvz1rE> , <http://ludruga.hr/en/category/ludruga-in-media/>
- A movie which documents the Blue Talk project (<https://www.facebook.com/Blue-Talk-Plave-pri%C4%8De-1381244498857013/>) was also recorded. It is still not available online, but it will soon be.

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Activities regarding the provision of community-based mental health services implemented in 2015-17:

Activity	Extensively	Some	None	Information not available
C1.1) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services	X			
C1.2) Promote the social inclusion of people with long-term mental disorders	X			
C1.3) Ensure that community psychosocial supports are available for people with severe mental disorders and develop community-based services and programmes for specific populations	X			
C1.4) Ensure the improvement of quality of care and the protection of human rights across all parts of the system	X			
C1.5) Improve the use and effectiveness of monitoring mechanisms of mental health services		X		
C1.6) Other	None			
Total	4	1	0	0

C2. Further information regarding activities for providing community-based mental health services:

Our project have been funded by: City of Zagreb, National Foundation for Civil Society Development, Ministry of Health, Ministry of Culture (as partners in Trešnjevka Cultural Center project), in the field of health, society, human rights, culture and art. For now, our activities have been national and regional, but we hope for international co-operation. We have translated brochures and movies, and links are available in 'B2' answer. With our personal stories, as well as through the projects we are doing, we have participated in different media, public forums, round tables etc.

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. Activities for developing integrated approaches to governance (or MHiAP), implemented in 2015-17

Activity	Extensively	Some	None	Information not
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				available
D1.1) Take action on social determinants of mental health	X			
D1.2) Enable the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts	X			
D1.3) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D1.4) Improve provision of sector-relevant information on impact of policy decisions on public mental health		X		
D1.5) Provide tools for making mental health impact assessments of public policies at different levels of governance			X	
D1.6) Participate in public monitoring or audit of the mental health and equity effects of policy actions	X			
D1.7) Other (Coordinate cross-party mental health policy committee in the parliament)	None			
Total	3	2	1	0

D2. Further information regarding activities for developing integrated approaches to governance (or MHiAP)?

During the implementation of the project "Mental health in the community - therapy on a human scale", we held two meetings with representatives of National Institute of Public Health and Ministry of Health. We have presented the activities within the project which promote different approaches to mental health to those currently being applied in Croatia, that is, the community based mental health care. From the participants of the events that we have organized, we received feedback to start initiatives towards policy makers to enable the implementation of community based mental health. That is why we initiated the two meetings. We believe that our efforts resulted in the call for a Twinning project "Ensuring Optimal Health Care for People with Mental Health Disorders". During the course of its implementation, the representative of Ludruga was appointed to the working group at Ministry of health, which has the task of providing guidelines for a new strategy of mental health care that is being developed. In Croatia, cross-sectoral cooperation is currently poorly recognized, so Ludruga initiates meetings in city health, social care and culture offices where it presents some of the projects that are being carried out as examples of good practice which show that cooperation between these three sectors is needed for successful implementation of mental health care projects that use cultural art practices in art therapy.

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM ESTONIA'S STAKEHOLDER

WELL-BEING AND RECOVERY COLLEGE ESTONIA

A. INFORMATION ON THE ORGANIZATION

A2. Status of the organisation:

Non-governmental sector (third sector)	X
Private sector	
Other, please specify:	

A3. The organisation belongs primarily to:

Cultural sector	
Educational sector	
Environmental sector	
Financial sector	
Health sector	
Health and social sector	X
Housing sector	
Human rights sector	
Justice sector	
Labour sector	
Leisure and sports	
Social sector	
Transportation sector	
Urban planning sector	
Other, please specify:	

A4) Basic information about the organization:

In the Well-Being and Recovery College Estonia we learn and share experience in the mental health and life skills subject. We create opportunities for continuing education and rehabilitation. We work with people whose ability to manage their daily activities and life in the community is affected by mental health challenges. The focus is on a person's strengths, values, and areas where people need support, not a mental disorder. Our mission is to be appreciated as a companion to the people with mental health challenges on his journey towards the desired welfare and life.

B. UPDATES ON KEY DEVELOPMENTS

B1. Organization's involvement in mental health, in 2017:

B1.1) Motivations to act on mental health	Our mission is to be appreciated as a companion to the people with mental health challenges on his journey towards the desired welfare and life.
B1.2) How mental health relates to the core objectives of the organisation	We share the ideas and good practices of personal recovery for both the people who use services, his loved ones, people who work in services and the wider community and society. We value the user's responsibility when it comes to recovery, helping them through their experiences, through peer support and professional knowledge and expertise, involving families and other stakeholders. We believe that recovery is possible through cooperation.
B1.3) Key mental health activities	We value hope, courage and perseverance, knowing that people will recover from mental health problems. We offer a wide range of courses in a friendly environment all over Estonia, designed and implemented in the cooperation of peer advisers and mental health professionals. Our courses vary in length, from half a day to a week. Their goal is to increase knowledge and skills in the field of recovery and self-management in order to restore mental health and well-being.
B1.4) Key achievements of your actions in mental health	Recovery courses Independent life courses for adults with learning difficulties Health and welfare days, self-help training DUO support groups, experience counselling in the city space Recovery training for family members Skills training modules like communication, friendships and relationships, finding and keeping a job, changing place of residence, leisure and supported travelling, health impact management and finding a common part of a treatment plan and personal recovery plan – Common ground Methodology, management of symptoms.
B1.5) Key partners involved	In addition, we provide individual services designed to support in relation to housing, work and study and leisure. We help to develop a personal profile and an action plan to support wellbeing and recovery. We value new ideas and practices so that we can continuously improve our ability to provide excellent service by promoting the reintegration of the community.
B1.6) Target group of the activities	We create opportunities for continuing education and rehabilitation. We work with people whose ability to manage their daily activities and life in the community is affected by mental health challenges.
B1.7) Resources available for this work	Rehabilitation
B1.8) Strengths of the activities	We value hope, courage and perseverance, knowing that people will recover from mental health problems. We offer a wide range of courses in a friendly environment all over Estonia, designed and implemented in the cooperation of peer advisers and mental health professionals.
B1.9) Challenges met during the activities	Unanswered
B1.10) Are the activities evaluated? If so, how?	Unanswered
B1.11) Any other comments?	Unanswered

B2. New documents, reports or resources that could benefit other stakeholders in mental health

Unanswered.

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Activities regarding the provision of community-based mental health services implemented in 2015-17:

Activity	Extensively	Some	None	Information not available
C1.1) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services	X			
C1.2) Promote the social inclusion of people with long-term mental disorders	X			
C1.3) Ensure that community psychosocial supports are available for people with severe mental disorders and develop community-based services and programmes for specific populations	X			
C1.4) Ensure the improvement of quality of care and the protection of human rights across all parts of the system	X			
C1.5) Improve the use and effectiveness of monitoring mechanisms of mental health services	X			
C1.6) Other:			X	
Total	5	0	1	0

C2. Further information regarding activities for providing community-based mental health services:

National CArE Europe.

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. Activities for developing integrated approaches to governance (or MHiAP), implemented in 2015-17

Activity	Extensively	Some	None	Information not available
D1.1) Take action on social determinants of mental health	Unanswered.			
D1.2) Enable the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts				
D1.3) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives				
D1.4) Improve provision of sector-relevant information on impact of policy decisions on public mental health				
D1.5) Provide tools for making mental health impact assessments of public policies at different levels of governance				
D1.6) Participate in public monitoring or audit of the mental health and equity effects of policy actions				
D1.7) Other (please describe)				
Total	0	0	0	0

D2. Further information regarding activities for developing integrated approaches to governance (or MHiAP)?

N/A

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

<http://thecareeurope.com/?c=news&l=en&t=how-clients-become-the-citizens&id=293>

ANNUAL ACTIVITY REPORT FROM FINLAND'S STAKEHOLDER
FINNISH ASSOCIATION FOR MENTAL HEALTH

A. INFORMATION ON THE ORGANIZATION

A2. Status of the organisation:

Non-governmental sector (third sector)	<input checked="" type="checkbox"/>
Private sector	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

A3. The organisation belongs primarily to:

Cultural sector	<input type="checkbox"/>
Educational sector	<input type="checkbox"/>
Environmental sector	<input type="checkbox"/>
Financial sector	<input type="checkbox"/>
Health sector	<input type="checkbox"/>
Health and social sector	<input checked="" type="checkbox"/>
Housing sector	<input type="checkbox"/>
Human rights sector	<input type="checkbox"/>
Justice sector	<input type="checkbox"/>
Labour sector	<input type="checkbox"/>
Leisure and sports	<input type="checkbox"/>
Social sector	<input type="checkbox"/>
Transportation sector	<input type="checkbox"/>
Urban planning sector	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

A4) Basic information about the organization:

Founded in 1897, for more than a century, the Finnish Association for Mental Health, FAMH, has worked in mental health as an innovator and inspirer.

B. UPDATES ON KEY DEVELOPMENTS

B1. Organization's involvement in mental health, in 2017:

B1.1) Motivations to act on mental health	(already answered in the previous EU Compass survey)
B1.2) How mental health relates to the core objectives of the organisation	(already answered in the previous EU Compass survey)
B1.3) Key mental health activities	(already answered in the previous EU Compass survey)
B1.4) Key achievements of your actions in mental health	(already answered in the previous EU Compass survey)
B1.5) Key partners involved	(already answered in the previous EU Compass survey)
B1.6) Target group of the activities	(already answered in the previous EU Compass survey)
B1.7) Resources available for this work	(already answered in the previous EU Compass survey)
B1.8) Strengths of the activities	(already answered in the previous EU Compass survey)
B1.9) Challenges met during the activities	(already answered in the previous EU Compass survey)
B1.10) Are the activities evaluated? If so, how?	(already answered in the previous EU Compass survey)
B1.11) Any other comments?	(already answered in the previous EU Compass survey)

B2. New documents, reports or resources that could benefit other stakeholders in mental health

(already answered this section in the previous EU Compass survey)

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Activities regarding the provision of community-based mental health services implemented in 2015-17:

Activity	Extensively	Some	None	Information not available
C1.1) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services			None	
C1.2) Promote the social inclusion of people with long-term mental disorders			None	
C1.3) Ensure that community psychosocial supports are available for people with severe mental disorders and develop community-based services and programmes for specific populations			None	
C1.4) Ensure the improvement of quality of care and the protection of human rights across all parts of the system			None	
C1.5) Improve the use and effectiveness of monitoring mechanisms of mental health services			None	
C1.6) Other			None	
Total	0	0	0	0

C2. Further information regarding activities for providing community-based mental health services:

We don't provide community-based services as part of the statutory healthcare system. However, we provide short-term crisis help (up to 5 visits) in our 23 crisis centres across the country. These are accessible to the community and people can contact without a referral. There are some community projects that target refugees and asylum seekers in particular, for example our stability training groups. These are funded mainly by Veikkaus – a Finnish gaming company entirely owned by the Finnish State with a special mission to fund social, health, youth and culture projects and NGO work. In some work with refugees and asylum seekers is funded through AMIF funding.

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. Activities for developing integrated approaches to governance (or MHiAP), implemented in 2015-17

Activity	Extensively	Some	None	Information not available
D1.1) Take action on social determinants of mental health		X		
D1.2) Enable the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts	X			
D1.3) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D1.4) Improve provision of sector-relevant information on impact of policy decisions on public mental health	X			
D1.5) Provide tools for making mental health impact assessments of public policies at different levels of governance			X	
D1.6) Participate in public monitoring or audit of the mental health and equity effects of policy actions		X		
D1.7) Other (Coordinate cross-party mental health policy committee in the parliament)	X			
Total	3	3	1	0

D2. Further information regarding activities for developing integrated approaches to governance (or MHiAP)?

We have especially focused on work with schools and workplaces. In schools the aim has been more universal, and we have managed to get mental health teaching in the Finnish primary and secondary school curricula. In the workplace we are developing a new Mental Health First Aid in the Workplace course, which will be available in 2018. This work is funded by various sources, including Veikkaus (see C2), Finnish National Agency for Education, Ministry of Education and Culture, and The Finnish Work Environment Fund. In Finland the collaboration with government ministries/agencies works generally quite well and the value of investing in mental health beyond just the health sector has gained ground.

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM FRANCE'S STAKEHOLDER
FEALIPS

A. INFORMATION ON THE ORGANIZATION

A2. Status of the organisation:

Non-governmental sector (third sector)	<input checked="" type="checkbox"/>
Private sector	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

A3. The organisation belongs primarily to:

Cultural sector	<input type="checkbox"/>
Educational sector	<input type="checkbox"/>
Environmental sector	<input type="checkbox"/>
Financial sector	<input type="checkbox"/>
Health sector	<input type="checkbox"/>
Health and social sector	<input checked="" type="checkbox"/>
Housing sector	<input type="checkbox"/>
Human rights sector	<input type="checkbox"/>
Justice sector	<input type="checkbox"/>
Labour sector	<input type="checkbox"/>
Leisure and sports	<input type="checkbox"/>
Social sector	<input type="checkbox"/>
Transportation sector	<input type="checkbox"/>
Urban planning sector	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

A4) Basic information about the organization:

The European network of associations that FEALIPS represents is coordinating and liaising all European associations and local health and social sector networks working on the prevention of isolation and suicide. Working groups and study days are bringing specialists together and put forward their views at the social debate within the civil society to «impact» institutional choices, to coordinate reflexive and operational dynamics and to act in concrete terms for the improved well-being of all people. The annual meetings of FEALIPS are an opportunity to consolidate collaborative foundations and to define the works topics for the next years.

B. UPDATES ON KEY DEVELOPMENTS

B1. Organization's involvement in mental health, in 2017:

B1.1) Motivations to act on mental health	The overall mission is bringing support to people suffering from isolation or social, professional and affective disruption, to renew social ties and to prevent suicide.
B1.2) How mental health relates to the core objectives of the organisation	The objective is to coordinate and liaise existing actions on prevention of isolation and suicide. Develop and coordinate the exchanges of knowledge between sectors and disciplines.
B1.3) Key mental health activities	1. Extend the liaisons and networking of community-based services in an interdisciplinary way focusing social psychiatry. 2. Awareness raising about prevention of suicide at 3 levels: family; professionals and policy makers. 3 Set up collaborative, transversal interactive multisectorial ways of cooperation between all actors involved with prevention of suicide 4 Research and training
B1.4) Key achievements of your actions in mental health	Organisation of awareness raising of large public, of decision makers and social health workers by the annual conference gathering European associations working in the field.
B1.5) Key partners involved	Community based Associations, centres hosting people with psychiatric troubles on social health workers.
B1.6) Target group of the activities	Large public, decision makers and social health workers and other professionals, FEALIPS wants to streamline the debate on prevention of isolation and suicide going beyond the mental health or social aspects but involve everyone.
B1.7) Resources available for this work	Public funds support
B1.8) Strengths of the activities	Streamlining the debate on prevention of isolation and suicide going beyond the mental health, psychiatric or social aspects but involve everyone .
B1.9) Challenges met during the activities	N/A
B1.10) Are the activities evaluated? If so, how?	Yes, in an informal way by the conclusions of the annual conferences that involve every year more associations.
B1.11) Any other comments?	N/A

B2. New documents, reports or resources that could benefit other stakeholders in mental health

Our last report concerning the Third Conference is under preparation <http://fealips.org/3e-assises-de-la-fealips/>

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Activities regarding the provision of community-based mental health services implemented in 2015-17:

Activity	Extensively	Some	None	Information not available
C1.1) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services	X			
C1.2) Promote the social inclusion of people with long-term mental disorders	X			
C1.3) Ensure that community psychosocial supports are available for people with severe mental disorders and develop community-based services and programmes for specific populations	X			
C1.4) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X		
C1.5) Improve the use and effectiveness of monitoring mechanisms of mental health services		X		
C1.6) Other				X
Total	3	2	0	1

C2. Further information regarding activities for providing community-based mental health services:

The CPS centres are funded by public funds the FEALIPS association is funded by membership's fees and donations. We work with multidisciplinary team to establish a genuine transdisciplinary approach for community psychosocial support (community mental health team) comprising psychiatrists, mental health nurses and often psychologists and social workers. In France this approach is still very little developed and adapted by the social and public health systems. There's a great gap between these two systems that can be filled by the community psychosocial support centres. Users' satisfaction is measured with their involvement and active participation at the annual debates and conferences.

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. Activities for developing integrated approaches to governance (or MHiAP), implemented in 2015-17

Activity	Extensively	Some	None	Information not available
D1.1) Take action on social determinants of mental health		X		
D1.2) Enable the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D1.3) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives	X			
D1.4) Improve provision of sector-relevant information on impact of policy decisions on public mental health	X			
D1.5) Provide tools for making mental health impact assessments of public policies at different levels of governance		X		
D1.6) Participate in public monitoring or audit of the mental health and equity effects of policy actions			X	
D1.7) Other (Coordinate cross-party mental health policy committee in the parliament)	None			
Total	2	3	1	0

D2. Further information regarding activities for developing integrated approaches to governance (or MHiAP)?

This approach is the original idea for creating the FEALIPS association, funded by its members. International scale work since 2014 (3years) .

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM LATVIA'S STAKEHOLDER

LATVIAN PSYCHIATRIC ASSOCIATION

A. INFORMATION ON THE ORGANIZATION

A2. Status of the organisation:

Non-governmental sector (third sector)	<input checked="" type="checkbox"/>
Private sector	<input type="checkbox"/>
Other, please specify: University	<input type="checkbox"/>

A3. The organisation belongs primarily to:

Cultural sector	<input type="checkbox"/>
Educational sector	<input type="checkbox"/>
Environmental sector	<input type="checkbox"/>
Financial sector	<input type="checkbox"/>
Health sector	<input checked="" type="checkbox"/>
Health and social sector	<input type="checkbox"/>
Housing sector	<input type="checkbox"/>
Human rights sector	<input type="checkbox"/>
Justice sector	<input type="checkbox"/>
Labour sector	<input type="checkbox"/>
Leisure and sports	<input type="checkbox"/>
Social sector	<input type="checkbox"/>
Transportation sector	<input type="checkbox"/>
Urban planning sector	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

A4) Basic information about the organization:

Nongovernmental organisation

B. UPDATES ON KEY DEVELOPMENTS

B1. Organization's involvement in mental health, in 2017:

B1.1) Motivations to act on mental health	State hospital for psychiatric patients
B1.2) How mental health relates to the core objectives of the organisation	It is the core objective
B1.3) Key mental health activities	Pharmacotherapy, Psychotherapy, Outpatient and Inpatient care
B1.4) Key achievements of your actions in mental health	Day clinic
B1.5) Key partners involved	Functional specialists
B1.6) Target group of the activities	Patients with mental health issues
B1.7) Resources available for this work	Stationary care, outpatient care, physiotherapy, art, music and occupational therapy
B1.8) Strengths of the activities	Work in team
B1.9) Challenges met during the activities	Stigma
B1.10) Are the activities evaluated? If so, how?	Not exactly
B1.11) Any other comments?	No

B2. New documents, reports or resources that could benefit other stakeholders in mental health

N/A

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Activities regarding the provision of community-based mental health services implemented in 2015-17:

Activity	Extensively	Some	None	Information not available
C1.1) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services		X		
C1.2) Promote the social inclusion of people with long-term mental disorders				X
C1.3) Ensure that community psychosocial supports are available for people with severe mental disorders and develop community-based services and programmes for specific populations		X		
C1.4) Ensure the improvement of quality of care and the protection of human rights across all parts of the system	X			
C1.5) Improve the use and effectiveness of monitoring mechanisms of mental health services		X		
C1.6) Other				X
Total	1	3	0	2

C2. Further information regarding activities for providing community-based mental health services:

N/A

D1. Activities for developing integrated approaches to governance (or MHiAP), implemented in 2015-17

Activity	Extensively	Some	None	Information not available
D1.1) Take action on social determinants of mental health		X		
D1.2) Enable the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts				X
D1.3) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D1.4) Improve provision of sector-relevant information on impact of policy decisions on public mental health		X		
D1.5) Provide tools for making mental health impact assessments of public policies at different levels of governance		X		
D1.6) Participate in public monitoring or audit of the mental health and equity effects of policy actions		X		
D1.7) Other (Coordinate cross-party mental health policy committee in the parliament)				X
Total	0	5	0	2

D2. Further information regarding activities for developing integrated approaches to governance (or MHiAP)?

N/A

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM THE NETHERLANDS' STAKEHOLDER

CLUBHOUSE EUROPE

A. INFORMATION ON THE ORGANIZATION

A2. Status of the organisation:

Non-governmental sector (third sector)	<input checked="" type="checkbox"/>
Private sector	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

A3. The organisation belongs primarily to:

Cultural sector	<input type="checkbox"/>
Educational sector	<input type="checkbox"/>
Environmental sector	<input type="checkbox"/>
Financial sector	<input type="checkbox"/>
Health sector	<input type="checkbox"/>
Health and social sector	<input type="checkbox"/>
Housing sector	<input type="checkbox"/>
Human rights sector	<input type="checkbox"/>
Justice sector	<input type="checkbox"/>
Labour sector	<input type="checkbox"/>
Leisure and sports	<input type="checkbox"/>
Social sector	<input type="checkbox"/>
Transportation sector	<input type="checkbox"/>
Urban planning sector	<input type="checkbox"/>
Other, please specify: co-operating with e.g. health and social sectors, educational, cultural, and environment, employment, labour sectors, human rights and advocacy sectors and with social security benefit agencies	<input checked="" type="checkbox"/>

A4) Basic information about the organization:

The CHE is promoting the continuous development and dissemination of the evidence-based psychosocial rehabilitation Clubhouse model, as defined in the international standards for Clubhouse programs approved biannually by the worldwide conference of non-profit Clubhouse International (later CHI). Available online: <https://clubhouse-intl.org/resources/quality-standards/> The CHE is CHI's primary partner in Europe. Main goal of the CHE is to improve social inclusion, education and labour market integration and the realization of human rights of people with mental disorders in Europe. We do this e.g. by strengthening and extending the network of and cooperating with European Clubhouses; by supporting the good quality daily operations of Clubhouses and activating them to use the international quality accreditation process as their continuous development tool. The needs of Clubhouse members are at the heart of all CHE's activities. More detailed in our "Report on main activities in 2014-2016" that is available by e-mail from: hanninen.esko@gmail.com. Our NGO has today around

25 paying members representing about 11-12 European countries. Our strategic goal is to activate the 80 existing Clubhouses in 21 European countries to join as member houses into the CHE. First milestone on this road is to meet the EU criteria for a European NGO defined in the Rights, Equality and Citizenship Programme for the period 2014 - 2020 (REC Programme). Our challenge is that we need at least 14 EU countries covered with the member houses committed to the CHE's statutes. The CHE fulfils the other formal requirements for a European NGO eligible for applying funding e.g. from the REC Programme.

B. UPDATES ON KEY DEVELOPMENTS

B1. Organization's involvement in mental health, in 2017:

<p>B1.1) Motivations to act on mental health</p>	<p>During the "birth time" of the Clubhouse model no community-based support services were available, not in USA and not in Europe or elsewhere in the different continents. From NYC Fountain House the model disseminated since 1980 to Europe and other continents globally. In Europe during 1980s and 1990s around 40-50 Clubhouses were opened, and in period 2000 – 2017 around 35-40 new ones were established. But unfortunately, we also saw the closing a certain number of Clubhouses based on their funding and/or other local problems. The main motivation for creating the CHE was and still is to contribute to the development of a community-based mental health policy and future mental health service structures where the evidence-based psychosocial Clubhouses are included, too. This new comprehensive policy should offer more good quality choices for persons with psychosocial problems and mental disorders.</p>
<p>B1.2) How mental health relates to the core objectives of the organisation</p>	<p>All activities of the CHE are promoting and supporting the mental health, recovery and empowerment of "end users", the members of Clubhouses. This is realized by members' participation in the structured programme of daily actions called "workordered day", in the learning new skills programmes (e.g. ICT and internet skills, job trials, language courses, hygiene passport training), in the supported education and supported employment programmes, as well as in the healthy lifestyles and anti-smoking groups. All these are proven to promote members' future orientation, strengthen their self-esteem and creation of new social ties and friendships, peer support and decreasing the hospitalization periods and the need for outpatient mental health services. In addition, the anti-stigma campaigns organized by Clubhouses are one dimension of mental health promotion related to other core objectives.</p>
<p>B1.3) Key mental health activities</p>	<p>The CHE refers to the answer above in B1.2.</p>
<p>B1.4) Key achievements of your actions in mental health</p>	<p>Clubhouse Europe started in March 2007 as an unregistered European Partnership for Clubhouse Development (EPCD) to support the dissemination of good learning practices of the Clubhouses as a part of then transnational ELECT –project (part-funded by the European Lifelong learning program). The work continued as a part of the international project called EMPAD (Empowering Adults with Mental Illness for Learning and Social Inclusion) that got funding for years 2010 – 2012. The Clubhouse Europe as an registered NGO, according to laws in Denmark, has organised since its registration two European Clubhouse Conferences in Stirling (Scotland, 2014) and in Amsterdam (The Netherlands, 2016). In addition, the Clubhouse Europe has contributed e.g. to the organisation of the worldwide International Clubhouse Seminars in 2015 in Denver, USA, and in 2017 in Detroit, USA. New psychosocial rehabilitation Clubhouses are opened since 2007 in Finland, Italy, Norway, Sweden, Poland, Austria, The Netherlands, in France and Russia.</p>

<p>B1.5) Key partners involved</p>	<p>Firstly, we refer to our answers to the question # A3) and A4). At international level the CHE is</p>
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	CHI's primary partner in Europe. Both the CHI and CHE have signed in 2014 a memorandum of understanding for mutual collaboration with World Association for Psychosocial Rehabilitation (WAPR). The CHE has decided to build up partnerships with NGOs like Mental Health Europe (MHE), European Association of Education for Adults (EAEA) and with European Platform for Rehabilitation (EPR).
B1.6) Target group of the activities	At European level our target groups are the decisionmakers of mental health policy planning, and the agencies responsible for the allocation of funding for different projects promoting mental health and wellbeing of people with mental disorders and/or different marginalized groups who are in danger of social exclusion. At national level the target groups are the same.
B1.7) Resources available for this work	So far, the CHE has not got enough resources for the implementation of our targets. Our NGO's work today is based completely on the voluntary work inputs. The support funding of the EU's Lifelong Learning (adult education) program in years 2007 – 2012 were very valuable resources for starting our activities at the EU level. Since that we have not got any funding from the European or other funding programs.
B1.8) Strengths of the activities	The CHE together with Clubhouses is supporting the structural changes that are needed in the national mental health policies (WHO's comprehensive mental health action plan 2014 – 2020 and similar for the WHO European Region; and the EU joint action on mental health and well-being published in 2016). According to recent international and national studies on mental health service users' and their family members' experiences, the present-day psychiatric services offer them mostly medication and psychotherapies. They need also support for their daily coping, education and training, support for employment, housing and advocacy; the Clubhouse model has focused on those "unmet needs". In addition, the other strengths are: (1) international quality standards; (2) the quality accreditation process based on standards, where the members of Clubhouses have the key role; (3) the participatory European EMPAD-training courses targeted at all interested people and organisations, (4) the international training and mutual learning programmes, organised in Europe by three international training bases in London, Helsinki and Oslo; (5) the scientific research programme for statistical follow-up and multiscience evaluation studies and database of articles, reports and scientific findings.
B1.9) Challenges met during the activities	First challenge of the CHE is the funding problem. CHE should be able to create a transnational European project plan together with some other stakeholders in the field of psychosocial rehabilitation. Some project ideas have been produced but only few member Clubhouses or national Coalitions of Clubhouses have so far declared their readiness to participate in the project partnership and to take responsibilities for shared project activities or defined tasks. This is due to variable organizational, financial, staff and know-how resources. Quite big part of Clubhouses are underresourced and small ones which depends in many countries on the negative attitudes of national funding agencies. The CHE either have not had funds to hire even its first staff person. All what CHE has done is based on voluntary work of its board members and of the working teams. We have to find solutions for these problems during near future.
B1.10) Are the activities evaluated? If so, how?	The CHE's activities are not yet evaluated, but its member Clubhouses in several countries are evaluated as a part of their quality accreditation processes based on the international quality standards. These internal accreditation processes are expected to be repeated in the periods of three years. This means that a lot of European Clubhouses are evaluated many times in the context of internal quality accreditation during their existence. At the end of 2017 about 50 Clubhouses out of 80 European Clubhouses have got their quality accreditation certificate. In addition, completely independent outside scientific evaluations have been organised e.g. in Sweden, Denmark, Finland, Norway and in the Netherlands. In some countries several outside evaluation reports are available.
B1.11) Any other comments?	N/A

B2. New documents, reports or resources that could benefit other stakeholders in mental health

- Most important source of all about the Clubhouses worldwide and in Europe, several databases included, is the key website of the Clubhouse International: <http://clubhouse-intl.org/what-we-do/overview/>
- And of the research database: <http://clubhouse-intl.org/what-we-do/research/>
- Other relevant websites: Fountain House, New York: www.fountainhouse.org / (the birth place of the Clubhouse model)
- The CHE: www.clubhouse-europe.org Report on CHE/Clubhouse Europe activities in 2014-2016, October 2016, it includes also some databases where the Clubhouse model is evaluated as good or best practices and plan for main actions after 2016. Based on difficulties in integrating this document, it has been sent to contact person "Johannes" by e-mail.
- Training bases in Europe in London, Helsinki and Oslo: www.mosaic-clubhouse.org; www.helsinginklubitalo.org; www.fontenehuset.no; Clubhouse De Waterheuvel material: www.waterheuvel.nl www.onthemoveproject.eu/bp4.html#p1; or the short version www.onthemoveproject.eu/ <https://youtu.be/-CcP2Z2UXnU> (video). Other interesting reports: European Commission (2016): European Framework for Action on Mental Health and Wellbeing. Online: http://www.mentalhealthandwellbeing.eu/assets/docs/publications/Framework%20for%20action_19jan%20%281%2920160119192639.pdf
- World Health Organization (2013): Comprehensive mental health action plan 2014-2020. Geneva 2013. Online: http://www.who.int/mental_health/publications/action_plan/en/ (Clubhouse model is mentioned as one approach to strengthen the community-based mental health services)
- Hänninen, E. (2012): Choices for Recovery – Community-Based Rehabilitation and the Clubhouse Model as Means to Mental Health Reforms.
- A deliverable of the EMPAD project, partly funded by European Lifelong Learning (Grundtvig) programme. THL report 50/2012.
- Juvenes Print – Tampere University Print Oy. Finland. Contains short summaries of international research findings (pp 68-70). Available online: https://www.julkari.fi/bitstream/handle/10024/90873/URN_ISBN_978-952-245-694-6.pdf?sequence=1
- Hietala-Paalamäki, O. et al (2009): Mielenterveyskuntoutujien klubitalot. Yhteisön tukea ja yksilöllistä kuntoutumista. Kuntoutusalan tutkimus- ja kehittämiskeskus, Kuntoutussäätiö; CHESS, STAKES. Raha-automaattiyhdistys. Avustustoiminnan raportteja 20. Yliopistopaino, Helsinki. Summary of main results is available in English in above mentioned "Choices for Recovery" report (pp. 71-73). Available online in Finnish only: https://www.ray.fi/sites/default/files/emmi_mediabank/RAY_raportti20.pdf

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Activities regarding the provision of community-based mental health services implemented in 2015-17:

Activity	Extensively	Some	None	Information not available
C1.1) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services			X	
C1.2) Promote the social inclusion of people with long-term mental disorders	X			
C1.3) Ensure that community psychosocial supports are available for people with severe mental disorders and develop community-based services and programmes for specific populations	X			
C1.4) Ensure the improvement of quality of care and the protection of human rights across all parts of the system				X
C1.5) Improve the use and effectiveness of monitoring mechanisms of mental health services				X
C1.6) Other (The CHE is not a responsible NGO for the above questions. But as part of its activities and goals the questions #C1.2), C1.3) and C1.4) are relevant and the CHE is working for these aims as a case management hub for building coordinated needs-based support for Clubhouse members (users) across administrative boundaries)				X
Total	2	0	1	3

C2. Further information regarding activities for providing community-based mental health services:

Not in this phase, demands data collection from the 80 existing European Clubhouses in 21 countries. As to the evidence of the effectiveness of the Clubhouse model and relevant publications CHE refers to the list of website links in Part B2).

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. Activities for developing integrated approaches to governance (or MHiAP), implemented in 2015-17

Activity	Extensively	Some	None	Information not available
D1.1) Take action on social determinants of mental health				X
D1.2) Enable the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts				X
D1.3) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives				X
D1.4) Improve provision of sector-relevant information on impact of policy decisions on public mental health				X
D1.5) Provide tools for making mental health impact assessments of public policies at different levels of governance				X
D1.6) Participate in public monitoring or audit of the mental health and equity effects of policy actions				X
D1.7) Other (The above questions are not relevant for the CHE, they are targeted clearly to national and regional authorities)				X
Total	0	0	0	7

D2. Further information regarding activities for developing integrated approaches to governance (or MHiAP)?

The CHE refers to answer in similar questions of C2.

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

In Finland the National Finnish Clubhouse Coalition (Suomen Klubitalot ry) published a large and comprehensive report on the Clubhouse psychosocial rehabilitation model and its relation to the community-based mental health policy development. It includes the Clubhouse user members' their nearest ones experiences of taking part in the Clubhouse empowering activities, mental health policy analysis, and several articles about scientific research projects related to the benefits of the model. It is available online, but only in Finnish: <http://www.suomenklubitalot.fi/mieleni-minun-tekevi/>

ANNUAL ACTIVITY REPORT FROM THE NETHERLANDS'S STAKEHOLDER

UNIVERSITY OF GRONINGEN

A. INFORMATION ON THE ORGANIZATION

A2. Status of the organisation:

Non-governmental sector (third sector)	
Private sector	
Other, please specify: <i>University</i>	X

A3. The organisation belongs primarily to:

Cultural sector	
Educational sector	X
Environmental sector	
Financial sector	
Health sector	
Health and social sector	
Housing sector	
Human rights sector	
Justice sector	
Labour sector	
Leisure and sports	
Social sector	
Transportation sector	
Urban planning sector	
Other, please specify:	

A4) Basic information about the organization:

N/A

B. UPDATES ON KEY DEVELOPMENTS

B1. Organization's involvement in mental health, in 2017:

B1.1) Motivations to act on mental health	We are a university and mental health is a research line.
B1.2) How mental health relates to the core objectives of the organisation	Unanswered
B1.3) Key mental health activities	Epidemiology Research on risk and protective factors Research on intervention and prevention
B1.4) Key achievements of your actions in mental health	Unanswered
B1.5) Key partners involved	Universities Research centres Practitioners Policy makers
B1.6) Target group of the activities	Children and youth Parents
B1.7) Resources available for this work	Funding by research councils, EU, foundation, third parties
B1.8) Strengths of the activities	Gaining new knowledge Implementation
B1.9) Challenges met during the activities	Finding funding Implementing results in practice
B1.10) Are the activities evaluated? If so, how?	Research programmes are evaluated Articles are reviewed by peers
B1.11) Any other comments?	No

B2. New documents, reports or resources that could benefit other stakeholders in mental health

WHO reports.

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Activities regarding the provision of community-based mental health services implemented in 2015-17:

Activity	Extensively	Some	None	Information not available
C1.1) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services			X	
C1.2) Promote the social inclusion of people with long-term mental disorders			X	
C1.3) Ensure that community psychosocial supports are available for people with severe mental disorders and develop community-based services and programmes for specific populations			X	
C1.4) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X		
C1.5) Improve the use and effectiveness of monitoring mechanisms of mental health services			X	
C1.6) Other:			X	
Total	0	1	5	0

C2. Further information regarding activities for providing community-based mental health services:

N/A

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. Activities for developing integrated approaches to governance (or MHiAP), implemented in 2015-17

Activity	Extensively	Some	None	Information not available
D1.1) Take action on social determinants of mental health			X	
D1.2) Enable the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts			X	
D1.3) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives			X	
D1.4) Improve provision of sector-relevant information on impact of policy decisions on public mental health			X	
D1.5) Provide tools for making mental health impact assessments of public policies at different levels of governance		X		
D1.6) Participate in public monitoring or audit of the mental health and equity effects of policy actions			X	
D1.7) Other (please describe)			X	
Total	0	1	6	0

D2. Further information regarding activities for developing integrated approaches to governance (or MHiAP)?

N/A

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM POLAND'S STAKEHOLDER

MENTAL HEALTH FOUNDATION

A. INFORMATION ON THE ORGANIZATION

A2. Status of the organisation:

Non-governmental sector (third sector)	X
Private sector	
Other, please specify:	

A3. The organisation belongs primarily to:

Cultural sector	
Educational sector	
Environmental sector	
Financial sector	
Health sector	X
Health and social sector	
Housing sector	
Human rights sector	
Justice sector	
Labour sector	
Leisure and sports	
Social sector	
Transportation sector	
Urban planning sector	
Other, please specify:	

A4) Basic information about the organization:

The organization was established in 1991 by the President of the Foundation (Prof. Andrzej Kiejna, MD - psychiatrist & epidemiologist). The Foundation popularizes the knowledge of psychiatry, publishes the quarterly "Psychogeriatrya Polska" and organizes annual scientific and training conferences in the field of psychiatry.

B. UPDATES ON KEY DEVELOPMENTS

B1. Organization's involvement in mental health, in 2017:

B1.1) Motivations to act on mental health	As a professor of psychiatry and also an epidemiologist, for many years I headed the Department of Psychiatry at Wroclaw Medical University. Because of my interests and competences, I participated as an advisor in the creation of health policy in the field of psychiatry at the country and region level. Setting up a non-governmental organization was helpful in achieving the goals.
B1.2) How mental health relates to the core objectives of the organisation	This is the main goal of the Foundation.
B1.3) Key mental health activities	Key issues concern elderly psychiatry.
B1.4) Key achievements of your actions in mental health	Initiative and assistance in establishing the Polish Psychogeriatric Association in 2004; Organized in 2003 together with the European Association of Geriatric Psychiatry in Wroclaw, the International Congress of this Organization (EAGP); The establishment of the journal Psychogeriatra Polska and being its publisher; Organizing twelve congresses dedicated to the issues of the elderly; Participation as a contractor in (two) prevention programs against dementia organized by the City of Wroclaw.
B1.5) Key partners involved	Department of Health Office of the City of Wroclaw and Polish Psychogeriatric Association
B1.6) Target group of the activities	Population of the elderly
B1.7) Resources available for this work	Funds received from competitions for research tasks and/or prevention projects
B1.8) Strengths of the activities	Education and integration of people and organizations working for the elderly
B1.9) Challenges met during the activities	Organizing community support networks for the elderly with psychiatric problems
B1.10) Are the activities evaluated? If so, how?	No, we only provide annual reports to the Ministry of Health
B1.11) Any other comments?	None

B2. New documents, reports or resources that could benefit other stakeholders in mental health

N/A

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Activities regarding the provision of community-based mental health services implemented in 2015-17:

Activity	Extensively	Some	None	Information not available
C1.1) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services			X	
C1.2) Promote the social inclusion of people with long-term mental disorders		X		
C1.3) Ensure that community psychosocial supports are available for people with severe mental disorders and develop community-based services and programmes for specific populations			X	
C1.4) Ensure the improvement of quality of care and the protection of human rights across all parts of the system			X	
C1.5) Improve the use and effectiveness of monitoring mechanisms of mental health services			X	
C1.6) Other: <i>In Poland, The National Mental Health Program remains in the discussion of an expert group set up by the Ministry of Health and it is planned that the first pilot community based mental health centers will start in 2018.</i>			X	
Total				

C2. Further information regarding activities for providing community-based mental health services:

In Poland, The National Mental Health Program remains in the discussion of an expert group set up by the Ministry of Health and it is planned that the first pilot community based mental health centers will start in 2018. Non-governmental organizations do not participate in the work of the Committee. The pilot project will be financed from the state budget via National Health Found. There are no officially published statement from discussion in the expert group at the Ministry of Health. To my knowledge, there were no discussions on the effectiveness of a pilot project across the country. At the local level, we intend to evaluate the effectiveness of one community-based mental health center in Wroclaw.

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. Activities for developing integrated approaches to governance (or MHiAP), implemented in 2015-17

Activity	Extensively	Some	None	Information not available
D1.1) Take action on social determinants of mental health		X		
D1.2) Enable the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts			X	
D1.3) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives			X	
D1.4) Improve provision of sector-relevant information on impact of policy decisions on public mental health			X	
D1.5) Provide tools for making mental health impact assessments of public policies at different levels of governance			X	
D1.6) Participate in public monitoring or audit of the mental health and equity effects of policy actions			X	
D1.7) Other (please describe)	None			
Total	0	1	5	0

D2. Further information regarding activities for developing integrated approaches to governance (or MHiAP)?

We expect that the Ministry of Health will announce competitions for the implementation of the above-mentioned tasks.

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

Our activities cover the period until 2016. Mental Health Fundation carried out the following projects within the competitions announced by the Wrocław City Council: 1. Development and implementation of training programs for medical personnel, formal and informal carers (in the period from 15.10.2010 to 31.12.2010) 2. Development of quality standards for NGOs implementing tasks in the field of mental health promotion (in the period from 05.09.2011 to 31.12.2011) 3. Occurrence of cognitive impairment in the study of inhabitants of Wrocław, aged 65 plus - validation of the electronic version of the screening tool (in the period from 20.10.2014 to 15.07.2015).

ANNUAL ACTIVITY REPORT FROM SLOVAKIA'S STAKEHOLDER

SLOVAK PSYCHIATRIC ASSOCIATION

A. INFORMATION ON THE ORGANIZATION

A2. Status of the organisation:

Non-governmental sector (third sector)	X
Private sector	
Other, please specify:	

A3. The organisation belongs primarily to:

Cultural sector	
Educational sector	X
Environmental sector	
Financial sector	
Health sector	
Health and social sector	
Housing sector	
Human rights sector	
Justice sector	
Labour sector	
Leisure and sports	
Social sector	
Transportation sector	
Urban planning sector	
Other, please specify:	

A4) Basic information about the organization:

Our association gets psychiatrists, psychologists and other involved in the treatment of mental disorders.

B. UPDATES ON KEY DEVELOPMENTS

B1. Organization's involvement in mental health, in 2017:

B1.1) Motivations to act on mental health	(already answered in the previous EU Compass survey)
B1.2) How mental health relates to the core objectives of the organisation	(already answered in the previous EU Compass survey)
B1.3) Key mental health activities	(already answered in the previous EU Compass survey)
B1.4) Key achievements of your actions in mental health	(already answered in the previous EU Compass survey)
B1.5) Key partners involved	(already answered in the previous EU Compass survey)
B1.6) Target group of the activities	(already answered in the previous EU Compass survey)
B1.7) Resources available for this work	(already answered in the previous EU Compass survey)
B1.8) Strengths of the activities	(already answered in the previous EU Compass survey)
B1.9) Challenges met during the activities	(already answered in the previous EU Compass survey)
B1.10) Are the activities evaluated? If so, how?	(already answered in the previous EU Compass survey)
B1.11) Any other comments?	(already answered in the previous EU Compass survey)

B2. New documents, reports or resources that could benefit other stakeholders in mental health

(Already answered in the previous EU Compass survey)

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Activities regarding the provision of community-based mental health services implemented in 2015-17:

Activity	Extensively	Some	None	Information not available
C1.1) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services		X		
C1.2) Promote the social inclusion of people with long-term mental disorders		X		
C1.3) Ensure that community psychosocial supports are available for people with severe mental disorders and develop community-based services and programmes for specific populations		X		
C1.4) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X		
C1.5) Improve the use and effectiveness of monitoring mechanisms of mental health services		X		
C1.6) Other:			None	
Total	0	5	0	0

C2. Further information regarding activities for providing community-based mental health services:

N/A

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. Activities for developing integrated approaches to governance (or MHiAP), implemented in 2015-17

Activity	Extensively	Some	None	Information not available
D1.1) Take action on social determinants of mental health		X		
D1.2) Enable the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D1.3) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D1.4) Improve provision of sector-relevant information on impact of policy decisions on public mental health		X		
D1.5) Provide tools for making mental health impact assessments of public policies at different levels of governance		X		
D1.6) Participate in public monitoring or audit of the mental health and equity effects of policy actions	X			
D1.7) Other (please describe)			None	
Total	1	5	0	0

D2. Further information regarding activities for developing integrated approaches to governance (or MHiAP)?

N/A

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM SPAIN'S STAKEHOLDERS

SPANISH ASSOCIATION OF PHYSIOTHERAPY IN MENTAL HEALTH

A. INFORMATION ON THE ORGANIZATION

A2. Status of the organisation:

Non-governmental sector (third sector)	X
Private sector	
Other, please specify:	

A3. The organisation belongs primarily to:

Cultural sector	
Educational sector	
Environmental sector	
Financial sector	
Health sector	X
Health and social sector	
Housing sector	
Human rights sector	
Justice sector	
Labour sector	
Leisure and sports	
Social sector	
Transportation sector	
Urban planning sector	
Other, please specify:	

A4) Basic information about the organization:

Represents physiotherapists working in mental health as well as promotes education, research and managerial issues in the field of mental health and physiotherapy.

B. UPDATES ON KEY DEVELOPMENTS

B1. Organization's involvement in mental health, in 2017:

B1.1) Motivations to act on mental health	(already answered in the previous EU Compass survey)
B1.2) How mental health relates to the core objectives of the organisation	(already answered in the previous EU Compass survey)
B1.3) Key mental health activities	(already answered in the previous EU Compass survey)
B1.4) Key achievements of your actions in mental health	(already answered in the previous EU Compass survey)
B1.5) Key partners involved	(already answered in the previous EU Compass survey)
B1.6) Target group of the activities	(already answered in the previous EU Compass survey)
B1.7) Resources available for this work	(already answered in the previous EU Compass survey)
B1.8) Strengths of the activities	(already answered in the previous EU Compass survey)
B1.9) Challenges met during the activities	(already answered in the previous EU Compass survey)
B1.10) Are the activities evaluated? If so, how?	(already answered in the previous EU Compass survey)
B1.11) Any other comments?	(already answered in the previous EU Compass survey)

B2. New documents, reports or resources that could benefit other stakeholders in mental health

(Already answered in the previous EU Compass survey)

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Activities regarding the provision of community-based mental health services implemented in 2015-17:

Activity	Extensively	Some	None	Information not available
C1.1) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services				X
C1.2) Promote the social inclusion of people with long-term mental disorders	X			
C1.3) Ensure that community psychosocial supports are available for people with severe mental disorders and develop community-based services and programmes for specific populations	X			
C1.4) Ensure the improvement of quality of care and the protection of human rights across all parts of the system	X			
C1.5) Improve the use and effectiveness of monitoring mechanisms of mental health services	X			
C1.6) Other:			None	
Total	4	0	0	1

C2. Further information regarding activities for providing community-based mental health services:

N/A

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. Activities for developing integrated approaches to governance (or MHiAP), implemented in 2015-17

Activity	Extensively	Some	None	Information not available
D1.1) Take action on social determinants of mental health		X		
D1.2) Enable the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts				X
D1.3) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D1.4) Improve provision of sector-relevant information on impact of policy decisions on public mental health		X		
D1.5) Provide tools for making mental health impact assessments of public policies at different levels of governance		X		
D1.6) Participate in public monitoring or audit of the mental health and equity effects of policy actions		X		
D1.7) Other (please describe)			X	
Total	0	5	1	1

D2. Further information regarding activities for developing integrated approaches to governance (or MHiAP)?

N/A

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

We can see that in the list of health professionals you defined psychiatrists, occupational therapists, etc., but not physiotherapists. We would recommend including this profession in your documents. We are currently members of the Workforce Alliance for Mental Health in the WHO Regional Office for Europe.

ANNUAL ACTIVITY REPORT SPAIN'S STAKEHOLDER
FERRER

A. INFORMATION ON THE ORGANIZATION

A2. Status of the organisation:

Non-governmental sector (third sector)	
Private sector	x
Other, please specify:	

A3. The organisation belongs primarily to:

Cultural sector	
Educational sector	
Environmental sector	
Financial sector	
Health sector	x
Health and social sector	
Housing sector	
Human rights sector	
Justice sector	
Labour sector	
Leisure and sports	
Social sector	
Transportation sector	
Urban planning sector	
Other, please specify:	

A4) Basic information about the organization:

Ferrer contributes to people's health and quality of life through the pharmaceutical, health, fine chemicals and food sectors. Our mission is to advance the wellbeing of society. We discover, research and develop medicines, diagnostics, vaccines, fine chemicals, food and feed. Ferrer has diversification across the whole healthcare spectrum. Prescription drugs, hospital equipment, molecular diagnostics, vaccines, over-the-counter remedies, dermocosmetics, nutritional supplements: we offer a wide range of products meeting the highest scientific standards.

B. UPDATES ON KEY DEVELOPMENTS

B1. Organization's involvement in mental health, in 2017:

B1.1) Motivations to act on mental health	Because we would like to support the empowerment people with mental health diseases to help them taking control of their lives and increases their quality of life.
B1.2) How mental health relates to the core objectives of the organisation	Mental health projects are one of our most relevant areas of interest. We have a product EMA & FDA granted and we bought a platform to develop other products in the area of mental health.
B1.3) Key mental health activities	Our main focus nowadays is to help HCP, patients and caregivers to have a better control of crisis of agitation to avoid escalation and potential violence and/or aggression.
B1.4) Key achievements of your actions in mental health	N/A
B1.5) Key partners involved	We are working with different partners, specially doctors, caregivers and patients.
B1.6) Target group of the activities	Scientific Societies, Patients and caregivers associations, MEP, members of the Commissions.
B1.7) Resources available for this work	N/A
B1.8) Strengths of the activities	N/A
B1.9) Challenges met during the activities	Resistance to change on the approach on how to be more efficient to manage the problem of agitation. Not confidence of the society about the capabilities and interest to empower patients to take more control about their lives and the management of their disease.
B1.10) Are the activities evaluated? If so, how?	N/A
B1.11) Any other comments?	N/A

B2. New documents, reports or resources that could benefit other stakeholders in mental health

- <https://www.ncbi.nlm.nih.gov/pubmed/26912127>
- <https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-017-1490-0>
- <https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-017-1373-4>

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Activities regarding the provision of community-based mental health services implemented in 2015-17:

Activity	Extensively	Some	None	Information not available
C1.1) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services		X		
C1.2) Promote the social inclusion of people with long-term mental disorders		X		
C1.3) Ensure that community psychosocial supports are available for people with severe mental disorders and develop community-based services and programmes for specific populations		X		
C1.4) Ensure the improvement of quality of care and the protection of human rights across all parts of the system	X			
C1.5) Improve the use and effectiveness of monitoring mechanisms of mental health services				X
C1.6) Other	None			
Total	1	3	0	1

C2. Further information regarding activities for providing community-based mental health services:

N/A

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. Activities for developing integrated approaches to governance (or MHiAP), implemented in 2015-17

Activity	Extensively	Some	None	Information not available
D1.1) Take action on social determinants of mental health		X		
D1.2) Enable the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D1.3) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D1.4) Improve provision of sector-relevant information on impact of policy decisions on public mental health		X		
D1.5) Provide tools for making mental health impact assessments of public policies at different levels of governance		X		
D1.6) Participate in public monitoring or audit of the mental health and equity effects of policy actions				X
D1.7) Other (Coordinate cross-party mental health policy committee in the parliament)	None			
Total	0	5	0	1

D2. Further information regarding activities for developing integrated approaches to governance (or MHiAP)?

N/A

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

- <https://www.ncbi.nlm.nih.gov/pubmed/26912127>
- <https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-017-1490-0>
- <https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-017-1373-4>

ANNUAL ACTIVITY REPORT FROM SWEDEN'S STAKEHOLDER

CENTRE FOR PSYCHIATRY RESEARCH

A. INFORMATION ON THE ORGANIZATION

A2. Status of the organisation:

Non-governmental sector (third sector)	<input checked="" type="checkbox"/>
Private sector	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

A3. The organisation belongs primarily to:

Cultural sector	<input type="checkbox"/>
Educational sector	<input type="checkbox"/>
Environmental sector	<input type="checkbox"/>
Financial sector	<input type="checkbox"/>
Health sector	<input checked="" type="checkbox"/>
Health and social sector	<input type="checkbox"/>
Housing sector	<input type="checkbox"/>
Human rights sector	<input type="checkbox"/>
Justice sector	<input type="checkbox"/>
Labour sector	<input type="checkbox"/>
Leisure and sports	<input type="checkbox"/>
Social sector	<input type="checkbox"/>
Transportation sector	<input type="checkbox"/>
Urban planning sector	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

A4) Basic information about the organization:

Joint centre between the university and the main care provider in Stockholm County. Focus is clinical research and education within psychiatry.

B. UPDATES ON KEY DEVELOPMENTS

B1. Organization's involvement in mental health, in 2017:

B1.1) Motivations to act on mental health	We are part of the academic health care system. The centre exists in order to support clinical research and training in mental health (specialist care level and more)
B1.2) How mental health relates to the core objectives of the organisation	See above.
B1.3) Key mental health activities	Research, education (undergraduate and graduate level), continuous medical education
B1.4) Key achievements of your actions in mental health	Completed courses (with hopefully satisfied students), allocation of research grants, publications (scientific and other)
B1.5) Key partners involved	The university (Karolinska Institutet in Stockholm) and the health care commissioner in Stockholm (Stockholm County Council)
B1.6) Target group of the activities	Patients (through the progress of knowledge), students, staff within psychiatry and allied professions (primary care), the public
B1.7) Resources available for this work	Internal and external funding (internal through the academic health care system, external research grants, sometimes donations/philanthropic money although this is rare, sometimes businesses, likewise rare)
B1.8) Strengths of the activities	The quality of our education and our scientific activities. We are the biggest centre in Sweden within psychiatry, and collaborate with the entire university (also in translational projects). Our close collaboration with clinical care is another strength.
B1.9) Challenges met during the activities	Many, of which the majority can be clustered under the challenges associated to bridging the activities from two disparate organizations (clinical care and academic life)
B1.10) Are the activities evaluated? If so, how?	Yes. Output is measured by no. and quality of publications, how much funding we attract, and throughput of students on all levels. We are also evaluated on how well we integrate our activities.
B1.11) Any other comments?	-

B2. New documents, reports or resources that could benefit other stakeholders in mental health

N/A

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Activities regarding the provision of community-based mental health services implemented in 2015-17:

Activity	Extensively	Some	None	Information not available
C1.1) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services			X	
C1.2) Promote the social inclusion of people with long-term mental disorders			X	
C1.3) Ensure that community psychosocial supports are available for people with severe mental disorders and develop community-based services and programmes for specific populations			X	
C1.4) Ensure the improvement of quality of care and the protection of human rights across all parts of the system	X			
C1.5) Improve the use and effectiveness of monitoring mechanisms of mental health services		X		
C1.6) Other (Developed models for patient control over inpatient stay)		X		
Total	1	2	3	0

C2. Further information regarding activities for providing community-based mental health services:

This is not the primary responsibility of the health care (in Sweden), but rests on the community. Since we are part of health care, our main activity in this area is to educate social workers, nurses and others who work in the community. We offer a number of courses/classes directed to those groups.

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. Activities for developing integrated approaches to governance (or MHiAP), implemented in 2015-17

Activity	Extensively	Some	None	Information not available
D1.1) Take action on social determinants of mental health		X		
D1.2) Enable the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D1.3) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D1.4) Improve provision of sector-relevant information on impact of policy decisions on public mental health		X		
D1.5) Provide tools for making mental health impact assessments of public policies at different levels of governance		X		
D1.6) Participate in public monitoring or audit of the mental health and equity effects of policy actions		X		
D1.7) Other (We host a developmental project where patients can assess their own care and mental status)		X		
Total	0	7	0	0

D2. Further information regarding activities for developing integrated approaches to governance (or MHiAP)?

There are many activities going on in this area (in the form of developmental projects that we host or are involved in). We collaborate with user organisations in many of these.

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM SWEDEN'S STAKEHOLDER
KAROLINSKA INSTITUTET

A. INFORMATION ON THE ORGANIZATION

A2. Status of the organisation:

Non-governmental sector (third sector)	
Private sector	
Other, please specify: University	x

A3. The organisation belongs primarily to:

Cultural sector	
Educational sector	
Environmental sector	
Financial sector	
Health sector	
Health and social sector	x
Housing sector	
Human rights sector	
Justice sector	
Labour sector	
Leisure and sports	
Social sector	
Transportation sector	
Urban planning sector	
Other, please specify:	

A4) Basic information about the organization:

National Centre for Mental Health Promotion and Suicide Prevention. We are a research and education centre belonging to Karolinska Institutet, Stockholm, Sweden

B. UPDATES ON KEY DEVELOPMENTS

B1. Organization's involvement in mental health, in 2017:

B1.1) Motivations to act on mental health	Mental Health promotion is our primary activity
B1.2) How mental health relates to the core objectives of the organisation	Core objectives of our organisation are mental health promotion and suicide prevention
B1.3) Key mental health activities	Suicide prevention
B1.4) Key achievements of your actions in mental health	N/A
B1.5) Key partners involved	N/A
B1.6) Target group of the activities	N/A
B1.7) Resources available for this work	N/A
B1.8) Strengths of the activities	N/A
B1.9) Challenges met during the activities	N/A
B1.10) Are the activities evaluated? If so, how?	N/A
B1.11) Any other comments?	N/A

B2. New documents, reports or resources that could benefit other stakeholders in mental health

N/A

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Activities regarding the provision of community-based mental health services implemented in 2015-17:

Activity	Extensively	Some	None	Information not available
C1.1) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services		X		
C1.2) Promote the social inclusion of people with long-term mental disorders		X		
C1.3) Ensure that community psychosocial supports are available for people with severe mental disorders and develop community-based services and programmes for specific populations	X			
C1.4) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X		
C1.5) Improve the use and effectiveness of monitoring mechanisms of mental health services		X		
C1.6) Other			None	
Total	1	4	0	0

C2. Further information regarding activities for providing community-based mental health services:

N/A

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. Activities for developing integrated approaches to governance (or MHiAP), implemented in 2015-17

Activity	Extensively	Some	None	Information not available
D1.1) Take action on social determinants of mental health	X			
D1.2) Enable the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts	X			
D1.3) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives			X	
D1.4) Improve provision of sector-relevant information on impact of policy decisions on public mental health		X		
D1.5) Provide tools for making mental health impact assessments of public policies at different levels of governance	X			
D1.6) Participate in public monitoring or audit of the mental health and equity effects of policy actions		X		
D1.7) Other (Coordinate cross-party mental health policy committee in the parliament)	None			
Total	3	2	1	0

D2. Further information regarding activities for developing integrated approaches to governance (or MHiAP)?

N/A

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

N/A

ANNUAL ACTIVITY REPORT FROM SWEDEN'S STAKEHOLDER

NATIONAL BOARD OF HEALTH AND WELFARE

A. INFORMATION ON THE ORGANIZATION

A2. Status of the organisation:

Non-governmental sector (third sector)	
Private sector	
Other, please specify: <i>Governmental</i>	X

A3. The organisation belongs primarily to:

Cultural sector	
Educational sector	
Environmental sector	
Financial sector	
Health sector	X
Health and social sector	
Housing sector	
Human rights sector	
Justice sector	
Labour sector	
Leisure and sports	
Social sector	
Transportation sector	
Urban planning sector	
Other, please specify:	

A4) Basic information about the organization:

The National Board of Health and Welfare (Socialstyrelsen) is a government agency in Sweden under the Ministry of Health and Social Affairs.

B. UPDATES ON KEY DEVELOPMENTS

B1. Organization's involvement in mental health, in 2017:

B1.1) Motivations to act on mental health	It is a part of the Boards commission to promote a good health care and welfare.
B1.2) How mental health relates to the core objectives of the organisation	Persons with mental illness are treated in health care.
B1.3) Key mental health activities	Producing and publishing reports and statistics on mental illness in order to enhance knowledge, publishing national guidelines on treatment, distributing government grants
B1.4) Key achievements of your actions in mental health	For example, statistics on different indicators of mental illness help caregivers to identify potential problems, which may promote better care.
B1.5) Key partners involved	County councils and municipalities, who are care authorities.
B1.6) Target group of the activities	The patients.
B1.7) Resources available for this work	I am not aware of any sum, but it may differ between years depending on political priorities.
B1.8) Strengths of the activities	The national level, as regions may be compared and highlighted.
B1.9) Challenges met during the activities	Not applicable
B1.10) Are the activities evaluated? If so, how?	Not applicable
B1.11) Any other comments?	No

B2. New documents, reports or resources that could benefit other stakeholders in mental health

A link to our webpage - even if it is in Swedish: <http://www.socialstyrelsen.se/psyiskohalsa>.

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Activities regarding the provision of community-based mental health services implemented in 2015-17:

Activity	Extensively	Some	None	Information not available
C1.1) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services			X	
C1.2) Promote the social inclusion of people with long-term mental disorders				X
C1.3) Ensure that community psychosocial supports are available for people with severe mental disorders and develop community-based services and programmes for specific populations				X
C1.4) Ensure the improvement of quality of care and the protection of human rights across all parts of the system				X
C1.5) Improve the use and effectiveness of monitoring mechanisms of mental health services				X
C1.6) Other:				X
Total	0	0	1	4

C2. Further information regarding activities for providing community-based mental health services:

N/A

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. Activities for developing integrated approaches to governance (or MHiAP), implemented in 2015-17

Activity	Extensively	Some	None	Information not available
D1.1) Take action on social determinants of mental health				X
D1.2) Enable the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D1.3) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives		X		
D1.4) Improve provision of sector-relevant information on impact of policy decisions on public mental health		X		
D1.5) Provide tools for making mental health impact assessments of public policies at different levels of governance				X
D1.6) Participate in public monitoring or audit of the mental health and equity effects of policy actions		X		
D1.7) Other (please describe)			None	
Total	0	4	0	2

D2. Further information regarding activities for developing integrated approaches to governance (or MHiAP)?

For example, the national guidelines on depression and anxiety may promote a development in mental health care, see link below (though in Swedish): <https://roi.socialstyrelsen.se/riktlinjer/nationella-riktlinjer-for-var-d-vid-depression-och-angestsyndrom>.

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

Interesting information may be achieved from the Swedish Association of Local Authorities and Regions, see link below: <https://www.uppdragpsyiskhalsa.se/>.

ANNUAL ACTIVITY REPORT FROM SWEDEN'S STAKEHOLDER

UMEÅ UNIVERSITY

A. INFORMATION ON THE ORGANIZATION

A2. Status of the organisation:

Non-governmental sector (third sector)	
Private sector	
Other, please specify: <i>University Dept ofX Psychogeriatrics</i>	

A3. The organisation belongs primarily to:

Cultural sector	
Educational sector	
Environmental sector	
Financial sector	
Health sector	X
Health and social sector	
Housing sector	
Human rights sector	
Justice sector	
Labour sector	
Leisure and sports	
Social sector	
Transportation sector	
Urban planning sector	
Other, please specify:	

A4) Basic information about the organization:

N/A

B. UPDATES ON KEY DEVELOPMENTS

B1. Organization's involvement in mental health, in 2017:

B1.1) Motivations to act on mental health	(already answered in the previous EU Compass survey)
B1.2) How mental health relates to the core objectives of the organisation	(already answered in the previous EU Compass survey)
B1.3) Key mental health activities	(already answered in the previous EU Compass survey)
B1.4) Key achievements of your actions in mental health	(already answered in the previous EU Compass survey)
B1.5) Key partners involved	(already answered in the previous EU Compass survey)
B1.6) Target group of the activities	(already answered in the previous EU Compass survey)
B1.7) Resources available for this work	(already answered in the previous EU Compass survey)
B1.8) Strengths of the activities	(already answered in the previous EU Compass survey)
B1.9) Challenges met during the activities	(already answered in the previous EU Compass survey)
B1.10) Are the activities evaluated? If so, how?	(already answered in the previous EU Compass survey)
B1.11) Any other comments?	(already answered in the previous EU Compass survey)

B2. New documents, reports or resources that could benefit other stakeholders in mental health

(Already answered in the previous EU Compass survey)

C. PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

C1. Activities regarding the provision of community-based mental health services implemented in 2015-17:

Activity	Extensively	Some	None	Information not available
C1.1) Mobilise in all places a shift from long-stay psychiatric hospitals to a system based on general hospital and community mental health services			X	
C1.2) Promote the social inclusion of people with long-term mental disorders		X		
C1.3) Ensure that community psychosocial supports are available for people with severe mental disorders and develop community-based services and programmes for specific populations			X	
C1.4) Ensure the improvement of quality of care and the protection of human rights across all parts of the system		X		
C1.5) Improve the use and effectiveness of monitoring mechanisms of mental health services	Unanswered			
C1.6) Other:			X	
Total	0	2	3	0

C2. Further information regarding activities for providing community-based mental health services:

Public information presentation and is now active in an recently initiated regional EU project intending to improve diagnosis and treatment of cognitive disorders in home care.

D. DEVELOPING INTEGRATED GOVERNANCE APPROACHES

D1. Activities for developing integrated approaches to governance (or MHiAP), implemented in 2015-17

Activity	Extensively	Some	None	Information not available
D1.1) Take action on social determinants of mental health			X	
D1.2) Enable the Mental Health in All Policies approach by building mental health literacy and better understanding of mental health impacts		X		
D1.3) Set up multi-stakeholder policy forums to initiate and develop mental health promotion policies and initiatives			X	
D1.4) Improve provision of sector-relevant information on impact of policy decisions on public mental health		X		
D1.5) Provide tools for making mental health impact assessments of public policies at different levels of governance		X		
D1.6) Participate in public monitoring or audit of the mental health and equity effects of policy actions		X		
D1.7) Other (please describe)			X	
Total	0	4	3	0

D2. Further information regarding activities for developing integrated approaches to governance (or MHiAP)?

See previous page.

E. FURTHER INFORMATION

E1. List of relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing produced since 2016 not already mentioned in this survey.

None.

