

Minutes

Member States Workshop on the EU Non-Communicable Diseases Initiative

8 December 2022

DG SANTE hosted an online workshop with over 55 Member States' representatives of the Non-Communicable Diseases Sub-group of the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases, chaired by the Acting Deputy Director General for Health.

The Chair informed Member States of the adoption of a Commission Decision establishing a new expert group on public health. This expert group will advise the Commission on policy development and transfer of best practices related to major public health challenges, including both non-communicable disease (such as mental health, cancer, diabetes, cardiovascular diseases) as well as communicable diseases (such as HIV/AIDS, tuberculosis and hepatitis, and policies related to vaccination and antimicrobial resistance).¹ The procedure for nominating members of the new public health expert group would be circulated shortly. The rules of procedure and the work plan for the new group would also be prepared early in 2023.

Update on the 'Healthier Together' - EU NCD Initiative

DG SANTE presented an update on the implementation of the five target strands of the 'Healthier Together' - initiative² with a particular emphasis on mental health. The current and future work in this particular area was highlighted with a wide range of initiatives targeting different aspects of mental health across Member States. The Commission also highlighted that there are actions for both Member States and stakeholders so that the work is aligned and supportive.

Mental health

The Chair then informed the meeting of the Commission's plans in preparing the mental health initiative called for by President von der Leyen in her State of the European Union speech. This new initiative also reflects the conclusions of the Conference on the Future of Europe, which ended in May 2022.

The Commission has started to prepare this work, which will involve all relevant EU policies, funding and actions from the different Commission departments. The Chair also stressed that the initiative would be prepared in close collaboration with the Member States and stakeholders.

A new Thematic Network led by Mental Health Europe has been set up to focus specifically on mental health in all policies.

A number of programmes and initiatives in the field of mental health are underway to support Member States through targeted technical and financial support and capacity

¹ https://health.ec.europa.eu/latest-updates/commission-expert-group-public-health-2022-12-08_en

² https://health.ec.europa.eu/non-communicable-diseases/healthier-together-eu-non-communicable-diseases-initiative_en

building. Over €30 million has been spent by the EU4Health programme on mental health over the last three years; with another €18 million reserved for 2023. Some of the supported initiatives include a Joint Action to roll-out best practices in 21 Member States, a national suicide prevention programme in 14 Member States and a mental health system reform to strengthen community-based services in a number of Member States.³ A contribution agreement with the Red Cross was signed to provide psychological support for people fleeing Ukraine in urgent need. Several projects on the impact of COVID-19 on mental health were also being supported.

DG SANTE also presented highlights of the EU4Health 2023 Work Programme which would include direct grants to national authorities for Joint Actions, and calls for proposals in mental health, chronic respiratory diseases, dementia and other neurological disorders, as well as action grants on mental health challenges for cancer patients and survivors, and the development of a European Code on Mental Health.

The **World Health Organisation/Europe** presented the activities of WHO in the area of mental health as part of the European Framework for Action on Mental Health 2021-2025.⁴ It highlighted the areas where the WHO plans to provide tailor-made support to each individual Member State through capacity building and in the implementation of promising and best practices to improve mental health in the context of a new contribution agreement funded under the EU4Health 2022 work programme. To that end, WHO said it would conduct surveys on mental health policy frameworks across all Member States to identify country-specific needs, gaps and obstacles, and provide leadership training for mental health personnel where appropriate. It also emphasised collaboration with the EU and OECD in providing targeted support for Member States via mapping and data gathering tools, specialised training, capacity building and real-time data monitoring using digital data sources and social media among others. Furthermore, WHO will support the strengthening of community mental health care in parallel with de-institutionalisation.

The **Organisation for Economic Co-operation and Development (OECD)** highlighted the work being done to technically support transfer of best practices in mental health which complemented activities by WHO/Europe and the Commission. OECD's future efforts in the context of a contribution agreement under the EU4Health 2021 work programme would focus on two main areas: firstly, supporting the economic rationale for the mental health strand of the 'Healthier Together' - Initiative, and secondly, analysing candidate best practices⁵ and promising practices for NCDs, including mental health. In terms of best practices, OECD selected interventions according to five criteria (effectiveness, efficiency, equity, evidence base, extent of coverage) and evaluated their transferability potential to a new region. When effectively implemented, best practices had the potential to improve health and the economy simultaneously. The presentations of the WHO and OECD are published on the closed Health Policy Platform SGPP network (accessible via: [Steering Group on Promotion and Prevention - EU Health Policy Platform \(europa.eu\)](#)).

Discussion

Belgium asked if the WHO was proposing to support individual Member States who requested their expertise in the domain of mental health. DG SANTE responded that WHO had presented possible actions that would be carried out as part of a contribution

³ [JA ImpleMENTAL \(ja-implmental.eu\)](#).

⁴ <https://www.who.int/europe/publications/i/item/9789289057813>

⁵ <https://www.oecd.org/health/best-practice-in-public-health.htm>

agreement to provide targeted support to Member States for mental health capacity building. This also includes individual policy dialogues with each Member State.⁶

The Netherlands welcomed the Commission's efforts to prioritise mental health, especially in relation to young people. In this regard, addictions to gambling, alcohol, drugs, etc., definitely merited consideration as part of any mental health initiative targeting youth. Likewise, vulnerable groups such as the homeless and migrants should be included in any programme. Although a national mental health programme was already under way in the Netherlands, particular needs, gaps and obstacles were still being identified. The proposed WHO survey would be helpful in this respect. The Dutch Government has already started implementing its own mental-health-in-all-policies approach to encourage engagement and awareness across all sectors of society with a focus on young people, vulnerable groups and well-being in the workplace. It would be open to exploring further collaboration with the Commission, WHO and OECD and other Member States and warmly welcomed the new sub-group on mental health as a positive development.

Poland said that mental health is very high on its policy agenda, with an ongoing reform of the mental health system under way since 2018. A pilot programme had been rolled out nationwide with a network of 58 mental health centres serving an adult population of 7 million. It emphasised the importance of engaging professional and well-trained staff with multidisciplinary skills in mental health issues. Since 2019, Poland had also developed a new model of mental health care for children and adolescents. Other mental health priorities were related to COVID-19 and the ongoing conflict in Ukraine. A technical working group had been established in collaboration with WHO and the United Nations High Commissioner for Refugees (UNHCR) to provide psychosocial support and guidance to Ukrainian refugees. A number of support centres for refugees had been established to offer mental health expertise and counselling, legal aid, administrative support, and referrals to specialized services. Poland welcomed all initiatives to improve the training and skills of staff working in the field of mental health. It also welcomed the formation of a dedicated sub-group on mental health which would help to generate ideas and exchanges on this specific theme. It requested further information about the scope and time-frame of the proposed survey on mental health by the WHO.

Finland said it strongly supported the EU's mental health initiative and was keen to play an active role in the new sub-group on mental health. Mental health was a top priority and had been a key part of the Finnish national health strategy for the past two years. It was fully committed to promoting a mental-health-in-all-policies and working to reduce stigma and discrimination and promoting mental health for all age groups and all sectors of the population. It agreed with the Netherlands on the need to include issues such as drug dependency and other harmful addictions in any prevention and education programmes. Similarly, nutrition and physical activity were other important crosscutting issues that impacted directly on mental health. Overall, Finland said it was keen to promote a holistic, cross-disciplinary approach to mental health which encompassed all aspects of physical and psychological wellbeing.

Croatia commended the Commission, the OECD and WHO for their various initiatives in mental health education and promotion. The timing was particularly opportune as Croatia had recently adopted its own Strategic Framework for Mental Health 2022-2030. The Framework comprised four action areas: (1) mental health promotion and early detection of mental disorders; (2) protection of mental health in children and young people;

⁶ https://health.ec.europa.eu/system/files/2022-07/com_2022-5436_annex1_en.pdf

(3) mental health in local communities; and (4) care for people with dementia. Croatia was participating in the Joint Action on mental health promotion (JA ImpleMENTAL) along with 20 other EU countries and was also actively involved in several other EU work packages involving mental health. Croatia said it was willing to participate in the proposed Commission survey on mental health and agreed with the idea of creating a separate sub-group on mental health.

Norway said that mental health was a priority for its government. Work was well advanced on a new mental health escalation plan with three main aims: (1) strengthening public mental health through health promoting and illness prevention strategies; (2) strengthening community mental health services and mental health departments in hospitals; (3) improving the coordination and quality of services for patients with severe mental illness. The increase in mental health-related symptoms among young people required a comprehensive approach to ensure that treatment was not the sole response and that proper follow-up was available to prevent mental health challenges continuing into adult life. Norway said it fully subscribed to the mental-health-in-all-policies approach as fundamental to providing better community-based mental health services. It also highlighted the importance of communities creating healthy psychosocial environments which should be considered as important as emissions regulations in terms of public health. For the survey and the proposed new sub-group on mental health, it would respond to these two questions in due course after further internal consultations had taken place.

Belgium said that it fully supported the mental health initiative with a focus on improving and promoting mental health through innovative and sustainable interventions. It was in favour of the formation of the new sub-group on mental health and would provide more specific feedback on the Commission's proposals at a later stage.

Italy said it was fully convinced of the need to reinforce a community-based approach to mental health which took due account of proximity, responsiveness and stakeholders' involvement. It also fully agreed with the mental-health-in-all-policies approach which underscored the importance of exploring overlaps and synergies between health, social, educational, economic and other sectors and policies. It also raised concern about some coercive mental health practices which ran counter to contemporary human rights principles and standards. Italy said it was willing to participate in the survey and also felt that the proposed sub-group on mental health would be a useful means to develop new ideas and put them into practice.

Luxembourg welcomed the mental health initiative and said that it was working on its own national mental health plan focusing on a number of key areas including prevention strategies for mental illness, suicide prevention and management of psychosocial risk factors. Young people were a particular area of focus, as was the issue of mental health in the workplace. It was keen to hear from other interested parties on effective communication strategies to tackle stigma and discrimination around mental health. It was willing to take part in the survey on national needs and considered the proposal for a new mental health sub-group to be a very positive development.

France expressed satisfaction with the mental health initiative and said it broadly agreed with many of the priority areas already identified by other Member States. A pan-European approach to the topic was the most effective means to make an impact and it commended the Commission for inviting WHO/Europe and OECD to present their flagship initiatives. It fully agreed that a mental-health-in-all-policies approach was the right strategy to make a difference in promoting mental health for all age groups and all sectors of society. Targeting the mental health of vulnerable groups was also part of the French strategy. It

fully agreed that addiction and dependency issues in terms of tobacco, alcohol and other substances were important to consider in the context of mental health.

Latvia said it was actively working on a new strategy for health promotion and disease prevention, which would include mental health, at national and municipal levels. A national mental health plan had been developed earlier this year to facilitate the implementation of community-based mental health programmes and ensure the continuity of follow-up care after in-patient treatment. It highlighted the importance of the continuity of care in the transition from childhood to adulthood and said it was working in collaboration with WHO to identify any gaps in the system and address them effectively. The main challenges for Latvia were insufficient human resources and the lack of clearly defined services which led to disparities between the larger urban areas and the regions. The challenge for the future was to deploy more trained and professional staff in mental health care. It appreciated any support the EU could give in terms of funding and expertise to deliver on its plans to provide evidence-based mental health services in outpatient and community-based settings.

Iceland said it fully supported the increased focus on mental health. It expressed concern at the declining mental health of its youth population and the risk in addiction-related deaths. Key challenges in mental health provision included the lack of resources, shortage of specialists, grey areas of responsibility and the coordination and continuity of care. Implementing social and emotional skills from an early age through to adulthood via the education system formed an important part of Iceland's ongoing work in supporting mental health. A new national plan for mental health had been adopted earlier this year and would run until 2030.

Next steps

The Chair thanked all participants for their valuable input and for an interesting debate and exchange on mental health. The procedure for nominating members of the new public health expert group would be finalised shortly and the rules of procedure and the work plan for the new group will be prepared next year.