EU COMPASS FOR ACTION
ON MENTAL HEALTH AND WELLBEING

ANNUAL ACTIVITY REPORTS OF MEMBER STATES AND STAKEHOLDERS (2017)

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List of abbreviations
WHO: World Health Organization
EU: European Commission
DALY: Disability adjusted life years
DG SANTE: Directorate General for Health and Food Safety of the European Commission
Chafea: Consumers, Health, Agriculture and Food Executive Agency
CME: Continuous medical education

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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 (CHAFEA), 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 analyze 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

[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
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.

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.

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, labor, 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 fora (2016, 2017and 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 2017 on EU Member States as well as stakeholder activities and policies in mental health. The data collected focused on three EU Compass annual themes: 1) *mental health at work;* 2) *mental health and schools;* and 3) *preventing suicide*. The information presented in this report was collected through annual surveys completed by Member States and stakeholders between January and February 2017. This report is Deliverable 2b of the second year of the EU Compass on Mental Health and Wellbeing and serves as the background document for the Annual Report (Deliverable 13a).

METHODOLOGY

Data on annual activities in mental health among Member States and stakeholders was collected through an annual Member States survey and a mental health stakeholder survey.

Data collection tool

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 Santé and Chafea. The surveys were in accordance with guidelines set forth in a contractual agreement with DG Santé 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 Santé, 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 questions. The Member States survey included 45 questions and was more in-depth than the stakeholder survey, which included 26 questions.

The Member State surveys have six parts. Part A covers background information. Part B covers updates on key developments in the last year in the following areas:

mental health legislation, policy framework, financing and/or funding, services organization, development and/or quality, promotion and prevention initiatives, involvement of partners from other policies and sectors, involvement of patients, families and NGOs, monitoring the mental health status of the population or particular population groups (including suicidal behavior), measuring the impact of policies and/or emerging new needs, and the 'Mental Health in All Policies' approach. Parts C, D and E focus on three of the annually rotating themes: 1) *mental health at work;* 2) *mental health and schools;* and 3) *preventing suicide*. Part F gives an opportunity to propose good practices.

The stakeholder surveys have five parts. Part A addresses basic information on the organization. Part B focus on the key activities carried out in the organization, with questions on the objectives of the organization, key activities and achievements, partners involved, target groups, available resources, strengths of activities, challenges faced in carrying out activities, and whether or not the activities were evaluated. Part C , D and E focus on the rotating themes addressed this year, and includes a number of questions addressing the extent to which action is taking place respectively on mental health at work, mental health and schools and preventing suicide.

Data collection

Mapping out respondents

Respondents for the annual activity surveys were mapped out by NOVA University of Lisbon. The Member States surveys were sent out to pre-defined Member State representatives in mental health, via a private link. Stakeholder surveys were sent out to a pre-defined list of stakeholders from national and European organizations. In addition, the web link was placed on the EU Compass website.

Sampling

The identification of Member State representatives to fill in the survey was determined through consulting the Group of Governmental Experts and, when requested, sub-national public authorities. The questionnaire was sent out to representatives from all Member States, as well as Turkey, Norway, and Iceland.

Non-governmental stakeholders were identified in the fields of health, social affairs, education, workplaces and justice, as well as civil society groups. Existing lists developed for the Joint Action as well as lists of relevant stakeholders of EU Compass Consortium partners were consulted and used. The total number of stakeholders identified through this process was 606, all of whom were invited to take part in the survey.

Data collection process

Member State representatives and stakeholders were invited to participate in the surveys via e-mail in the beginning of January 2017. To maximize response rates, a reminder system was used, wherein reminders via email were sent out on February to non-responders. Member States that failed to respond to the survey by mid-February 2017 were individually approached via phone and e-mail. The initial deadline to fill in the Member States survey was the 14th February. At the request of representatives from Member States, this was extended to the end of March 2017. 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 the Member State representatives and three additional countries invited to participate in the Member States questionnaire 20 representatives[2], completed the survey. Ten Member States[3] did not.

Of the 606 stakeholders invited to complete the survey, 47 completed the survey.

Data analysis

Raw data from the 20 respondents of the Member States surveys were exported from Webropol to Excel. All data from stakeholders was similarly exported from Webropol to SPSS. Qualitative survey data from both surveys was cleaned, extracted and edited.

[2] Austria, Belgium, Bulgaria, Croatia, Cyprus, Denmark, Finland, Greece, Iceland, Italy, Latvia, Lithuania, Luxembourg, The Netherlands, Norway, Portugal, Romania, , Spain, Sweden and the United Kingdom

[3] Czech Republic, Estonia, France, Germany, Hungary, Ireland, Malta, Poland, Slovakia and Slovenia.

ANNUAL ACTIVITY REPORTS OF MEMBER STATES

ANNUAL ACTIVITY REPORT FROM AUSTRIA

KEY DEVELOPMENTS IN 2016

B1) Key mental health developments initiated or implemented in 2016

B1.1) Mental health legislation
No new developments

B1.2) Policy framework
In 2016/2017 the Austrian health target No.9 "to promote psychosocial health in all populations Groups" will be elaborated by an intersectional and multidisciplinary workgroup

B1.3) Financing and/or funding
No new developments, part of the general health budget

B1.4) Services organisation development and/or quality
No new developments

B1.5) Promotion and prevention initiatives
Implementation of the national suicide prevention Programme (SUPRA) is a continuous ongoing process
National Addiction prevention strategy has been published in January 2016
Implementation of the national Dementia strategy is a continuous ongoing process
Implementation of Early Childhood Networks (Frühe Hilfen) a continuous ongoing process

B1.6) Involvement of partners from other policies and sectors (multisector governance)
Coordinating Platform for psychosocial Support of refugees and aiders (this platform also deals with Topics like living/housing conditions, employment/day structure, access to public transport...) involves several ministries, the federal states, social insurance and NGOs

B1.7) Involvement of patients, families and NGOs
This is a continuous ongoing process, for example in the national mental health advisory board. In the Framework of health-target No.9 an Exchange-platform for patients will be established

B1.8) Monitoring the mental health status of the population or particular population groups (including suicidal behaviour)
Annual suicide Report
Annual drug Report (+every 4 years: General Population Survey on substance consumptions and gaming behaviour)
Austrian Health Interview Survey (ATHIS) contains some items concerning mental health (conducted every 7 years)
Currently ongoing study on epidemiology of depression

B1.9) Measuring the impact of policies and/or emerging new needs
Monitoring of health Targets
Monitoring of health Promotion strategy

B1.10) Mental Health in All Policies (i.e. promotion of population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas)
One principle for the development and Elaboration of the Austrian Health Targets is the HiAP Approach - thus MHiAP Plays an important role for the Elaboration of Health Targets No. 9 "To promote psychosocial health in all population Groups"
Safety and Health at Work Act is an important step to Promotion of mental health and prevention of mental disorders in the workplace
Coordinating platform for psychosocial Support of refugees and aiders (see above)

B1.11) Other
N/A

B2) Links to new documents, reports or resources that could benefit other stakeholders in mental health:
1. http://www.gesundheitsziele-oesterreich.at/
2. http://bmg.gv.at/cms/home/attachments/5/5/4/CH1347/CMS1453460318602/suchtpraeventionsstrategie.pdf
3. http://bmg.gv.at/cms/home/attachments/5/7/0/CH1513/CMS1450082944440/demenzstrategie_abschlussbericht.pdf
4. https://www.ris.bka.gv.at/Dokumente/BgblAuth/BGBLA_2012_I_118/BGBLA_2012_I_118.pdf

B3) Strengths and weaknesses of the mental health situation

Strengths	Weaknesses
More awareness of mental issues in society and among decision makers; quite good basic care (in international comparison)	Still a lot to do – especially in terms of mental health promotion/prevention, child and adolescent psychiatry, outpatient psychiatric care and free of charge psychotherapy

MENTAL HEALTH AT WORKPLACES

C1) Role of mental health at workplaces in national policy or strategy documents

C1.1) Recognition as a priority

As a result of the increasing awareness of the social partners and the national authorities regarding mental health problems at the workplace, a new Health and Safety Protection Act, ("Novelle zum ArbeitnehmerInnenschutzgesetz (ASchG)") was implemented on 1 January 2013.

Most changes of the Austrian Labour Protection Law are clarifications of already existing requirements: First, psychological strain (e.g. lack of social support or feedback by the supervisor, unclear or conflicting work targets, lack of participation or lacking job variation) is now named as a risk factor. Second, "health" is defined as physical and mental health. Third, employers are obliged to conduct workplace risk assessment, i.e. systematically identify and document workplace risks, implement measures and evaluate their effectiveness. Thus, employers are no longer obliged only to secure a healthy work environment but to actively evaluate whether there are psychological strains in the enterprise. This should be done systematically, with a steering committee involving representatives of the employees, and with standardised screening instruments or questionnaires. While the employer is free in choosing an evaluation instrument, the instrument has to be validated.

The new regulations are highly structured and defined. In smaller enterprises, the risk assessment may be carried out by structured group interviews or interviews with individual employees. Fourth, the workplace evaluation has to include a preventive focus, i.e. it has to evaluate work tasks, the organisation of work tasks, the work environment and the operational procedures. Fifth, when it has come to incidents with significantly elevated psychological strain in an enterprise, a new workplace risk assessment has to be conducted. Sixth, occupational psychologists are explicitly named as "other" adequate professionals (in addition to chemists, toxicologists or ergonomists) who can be mandated with the risk assessment, in addition to the acknowledged "preventive services" – occupational physicians and safety engineers.

C1.2) Estimated impact of activities related to mental health at workplaces on the reduction of disease burden

At the moment there are no valid data available but an estimated 50 percent of enterprises have started to implement the risk assessment of psychosocial risks or on the way.

C2) Existence of national programmes/strategies for mental health at workplaces

NO	YES
	X

C2.1) Components of these programmes

Risk assessment of psychosocial risks has also become a focus of the national Austrian Strategy for Occupational Safety and Health, 2013 - 2020. The clearly defined structures of this nationwide strategy for the established bodies as well as consensual objectives form the basis for the implementation of jointly-developed prevention measures for safety and the protection of health in the workplace. Jointly developed means involving – as far as possible – all national and regional stakeholders in occupational safety and health in accordance with their competences and the resources which they can voluntarily provide. It also means integrating them in an optimal way into strategy, goal-setting, planning and the realization of projects.

The main priorities are:

- Improvement of risk assessment and risk awareness, particularly fundamental work on methodology and statistics

- Reduction of work-related stress and strains, particularly mental stress and strain on the musculoskeletal system. Working practices which take the age of employees and the prevention of risks from carcinogenic agents into account
- Initial and further training as well as information in the field of occupational safety and health and improvements in the work of prevention experts

Several focus campaigns of labour inspection (inspection and consulting) have been carried out that also encompassed psychosocial risk, for example in healthcare, in the cleaning sector and the hotel sector, where also specific guidelines were distributed

C2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

The labour inspectors control during inspections whether a risk assessment of psychosocial risks has been carried out.

As part of the national strategy on occupational safety and health a working group consisting of Ministry, labour inspectors, social partners, social insurance and other experts has developed guidelines on how to carry out the assessment of psychosocial risks. These guidelines can be downloaded from the website of the labour inspectorate.

For labour inspectors another guideline has been developed to assess the risk assessment on psychosocial risks in a company. This document is also available on the website. A whole subpage of the website is dedicated to psychosocial risks with frequently asked questions.

C3a) Level of implementation in 2015-2016 of recommendations to build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Informal (e.g. working groups who exchange experiences) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		
	Formal (e.g. as part of Occupational Safety and Health (OSH) or national government programmes) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		
	Health policy development to legally anchor structures for inter-sector cooperation		
	Health policy sector working together with OSH stakeholders to make it easier for SMEs to access support		
	Key multiplier institutions (chambers of industry and commerce, sector associations, trade associations, etc.) to implement joint information campaigns for SMEs on work-related mental health issues		
	Involve the health policy sector to identify and promote styles of management that are conducive to health		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Development of platforms to facilitate structured exchange of experience for social health insurance institutions and government health agencies		
	Implement health policy measures and strategies that promote open communication in the workplace and reduce the stigma of mental health problems		
	Health insurance institutions and/or national health services to implement model dissemination programmes in co-operation with stakeholders from other action fields.		

C3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C3a Table)

C3.4. Several of the stakeholders, e.g. social partners, have shown great interest in this new issue and have seen the risk assessment as a way to raise awareness and to reduce sickness absence. But employers especially in SME need to improve their ability of carrying out psychosocial risk assessments more systematically.

C3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C3a Table)

C3.5. Good Cooperation of Central labour Inspectorate with the Austrian Network Workplace Health Promotion (built by social security institutions and social partners), helped to work out a guide called "Mental Health -- combined implementation of risk assessment of psychosocial risks and WHP" which was published in the year 2016.

C3.7. The Austrian National Strategy on Occupational Safety and Health 2013 – 2020 with all relevant stakeholders and partners.

C3.8. The new Health and Safety Protection Act, ("Novelle zum ArbeitnehmerInnenschutzgesetz (ASchG)") which was implemented on 1 January 2013; the workplace risk assessment has to include a preventive focus, i.e. it has to evaluate work tasks, the organisation of work tasks, the work environment and the operational procedures, but not the individual behaviour.

C4a) Level of implementation in 2015-2016 of recommendations to prevent mental health problems at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Health policy sector to develop infrastructure which promotes wider dissemination of good risk management practices in enterprises, including psychosocial factors		
	Statutory health insurance institutions and national health services to support OSH stakeholders in convincing employers to adopt risk assessment practices that include psychosocial factors		
	Raise the relevance of OSH by combining risk assessment approaches with campaigning activities which link mental health issues to the human		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	resource and labour market agenda		
	Develop and disseminate easy-to-understand tools and instruments for employers		
	Recognise that small and medium-sized enterprises (SMEs) need a tailored approach and support to tackle psychosocial risk factors		
	Examine how national health service and statutory health insurance institutions can provide support to workplaces on mental health		
	Develop coordinated national and regional goals for OSH and workplace health promotion and translate them into general psychosocial recommendations		

C4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C4a Table)
N/A

C4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C4a Table)
C4.4. Several branch specific leaflets have been published
Specific standardized instruments for the risk assessment of psychosocial risks have been developed and distributed
C4.1. National and international campaigns e.g. form the European Agency in Bilbao or the SLIC campaign have been supportive in raising awareness for this important issue and defining good risk management practices in enterprises that include psychosocial factors
C4.3. The guide from the Austrian network on WHP and the Central Labour Inspectorate
C4.7. The new Health and Safety Protection Act, ("Novelle zum ArbeitnehmerInnenschutzgesetz (ASchG)") which was implemented on 1 January 2013; the workplace risk assessment has to include a preventive focus, i.e. it has to evaluate work tasks, the organisation of work tasks, the work environment and the operational procedures, but not the individual behaviour.

C5a) Level of implementation in 2015-2016 of recommendations to promote mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Health policy sector promoting good work organisation and leadership practices as drivers for business excellence and competitiveness
	Promotion approaches and practices which combine lifestyle improvements with working condition focused improvements		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Engagement of key external stakeholders (social partners, regulatory system, social insurance, health care etc.) to adopt a supportive role for enterprises in the field of workplace health promotion (WHP)		
	Support of the health policy sector in the dissemination of good practices in the promotion of mental health at the workplace in all institutions of the health care system		
	Institutions responsible for organising health care or occupational health and safety develop an independent service area for workplace health promotion that is economically accessible for all enterprises		
	Workplace health promotion services include basic advisory services for organisations for the introduction and systematic promotion of mental health at the workplace		
			Workplace health promotion services include the evaluation of data on mental disorders (if available) at enterprise level (including benchmarking in the respective sector)
	Workplace health promotion services include qualification measures in stress management for employees		
			Health policy sector examines and modifies existing rules and regulations, including the tax system, to encourage enterprises to invest in measures for workplace mental health promotion

C5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C5a Table)
N/A

C5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C5a Table)
N/A

C6a) Level of implementation in 2015-2016 of recommendations to support the reintegration/return to work of people who have experienced mental health difficulties

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Health policy sector ensures and improves access to care for mentally ill employees		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Focus on early identification of the need for care		
	Employees have fast and low-threshold access to outpatient psychotherapy services		
	Employers take action to reduce stigmatisation of mental health problems at the workplace to encourage early contact with the health system and facilitate return to work		
	Support services to gradually reintegrate employees after long-term absence include integrated care processes that combine organisational assistance with suitable inpatient and outpatient care services		
	Support is available for persons with partial work capacity to participate in the labour market		
	Return-to-work is part of a multi-disciplinary care plan (e.g. between health care/social security systems)		

C6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C6a Table)

The biggest challenge is the cooperation across policy sectors, institutions and disciplines. Some measures have come into force recently or are to enter into force only in 2017, hence not all relevant action has been implemented (fully) in the reference period 2015-2016.

C6.3. Since there was a shortfall of psychotherapy offers covered by health insurance (mainly due to financing restrictions), additional psychological or psychotherapeutic treatment has been offered to fit2work clients since 2013 via a pilot project financed by the unemployment and pension insurances.

According to the 2017 update on the Government's work programme, the offer of psychotherapy sessions free of charge is to be extended by a quarter.

C6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C6a Table)

It is important to note that recent social legislation (AGG 2010, SRÄG 2012) has made cooperation of actors involved in e.g. rehabilitation and support offers legally binding.

The "fit2work" programme (based on the Labour and Health Act, AGG, in force since 2011) offers information, counselling and support services (incl. case management) to persons who have experienced (mental or physical) health problems at the workplace or who lost their job due to health problems, as well as to enterprises.

C6.2) The Government's work programme for 2013-2018 features measures to preserve mental health with a focus on early identification and intervention.

In order to support early intervention, invitation letters to the fit2work services are sent out by the regional health insurance institutions to persons who have been on sick leave for more than 40 days.

Further action fostering early intervention, to be based on guideline by the Main Association of Austrian Social Security Organisations, is underway.

C6.5) and C6.7) The fit2work" programme has been providing advice and support with professional reintegration for more than five years now, offering consulting to employees with health problems as well as to enterprises who want to establish reintegration structures.

Based on the results of the Government's 2016 pension summit, several new measures are being implemented. One refers to a legal basis and better integration of medical and professional rehabilitation from 2017, so that the treatment factors in the professional situation and requirements.

Furthermore, a new Act on part-time reintegration will come into force in July 2017. This new legislation will facilitate part-time work following sick leaves of more than 6 weeks' duration and introduce a new

reintegration benefit. fit2work will have an important function here, regarding counselling for employers and employees and developing a reintegration plan.
C6.6) Legally speaking, "partial work capacity" does not exist in Austria. Persons eligible for part-time reintegration have to be formally capable of working (i.e. not on sick leave). Support offers include the above-mentioned, as well as medical and professional rehabilitation for those still incapacitated for work.

C7) Further information on the following areas regarding mental health at workplaces:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health at workplace programmes?	N/A
Who funds activities to prevent mental health problems at the workplace?	N/A
Who funds activities to promote mental health at the workplace?	National health promotion fund (Fonds Gesundes Österreich), health funds of the federals states, social insurance
Who has responsibility for implementation of prevention and promotion activities?	N/A
Which sectors, and professionals in them, are involved?	N/A
Is the focus on targeted or universal approaches?	N/A
What is the evidence of the effectiveness of workplace mental health programmes?	N/A
Are there relevant publications and/or evaluations from your country on these thematic areas?	N/A

MENTAL HEALTH AND SCHOOLS

D1) Role of mental health and schools in national policy or strategy documents

D1.1) Recognition as a priority
Yes, on the basis of epidemiological data

D1.2) Estimated impact of activities related to mental health and schools on the reduction of disease burden
No.

D2) Existence of national programmes/strategies for mental health at schools

NO	YES
	X

D2.1) Components of these programmes
Implementation of evidence based programmes, integration of different stakeholders, exchange of experiences between national and international experts

D2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
Ministry of education, regional school boards (federal states)

D3a) Level of implementation in 2015-2016 of recommendations to strengthen information and research on mental health and wellbeing among children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Establish a solid information base to have a detailed epidemiological frame of children and adolescent mental health and evidence on interventions		
	Provide information on coverage and outcomes of interventions (high-risk groups, size, impact, cost and potential economic savings)		
			Carry out a mapping and analysis of existing screening tools for early identification of mental health disorders and poor wellbeing among children and school populations
	Examine the potential to increase the access to promotion information and to prevention services through the use of web-based technologies (e-mental health)		

D3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D3a Table)
Legislative and financial limitation

D3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D3a Table)
Inter-sectoral cooperation, political support

D4a) Level of implementation in 2015-2016 of recommendations to establishing schools as settings for mental health promotion and prevention of mental disorders

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Recognise the role of early childhood education, school and peer education in creating opportunities for collaboration (whole school approach)	
		Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying	
	Actively consult children and adolescents and their families when		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	developing any programmes to ensure their best interests are taken into account		
			Put in place evidence based interventions to combat early school leaving

D4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D4a Table)
D4.4. Referring to early school leaving: Early school leaving is a highly complex phenomenon that needs complex answers (political, social, pedagogical, psychological…). Low-threshold supplies and support are important. Socio-economic background of students plays an important role. Most of these students need special support. Financial and staff resources are limited.

D4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D4a Table)
D4.4. Early interventions are effective. Cooperation between different stakeholders and psycho-social support systems are essential. A strong commitment of school is needed to support students at risk. And: School leadership matters.

D5a) Level of implementation in 2015-2016 of recommendations to enhance training for all school staff on mental health

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs		
	Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources		
	Ensure that training is also made available to the members of the families and caregivers of children and adolescents, according to a community level approach		
			Ensure that particular attention is paid also to the positive mental health and wellbeing of teachers and school staff via continuous support and mentoring
	Preparing and sharing relevant guidelines for mental health and wellbeing promotion in schools jointly with other sectors, under the coordination of the education sector		

D5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D5a Table)

Capacity to deal with health issue is limited. There are a lot of educational reforms right now.

D5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D5a Table)
Health is part of the existing quality management systems www.sqa.at; www.quibb.at

D6a) Level of implementation in 2015-2016 of recommendations to link schools with other community stakeholders involved in mental health of children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Ensure that the mental health and wellbeing of children and adolescents is considered when defining and implementing policy in different sectors		
	Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors (facilitating cross-sectoral budgeting and defining responsibilities)		
	Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector and ensure adequate, sustained and shared financing by the different sectors		
			Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors

D6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D6a Table)
The interest and the main focuses differ between the stakeholders; to keep the budget in balance forces the ministries to focus on core tasks

D6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D6a Table)
National health targets (Gesundheitsziele Österreich)

D7) Further information on the following areas regarding mental health and schools:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health and school programmes	N/A
Who funds activities to prevent mental health problems in schools?	There are national and regional fundings (ministries, federal states and communities)
Who funds activities to promote mental health in schools?	There are national and regional fundings (ministries, federal states and communities
Who has responsibility for implementation of prevention and promotion activities?	Ministries and federal states and communities

Areas	Further Information
Which sectors, and professionals in them, are involved?	Mainly specific trained teachers, school psychologist and school medical doctors
Is the focus on targeted or universal approaches?	Mainly an universal approach
What is the evidence of the effectiveness of schools mental health programmes?	N/A
Are there relevant publications and/or evaluations from your country on these thematic areas?	HBSC 2014; drop out: https://www.bmb.gv.at/schulen/unterricht/ba/schulabbruch_daten_2004-2015.pdf?5s8ys0 Zeiler, M., Waldherr, K., Philipp, J., Nitsch, M., Dür, W., Karwautz, A., & Wagner, G. (2016). Prevalence of Eating Disorder Risk and Associations with Health-related Quality of Life: Results from a Large School-based Population Screening. European Eating Disorders Review, 24(1), 9-18. Philipp, J., Zeiler, M. M., Waldherr, M. D. K., Nitsch, M. D. M., Dür, P. D. D. W., Karwautz, A., & Wagner, M. D. G. (2014). The Mental Health in Austrian Teenagers (MHAT)-Study: preliminary results from a pilot study. neuropsychiatrie, 28(4), 198-207. Paper (in Review):Wagner, G., Zeiler, M., Waldherr, K., Philipp, J., Truttmann, S., Dür, W., Treasure J. L., Karwautz, A. (2017). Mental health problems in adolescents: A nationwide, representative, two stage epidemiological study applying DSM-5 criteria (Submitted to European Journal of Child and Adolescent Psychiatry, in review).

SUICIDE PREVENTION

E1) Role of suicide prevention in national policy or strategy documents

E1.1) Recognition as a priority
Suicide prevention is a priority – since 2012 there is a national suicide prevention programme (SUPRA) – the implementation is an ongoing process. One reason for that is that Austria has a long lasting tradition in suicide prevention, even though there has not been a nationwide strategy until then.
Suicide prevention is also mentioned in the national health target #9.

E1.2) Estimated impact of activities related to suicide prevention on the reduction of disease burden
There is no scientific data on that – anyway, the suicide rates did not increase in Austria during the economic crisis.

E2) Existence of national programmes/strategies for suicide prevention

NO	YES
	X

E2.1) Components of these programmes
The national program SUPRA contains the description of 10 working areas for suicide prevention, a meta-analysis of 8 national suicide prevention plans, epidemiology of suicide in Austria and a proposal for a national

strategy. In 2017 a follow up will be published that describes the strategy in detail containing 6 strategic and 19 operative goals, more than 80 concrete measures, target sizes, indicators and responsibilities for implementation.

E2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
A nationwide implementation of the program is planned – not all measures are implemented in all regions yet

E3a) Level of implementation in 2015-2016 of recommendations on policy and legislation for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Develop a national strategy to prevent suicide (or implement it if one already exists) with a clear action plan and measurable targets		
Revise legislation to include protections for persons who have attempted suicide to return back to work			
		Promote the implementation of guidelines (e.g. WHO, EUREGENAS) for responsible media communication of suicidal events to national and local media professionals	
Promote the legislation concerning the restriction of lethal means (e.g. toxic substances and firearms)			
	Reduce the package size of potentially lethal medicines and/or restrict their availability		
			Promote legislation about restricting alcohol availability

E3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E3a Table)
In times of financial crisis it is not easy to gain funding for new actions

E3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E3a Table)
Strong political support by the federal ministry of health and women; implementation of a coordinating centre for suicide prevention

E4a) Level of implementation in 2015-2016 of recommendations on primary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Provide training to specific professional target groups to identify and make contact with suicidal persons		
	Utilise available and evidence-based school prevention programmes to foster awareness about mental health and coping and problem solving skills in pupils		
	Implement mental health first aid programmes in communities to detect distress and signs and symptoms		
	Educate the public about suicide and increase the public awareness concerning the sign of crisis		
	Ensure support is available for people bereaved by suicide		
	Provide information about where to seek help on local predicted venues of suicidal events (e.g. high places, railway crossings etc.)		
	Promote and implement programmes which lead to increased knowledge and decreased stigmatization of depression and other mental health problems in the general public		
		Develop age-specific IT tools for the electronic delivery of mental health promotion and suicide prevention programmes to the general population.	
	Promote keeping away dangerous means from household environment for preventing impulsive suicide acts		
	Other: Development of Gatekeeper training programme		

E4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E4a Table)
See E3b

E4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E4a Table)
See E3c

E5a) Level of implementation in 2015-2016 of recommendations on secondary and tertiary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Increase the availability of telephone hotline services and utilise the methods and practice of European best practice telephone hotline services		
	Increase the availability of web-based crisis intervention services (chats, etc.)		
	Increase the availability of low threshold personal services ("drop in" centres, etc.)		
	Incorporate brief interventions into emergency treatment to provide information about local, available resources for crisis management, mental and social care and suicide prevention e-health tools		

E5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E5a Table)
See E3b

E5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E5a Table)
See E3c

E6a) Level of implementation in 2015-2016 of recommendations on capacity building and inter-sectoral collaboration for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Establish a national data register about suicide and attempted suicide in order to analyse the characteristics of suicide events for the better identification of high risk groups			
	Promote targeted prevention/awareness programs especially focusing on the identified high risk groups		
Systematically monitor national and regional risk-factors for suicide and suicide attempt			
	Collaborate with labour and educational sectors to have information available for students and/or employees in case of a crisis		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Encourage the IT sector and governmental actors to develop a sustainable business model to implement further evidence-based e-mental health tools			
	Support local/regional evidence-based, effective multi-level approach for combating suicide and for forming more socially connected local communities		
	Assist debt support and debt relief programmes		
	Support the establishment and operation of National Centres for Suicide Research and Prevention		

E6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E6a Table)
See E3b

E6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E6a Table)
See E3c

E7) Further information on the following areas regarding suicide prevention:

Areas	Further Information
What is the evidence of the cost-effectiveness of suicide prevention programmes	N/A
Who funds activities for suicide prevention	Federal ministry of health, social insurance, federal states
Who has responsibility for implementation of prevention activities?	Federal ministry of health, federal states
Which sectors, and professionals in them, are involved?	Sectors: health, education, defence and sports, social affairs, research and many professionals
Is the focus on targeted or universal approaches?	Broad approach: universal, selective as well as indicated prevention activities
What is the evidence of the effectiveness of suicide prevention programmes?	N/A
Are there relevant publications and/or evaluations from your country on these thematic areas?	Wasserman et al 2015: School-based suicide prevention programmes: the SEYLE cluster-randomised, controlled trial. Lancet. 2015 Apr 18;385(9977):1536-44.

Additional Information

F1) Other relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that have been produced this year
N/A

F2) Key stakeholders (organisations/experts) invited to answer the stakeholder version of this survey in the country (including their e-mail address or other contact details):
N/A

ANNUAL ACTIVITY REPORT FROM BELGIUM

KEY DEVELOPMENTS IN 2016

B1) Key mental health developments initiated or implemented in 2016

B1.1) Mental health legislation
New act on the internment of persons with mental health problems. This version of the civil federal law is effective from 1 January 2016. This new version of the law will optimize the reintegration of internees in society and the care in function of their needs.

B1.2) Policy framework
No change in the policy framework in 2016

B1.3) Financing and/or funding
Same funding as in 2015

B1.4) Services organisation development and/or quality
Flanders Quality Indicators project for patients and professionals is monitoring 7 indicators as of 2016. The monitoring applies to psychiatric hospitals, centres for mental health care; protected living initiatives; care homes for psychiatry; mobile teams; rehabilitation centers for drug support and psychosocial rehabilitation centres.

B1.5) Promotion and prevention initiatives
A new legislation reinforces and integrates psychosocial risks prevention in the global prevention policy of the companies. Individual procedures are also extended to the psychosocial risks at word and not only to harassment and violence at work. More information on: http://www.e/defaultTab.as

B1.6) Involvement of partners from other policies and sectors (multisector governance)
During the implementation of the reform, the following sectors are involved: the wellbeing (disability policy), justice, education and employment.

B1.7) Involvement of patients, families and NGOs
Both patient and family organizations as well as NGO's are involved in the reform of mental health care in Belgium. Different tools were developed for the supporting the patient and family organizations in order to increase their involvement and empowerment Same type of involvement as in 2015.

B1.8) Monitoring the mental health status of the population or particular population groups (including suicidal behaviour)
We have a national health survey. This survey has an important part on mental health with questions on suicidal ideas, suicidal attempts, depression, anxiety, sleep disorders (https://www. isp.be /epidemio /epifr/crospfr /hisfr/his08fr ./7_sante_men). In addition we have also the Health Behaviour in School-Aged Children survey (HBSC). We also have the death certificates for information on suicide.

B1.9) Measuring the impact of policies and/or emerging new needs
Three new studies have started: 1. Organization and optimization of mental health care for elderly in Belgium. 2. Organization of health care services in Belgian prisons 3. Mental Health: future needs

B1.10) Mental Health in All Policies (i.e. promotion of population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas)
NA

B1.11) Other
NA

B2) Links to new documents, reports or resources that could benefit other stakeholders in mental health:
NA

B3) Strengths and weaknesses of the mental health situation

Strengths	Weaknesses
1) Huge stakeholder and political commitment support the reform and more especially the deinstitutionalization 2) The involvement of patient- and family organizations in the reform 3) The collaboration with justice concerning the organization of mental health care in prisons and the organization of forensic psychiatric clinics	The competences concerning mental health over different governmental levels make it different to take decisions.

MENTAL HEALTH AT WORKPLACES

C1) Role of mental health at workplaces in national policy or strategy documents

C1.1) Recognition as a priority
Yes, it is a priority. Belgium was the first country to have a specific legislation for the prevention of psychosocial risk (PSR) at work. Due to the burden and the cost for the workers, the companies and the society, it's really important to address these risks. In addition, in 2017 in the framework of the reform of the mental health care, we will foresee the integration of the rehabilitation function in all the existing mental health networks (n=22). The model for the reform of mental health in Belgium is based on 5 functions. The third function covers the psychosocial rehabilitation. Rehabilitation teams offer programs for developing social skills that enables patients to stand again in the community and in working life. At this moment in 20 of 22 mental health networks there exists already this rehabilitation function. One of the objectives of this function is to facilitate the integration of patients with a mental health problem into the workplace

C1.2) Estimated impact of activities related to mental health at workplaces on the reduction of disease burden
No, it is too difficult to estimate. Each company is obliged to do a risk analysis and to take prevention measures. ESENER 2 survey done by EU-OSHA can provide information.

C2) Existence of national programmes/strategies for mental health at workplaces

NO	YES
	X

C2.1) Components of these programmes
Belgium has an OSH national strategy 2016-2020. The prevention of PSR is one of the main goal. The national strategy is available in French or in Dutch via this link:
http://www.emploi.belgique.be/bien_etre_au_travail.aspx#2016

C2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
NA

C3a) Level of implementation in 2015-2016 of recommendations to build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Informal (e.g. working groups who exchange experiences) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		
	Formal (e.g. as part of Occupational Safety and Health (OSH) or national government programmes) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		
Health policy development to legally anchor structures for inter-sector cooperation			
	Health policy sector working together with OSH stakeholders to make it easier for SMEs to access support		
			Key multiplier institutions (chambers of industry and commerce, sector associations, trade associations, etc.) to implement joint information campaigns for SMEs on work-related mental health issues
Involve the health policy sector to identify and promote styles of management that are conducive to health			
			Development of platforms to facilitate structured exchange of experience for social health insurance institutions and government health agencies
	Implement health policy measures and strategies that promote open communication in the workplace and reduce the stigma of mental health problems		
	Health insurance institutions and/or national health services to implement model dissemination programmes in co-operation with stakeholders from other action fields (training and education, public administration and labour market management)		

C3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C3a Table)
Improving the cooperation between GP, occupational physician and health insurance control

C3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C3a Table)
The obligation for employer to take initiatives

C4a) Level of implementation in 2015-2016 of recommendations to prevent mental health problems at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Health policy sector to develop infrastructure which promotes wider dissemination of good risk management practices in enterprises, including psychosocial factors		
	Statutory health insurance institutions and national health services to support OSH stakeholders in convincing employers to adopt risk assessment practices that include psychosocial factors		
	Raise the relevance of OSH by combining risk assessment approaches with campaigning activities which link mental health issues to the human resource and labour market agenda		
		Develop and disseminate easy-to-understand tools and instruments for employers	
	Recognise that small and medium-sized enterprises (SMEs) need a tailored approach and support to tackle psychosocial risk factors		
	Examine how national health service and statutory health insurance institutions can provide support to workplaces on mental health		
		Develop coordinated national and regional goals for OSH and workplace health promotion and translate them into general psychosocial recommendations	
		Other - Provide support inside the companies for suffering employees and also encourage the companies to take collective prevention measures.	

C4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C4a Table)

FPS Employment, Labour and Social dialogue has founded a survey to identify the barriers, the success factors and facilitators to prevent psychosocial risks at work:
http://www.emploi.belgique.be/moduleDefault.aspx?id=39779

C4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C4a Table)

FPS Employment, Labour and Social dialogue has founded a survey to identify the barriers, the success factors and facilitators to prevent psychosocial risks at work:
http://www.emploi.belgique.be/moduleDefault.aspx?id=39779

C5a) Level of implementation in 2015-2016 of recommendations to promote mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Health policy sector promoting good work organisation and leadership practices as drivers for business excellence and competitiveness		
	Promotion approaches and practices which combine lifestyle improvements with working condition focused improvements		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Engagement of key external stakeholders (social partners, regulatory system, social insurance, health care etc.) to adopt a supportive role for enterprises in the field of workplace health promotion (WHP)		
	Support of the health policy sector in the dissemination of good practices in the promotion of mental health at the workplace in all institutions of the health care system		
	Institutions responsible for organising health care or occupational health and safety develop an independent service area for workplace health promotion that is economically accessible for all enterprises		
	Workplace health promotion services include basic advisory services for organisations for the introduction and systematic promotion of mental health at the workplace		
Workplace health promotion services include the evaluation of data on mental disorders (if available) at enterprise level (including benchmarking in the respective sector)			
	Workplace health promotion services include qualification measures in stress management for employees		
	Health policy sector examines and modifies existing rules and regulations, including the tax system, to encourage enterprises to invest in measures for workplace mental health promotion		

C5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C5a Table)
NA

C5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C5a Table)
NA

C6a) Level of implementation in 2015-2016 of recommendations to support the reintegration/return to work of people who have experienced mental health difficulties

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Health policy sector ensures and improves access to care for mentally ill employees	
		Focus on early identification of the need for care	
	Employees have fast and low-threshold access to outpatient psychotherapy services		
	Employers take action to reduce stigmatisation of mental health problems at the workplace to encourage early contact with the health system and facilitate return to work		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Support services to gradually reintegrate employees after long-term absence include integrated care processes that combine organisational assistance with suitable inpatient and outpatient care services		
	Support is available for persons with partial work capacity to participate in the labour market		
	Return-to-work is part of a multi-disciplinary care plan (e.g. between health care/social security systems)		

C6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C6a Table)
NA

C6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C6a Table)
A new legislation about reintegration of the workers has been published in 2016:
http://www.emploi.belgique.be/defaultTab.aspx?id=45586

C7) Further information on the following areas regarding mental health at workplaces:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health at workplace programmes?	NA
Who funds activities to prevent mental health problems at the workplace?	NA
Who funds activities to promote mental health at the workplace?	NA
Who has responsibility for implementation of prevention and promotion activities?	NA
Which sectors, and professionals in them, are involved?	NA
Is the focus on targeted or universal approaches?	NA
What is the evidence of the effectiveness of workplace mental health programmes?	NA
Are there relevant publications and/or evaluations from your country on these thematic areas?	NA

MENTAL HEALTH AND SCHOOLS

D1) Role of mental health and schools in national policy or strategy documents

D1.1) Recognition as a priority
Yes, it is part of the reform of Child and Adolescent Mental health Care.

D1.2) Estimated impact of activities related to mental health and schools on the reduction of disease burden
Too early to estimate

D2) Existence of national programmes/strategies for mental health at schools

NO	YES
X	

D2.1) Components of these programmes
In the Flemish region, this programme entails prevention off stress, burn-out and other psycho-social risks. There is also the Health Promoting Schools Framework that is based on the principles of the Ottawa Charter for Health Promotion (Ottawa, 1986) and was initiated by the World Health organization. Together, members work towards providing students with positive experiences and structures that promote and protect their health.

D2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
NA

D3a) Level of implementation in 2015-2016 of recommendations to strengthen information and research on mental health and wellbeing among children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Establish a solid information base to have a detailed epidemiological frame of children and adolescent mental health and evidence on interventions		
	Provide information on coverage and outcomes of interventions (high-risk groups, size, impact, cost and potential economic savings)		
	Carry out a mapping and analysis of existing screening tools for early identification of mental health disorders and poor wellbeing among children and school populations		
	Examine the potential to increase the access to promotion information and to prevention services through the use of web-based technologies (e-mental health)		

D3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D3a Table)
Too early, mental health reform for young people and children started recently.

D3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D3a Table)
NA

D4a) Level of implementation in 2015-2016 of recommendations to establishing schools as settings for mental health promotion and prevention of mental disorders

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Recognise the role of early childhood education, school and peer education in creating opportunities for collaboration (whole school approach)	
		Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying	
		Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account	
		Put in place evidence based interventions to combat early school leaving	

D4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D4a Table)
D4.1 and 2: Schools are faced with a lot of things. It requires a lot of efforts of schools to implement a whole school approach. Not all of them are already familiar with a whole school approach or are convinced of the benefits off a whole school approach. There is a need for a lot of guidance for schools.

D4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D4a Table)
D4.1 and 2: The connectedness in the school teams increases making it easier to deal with any kind of problem.

D5a) Level of implementation in 2015-2016 of recommendations to enhance training for all school staff on mental health

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs		
		Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources	

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Ensure that training is also made available to the members of the families and caregivers of children and adolescents, according to a community level approach
		Ensure that particular attention is paid also to the positive mental health and wellbeing of teachers and school staff via continuous support and mentoring	
		Preparing and sharing relevant guidelines for mental health and wellbeing promotion in schools jointly with other sectors, under the coordination of the education sector	

D5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D5a Table)
D5.3: Schools have a lot of attention for the wellbeing of pupils but often forget to pay attention to the mental health and wellbeing of the teachers and school staff members. There is still a lot of work to do for the wellbeing of school teams, but is also related to a lot of theme's, not only related to the attention of health, but also related to HRM and policy of schools for their own personnel.

D5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D5a Table)
See above about connectedness

D6a) Level of implementation in 2015-2016 of recommendations to link schools with other community stakeholders involved in mental health of children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Ensure that the mental health and wellbeing of children and adolescents is considered when defining and implementing policy in different sectors		
	Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors (facilitating cross-sectoral budgeting and defining responsibilities)		
	Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector and ensure adequate, sustained and shared financing by the different sectors		
	Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors		

D6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D6a Table)
Too early

D6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D6a Table)
NA

D7) Further information on the following areas regarding mental health and schools:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health and school programmes	NA
Who funds activities to prevent mental health problems in schools?	NA
Who funds activities to promote mental health in schools?	NA
Who has responsibility for implementation of prevention and promotion activities?	NA
Which sectors, and professionals in them, are involved?	NA
Is the focus on targeted or universal approaches?	NA
What is the evidence of the effectiveness of schools mental health programmes?	NA
Are there relevant publications and/or evaluations from your country on these thematic areas?	NA

SUICIDE PREVENTION

E1) Role of suicide prevention in national policy or strategy documents

E1.1) Recognition as a priority
In Flanders suicide prevention is recognised as a priority. Compared to the other European countries, Belgium and Flanders have high suicide rates. Since 2002 the Flemish government recognises suicide prevention as a priority and a prevention plan was developed. In 2006 the first Flemish Suicide Prevention Plan was launched and ended in 2010. The target of this plan was to reduce the Flemish suicide rates with 8% by 2010 (reference year 2000). The first plan was evaluated in 2011 and showed that the 8% decrease-target was reached. In 2012 a new action plan was launched, with targets and actions based on the evaluation of the first action plan, recent evidence about suicide prevention and the needs formulated by the Flemish stakeholders. The second Flemish Suicide Prevention Plan runs from 2012-2020 and has the target to reduce the Flemish Suicide rates with 20% in 2020 (reference year 2000). The development, implementation and evaluation of the action plan is coordinated by the Flemish Centre for Expertise in Suicide Prevention (VLESP) which permanently monitors the needs within the field.

E1.2) Estimated impact of activities related to suicide prevention on the reduction of disease burden
Due to the complexity of suicidal behaviour, it is not easy to make clear statements about the impact of the suicide prevention activities. Nevertheless when looking at the evolution of the suicide rates, there has been a decline between 2000 and 2014: for males the suicide rate declined 23%, for females there was a decrease of 11%. Given the economic recession which is impacting all European countries, this can be viewed as a positive evolution. Continued efforts are made to secure this evolution. Next to the impact on the suicide rates and the suicide attempt rates, every action is evaluated on its evidence, reach, quality and if possible effect. In 2016-2017 a first intermittent evaluation of the action plan is made, in order to adjust where necessary and to develop new actions in case of new priorities.

E2) Existence of national programmes/strategies for suicide prevention

NO	YES
	X

E2.1) Components of these programmes

The Flemish suicide prevention plan wants to reach a decrease of the suicide rates with 20% in 2020 compared to 2000. The plan is based on the USI-model and consists of interventions targeting universal, selective and indicated prevention. Therefore 5 strategies were developed, each of them including different actions:

- Strategy 1: Mental health promotion - Tools to enforce resilience and self-help - Increasing safe environments (schools, workplace, communities,) - Reducing stigma and help seeking - Enforcing parental skills - Enforcing social connection (elderly).
- Strategy 2: Providing helplines and online help - Suicide hotline 1813 - Digital portal zelfmoord1813.be - Development of online self-help, app for people suffering from suicidal ideation.
- Strategy 3: Educating (mental) health professionals and community facilitators - Training programs for several professions - Poster "is your patient suicidal".
- Strategy 4: Programmes targeting high risk groups - Support for bereaved - Development and implementation of online self-help for people suffering from suicidal ideation - Follow-up of suicide attempters at ERs and general hospitals - Research on suicidal ideation and suicidal behaviour among LGBT (which will be followed by new actions in 2017) - RCT examining the effects of two group therapies (MBCT and Future-Oriented Training) for suicidal patients.
- Strategy 5: Development of guidelines for detection and treatment of suicidal patients - General guidelines Suicide Prevention - Guidelines Suicide Prevention in Schools - Guidelines Suicide Prevention at Work - Development guidelines for professionals: o Detection and treatment of suicidal patients o Chain-of-care - Development e-tool for the implementation of guidelines

E2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

This action plan is being implemented in the whole Flemish Region. There are provincial structures to coordinate the loco regional implementation. These provincial structures also include organisation working with the municipalities. If necessary (e.g. when specific local needs become present) local actions are stimulated to target specific risk groups.

E3a) Level of implementation in 2015-2016 of recommendations on policy and legislation for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Develop a national strategy to prevent suicide (or implement it if one already exists) with a clear action plan and measurable targets	
	Revise legislation to include protections for persons who have attempted suicide to return back to work		
		Promote the implementation of guidelines (e.g. WHO, EUREGENAS) for responsible media communication of suicidal events to national and local media professionals	
	Promote the legislation concerning the restriction of lethal means (e.g. toxic substances and firearms)		
Reduce the package size of potentially lethal medicines and/or restrict their availability			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Promote legislation about restricting alcohol availability		

E3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E3a Table)

The division of responsibilities between the federal level and the regional level especially on issues like restricting fire arms (E3.4), restriction of alcohol (E 3.6) and medicine packages (E 3.5), recognition and refunding of psychotherapy.

E3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E3a Table)

A success factor for the development of the Flemish Suicide Prevention Plan is the funding of the Flemish government to several organisations to develop the prevention plan. Another strength is that there are several organisations which have a strong expertise and a lot of experience in evidence-based suicide prevention.

E4a) Level of implementation in 2015-2016 of recommendations on primary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Provide training to specific professional target groups to identify and make contact with suicidal persons		
	Utilise available and evidence-based school prevention programmes to foster awareness about mental health and coping and problem solving skills in pupils		
	Implement mental health first aid programmes in communities to detect distress and signs and symptoms		
	Educate the public about suicide and increase the public awareness concerning the sign of crisis		
	Ensure support is available for people bereaved by suicide		
	Provide information about where to seek help on local predicted venues of suicidal events (e.g. high places, railway crossings etc.)		
	Promote and implement programmes which lead to increased knowledge and decreased stigmatisation of depression and other mental health problems in the general public		
	Develop age-specific IT tools for the electronic delivery of mental health promotion and suicide prevention programmes to the general population.		
	Promote keeping away dangerous means from household environment for preventing impulsive suicide acts		

E4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E4a Table)

The main barrier for the implementation of the strategies above is linked to the limited resources available to fully implement the strategies. There are a lot of prevention workers offering suicide prevention training, but still not all relevant professions are reached. A challenge within this perspective is to involve those settings that are not 'naturally' linked to suicide prevention like work, media, etc. A last limitation is the scarce evidence concerning universal prevention efforts like campaigns to fight stigma or to promote help-seeking.

E4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E4a Table)

Nevertheless the challenges and limitations, a lot of activities within this field are funded by the Flemish Government.

E5a) Level of implementation in 2015-2016 of recommendations on secondary and tertiary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Increase the availability of telephone hotline services and utilise the methods and practice of European best practice telephone hotline services	
	Increase the availability of web-based crisis intervention services (chats, etc.)		
	Increase the availability of low threshold personal services ("drop in" centres, etc.)		
	Incorporate brief interventions into emergency treatment to provide information about local, available resources for crisis management, mental and social care and suicide prevention e-health tools		

E5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E5a Table)

A lot of the barriers are related to limited financial resources to fully implement the prevention strategies. For instance, in Flanders we have invested a lot in low threshold web-based intervention services, providing email and chat services as well as online self-help modules and apps. But the chat service is now available in the evening and not 24hours a day because of limited financial resources. Another barrier is the fact that online therapy by mental health professionals is very scarce or even not existing. At this moment, people chatting with the crisis helpline cannot be referred to a professional within the online medium.

E5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E5a Table)

At this moment 75% of the emergency departments in Flemish Hospitals use the developed tools to manage patients following a suicide attempt (such as a semi-structured interview to adequately take care of the patient; information sheets containing resources for help, etc.). An important success factor for this is the collaboration between different organisations resulting in an organisation contacting the hospital and providing training and an organisation developing the tools. An important success factor is also having an organisation coordinating the Flemish Suicide Prevention Action Plan and developing evidence-based suicide prevention strategies adapted to the Flemish population

E6a) Level of implementation in 2015-2016 of recommendations on capacity building and inter-sectoral collaboration for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Establish a national data register about suicide and attempted suicide in order to analyse the characteristics of suicide events for the better identification of high risk groups	
	Promote targeted prevention/awareness programs especially focusing on the identified high risk groups		
		Systematically monitor national and regional risk-factors for suicide and suicide attempt	
	Collaborate with labour and educational sectors to have information available for students and/or employees in case of a crisis		
	Encourage the IT sector and governmental actors to develop a sustainable business model to implement further evidence-based e-mental health tools		
	Support local/regional evidence-based, effective multi-level approach for combating suicide and for forming more socially connected local communities		
Assist debt support and debt relief programmes			
		Support the establishment and operation of National Centres for Suicide Research and Prevention	

E6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E6a Table)

Some sectors such as IT are more difficult to get involved in e-mental health. Some IT corporations are more specialized in e-mental health and are easy to collaborate with but for the majority e-mental health is not their interest.

E6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E6a Table)

The data registration of suicide and especially suicide attempts is well established in Flanders (Flanders is one of the few areas worldwide who has such a large data registration of suicide attempts with data from 75% of the Flemish Hospitals). One of the main success factors for this is the early start of monitoring suicide attempts which was started by Prof. Kees van Heeringen in 1986 in Ghent and which has continued since then by his research unit.

E7) Further information on the following areas regarding suicide prevention:

Areas	Further Information
What is the evidence of the cost-effectiveness of suicide prevention programmes	When developing the Flemish Suicide Prevention Action Plan in 2011 a specific project was developed to assess the cost-effectiveness of the selected suicide prevention strategies. All the selected suicide prevention strategies were shown to be cost-effective. A report was made containing all the information

Areas	Further Information
	regarding the cost-effectiveness.
Who funds activities for suicide prevention	The Flemish Government (i.e. The Flemish Minister of Health, Family and Wellbeing) is the main funder of all the actions in the Flemish Suicide Prevention Action Plan). Other possible funders are Ghent University and private organisations e.g. organisations sponsored by bereaved parents
Who has responsibility for implementation of prevention activities?	The Flemish Government, the partner organisation of the Flemish Government VLESP (Flemish Expertise Centre for Suicide Prevention) and the other organisations who are funded by the government for specific preventive actions.
Which sectors, and professionals in them, are involved?	Mental health care, including psychiatrists, psychologists are involved. Emergency departments are involved. Schools and teachers are involved. Media is involved.
Is the focus on targeted or universal approaches?	The Flemish Suicide Prevention Plan is based on the USI-model and thus includes universal preventive strategies, as well as selective and indicated strategies.
What is the evidence of the effectiveness of suicide prevention programmes?	When developing the Flemish Suicide Prevention Plan, only suicide prevention strategies which are evidence-based (based on thorough literature study) were selected. When the evidence is scarce or the preventive strategy is rather innovative, VLESP investigates the effectiveness of the preventive action. VLESP has performed several RCT's examining the effectiveness of an online self-help module, of a poster training hospital personnel in detecting suicide risk, of two group-therapies for suicidal persons (MBCT and Future- Oriented Training).
Are there relevant publications and/or evaluations from your country on these thematic areas?	At this moment a paper has been submitted regarding the effectiveness of the poster training hospital personnel in detecting suicide risk (Van Landschoot, Portzky, van Heeringen, submitted). A paper regarding the results of the RCT examining the online self-help module is being prepared. A paper regarding the development of an app for suicidal persons and their environment has been submitted. VLESP is now performing an intermittent evaluation of the Flemish Suicide Prevention Plan to evaluate if the selected prevention strategies have been developed and implemented, to evaluate how many new preventive strategies have been developed, to examine if new actions are needed. The evaluation report will be finalized in March 2017.

Additional Information

F1) Other relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that have been produced this year
NA

F2) Key stakeholders (organisations/experts) invited to answer the stakeholder version of this survey in the country (including their e-mail address or other contact details):
NA

ANNUAL ACTIVITY REPORT FROM BULGARIA

KEY DEVELOPMENTS IN 2016

B1) Key mental health developments initiated or implemented in 2016

B1.1) Mental health legislation

N/A

B1.2) Policy framework

N/A

B1.3) Financing and/or funding

N/A

B1.4) Services organisation development and/or quality

N/A

B1.5) Promotion and prevention initiatives

N/A

B1.6) Involvement of partners from other policies and sectors (multisector governance)

N/A

B1.7) Involvement of patients, families and NGOs

N/A

B1.8) Monitoring the mental health status of the population or particular population groups (including suicidal behaviour)

Development of on-line portal to collect and process data about suicide attempts

B1.9) Measuring the impact of policies and/or emerging new needs

N/A

B1.10) Mental Health in All Policies (i.e. promotion of population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas)

N/A

B1.11) Other

Training general practitioners in early detection of signs of depression and anxiety.

B2) Links to new documents, reports or resources that could benefit other stakeholders in mental health:

www.ncphp.government.bg

B3) Strengths and weaknesses of the mental health situation

Strengths	Weaknesses
Some activities funded by external sources (e.g. Norway Financial Mechanism) have been started in 2015-2016: training of GP, school workers, psychologists and social workers in dealing with depression, aggression, anxiety states and suicidal behaviour; Epidemiological survey on prevalence of common mental disorders among the population - expected comparative analysis for ten years period.	Lack of political will for reforms in the provision of mental health services; mental health is not among the governmental priorities. Lack of funding from the budget.

MENTAL HEALTH AT WORKPLACES

C1) Role of mental health at workplaces in national policy or strategy documents

C1.1) Recognition as a priority
It is not recognised as a priority. After a period of activity and international involvement of the country in networks related with the problem since 2014 there is no political support for continuation the efforts in the field.

C1.2) Estimated impact of activities related to mental health at workplaces on the reduction of disease burden
It would be a great impact regarding the productivity and decrease of the cases of absence from work and sick leave because of neurological and psychiatric problems.

C2) Existence of national programmes/strategies for mental health at workplaces

NO	YES
X	

C2.1) Components of these programmes
N/A

C2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
N/A

C3a) Level of implementation in 2015-2016 of recommendations to build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Informal (e.g. working groups who exchange experiences) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved
			Formal (e.g. as part of Occupational Safety and Health (OSH) or national government programmes) cooperation

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			and approaches for key social security stakeholders in both policy fields to be permanently involved
			Health policy development to legally anchor structures for inter sector cooperation
			Health policy sector working together with OSH stakeholders to make it easier for SMEs to access support
			Key multiplier institutions (chambers of industry and commerce, sector associations, trade associations, etc.) to implement joint information campaigns for SMEs on work-related mental health issues
Involve the health policy sector to identify and promote styles of management that are conducive to health			
			Development of platforms to facilitate structured exchange of experience for social health insurance institutions and government health agencies
Implement health policy measures and strategies that promote open communication in the workplace and reduce the stigma of mental health problems			
Health insurance institutions and/or national health services to implement model dissemination programmes in co-operation with stakeholders from other action fields (training and education, public administration and labour market management)			

C3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C3a Table)
Lack of political interest - the issue is not among the priorities of the government

C3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C3a Table)
Not relevant

C4a) Level of implementation in 2015-2016 of recommendations to prevent mental health problems at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Health policy sector to develop infrastructure which promotes wider dissemination of good risk management practices in enterprises, including psychosocial factors			
			Statutory health insurance institutions and national health services to support OSH stakeholders in convincing employers to adopt risk assessment practices that include psychosocial factors
			Raise the relevance of OSH by combining risk assessment approaches with campaigning activities which link mental health issues to the human resource and labour market agenda
			Develop and disseminate easy-to-understand tools and instruments for employers
			Recognise that small and medium-sized enterprises (SMEs) need a tailored approach and support to tackle psychosocial risk factors
Examine how national health service and statutory health insurance institutions can provide support to workplaces on mental health			
Develop coordinated national and regional goals for OSH and workplace health promotion and translate them into general psychosocial recommendations			

C4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C4a Table)
Not relevant

C4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C4a Table)
Not relevant

C5a) Level of implementation in 2015-2016 of recommendations to promote mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Health policy sector promoting good work organisation and leadership practices as drivers for business excellence and competitiveness			
Promotion approaches and practices which combine lifestyle improvements with working condition focused improvements			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Engagement of key external stakeholders (social partners, regulatory system, social insurance, health care etc.) to adopt a supportive role for enterprises in the field of workplace health promotion (WHP)			
Support of the health policy sector in the dissemination of good practices in the promotion of mental health at the workplace in all institutions of the health care system			
Institutions responsible for organising health care or occupational health and safety develop an independent service area for workplace health promotion that is economically accessible for all enterprises			
Workplace health promotion services include basic advisory services for organisations for the introduction and systematic promotion of mental health at the workplace			
Workplace health promotion services include the evaluation of data on mental disorders (if available) at enterprise level (including benchmarking in the respective sector)			
Workplace health promotion services include qualification measures in stress management for employees			
Health policy sector examines and modifies existing rules and regulations, including the tax system, to encourage enterprises to invest in measures for workplace mental health promotion			

C5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C5a Table)
Not relevant

C5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C5a Table)
Not relevant

C6a) Level of implementation in 2015-2016 of recommendations to support the reintegration/return to work of people who have experienced mental health difficulties

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Health policy sector ensures and improves access to care for mentally ill employees
	Focus on early identification of the need for care		
Employees have fast and low-threshold access to outpatient psychotherapy services			
			Employers take action to reduce stigmatisation of mental health problems at the workplace to encourage early contact with the health system and facilitate return to work

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Support services to gradually reintegrate employees after long-term absence include integrated care processes that combine organisational assistance with suitable inpatient and outpatient care services
	Support is available for persons with partial work capacity to participate in the labour market		
	Return-to-work is part of a multi-disciplinary care plan (e.g. between health care/social security systems)		

C6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C6a Table)
Lack or insufficient support on behalf of the government, trade unions, civil society to implement most of the listed recommendations

C6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C6a Table)
Not relevant

C7) Further information on the following areas regarding mental health at workplaces:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health at workplace programmes?	Not relevant
Who funds activities to prevent mental health problems at the workplace?	Not relevant
Who funds activities to promote mental health at the workplace?	Not relevant
Who has responsibility for implementation of prevention and promotion activities?	Municipality, Ministry of Health, the employer organisations, Trade unions
Which sectors, and professionals in them, are involved?	Not relevant
Is the focus on targeted or universal approaches?	Not relevant
What is the evidence of the effectiveness of workplace mental health programmes?	Not relevant
Are there relevant publications and/or evaluations from your country on these thematic areas?	Only few

MENTAL HEALTH AND SCHOOLS

D1) Role of mental health and schools in national policy or strategy documents

D1.1) Recognition as a priority
There is a National program on maternity and child health. Some international organisations are involved in raising the issue as a priority for the State policy (UNICEF, WHO, Global Initiative in Psychiatry etc.). Some of the related topics are goals in projects with external funding. The Project - improved mental health services includes activity for integration of education on mental health in schools with special attention towards aggression and suicidal behaviour.

D1.2) Estimated impact of activities related to mental health and schools on the reduction of disease burden
In a great extent Bulgaria is on leading places among 42 countries (WHO report 2013-2014) in topics as smoking experience among adolescents (11, 13, 15 years old), alcohol consumption, bullying and aggression.

D2) Existence of national programmes/strategies for mental health at schools

NO	YES
x	

D2.1) Components of these programmes
N/A

D2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
N/A

D3a) Level of implementation in 2015-2016 of recommendations to strengthen information and research on mental health and wellbeing among children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Establish a solid information base to have a detailed epidemiological frame of children and adolescent mental health and evidence on interventions		
	Provide information on coverage and outcomes of interventions (high-risk groups, size, impact, cost and potential economic savings)		
			Carry out a mapping and analysis of existing screening tools for early identification of mental health disorders and poor wellbeing among children and school populations
			Examine the potential to increase the access to promotion information and to prevention services through the use of web-based technologies (e-mental health)

D3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D3a Table)
Lack of sufficient political will and coherent approach and coordinated efforts between institutions

D3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D3a Table)
Due to some project and efforts mainly of NGO there are some achievements in the field

D4a) Level of implementation in 2015-2016 of recommendations to establishing schools as settings for mental health promotion and prevention of mental disorders

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Recognise the role of early childhood education, school and peer education in creating opportunities for collaboration (whole school approach)		
			Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying
	Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account		
			Put in place evidence based interventions to combat early school leaving

D4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D4a Table)
Lack of sufficient political will, coherent approach and coordinated efforts between institutions.

D4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D4a Table)
Due to some project and efforts mainly of NGOs, there are some achievements in the field

D5a) Level of implementation in 2015-2016 of recommendations to enhance training for all school staff on mental health

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs		
			Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Ensure that training is also made available to the members of the families and caregivers of children and adolescents, according to a community level approach
			Ensure that particular attention is paid also to the positive mental health and wellbeing of teachers and school staff via continuous support and mentoring
	Preparing and sharing relevant guidelines for mental health and wellbeing promotion in schools jointly with other sectors, under the coordination of the education sector		

D5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D5a Table)
Lack of sufficient political will, coherent approach and coordinated efforts between institutions. The activities are fragmented and with a low sustainability after the finalisation of the relevant project or funding.

D5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D5a Table)
Due to some projects and efforts, mainly of NGOs, there are some achievements in the field.

D6a) Level of implementation in 2015-2016 of recommendations to link schools with other community stakeholders involved in mental health of children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Ensure that the mental health and wellbeing of children and adolescents is considered when defining and implementing policy in different sectors		
			Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors (facilitating cross-sectoral budgeting and defining responsibilities)
			Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector and ensure adequate, sustained and shared financing by the different sectors
			Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors

D6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D6a Table)
Lack of sufficient political will, coherent approach and coordinated efforts between institutions. The activities are fragmented and with a low sustainability after the finalisation of the relevant project or funding.

D6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D6a Table)
Due to some project and efforts, mainly of NGOs, there are some achievements in the field. Recently there is increasing interest from the public and media in these problems when data from international comparative studies are published and announced.

D7) Further information on the following areas regarding mental health and schools:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health and school programmes	No information
Who funds activities to prevent mental health problems in schools?	External projects and sporadic NGO activities
Who funds activities to promote mental health in schools?	External projects and sporadic NGO activities
Who has responsibility for implementation of prevention and promotion activities?	The Ministry of Education, the Agency for Children, the Ministry of Health and the Ministry of Social Affairs
Which sectors, and professionals in them, are involved?	Health, educational, social.
Is the focus on targeted or universal approaches?	Mainly targeted because of lack of national policy
What is the evidence of the effectiveness of schools mental health programmes?	No information
Are there relevant publications and/or evaluations from your country on these thematic areas?	No information

SUICIDE PREVENTION

E1) Role of suicide prevention in national policy or strategy documents

E1.1) Recognition as a priority
National Program on Suicide prevention 2012 -2018 adopted by the Government in 2012. Part of the goals in the Program are pursued by efforts within the Project funded by Norway financial mechanism - Improved mental health services. The project includes implementation of educational programs in schools for suicide prevention, training of GPs for early recognition of anxiety and suicidal behaviour of adolescents, development and distribution of tools with recommendations and establishing an online information about suicidal attempts on national level for collecting routine information and statistical evaluation and recommendations for interventions.

E1.2) Estimated impact of activities related to suicide prevention on the reduction of disease burden
Research is going to be started after finalizing the project activities within selected regions (4) to be compared with control ones (2). The level of suicidal attempts for at least one year period will be estimated in cooperation between the Institute of Public Health In Norway and the relevant institution in Bulgaria (NCPHA)

E2) Existence of national programmes/strategies for suicide prevention

NO	YES
	X

E2.1) Components of these programmes
Collection of relevant and reliable information on suicide attempts, training of the target groups, monitoring of the results and dissemination of promotional materials. The program is based on inter-sectoral approach with the leading role of the Ministry of Health.

E2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
As the program has been financed only by the Project "Improved mental health services" it follows the design of the Project and covers 4 regions for intervention and 2 control regions.

E3a) Level of implementation in 2015-2016 of recommendations on policy and legislation for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Develop a national strategy to prevent suicide (or implement it if one already exists) with a clear action plan and measurable targets		
Revise legislation to include protections for persons who have attempted suicide to return back to work			
	Promote the implementation of guidelines (e.g. WHO, EUREGENAS) for responsible media communication of suicidal events to national and local media professionals		
Promote the legislation concerning the restriction of lethal means (e.g. toxic substances and firearms)			
Reduce the package size of potentially lethal medicines and/or restrict their availability			
Promote legislation about restricting alcohol availability			

E3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E3a Table)
Lack of financing from the state budget due to lack of governmental interest to the topic as a priority.

E3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E3a Table)
Due to the successful implementation of the training and information activities in the Project "Improved mental health services"

E4a) Level of implementation in 2015-2016 of recommendations on primary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Provide training to specific professional target groups to identify and make contact with suicidal persons		
	Utilise available and evidence-based school prevention programmes to foster awareness about mental health and coping and problem solving skills in pupils		
			Implement mental health first aid programmes in communities to detect distress and signs and symptoms
	Educate the public about suicide and increase the public awareness concerning the sign of crisis		
			Ensure support is available for people bereaved by suicide
	Provide information about where to seek help on local predicted venues of suicidal events (e.g. high places, railway crossings etc.)		
	Promote and implement programmes which lead to increased knowledge and decreased stigmatization of depression and other mental health problems in the general public		
			Develop age-specific IT tools for the electronic delivery of mental health promotion and suicide prevention programmes to the general population.
Promote keeping away dangerous means from household environment for preventing impulsive suicide acts			

E4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E4a Table)
Lack of governmental interest to the topic as a priority

E4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E4a Table)
Due to the successful implementation of the training and information activities in the Project "Improved mental health services"

E5a) Level of implementation in 2015-2016 of recommendations on secondary and tertiary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Increase the availability of telephone hotline services and utilise the methods and practice of European best practice telephone hotline services			
Increase the availability of web-based crisis intervention services (chats, etc.)			
Increase the availability of low threshold personal services ("drop in" centres, etc.)			
Incorporate brief interventions into emergency treatment to provide information about local, available resources for crisis management, mental and social care and suicide prevention e-health tools			

E5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E5a Table)
Lack of funding and low priority in the governmental policy

E5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E5a Table)
Not relevant

E5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E5a Table)

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Establish a national data register about suicide and attempted suicide in order to analyse the characteristics of suicide events for the better identification of high risk groups		
	Promote targeted prevention/awareness programs especially focusing on the identified high risk groups		
	Systematically monitor national and regional risk-factors for suicide and suicide attempt		
Collaborate with labour and educational sectors to have information available for students and/or employees in case of a crisis			
Encourage the IT sector and governmental actors to develop a sustainable business model to implement further evidence-based e-mental health tools			
Support local/regional evidence-based, effective multi-level approach for combating suicide and for forming more			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
socially connected local communities			
Assist debt support and debt relief programmes			
Support the establishment and operation of National Centres for Suicide Research and Prevention			

E6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E6a Table)
Lack of funding and low priority in the governmental policy

E6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E6a Table)
E6.1, E6.2, E6.3: Due to the successful implementation of the training and information activities in the Project "Improved mental health services"

E7) Further information on the following areas regarding suicide prevention:

Areas	Further Information
What is the evidence of the cost-effectiveness of suicide prevention programmes	Information is expected
Who funds activities for suicide prevention	Project "Improved mental health services"
Who has responsibility for implementation of prevention activities?	Ministry of Health, Ministry of Education, municipalities, media.
Which sectors, and professionals in them, are involved?	Ministry of Health, Ministry of Education, municipalities, media.
Is the focus on targeted or universal approaches?	Universal
What is the evidence of the effectiveness of suicide prevention programmes?	Information is expected
Are there relevant publications and/or evaluations from your country on these thematic areas?	A few

Additional Information

F1) Other relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that have been produced this year
www.ncphp.government.bg

F2) Key stakeholders (organisations/experts) invited to answer the stakeholder version of this survey in the country (including their e-mail address or other contact details):
okoliyskim@who.int, Global Initiative in Psychiatry - Bulgaria, z.zarkov@ncpha.government.bg

ANNUAL ACTIVITY REPORT FROM CROATIA

KEY DEVELOPMENTS IN 2016

B1) Key mental health developments initiated or implemented in 2016

B1.1) Mental health legislation
N/A

B1.2) Policy framework
"Strategic plan for the development of child and adolescent psychiatry" being developed

B1.3) Financing and/or funding
N/A

B1.4) Services organisation development and/or quality
N/A

B1.5) Promotion and prevention initiatives
N/A

B1.6) Involvement of partners from other policies and sectors (multisector governance)
Collaboration of social care, education and health care sectors in the implementation of TF Twinning project "Ensuring Optimal Health Care for People with Mental Health Disorders"

B1.7) Involvement of patients, families and NGOs
N/A

B1.8) Monitoring the mental health status of the population or particular population groups (including suicidal behaviour)
Situational analysis of child and adolescent mental health status (within Strategic plan framework)

B1.9) Measuring the impact of policies and/or emerging new needs
N/A

B1.10) Mental Health in All Policies (i.e. promotion of population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas)
Implementation of TF Twinning project "Ensuring Optimal Health Care for People with Mental Health Disorders" within health, education and social care sector

B1.11) Other
N/A

B2) Links to new documents, reports or resources that could benefit other stakeholders in mental health:
N/A

B3) Strengths and weaknesses of the mental health situation

Strengths	Weaknesses
Legislation, policies, knowledge, skills, competencies well developed; "islands" of excellent practice	Insufficient resources - financial and human, often inadequate facilities, lack of systematic implementation; political support often only formal

MENTAL HEALTH AT WORKPLACES

C1) Role of mental health at workplaces in national policy or strategy documents

C1.1) Recognition as a priority
It is recognized as a priority in the National Mental Health Strategy. It is recognized as such among many employees and policy makers (in line with European mental health priorities). However, many employers and politicians support it only formally.

C1.2) Estimated impact of activities related to mental health at workplaces on the reduction of disease burden
Since there is no systematic evaluation, the influence on disease burden cannot be estimated with certainty.

C2) Existence of national programmes/strategies for mental health at workplaces

YES	NO
X	

C2.1) Components of these programmes
Evaluation of psychosocial risks for professions that are usually included in occupational health and safety surveys; Strategy measures - mental health promotion and prevention (focus on support to MSEs); balance between work and family life; prevention of mobbing and aggressive behaviour; improving early recognition and early intervention; supporting people recovered from mental disorders reintegrating to their workplaces; supporting employment and keeping the job for people with mental disorders

C2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
OSH procedures implemented more than 75%; Strategy measures - implemented less than 25%

C3a) Level of implementation in 2015-2016 of recommendations to build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Informal (e.g. working groups who exchange experiences) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved	
	Formal (e.g. as part of Occupational Safety and Health (OSH) or national government programmes) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		
	Health policy development to legally anchor structures for inter-sector		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	cooperation		
Health policy sector working together with OSH stakeholders to make it easier for SMEs to access support			
	Key multiplier institutions (chambers of industry and commerce, sector associations, trade associations, etc.) to implement joint information campaigns for SMEs on work-related mental health issues		
	Involve the health policy sector to identify and promote styles of management that are conducive to health		
	Development of platforms to facilitate structured exchange of experience for social health insurance institutions and government health agencies		
	Implement health policy measures and strategies that promote open communication in the workplace and reduce the stigma of mental health problems		
Health insurance institutions and/or national health services to implement model dissemination programmes in co-operation with stakeholders from other action fields.			

C3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C3a Table)

C3.2, C3.3, C3.7 and C3.8: Interest for formal cooperation in the field of mental health superficial on both sides (health sector and social security stakeholders). C3.4 and C3.5: Recognition of SMEs special needs still superficial. C3.6: In Croatia, "Styles of management" is a field where labour sector, professional chambers and associations, enterprises etc. are in charge. C3.9: Specific mental health at work activities are in the initial phase of development (transition from formal preconditions to implementation)

C3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C3a Table)

Facilitators for all categories: establishment of national OSH institutions and EU support

C4a) Level of implementation in 2015-2016 of recommendations to prevent mental health problems at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Health policy sector to develop infrastructure which promotes wider dissemination of good risk management practices in enterprises, including psychosocial factors		
	Statutory health insurance institutions and national health services to support OSH stakeholders in convincing employers to adopt risk assessment practices that include psychosocial factors		
	Raise the relevance of OSH by combining risk assessment approaches with campaigning activities which link mental health issues to the human resource and labour market agenda		
	Develop and disseminate easy-to-understand tools and instruments for employers		
	Recognise that small and medium-sized enterprises (SMEs) need a tailored approach and support to tackle psychosocial risk factors		
			Examine how national health service and statutory health insurance institutions can provide support to workplaces on mental health
	Develop coordinated national and regional goals for OSH and workplace health promotion and translate them into general psychosocial recommendations		

C4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C4a Table)
As a general challenge, lack of financial support and superficial interest of most employers and politicians

C4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C4a Table)
General facilitator - development of employers' awareness in recent years

C5a) Level of implementation in 2015-2016 of recommendations to promote mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Health policy sector promoting good work organisation and leadership practices as drivers for business excellence and competitiveness			
	Promotion approaches and practices which combine lifestyle improvements with working condition focused improvements		
	Engagement of key external stakeholders (social partners, regulatory system, social insurance, health care etc.) to adopt a supportive role for		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	enterprises in the field of workplace health promotion (WHP)		
	Support of the health policy sector in the dissemination of good practices in the promotion of mental health at the workplace in all institutions of the health care system		
	Institutions responsible for organising health care or occupational health and safety develop an independent service area for workplace health promotion that is economically accessible for all enterprises		
	Workplace health promotion services include basic advisory services for organisations for the introduction and systematic promotion of mental health at the workplace		
	Workplace health promotion services include the evaluation of data on mental disorders (if available) at enterprise level (including benchmarking in the respective sector)		
Workplace health promotion services include qualification measures in stress management for employees			
	Health policy sector examines and modifies existing rules and regulations, including the tax system, to encourage enterprises to invest in measures for workplace mental health promotion		

C5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C5a Table)

C5.1: In Croatia, in charge of other sectors (not health sector). C5.2: Superficial support from employers. C5.5: Lack of financial resources. C5.6: SMEs lack interest and funds. C5.7: some data, most data would breach privacy protection of employers. C5.9: Not in 2015-2016 period.

C5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C5a Table)

C5.2 - a lot of media attention; C5.5 - existence of occupational health and safety professionals (MD occupational medicine specialists and psychologists in health sector; other professionals in other sectors); C5.6 & C5.8- large enterprises interested and implementing; C5.9 - a major tax reform is just being introduced

C6a) Level of implementation in 2015-2016 of recommendations to support the reintegration/return to work of people who have experienced mental health difficulties

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Health policy sector ensures and improves access to care for mentally ill employees	
		Focus on early identification of the need for care	
	Employees have fast and low-threshold access to		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	outpatient psychotherapy services		
	Employers take action to reduce stigmatisation of mental health problems at the workplace to encourage early contact with the health system and facilitate return to work		
	Support services to gradually reintegrate employees after long-term absence include integrated care processes that combine organisational assistance with suitable inpatient and outpatient care services		
	Support is available for persons with partial work capacity to participate in the labour market		
	Return-to-work is part of a multi-disciplinary care plan (e.g. between health care/social security systems)		

C6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C6a Table)

C6.3: Financial resources; C6.4: Only for some categories (e.g. stress, panic disorders); C6.5: Low support by employers, lack of financial and human resources, inpatient care professionals rarely included (different pathways of care) - focus on primary care/outpatient services; C6.6: The possibility less used for more severe mental disorders, mainly due to stigma; C6.7: Formally, but specific measures are rarely developed for individuals

C6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C6a Table)

C6.1 & C6.2 mental health is not viewed as separate by health sector

C7) Further information on the following areas regarding mental health at workplaces:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health at workplace programmes?	Programs are scarce, no systematic evidence at national level; international data are used
Who funds activities to prevent mental health problems at the workplace?	OSH funding (a percentage of individual monthly salary)
Who funds activities to promote mental health at the workplace?	OSH funding (a percentage of individual monthly salary)
Who has responsibility for implementation of prevention and promotion activities?	National Institute for Occupational Health and Safety
Which sectors, and professionals in them, are involved?	OSH (OSH engineers), health (occupational medicine), labour
Is the focus on targeted or universal approaches?	Targeted
What is the evidence of the effectiveness of workplace mental health programmes?	No specific outcome evaluation (only process evaluation)
Are there relevant publications and/or evaluations from your country on these thematic areas?	No information

MENTAL HEALTH AND SCHOOLS

D1) Role of mental health and schools in national policy or strategy documents

C1.1) Recognition as a priority
It is recognized as a priority in the National Mental Health Strategy. It is recognized as such among parents and health policy makers (and is in line with European mental health priorities). However, politicians support is often only formal.

C1.2) Estimated impact of activities related to mental health at workplaces on the reduction of disease burden
Since there is no systematic evaluation, the impact on disease burden cannot be estimated with certainty.

D2) Existence of national programmes/strategies for mental health at schools

NO	YES
	X

D2.1) Components of these programmes
In National mental health strategy: developing resilience in children and adolescents, prevention of peer violence, support to children of parents with mental disorders, early recognition and intervention; In National Framework Curriculum (primary and secondary schools) - mental health included; organizational - educational specialist (pedagogue) or psychologist employed in every school; counselling by school medicine specialists; personal assistant programmes; focus on inclusion in regular schools for children with mild to moderate difficulties; peer support programmes

C2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
More than 75%

D3a) Level of implementation in 2015-2016 of recommendations to strengthen information and research on mental health and wellbeing among children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Establish a solid information base to have a detailed epidemiological frame of children and adolescent mental health and evidence on interventions		
	Provide information on coverage and outcomes of interventions (high-risk groups, size, impact, cost and potential economic savings)		
	Carry out a mapping and analysis of existing screening tools for early identification of mental health disorders and poor wellbeing among children and school populations		
	Examine the potential to increase the access to promotion information and to prevention services through the use of web-based technologies (e-mental health)		

D3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D3a Table)
D3.1: Initiated in 2016; D3.2: Information base as described under; D3.1: Not yet established; D3.3: Question of ethics - due to the lack of human resources and facilities adequate services (treatment and recovery) are not available nationwide

D3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D3a Table)
D3.1: Existence of many data in national epidemiological yearbooks

D4a) Level of implementation in 2015-2016 of recommendations to establishing schools as settings for mental health promotion and prevention of mental disorders

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Recognise the role of early childhood education, school and peer education in creating opportunities for collaboration (whole school approach)		
		Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying	
	Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account		
	Put in place evidence based interventions to combat early school leaving		

D4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D4a Table)
Further analysis of the evidence base of what works is required to implement comprehensive approaches.

D4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D4a Table)
D4.2: Years of investment (mostly by professionals) resulting in media support, NGO and political recognition (not just formal)

D5a) Level of implementation in 2015-2016 of recommendations to enhance training for all school staff on mental health

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs	
	Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources		
	Ensure that training is also made available to the members of the families and caregivers of children and adolescents, according to a community level approach		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Ensure that particular attention is paid also to the positive mental health and wellbeing of teachers and school staff via continuous support and mentoring		
		Preparing and sharing relevant guidelines for mental health and wellbeing promotion in schools jointly with other sectors, under the coordination of the education sector	

D5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D5a Table)
D5.2, D5.3 and D5.4: Insufficient financial and human resources

D5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D5a Table)
N/A

D6a) Level of implementation in 2015-2016 of recommendations to link schools with other community stakeholders involved in mental health of children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Ensure that the mental health and wellbeing of children and adolescents is considered when defining and implementing policy in different sectors		
	Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors (facilitating cross-sectoral budgeting and defining responsibilities)		
	Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector and ensure adequate, sustained and shared financing by the different sectors		
	Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors		

D6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D6a Table)
D6.1: It is fully ensured only on the policy level, implementation is often impeded by lack of financial resources/lack of political will; D6.2: Cross-sectoral budgeting is not supported; D6.3: Lack of adequate separate data for children and adolescents

D6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D6a Table)
D6.4: Existence of international evidence data

D7) Further information on the following areas regarding mental health and schools:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health and school programmes	Scarce (national) evaluation procedures, relying on international data
Who funds activities to prevent mental health problems in schools?	Mostly state budget through health sector (national and county institutes for public health)
Who funds activities to promote mental health in schools?	Mostly state budget through health sector (national and county institutes for public health) and education sector; NGOs through various models of financing
Who has responsibility for implementation of prevention and promotion activities?	Health sector (national and county institutes for public health) and education sector
Which sectors, and professionals in them, are involved?	Health and education, sometimes social care, police, justice
Is the focus on targeted or universal approaches?	Universal
What is the evidence of the effectiveness of schools mental health programmes?	Addiction prevention programmes best evaluated (effective, up to 20% reduction in psychoactive substance abuse), other programmes often lack systematic evaluation, some are not implemented long enough for outcome evaluation
Are there relevant publications and/or evaluations from your country on these thematic areas?	Yes (especially addiction and violence prevention)

SUICIDE PREVENTION

E1) Role of suicide prevention in national policy or strategy documents

E1.1) Recognition as a priority
Yes, it is a priority both in policies and in practice. There is high public and political awareness of the importance of such activities, although it tends to be oriented to more "practical" measures such as prevention of illegal possession of weapons, restriction of access to potentially dangerous places; restriction of access to psychoactive substances; interventions in individual cases - suicides attempts (good cooperation between health, specific police departments, education professionals etc.).

E1.2) Estimated impact of activities related to suicide prevention on the reduction of disease burden
There is no systematic analysis of the impact of such activities on disease burden.

E2) Existence of national programmes/strategies for suicide prevention

NO	YES
	X

E2.1) Components of these programmes
Many mental health promotion and prevention measures also have influence on suicidal behaviour. Specific measures include early recognition and intervention, especially for people with depressive disorders, and active support for people who have attempted suicide after they have been discharged from hospital treatment.

E2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

Less than 50%.

E3a) Level of implementation in 2015-2016 of recommendations on policy and legislation for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Develop a national strategy to prevent suicide (or implement it if one already exists) with a clear action plan and measurable targets
			Revise legislation to include protections for persons who have attempted suicide to return back to work
			Promote the implementation of guidelines (e.g. WHO, EUREGENAS) for responsible media communication of suicidal events to national and local media professionals
			Promote the legislation concerning the restriction of lethal means (e.g. toxic substances and firearms)
			Reduce the package size of potentially lethal medicines and/or restrict their availability
			Promote legislation about restricting alcohol availability

E3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E3a Table)
N/A

E3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E3a Table)
N/A

E4a) Level of implementation in 2015-2016 of recommendations on primary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Provide training to specific professional target groups to identify and make contact with suicidal persons		
	Utilise available and evidence-based school prevention programmes to foster awareness about mental health and coping and problem solving skills in pupils		
	Implement mental health first aid programmes in communities to detect distress and signs and symptoms		
	Educate the public about suicide and increase the public awareness concerning the sign of crisis		
	Ensure support is available for people bereaved		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	by suicide		
Provide information about where to seek help on local predicted venues of suicidal events (e.g. high places, railway crossings etc.)			
	Promote and implement programmes which lead to increased knowledge and decreased stigmatization of depression and other mental health problems in the general public		
	Develop age-specific IT tools for the electronic delivery of mental health promotion and suicide prevention programmes to the general population.		
	Promote keeping away dangerous means from household environment for preventing impulsive suicide acts		

E4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E4a Table)
Activities E4.1, E4.2, E4.3, E4.4, E4.8 more than 25%, and progressing.

E4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E4a Table)
Activities E4.5, E4.7, E4.9 and E4.10 more than 75%

E5a) Level of implementation in 2015-2016 of recommendations on secondary and tertiary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Increase the availability of telephone hotline services and utilise the methods and practice of European best practice telephone hotline services		
	Increase the availability of web-based crisis intervention services (chats, etc.)		
	Increase the availability of low threshold personal services ("drop in" centres, etc.)		
	Incorporate brief interventions into emergency treatment to provide information about local, available resources for crisis management, mental and social care and suicide prevention e-health tools		

E5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E5a Table)
E5.1, E5.2 more than 25% (web based services often foreign - question of understanding the language etc.); E5.4 many communities have no list, or worse, lack services

E5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E5a Table)

E5.3. people easily drop into emergency facilities or call emergency service

E6a) Level of implementation in 2015-2016 of recommendations on capacity building and inter-sectoral collaboration for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Establish a national data register about suicide and attempted suicide in order to analyse the characteristics of suicide events for the better identification of high risk groups	
	Promote targeted prevention/awareness programs especially focusing on the identified high risk groups		
	Systematically monitor national and regional risk-factors for suicide and suicide attempt		
	Collaborate with labour and educational sectors to have information available for students and/or employees in case of a crisis		
	Encourage the IT sector and governmental actors to develop a sustainable business model to implement further evidence-based e-mental health tools		
	Support local/regional evidence-based, effective multi-level approach for combating suicide and for forming more socially connected local communities		
	Assist debt support and debt relief programmes		
		Support the establishment and operation of National Centres for Suicide Research and Prevention	

E6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E6a Table)
E6.4 collaboration with labour sector is weak

E6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E6a Table)
E6.1 exists since 1960s, E 6.8 part of National and county institutes for public health for decades

E7) Further information on the following areas regarding suicide prevention:

Areas	Further Information
What is the evidence of the cost-effectiveness of suicide prevention programmes	No systematic evaluation, relying upon international data
Who funds activities for suicide prevention	Mostly National/county institutes for public health
Who has responsibility for implementation of prevention activities?	Mostly National/county institutes for public health
Which sectors, and professionals in them, are involved?	Health, education, social care, police, justice
Is the focus on targeted or universal approaches?	Equal
What is the evidence of the effectiveness of suicide prevention programmes?	No systematic outcome evaluation, mostly process evaluation
Are there relevant publications and/or evaluations from your country on these thematic areas?	N/A

Additional Information

F1) Other relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that have been produced this year
N/A

F2) Key stakeholders (organisations/experts) invited to answer the stakeholder version of this survey in the country (including their e-mail address or other contact details):
N/A

ANNUAL ACTIVITY REPORT FROM CYPRUS

KEY DEVELOPMENTS IN 2016

B1) Key mental health developments initiated or implemented in 2016

B1.1) Mental health legislation
The Treatment of Defendants and Convicted Users or Drug Addicted Persons Law of 2016

B1.2) Policy framework
The above law provides to a sector of drug addicts to get in a program for detoxification and rehabilitation and not to be convicted.

B1.3) Financing and/or funding
Cyprus Government, Ministry of Health

B1.4) Services organisation development and/or quality
Adults, Children, Drug Addiction Services, Mental Health Services at Central Prisons

B1.5) Promotion and prevention initiatives
NA

B1.6) Involvement of partners from other policies and sectors (multisector governance)
Ministry of Education and Culture, Social Insurance Services, Ministry of Health, Ministry of Interior (Mennoyia Hospitality Centre for political asylum applicants)

B1.7) Involvement of patients, families and NGOs
Psychiatric Association, Municipalities, Neurological Society, Cyprus Anti-Drug Council

B1.8) Monitoring the mental health status of the population or particular population groups (including suicidal behaviour)
A committee (one psychiatrist, one Lawyer, one Health Professional) evaluates their mental situation and suggests to the Court if they are suitable to get in a detoxification or rehabilitation program and which one

B1.9) Measuring the impact of policies and/or emerging new needs
Measuring the impact= According to the statistics and the inpatient's number New needs= Education over Eating Disorders and about the therapy of sexual victims.

B1.10) Mental Health in All Policies (i.e. promotion of population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas)
NA

B1.11) Other
NA

B2) Links to new documents, reports or resources that could benefit other stakeholders in mental health:
http://www.moh.gov.cy/mhs/

B3) Strengths and weaknesses of the mental health situation

Strengths	Weaknesses
The organization of community units in a pan Cyprian basis, easy access for civils. Multidisciplinary teams in all the outpatient and inpatient Departments	At the present the lack of sub-specialties and social workers in Ministry of Health and Mental Health Services

MENTAL HEALTH AT WORKPLACES

C1) Role of mental health at workplaces in national policy or strategy documents

C1.1) Recognition as a priority
It is one of our priorities. It is recognized that the work - place has very important role to play for worker's mental health.

C1.2) Estimated impact of activities related to mental health at workplaces on the reduction of disease burden
No information

C2) Existence of national programmes/strategies for mental health at workplaces

NO	YES	Not sure
		X

C2.1) Components of these programmes
NA

C2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
NA

C3a) Level of implementation in 2015-2016 of recommendations to build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Informal (e.g. working groups who exchange experiences) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved			
Formal (e.g. as part of Occupational Safety and Health (OSH) or national government programmes) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved			
Health policy development to legally anchor structures for inter-sector cooperation			
			Health policy sector working together with OSH stakeholders to make it easier for SMEs to access support
			Key multiplier institutions (chambers of industry and commerce, sector associations, trade associations, etc.) to implement joint information campaigns for

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			SMEs on work-related mental health issues
	Involve the health policy sector to identify and promote styles of management that are conducive to health		
	Development of platforms to facilitate structured exchange of experience for social health insurance institutions and government health agencies		
	Implement health policy measures and strategies that promote open communication in the workplace and reduce the stigma of mental health problems		
			Health insurance institutions and/or national health services to implement model dissemination programmes in co-operation with stakeholders from other action fields (training and education, public administration and labour market management)

C3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C3a Table)
No legislation to recognize the importance of the impact for the workplace on mental health and to take measures to prevent or and handle these issues. No formal coordination between the Ministry of Labour, Welfare and Social Insurance and Ministry of Health / Mental Health Services for issues of Mental Health at the workplaces.

C3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C3a Table)
1. Legislation; 2. Training of mental health services staff; 3. Formal coordination between the Ministry of Finance / Personal department of the Ministry of Labour, Welfare and Social Insurance and Ministry of Health on Mental Health issues at the workplace; 4. Training of managers on Mental Health

C4a) Level of implementation in 2015-2016 of recommendations to prevent mental health problems at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Health policy sector to develop infrastructure which promotes wider dissemination of good risk management practices in enterprises, including psychosocial factors			
Statutory health insurance institutions and national health services to support OSH stakeholders in convincing employers to adopt risk assessment practices that include psychosocial factors			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Raise the relevance of OSH by combining risk assessment approaches with campaigning activities which link mental health issues to the human resource and labour market agenda			
Develop and disseminate easy-to-understand tools and instruments for employers			
	Recognise that small and medium-sized enterprises (SMEs) need a tailored approach and support to tackle psychosocial risk factors		
Examine how national health service and statutory health insurance institutions can provide support to workplaces on mental health			
Develop coordinated national and regional goals for OSH and workplace health promotion and translate them into general psychosocial recommendations			

C4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C4a Table)
Formal Coordination; Legislation for Mental Health in work place; Staff training

C4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C4a Table) Coordination; Strategy; Legislation; Education; Awareness Campaigns; Monitoring

C5a) Level of implementation in 2015-2016 of recommendations to promote mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Health policy sector promoting good work organisation and leadership practices as drivers for business excellence and competitiveness		
	Promotion approaches and practices which combine lifestyle improvements with working condition focused improvements		
			Engagement of key external stakeholders (social partners, regulatory system, social insurance, health care etc.) to adopt a supportive role for enterprises in the field of workplace health promotion (WHP)
Support of the health policy sector in the dissemination of good practices in the promotion of mental health at the workplace in all institutions of the health care system			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Institutions responsible for organising health care or occupational health and safety develop an independent service area for workplace health promotion that is economically accessible for all enterprises		
Workplace health promotion services include basic advisory services for organisations for the introduction and systematic promotion of mental health at the workplace			
Workplace health promotion services include the evaluation of data on mental disorders (if available) at enterprise level (including benchmarking in the respective sector)			
			Workplace health promotion services include qualification measures in stress management for employees
Health policy sector examines and modifies existing rules and regulations, including the tax system, to encourage enterprises to invest in measures for workplace mental health promotion			

C5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C5a Table)
There are no workplace mental health promotion services in the public sector

C5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C5a Table)
Development of mental health promotion services at the workplace

C6a) Level of implementation in 2015-2016 of recommendations to support the reintegration/return to work of people who have experienced mental health difficulties

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Health policy sector ensures and improves access to care for mentally ill employees	
	Focus on early identification of the need for care		
	Employees have fast and low-threshold access to outpatient psychotherapy services		
	Employers take action to reduce stigmatisation of mental health problems at the workplace to encourage early contact with the health system and facilitate return to work		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Support services to gradually reintegrate employees after long-term absence include integrated care processes that combine organisational assistance with suitable inpatient and outpatient care services		
	Support is available for persons with partial work capacity to participate in the labour market		
	Return-to-work is part of a multi-disciplinary care plan (e.g. between health care/social security systems)		

C6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C6a Table)

1. Stigmatization of mental health patients; 2. Lack of employer's awareness and information; 3. Lack of adequate financial support for persons with partial work capacity

C6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C6a Table)

1. Awareness campaigns for mental health issues i.e. against stigma and social integration; 2. Legislation facilitating support for persons with partial work capacity to succeed in their jobs.

C7) Further information on the following areas regarding mental health at workplaces:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health at workplace programmes?	**NA**
Who funds activities to prevent mental health problems at the workplace?	No public funds available
Who funds activities to promote mental health at the workplace?	No public funds available
Who has responsibility for implementation of prevention and promotion activities?	Ministry of Health; Mental Health Services; Ministry of Labour, Welfare and Social Insurance
Which sectors, and professionals in them, are involved?	Department of Social inclusion for persons with disability (Social Workers, health professionals); Mental Health Services (Mental Health Professionals)
Is the focus on targeted or universal approaches?	Universal approaches
What is the evidence of the effectiveness of workplace mental health programmes?	Data not available
Are there relevant publications and/or evaluations from your country on these thematic areas?	Information not available

MENTAL HEALTH AND SCHOOLS

D1) Role of mental health and schools in national policy or strategy documents

D1.1) Recognition as a priority
It is one of our priorities. It is recognized that schools act preventative and help to the stigma reduction for mental health issues.

D1.2) Estimated impact of activities related to mental health and schools on the reduction of disease burden
The impact cannot be estimated but it can be evaluated through the references in Children and Adolescent's Mental Health Departments. References are less from schools that carry out preventative acts.

D2) Existence of national programmes/strategies for mental health at schools

NO	YES	Not sure
		X

D2.1) Components of these programmes
NA

D2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
NA

D3a) Level of implementation in 2015-2016 of recommendations to strengthen information and research on mental health and wellbeing among children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Establish a solid information base to have a detailed epidemiological frame of children and adolescent mental health and evidence on interventions	
	Provide information on coverage and outcomes of interventions (high-risk groups, size, impact, cost and potential economic savings)		
	Carry out a mapping and analysis of existing screening tools for early identification of mental health disorders and poor wellbeing among children and school populations		
Examine the potential to increase the access to promotion information and to prevention services through the use of web-based technologies (e-mental health)			

D3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D3a Table)
There is no epidemiological frame of children and adolescents mental health, low expertise and financial recourses and understaffed (D3.1). The e-Mental Health has not been developed yet, low expertise, financial resources and understaffed (D3.4)

D3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D3a Table)
Cooperation with Ministry of Education, researchers from University, learn more from good practices in other countries (D3.1) coordination with IT department, learn from good practices from other countries

D4a) Level of implementation in 2015-2016 of recommendations to establishing schools as settings for mental health promotion and prevention of mental disorders

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Recognise the role of early childhood education, school and peer education in creating opportunities for collaboration (whole school approach)		
	Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying		
			Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account
	Put in place evidence based interventions to combat early school leaving		

D4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D4a Table)
Coordination; Legislation; Funds

D4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D4a Table)
Coordination between Ministry of Health (Mental Health Services) and Ministry of Education and Culture (School Psychologists) Also a success factor is the coordination with Universities at the research field, with the Commissioner for Children's Rights. Awareness campaigns for children' s rights. Good Practices. Monitoring

D5a) Level of implementation in 2015-2016 of recommendations to enhance training for all school staff on mental health

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs		
	Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources		
	Ensure that training is also made available to the members of the families and caregivers of children and adolescents, according to a community level approach		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Ensure that particular attention is paid also to the positive mental health and wellbeing of teachers and school staff via continuous support and mentoring		
	Preparing and sharing relevant guidelines for mental health and wellbeing promotion in schools jointly with other sectors, under the coordination of the education sector		

D5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D5a Table)
Understaffed services; Low resources for all recommendations

D5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D5a Table)
Sufficient cooperation with the Ministry of Education and especially with the Educational Psychology Department. Existing joint programs at schools

D6a) Level of implementation in 2015-2016 of recommendations to link schools with other community stakeholders involved in mental health of children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Ensure that the mental health and wellbeing of children and adolescents is considered when defining and implementing policy in different sectors		
Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors (facilitating cross-sectoral budgeting and defining responsibilities)			
Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector and ensure adequate, sustained and shared financing by the different sectors			
	Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors		

D6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D6a Table)
D6.2: Cross- sectoral budgeting is very difficult to be achieved; D6.4: The evaluation of schools based interventions is in a very early stage

D6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D6a Table)
Increased cooperation between different sectors; Good practices; More training; Cross-sectoral budgeting; More expertise is needed to be established

D7) Further information on the following areas regarding mental health and schools:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health and school programmes	Data not available
Who funds activities to prevent mental health problems in schools?	Ministry of Education and Culture Ministry of Health through Mental Health Services European Co-Funded programs
Who funds activities to promote mental health in schools?	Ministry of Education and Culture Ministry of Health through Mental Health Services European Co-Funded programs
Who has responsibility for implementation of prevention and promotion activities?	Ministry of Education and Culture School Psychology Department Mental Health Services Health Education Department
Which sectors, and professionals in them, are involved?	Ministry of Education and Culture; School Psychologists; Informed Teachers Ministry of Health; Children's Psychiatrists; Special Psychologists; Occupational therapists; Mental Health Nursing Officers
Is the focus on targeted or universal approaches?	Targeted and universal approaches
What is the evidence of the effectiveness of schools mental health programmes?	Through student's satisfaction about the educational programs; Through questionnaires given to parents; Through references reduction
Are there relevant publications and/or evaluations from your country on these thematic areas?	There are publications on the thematic area of Bullying and program interventions at schools promoting mental health issues

SUICIDE PREVENTION

E1) Role of suicide prevention in national policy or strategy documents

E1.1) Recognition as a priority
Yes it is. For the reasons described above

E1.2) Estimated impact of activities related to suicide prevention on the reduction of disease burden
Data not available

E2) Existence of national programmes/strategies for suicide prevention

NO	YES
X	

E2.1) Components of these programmes
NA

E2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
NA

E3a) Level of implementation in 2015-2016 of recommendations on policy and legislation for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Develop a national strategy to prevent suicide (or implement it if one already exists) with a clear action plan and measurable targets			
	Revise legislation to include protections for persons who have attempted suicide to return back to work		
		Promote the implementation of guidelines (e.g. WHO, EUREGENAS) for responsible media communication of suicidal events to national and local media professionals	
	Promote the legislation concerning the restriction of lethal means (e.g. toxic substances and firearms)		
		Reduce the package size of potentially lethal medicines and/or restrict their availability	
	Promote legislation about restricting alcohol availability		

E3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E3a Table)
Lack of National Strategy. Revise the already existing legislation.

E3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E3a Table)
Prevention and early detection of depression; Support high risk groups of population e.g. unemployed, migrants; Promotion of Mental Health at schools and workplaces

E4a) Level of implementation in 2015-2016 of recommendations on primary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Provide training to specific professional target groups to identify and make contact with suicidal persons		
	Utilise available and evidence-based school prevention programmes to foster awareness about mental health and coping and problem solving skills in pupils		
	Implement mental health first aid programmes in communities to detect distress and signs and symptoms		
Educate the public about suicide and increase the public awareness concerning the sign of crisis			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Ensure support is available for people bereaved by suicide		
Provide information about where to seek help on local predicted venues of suicidal events (e.g. high places, railway crossings etc.)			
	Promote and implement programmes which lead to increased knowledge and decreased stigmatisation of depression and other mental health problems in the general public		
Develop age-specific IT tools for the electronic delivery of mental health promotion and suicide prevention programmes to the general population.			
	Promote keeping away dangerous means from household environment for preventing impulsive suicide acts		

E4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E4a Table)
Lack of a national strategy; Lack of supportive resources; Reinforce and generalize the existing programs

E4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E4a Table)
Develop a special multidisciplinary service for the creation and implementation of suicide prevention strategy; Adequate training ; Financial support

E5a) Level of implementation in 2015-2016 of recommendations on secondary and tertiary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Increase the availability of telephone hotline services and utilise the methods and practice of European best practice telephone hotline services		
	Increase the availability of web-based crisis intervention services (chats, etc.)		
	Increase the availability of low threshold personal services (“drop in” centres, etc.)		
Incorporate brief interventions into emergency treatment to provide information about local, available resources for crisis management, mental and social care and suicide prevention e-health tools			

E5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E5a Table)
Understaffed Services; Not available e-health programs

E5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E5a Table)
Utilize best practices of other European countries; Promotion of e-health programs

E6a) Level of implementation in 2015-2016 of recommendations on capacity building and inter-sectoral collaboration for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Establish a national data register about suicide and attempted suicide in order to analyse the characteristics of suicide events for the better identification of high risk groups			
	Promote targeted prevention/awareness programs especially focusing on the identified high risk groups		
Systematically monitor national and regional risk-factors for suicide and suicide attempt			
	Collaborate with labour and educational sectors to have information available for students and/or employees in case of a crisis		
Encourage the IT sector and governmental actors to develop a sustainable business model to implement further evidence-based e-mental health tools			
	Support local/regional evidence-based, effective multi-level approach for combating suicide and for forming more socially connected local communities		
	Assist debt support and debt relief programmes		
Support the establishment and operation of National Centres for Suicide Research and Prevention			

E6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E6a Table)
Lack of a national Centre for Suicide Resources and Prevention; Understaffed services; Low financial resources

E6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E6a Table)
Establishment and operation of a National Centre for Suicide Research and Prevention; Best practices from other countries; Financial support

E7) Further information on the following areas regarding suicide prevention:

Areas	Further Information
What is the evidence of the cost-effectiveness of suicide prevention programmes	Data not available
Who funds activities for suicide prevention	Ministry of Health Ministry of Education
Who has responsibility for implementation of prevention activities?	Ministry of Health; Mental Health Services Ministry of Education and Culture
Which sectors, and professionals in them, are involved?	Mental Health Professionals; Educational Psychologists; Trained teachers
Is the focus on targeted or universal approaches?	Universal approaches
What is the evidence of the effectiveness of suicide prevention programmes?	Data not available
Are there relevant publications and/or evaluations from your country on these thematic areas?	Information not available

Additional Information

F1) Other relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that have been produced this year
NA

F2) Key stakeholders (organisations/experts) invited to answer the stakeholder version of this survey in the country (including their e-mail address or other contact details):
NA

ANNUAL ACTIVITY REPORT FROM DENMARK

KEY DEVELOPMENTS IN 2016

B1) Key mental health developments initiated or implemented in 2016

B1.1) Mental health legislation
N/A

B1.2) Policy framework
In October 2016 the agreement of the new specialized social psychiatric departments where signed. The purpose of the new departments is to make a specialized offer for a vulnerable target group with a severe mental disorder, externalizing behaviour, complex life circumstances and who are in need for a holistic and intensive treatment. The new departments will be introduced as a bill in 2017.
In 2016 the government started a delegation about more control of psychiatry in the healthcare system. The delegation lays the groundwork for a follow up on the work in psychiatry and the public spending.
A delegation: the Special Committee on the Primary Healthcare System is established. The focus is on a more connected cooperation in in the health system. Psychiatry is an element.

B1.3) Financing and/or funding
New agreements: The agreement for the new specialized social psychiatric departments allocates 401 million DKK in the period 2017-2020.
Ongoing initiatives: The special pool for the social area for 2015-2018, allocated 2.2 billion DKK to the area of psychiatry.
Along with the Danish Regions (Danske Regioner) and the 5 Danish regions, the Ministry of Health made a partnership agreement which will allocate 50 million DKK each year until 2020 which aims to reduce the amount of coercive measures used by half. The agreement also allocated 100 million DKK as a one- time expense to the improvement of psychiatric ward facilities. The partnership agreement was financed by the financial act of 2014.

B1.4) Services organisation development and/or quality
N/A

B1.5) Promotion and prevention initiatives
A number of initiatives have been taken to improve the conditions for psychiatric patients.
New initiatives from the special pool for the social area for 2016-2019:

- A new initiative is the disease management program for children and youth concerning mental issues. The aim is to offer a coherent effort and give the best opportunity for diagnosing, treatment and prevent the need for medical treatment. The idea is to support the cross-sectorial program with focus on attention deficit, anxiety, eating disorder, self-harming behaviour etc..
- An initiative from the Ministry for Children and Social Affairs is called "Development and investment program for vulnerable and marginalised children and young" (Udviklings- og investeringsprogrammet for sårbare og udsatte børn og unge). The aim is to support the municipalities' work with improvements for people with social issues and empower the target group to master a greater part of their own life.
- A preventive initiative is the national partnership concerning prevention of suicide. It is a part of the plan about reducing excess mortality among people with a mental illness.
- Departments free of medicine: this department in psychiatry is testing new methods for treatment for people with mental illnesses, and focusing on reducing the medical consumption. As part of the existing psychiatry these wards will be created on a trial basis with a drug-free section. Instead of drugs, patients should be offered various forms of therapy and activities. .
- Ambulant contact after discharge from a psychiatric ward:. The aim of the pilot project is to prevent suicide and attempted suicide. The introduction of ambulant contact with relevant healthcare staff within the first week of discharge from a psychiatric ward will particularly be focusing on vulnerable patients, including young people with mental illnesses.

Ongoing initiatives:

- "The prevention package for mental health" aims to support the municipalities work with improvement of the citizens health and also strengthen the primary municipal prevention effort when it comes to mental health problems.
- The package includes health promoting efforts, to ensure good conditions for the mental health of the citizens and with prevention of general psychiatric symptoms.
- The "One of us" (En af os) campaign aims to:
  - Increase the Danes' knowledge about mental illness
  - Lessen the distance between patients and acquainted, which leads to stigmatization, prejudices and social exclusion

- Create a better understanding of mental illness in schools, workplaces and everywhere else where lives are led. Behind the campaign is a strong network, namely "The Joint Effort", which was formed in 2010 by the parties: The Social Network of 2009, The Danish Mental Health Fund, TrygFonden, Danish Regions, the five regions, KL, The Ministry of Social Affairs, Children and Integration and The National Board of Health. The campaign has showed positive results, and on that background the special pool for social area has agreed to continue the national campaign in the year 2017-2019 and support with 6 million DKK.

B1.6) Involvement of partners from other policies and sectors (multisector governance)
New partnership: National Partnership on the prevention of suicide is a cooperation among relevant authorities and professionals. The partnership will ensure an efficient cooperation and render counselling in respectively national, regions and in municipality levels.
Ongoing: In 2014 a Task Force for psychiatry was created, in order to surveil and promote development within the psychiatric area. It consisted of representatives from the regions, Danish Regions, KL, The Ministry of Health, The
Ministry for Children, Education and Gender Equality, The Danish Health Authority and SSI.

B1.7) Involvement of patients, families and NGOs
NGO's and the regions have been involved in the psychiatric assortment, and patients, families and NGO's have been involved in various projects. As a new example the psychiatric committee is established, to ensure a broad committee of relevant authorities, professionals and NGO's and discuss subject in mental health.
User-driven beds: Selected psychiatric patients are being offered a contract that gives them the right to decide when they will like to be hospitalized. The project has shown good result, and will continue in 2017.

B1.8) Monitoring the mental health status of the population or particular population groups (including suicidal behaviour)
Systematically retrieval from the national patient register. Survey from SIF (national institute of public health).

B1.9) Measuring the impact of policies and/or emerging new needs
N/A

B1.10) Mental Health in All Policies (i.e. promotion of population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas)
An example is the initiative from the Ministry for Children and Social Affairs is called '"Development and investment program for vulnerable and marginalised children and young"

B1.11) Other
N/A

B2) Links to new documents, reports or resources that could benefit other stakeholders in mental health:
The special pool for social area for 2016-2019:
www.denoffentlige.dk/sites/default/files/suppliers/news/files/satspuljen_2017_aftaletekst.pdf

www.socialministeriet.dk/media/18168/aftaletekst-og-oekonomioversigt-satspuljen-2017.pdf

B3) Strengths and weaknesses of the mental health situation

Strengths	Weaknesses
High degree of political awareness when it comes to issues regarding mental health Strong patient non-governmental organizations	Excess mortality of psychiatric patients the balance between inpatient services and outpatient services. Lack of Psychiatrists. The level of coercive measures. The number of forensic patients. Lack of coherence between the municipal social - and the regional psychiatric health care services provided for the patient

MENTAL HEALTH AT WORKPLACES

C1) Role of mental health at workplaces in national policy or strategy documents

C1.1) Recognition as a priority
Yes, an example is the partnership for mental health at work. The objective of the partnership is to establish cooperation with the social partners with a focus on mental health. The partnership will focus on preventing mental illnesses, retention of employees with mental health difficulties and return to workplace during and after prolonged illness.
The background to the partnership is that there is an increase in notification of illness and people on benefits due to mental disorders. Parliamentary parties behind the rate adjustment pool agreement on psychiatry for 2014-17 was therefore agreed to allocate 7 million DKK. in the period 2014-2017 to establish a national partnership between the state, municipalities, patient associations and the social partners on the promotion of mental health in the workplace.

C1.2) Estimated impact of activities related to mental health at workplaces on the reduction of disease burden
No information available

C2) Existence of national programmes/strategies for mental health at workplaces

NO	YES

C2.1) Components of these programmes
N/A

C2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
N/A

C3a) Level of implementation in 2015-2016 of recommendations to build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Informal (e.g. working groups who exchange experiences) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		
	Formal (e.g. as part of Occupational Safety and Health (OSH) or national government programmes) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		
	Health policy development to legally anchor structures for inter-sector cooperation		
		Health policy sector working together with OSH stakeholders to make it easier for SMEs to access support	

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Key multiplier institutions (chambers of industry and commerce, sector associations, trade associations, etc.) to implement joint information campaigns for SMEs on work-related mental health issues	
	Involve the health policy sector to identify and promote styles of management that are conducive to health		
	Development of platforms to facilitate structured exchange of experience for social health insurance institutions and government health agencies		
		Implement health policy measures and strategies that promote open communication in the workplace and reduce the stigma of mental health problems	
	Health insurance institutions and/or national health services to implement model dissemination programmes in co-operation with stakeholders from other action fields.		

C3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C3a Table)
The funding is temporary, i.e. in 3.8 the campaign "One of Us" and the project from C1.1 and C 3.5

C3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C3a Table)
Commitment and good results i.e. in the campaign "One of us" and partnership for mental health at work (C1.1 - and C3.5).

C4a) Level of implementation in 2015-2016 of recommendations to prevent mental health problems at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	NA
				Health policy sector to develop infrastructure which promotes wider dissemination of good risk management practices in enterprises, including psychosocial factors
				Statutory health insurance institutions and national health services to support OSH stakeholders in convincing employers to adopt risk assessment practices that include psychosocial factors
				Raise the relevance of OSH by combining risk assessment approaches with campaigning activities which link mental health issues to the human resource and labour market agenda

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	NA
				Develop and disseminate easy-to-understand tools and instruments for employers
				Recognise that small and medium-sized enterprises (SMEs) need a tailored approach and support to tackle psychosocial risk factors
				Examine how national health service and statutory health insurance institutions can provide support to workplaces on mental health
				Develop coordinated national and regional goals for OSH and workplace health promotion and translate them into general psychosocial recommendations

C4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C4a Table)
N/A

C4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C4a Table)
N/A

C5a) Level of implementation in 2015-2016 of recommendations to promote mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	NA
				Health policy sector promoting good work organisation and leadership practices as drivers for business excellence and competitiveness
				Promotion approaches and practices which combine lifestyle improvements with working condition focused improvements
				Engagement of key external stakeholders (social partners, regulatory system, social insurance, health care etc.) to adopt a supportive role for enterprises in the field of workplace health promotion (WHP)
				Support of the health policy sector in the dissemination of good practices in the promotion of mental health at the workplace in all institutions of the health care system
				Institutions responsible for organising health care or occupational health and safety develop an independent service area for workplace health promotion that is economically accessible for all enterprises
				Workplace health promotion services include basic advisory services for organisations for the introduction and systematic promotion of mental health at the workplace

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	NA
				Workplace health promotion services include the evaluation of data on mental disorders (if available) at enterprise level (including benchmarking in the respective sector)
				Workplace health promotion services include qualification measures in stress management for employees
				Health policy sector examines and modifies existing rules and regulations, including the tax system, to encourage enterprises to invest in measures for workplace mental health promotion

C5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C5a Table)
N/A

C5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C5a Table)
N/A

C6a) Level of implementation in 2015-2016 of recommendations to support the reintegration/return to work of people who have experienced mental health difficulties

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	NA
				Health policy sector ensures and improves access to care for mentally ill employees
				Focus on early identification of the need for care
				Employees have fast and low-threshold access to outpatient psychotherapy services
				Employers take action to reduce stigmatisation of mental health problems at the workplace to encourage early contact with the health system and facilitate return to work
				Support services to gradually reintegrate employees after long-term absence include integrated care processes that combine organisational assistance with suitable inpatient and outpatient care services
				Support is available for persons with partial work capacity to participate in the labour market
				Return-to-work is part of a multi-disciplinary care plan (e.g. between health care/social security systems)

C6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C6a Table)
N/A

C6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C6a Table)
N/A

C7) Further information on the following areas regarding mental health at workplaces:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health at workplace programmes?	N/A
Who funds activities to prevent mental health problems at the workplace?	N/A
Who funds activities to promote mental health at the workplace?	N/A
Who has responsibility for implementation of prevention and promotion activities?	N/A
Which sectors, and professionals in them, are involved?	N/A
Is the focus on targeted or universal approaches?	N/A
What is the evidence of the effectiveness of workplace mental health programmes?	N/A
Are there relevant publications and/or evaluations from your country on these thematic areas?	N/A

MENTAL HEALTH AND SCHOOLS

D1) Role of mental health and schools in national policy or strategy documents

D1.1) Recognition as a priority
N/A

D1.2) Estimated impact of activities related to mental health and schools on the reduction of disease burden
N/A

D2) Existence of national programmes/strategies for mental health at schools

NO	YES	N/A
		X

D2.1) Components of these programmes
N/A

D2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
N/A

D3a) Level of implementation in 2015-2016 of recommendations to strengthen information and research on mental health and wellbeing among children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	NA
				Establish a solid information base to have a detailed epidemiological frame of children and adolescent mental health and evidence on interventions
				Provide information on coverage and outcomes of interventions (high-risk groups, size, impact, cost and potential economic savings)
				Carry out a mapping and analysis of existing screening tools for early identification of mental health disorders and poor wellbeing among children and school populations
				Examine the potential to increase the access to promotion information and to prevention services through the use of web-based technologies (e-mental)

D3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D3a Table)
N/A

D3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D3a Table)
N/A

D4a) Level of implementation in 2015-2016 of recommendations to establishing schools as settings for mental health promotion and prevention of mental disorders

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	NA
				Recognise the role of early childhood education, school and peer education in creating opportunities for collaboration (whole school approach)
				Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying
				Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	NA
				Put in place evidence based interventions to combat early school leaving

D4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D4a Table)
N/A

D4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D4a Table)
N/A

D5a) Level of implementation in 2015-2016 of recommendations to enhance training for all school staff on mental health

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	NA
				Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs
				Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources
				Ensure that training is also made available to the members of the families and caregivers of children and adolescents, according to a community level approach
				Ensure that particular attention is paid also to the positive mental health and wellbeing of teachers and school staff via continuous support and mentoring
				Preparing and sharing relevant guidelines for mental health and wellbeing promotion in schools jointly with other sectors, under the coordination of the education sector

D5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D5a Table)
N/A

D5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D5a Table)
N/A

D6a) Level of implementation in 2015-2016 of recommendations to link schools with other community stakeholders involved in mental health of children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	NA
				Ensure that the mental health and wellbeing of children and adolescents is considered when defining and implementing policy in different sectors
				Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors (facilitating cross-sectoral budgeting and defining responsibilities)
				Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector and ensure adequate, sustained and shared financing by the different sectors
				Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors

D6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D6a Table)
N/A

D6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D6a Table)
N/A

D7) Further information on the following areas regarding mental health and schools:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health and school programmes	N/A
Who funds activities to prevent mental health problems in schools?	N/A
Who funds activities to promote mental health in schools?	N/A
Who has responsibility for implementation of prevention and promotion activities?	N/A
Which sectors, and professionals in them, are involved?	N/A
Is the focus on targeted or universal approaches?	N/A
What is the evidence of the effectiveness of schools mental health programmes?	N/A
Are there relevant publications and/or evaluations from your country on these thematic areas?	N/A

SUICIDE PREVENTION

E1) Role of suicide prevention in national policy or strategy documents

E1.1) Recognition as a priority
Yes, preventive measures on suicide have consistently been a priority in Denmark.

E1.2) Estimated impact of activities related to suicide prevention on the reduction of disease burden
Valid data is not available. However, it appears that comprehensive preventive measures have resulted in a decline in the suicide rate.

E2) Existence of national programmes/strategies for suicide prevention

NO	YES
	X

E2.1) Components of these programmes
The Social reserve agreement of political parties of 2017-2020 allocates a total of 4 million DKK for the launch of a National Partnership on the prevention of suicide.

E2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
Regions, local authority areas (municipalities) and the private sector are equal committed to take part in the National Partnership on the prevention of suicide.

E3a) Level of implementation in 2015-2016 of recommendations on policy and legislation for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Develop a national strategy to prevent suicide (or implement it if one already exists) with a clear action plan and measurable targets			
	Revise legislation to include protections for persons who have attempted suicide to return back to work		
Promote the implementation of guidelines (e.g. WHO, EUREGENAS) for responsible media communication of suicidal events to national and local media professionals			
		Promote the legislation concerning the restriction of lethal means (e.g. toxic substances and firearms)	
		Reduce the package size of potentially lethal medicines and/or restrict their availability	

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Promote legislation about restricting alcohol availability	

E3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E3a Table)
With regard to the initiative listed as E.3.1, there has not been political agreement until now.

E3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E3a Table)
With regard to the initiative listed as E.3.5, the success was attributed to the conclusion of a political agreement.

E4a) Level of implementation in 2015-2016 of recommendations on primary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Provide training to specific professional target groups to identify and make contact with suicidal persons	
		Utilise available and evidence-based school prevention programmes to foster awareness about mental health and coping and problem solving skills in pupils	
	Implement mental health first aid programmes in communities to detect distress and signs and symptoms		
	Educate the public about suicide and increase the public awareness concerning the sign of crisis		
		Ensure support is available for people bereaved by suicide	
Provide information about where to seek help on local predicted venues of suicidal events (e.g. high places, railway crossings etc.)			
		Promote and implement programmes which lead to increased knowledge and decreased stigmatization of depression and other mental health problems in the general public	
	Develop age-specific IT tools for the electronic delivery of mental health promotion and suicide prevention programmes to the general population.		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Promote keeping away dangerous means from household environment for preventing impulsive suicide acts		

E4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E4a Table)
N/A

E4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E4a Table)
With regard to the initiative listed as E.4.2, the success was attributed to the implementation of a comprehensive policy strategy.

E5a) Level of implementation in 2015-2016 of recommendations on secondary and tertiary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Increase the availability of telephone hotline services and utilise the methods and practice of European best practice telephone hotline services	
		Increase the availability of web-based crisis intervention services (chats, etc.)	
		Increase the availability of low threshold personal services ("drop in" centres, etc.)	
	Incorporate brief interventions into emergency treatment to provide information about local, available resources for crisis management, mental and social care and suicide prevention e-health tools		

E5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E5a Table)
N/A

E5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E5a Table)
With regard to the initiative listed as E.5.3, the success is attributed to a joint initiative called "Headspace" involving local municipalities and private actors. The initiative has resulted in the establishment of additional 'drop in centres'.

E6a) Level of implementation in 2015-2016 of recommendations on capacity building and inter-sectoral collaboration for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Establish a national data register about suicide and attempted suicide in order to analyse the characteristics of suicide events for the better identification of high risk groups		
	Promote targeted prevention/awareness programs especially focusing on the identified high risk groups		
	Systematically monitor national and regional risk-factors for suicide and suicide attempt		
		Collaborate with labour and educational sectors to have information available for students and/or employees in case of a crisis	
		Encourage the IT sector and governmental actors to develop a sustainable business model to implement further evidence-based e-mental health tools	
	Support local/regional evidence-based, effective multi-level approach for combating suicide and for forming more socially connected local communities		
			Assist debt support and debt relief programmes
		Support the establishment and operation of National Centres for Suicide Research and Prevention	

E6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E6a Table)
With regard to the initiative listed as E.6.1, the barrier consists in the secure handling of confidential data.

E6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E6a Table)
With regard to the initiative listed as E.6.8, the success was attributed to the conclusion of the Social reserve agreement of political parties on the allocation of funds for the establishment of suicide prevention centres covering all regions of Denmark. Funding was allocated in 2009, and additional funds have since been provided.

E7) Further information on the following areas regarding suicide prevention:

Areas	Further Information
What is the evidence of the cost-effectiveness of suicide prevention programmes	Information not available.
Who funds activities for suicide prevention	Funds are provided primarily by the State but also by the private sector.
Who has responsibility for implementation of prevention activities?	Implementation of prevention activities are launched primarily by the State but also by the private sector.
Which sectors, and professionals in them, are involved?	The primary sectors involved are the healthcare, social and educational sectors.
Is the focus on targeted or universal approaches?	Both.
What is the evidence of the effectiveness of suicide prevention programmes?	Information is currently not available (spørg evt. SST).
Are there relevant publications and/or evaluations from your country on these thematic areas?	Yes, amongst others, from The National Center for Research on Suicide.

Additional Information

F1) Other relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that have been produced this year
"SAYLE – Saving Young Lives Everywhere". The National Center for Research on Suicide.

F2) Key stakeholders (organisations/experts) invited to answer the stakeholder version of this survey in the country (including their e-mail address or other contact details):
The Danish Healthcare Authority.

ANNUAL ACTIVITY REPORT FROM FINLAND

KEY DEVELOPMENTS IN 2016

B1) Key mental health developments initiated or implemented in 2016

B1.1) Mental health legislation
The Finnish Ministry of Social Affairs and Health is in the process of preparing legislation on the right to self-determination and reforming the Mental Health Act.

B1.2) Policy framework
The government has 26 key projects, five of which focus on wellbeing and health. One of them is "Health and wellbeing will be fostered and inequalities reduced". It has three objectives, and one of them is "to promote mental health and to prevent loneliness" This will be achieved by government grant projects that will be implemented in 2017-2018. Another key project is a programme to address reform in child and family services. It is being implemented in the whole country in 2016-2018, and all regions are involved in the implementation A third project is called "career opportunities for people with partial work ability. It will design a model for referring to rehabilitation, care and early support for work ability for those within and outside of working life by 2018.

B1.3) Financing and/or funding
State funding has been allocated for the Government key projects. "Health and wellbeing will be fostered and inequalities reduced" has a budget of 8 M€. The government grants for projects related to mental health is about 3,1 M€. The programme to address reform in child and family services has a budget of 40 M€. A half of the budget will be used in the regional projects. The key project "Career opportunities for people with partial work ability" has a budget of 14 M€. Funding Centre for Social Welfare and Health Organisations (STEA) (http://www.s/web/en/frontpage) in connection to MSAH allocates considerable amount of funding as grants to projects and programmes, including mental health. MSAH allocates grants for health promotion every year. The total sum is 2 M€, mental health is one of the topics.

B1.4) Services organisation development and/or quality
Finland is preparing a massive reform of social welfare and health care. The aim is to reduce inequities in wellbeing and health between people, and to manage costs. The responsibility for organising health care and social services will be transferred from municipalities to counties as of 1 January 2019. The programme to address reform in child and family services is implemented in line with the large reform, focusing on the service structures and quality of services. Mental health is an essential component of the programme of child and family services. The other government key projects on health and wellbeing contribute to the contents of the services in the future structure

B1.5) Promotion and prevention initiatives
Health and wellbeing will be fostered and inequalities reduced by promoting mental health skills in the population and among professionals in different fields, including strengthening the suicide prevention skills social and health professionals. As a result, government financing grants projects aim (1) to strengthen mental health skills in the population and among professionals in different fields (Mental Health First Aid) lead by the Finnish Mental Health Association (NGO), 846 000 €, (2) to influence the attitudes towards substance abuse among teenagers in vocational training and to strengthen their social skills and mental health skills lead by EHYT (an NGO working on substance abuse prevention), 340 000 €, (3) on the first aid for persons in the danger of committing a suicide (ASSIST- method) lead by Utsjoki municipality, 80 000 €, and (4) to strengthen the suicide prevention skills of the social and health service personnel lead by THL (National Institute for Health and Welfare), 250 000 €. Furthermore, it is financing a government grant project to promote active participation and to prevent loneliness by founding low-threshold meeting places for people from all kinds of backgrounds to plan, prepare and enjoy meals together lead by the Church Council of the Evangelical Lutheran Church of Finland, 1 000 000 €. One more government grant project is disseminating and effective methods to quit smoking within mental health and substance abuse services. This is led by the Finnish Lung Health Association (NGO), 580 000 €. Promotion and prevention are a high priority in the child and family programme. Examples include: strengthening of parenthood and couple relationship, promotion of children's rights (e.g. participation), and prevention of bullying in schools. Funding Centre for Social Welfare and Health Organisations (STEA) (http://www.s /web/en /frontpage) in connection to MSAH allocates considerable amount of funding as grants to projects and programmes, including mental health. MSAH allocates grants for health promotion every year. The total sum is 2 M€, mental health is one of the topics.

B1.6) Involvement of partners from other policies and sectors (multisector governance)
The government key projects are multi-sectoral, i.e. the Ministry of Social Affairs and Health and the Ministry of Education steer the programme for child and family services in partnership.

B1.7) Involvement of patients, families and NGOs
NGOs are essential partners in all Government key projects. Strengthening the involvement of patients and families is also part of the key projects throughout. There is also a Government key project focusing on developing the services so that they will be based on customer needs.

B1.8) Monitoring the mental health status of the population or particular population groups (including suicidal behaviour)
National Institute for Health and Welfare (THL) is monitoring the mental health status of the population through population based surveys for example. THL is also monitoring the health promotion and prevention activities of municipalities. The municipalities monitor the health and welfare of their residents and any underlying factors per population group, but the level of monitoring varies. The Statistics Finland is providing data on suicide.

B1.9) Measuring the impact of policies and/or emerging new needs
The impacts of the Government's key projects will be evaluated by using a set of pre-established indicators and external evaluators. Health 2015 programme ended in 2015, and it was evaluated by THL. The municipal Welfare reporting should include also policy evaluation, but the quality has great variation.

B1.10) Mental Health in All Policies (i.e. promotion of population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas)
Mental health skills are part of the school curriculum. Schools are applying different kinds of methods to prevent bullying at school. The best example is KiVa-koulu (http://www.k/is-kiva-effective). Mental health skills of professionals at different sectors will be promoted by the government grant project. The Government's key project Career paths for persons with partial work ability will build flexible and suitable processes and co-operation practices between health and social services, rehabilitation, insurance institutions, education, employment office and voluntary services for those unemployed and workers whose work ability has weakened f.eg mental or physical reasons. Finland has also worked actively on the reduction of psychosocial risks and psychosocial strain in workplaces. The Occupational Safety and Health Act of 2002 in Finland includes psychosocial risks and psychosocial strain. Accordingly, employers are obligated to evaluate, prevent and remove psychosocial risk factors and to evaluate whether their employees experience psychosocial strain harmful to their health. Nevertheless, the risk assessment of psychosocial risks has not been carried out in workplaces or it has been done insufficiently. In Finland, the Regional State Administrative Agencies oversee compliance with workplace occupational safety and health. Already in 2013, inspection guidelines for psychosocial strain were published and implemented in order to standardise and to improve the quality of supervision and to use resources more effectively. As the next step, the occupational safety and health supervision carried out by Regional State Administrative Agencies will concentrate on psychosocial strain at work in 2016–2019. A programme for adolescent policy is being prepared by the Ministry of Education and Culture. Promotion of the mental health of adolescents will be included in the programme.

B1.11) Other
NA

B2) Links to new documents, reports or resources that could benefit other stakeholders in mental health:

Partanen, A; Solin, P; Ahlgren, A; Bergman, V; Karjalainen, J; Kesänen, M; Markkula, J; Marttunen, M; Moring, J; Mustalampi, S; Nordling, E; Partonen, T; Santalahti, P; Tuulos, T & Wuorio, S. (2016). Miten mielenterveys- ja päihdetyön kehittäminen jatkuu? In: Partanen, A; Moring, J; Bergman, V; Karjalainen, J; Kesänen, M; Markkula, J; Marttunen, M; Mustalampi, S; Nordling, E; Partonen, T; Santalahti, P; Solin, P; Tuulos, T & Wuorio, S. (2015) Mielenterveys- ja päihdesuunnitelma 2009-2015 - Miten tästä eteenpäin? (Mental health and substance abuse plan 2009-2015 – How to move forward?) Työpaperi 2016/020,THL. The final report in full can be found: http://urn.fi/URN:ISBN:978-952-302-538-7

Fact sheets about suicide prevention for three settings:
1) schools http://www.julkari.fi/bitstream/handle/10024/130789
/THL_TT_Itsemurhien_ehkaisy_koulu_verkko.pdf?sequence=1
2) workplaces http://www.julkari.fi/bitstream/handle/10024/130792
/THL_TT_Itsemurhien_ehkaisy_tyopaikalla_verkko.pdf?sequence=1
3) media http://www.julkari.fi/bitstream/handle/10024/130790
/THL_TT_Itsemurhien_ehkaisy_media_verkko.pdf?sequence=1 .

Finnish Plan for Mental Health and Substance Abuse Work for 2009 - 2015. Final Assessment of the Plan and Proposals of the Steering Group. Summary and proposals until 2020 in English:
http://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/74820
/1004164MIELENTERVEYS__JA_P_IHDESUUNNI1487308985.pdf?sequence=1.

Anttila N, Huurre T, Malin M, Santalahti P. Promotion of mental health from early childhood education to upper secondary education. Review of methods and literature in Finland. National Institute for Health and Welfare. Working paper 3/2016. Abstract in English.

B3) Strengths and weaknesses of the mental health situation

Strengths	Weaknesses
e-Mental Health (https://www.mielenterveystalo.fi/en/Pages/default.aspx)	Differences in the organization of services between municipalities, lack of evidence on effectiveness and cost-effectiveness of different kinds of interventions and actions to promote mental health

MENTAL HEALTH AT WORKPLACES

C1) Role of mental health at workplaces in national policy or strategy documents

C1.1) Recognition as a priority
It is one of our priorities. It is recognized that the workplace has very important role to play for worker's mental health.

C1.2) Estimated impact of activities related to mental health at workplaces on the reduction of disease burden
No information

C2) Does your country have national programmes/strategies for mental health at the workplace?

NO	YES
	X

C2.1) Components of these programmes
The Ministry of Social Affairs and Health, the Finnish Institute of Occupational Health and Work pension institutes continuously work with mental health at work and psychosocial risks at work. Since 1998 Ministry of social affairs and health has included supporting wellbeing at work in its strategy. Ever since, we also have conducted several different programs and projects in Finland that aim at supporting employees' mental health. From year 2002 we have included psychosocial strain as a part of the occupational safety and health legislation. Hence, protecting workers from psychosocial strain is an obligation of an employer.

C2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
Regional State Administrative Agencies have a central role in detecting psychosocial risks. The municipalities organise occupational health care for municipal workers. These are national strategies and programs that are implemented in all workplaces. Legislation: The Regional State Administrative Agencies oversee compliance with workplace OSH within their OSH Fields of Responsibility

C3a) Level of implementation in 2015-2016 of recommendations to build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Informal (e.g. working groups who exchange experiences) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved	
		Formal (e.g. as part of Occupational Safety and Health (OSH) or national government programmes) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved	
	Health policy development to legally anchor structures for inter-sector cooperation		
	Health policy sector working together with OSH stakeholders to make it easier for SMEs to access support		
		Key multiplier institutions (chambers of industry and commerce, sector associations, trade associations, etc.) to implement joint information campaigns for SMEs on work-related mental health issues	
		Involve the health policy sector to identify and promote styles of management that are conducive to health	
	Development of platforms to facilitate structured exchange of experience for social health insurance institutions and government health agencies		
		Implement health policy measures and strategies that promote open communication in the workplace and reduce the stigma of mental health problems	
		Health insurance institutions and/or national health services to implement model dissemination programmes in co-operation with stakeholders from other action fields (training and education, public administration and labour market management)	

C3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C3a Table)
C3.1-C3.9: Collaboration between different stakeholders; working together as a network in practice.

C3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C3a Table)
C3.1-C3.9: Three part collaboration between the state, employees and employers (trade unions) has long traditions and is effective. In a small country like Finland we know all actors well which makes it easier to cooperate. We have put great effort on communication and we also have platforms that bring together the

communication of different stakeholders. For example: https://yrityssuomi.fi/en/home - A platform that provides information, services and tools for companies and company founders.

C4a) Level of implementation in 2015-2016 of recommendations to prevent mental health problems at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Health policy sector to develop infrastructure which promotes wider dissemination of good risk management practices in enterprises, including psychosocial factors		
	Statutory health insurance institutions and national health services to support OSH stakeholders in convincing employers to adopt risk assessment practices that include psychosocial factors		
		Raise the relevance of OSH by combining risk assessment approaches with campaigning activities which link mental health issues to the human resource and labour market agenda	
		Develop and disseminate easy-to-understand tools and instruments for employers	
		Recognise that small and medium-sized enterprises (SMEs) need a tailored approach and support to tackle psychosocial risk factors	
		Examine how national health service and statutory health insurance institutions can provide support to workplaces on mental health	
		Develop coordinated national and regional goals for OSH and workplace health promotion and translate them into general psychosocial recommendations	

C4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C4a Table)
C4.1-C4.7: Public health sector and OSH sector cooperation needs to be strengthened.

C4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C4a Table)
C4.1-C4.7: In a small country like Finland we know all actors well which makes it easier to cooperate. C4.1: The occupational health care has a critical role, as well as Regional State Administrative Agencies. These both instances promote risk management. The awareness on mental health issues and psychosocial risks has increased.

C5a) Level of implementation in 2015-2016 of recommendations to promote mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Health policy sector promoting good work organisation and leadership practices as drivers for business excellence and competitiveness	
		Promotion approaches and practices which combine lifestyle improvements with working condition focused improvements	
		Engagement of key external stakeholders (social partners, regulatory system, social insurance, health care etc.) to adopt a supportive role for enterprises in the field of workplace health promotion (WHP)	
		Support of the health policy sector in the dissemination of good practices in the promotion of mental health at the workplace in all institutions of the health care system	
		Institutions responsible for organising health care or occupational health and safety develop an independent service area for workplace health promotion that is economically accessible for all enterprises	
		Workplace health promotion services include basic advisory services for organisations for the introduction and systematic promotion of mental health at the workplace	
		Workplace health promotion services include the evaluation of data on mental disorders (if available) at enterprise level (including benchmarking in the respective sector)	
		Workplace health promotion services include qualification measures in stress management for employees	
		Health policy sector examines and modifies existing rules and regulations, including the tax system, to encourage enterprises to invest in measures for workplace mental health promotion	

C5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C5a Table)

C5.1-C5.9: A challenge is to motivate the workplaces to understand the promotion of mental health as a strategic issue that will benefit the workplace, employees, employer and the owners of the company in many ways.

C5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C5a Table)

C5.1-C5.9: We have a lot of information about mental health promotion and the promotion of wellbeing at work and this information is easy accessible to all workplaces and all actors. Occupational health care forms part of Finland's overall health care, and all employees are entitled to these services. Occupational health care supports workplaces with their efforts concerning mental health promotion.

C6a) Level of implementation in 2015-2016 of recommendations to support the reintegration/return to work of people who have experienced mental health difficulties

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Health policy sector ensures and improves access to care for mentally ill employees	
		Focus on early identification of the need for care	
	Employees have fast and low-threshold access to outpatient psychotherapy services		
	Employers take action to reduce stigmatisation of mental health problems at the workplace to encourage early contact with the health system and facilitate return to work		
		Support services to gradually reintegrate employees after long-term absence include integrated care processes that combine organisational assistance with suitable inpatient and outpatient care services	
		Support is available for persons with partial work capacity to participate in the labour market	
		Return-to-work is part of a multi-disciplinary care plan (e.g. between health care/social security systems)	

C6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C6a Table)

In the current work life, there is a lack of suitable work places for people with partial work ability. Re-integration of people who are attached to working life (and then have a period of absence) has been under development and is working well. However, the support for those outside the labour market and suffering mental illness is not sufficient (to help them to integrate into the labour market). The psychiatric services and vocational rehabilitation are organised by different actors. The cooperation between these should be developed. C6.1-C6.7: Workplaces (employers, managers) still need more information and practical tools on how to support employees with mental health difficulties. Furthermore, the collaboration between workplaces and occupational health care services needs to be strengthened.

C6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C6a Table)

For those who have a permanent working contract, occupational health care works well. Also, many enterprises have return to work programs. Work pension institutes also have a central role. The co-operation between psychiatric care, social security and rehabilitation systems is crucial. C6.1-C6.7: In Finland we have a government key project "Career opportunities for people with partial work ability" which is implemented in 2015-2019.

C7) Can you provide further information on the following areas regarding mental health at the workplace in your country?

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health at workplace programmes?	Ministry of Social Affairs and Health has evaluated and calculated the value of lost labour input in Finland. Part of the lost labour input is caused by work related stress and other issues regarding mental wellbeing at workplace. Putting effort in stress prevention and improving wellbeing at work will reduce the costs of lost labour input. The research group Ossi Aura, Guy Ahonen, Tomi Hussi och Juhani Ilmarinen have published thelr 6t report on Strategic wellbeing (SW) management in Finland since 2009. The 2016 report is based on 400 survey responses from the main branches of industry of all sizes. The survey is based on the concept of strategic wellbeing, which covers all the elements of personnel wellbeing which affect the effectiveness and profitability of the organization. The SW- index measures the level of SW-management and ranges from 0 to 100. This year the average score was 52, which is slightly more than 2014 and considerably more than 2009. The average SW-expenditure per person is 796 euro per year, which adds up to 1.8 billion euros for the whole economy. The report demonstrates that Finnish employers emphasize cost reducing measures instead of productivity enhancing in their pursuit to promote work and wellbeing. (Juvonen-Posti et al. http://urn.fi /URN:ISBN 978-952-261-363-9). In what ways can the working situations of disabled employees be modified in order to prolong their working careers? This goal is important to employers, employees as well as to society in general. A public in-house enterprise of around 500 employees in the city of Oulu started to develop their management procedures, in order to assist their employees to continue working careers in spite of disabilities. The aim of this study was to analyse this new work disability management system and to find out what changes were made and how, what were the successes and problems in the process, and what effects did the changes have? The goal was to produce a detailed description of the process which can be used in future development of wellbeing at work projects within the municipal sector and possibly also in the private sector. The public in-house enterprise in question had put in use the work disability models developed previously in the city of Oulu. All supervisors are obliged to act according to the models, but the supervisors are not left alone to act in the situations where an employee has disabilities. The organization keeps track of the personnel and prepares in the budgeting and planning of operations for upcoming changes in employee disability. Changes in the work processes are made in order to accommodate to the work ability of the employees considering the commissioned work and the work team composition. The new processes are designed in close co-operation with the occupational health services. There is a work disability coordinator working in the organization familiar with the working tasks, work processes and the operational environment. The work disability coordinator works in close cooperation with the directors of the organization, occupational health services and supervisors, and also alongside the employees, if necessary. The work disability coordinator has brought continuity to these, often long, processes of employee support in the ever changing work contexts. The introduction of the work disability coordinator has deepened the co-operation with occupational health services and the employee redeployment services of the city of Oulu. We analysed the financial resources used and the savings made during the period of 2009 to 2012. On average the yearly net profit was approximately 50 000 euros during the four
Who funds activities to prevent mental health problems at the workplace?	State, municipalities, insurance companies, The Work Environment Fund, European Social Fund, workplaces.
Who funds activities to promote mental health at the workplace?	State, municipalities, insurance companies, The Work Environment Fund, European Social Fund, workplaces.
Who has responsibility for implementation of prevention and promotion activities?	State (Social Insurance Institution of Finland organises rehabilitation). Occupational pension institutes, the enterprises themselves, occupational health care, private consulting, networks, i.e. Wellbeing at work network. According to The Occupational Safety and Health Act, (2002) the responsible one

Areas	Further Information
	is the employer.
Which sectors, and professionals in them, are involved?	All sectors (see The Occupational Safety and Health Act).
Is the focus on targeted or universal approaches?	Both. Employers (in collaboration with employees and occupational health care services) are obligated to evaluate the risks present at the workplace.
What is the evidence of the effectiveness of workplace mental health programmes?	From year 2008 to year 2014 the amount of disability pensions has decreased 26 %. This kind of development can be observed in every disease category but the most dramatic decrease can be observed in case of mental illnesses. In case of sickness absences from work same kind of positive development has taken place. From 2008 to 2014 a decrease of 12% is reported by Statistics Finland. See also case studies on the effectiveness of specific measures. See also the two examples in C7.1.
Are there relevant publications and/or evaluations from your country on these thematic areas?	Two new articles on the disability due to mental disorders: Ervasti J, Mattila-Holappa P, Joensuu M, Pentti J, Lallukka T, Kivimäki M, Vahtera J, Virtanen M. Predictors of depression- and musculoskeletal disorder-related work disability among young middle-aged and ageing employees. Journal of Occupational and Environmental medicine 2017, 59 (1). Mattila- Holappa P, Joensuu M, Ahola K, Kivekäs T, Kivimäki M Koskinen A & Virtanen M: Psychotherapeutic and work-oriented interventions: employment outcomes among young adults with work disability due to a mental disorder. International journal of mental health systems. https://www.ncbi.nl /pmc/articles /PMC5062864/ See also publications of the Finnish Institute of Occupational Health and National Institute for Health and Welfare.

MENTAL HEALTH AND SCHOOLS

D1) Role of mental health and schools in national policy or strategy documents

D1.1) Recognition as a priority
Yes, it is recognised as a priority. See B1.2. Early education and schools are included in the programme to address reform in child and family services.

D1.2) Estimated impact of activities related to mental health and schools on the reduction of disease burden
Difficult to estimate. The child and family programme has a set of indicators which will be used at the end of the programme (2019) and after it (2025). The main idea of the programme is to emphasise early support and care.

D2) Existence of national programmes/strategies for mental health at schools

NO	YES
	X

D2.1) Components of these programmes
There is the programme to address reform in child and family services. This includes schools and i.e. anti-bullying activities. More information is also available in the Finland's Joint Action (JA) report for this particular work-package. There you can find how mental health is integrated to health care at schools.

D2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

Pupil welfare services in Finnish comprehensive schools in 2008–2015:
Background: There were regional differences in human resources of pupil welfare services in Finnish comprehensive schools in the early 2000s. The trends in human resources in pupil welfare services (nurse, doctor, psychologist, school social worker) in terms of number and quality of staff were investigated in schools and health centres. We also examined the impacts of the Health Care Act (2010), the Child Welfare Act (2007) and the Pupil and Student Welfare Act (2014) on human resources in pupil welfare services. Furthermore we explored how regional equity is realised in these services.
Methods: School-level data were collected nationally in 2009–2015 using a form addressed to the headmasters of Finnish comprehensive schools. The response rates were 63% in 2009 (N = 1803), 77% in 2011 (N = 2084), 79% in 2013 (N = 2022) and 81% in 2015 (N = 1919). A health-centre questionnaire was targeted at the management of health centres. Data were obtained from 155 (89%) health centres in 2010, from 158 (100%) health centres in 2012, from 156 (99%) health centres in 2014 and from 152 (96%) health centres in 2016.
Results: According to both the school data and the health-centre data, human resources in pupil welfare services increased in the Finnish comprehensive schools in 2008–2015 but were still below the recommended level. There were great differences between regions but also between schools of different sizes. Regional differences remained at the same level during the investigated period. Over 74 % had more than 25 % less physician resources in 2014-2015 than what was recommended. The same figures for psychologist and school social worker resources were 56 % and 39 %. School nurse resources met the recommended level at 61 % of the schools.
Conclusions: The target of regional equity is not achieved in terms of human resources in pupil welfare services. Legislative amendments have had a positive impact on human resources in pupil welfare services, but achieving regional equity requires more determined efforts

D3a) Level of implementation in 2015-2016 of recommendations to strengthen information and research on mental health and wellbeing among children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Establish a solid information base to have a detailed epidemiological frame of children and adolescent mental health and evidence on interventions
	Provide information on coverage and outcomes of interventions (high-risk groups, size, impact, cost and potential economic savings)		
	Carry out a mapping and analysis of existing screening tools for early identification of mental health disorders and poor wellbeing among children and school populations		
	Examine the potential to increase the access to promotion information and to prevention services through the use of web-based technologies (e-mental health)		

D3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D3a Table)

Decentralised system, budget cuts, program based budgeting always (instead of sufficient budgeting to basic resources). Mental health is not seen as specific entity requiring resources.

D3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D3a Table)

KiVA-school program, a very experienced and knowledgeable university unit formed a program and is implementing it, commitment and long-term work

D4a) Level of implementation in 2015-2016 of recommendations to establishing schools as settings for mental health promotion and prevention of mental disorders

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Recognise the role of early childhood education, school and peer education in creating opportunities for collaboration (whole school approach)		
	Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying		
	Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account		
	Put in place evidence based interventions to combat early school leaving		

D4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D4a Table)
See D3b

D4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D4a Table)
Factors: committed persons at different levels (schools/universities/Ministry of Social Affairs and Health/Ministry of Education and Culture/National Institute for Health and Welfare/Finnish National Agency for Education)

D5a) Level of implementation in 2015-2016 of recommendations to enhance training for all school staff on mental health

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs		
	Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources		
	Ensure that training is also made available to the members of the families and caregivers of children and adolescents, according to a community level approach		
	Ensure that particular attention is paid also to the positive mental health and wellbeing of teachers and school staff via continuous support and mentoring		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Preparing and sharing relevant guidelines for mental health and wellbeing promotion in schools jointly with other sectors, under the coordination of the education sector		

D5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D5a Table)
See D3b

D5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D5a Table)
See D4c

D6a) Level of implementation in 2015-2016 of recommendations to link schools with other community stakeholders involved in mental health of children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Ensure that the mental health and wellbeing of children and adolescents is considered when defining and implementing policy in different sectors		
	Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors (facilitating cross-sectoral budgeting and defining responsibilities)		
	Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector and ensure adequate, sustained and shared financing by the different sectors		
	Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors		

D6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D6a Table)
Please, see Finland's JA report

D6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D6a Table)
Please, see Finland's JA report

D7) Further information on the following areas regarding mental health and schools:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health and school programmes	Extrapolated from evidence studies
Who funds activities to prevent mental health problems in schools?	Ministry of Education and Culture Ministry of Social Affairs and Health Foundations
Who funds activities to promote mental health in schools?	See D7.2
Who has responsibility for implementation of prevention and promotion activities?	Please, see Finland's JA report
Which sectors, and professionals in them, are involved?	Na
Is the focus on targeted or universal approaches?	Na
What is the evidence of the effectiveness of schools mental health programmes?	KiVa-school programme (http://www.kivapr Niina Anttila, Taina Huurre, Maili Malin, Päivi Santalahti. Promotion of mental health from early childhood education to upper secondary education Review of methods and literature in Finland. National Institute for Health and Welfare (THL). Working paper 3/2016. 97 pages. Helsinki 2016. ISBN 978-952-302-613-1 (online publication) --> See the English summary (abstract)
Are there relevant publications and/or evaluations from your country on these thematic areas?	Na

SUICIDE PREVENTION

E1) Role of suicide prevention in national policy or strategy documents

E1.1) Recognition as a priority
It has been recognized as important as several suicide prevention projects are being funded by the Ministry of Social Affairs and Health. Suicide prevention is also included in activities to promote mental health skills in different target groups.

E1.2) Estimated impact of activities related to suicide prevention on the reduction of disease burden
It cannot be estimated at this point.

E2) Existence of national programmes/strategies for suicide prevention

NO	YES
X	

E2.1) Components of these programmes
N/A

E2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
N/A

E3a) Level of implementation in 2015-2016 of recommendations on policy and legislation for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Develop a national strategy to prevent suicide (or implement it if one already exists) with a clear action plan and measurable targets		
Revise legislation to include protections for persons who have attempted suicide to return back to work			
	Promote the implementation of guidelines (e.g. WHO, EUREGENAS) for responsible media communication of suicidal events to national and local media professionals		
	Promote the legislation concerning the restriction of lethal means (e.g. toxic substances and firearms)		
Reduce the package size of potentially lethal medicines and/or restrict their availability			
Promote legislation about restricting alcohol availability			

E3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E3a Table)

E3.1. Currently there are no plans to develop a national strategy to prevent suicide. A new public health programme will be designed in 2017, including mental health promotion and suicide prevention. This will include an action plan and measurable targets until 2030. E3.4 There is no will to tighten the restrictions. E3.6 Alcohol legislation starting 2017 will be a major challenge as it increases the availability.

E3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E3a Table)

NA

E4a) Level of implementation in 2015-2016 of recommendations on primary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Provide training to specific professional target groups to identify and make contact with suicidal persons			
Utilise available and evidence-based school prevention programmes to foster awareness about mental health and coping and problem solving skills in pupils			
	Implement mental health first aid programmes in communities to detect distress and signs and symptoms		
	Educate the public about suicide and increase the public awareness concerning the sign of crisis		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Ensure support is available for people bereaved by suicide		
Provide information about where to seek help on local predicted venues of suicidal events (e.g. high places, railway crossings etc.)			
Promote and implement programmes which lead to increased knowledge and decreased stigmatisation of depression and other mental health problems in the general public			
	Develop age-specific IT tools for the electronic delivery of mental health promotion and suicide prevention programmes to the general population.		
E4.9) Promote keeping away dangerous means from household environment for preventing impulsive suicide acts			

E4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E4a Table)
E4.2) Mental health skills promotion is part of the school curriculum since 2016, but there is not systematic information of what kind of methods and material schools use. The Ministry of Education and Culture has supported development of materials suitable for adolescents, but it is not known whether the material is used and to what extent. E4.9) Lack of commitment and political will.

E4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E4a Table)
E4.3) The Government's key project Fostering health and wellbeing and reduction of inequalities

E5a) Which of the following recommendations on secondary and tertiary prevention of suicides have been implemented in your country in 2015-2016?

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Increase the availability of telephone hotline services and utilise the methods and practice of European best practice telephone hotline services		
	Increase the availability of web-based crisis intervention services (chats, etc.)		
	Increase the availability of low threshold personal services ("drop in" centres, etc.)		
	Incorporate brief interventions into emergency treatment to provide information about local, available resources for crisis management, mental and social care and suicide prevention e-health tools		

E5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E5a Table)
N/A

E5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E5a Table)
N/A

E6a) Level of implementation in 2015-2016 of recommendations on capacity building and inter-sectoral collaboration for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Establish a national data register about suicide and attempted suicide in order to analyse the characteristics of suicide events for the better identification of high risk groups		
Promote targeted prevention/awareness programs especially focusing on the identified high risk groups			
Systematically monitor national and regional risk-factors for suicide and suicide attempt			
	Collaborate with labour and educational sectors to have information available for students and/or employees in case of a crisis		
Encourage the IT sector and governmental actors to develop a sustainable business model to implement further evidence-based e-mental health tools			
Support local/regional evidence-based, effective multi-level approach for combating suicide and for forming more socially connected local communities			
	Assist debt support and debt relief programmes		
Support the establishment and operation of National Centres for Suicide Research and Prevention			

E6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E6a Table)
E6.1) There is no systematic national data register about attempted suicides. E6.2) A prevention project for men who hunt (and possess hunting guns) was carried out in Kainuu region where suicide rate is higher than the average of the country. It has not been spread systematically due to the lack of funding and institutional commitment. E6.3) There is no systematically-collected individual-level data on risk-factors for suicide or suicide attempts.

E6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E6a Table)
NA

E7) Further information on the following areas regarding suicide prevention:

Areas	Further Information
What is the evidence of the cost-effectiveness of suicide prevention programmes	There is no such evidence, as no one has calculated this cost-effectiveness.
Who funds activities for suicide prevention	Ministry of Social Affairs and Health, hospital districts, and Funding Centre for Social Welfare and Health Organisations (STEA)
Who has responsibility for implementation of prevention activities?	National Institute for Health and Welfare, hospital districts, and Finnish Association for Mental Health and other NGO's.
Which sectors, and professionals in them, are involved?	Health and social care (medical doctors, psychologists, nurses, social workers, crisis workers and other professionals), education (teachers), rescue service (firemen), security (policemen).
Is the focus on targeted or universal approaches?	The focus has been on the universal prevention independently of region, sex or age. The Government's key project Fostering health and wellbeing and reduction of inequalities funds targeted action on suicide prevention among Sami population in northernmost parts of Lapland, on mental health skill promotion targeted to adolescents, men, people in later life and people with lower socio-economic status There has also been a project targeted on men who hunt in Kainuu region.
What is the evidence of the effectiveness of suicide prevention programmes?	Aim is to rely on the evidence-based knowledge and best practices.
Are there relevant publications and/or evaluations from your country on these thematic areas?	- Fact sheets about suicide prevention for three settings: 1) schools http://www.julkari.fi /bitstream/handle /10024/130789 /THL_TT_Itsemurhien_ 2) workplaces http://www.julkari.fi /bitstream/handle /10024/130792 /THL_TT_Itsemurhien_ 3) media http://www.julkari.fi /bitstream/handle /10024/130790/THL_TT_Itsemurhien

Additional Information

F1) Other relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that have been produced this year
N/A

F2) Key stakeholders (organisations/experts) invited to answer the stakeholder version of this survey in the country (including their e-mail address or other contact details):
Finnish Mental Health Association Finnish Central Association for Mental Health FinFami (The National Family Association promoting Mental Health in Finland) EHYT The Mannerheim League for Child Welfare

ANNUAL ACTIVITY REPORT FROM GREECE

KEY DEVELOPMENTS IN 2016

B1) Key mental health developments initiated or implemented in 2016

B1.1) Mental health legislation
A draft of law has been developed regarding the administrative reorganization of mental health services aiming at the decentralization of decision-making, the enhancement of sectorization and the protection of rights of people with mental disability. The bill will be introduced to the Parliament at the start of 2017.

B1.2) Policy framework
In the context of EU co-funded national strategic reference framework regarding the sector of mental health, the following main actions will be implemented: 1. Services for mentally ill offenders in the criminal justice system, 2. Community residential services in the context of deinstitutionalization, 3. Development of community services for children and persons suffering from dementia, 4. Developments of assertive community treatment teams for revolving door patients, 5. Establishment of quality assessment body of mental health services.

B1.3) Financing and/or funding
EU and national co-funding amounting to approximately 50.000 EUR for the period 2016-2020.

B1.4) Services organisation development and/or quality
Aforementioned in B1.1 & B1.2

B1.5) Promotion and prevention initiatives
Dementia prevention actions will be developed by means of integration of specialized dementia mental health services and municipal social services for the elderly. In addition, prevention of the institutionalization of people with severe mental disorders will take place as referred in B1.2.

B1.6) Involvement of partners from other policies and sectors (multisector governance)
A cross-sectional deinstitutionalization strategy will be developed with the Ministry of Employment & Social Welfare for the enhancement of community integration for people with disabilities and other vulnerable groups. Further partnerships include regional authorities (B1.5 - dementia prevention actions) and support of refugees.

B1.7) Involvement of patients, families and NGOs
Patients and families will participate in the bodies that will be established in the context of the imminent administrative reorganization of mental health services (B1.1).

B1.8) Monitoring the mental health status of the population or particular population groups (including suicidal behaviour)
In the context of EU co-funded national strategic reference framework regarding the sector of mental health, a National Database of people suffering from dementia will be developed.

B1.9) Measuring the impact of policies and/or emerging new needs
N/A

B1.10) Mental Health in All Policies (i.e. promotion of population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas)
N/A

B1.11) Other
N/A

B2) Links to new documents, reports or resources that could benefit other stakeholders in mental health:
N/A

B3) Strengths and weaknesses of the mental health situation

STRENGTHS	WEAKNESSES
Gradual abolition of institutions Network of community mental health services	Lack of quality assessment Inadequate multi-sectoral governance

MENTAL HEALTH AT WORKPLACES

C1) Role of mental health at workplaces in national policy or strategy documents

C1.1) Recognition as a priority
It is not recognized as a priority due to the fragmentation of government sectors and to the current unemployment crisis which outweighs the promotion of mental health at workplaces.

C1.2) Estimated impact of activities related to mental health at workplaces on the reduction of disease burden
There are no systematic efforts to improve mental health at workplaces.

C2) Existence of national programmes/strategies for mental health at workplaces

YES	NO
	X

C2.1) Components of these programmes
N/A

C2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
N/A

C3a) Level of implementation in 2015-2016 of recommendations to build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Informal (e.g. working groups who exchange experiences) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved			
			Formal (e.g. as part of Occupational Safety and Health (OSH) or national government programmes) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved
			Health policy development to legally anchor structures for inter-sector cooperation
Health policy sector working together with OSH stakeholders to make it easier for			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
SMEs to access support			
Key multiplier institutions (chambers of industry and commerce, sector associations, trade associations, etc.) to implement joint information campaigns for SMEs on work-related mental health issues			
Involve the health policy sector to identify and promote styles of management that are conducive to health			
Development of platforms to facilitate structured exchange of experience for social health insurance institutions and government health agencies			
			Implement health policy measures and strategies that promote open communication in the workplace and reduce the stigma of mental health problems
			Health insurance institutions and/or national health services to implement model dissemination programmes in co-operation with stakeholders from other action fields

C3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C3a Table)
N/A

C3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C3a Table)
N/A

C4a) Level of implementation in 2015-2016 of recommendations to prevent mental health problems at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Health policy sector to develop infrastructure which promotes wider dissemination of good risk management practices in enterprises, including psychosocial factors			
Statutory health insurance institutions and national health services to support OSH stakeholders in convincing employers to adopt risk assessment practices that include psychosocial factors			
			Raise the relevance of OSH by combining risk assessment approaches with campaigning activities which link mental health issues to the human resource and labour market agenda

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Develop and disseminate easy-to-understand tools and instruments for employers			
Recognise that small and medium-sized enterprises (SMEs) need a tailored approach and support to tackle psychosocial risk factors			
			Examine how national health service and statutory health insurance institutions can provide support to workplaces on mental health
			Develop coordinated national and regional goals for OSH and workplace health promotion and translate them into general psychosocial recommendations

C4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C4a Table)
N/A

C4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C4a Table)
N/A

C5a) Level of implementation in 2015-2016 of recommendations to promote mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Health policy sector promoting good work organisation and leadership practices as drivers for business excellence and competitiveness			
Promotion approaches and practices which combine lifestyle improvements with working condition focused improvements			
			Engagement of key external stakeholders (social partners, regulatory system, social insurance, health care etc.) to adopt a supportive role for enterprises in the field of workplace health promotion (WHP)
Support of the health policy sector in the dissemination of good practices in the promotion of mental health at the workplace in all institutions of the health care system			
			Institutions responsible for organising health care or occupational health and safety develop an independent service area for workplace health promotion that is economically accessible for all

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			enterprises
			Workplace health promotion services include basic advisory services for organisations for the introduction and systematic promotion of mental health at the workplace
Workplace health promotion services include the evaluation of data on mental disorders (if available) at enterprise level (including benchmarking in the respective sector)			
Workplace health promotion services include qualification measures in stress management for employees			
			Health policy sector examines and modifies existing rules and regulations, including the tax system, to encourage enterprises to invest in measures for workplace mental health promotion

C5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C5a Table)
N/A

C5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C5a Table)
N/A

C6a) Level of implementation in 2015-2016 of recommendations to support the reintegration/return to work of people who have experienced mental health difficulties

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Health policy sector ensures and improves access to care for mentally ill employees
	Focus on early identification of the need for care		
	Employees have fast and low-threshold access to outpatient psychotherapy services		
			Employers take action to reduce stigmatisation of mental health problems at the workplace to encourage early contact with the health system and facilitate return to work
Support services to gradually reintegrate employees after long-term absence include integrated care processes that combine organisational assistance with suitable inpatient and			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
outpatient care services			
	Support is available for persons with partial work capacity to participate in the labour market		
			Return-to-work is part of a multi-disciplinary care plan (e.g. between health care/social security systems)

C6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C6a Table)
N/A

C6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C6a Table)
N/A

C7) Further information on the following areas regarding mental health at workplaces:

AREAS	FURTHER INFORMATION
What is the evidence of the cost-effectiveness of mental health at workplace programmes?	Information not available
Who funds activities to prevent mental health problems at the workplace?	Information not available
Who funds activities to promote mental health at the workplace?	Information not available
Who has responsibility for implementation of prevention and promotion activities?	Ministry of Labour
Which sectors, and professionals in them, are involved?	Information not available
Is the focus on targeted or universal approaches?	Information not available
What is the evidence of the effectiveness of workplace mental health programmes?	There is lack of evidence
Are there relevant publications and/or evaluations from your country on these thematic areas?	Information not available

MENTAL HEALTH AND SCHOOLS

D1) Role of mental health and schools in national policy or strategy documents

D1.1) Recognition as a priority
It is a secondary priority with the emphasis put on partial integration of children with poor mental health on primary education and non-systematic implementation of anti-bullying programs.

D1.2) Estimated impact of activities related to mental health and schools on the reduction of disease burden
Information not available.

D2) Existence of national programmes/strategies for mental health and schools

NO	YES	NOT SURE
		x

D2.1) Components of these programmes
N/A

D2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
N/A

D3a) Level of implementation in 2015-2016 of recommendations to strengthen information and research on mental health and wellbeing among children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Establish a solid information base to have a detailed epidemiological frame of children and adolescent mental health and evidence on interventions			
			Provide information on coverage and outcomes of interventions (high-risk groups, size, impact, cost and potential economic savings)
			Carry out a mapping and analysis of existing screening tools for early identification of mental health disorders and poor wellbeing among children and school populations
			Examine the potential to increase the access to promotion information and to prevention services through the use of web-based technologies (e-mental health)

D3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D3a Table)
N/A

D3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D3a Table)
N/A

D4a) Level of implementation in 2015-2016 of recommendations to establishing schools as settings for mental health promotion and prevention of mental disorders

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Recognise the role of early childhood education, school and peer education in creating opportunities for collaboration (whole school approach)
	Mandate school administrations to develop and formalise a mental health		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying		
			Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account
			Put in place evidence based interventions to combat early school leaving

D4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D4a Table)
N/A

D4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D4a Table)
N/A

D5a) Level of implementation in 2015-2016 of recommendations to enhance training for all school staff on mental health

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs
			Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources
	Ensure that training is also made available to the members of the families and caregivers of children and adolescents, according to a community level approach		
	Ensure that particular attention is paid also to the positive mental health and wellbeing of teachers and school staff via continuous support and mentoring		
			Preparing and sharing relevant guidelines for mental health and wellbeing promotion in schools jointly with other sectors, under the coordination of the education sector

D5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D5a Table)
N/A

D5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D5a Table)
N/A

D6a) Level of implementation in 2015-2016 of recommendations to link schools with other community stakeholders involved in mental health of children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Ensure that the mental health and wellbeing of children and adolescents is considered when defining and implementing policy in different sectors
		Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors (facilitating cross-sectoral budgeting and defining responsibilities)	
			Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector and ensure adequate, sustained and shared financing by the different sectors
			Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors

D6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D6a Table)
N/A

D6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D6a Table)
N/A

D7) Further information on the following areas regarding mental health and schools:

AREAS	FURTHER INFORMATION
What is the evidence of the cost-effectiveness of mental health and school programmes?	Information not available
Who funds activities to prevent mental health problems in schools?	Ministry of Education and Ministry of Health
Who funds activities to promote mental health in schools?	Ministry of Education and Ministry of Health
Who has responsibility for implementation of prevention and promotion activities?	Ministry of Education and Ministry of Health
Which sectors, and professionals in them, are involved?	Sectors: Health and education professionals:mental health professionals and teaching staff (especially special education professionals)
Is the focus on targeted or universal approaches?	Information not available
What is the evidence of the effectiveness of school mental health programmes?	Information not available
Are there relevant publications and/or evaluations from your country on these thematic areas?	Information not available

SUICIDE PREVENTION

E1) Role of suicide prevention in national policy or strategy documents

E1.1) Recognition as a priority
Whereas the suicide rate has been increased, a national strategy for suicide prevention has not been developed. This is due to the lack of coordination between government sectors and the overwhelming implications of the ongoing financial crisis.

E1.2) Estimated impact of activities related to suicide prevention on the reduction of disease burden
Information not available.

E2) Existence of national programmes/strategies for suicide prevention

NO	YES
X	

E2.1) Components of these programmes
N/A

E2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
N/A

E3a) Level of implementation in 2015-2016 of recommendations on policy and legislation for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Develop a national strategy to prevent suicide (or implement it if one already exists) with a clear action plan and measurable targets			
Revise legislation to include protections for persons who have attempted suicide to return back to work			
Promote the implementation of guidelines (e.g. WHO, EUREGENAS) for responsible media communication of suicidal events to national and local media professionals			
	Promote the legislation concerning the restriction of lethal means (e.g. toxic substances and firearms)		
Reduce the package size of potentially lethal medicines and/or restrict their availability			
	Promote legislation about restricting alcohol availability		

E3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E3a Table)
N/A

E3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E3a Table)
N/A

E4a) Level of implementation in 2015-2016 of recommendations on primary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Provide training to specific professional target groups to identify and make contact with suicidal persons			
			Utilise available and evidence-based school prevention programmes to foster awareness about mental health and coping and problem solving skills in pupils
Implement mental health first aid programmes in communities to detect distress and signs and symptoms			
Educate the public about suicide and increase the public awareness concerning the sign of crisis			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Ensure support is available for people bereaved by suicide		
Provide information about where to seek help on local predicted venues of suicidal events (e.g. high places, railway crossings etc.)			
	Promote and implement programmes which lead to increased knowledge and decreased stigmatization of depression and other mental health problems in the general public		
Develop age-specific IT tools for the electronic delivery of mental health promotion and suicide prevention programmes to the general population			
Promote keeping away dangerous means from household environment for preventing impulsive suicide acts			

E4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E4a Table)
N/A

E4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E4a Table)
N/A

E5a) Level of implementation in 2015-2016 of recommendations on secondary and tertiary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Increase the availability of telephone hotline services and utilise the methods and practice of European best practice telephone hotline services		
	Increase the availability of web-based crisis intervention services (chats, etc.)		
	Increase the availability of low threshold personal services ("drop in" centres, etc.)		
Incorporate brief interventions into emergency treatment to provide information about local, available resources for crisis management, mental and social care and suicide prevention e-health tools			

E5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E5a Table)
N/A

E5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E5a Table)
N/A

E6a) Level of implementation in 2015-2016 of recommendations on capacity building and inter-sectoral collaboration for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Establish a national data register about suicide and attempted suicide in order to analyse the characteristics of suicide events for the better identification of high risk groups		
Promote targeted prevention/awareness programs especially focusing on the identified high risk groups			
Systematically monitor national and regional risk-factors for suicide and suicide attempt			
			Collaborate with labour and educational sectors to have information available for students and/or employees in case of a crisis
Encourage the IT sector and governmental actors to develop a sustainable business model to implement further evidence-based e-mental health tools			
Support local/regional evidence-based, effective multi-level approach for combating suicide and for forming more socially connected local communities			
	Assist debt support and debt relief programmes		
Support the establishment and operation of National Centres for Suicide Research and Prevention			

E6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E6a Table)
N/A

E6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E6a Table)
N/A

E7) Further information on the following areas regarding suicide prevention:

AREAS	FURTHER INFORMATION
What is the evidence of the cost-effectiveness of suicide prevention programmes?	Information not available
Who funds activities for suicide prevention?	Ministry of Health
Who has responsibility for implementation of prevention activities?	Ministry of Health
Which sectors, and professionals in them, are involved?	Health and Public Order (Policing). Mental Health professionals and law-enforcement professionals
Is the focus on targeted or universal approaches?	Targeted approaches
What is the evidence of the effectiveness of suicide prevention programmes?	Information not available
Are there relevant publications and/or evaluations from your country on these thematic areas?	There are publications regarding the impact of crisis on the prevalence of suicides

Additional Information

F1) Other relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that have been produced this year
No recent publications available.

F2) Key stakeholders (organisations/experts) invited to answer the stakeholder version of this survey in the country (including their e-mail address or other contact details):
NGO Klimaka : central@klimaka.org.gr
NGO Epipsi: secretar@epipsi.gr
Ministry of Citizen Protection, Cyber Crime Unit: ccu@cybercrimeunit.gov.gr

ANNUAL ACTIVITY REPORT FROM ICELAND

KEY DEVELOPMENTS IN 2016

B1) Key mental health developments initiated or implemented in 2016

B1.1) Mental health legislation
No new developments

B1.2) Policy framework
New Mental Health Policy and Action Plan until 2020 passed through congress in April 2016. Also, a Public Health Policy until 2020 with a special emphasis on children and adolescents until 18 years of age was issued in October 2016.

B1.3) Financing and/or funding
Increased funding for psychological services in primary health care and multi-disciplinary teams that provide mental health and social services for people with mental disorders.

B1.4) Services organisation development and/or quality
In addition to the above, the new MH policy and action plan includes a legal requirement for improved integration and continuity of mental health services between the state and municipalities.

B1.5) Promotion and prevention initiatives
Several actions in the new MH policy pertain to MH promotion and prevention, e.g. screening for depression and anxiety among adolescents, forming a working group to deliver policy recommendations for school mental health promotion, etc. The new Public Health Policy also includes actions that focus on mental health promotion, such as promoting mindfulness in schools and a mental wellbeing component in pre-school curriculum.

B1.6) Involvement of partners from other policies and sectors (multisector governance)
No new development.

B1.7) Involvement of patients, families and NGOs
No new development.

B1.8) Monitoring the mental health status of the population or particular population groups (including suicidal behaviour)
Annual monitoring of population mental health and wellbeing that are published as part of national public health indexes.

B1.9) Measuring the impact of policies and/or emerging new needs
No new development.

B1.10) Mental Health in All Policies (i.e. promotion of population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas)
The new Public Health Policy was formed with a HiAP framework.

B1.11) Other
N/A

B2) Links to new documents, reports or resources that could benefit other stakeholders in mental health:
N/A

B3) Strengths and weaknesses of the mental health situation

STRENGTHS	WEAKNESSES
1) We have a comprehensive, national policy and action plan on mental health and wellbeing. 2) The National Curriculum for all educational levels defines health and wellbeing as one of the six pillars of education, meaning that schools have a clear responsibility to enhance pupils' health and wellbeing, including mental health. 3) We have national legislation and regulations that specify the school's role in creating a positive school atmosphere and students' rights to assessment and support for educational, developmental, mental and behavioural difficulties. 4) The Inclusive Education model is Iceland's national educational policy. 5) Primary and secondary schools, as well as workplaces, are required by law to have a policy on how to prevent and respond to indicators of mental, sexual and physical violence, including anti-bullying strategies. 6) A large percentage of Icelandic primary and secondary schools have implemented the Health Promoting Schools model (44% of primary and lower secondary schools and 100% of upper secondary schools), which includes specific guidelines for school mental health promotion and prevention. 7) A growing number of community mental health services and centers in the capital area with focus on maintaining recovery and preventing relapse among people with long standing mental illness. 8) A multi-disciplinary team at Iceland's national hospital that provides specialized pre- and post-natal services to mothers with depression and/or addiction problems and their babies. 9) There is annual monitoring of self-assessed mental health and wellbeing (e.g. stress, loneliness, happiness) among the Icelandic population, both youth and adults. 10) There is regular screening for anxiety and depression among 14-15 years old adolescents in lower secondary school.	1) Significant lack of multi-disciplinary mental health services in primary care. 2) Long wait-lists at all levels of care for mental health services for children and adolescents. 3) Lack of accessible, affordable, evidence-based treatment services for children and adolescents. The mental health services that are available to youth are mostly diagnostic in nature. 4) Lack of evidence-based mental health promotion, prevention and early intervention for mental and behavioural problems in schools. 5) Lack of collaboration between sectors regarding mental health promotion, prevention, treatment and follow-up care. 6) General lack of follow-up services for children and adolescents with mental and behavioural problems and their families. 7) Inequalities in access to mental health services between geographical areas. 8) No stand-alone mental health legislation although several existing laws and regulations also consider mental health, access to services, etc. 9) Lack of mental health promotion and prevention at workplaces. 10) No national suicide prevention strategy.

MENTAL HEALTH AT WORKPLACES

C1) Role of mental health at workplaces in national policy or strategy documents

C1.1) Recognition as a priority

Mental health at workplaces is recognised as a priority and Iceland has regulations and laws in place to prevent mental health risk to employees.

C1.2) Estimated impact of activities related to mental health at workplaces on the reduction of disease burden

No information available

C2) Existence of national programmes/strategies for mental health at workplaces

NO	YES
	X

C2.1) Components of these programmes

The Administration for Occupational Safety and Health (AOSH) in Iceland has regulations and guidelines on implementation and prevention strategies for mental health in the workplace. Also, we have national legislation that requires workplaces to have in place strategies to prevent and respond to bullying, sexual harassment and violence in the workplace.

C2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

No information available

C3a) Level of implementation in 2015-2016 of recommendations to build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Informal (e.g. working groups who exchange experiences) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		
	Formal (e.g. as part of Occupational Safety and Health (OSH) or national government programmes) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		
Health policy development to legally anchor structures for inter-sector cooperation			
	Health policy sector working together with OSH stakeholders to make it easier for SMEs to access support		
Key multiplier institutions (chambers of industry and commerce, sector associations, trade associations, etc.) to implement joint information campaigns for SMEs on work-related mental health issues			
			Involve the health policy sector to identify and promote styles of management that are conducive to health
	Development of platforms to facilitate structured exchange of experience for social health insurance institutions and government health agencies		
	Implement health policy measures and strategies that promote open communication in the workplace and reduce the stigma of mental health problems		
			Health insurance institutions and/or national health services to implement model dissemination programmes in co-operation with stakeholders from other action fields

C3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C3a Table)

Barriers relate to the lack of importance among key stakeholders, inadequate funding and absence of support for action.

C3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C3a Table)

Additional effort was put into promoting regulations on mental health in the workplace during this period. The initiative was led by AOSH, with extra funding from the ministry of welfare.

C4a) Level of implementation in 2015-2016 of recommendations to prevent mental health problems at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Health policy sector to develop infrastructure which promotes wider dissemination of good risk management practices in enterprises, including psychosocial factors		
		Statutory health insurance institutions and national health services to support OSH stakeholders in convincing employers to adopt risk assessment practices that include psychosocial factors	
	Raise the relevance of OSH by combining risk assessment approaches with campaigning activities which link mental health issues to the human resource and labour market agenda		
		Develop and disseminate easy-to-understand tools and instruments for employers	
	Recognise that small and medium-sized enterprises (SMEs) need a tailored approach and support to tackle psychosocial risk factors		
Examine how national health service and statutory health insurance institutions can provide support to workplaces on mental health			
Develop coordinated national and regional goals for OSH and workplace health promotion and translate them into general psychosocial recommendations			

C4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C4a Table)

Iceland has an occupational safety and health policy in place that promotes risk management practices regarding mental wellbeing but barriers to greater implementation stem from lack of funding, prioritisation, and understanding from key stakeholders.

C4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C4a Table)

The Icelandic health care system has universal coverage, making collaboration feasible. AOSH has developed tools and instruments which are widely used within the field, while actively convincing employers to adopt risk assessment practices to address mental wellbeing at workplaces.

C5a) Level of implementation in 2015-2016 of recommendations to promote mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Health policy sector promoting good work organisation and leadership practices as drivers for business excellence and competitiveness
	Promotion approaches and practices which combine lifestyle improvements with working condition focused improvements		
	Engagement of key external stakeholders (social partners, regulatory system, social insurance, health care etc.) to adopt a supportive role for enterprises in the field of workplace health promotion (WHP)		
Support of the health policy sector in the dissemination of good practices in the promotion of mental health at the workplace in all institutions of the health care system			
	Institutions responsible for organising health care or occupational health and safety develop an independent service area for workplace health promotion that is economically accessible for all enterprises		
	Workplace health promotion services include basic advisory services for organisations for the introduction and systematic promotion of mental health at the workplace		
Workplace health promotion services include the evaluation of data on mental disorders (if available) at enterprise level (including benchmarking in the respective sector)			
Workplace health promotion services include qualification measures in stress management for employees			
Health policy sector examines and modifies existing rules and regulations, including the tax system, to encourage enterprises to invest in measures for workplace mental health promotion			

C5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C5a Table)

Workplace Health Promotion has been on hold for reasons pertaining to the economic crises in Iceland. This had led to weakened focus on the subject.

C5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C5a Table)

The AOSH plans to increase Workplace Health Promotion efforts, working with stakeholders on promoting healthy workplaces, conducting interventions and research on the subject.

C6a) Level of implementation in 2015-2016 of recommendations to support the reintegration/return to work of people who have experienced mental health difficulties

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Health policy sector ensures and improves access to care for mentally ill employees			
	Focus on early identification of the need for care		
	Employees have fast and low-threshold access to outpatient psychotherapy services		
	Employers take action to reduce stigmatisation of mental health problems at the workplace to encourage early contact with the health system and facilitate return to work		
		Support services to gradually reintegrate employees after long-term absence include integrated care processes that combine organisational assistance with suitable inpatient and outpatient care services	
	Support is available for persons with partial work capacity to participate in the labour market		
	Return-to-work is part of a multi-disciplinary care plan (e.g. between health care/social security systems)		

C6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C6a Table)

Numerous barriers remain when it comes to rehabilitation and reintegration into the workforce following mental health problems. Minimum wages are largely in tune with social security benefits (SSB) and workers who enter the workforce, working part time, lose SSB, proportionally to the wages they earn, making work a disincentive.

C6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C6a Table)

Support for workers returning to work following mental health difficulties has largely been implemented by the Icelandic health care system and VIRK (Vocational Rehabilitation fund).

C7) Further information on the following areas regarding mental health at workplaces:

AREAS	FURTHER INFORMATION
What is the evidence of the cost-effectiveness of mental health at workplace programmes?	No data available
Who funds activities to prevent mental health problems at the workplace?	Employers are responsible for the prevention of mental health issues.
Who funds activities to promote mental health at the workplace?	The AOSH, employees, employers and unions, to some extent, are involved in funding Workplace Health Promotion (WHP) in general, unspecific to mental health.
Who has responsibility for implementation of prevention and promotion activities?	Employers have this responsibility but workplace health promotion is optional.
Which sectors, and professionals in them, are involved?	All sectors, and professionals, universal approaches used.
Is the focus on targeted or universal approaches?	Focus is mainly on universal approaches for WHP.
What is the evidence of the effectiveness of workplace mental health programmes?	No data available.
Are there relevant publications and/or evaluations from your country on these thematic areas?	A paper from AOSH researchers on formal psychosocial complaints is in preparation and will be published this year.

MENTAL HEALTH AND SCHOOLS

D1) Role of mental health and schools in national policy or strategy documents

D1.1) Recognition as a priority

Mental health in schools is increasingly recognized as a priority in Iceland. There is a growing understanding of the importance of school mental health promotion as childhood and adolescence are a crucial period for developing good mental health. However, we still face many challenges in this area, as well as in early identification and access to treatment, where we lack significantly in human and financial resources as well as in the organization of systems. The new national mental health policy until 2020 attempts to address these challenges to some degree.

D1.2) Estimated impact of activities related to mental health and schools on the reduction of disease burden

No data available

D2) Existence of national programmes/strategies for mental health and schools

NO	YES
	X

D2.1) Components of these programmes

Icelandic law and regulations specify the school's role in promoting and supporting mental wellbeing among students (e.g. creating a positive school atmosphere, prevention, early assessment of problems, etc.) as well as the role of specialist services connected to the schools.

Primary and secondary schools are also required by law to have a policy on how to respond to indicators of mental, sexual and physical violence among students, including anti-bullying strategies.

The National Curriculum in Iceland defines Health and wellbeing, including mental health, as one of the six pillars of education through all educational levels.

Inclusive education is Iceland's national educational policy.

The Health Promoting Schools model, which has been implemented in many primary and secondary schools in Iceland, includes specific recommendations and guidelines for school mental health promotion and prevention.

D2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

All schools in Iceland adhere to national laws and regulations regarding student mental wellbeing and bullying prevention as well as the national curriculum and educational policy.

Almost half (44%) of Icelandic primary and lower secondary schools and 100% of upper secondary schools have implemented the Health Promoting Schools model.

D3a) Level of implementation in 2015-2016 of recommendations to strengthen information and research on mental health and wellbeing among children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Establish a solid information base to have a detailed epidemiological frame of children and adolescent mental health and evidence on interventions			
Provide information on coverage and outcomes of interventions (high-risk groups, size, impact, cost and potential economic savings)			
			Carry out a mapping and analysis of existing screening tools for early identification of mental health disorders and poor wellbeing among children and school populations

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Examine the potential to increase the access to promotion information and to prevention services through the use of web-based technologies (e-mental health)

D3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D3a Table)

We have limited human and financial resources. To date, other issues in mental health have been considered a higher priority, e.g. increasing psychological services in primary health care.

D3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D3a Table)

The above recommendations have not been implemented. However, we do have large population surveys on children and adolescents' emotional wellbeing, social status, health behaviours, substance use, etc.

D4a) Level of implementation in 2015-2016 of recommendations to establishing schools as settings for mental health promotion and prevention of mental disorders

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Recognise the role of early childhood education, school and peer education in creating opportunities for collaboration (whole school approach)		
	Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying		
			Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account
			Put in place evidence based interventions to combat early school leaving

D4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D4a Table)

To date, other issues in mental health have taken precedence over fully implementing the above recommendations.

D4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D4a Table)

We are continually working on school mental health promotion via Health Promoting Schools at the primary and secondary school level. Also, both the national mental health policy, our public health policy as well as the policy recommendations by the JAMHWB for mental health and schools lay out specific actions for promoting mental health in schools. We have a clear notion of what needs to be done, and it is on the agenda, but so far we have lacked time to give it our fullest attention.

D5a) Level of implementation in 2015-2016 of recommendations to enhance training for all school staff on mental health

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs			
			Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources
			Ensure that training is also made available to the members of the families and caregivers of children and adolescents, according to a community level approach
	Ensure that particular attention is paid also to the positive mental health and wellbeing of teachers and school staff via continuous support and mentoring		
			Preparing and sharing relevant guidelines for mental health and wellbeing promotion in schools jointly with other sectors, under the coordination of the education sector

D5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D5a Table)

Implementing the above recommendations has not been on the agenda for 2015-2016. However, D5.1 is planned for 2017-2018.

D5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D5a Table)

In the Health Promoting Schools model, particular attention is given to teachers' and school staff's mental wellbeing and job satisfaction. However, not all schools in Iceland have adopted the health promoting schools approach.

D6a) Level of implementation in 2015-2016 of recommendations to link schools with other community stakeholders involved in mental health of children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Ensure that the mental health and wellbeing of children and adolescents is considered when defining and implementing policy in different sectors		
	Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors (facilitating cross-sectoral budgeting and defining responsibilities)		
Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
and ensure adequate, sustained and shared financing by the different sectors			
Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors			

D6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D6a Table)

The "mental health in all policies" (MHiAP) has not been implemented in Iceland, although work towards that aim has begun. Our existing laws and regulations on inter-sectoral collaboration are not clear enough to define the structure, form, and budgeting of such collaboration, we do not have specific data on workforce and financing specifically for children's mental health and we have little human and financial resources for research.

D6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D6a Table)

We have existing laws and regulations on inter-sectoral collaboration that can be built upon and improved. One of the actions in our new national mental health policy pertains to the clarification of such collaboration and ensuring continuous and integrated mental health services for people with mental health problems and their families, including children and youth.

D7) Further information on the following areas regarding mental health and schools:

AREAS	FURTHER INFORMATION
What is the evidence of the cost-effectiveness of mental health and school programmes?	None.
Who funds activities to prevent mental health problems in schools?	The municipalities are responsible for financing school programmes, as well as the state via school health care.
Who funds activities to promote mental health in schools?	The municipalities are responsible for financing school programmes, as well as the state via school health care.
Who has responsibility for implementation of prevention and promotion activities?	Teachers and school health care.
Which sectors, and professionals in them, are involved?	Teachers and school administrators (educational sector), school specialist services, e.g. psychologists, educational consultants (social sector), and the school health care (health sector).
Is the focus on targeted or universal approaches?	Universal.
What is the evidence of the effectiveness of school mental health programmes?	We have little national evidence on the effectiveness of school mental health programmes. Our best researched programmes are School Management Training (PMTO model), a whole-school behavior support system, and Mind and Health, a targeted depression prevention intervention.
Are there relevant publications and/or evaluations from your country on these thematic areas?	Arnarsson, E.O. & Craighead, W.E. (2011). Prevention of depression among Icelandic adolescents: A 12-month follow-up. Behaviour Research and Therapy, 49, 170-174. Sigmarsdóttir, M. & Björnsdóttir, A. (2012). Community implementation of PMTO™: Impacts on referrals to specialist services and schools. Scandinavian Journal of Psychiatry, 53, 506–511.

SUICIDE PREVENTION

E1) Role of suicide prevention in national policy or strategy documents

E1.1) Recognition as a priority

Yes, suicide prevention is recognised as a priority. We have an action in our national mental health policy that pertains to developing a national plan for suicide prevention in the coming years.

E1.2) Estimated impact of activities related to suicide prevention on the reduction of disease burden

Information is not available.

E2) Existence of national programmes/strategies for suicide prevention

NO	YES
X	

E2.1) Components of these programmes

N/A

E2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

N/A

E3a) Level of implementation in 2015-2016 of recommendations on policy and legislation for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Develop a national strategy to prevent suicide (or implement it if one already exists) with a clear action plan and measurable targets		
	Revise legislation to include protections for persons who have attempted suicide to return back to work		
Promote the implementation of guidelines (e.g. WHO, EUREGENAS) for responsible media communication of suicidal events to national and local media professionals			
		Promote the legislation concerning the restriction of lethal means (e.g. toxic substances and firearms)	
		Reduce the package size of potentially lethal medicines and/or restrict their availability	
		Promote legislation about restricting alcohol availability	

E3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E3a Table)

To date, this area has suffered from lack of funding and prioritization. We have not had an active national policy and action plan on suicide prevention. However, this is on the agenda for the coming years.

E3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E3a Table)

We have restricted access to lethal means, firearms, medicine and alcohol.

E4a) Level of implementation in 2015-2016 of recommendations on primary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Provide training to specific professional target groups to identify and make contact with suicidal persons		
	Utilise available and evidence-based school prevention programmes to foster awareness about mental health and coping and problem solving skills in pupils		
Implement mental health first aid programmes in communities to detect distress and signs and symptoms			
	Educate the public about suicide and increase the public awareness concerning the sign of crisis		
	Ensure support is available for people bereaved by suicide		
	Provide information about where to seek help on local predicted venues of suicidal events (e.g. high places, railway crossings etc.)		
	Promote and implement programmes which lead to increased knowledge and decreased stigmatization of depression and other mental health problems in the general public		
Develop age-specific IT tools for the electronic delivery of mental health promotion and suicide prevention programmes to the general population.			
		Promote keeping away dangerous means from household environment for preventing impulsive suicide acts	

E4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E4a Table)

We have not implemented mental health first-aid and we are at a beginning stage regarding e-tools for the delivery of mental health services. However, in our national mental health policy we have an action point to address this with the forming of a working group that will explore such option in mental health care.

E4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E4a Table)

There is regular collaboration between the Directorate of Health (DOHI), the police, division of psychiatry at the national hospital, and mental health NGOs on the status of suicide prevention in Iceland. There is also an annual awareness-raising day in Iceland on September 10th.

E5a) Level of implementation in 2015-2016 of recommendations on secondary and tertiary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Increase the availability of telephone hotline services and utilise the methods and practice of European best practice telephone hotline services		
	Increase the availability of web-based crisis intervention services (chats, etc.)		
Increase the availability of low threshold personal services ("drop in" centres, etc.)			
Incorporate brief interventions into emergency treatment to provide information about local, available resources for crisis management, mental and social care and suicide prevention e-health tools			

E5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E5a Table)

Lack of funding, policy and prioritization.

E5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E5a Table)

The Red Cross in Iceland has managed a telephone hotline and online chat for many years based on WHO guidelines.

E6a) Level of implementation in 2015-2016 of recommendations on capacity building and inter-sectoral collaboration for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Establish a national data register about suicide and attempted suicide in order to analyse the characteristics of suicide events for the better identification of high risk groups		
	Promote targeted prevention/awareness programs especially focusing on the identified high risk groups		
Systematically monitor national and regional risk-factors for suicide and suicide attempt			
	Collaborate with labour and educational sectors to have information available for students and/or employees in case of a crisis		
Encourage the IT sector and governmental actors to develop a sustainable business model to implement further evidence-based e-mental health tools			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Support local/regional evidence-based, effective multi-level approach for combating suicide and for forming more socially connected local communities		
	Assist debt support and debt relief programmes		
Support the establishment and operation of National Centres for Suicide Research and Prevention			

E6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E6a Table)

Lack of policy development and lack of human and financial resources.

E6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E6a Table)

The Directorate of Health manages "Health Promoting Communities", a large-scale, universal approach to health promotion in direct collaboration with Icelandic municipalities or city districts. They are provided with recommendations and guidelines on how to build communities that promote health and wellbeing, including mental health, among citizens throughout the lifespan.
Social services in Iceland provide assistance in going over debt situation and creating realistic financial plans. Some NGOs also provide this type of assistance.

E7) Further information on the following areas regarding suicide prevention:

AREAS	FURTHER INFORMATION
What is the evidence of the cost-effectiveness of suicide prevention programmes?	Data is not available
Who funds activities for suicide prevention?	The government through its institutions and NGOs.
Who has responsibility for implementation of prevention activities?	No one has a legal role or responsibility specifically to implement suicide prevention.
Which sectors, and professionals in them, are involved?	All sectors are to some extent involved, health, social and educational sectors and NGOs.
Is the focus on targeted or universal approaches?	Universal
What is the evidence of the effectiveness of suicide prevention programmes?	Data is not available
Are there relevant publications and/or evaluations from your country on these thematic areas?	N/A

Additional Information

F1) Other relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that have been produced this year

N/A

F2) Key stakeholders (organisations/experts) invited to answer the stakeholder version of this survey in the country (including their e-mail address or other contact details):

- Gudrun Sigurjonsdottir, Deputy Director at the Ministry of Welfare (email gudrun.sigurjonsdottir@vel.is)
- Ingibjorg Sveinsdottir, Special Advisor at the Ministry of Welfare (email: ingibjorg.sveinsdottir@vel.is)
- Bjarnheidur Gautadottir, Senior Legal Advisor at the Ministry of Welfare (email: bjarnheidur.gautadottir@vel.is)
- Sigurpall Palsson, Medical Director of the Division of Forensic Psychiatry at Landspitali Univesity Hospital (email: sigpp@lsh.is)
- Wilhelm Nordfjord, psychologist (email: willi@simnet.is)
- Gudrun Bryndis Gudmundsdottir, Medical Director of Outpatient Services at the Division of Child and Adolescent Psychiatry (email: gbryndis@lsh.is)
- Johann Fridrik Fridriksson, The Administration of Occup

ANNUAL ACTIVITY REPORT FROM ITALY

KEY DEVELOPMENTS IN 2016

B1) Key mental health developments initiated or implemented in 2016

B1.1) Mental health legislation
N/A

B1.2) Policy framework
Research programs have started to monitor implementation of the most recent National Policies in the different Regions.

B1.3) Financing and/or funding
Some further MH activities have been included in the list of free of charge interventions (LEA, legislation for assuring basic levels of care all over the Country).

B1.4) Services organisation development and/or quality
N/A

B1.5) Promotion and prevention initiatives
N/A

B1.6) Involvement of partners from other policies and sectors (multisector governance)
N/A

B1.7) Involvement of patients, families and NGOs
N/A

B1.8) Monitoring the mental health status of the population or particular population groups (including suicidal behaviour)
The monitoring of programs for the prevention of suicide in prison is in progress.

B1.9) Measuring the impact of policies and/or emerging new needs
N/A

B1.10) Mental Health in All Policies (i.e. promotion of population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas)
N/A

B1.11) Other
The process of closing forensic hospitals has been completed.

B2) Links to new documents, reports or resources that could benefit other stakeholders in mental health:
Almost all documents are in Italian, some are developed at regional level.

B3) Strengths and weaknesses of the mental health situation

STRENGTHS	WEAKNESSES
Principles and approaches are well established in the Community	There still is a large variability in Regional implementation of National policies

MENTAL HEALTH AT WORKPLACES

C1) Role of mental health at workplaces in national policy or strategy documents

C1.1) Recognition as a priority

Unfortunately, it still has only marginal role. Up to now, efforts have been mainly put on inclusion of people with mental problems in the labour market/context

C1.2) Estimated impact of activities related to mental health at workplaces on the reduction of disease burden

No information available

C2) Existence of national programmes/strategies for mental health at workplaces

NO	YES
X	

C2.1) Components of these programmes

N/A

C2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

No information available

C3a) Level of implementation in 2015-2016 of recommendations to build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Informal (e.g. working groups who exchange experiences) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		
Formal (e.g. as part of Occupational Safety and Health (OSH) or national government programmes) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved			
Health policy development to legally anchor structures for inter-sector cooperation			
			Health policy sector working together with OSH stakeholders to make it easier for SMEs to access support
	Key multiplier institutions (chambers of industry and commerce, sector associations, trade associations, etc.) to implement joint information campaigns for SMEs on work-related mental health issues		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Involve the health policy sector to identify and promote styles of management that are conducive to health		
Development of platforms to facilitate structured exchange of experience for social health insurance institutions and government health agencies			
	Implement health policy measures and strategies that promote open communication in the workplace and reduce the stigma of mental health problems		
			Health insurance institutions and/or national health services to implement model dissemination programmes in co-operation with stakeholders from other action fields

C3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C3a Table)

The major problem is that there isn't an integrated Governmental policy on the issue.

C3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C3a Table)

Local experiences have been successfully implemented, starting from local interest and real involvement of local stakeholders.

C4a) Level of implementation in 2015-2016 of recommendations to prevent mental health problems at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Health policy sector to develop infrastructure which promotes wider dissemination of good risk management practices in enterprises, including psychosocial factors		
			Statutory health insurance institutions and national health services to support OSH stakeholders in convincing employers to adopt risk assessment practices that include psychosocial factors
			Raise the relevance of OSH by combining risk assessment approaches with campaigning activities which link mental health issues to the human resource and labour market agenda
	Develop and disseminate easy-to-understand tools and instruments for employers		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Recognise that small and medium-sized enterprises (SMEs) need a tailored approach and support to tackle psychosocial risk factors		
Examine how national health service and statutory health insurance institutions can provide support to workplaces on mental health			
Develop coordinated national and regional goals for OSH and workplace health promotion and translate them into general psychosocial recommendations			

C4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C4a Table)

See previous page (same comment).

C4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C4a Table)

See previous page (same comment).

C5a) Level of implementation in 2015-2016 of recommendations to promote mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Health policy sector promoting good work organisation and leadership practices as drivers for business excellence and competitiveness			
	Promotion approaches and practices which combine lifestyle improvements with working condition focused improvements		
			Engagement of key external stakeholders (social partners, regulatory system, social insurance, health care etc.) to adopt a supportive role for enterprises in the field of workplace health promotion (WHP)
	Support of the health policy sector in the dissemination of good practices in the promotion of mental health at the workplace in all institutions of the health care system		
Institutions responsible for organising health care or occupational health and safety develop an independent service area for workplace health promotion that is economically accessible for all enterprises			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Workplace health promotion services include the evaluation of data on mental disorders (if available) at enterprise level (including benchmarking in the respective sector)			Workplace health promotion services include basic advisory services for organisations for the introduction and systematic promotion of mental health at the workplace
			Workplace health promotion services include qualification measures in stress management for employees
			Health policy sector examines and modifies existing rules and regulations, including the tax system, to encourage enterprises to invest in measures for workplace mental health promotion

C5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C5a Table)

As far as it is known, some examples of implementation exist, but there isn't a systematic approach.

C5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C5a Table)

The only positive experience supported by a national policy is the inclusion of people with mental problems/disorders in the work settings.

C6a) Level of implementation in 2015-2016 of recommendations to support the reintegration/return to work of people who have experienced mental health difficulties

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Health policy sector ensures and improves access to care for mentally ill employees		
	Focus on early identification of the need for care		
	Employees have fast and low-threshold access to outpatient psychotherapy services		
			Employers take action to reduce stigmatisation of mental health problems at the workplace to encourage early contact with the health system and facilitate return to work
	Support services to gradually reintegrate employees after long-term absence include integrated care processes that combine organisational assistance with suitable inpatient and outpatient care services		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Support is available for persons with partial work capacity to participate in the labour market			
	Return-to-work is part of a multi-disciplinary care plan (e.g. between health care/social security systems)		

C6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C6a Table)

Regional diversity and recent reduction in the number of staff working on the issue.

C6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C6a Table)

A well-established positive approach to social and work integration is an important tool in this sector.

C7) Further information on the following areas regarding mental health at workplaces:

AREAS	FURTHER INFORMATION
What is the evidence of the cost-effectiveness of mental health at workplace programmes?	Not aware of national evaluation of programs of this kind
Who funds activities to prevent mental health problems at the workplace?	In the public health sector prevention of health problems covers all range of interventions, including those setting-related. Private sectors (manly employers) could put in place specific programs
Who funds activities to promote mental health at the workplace?	The public health sector and private sectors
Who has responsibility for implementation of prevention and promotion activities?	The health sector, also in cooperation with labour and social sectors
Which sectors, and professionals in them, are involved?	Those mentioned above, and the type of professionals depend on the kind of program/project
Is the focus on targeted or universal approaches?	Where in place, I think it is targeted. There isn't a National program
What is the evidence of the effectiveness of workplace mental health programmes?	No data available
Are there relevant publications and/or evaluations from your country on these thematic areas?	No relevant publication (some local event/seminar has addressed the issue)

MENTAL HEALTH AND SCHOOLS

D1) Role of mental health and schools in national policy or strategy documents

D1.1) Recognition as a priority

Yes, it is. There are specific references in all Policy documents and a number of Agreement with the Education sector have been signed/implemented.

D1.2) Estimated impact of activities related to mental health and schools on the reduction of disease burden

No specific study has addressed the issue, so I guess the impact should be in line with International findings.

D2) Existence of national programmes/strategies for mental health and schools

NO	YES
	X

D2.1) Components of these programmes

Promotion of life skills, prevention of distress, prevention of bullying, promotion of support to students with developmental and mental disabilities to ensure inclusion and respect of their rights in the education field.

D2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

Inclusion and rights are mandatory for any Region; other programs could be developed according to availability of funds and staff.

D3a) Level of implementation in 2015-2016 of recommendations to strengthen information and research on mental health and wellbeing among children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Establish a solid information base to have a detailed epidemiological frame of children and adolescent mental health and evidence on interventions		
	Provide information on coverage and outcomes of interventions (high-risk groups, size, impact, cost and potential economic savings)		
Carry out a mapping and analysis of existing screening tools for early identification of mental health disorders and poor wellbeing among children and school populations			
	Examine the potential to increase the access to promotion information and to prevention services through the use of web-based technologies (e-mental health)		

D3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D3a Table)

Screening is a controversial issue and identification is not carried out in routine way, so we cannot speak of any mapping of tools, unless it is in the context of a research program, where validated tools are used. Only researches are in progress that can support what addressed in D3.1, D3.2 and D3.4.

D3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D3a Table)

Dissemination of results is the key factor for helping to better implement recommendations.

D4a) Level of implementation in 2015-2016 of recommendations to establishing schools as settings for mental health promotion and prevention of mental disorders

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Recognise the role of early childhood education, school and peer education in creating opportunities for collaboration (whole school approach)		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying		
	Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account		
	Put in place evidence based interventions to combat early school leaving		

D4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D4a Table)

The implementation is still variable, according to the autonomy of the regional health and school systems.

D4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D4a Table)

A National Protocol between the Ministry of Health and the Ministry of Education has been signed on 2 April 2015 to promote these types of interventions (only Italian version to submit, if required).

D5a) Level of implementation in 2015-2016 of recommendations to enhance training for all school staff on mental health

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs
	Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources		
			Ensure that training is also made available to the members of the families and caregivers of children and adolescents, according to a community level approach
	Ensure that particular attention is paid also to the positive mental health and wellbeing of teachers and school staff via continuous support and mentoring		
			Preparing and sharing relevant guidelines for mental health and wellbeing promotion in schools jointly with other sectors, under the coordination of the education sector

D5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D5a Table)

Training of school staff is entirely under responsibility of the Education Sector. Not so much information is available at National level, despite all the signed agreements and the shared principles and approaches.

D5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D5a Table)

Local interest and commitment of both health and school staff help promoting and supporting local programs and projects.

D6a) Level of implementation in 2015-2016 of recommendations to link schools with other community stakeholders involved in mental health of children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Ensure that the mental health and wellbeing of children and adolescents is considered when defining and implementing policy in different sectors		
	Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors (facilitating cross-sectoral budgeting and defining responsibilities)		
Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector and ensure adequate, sustained and shared financing by the different sectors			
Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors			

D6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D6a Table)

The cooperation among sectors is not really supported by the possibility of sharing budgets. At national level, it is almost impossible to collect and evaluate data on workforce and financing, due to regional and local autonomy.

D6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D6a Table)

Some framework documents are defined at national level and the integrated approach is largely shared and often applied.

D7) Further information on the following areas regarding mental health and schools:

AREAS	FURTHER INFORMATION
What is the evidence of the cost-effectiveness of mental health and school programmes?	It is only related to some projects
Who funds activities to prevent mental health problems in schools?	The regional health authorities, out of the global health budget provided by State. On some issues it could be used in combination with funds coming from the Education system
Who funds activities to promote mental health in schools?	The same mechanism is in place
Who has responsibility for implementation of prevention and promotion activities?	Both Local Health Units and schools
Which sectors, and professionals in them, are involved?	Child and Adolescent Mental health departments/units together with schools. Generally, the professionals belong to the psychological and social sectors
Is the focus on targeted or universal approaches?	More targeted approaches

AREAS	FURTHER INFORMATION
What is the evidence of the effectiveness of school mental health programmes?	Strictly related to the kind of project implemented
Are there relevant publications and/or evaluations from your country on these thematic areas?	Nothing relevant in English

SUICIDE PREVENTION

E1) Role of suicide prevention in national policy or strategy documents

E1.1) Recognition as a priority

It has been mentioned in documents of the past years and mainly for selected populations/settings, according to the fact that in Italy figures are low, trends are quite stable and only prisons had faced a slight increase in suicides a few years ago.

E1.2) Estimated impact of activities related to suicide prevention on the reduction of disease burden

No reliable data available at national level.

E2) Existence of national programmes/strategies for suicide prevention

NO	YES
X	

E2.1) Components of these programmes

N/A

E2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

N/A

E3a) Level of implementation in 2015-2016 of recommendations on policy and legislation for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Develop a national strategy to prevent suicide (or implement it if one already exists) with a clear action plan and measurable targets			
Revise legislation to include protections for persons who have attempted suicide to return back to work			
	Promote the implementation of guidelines (e.g. WHO, EUREGENAS) for responsible media communication of suicidal events to national and local media professionals		
Promote the legislation concerning the restriction of lethal means (e.g. toxic substances and firearms)			
Reduce the package size of potentially lethal medicines and/or restrict their availability			
Promote legislation about restricting			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
alcohol availability			

E3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E3a Table)

A national program has never been developed, despite recommendation of this kind in many documents (i.e. the biannual Report on the health status of the Country), but it is difficult to find a clear explanation for this.

E3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E3a Table)

A few issues (i.e. alcohol policies) have already been addressed in previous years and are in place. Guidelines are used in a number of regions/communities.

E4a) Level of implementation in 2015-2016 of recommendations on primary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Provide training to specific professional target groups to identify and make contact with suicidal persons		
	Utilise available and evidence-based school prevention programmes to foster awareness about mental health and coping and problem solving skills in pupils		
	Implement mental health first aid programmes in communities to detect distress and signs and symptoms		
Educate the public about suicide and increase the public awareness concerning the sign of crisis			
	Ensure support is available for people bereaved by suicide		
			Provide information about where to seek help on local predicted venues of suicidal events (e.g. high places, railway crossings etc.)
	Promote and implement programmes which lead to increased knowledge and decreased stigmatization of depression and other mental health problems in the general public		
			Develop age-specific IT tools for the electronic delivery of mental health promotion and suicide prevention programmes to the general population.
			Promote keeping away dangerous means from household environment for preventing impulsive suicide acts

E4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E4a Table)

Where information is marked as "not available", I mention the fact that it seems to be of scarce interest for National policy makers, in some cases also in relation to the lack of strong evidence on effectiveness of the measures.

E4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E4a Table)

Many of the mentioned actions are part of regional/local programs, and are implemented.

E5a) Level of implementation in 2015-2016 of recommendations on secondary and tertiary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Increase the availability of telephone hotline services and utilise the methods and practice of European best practice telephone hotline services
	Increase the availability of web-based crisis intervention services (chats, etc.)		
			Increase the availability of low threshold personal services ("drop in" centres, etc.)
	Incorporate brief interventions into emergency treatment to provide information about local, available resources for crisis management, mental and social care and suicide prevention e-health tools		

E5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E5a Table)

The lack of a well based system sometimes is responsible for a poor circulation of information and exchange of experiences.

E5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E5a Table)

The protocol on suicide and ER, signed in 2008, is still implemented in some Regions. Some web based services have been developed, but there isn't a system promoting a global integrated approach.

E6a) Level of implementation in 2015-2016 of recommendations on capacity building and inter-sectoral collaboration for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Establish a national data register about suicide and attempted suicide in order to analyse the characteristics of suicide events for the better identification of high risk groups			
	Promote targeted prevention/awareness programs especially focusing on the identified high risk groups		
Systematically monitor national and regional risk-factors for suicide and suicide attempt			
	Collaborate with labour and educational sectors to have information available for students and/or employees in case of a crisis		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Encourage the IT sector and governmental actors to develop a sustainable business model to implement further evidence-based e-mental health tools			
	Support local/regional evidence-based, effective multi-level approach for combating suicide and for forming more socially connected local communities		
			Assist debt support and debt relief programmes
	Support the establishment and operation of National Centres for Suicide Research and Prevention		

E6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E6a Table)

Nothing has been done in the past two years to systematically establish registers and monitoring, even if those are considered important.

E6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E6a Table)

All other issues are addressed, but only on project/program base. A few actions (i.e. E6.8) have been often recommended, but the objective has not been achieved.

E7) Further information on the following areas regarding suicide prevention:

AREAS	FURTHER INFORMATION
E7.1) What is the evidence of the cost-effectiveness of suicide prevention programmes?	It is only based on projects evaluated
E7.2) Who funds activities for suicide prevention?	Generally, it is the health sector
E7.3) Who has responsibility for implementation of prevention activities?	Regional and local health authorities, in cooperation with other interested administrations (i.e. justice and prison)
E7.4) Which sectors, and professionals in them, are involved?	Departments of mental health, units for child/adolescent mh, involving psychiatrists, psychologists, nurses and social workers
E7.5) Is the focus on targeted or universal approaches?	Generally, it is a targeted approach
E7.6) What is the evidence of the effectiveness of suicide prevention programmes?	The positive evidence is, as already stated, related to single programs
E7.7) Are there relevant publications and/or evaluations from your country on these thematic areas?	Books are available in Italian. There are also some articles in English (if necessary I will provide them afterwards)

Additional Information

F1) Other relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that have been produced this year

N/A

F2) Key stakeholders (organisations/experts) invited to answer the stakeholder version of this survey in the country (including their e-mail address or other contact details):

- Monica Vichi, National Institute of health, Roma; monica.vichi@iss.it (suicide)
- Maurizio Pompili, University "La Sapienza", Roma; pompili.psicologia@gmail.com (suicide)
- Massimo Mirandola, Region Veneto, Verona; massimo.mirandola@regione.veneto.it (school)
- Antonella Costantino, President SINPIA, Milano;a.costantino@policlinico.mi.it (school)
  Raffaele Tangorra, Ministry of Labour and Social policy, Roma; rtangorra@lavoro.gov.it (workplace)
- Lisa Leonardini, programma mattone Internazionale salute, regione Veneto; lisa.leonardini@aulss4.veneto.it (workplace)
- Pietro Checcucci, INAPP Public Policy innovation, Roma; p.checcucci@inapp.org (workplace)

ANNUAL ACTIVITY REPORT FROM LATVIA

KEY DEVELOPMENTS IN 2016

B1) Key mental health developments initiated or implemented in 2016

B1.1) Mental health legislation

N/A

B1.2) Policy framework

N/A

B1.3) Financing and/or funding

N/A

B1.4) Services organisation development and/or quality

N/A

B1.5) Promotion and prevention initiatives

In 2016, the Centre for Disease Prevention and Control of Latvia (CDPC) organized 30 workshops for teachers and school psychologists to educate above-mentioned target groups about the prevention of professional burnout and bullying in school. Also workshops for pupils were organized to educate about emotions, perception, interpersonal empathy and communication aiming to improve the psychological climate in class and reduce bullying. Other promotion and prevention initiatives in 2016 include the preparation of Latvian translated version of WHO material "Preventing Suicide: A Resource for Media Professionals", preparation of material "Suicide risk factors", preparation of info-graphics about depression, burnout-syndrome and healthy sleep, organization of sigma against mental illness reducing lectures in 10 schools in connection with World Mental Health Day, etc.

B1.6) Involvement of partners from other policies and sectors (multisector governance)

N/A

B1.7) Involvement of patients, families and NGOs

N/A

B1.8) Monitoring the mental health status of the population or particular population groups (including suicidal behaviour)

Annual mental health monitoring report "Mental health in Latvia" was prepared.

B1.9) Measuring the impact of policies and/or emerging new needs

N/A

B1.10) Mental Health in All Policies (i.e. promotion of population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas)

N/A

B1.11) Other

N/A

B2) Links to new documents, reports or resources that could benefit other stakeholders in mental health:

N/A

B3) Strengths and weaknesses of the mental health situation

STRENGTHS	WEAKNESSES
Mental health as a priority in Public Health Strategy, EU funding for promotion and prevention initiatives.	Limited multisectoral collaboration, limited experience in mental health promotion activities.

MENTAL HEALTH AT WORKPLACES

C1) Role of mental health at workplaces in national policy or strategy documents

C1.1) Recognition as a priority

In "Public Health Strategy 2014-2020", overall mental health is one of the priority areas, but mental health in the workplace is not a separate priority.

C1.2) Estimated impact of activities related to mental health at workplaces on the reduction of disease burden

No data available for estimates.

C2) Existence of national programmes/strategies for mental health at workplaces

NO	YES
X	

C2.1) Components of these programmes

N/A

C2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

N/A

C3a) Level of implementation in 2015-2016 of recommendations to build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Informal (e.g. working groups who exchange experiences) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved			
			Formal (e.g. as part of Occupational Safety and Health (OSH) or national government programmes) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved
Health policy development to legally anchor structures for inter-sector cooperation			
Health policy sector working together with OSH stakeholders to make it easier for SMEs to access support			
			Key multiplier institutions (chambers of industry and commerce, sector associations, trade associations, etc.) to implement joint information campaigns for SMEs on work-related mental health issues
			Involve the health policy sector to identify and promote styles of management that are conducive to health

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Development of platforms to facilitate structured exchange of experience for social health insurance institutions and government health agencies			
	Implement health policy measures and strategies that promote open communication in the workplace and reduce the stigma of mental health problems		
Health insurance institutions and/or national health services to implement model dissemination programmes in co-operation with stakeholders from other action fields (training and education, public administration and labour market management)			

C3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C3a Table)

N/A

C3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C3a Table)

N/A

C4a) Level of implementation in 2015-2016 of recommendations to prevent mental health problems at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Health policy sector to develop infrastructure which promotes wider dissemination of good risk management practices in enterprises, including psychosocial factors			
Statutory health insurance institutions and national health services to support OSH stakeholders in convincing employers to adopt risk assessment practices that include psychosocial factors			
			Raise the relevance of OSH by combining risk assessment approaches with campaigning activities which link mental health issues to the human resource and labour market agenda
			Develop and disseminate easy-to-understand tools and instruments for employers
			Recognise that small and medium-sized enterprises (SMEs) need a tailored approach and support to tackle psychosocial risk factors

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Examine how national health service and statutory health insurance institutions can provide support to workplaces on mental health			
			Develop coordinated national and regional goals for OSH and workplace health promotion and translate them into general psychosocial recommendations

C4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C4a Table)

N/A

C4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C4a Table)

N/A

C5a) Level of implementation in 2015-2016 of recommendations to promote mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Health policy sector promoting good work organisation and leadership practices as drivers for business excellence and competitiveness			
	Promotion approaches and practices which combine lifestyle improvements with working condition focused improvements		
			Engagement of key external stakeholders (social partners, regulatory system, social insurance, health care etc.) to adopt a supportive role for enterprises in the field of workplace health promotion (WHP)
Support of the health policy sector in the dissemination of good practices in the promotion of mental health at the workplace in all institutions of the health care system			
Institutions responsible for organising health care or occupational health and safety develop an independent service area for workplace health promotion that is economically accessible for all enterprises			
			Workplace health promotion services include basic advisory services for organisations for the introduction and systematic promotion of mental health at the workplace

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Workplace health promotion services include the evaluation of data on mental disorders (if available) at enterprise level (including benchmarking in the respective sector)			
			Workplace health promotion services include qualification measures in stress management for employees
Health policy sector examines and modifies existing rules and regulations, including the tax system, to encourage enterprises to invest in measures for workplace mental health promotion			

C5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C5a Table)

N/A

C5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C5a Table)

N/A

C6a) Level of implementation in 2015-2016 of recommendations to support the reintegration/return to work of people who have experienced mental health difficulties

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Health policy sector ensures and improves access to care for mentally ill employees		
	Focus on early identification of the need for care		
			Employees have fast and low-threshold access to outpatient psychotherapy services
			Employers take action to reduce stigmatisation of mental health problems at the workplace to encourage early contact with the health system and facilitate return to work
Support services to gradually reintegrate employees after long-term absence include integrated care processes that combine organisational assistance with suitable inpatient and outpatient care services			
			Support is available for persons with partial work capacity to participate in the labour market
Return-to-work is part of a multi-disciplinary care plan (e.g. between health care/social security systems)			

C6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C6a Table)

N/A

C6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C6a Table)

N/A

C7) Further information on the following areas regarding mental health at workplaces:

AREAS	FURTHER INFORMATION
What is the evidence of the cost-effectiveness of mental health at workplace programmes?	N/A
Who funds activities to prevent mental health problems at the workplace?	State funding for some activities
Who funds activities to promote mental health at the workplace?	State funding for some activities
Who has responsibility for implementation of prevention and promotion activities?	N/A
Which sectors, and professionals in them, are involved?	Health sector, Welfare sector
Is the focus on targeted or universal approaches?	N/A
What is the evidence of the effectiveness of workplace mental health programmes?	N/A
Are there relevant publications and/or evaluations from your country on these thematic areas?	N/A

MENTAL HEALTH AND SCHOOLS

D1) Role of mental health and schools in national policy or strategy documents

D1.1) Recognition as a priority

In "Public Health Strategy 2014-2020", overall mental health is one of the priority areas and this document also includes activities for mental health promotion in schools and among children.

D1.2) Estimated impact of activities related to mental health and schools on the reduction of disease burden

No data available for estimates.

D2) Existence of national programmes/strategies for mental health and schools

NO	YES
X	

D2.1) Components of these programmes

N/A

D2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

N/A

D3a) Level of implementation in 2015-2016 of recommendations to strengthen information and research on mental health and wellbeing among children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Establish a solid information base to have a detailed epidemiological frame of children and adolescent mental health and evidence on interventions		
	Provide information on coverage and outcomes of interventions (high-risk groups, size, impact, cost and potential economic savings)		
Carry out a mapping and analysis of existing screening tools for early identification of mental health disorders and poor wellbeing among children and school populations			
Examine the potential to increase the access to promotion information and to prevention services through the use of web-based technologies (e-mental health)			

D3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D3a Table)

3.2. A lack of experience in evaluating potential economic savings of mental health promoting activities; 3.3. A limited experience in using screening tools in children and school populations; 3.4. A lack of experience in using web-based technologies for mental health promotion among children.

D3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D3a Table)

3.1. Routine population surveys among schoolchildren including mental health-related indicators; 3.2. Process evaluation for interventions.

D4a) Level of implementation in 2015-2016 of recommendations to establishing schools as settings for mental health promotion and prevention of mental disorders

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Recognise the role of early childhood education, school and peer education in creating opportunities for collaboration (whole school approach)	
	Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying		
			Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account
			Put in place evidence based interventions to combat early school leaving

D4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D4a Table)
N/A

D4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D4a Table)
4.1. Opportunity to implement health promotion activities through the National Network of Health Promoting Schools.

D5a) Level of implementation in 2015-2016 of recommendations to enhance training for all school staff on mental health

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	NA
	Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs			
			Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources	
				Ensure that training is also made available to the members of the families and caregivers of children and adolescents, according to a community level approach
		Ensure that particular attention is paid also to the positive mental health and wellbeing of teachers and school staff via continuous support and mentoring		
		Preparing and sharing relevant guidelines for mental health and wellbeing promotion in schools jointly with other sectors, under the coordination of the education sector		

D5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D5a Table)
N/A

D5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D5a Table)
5.4; 5.5. Opportunity to implement health promotion activities through the National Network of Health Promoting Schools.

D6a) Level of implementation in 2015-2016 of recommendations to link schools with other community stakeholders involved in mental health of children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Ensure that the mental health and wellbeing of children and adolescents is considered when defining and implementing policy in different sectors		
Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors (facilitating cross-sectoral budgeting and defining responsibilities)			
Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector and ensure adequate, sustained and shared financing by the different sectors			
	Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors		

D6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D6a Table)
N/A

D6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D6a Table)
N/A

D7) Further information on the following areas regarding mental health and schools:

AREAS	FURTHER INFORMATION
What is the evidence of the cost-effectiveness of mental health and school programmes?	N/A
Who funds activities to prevent mental health problems in schools?	State funding
Who funds activities to promote mental health in schools?	State funding
Who has responsibility for implementation of prevention and promotion activities?	Health sector, municipalities
Which sectors, and professionals in them, are involved?	Health sector - coordinators of health promotion, education sector
Is the focus on targeted or universal approaches?	Both
What is the evidence of the effectiveness of school mental health programmes?	N/A
Are there relevant publications and/or evaluations from your country on these thematic areas?	N/A

SUICIDE PREVENTION

E1) Role of suicide prevention in national policy or strategy documents

E1.1) Recognition as a priority
In "Public Health Strategy 2014-2020", overall mental health is one of the priority areas and in this document suicides are considered as one of the mental health related problems in Latvia.

E1.2) Estimated impact of activities related to suicide prevention on the reduction of disease burden
No data available for estimates.

E2) Existence of national programmes/strategies for suicide prevention

NO	YES
X	

E2.1) Components of these programmes
N/A

E2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
N/A

E3a) Level of implementation in 2015-2016 of recommendations on policy and legislation for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Develop a national strategy to prevent suicide (or implement it if one already exists) with a clear action plan and measurable targets			
Revise legislation to include protections for persons who have attempted suicide to return back to work			
	Promote the implementation of guidelines (e.g. WHO, EUREGENAS) for responsible media communication of suicidal events to national and local media professionals		
	Promote the legislation concerning the restriction of lethal means (e.g. toxic substances and firearms)		
			Reduce the package size of potentially lethal medicines and/or restrict their availability
	Promote legislation about restricting alcohol availability		

E3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E3a Table)
A lack of separate suicide prevention strategy.

E3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E3a Table)
N/A

E4a) Level of implementation in 2015-2016 of recommendations on primary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Provide training to specific professional target groups to identify and make contact with suicidal persons			
	Utilise available and evidence-based school prevention programmes to foster awareness about mental health and coping and problem solving skills in pupils		
	Implement mental health first aid programmes in communities to detect distress and signs and symptoms		
	Educate the public about suicide and increase the public awareness concerning the sign of crisis		
			Ensure support is available for people bereaved by suicide
Provide information about where to seek help on local predicted venues of suicidal events (e.g. high places, railway crossings etc.)			
		Promote and implement programmes which lead to increased knowledge and decreased stigmatisation of depression and other mental health problems in the general public	
	Develop age-specific IT tools for the electronic delivery of mental health promotion and suicide prevention programmes to the general population.		
Promote keeping away dangerous means from household environment for preventing impulsive suicide acts			

E4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E4a Table)
N/A

E4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E4a Table)
4.7. Developed and implemented campaign for the recognition of signs of mental illness and stigma reduction.

E5a) Level of implementation in 2015-2016 of recommendations on secondary and tertiary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Increase the availability of telephone hotline services and utilise the methods and practice of European best practice telephone hotline services		
	Increase the availability of web-based crisis intervention services (chats, etc.)		
			Increase the availability of low threshold personal services ("drop in" centres, etc.)
Incorporate brief interventions into emergency treatment to provide information about local, available resources for crisis management, mental and social care and suicide prevention e-health tools			

E5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E5a Table)
N/A

E5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E5a Table)
N/A

E6a) Level of implementation in 2015-2016 of recommendations on capacity building and inter-sectoral collaboration for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Establish a national data register about suicide and attempted suicide in order to analyse the characteristics of suicide events for the better identification of high risk groups	
	Promote targeted prevention/awareness programs especially focusing on the identified high risk groups		
	Systematically monitor national and regional risk-factors for suicide and suicide attempt		
	Collaborate with labour and educational sectors to have information available for students and/or employees in case of a crisis		
Encourage the IT sector and governmental actors to develop a sustainable business model to implement further evidence-based e-mental health tools			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Support local/regional evidence-based, effective multi-level approach for combating suicide and for forming more socially connected local communities
Assist debt support and debt relief programmes			
Support the establishment and operation of National Centres for Suicide Research and Prevention			

E6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E6a Table)
N/A

E6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E6a Table)
6.1. Reliable data from Register of Causes of Death, annual mental health monitoring report.

E7) Further information on the following areas regarding suicide prevention:

AREAS	FURTHER INFORMATION
What is the evidence of the cost-effectiveness of suicide prevention programmes?	N/A
Who funds activities for suicide prevention?	State funding
Who has responsibility for implementation of prevention activities?	Health sector
Which sectors, and professionals in them, are involved?	Health sector, welfare sector, NGOs
Is the focus on targeted or universal approaches?	Universal
What is evidence of the effectiveness of suicide prevention programmes?	N/A
Are there relevant publications and/or evaluations from your country on these thematic areas?	N/A

Additional Information

F1) Other relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that have been produced this year
N/A

F2) Key stakeholders (organisations/experts) invited to answer the stakeholder version of this survey in the country (including their e-mail address or other contact details):
N/A

ANNUAL ACTIVITY REPORT FROM LITHUANIA

KEY DEVELOPMENTS IN 2016

B1) Key mental health developments initiated or implemented in 2016

B1.1) Mental health legislation

Mental health care act, approved in 1995, is still under supervision

B1.2) Policy framework

As earlier.

B1.3) Financing and/or funding

In 2016 Minister of Health orders were revised, regulating costs of primary health care services, including mental health services.

B1.4) Services organisation development and/or quality

As earlier.

B1.5) Promotion and prevention initiatives

Commission for Suicide Prevention of Parliament of the Republic of Lithuania which discusses and presents ongoing questions concerning suicide prevention. Implementation programme of suicide prevention for 2017. Suicide prevention Memorandum of Vilnius Municipality. Ongoing suicide prevention questions in Vilnius region.

B1.6) Involvement of partners from other policies and sectors (multisector governance)

As earlier.

B1.7) Involvement of patients, families and NGOs

As earlier.

B1.8) Monitoring the mental health status of the population or particular population groups (including suicidal behaviour)

As earlier.

B1.9) Measuring the impact of policies and/or emerging new needs

As earlier.

B1.10) Mental Health in All Policies (i.e. promotion of population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas)

N/A

B1.11) Other

N/A

B2) Links to new documents, reports or resources that could benefit other stakeholders in mental health:

N/A

B3) Strengths and weaknesses of the mental health situation

STRENGTHS	WEAKNESSES
Mental health is recognized as one of the priorities in the health policy. Lithuania has a network of mental health services at the primary health care level which are reasonably distributed across the country. During the last years day centres' network was expanded and a complex psychiatric help for children and family centres was established as well as 5 crisis centres.	High suicide, violence and alcohol consumption rates. Funding for mental health prevention and promotion activities is quite limited. Mental health services (as a whole medicine system in Lithuania) have a serious challenge with unequal distribution of medical personnel due to population imbalance and there is lack of specialists

MENTAL HEALTH AT WORKPLACES

C1) Role of mental health at workplaces in national policy or strategy documents

C1.1) Recognition as a priority

The Labour Code 2002 and The Law on Safety and Health at Work of the Republic of Lithuania 2003 oblige the duty of the employer to ensure safety and health of workers at work in all aspects related to work. It is a general obligation for employers to carry out a risk assessment also for psychosocial factors. Risk assessment procedure is regulated by Provisions of risk assessment approved by the Ministry of Social Security and Labour and the Minister of Health (2012). The basic and specific document on psychosocial risk assessment is Methodological regulations for psychosocial risk assessment approved by the Ministry of Social Security and Labour and the Minister of Health (2005). The psychosocial risk assessment can sufficiently contribute to the stress management. One of the chapters in "Action plan for healthy ageing protection in Lithuania 2014-2023" is dedicated to the occupational health issues and involves mental health promotion at workplaces activities (mostly for officers). The necessity to reduce work-related stress is also mentioned in "The Public Health Development programme for 2016-2023" adopted by the Government in 2015. The common activities mentioned in the programme are promotion of healthy life-style and improvement of health literacy over the life course, development and implementation of integrated public health care models, use of "Health in all policies" approach to improve public health and reduce health inequalities. The National Program for the Social Integration of Persons with Disabilities 2013–2019 approved by the Government of the Republic of Lithuania covers many areas of public life: public education, health care, medical rehabilitation, training of autonomous life skills, vocational rehabilitation, psychosocial rehabilitation, social services, education, social security, employment, culture, sport, recreation and family life. The aim of vocational rehabilitation is to develop or restore capacity for work of the disabled and increase opportunities for their employment. This is achieved in several stages. First of all, the need for vocational rehabilitation services is determined. The Service for the Establishment of Disability and Capacity for Work, which performs this function, assesses medical, functional, vocational, and other criteria, which have an impact on the possibilities of an individual's vocational rehabilitation and employment, with regard to every individual who is approaching the Service concerning the establishment of the level of capacity for work. Specific active labour market policy measures for disabled are being organized by Public employment services: subsidized employment, subsidy for job creation or workplace adaptation, support for self-employment. During last years more and more attention to the mental health at the workplace is paid and despite the fact that it is not recognized as a high priority field, political strategic documents mentioned above include measures to improve mental health at the workplaces.

C1.2) Estimated impact of activities related to mental health at workplaces on the reduction of disease burden

No.

C2) Existence of national programmes/strategies for mental health at workplaces

NO	YES
	X

C2.1) Components of these programmes

Lithuania does not have any special programme for mental health at the workplace, but some topics can be obtained in other mental or public health programmes (psychosocial job environment and stress reduction issues, vocational rehabilitation for people with mental health disabilities, etc.) or minister's orders.

C2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

All municipalities.

C3a) Level of implementation in 2015-2016 of recommendations to build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Informal (e.g. working groups who exchange experiences) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		
Formal (e.g. as part of Occupational Safety and Health (OSH) or national government programmes) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved			
Health policy development to legally anchor structures for inter-sector cooperation			
Health policy sector working together with OSH stakeholders to make it easier for SMEs to access support			
	Key multiplier institutions (chambers of industry and commerce, sector associations, trade associations, etc.) to implement joint information campaigns for SMEs on work-related mental health issues		
			Involve the health policy sector to identify and promote styles of management that are conducive to health
Development of platforms to facilitate structured exchange of experience for social health insurance institutions and government health agencies			
	Implement health policy measures and strategies that promote open communication in the workplace and reduce the stigma of mental health problems		
			Health insurance institutions and/or national health services to implement model dissemination programmes in co-operation with stakeholders from other action fields (training and education, public administration and labour market management)

C3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C3a Table)

The complexity of the topic of mental health, lack of mutual understanding among various stakeholders and sectors, lack of interest and awareness in target groups, as well as the fact that Lithuania has different ministries for health and for social security and they share responsibility for mental health at the

workplace could be mentioned as possible challenges, barriers and limitations. The lack of financial resources.

C3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C3a Table)

Raise the awareness of mental health problems at the workplace. Knowledge and cooperation should be increased.

C4a) Level of implementation in 2015-2016 of recommendations to prevent mental health problems at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Health policy sector to develop infrastructure which promotes wider dissemination of good risk management practices in enterprises, including psychosocial factors
			Statutory health insurance institutions and national health services to support OSH stakeholders in convincing employers to adopt risk assessment practices that include psychosocial factors
			Raise the relevance of OSH by combining risk assessment approaches with campaigning activities which link mental health issues to the human resource and labour market agenda
Develop and disseminate easy-to-understand tools and instruments for employers			
	Recognise that small and medium-sized enterprises (SMEs) need a tailored approach and support to tackle psychosocial risk factors		
Examine how national health service and statutory health insurance institutions can provide support to workplaces on mental health			
Develop coordinated national and regional goals for OSH and workplace health promotion and translate them into general psychosocial recommendations			

C4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C4a Table)

The same as mentioned earlier: The complexity of the topic of mental health, lack of mutual understanding among various stakeholders and sectors, lack of interest and awareness in target groups, as well as the fact that Lithuania has different ministries for health and for social security and they share responsibility for mental health at the workplace could be mentioned as possible challenges, barriers and limitations. The lack of financial resources.

C4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C4a Table)

As it was mentioned earlier, the awareness raising of mental health problems at the workplace, financial support, knowledge and cooperation should be increased.

C5a) Level of implementation in 2015-2016 of recommendations to promote mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Health policy sector promoting good work organisation and leadership practices as drivers for business excellence and competitiveness		
	Promotion approaches and practices which combine lifestyle improvements with working condition focused improvements		
			Engagement of key external stakeholders (social partners, regulatory system, social insurance, health care etc.) to adopt a supportive role for enterprises in the field of workplace health promotion (WHP)
	Support of the health policy sector in the dissemination of good practices in the promotion of mental health at the workplace in all institutions of the health care system		
Institutions responsible for organising health care or occupational health and safety develop an independent service area for workplace health promotion that is economically accessible for all enterprises			
	Workplace health promotion services include basic advisory services for organisations for the introduction and systematic promotion of mental health at the workplace		
			Workplace health promotion services include the evaluation of data on mental disorders (if available) at enterprise level (including benchmarking in the respective sector)
	Workplace health promotion services include qualification measures in stress management for employees		
Health policy sector examines and modifies existing rules and regulations, including the tax system, to encourage enterprises to invest in measures for workplace mental health promotion			

C5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C5a Table)

Lack of occupational health specialists and services. The cooperation and dissemination of information among the social sector, workplace and OHS does not always work well. Quite low level of knowledge about mental health problems among employers and employees.

C5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C5a Table)

Knowledge must be increased and evidence-practices should receive more support. The availability of occupational health care professionals, specialists and services should be improved. Level of the coordination and responsibility in the various groups should be raised. Better using of existing models.

C6a) Level of implementation in 2015-2016 of recommendations to support the reintegration/return to work of people who have experienced mental health difficulties

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Health policy sector ensures and improves access to care for mentally ill employees		
Focus on early identification of the need for care			
Employees have fast and low-threshold access to outpatient psychotherapy services			
			Employers take action to reduce stigmatisation of mental health problems at the workplace to encourage early contact with the health system and facilitate return to work
	Support services to gradually reintegrate employees after long-term absence include integrated care processes that combine organisational assistance with suitable inpatient and outpatient care services		
	Support is available for persons with partial work capacity to participate in the labour market		
	Return-to-work is part of a multi-disciplinary care plan (e.g. between health care/social security systems)		

C6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C6a Table)

The social exclusion, disrespect and stigma associated with individuals experiencing mental health problems is a frequent occurrence. The cooperation and flow of information among the workplace, OHS and special treatment does not always work well. There are regional differences in the availability of treatment with different waiting lists for the psychotherapy. There is still a negative attitude towards mental illness and work opportunities for employees with mental health problems are restricted.

C6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C6a Table)

Education of employers and employees on mental health issues, increase of occupational health specialists altogether with mental health professionals at the workplace itself can be mentioned as the success factors. Attitude towards mental health issues should change. Awareness should continuously be raised at workplaces.

C7) Further information on the following areas regarding mental health at workplaces:

AREAS	FURTHER INFORMATION
What is the evidence of the cost-effectiveness of mental health at workplace programmes?	N/A
Who funds activities to prevent mental health problems at the workplace?	Workplaces and municipalities to some extent. Mental health promotion and prevention programmes is currently voluntary.
Who funds activities to promote mental health at the workplace?	Workplaces and municipalities to some extent. Mental health promotion and prevention programmes is currently voluntary.
Who has responsibility for implementation of prevention and promotion activities?	Employers
Which sectors, and professionals in them, are involved?	Occupational health services (occupational health specialists or safety and health specialists), Public health bureaus (public health specialists)
Is the focus on targeted or universal approaches?	Targeted and universal
What is the evidence of the effectiveness of workplace mental health programmes?	N/A
Are there relevant publications and/or evaluations from your country on these thematic areas?	N/A

MENTAL HEALTH AND SCHOOLS

D1) Role of mental health and schools in national policy or strategy documents

D1.1) Recognition as a priority
Mental health at schools is recognized as one of the priorities in the health and education policy. According to the Education Act amendments coming into force from 2017 September 1., educational institution will be required to enable each student to participate in long-term social and emotional education program. Mental health issues are also represented in the "Health and sexuality education and preparation for the family common programme" (2016) and "Good school conception" (2015). Lithuania has a network of pedagogical-psychological services, which perform psychological and pedagogical assessments of the child, advise parents and teachers on issues related to learning, behaviour, emotions and communication problems of learners with special needs or psychological difficulties, and provide recommendations on their further development.

D1.2) Estimated impact of activities related to mental health and schools on the reduction of disease burden
No estimations.

D2) Existence of national programmes/strategies for mental health and schools

NO	YES	NOT SURE
		X

D2.1) Components of these programmes
N/A

D2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
N/A

D3a) Level of implementation in 2015-2016 of recommendations to strengthen information and research on mental health and wellbeing among children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Establish a solid information base to have a detailed epidemiological frame of children and adolescent mental health and evidence on interventions
			Provide information on coverage and outcomes of interventions (high-risk groups, size, impact, cost and potential economic savings)
			Carry out a mapping and analysis of existing screening tools for early identification of mental health disorders and poor wellbeing among children and school populations
			Examine the potential to increase the access to promotion information and to prevention services through the use of web-based technologies (e-mental health)

D3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D3a Table)
N/A

D3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D3a Table)
N/A

D4a) Level of implementation in 2015-2016 of recommendations to establishing schools as settings for mental health promotion and prevention of mental disorders

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Recognise the role of early childhood education, school and peer education in creating opportunities for collaboration (whole school approach)		
	Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying		
			Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account
	Put in place evidence based interventions to combat early school leaving		

D4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D4a Table)
An unstable financial support system (D4.2).

D4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D4a Table)
Collaboration with NGO (D4.2).

D5a) Level of implementation in 2015-2016 of recommendations to enhance training for all school staff on mental health

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs
			Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources
			Ensure that training is also made available to the members of the families and caregivers of children and adolescents, according to a community level approach
			Ensure that particular attention is paid also to the positive mental health and wellbeing of teachers and school staff via continuous support and mentoring
			Preparing and sharing relevant guidelines for mental health and wellbeing promotion in schools jointly with other sectors, under the coordination of the education sector

D5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D5a Table)
N/A

D5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D5a Table)
N/A

D6a) Level of implementation in 2015-2016 of recommendations to link schools with other community stakeholders involved in mental health of children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Ensure that the mental health and wellbeing of children and adolescents is considered when defining and implementing policy in different sectors

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors (facilitating cross-sectoral budgeting and defining responsibilities)		
			Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector and ensure adequate, sustained and shared financing by the different sectors
			Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors

D6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D6a Table)
N/A

D6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D6a Table)
N/A

D7) Further information on the following areas regarding mental health and schools:

AREAS	FURTHER INFORMATION
What is the evidence of the cost-effectiveness of mental health and school programmes?	N/A
Who funds activities to prevent mental health problems in schools?	N/A
Who funds activities to promote mental health in schools?	State and municipalities budget
Who has responsibility for implementation of prevention and promotion activities?	Head of the school and child welfare committee (on the school level)
Which sectors, and professionals in them, are involved?	Education specialists (psychologist, social pedagogue, special pedagogue), public health specialists and other specialists working at the schools, pedagogical- psychological services, health services, municipality, policy, social care, NGO and other.
Is the focus on targeted or universal approaches?	N/A
What is the evidence of the effectiveness of school mental health programmes?	N/A
Are there relevant publications and/or evaluations from your country on these thematic areas?	N/A

SUICIDE PREVENTION

E1) Role of suicide prevention in national policy or strategy documents

E1.1) Recognition as a priority
Suicide prevention is a prioritized area in Lithuania. Suicide mortality rate of Lithuania is 3 times higher than the EU average.

E1.2) Estimated impact of activities related to suicide prevention on the reduction of disease burden
No estimations.

E2) Existence of national programmes/strategies for suicide prevention

NO	YES
	X

E2.1) Components of these programmes
Mental health strategy and suicide prevention implementation plan for 2016-2020 (2016). The examples of activities included in the last one are education programmes to the specialists and public on suicidal behaviour recognition and help, suicide prevention programmes in schools, help to persons whose relatives committed suicides, etc.

E2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
N/A

E3a) Level of implementation in 2015-2016 of recommendations on policy and legislation for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Develop a national strategy to prevent suicide (or implement it if one already exists) with a clear action plan and measurable targets		
Revise legislation to include protections for persons who have attempted suicide to return back to work			
	Promote the implementation of guidelines (e.g. WHO, EUREGENAS) for responsible media communication of suicidal events to national and local media professionals		
	Promote the legislation concerning the restriction of lethal means (e.g. toxic substances and firearms)		
	Reduce the package size of potentially lethal medicines and/or restrict their availability		
	Promote legislation about restricting alcohol availability		

E3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E3a Table)
Lack of political agreement concerning coordination and implementation of prevention activities. Lack of interinstitutional collaboration. Lack of stable financial mechanism.

E3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E3a Table)
The success factor is that Suicide Prevention Bureau was established January 2015 as a part of State Mental Health Center.

E4a) Level of implementation in 2015-2016 of recommendations on primary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Provide training to specific professional target groups to identify and make contact with suicidal persons		
	Utilise available and evidence-based school prevention programmes to foster awareness about mental health and coping and problem solving skills in pupils		
Implement mental health first aid programmes in communities to detect distress and signs and symptoms			
	Educate the public about suicide and increase the public awareness concerning the sign of crisis		
	Ensure support is available for people bereaved by suicide		
	Provide information about where to seek help on local predicted venues of suicidal events (e.g. high places, railway crossings etc.)		
	Promote and implement programmes which lead to increased knowledge and decreased stigmatisation of depression and other mental health problems in the general public		
Develop age-specific IT tools for the electronic delivery of mental health promotion and suicide prevention programmes to the general population.			
Promote keeping away dangerous means from household environment for preventing impulsive suicide acts			

E4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E4a Table)
There are some difficulties in the smaller towns and rural areas - the help is hardly accessible there.

E4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E4a Table)
The Association for bereaved by suicide has been established in 2015.

E5a) Level of implementation in 2015-2016 of recommendations on secondary and tertiary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Increase the availability of telephone hotline services and utilise the methods and practice of European best practice telephone hotline services		
	Increase the availability of web-based crisis intervention services (chats, etc.)		
	Increase the availability of low threshold personal services ("drop in" centres, etc.)		
	Incorporate brief interventions into emergency treatment to provide information about local, available resources for crisis management, mental and social care and suicide prevention e-health tools		

E5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E5a Table)
N/A

E5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E5a Table)
There are 4 hotlines, which support and give emotional help. E-health system is being developed and improved.

E6a) Level of implementation in 2015-2016 of recommendations on capacity building and inter-sectoral collaboration for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Establish a national data register about suicide and attempted suicide in order to analyse the characteristics of suicide events for the better identification of high risk groups			
	Promote targeted prevention/awareness programs especially focusing on the identified high risk groups		
Systematically monitor national and regional risk-factors for suicide and suicide attempt			
Collaborate with labour and educational sectors to have information available for students and/or employees in case of a crisis			
Encourage the IT sector and governmental actors to develop a sustainable business model to implement further evidence-based e-mental health tools			
Support local/regional evidence-based, effective multi-level approach for combating suicide and for forming more socially			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
connected local communities			
Assist debt support and debt relief programmes			
Support the establishment and operation of National Centres for Suicide Research and Prevention			

E6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E6a Table)
Quite limited funding.

E6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E6a Table)
N/A

E7) Further information on the following areas regarding suicide prevention:

AREAS	FURTHER INFORMATION
What is the evidence of the cost-effectiveness of suicide prevention programmes?	We don't have such estimations yet
Who funds activities for suicide prevention?	Ministries and municipalities as well as structural funds
Who has responsibility for implementation of prevention activities?	Depends on activities
Which sectors, and professionals in them, are involved?	Health, Education, Social
Is the focus on targeted or universal approaches?	Targeted
What is evidence of the effectiveness of suicide prevention programmes?	No estimations
Are there relevant publications and/or evaluations from your country on these thematic areas?	N/A

Additional Information

F1) Other relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that have been produced this year
N/A

F2) Key stakeholders (organisations/experts) invited to answer the stakeholder version of this survey in the country (including their e-mail address or other contact details):
Nijolė Goštautaitė Midttun, leader of company "Mental Health Initiative" e-mail: info@mhi.lt

ANNUAL ACTIVITY REPORT FROM LUXEMBOURG

KEY DEVELOPMENTS IN 2016

B1) Key mental health developments initiated or implemented in 2016

B1.1) Mental health legislation
N/A

B1.2) Policy framework
Around the national suicide prevention plan.

B1.3) Financing and/or funding
Ministry of health.
Ministry of social affairs.
Foundation Grand-Duchesse Charlotte for the CESMI.

B1.4) Services organisation development and/or quality
"Centre ethnopsychiatrique de soins pour migrants"(CESMI)
"Service Parentalité"

B1.5) Promotion and prevention initiatives
Suicide prevention, violence, mobbing prevention, drugs and aids prevention, training: a lot of initiatives in the school, social and health sectors.
Gender-intersex, human trafficking, abuse and maltreatment.

B1.6) Involvement of partners from other policies and sectors (multisector governance)
Health, education, family, equality of chance, justice. NGO's working in these sectors

B1.7) Involvement of patients, families and NGOs
Yes, creation of a new NGO around the family and friends of persons with psychosis disease.

B1.8) Monitoring the mental health status of the population or particular population groups (including suicidal behaviour)
No.

B1.9) Measuring the impact of policies and/or emerging new needs
No.

B1.10) Mental Health in All Policies (i.e. promotion of population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas)
GIMP- physical and nutrition activities
Emotional and sexual health: national program
National suicide prevention plan
National dementia plan
National cancer plan
National drug plan

B1.11) Other
N/A

B2) Links to new documents, reports or resources that could benefit other stakeholders in mental health:

1. http://www.sante.public.lu/fr/publications/p/plan-national-maladies-dementielles/index.html
2. http://www.sante.public.lu/fr/campagnes/2006/gesond-iessen/index.html
3. https://www.google.lu/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0ahUKEwjimb7Og5fSAhWDtRoKHeVIDi4QFggjMAE&url=https%3A%2F%2Fwww.gouvernement.lu%2F6658145%2FConcept-PROESA.pdf&usg=AFQjCNE7-nK-hYcwAUrjUTPUhOvnJlkp4w&bvm=bv.147448319,d.d2s

B3) Strengths and weaknesses of the mental health situation

STRENGTHS	WEAKNESSES
Well organized social health and security system. Many differentiated NGOs. Small country, great proximity	Two systems of financing: social security system and conventioned system. Networking between the different actors has inflexible or rigid procedures for complex situations

MENTAL HEALTH AT WORKPLACES

C1) Role of mental health at workplaces in national policy or strategy documents

C1.1) Recognition as a priority

Recognized yes; not yet a political priority.

C1.2) Estimated impact of activities related to mental health at workplaces on the reduction of disease burden

No

C2) Existence of national programmes/strategies for mental health at workplaces

NO	YES
X	

C2.1) Components of these programmes

N/A

C2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

N/A

C3a) Level of implementation in 2015-2016 of recommendations to build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Informal (e.g. working groups who exchange experiences) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		
	Formal (e.g. as part of Occupational Safety and Health (OSH) or national government programmes) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		
	Health policy development to legally anchor structures for inter-sector cooperation		
Health policy sector working together with OSH stakeholders to			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
make it easier for SMEs to access support			
Key multiplier institutions (chambers of industry and commerce, sector associations, trade associations, etc.) to implement joint information campaigns for SMEs on work-related mental health issues			
	Involve the health policy sector to identify and promote styles of management that are conducive to health		
Development of platforms to facilitate structured exchange of experience for social health insurance institutions and government health agencies			
	Implement health policy measures and strategies that promote open communication in the workplace and reduce the stigma of mental health problems		
			Health insurance institutions and/or national health services to implement model dissemination programmes in co-operation with stakeholders from other action fields.

C3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C3a Table)

Mobbing problematic is foreseen legally for public sector and for private sector.

C3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C3a Table)

Mobbing/stress NGOs supported financially by ministries of health and labour induces awareness of the necessity for legal implementation.

C4a) Level of implementation in 2015-2016 of recommendations to prevent mental health problems at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Health policy sector to develop infrastructure which promotes wider dissemination of good risk management practices in enterprises, including psychosocial factors		
Statutory health insurance institutions and national health services to support OSH stakeholders in convincing employers to adopt risk assessment practices that include psychosocial factors			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Raise the relevance of OSH by combining risk assessment approaches with campaigning activities which link mental health issues to the human resource and labour market agenda		
	Develop and disseminate easy-to-understand tools and instruments for employers		
	Recognise that small and medium-sized enterprises (SMEs) need a tailored approach and support to tackle psychosocial risk factors		
Examine how national health service and statutory health insurance institutions can provide support to workplaces on mental health			
Develop coordinated national and regional goals for OSH and workplace health promotion and translate them into general psychosocial recommendations			

C4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C4a Table)

Not all occupational health services are aware of the necessity to implement actions regarding mental health in the companies.

C4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C4a Table)

The tertiary sector (administrative) is well developed, here the necessity to implement actions related to MH issue is very
important because corporate social responsibility is high

C5a) Level of implementation in 2015-2016 of recommendations to promote mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Health policy sector promoting good work organisation and leadership practices as drivers for business excellence and competitiveness		
	Promotion approaches and practices which combine lifestyle improvements with working condition focused improvements		
	Engagement of key external stakeholders (social partners, regulatory system, social insurance, health care etc.) to adopt a supportive role for enterprises in the field of workplace health promotion (WHP)		
	Support of the health policy sector in the dissemination of good practices in the promotion of mental health at the workplace in all institutions of the health care system		
	Institutions responsible for organising health care or occupational health and safety develop an independent service area for workplace health promotion that is economically accessible for all enterprises		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Workplace health promotion services include basic advisory services for organisations for the introduction and systematic promotion of mental health at the workplace		
	Workplace health promotion services include the evaluation of data on mental disorders (if available) at enterprise level (including benchmarking in the respective sector)		
			Workplace health promotion services include qualification measures in stress management for employees
	Health policy sector examines and modifies existing rules and regulations, including the tax system, to encourage enterprises to invest in measures for workplace mental health promotion		

C5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C5a Table)

See C4b.

C5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C5a Table)

See C4c.

C6a) Level of implementation in 2015-2016 of recommendations to support the reintegration/return to work of people who have experienced mental health difficulties

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Health policy sector ensures and improves access to care for mentally ill employees		
			Focus on early identification of the need for care
	Employees have fast and low-threshold access to outpatient psychotherapy services		
	Employers take action to reduce stigmatisation of mental health problems at the workplace to encourage early contact with the health system and facilitate return to work		
	Support services to gradually reintegrate employees after long-term absence include integrated care processes that combine organisational assistance with suitable inpatient and outpatient care services		
	Support is available for persons with partial work capacity to participate in the labour market		
	Return-to-work is part of a multi-disciplinary care plan (e.g. between health care/social security systems)		

C6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C6a Table)

Independent mixed commissions (representatives of employers and employees' organization) and state employees decide about further workplaces needing change and adaptation of the working conditions.

C6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C6a Table)

Implementation of a law regarding the change and adaptation of the working conditions.

C7) Further information on the following areas regarding mental health at workplaces:

AREAS	FURTHER INFORMATION
What is the evidence of the cost-effectiveness of mental health at workplace programmes?	Not known
Who funds activities to prevent mental health problems at the workplace?	Private sector or OHS
Who funds activities to promote mental health at the workplace?	Private sector or OHS
Who has responsibility for implementation of prevention and promotion activities?	Employer
Which sectors, and professionals in them, are involved?	Tertiary sector, occupational health physic. Labour and clinical psychiatrists
Is the focus on targeted or universal approaches?	Targeted
What is the evidence of the effectiveness of workplace mental health programmes?	Not known
Are there relevant publications and/or evaluations from your country on these thematic areas?	Stress/mobbing (no report)

MENTAL HEALTH AND SCHOOLS

D1) Role of mental health and schools in national policy or strategy documents

D1.1) Recognition as a priority

Particular political interest.

D1.2) Estimated impact of activities related to mental health and schools on the reduction of disease burden

Not known.

D2) Existence of national programmes/strategies for mental health and schools

NO	YES
x	

D2.1) Components of these programmes

Implementation of evidence based programmes; integration of different stakeholders, exchange of experiences between national and international experts.

D2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

Ministry of education, regional school boards (federal states).

D3a) Level of implementation in 2015-2016 of recommendations to strengthen information and research on mental health and wellbeing among children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Establish a solid information base to have a detailed epidemiological frame of children and adolescent mental health and evidence on interventions
			Provide information on coverage and outcomes of interventions (high-risk groups, size, impact, cost and potential economic savings)
	Carry out a mapping and analysis of existing screening tools for early identification of mental health disorders and poor wellbeing among children and school populations		
	Examine the potential to increase the access to promotion information and to prevention services through the use of web-based technologies (e-mental health)		
	Other - national conference of school medicine, national reflection days, working groups, upcoming projects		

D3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D3a Table)

Networking between different ministries stakeholders, involving parents
Understanding between different settings of professionals.
Barriers: lack of resources, lack of long lasting financing of different actions, lack of legislation, poor flexibility between the different structures or rigid procedures

D3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D3a Table)

Adaptation of legislation
Enough resources
Formation (Education)
Interdisciplinary networking

D4a) Level of implementation in 2015-2016 of recommendations to establishing schools as settings for mental health promotion and prevention of mental disorders

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Recognise the role of early childhood education, school and peer education in creating opportunities for collaboration (whole school approach)	
	Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying		
	Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account		
	Put in place evidence based interventions to combat early school leaving		
	Other- emotional and affective promotion, prevention suicide, Gimp-project global wellbeing in school		

D4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D4a Table)

Time, professional resources, poor flexibility of school system, poor national governance.

D4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D4a Table)

Favourable conditions to success facilitate good, formalized and sustainable collaboration.

D5a) Level of implementation in 2015-2016 of recommendations to enhance training for all school staff on mental health

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs		
	Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Ensure that training is also made available to the members of the families and caregivers of children and adolescents, according to a community level approach
	Ensure that particular attention is paid also to the positive mental health and wellbeing of teachers and school staff via continuous support and mentoring		
	Preparing and sharing relevant guidelines for mental health and wellbeing promotion in schools jointly with other sectors, under the coordination of the education sector		

D5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D5a Table)

Networking, facilitating condition and financing.

D5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D5a Table)

Networking, facilitating condition and financing.

D6a) Level of implementation in 2015-2016 of recommendations to link schools with other community stakeholders involved in mental health of children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Ensure that the mental health and wellbeing of children and adolescents is considered when defining and implementing policy in different sectors		
	Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors (facilitating cross-sectoral budgeting and defining responsibilities)		
			Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector and ensure adequate, sustained and shared financing by the different sectors
			Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors
	Other - we try hard to network		

D6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D6a Table)

Sensibilization, lot of sectors are isolated and inflexible

D6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D6a Table)

Work together, governance, flexibility, network has to be supported.

D7) Further information on the following areas regarding mental health and schools:

AREAS	FURTHER INFORMATION
What is the evidence of the cost-effectiveness of mental health and school programmes?	Not known
Who funds activities to prevent mental health problems in schools?	Ministry of Health, Ministry of Education, Ministry of Family
Who funds activities to promote mental health in schools?	Ministry of Health, Ministry of Education, Ministry of Family
Who has responsibility for implementation of prevention and promotion activities?	Ministry of Health, Ministry of Education, Ministry of Family
Which sectors, and professionals in them, are involved?	Formal and non-formal education, School of medicine
Is the focus on targeted or universal approaches?	Both / more and more global national implementation
What is the evidence of the effectiveness of school mental health programmes?	Not available
Are there relevant publications and/or evaluations from your country on these thematic areas?	N/A

SUICIDE PREVENTION

E1) Role of suicide prevention in national policy or strategy documents

E1.1) Recognition as a priority

The Luxemburgish government has voted in July 2015 for the implementation of a 5-year national strategy of suicide prevention. 33 actions have been defined as high priorities and will be carry out from 2015-2019.

E1.2) Estimated impact of activities related to suicide prevention on the reduction of disease burden

Not yet, but we hope to get an answer with the evaluation of the 5-year strategy.

E2) Existence of national programmes/strategies for suicide prevention

NO	YES
	X

E2.1) Components of these programmes

The program entails 33 actions divided into 6 axes, based on the Australian framework LIFE (Living is for everyone). The 6 axes are:

1. Improving the evidence base and understanding of suicide prevention
2. Building individual resilience and the capacity for self-help
3. Improving community strength, resilience and capacity in suicide prevention
4. Taking a coordinated approach to suicide prevention
5. Providing targeted suicide prevention activities
6. Implementing standards and quality in suicide prevention

E2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

The Luxemburgish strategy is a national one, coordinated by the health ministry and a NGO. Municipalities are integrated in certain actions.

E3a) Level of implementation in 2015-2016 of recommendations on policy and legislation for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Develop a national strategy to prevent suicide (or implement it if one already exists) with a clear action plan and measurable targets	
Revise legislation to include protections for persons who have attempted suicide to return back to work			
	Promote the implementation of guidelines (e.g. WHO, EUREGENAS) for responsible media communication of suicidal events to national and local media professionals		
Promote the legislation concerning the restriction of lethal means (e.g. toxic substances and firearms)			
	Reduce the package size of potentially lethal medicines and/or restrict their availability		
	Promote legislation about restricting alcohol availability		

E3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E3a Table)

E3.2, E3.3-E3.5: this type of action has not yet been carried out, not discussed.

E3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E3a Table)

No evaluation has been done to measure the effectiveness of the measures until now.

E4a) Level of implementation in 2015-2016 of recommendations on primary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Provide training to specific professional target groups to identify and make contact with suicidal persons	
	Utilise available and evidence-based school prevention programmes to foster awareness about mental health and coping and problem solving skills in pupils		
	Implement mental health first aid programmes in communities to detect distress and signs and symptoms		
	Educate the public about suicide and increase the public awareness concerning the sign of crisis		
	Ensure support is available for people bereaved by suicide		
Provide information about where to seek help on local predicted venues of suicidal events (e.g. high places, railway crossings etc.)			
	Promote and implement programmes which lead to increased knowledge and decreased stigmatization of depression and other mental health problems in the general public		
	Develop age-specific IT tools for the electronic delivery of mental health promotion and suicide prevention programmes to the general population.		
Promote keeping away dangerous means from household environment for preventing impulsive suicide acts			

E4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E4a Table)

Difficulties to reach general practitioners.

E4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E4a Table)

Evaluation tool of the effectiveness of the training has been elaborated and will give future results.

E5a) Level of implementation in 2015-2016 of recommendations on secondary and tertiary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Increase the availability of telephone hotline services and utilise the methods and practice of European best practice telephone hotline services		
	Increase the availability of web-based crisis intervention services (chats, etc.)		
Increase the availability of low threshold personal services ("drop in" centres, etc.)			
Incorporate brief interventions into emergency treatment to provide information about local, available resources for crisis management, mental and social care and suicide prevention e-health tools			

E5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E5a Table)

E5.1 Difficulties to find volunteers to guarantee a 24/24 and 7/7 hotline presence
E5.2 Difficulties to give an answer in the first 24 hours

E5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E5a Table)

E5.1, E.5.2 No evaluation done yet

E6a) Level of implementation in 2015-2016 of recommendations on capacity building and inter-sectoral collaboration for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Establish a national data register about suicide and attempted suicide in order to analyse the characteristics of suicide events for the better identification of high risk groups		
Promote targeted prevention/awareness programs especially focusing on the identified high risk groups			
Systematically monitor national and regional risk-factors for suicide and suicide attempt			
	Collaborate with labour and educational sectors to have information available for students and/or employees in case of a crisis		
Encourage the IT sector and governmental actors to develop a sustainable business model to implement further evidence-based e-mental health tools			
Support local/regional evidence-based, effective multi-level approach for combating suicide and for forming more socially connected local communities			
	Assist debt support and debt relief programmes		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Support the establishment and operation of National Centres for Suicide Research and Prevention		

E6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E6a Table)

E6.1 set issues around data privacy. Data protection legislation may make it impossible to analyse risk and protection factors.

E6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E6a Table)

Well-formed coordinators for the national prevention plan, governance.

E7) Further information on the following areas regarding suicide prevention:

AREAS	FURTHER INFORMATION
What is the evidence of the cost-effectiveness of suicide prevention programmes?	not known
Who funds activities for suicide prevention?	ministry of health, training revenue, donations
Who has responsibility for implementation of prevention activities?	ministry of health, NGO (Centre d'information et de prevention)
Which sectors, and professionals in them, are involved?	health sector: psychiatrists, psychologists, researchers
Is the focus on targeted or universal approaches?	both, the Luxemburgish strategy is built on three types of prevention, universal, selective and indicated prevention
What is the evidence of the effectiveness of suicide prevention programmes?	no evaluation done yet
Are there relevant publications and/or evaluations from your country on these thematic areas?	no publication done yet

Additional Information

F1) Other relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that have been produced this year

N/A

F2) Key stakeholders (organisations/experts) invited to answer the stakeholder version of this survey in the country (including their e-mail address or other contact details):

Formal and non-formal education of the ministry of health

ANNUAL ACTIVITY REPORT FROM THE NETHERLANDS

KEY DEVELOPMENTS IN 2016

B1) Key mental health developments initiated or implemented in 2016

B1.1) Mental health legislation

Continued work to include alterations to the proposed Mandatory Mental Health Care Act. This proposal should replace the current Psychiatric Hospitals Compulsory Admissions Act ("Wet bijzondere opnemingen in Psychiatrisch Ziekenhuizen" BOPZ). The proposal is much more focused on the prevention of forced treatment and aims to make it less invasive if it is required. An important difference with the existing BOPZ is the option to also enforce treatment outside of the organisation, for instance in an outpatient setting.

B1.2) Policy framework

Further implementation of the "Agenda for transparency and matched care in curative mental health care" (a cooperation between organizations for patients and clients, suppliers of mental health care, mental health care professionals, associations and health care insurers). Among other topics, it includes improvement of quality of care, fighting stigma and promoting scientific research in mental health care.

B1.3) Financing and/or funding

The total available budget for curative mental health care in 2016 was increased by 1% compared to 2015. Two foundations to combat the stigma on mental health received financial support from the Ministry of Health, Welfare and Sport.

B1.4) Services organisation development and/or quality

The number of 'psychiatric beds' was further decreased and an increasing number of patients were treated in 'general basic mental health care' instead of specialized mental health care. However, there is a delay in the increase of ambulatory mental health care provisions.

B1.5) Promotion and prevention initiatives

The Ministry of Health, Welfare and Sport launched a multi-year campaign aimed at the general public in order to promote prevention of depression. It is named 'Dealing with depression'.

B1.6) Involvement of partners from other policies and sectors (multisector governance)

Continued cooperation between ministry of Health, Welfare and Sport with other government parties, including Ministry of Social Affairs and Employment (w.r.t. employment), Ministry of Education, Culture and Science (w.r.t. young people with mental health problems at schools), Ministry of Infrastructure and the Environment (w.r.t. prevention of suicide at railway tracks), Ministry of Security and Justice (w.r.t. forensic mental health care) and municipalities (w.r.t. youth mental health care, social support and 'sheltered housing'). Continued cooperation with the sector: patient and family organizations, suppliers, professional associations and health care insurers.

B1.7) Involvement of patients, families and NGOs

Continued involvement and participation. Also, the umbrella organization for family and patient organizations for people with mental health care (LPGGz) receives financial support from the ministry of Health, Welfare and Sport.

B1.8) Monitoring the mental health status of the population or particular population groups (including suicidal behaviour)

1) The Netherlands Mental Health Survey and Incidence Study (NEMESIS), a psychiatric epidemiological longitudinal study in the general population aged 18 to 64, is continued.
2) An annual monitor on the 'Suicide agenda' is continued.

B1.9) Measuring the impact of policies and/or emerging new needs

1) Continued monitoring of the use of Youth care and Youth mental health care by Statistics Netherlands ("Centraal Bureau voor Statistiek").
2) Continued monitoring of the transition of intramural mental health care to ambulatory health care. 3) The Dutch Healthcare Authority has specifically measured the waiting list for mental care supply.

B1.10) Mental Health in All Policies (i.e. promotion of population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas)

N/A

B1.11) Other (please describe)

Implementation of the Act on Quality, Complaints and Disputes in Health care (Wet kwaliteit, klachten en geschillen zorg, Wkkgz). This Act improves the quality of health care and the client's position in health care

by setting rules to enhance the effective handling of complaints filed about health care suppliers and to enhance the independent handling of disputes between health care suppliers and clients.

B2) Links to new documents, reports or resources that could benefit other stakeholders in mental health:

1) General brochure about Healthcare in The Netherlands (English): https://english.eu2016.nl/documents/publications/2016/02/22/brochure- healthcare-in-the-netherlands
2) Monitors of the Mental Healthcare market by the Dutch Healthcare authority (in Dutch): * Part A: https://www.nza.nl/publicaties/1048188/Marktscan_ggz_2015_deel_A * Interim report on very specialized mental health care suppliers: https://www.nza.nl/publicaties/1048188/Tussentijdse_rapportage_monitoring_zeer_gespecialiseerde_ggz_instellingen
3) Prevention of Depression campaign: www.omgaanmetdepressie.nl (in Dutch)
4) Information about the Act on Quality, Complaints and Disputes in Health care (in Dutch): https://www.rijksoverheid.nl/onderwerpen/kwaliteit-van-de-zorg/inhoud/wet-kwaliteit-klachten-en-geschillen-zorg

B3) Strengths and weaknesses of the mental health situation

Strengths	Weaknesses
Increasing awareness of long term impact of mental health problems. Increased cross sectoral approach on a variety of subjects related to mental health.	Little increase of patients treated in ambulatory services. Little reduction of suicide rates.

MENTAL HEALTH AT WORKPLACES

C1) Role of mental health at workplaces in national policy or strategy documents

C1.1) Recognition as a priority

The Ministry of Health, Welfare and Sport maintains its commitment to promoting public health, with a focus on prevention, health protection, reducing health disparities and an integrated approach. These plans are set out in the National Health Policy Document 2016-2019 ('Alles is gezondheid').

In recent years various programmes have been implemented to promote public health in the Netherlands. They include healthy living and working environments, as well as prevention in the healthcare system. The Ministry of Health has a specific program aimed to prevent depression. Depression causes psychological as well as physical complaints and can have a negative impact on work, school, families, and society. In this program there is special attention for workers with a high risk on work stress.

The Netherlands Ministry of Social Affairs and Employment promotes health and safety policies that relate to work involve measures taken by employers regarding working conditions that are aimed creating a healthy and safe environment for employees. This also includes 'mental health'. In the program 'duurzame inzetbaarheid'(enduring employability) special attention is given to work stress. With a yearly 'week of work stress' (in November) organized by the ministry of Social Affairs, this subject is kept on the agenda. In 2016 more than 160 companies joined this 'week'.

Both state secretaries for Health Care and for Social Affairs & Employment jointly chair a steering committee for the participation of people with mental illnesses. It encourages companies to employ people

with mental health problems. Among others, representatives of employers, patients, unemployment agencies and mental health organizations participate in the steering committee.

C1.2) Estimated impact of activities related to mental health at workplaces on the reduction of disease burden

The sickness absence rate has decreased since 2002 and remained fairly constant since 2004: between 4% and 4.5%. According to the OECD (Mental Health and Work, The Netherlands) sickness management in the Netherlands has been considerably improved, but sickness absence due to poor mental health still remains high.

C2) Existence of national programmes/strategies for mental health at the workplace

NO	YES
	X

C2.1) Components of these programmes

The programs 'Alles is gezondheid' ("Health matters") en 'Duurzame inzetbaarheid' ("Enduring employability) are broad programs that among other topics explicitly include mental health at the workplace. http://www.duurzameinzetbaarheid.nl/ https://www.government.nl/latest/news/2013 /10/11/national-prevention-programme-to-kick-off-in-february-2014 http://www.allesisgezondheid.nl/

C2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

N/A

C3a) Level of implementation in 2015-2016 of recommendations to build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Informal cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		
Formal cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved			
Health policy development to legally anchor structures for inter-sector cooperation			
	Health policy sector working together with OSH stakeholders to make it easier for SMEs to access support		
	Key multiplier institutions to implement joint information campaigns for SMEs on work-related mental health issues		
	Involve the health policy sector to identify and promote styles of management that are conducive to health		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Development of platforms to facilitate structured exchange of experience for social health insurance institutions and government health agencies		
		Implement health policy measures and strategies that promote open communication in the workplace and reduce the stigma of mental health problems	
	Health insurance institutions and/or national health services to implement model dissemination programmes in co-operation with stakeholders from other action fields.		

C3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C3a Table)

N/A

C3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C3a Table)

N/A

C4a) Level of implementation in 2015-2016 of recommendations to prevent mental health problems at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Health policy sector to develop infrastructure which promotes wider dissemination of good risk management practices in enterprises, including psychosocial factors			
Statutory health insurance institutions and national health services to support OSH stakeholders in convincing employers to adopt risk assessment practices that include psychosocial factors			
	Raise the relevance of OSH by combining risk assessment approaches with campaigning activities which link mental health issues to the human resource and labour market agenda		
	Develop and disseminate easy-to-understand tools and instruments for employers		
	Recognise that small and medium-sized enterprises (SMEs) need a tailored approach and support to tackle psychosocial risk factors		
	Examine how national health service and statutory health insurance institutions can provide support to workplaces on mental health		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Develop coordinated national and regional goals for OSH and workplace health promotion and translate them into general psychosocial recommendations			

C4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C4a Table)

Regarding "Health policy sector to develop infrastructure which promotes wider dissemination of good risk management practices in enterprises, including psychosocial factors" recommendation: Not necessarily a barrier, but in the Netherlands this task is part of the occupational health sector, not the health policy sector.

C4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C4a Table)

N/A

C5a) Level of implementation in 2015-2016 of recommendations to promote mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Health policy sector promoting good work organisation and leadership practices as drivers for business excellence and competitiveness			
	Promotion approaches and practices which combine lifestyle improvements with working condition focused improvements		
	Engagement of key external stakeholders (social partners, regulatory system, social insurance, health care etc.) to adopt a supportive role for enterprises in the field of workplace health promotion (WHP)		
	Support of the health policy sector in the dissemination of good practices in the promotion of mental health at the workplace in all institutions of the health care system		
			Institutions responsible for organising health care or occupational health and safety develop an independent service area for workplace health promotion that is economically accessible for all enterprises
	Workplace health promotion services include basic advisory services for organisations for the introduction and systematic promotion of mental health at the workplace		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Workplace health promotion services include the evaluation of data on mental disorders (if available) at enterprise level (including benchmarking in the respective sector)		
	Workplace health promotion services include qualification measures in stress management for employees		
Health policy sector examines and modifies existing rules and regulations, including the tax system, to encourage enterprises to invest in measures for workplace mental health promotion			

C5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C5a Table)

N/A

C5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C5a Table)

N/A

C6a) Level of implementation in 2015-2016 of recommendations to support the reintegration/return to work of people who have experienced mental health difficulties

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Health policy sector ensures and improves access to care for mentally ill employees	
	Focus on early identification of the need for care		
		Employees have fast and low-threshold access to outpatient psychotherapy services	
	Employers take action to reduce stigmatisation of mental health problems at the workplace to encourage early contact with the health system and facilitate return to work		
	Support services to gradually reintegrate employees after long-term absence include integrated care processes that combine organisational assistance with suitable inpatient and outpatient care services		
		Support is available for persons with partial work capacity to participate in the labour market	
	Return-to-work is part of a multi-disciplinary care plan (e.g. between health care/social security systems)		

C6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C6a Table)

N/A

C6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C6a Table)

Regarding "Health policy sector ensures and improves access to care for mentally ill employees" recommendation: obligatory health care insurance, including coverage for mental health care. Regarding "Employers take action to reduce stigmatisation of mental health problems at the workplace to encourage early contact with the health system and facilitate return to work" recommendation: both state secretaries for Social Affairs and Employment and for Health, Welfare and Sport chairing a steering committee to improve participation of people with mental health problems.

C7) Further information on the following areas regarding mental health at workplaces:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health at the workplace programmes?	Please see: Mental Health and Work in the Netherlands (OECD, http://www.oecd- ilibrary.org /employment /mental-health-and-work- netherlands_97892)
Who funds activities to prevent mental health problems at the workplace?	The ministry of Social Affairs and Employment, the ministry of Health, Welfare and Sport, and employers.
Who funds activities to promote mental health at the workplace?	The ministry of Social Affairs and Employment, the ministry of Health, Welfare and Sport, and employers.
Who has responsibility for implementation of prevention and promotion activities?	It's a joint responsibility of employers and employees to take care of the (mental) health of employees at the workplace.
Which sectors, and professionals in them, are involved?	Please see: Mental Health and Work in the Netherlands (OECD, http://www.oecd- ilibrary.org /employment /mental-health-and-work- netherlands_97892)
Is the focus on targeted or universal approaches?	Please see: Mental Health and Work in the Netherlands (OECD, http://www.oecd- ilibrary.org /employment /mental-health-and-work-6n4e2t2h3e3rl0a1n-desn_97892)
What is the evidence of the effectiveness of workplace mental health programmes?	Please see: Mental Health and Work in the Netherlands (OECD, http://www.oecd- ilibrary.org /employment /mental-health-and-work-6n4e2t2h3e3rl0a1n-desn_97892)
Are there relevant publications and/or evaluations from your country on these thematic areas?	Please see: Mental Health and Work in the Netherlands (OECD, http://www.oecd- ilibrary.org /employment /mental-health-and-work-6n4e2t2h3e3rl0a1n-desn_97892)

MENTAL HEALTH AND SCHOOLS

D1) Role of mental health and schools in national policy or strategy documents

D1.1) Recognition as a priority

It is part of the support structure for educational organizations and organizations for youth help. It is aimed at signalling barriers to children's development. It could lead to extra support for the child at school or referring it to (specialized) youth help or youth care.

D1.2) Estimated impact of activities related to mental health and schools on the reduction of disease burden
N/A

D2) Existence of national programmes/strategies for mental health at schools

NO	YES
X	

D2.1) Components of these programmes
N/A

D2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
N/A

D3a) Level of implementation in 2015-2016 of recommendations to strengthen information and research on mental health and wellbeing among children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Establish a solid information base to have a detailed epidemiological frame of children and adolescent mental health and evidence on interventions
			Provide information on coverage and outcomes of interventions (high-risk groups, size, impact, cost and potential economic savings)
			Carry out a mapping and analysis of existing screening tools for early identification of mental health disorders and poor wellbeing among children and school populations
			Examine the potential to increase the access to promotion information and to prevention services through the use of web-based technologies (e-mental health)

D3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D3a Table)
N/A

D3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D3a Table)
N/A

D4a) Level of implementation in 2015-2016 of recommendations to establishing schools as settings for mental health promotion and prevention of mental disorders

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Recognise the role of early childhood education, school and peer education in creating opportunities for collaboration (whole school approach)		
		Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying	
		Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account	

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Put in place evidence based interventions to combat early school leaving	

D4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D4a Table)

D4.1, D4.2 and D4.3: budget. The responsibility for the implementation of these recommendations is at the local level. The national government's influence is restricted to creating the right conditions. D4.4: the responsibility is at the school level, on which the national government has little influence, other than sharing good practices of effective methods to combat early school leaving, and facilitating schools and municipalities (financially) to develop these methods.

D4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D4a Table)

D4.1, D4.2 and D4.3: the continued implementation of the Act on Fitting Education ("Wet op Passend Onderwijs") combined with the transferral of responsibility for of youth help and care from national and provincial level to the local level (decentralisation through the Youth Act), has increased the sense of urgency to signal problems in children's development. Both developments better equip schools and municipalities to supply help and support fitting tot the child's needs. D4.4: putting early school leaving on the national agenda helped schools and municipalities to combat early school leaving in the region.

D5a) Level of implementation in 2015-2016 of recommendations to enhance training for all school staff on mental health

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs
			Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources
			Ensure that training is also made available to the members of the families and caregivers of children and adolescents, according to a community level approach
			Ensure that particular attention is paid also to the positive mental health and wellbeing of teachers and school staff via continuous support and mentoring
			Preparing and sharing relevant guidelines for mental health and wellbeing promotion in schools jointly with other sectors, under the coordination of the education sector

D5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D5a Table)
N/A

D5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D5a Table)
N/A

D6a) Level of implementation in 2015-2016 of recommendations to link schools with other community stakeholders involved in mental health of children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Ensure that the mental health and wellbeing of children and adolescents is considered when defining and implementing policy in different sectors	
		Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors (facilitating cross-sectoral budgeting and defining responsibilities)	
			Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector and ensure adequate, sustained and shared financing by the different sectors
	Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors		

D6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D6a Table)
N/A

D6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D6a Table)
By law, the national government forces schools and municipalities to cooperate and to gear both parties' support activities towards children, in order to deliver tailored solutions fitting the child's needs. The national government facilitates the cooperation by sharing and promoting best practices, organizing conferences and providing schools and municipalities with tailored advice. Mental health is part of this all.

D7) Further information on the following areas regarding mental health and schools:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health and schools programs	N/A
Who funds activities to prevent mental health problems in schools?	The ministry of Education, Culture and Science funds schools and municipalities for this.
Who funds activities to promote mental health in schools?	The ministry of Education, Culture and Science funds schools and municipalities for this.
Who has responsibility for implementation of prevention and promotion activities?	Schools. The ministry of Education, Culture and Science funds schools and municipalities for this.

Areas	Further Information
Which sectors, and professionals in them, are involved?	Youth care: community teams, youth mental health care. Education: tutors, health care coordinators, school social workers, pedagogical advisers. And external professionals that for example provide anti-bullying programs.
Is the focus on targeted or universal approaches?	N/A
What is the evidence of the effectiveness of schools mental health programmes?	N/A
Are there relevant publications and/or evaluations from your country on these thematic areas?	N/A

SUICIDE PREVENTION

E1) Role of suicide prevention in national policy or strategy documents

E1.1) Recognition as a priority

Yes. Suicide is not only a terrible loss for the family that could lead to overwhelming stress for the family, but also for a community as a whole (colleagues, friends, students, neighbours, etc.).

E1.2) Estimated impact of activities related to suicide prevention on the reduction of disease burden

No, this is not explicitly measured. The ministry of Health, Welfare and Sport finances a direct helpline (telephone and chat) both for people who suffer from suicidal thoughts themselves, as for people that suffer from effects of suicides, suicide attempts or other people that think about committing suicide.

E2) Existence of national programmes/strategies for suicide prevention

NO	YES
	X

E2.1) Components of these programmes

In the national agenda to prevent suicide ("Landelijke agenda suicidepreventie") sixteen pre-dominantly health organisations have committed themselves to a variety of activities. A lot of these activities have to do with education and awareness, and to give priority to prevention of suicide and sharing best practices. The ministry of Health, Welfare and Sport directly funds an organization specifically aimed at preventing suicide (113Online foundation). This organization coordinates the national agenda The ministry of Health, Welfare and Sport also finances the implementation of seven regional suicide prevention programmes.

E2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

See above.

E3a) Level of implementation in 2015-2016 of recommendations on policy and legislation for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Develop a national strategy to prevent suicide (or implement it if one already exists) with a clear action plan and measurable targets	
Revise legislation to include protections for persons who have attempted suicide to return back to work			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Promote the implementation of guidelines (e.g. WHO, EUREGENAS) for responsible media communication of suicidal events to national and local media professionals	
	Promote the legislation concerning the restriction of lethal means (e.g. toxic substances and firearms)		
	Reduce the package size of potentially lethal medicines and/or restrict their availability		
Promote legislation about restricting alcohol availability			
		Other - Research programme on suicide prevention.	

E3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E3a Table)

N/A

E3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E3a Table)

E3.3: 113 Online foundation has developed good relations with Dutch media (newspapers and television), which results in an increased consultation from media when they want to inform about suicide. Also, when publishing articles related to suicide, most newspapers mention 113Online foundation and the helpline, to attend readers – who could be in need of help - to the existence of it. 113Online foundation also provides lectures at the school of Journalism. E3.7: in the research programme on prevention of suicide 3.2 million euro is available, through the Netherlands Organization for Health Research and Development (www.zonmw.nl/en). Out of 42 proposals, 20 have been selected in 2016 for further elaboration. Specific attention was paid to addressing all groups with high risk on attempting suicide.

E4a) Level of implementation in 2015-2016 of recommendations on primary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Provide training to specific professional target groups to identify and make contact with suicidal persons		
	Utilise available and evidence-based school prevention programmes to foster awareness about mental health and coping and problem solving skills in pupils		
Implement mental health first aid programmes in communities to detect distress and signs and symptoms			
	Educate the public about suicide and increase the public awareness concerning the sign of crisis		
		Ensure support is available for people bereaved by suicide	
		Provide information about where to seek help on local predicted venues of suicidal events (e.g. high places, railway crossings etc.)	

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Promote and implement programmes which lead to increased knowledge and decreased stigmatisation of depression and other mental health problems in the general public	
	Develop age-specific IT tools for the electronic delivery of mental health promotion and suicide prevention programmes to the general population.		
Promote keeping away dangerous means from household environment for preventing impulsive suicide acts			
	Other - In 2016 the ministry of Health, Welfare and Sport launched a multi year mass media campaign to inform the general public about symptoms of depression. One of the goals is to make the general public more aware of the gravity of the illness and to combat stigma. Another goal is to stimulate people who suffer from depression to be open about their disease and take away their shame.		

E4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E4a Table)

E4.2: the development of a good approach for schools took some time. Now, a special programme has been developed, 'the healthy school' program. Next to sport and healthy food, mental health is also included as and important issue to focus on. However, it is in the school's autonomy to implement the programme (and thus work with it in daily practise).

E4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E4a Table)
4.10: setting the agenda as a national government.

E5a) Level of implementation in 2015-2016 of recommendations on secondary and tertiary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Increase the availability of telephone hotline services and utilise the methods and practice of European best practice telephone hotline services	
		Increase the availability of web-based crisis intervention services (chats, etc.)	
	Increase the availability of low threshold personal services ("drop in" centres, etc.)		
	Incorporate brief interventions into emergency treatment to provide information about local, available resources for crisis management, mental and social care and suicide prevention e-health tools		

E5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E5a Table)
N/A

E5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E5a Table)
N/A

E6a) Level of implementation in 2015-2016 of recommendations on capacity building and inter-sectoral collaboration for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Establish a national data register about suicide and attempted suicide in order to analyse the characteristics of suicide events for the better identification of high risk groups		
		Promote targeted prevention/awareness programs especially focusing on the identified high risk groups	
Systematically monitor national and regional risk-factors for suicide and suicide attempt			
		Collaborate with labour and educational sectors to have information available for students and/or employees in case of a crisis	
	Encourage the IT sector and governmental actors to develop a sustainable business model to implement further evidence-based e-mental health tools		
		Support local/regional evidence-based, effective multi-level approach for combating suicide and for forming more socially connected local communities	
		Assist debt support and debt relief programmes	
		Support the establishment and operation of National Centres for Suicide Research and Prevention	

E6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E6a Table)
N/A

E6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E6a Table)
N/A

E7) Further information on the following areas regarding suicide prevention:

Areas	Further Information
What is the evidence of the cost-effectiveness of suicide prevention programme?	Information not available
Who funds activities to prevent suicides?	Both the ministry of Health, Welfare and Sport, and the ministry of Infrastructure and the Environment (w.r.t. suicide on railway tracks).
Who has responsibility for implementation of prevention activities?	The 113Online foundation coordinates the implementation. Respective organisations are responsible for the implementation themselves.
Which sectors, and professionals in them, are involved?	Health care: general practitioners, psychiatrists, social psychiatric nurses, first aid and emergency practitioners. Education: schools. Media: newspapers and television. Social affairs: organizations for social security and debt support.
Is the focus on targeted or universal approaches?	Universal approaches.
What is evidence of the effectiveness of suicide prevention programmes?	The regional approach is based on the evidence based programme European Alliance Against Depression project (EAAD project).
Are there relevant publications and/or evaluations from your country on these thematic areas?	Letter from the Minister of Health to Dutch Parliament with annual report about the national agenda (in Duthc): https://www.rijksover /documenten /kamerstukken /2016/03 /30/kamerbrief- over-jaarrapportage- landelijke- suicidecijfers- en-voortgang- landelijke-agenda- suicidepreventie Letter from the Minister of Health to Dutch Parliament in response to preliminary figures about suicide (in Dutch): https://www.rijksover /documenten /kamerstukken /2016/08 /30/kamerbrief- met-reactie-op-een- bericht-over- meer- zelfdodingen- en-vervolgvragen More information about the suicide prevention research program (in Dutch): https://www.zonmw.n /nl/onderzoek- resultaten/geestelijke- gezondheid- ggz/programmas /programma-detail /suicidepreventie/

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that have been produced this year in your country and have not already been mentioned in this survey.
N/A

F2) Please refer us to key stakeholders (organisations/experts) that should be invited to participate to answer the stakeholder version of this survey in your country (including their e-mail address or other contact details):
N/A

ANNUAL ACTIVITY REPORT FROM NORWAY

KEY DEVELOPMENTS IN 2016

B1) Key mental health developments initiated or implemented in 2016

B1.1) Mental health legislation

Ongoing reviews.

B1.2) Policy framework

New 10 year program for mental health promotion and wellbeing. Ongoing reform of substance abuse. Reform on violence and trauma prevention and treatment.

B1.3) Financing and/or funding

Same level of funding as 2015.

B1.4) Services organisation development and/or quality

Development of treatment "packages" in mental Health and substance abuse treatment.

B1.5) Promotion and prevention initiatives

New 10 year program for mental health promotion and wellbeing.

B1.6) Involvement of partners from other policies and sectors (multisector governance)

Interministerial collaboration body on violence prevention, Interministerial cooperation to promote school mental Health and prevent school dropout, intersectorial working group on mental Health in asylum seekers and refugees, on child protection care, on radicalization and violent extremism and prison health.

B1.7) Involvement of patients, families and NGOs

Clinical guidelines on user and family involvement

B1.8) Monitoring the mental health status of the population or particular population groups (including suicidal behaviour)

Report on measuring mental wellbeing at a national Level.

B1.9) Measuring the impact of policies and/or emerging new needs

Quality indicators, constant dialog with service providers centres of competences and research on emerging new needs.

B1.10) Mental Health in All Policies (i.e. promotion of population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas)

New 10 year program for mental health promotion and wellbeing. Report on measuring mental wellbeing at a national Level.

B1.11) Other (please describe)

N/A

B2) Links to new documents, reports or resources that could benefit other stakeholders in mental health:

1. https://helsedirektoratet.no/folkehelse/psykisk-helse-og-rus

B3) Strengths and weaknesses of the mental health situation

Strengths	Weaknesses
"Mental Health in all policies" is established approached	Insufficient coordination and Cooperation between services.

MENTAL HEALTH AT WORKPLACES

C1) Role of mental health at workplaces in national policy or strategy documents

C1.1) Recognition as a priority

Yes, we have a strategy for mental Health and workplace policies, and two separate programmes: 1) To ensure work participation for service users 2) Prevent long term absence from work.

C1.2) Estimated impact of activities related to mental health at workplaces on the reduction of disease burden

Yes, We have evaluated the programs and they have shown good effect.

C2) Existence of national programmes/strategies for mental health at workplaces

NO	YES
	X

C2.1) Components of these programmes

See previous answer.

C2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

N/A

C3a) Level of implementation in 2015-2016 of recommendations to build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Informal (e.g. working groups who exchange experiences) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		
	Formal (e.g. as part of Occupational Safety and Health (OSH) or national government programmes) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		
		Health policy development to legally anchor structures for inter-sector cooperation	
		Health policy sector working together with OSH stakeholders to make it easier for SMEs to access support	
	Key multiplier institutions (chambers of industry and commerce, sector associations, trade associations, etc.) to implement joint information campaigns for SMEs on work-related mental health issues		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Involve the health policy sector to identify and promote styles of management that are conducive to health		
	Development of platforms to facilitate structured exchange of experience for social health insurance institutions and government health agencies		
		Implement health policy measures and strategies that promote open communication in the workplace and reduce the stigma of mental health problems	
	Health insurance institutions and/or national health services to implement model dissemination programmes in co-operation with stakeholders from other action fields (training and education, public administration and labour market management)		

C3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C3a Table)

N/A

C3c) How would you describe the success factors and facilitators regarding the implementation of the recommendations mentioned above (C3a Table)?

N/A

C4a) Level of implementation in 2015-2016 of recommendations to prevent mental health problems at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Health policy sector to develop infrastructure which promotes wider dissemination of good risk management practices in enterprises, including psychosocial factors
	Statutory health insurance institutions and national health services to support OSH stakeholders in convincing employers to adopt risk assessment practices that include psychosocial factors		
Raise the relevance of OSH by combining risk assessment approaches with campaigning activities which link mental health issues to the human resource and labour market agenda			
			Develop and disseminate easy-to-understand tools and instruments for employers

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Recognise that small and medium-sized enterprises (SMEs) need a tailored approach and support to tackle psychosocial risk factors			
	Examine how national health service and statutory health insurance institutions can provide support to workplaces on mental health		
			Develop coordinated national and regional goals for OSH and workplace health promotion and translate them into general psychosocial recommendations

C4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C4a Table)

N/A

C4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C4a Table)

N/A

C5a) Level of implementation in 2015-2016 of recommendations to promote mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	N/A
				Health policy sector promoting good work organisation and leadership practices as drivers for business excellence and competitiveness
				Promotion approaches and practices which combine lifestyle improvements with working condition focused improvements
				Engagement of key external stakeholders (social partners, regulatory system, social insurance, health care etc.) to adopt a supportive role for enterprises in the field of workplace health promotion (WHP)
				Support of the health policy sector in the dissemination of good practices in the promotion of mental health at the workplace in all institutions of the health care system
				Institutions responsible for organising health care or occupational health and safety develop an independent service area for workplace health promotion that is economically accessible for all enterprises
				Workplace health promotion services include basic advisory services for organisations for the introduction and systematic promotion of mental health at the workplace
				Workplace health promotion services include the evaluation of data on mental disorders (if available) at enterprise level (including benchmarking in the respective sector)

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	N/A
				Workplace health promotion services include qualification measures in stress management for employees
				Health policy sector examines and modifies existing rules and regulations, including the tax system, to encourage enterprises to invest in measures for workplace mental health promotion

C5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C5a Table)

N/A

C5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C5a Table)

N/A

C6a) Level of implementation in 2015-2016 of recommendations to support the reintegration/return to work of people who have experienced mental health difficulties

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	N/A
				Health policy sector ensures and improves access to care for mentally ill employees
				Focus on early identification of the need for care
				Employees have fast and low-threshold access to outpatient psychotherapy services
	Employers take action to reduce stigmatisation of mental health problems at the workplace to encourage early contact with the health system and facilitate return to work			
				Support services to gradually reintegrate employees after long-term absence include integrated care processes that combine organisational assistance with suitable inpatient and outpatient care services
	Support is available for persons with partial work capacity to participate in the labour market			
	Return-to-work is part of a multi-disciplinary care plan (e.g. between health care/social security systems)			

C6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C6a Table)

N/A

C6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C6a Table)

N/A

C7) Further information on the following areas regarding mental health at workplaces:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health at the workplace programmes?	No Cost-benefit analyses of the IW-centres services
Who funds activities to prevent mental health problems at the workplace?	Employers- Occupational Health Service. The Labour and Welfare administration funds the Inclusive Workplace centres including a employers advisor in each country and "see you tomorrow courses offered to the employers, employee representatives and Security representatives. The Health Service funds the "iBedrift" measure offering information on health promoting factors in the workplace in Cooperation With the IW-centres (Labour and welfare adm.)
Who funds activities to promote mental health at the workplace?	The Labour and Welfare administration funds the Inclusive Workplace centres offering guidance and courses in "Healthy workplaces"
Who has responsibility for implementation of prevention and promotion activities?	-
Which sectors, and professionals in them, are involved?	-
Is the focus on targeted or universal approaches?	Both of them.
What is the evidence of the effectiveness of workplace mental health programmes?	The effectiveness of the "See you tomorrow!" is not evaluated. But the courses are in high demand
Are there relevant publications and/or evaluations from your country on these thematic areas?	An effective evaluation of Individual Placement and Support (IPS), Uni Research Health - December 2016). http://uni.no/en/uni- health/stress- health- and-rehabilitation-2/effect- evaluation- of-individual- placement- and-support-ips-2/ The effect of AWAC http://m.oem.bmj.co /content/early /2015/07 /24/oemed- 2014-102700

MENTAL HEALTH AND SCHOOLS

D1) Role of mental health and schools in national policy or strategy documents

D1.1) Recognition as a priority

The government recommends giving priority to three interdisciplinary topics when renewing the school subjects: democracy and citizenship, sustainable development, and public health and wellbeing. These are all topics of importance for social development. Mental Health in Schools will therefore be a central part of the national renewal of the curriculum.

D1.2) Estimated impact of activities related to mental health and schools on the reduction of disease burden

No impact estimated.

D2) Existence of national programmes/strategies for mental health at schools

NO	YES
	X

D2.1) Components of these programmes
Among other: workplace support programmes and parallel treatment and work programmes

D2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
N/A

D3a) Level of implementation in 2015-2016 of recommendations to strengthen information and research on mental health and wellbeing among children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Establish a solid information base to have a detailed epidemiological frame of children and adolescent mental health and evidence on interventions	
	Provide information on coverage and outcomes of interventions (high-risk groups, size, impact, cost and potential economic savings)		
	Carry out a mapping and analysis of existing screening tools for early identification of mental health disorders and poor wellbeing among children and school populations		
	Examine the potential to increase the access to promotion information and to prevention services through the use of web-based technologies (e-mental health)		

D3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D3a Table)
N/A

D3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D3a Table)
N/A

D4a) Level of implementation in 2015-2016 of recommendations to establishing schools as settings for mental health promotion and prevention of mental disorders

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Recognise the role of early childhood education, school and peer education in creating opportunities for collaboration (whole school approach)	
	Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account		
	Put in place evidence based interventions to combat early school leaving		

D4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D4a Table)
There has been a shift in viewing the of schools as settings for specific interventions for mental health promotion and prevention towards more integrating processes to influence the way of thinking, organizing and teaching that ensures the health and wellbeing of ALL pupils. It's a complex issue and takes time.

D4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D4a Table)
A success factor has been an evidence base consisting of both traditional research and users experience and professionals views and experience.

D5a) Level of implementation in 2015-2016 of recommendations to enhance training for all school staff on mental health

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs		
Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources			
	Ensure that training is also made available to the members of the families and caregivers of children and adolescents, according to a community level approach		
	Ensure that particular attention is paid also to the positive mental health and wellbeing of teachers and school staff via continuous support and mentoring		
	Preparing and sharing relevant guidelines for mental health and wellbeing promotion in schools jointly with other sectors, under the coordination of the education sector		

D5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D5a Table)
N/A

D5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D5a Table)
N/A

D6a) Level of implementation in 2015-2016 of recommendations to link schools with other community stakeholders involved in mental health of children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Ensure that the mental health and wellbeing of children and adolescents is considered when defining and implementing policy in different sectors	
		Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors (facilitating cross-sectoral budgeting and defining responsibilities)	
Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector and ensure adequate, sustained and shared financing by the different sectors			
D6.4) Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors			

D6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D6a Table)
N/A

D6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D6a Table)
N/A

D7) Further information on the following areas regarding mental health and schools:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health and schools programs	N/A
Who funds activities to prevent mental health problems in schools?	The Directorate of Health
Who funds activities to promote mental health in schools?	The Directorate of Health and to some extent The Directorate of Education
Who has responsibility for implementation of prevention and promotion activities?	Voluntary organisations and Foundations
Which sectors, and professionals in them, are involved?	Varied Group of Professionals. Mostly pedagogues and mental Health Professionals.
Is the focus on targeted or universal approaches?	Universal approaches
What is the evidence of the effectiveness of schools mental health programmes?	We have an database which shows the evidence base for many of the programmes used in Schools. w w w.ungsinn.no
Are there relevant publications and/or evaluations from your country on these thematic areas?	Se the answer above.

SUICIDE PREVENTION

E1) Role of suicide prevention in national policy or strategy documents

E1.1) Recognition as a priority
It is a priority and we have an ongoing action plan (2014-2017). Suicide rates are considered relatively high.

E1.2) Estimated impact of activities related to suicide prevention on the reduction of disease burden
Unfortunately suicide rates have remained stable through many years in spite of several action/prevention plans.

E2) Existence of national programmes/strategies for suicide prevention

NO	YES
	X

E2.1) Components of these programmes
Universal prevention, targeted prevention activities and system/competence improvement.

E2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
40% of local authorities have follow up routines of suicide attempts.

E3a) Level of implementation in 2015-2016 of recommendations on policy and legislation for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Develop a national strategy to prevent suicide (or implement it if one already exists) with a clear action plan and measurable targets	
Revise legislation to include protections for persons who have attempted suicide to return back to work			
	Promote the implementation of guidelines (e.g. WHO, EUREGENAS) for responsible media communication of suicidal events to national and local media professionals		
	Promote the legislation concerning the restriction of lethal means (e.g. toxic substances and firearms)		
		Reduce the package size of potentially lethal medicines and/or restrict their availability	
		Promote legislation about restricting alcohol availability	

E3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E3a Table)
N/A

E3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E3a Table)
N/A

E4a) Level of implementation in 2015-2016 of recommendations on primary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Provide training to specific professional target groups to identify and make contact with suicidal persons	
	Utilise available and evidence-based school prevention programmes to foster awareness about mental health and coping and problem solving skills in pupils		
	Implement mental health first aid programmes in communities to detect distress and signs and symptoms		
Educate the public about suicide and increase the public awareness concerning the sign of crisis			
	Ensure support is available for people bereaved by suicide		
Provide information about where to seek help on local predicted venues of suicidal events (e.g. high places, railway crossings etc.)			
	Promote and implement programmes which lead to increased knowledge and decreased stigmatisation of depression and other mental health problems in the general public		
	Develop age-specific IT tools for the electronic delivery of mental health promotion and suicide prevention programmes to the general population.		
	Promote keeping away dangerous means from household environment for preventing impulsive suicide acts		

E4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E4a Table)
N/A

E4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E4a Table)
N/A

E5a) Level of implementation in 2015-2016 of recommendations on secondary and tertiary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Increase the availability of telephone hotline services and utilise the methods and practice of European best practice telephone hotline services	

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Increase the availability of web-based crisis intervention services (chats, etc.)		
		Increase the availability of low threshold personal services ("drop in" centres, etc.)	
	Incorporate brief interventions into emergency treatment to provide information about local, available resources for crisis management, mental and social care and suicide prevention e-health tools		

E5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E5a Table)
N/A

E5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E5a Table)
N/A

E6a) Level of implementation in 2015-2016 of recommendations on capacity building and inter-sectoral collaboration for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Establish a national data register about suicide and attempted suicide in order to analyse the characteristics of suicide events for the better identification of high risk groups	
Promote targeted prevention/awareness programs especially focusing on the identified high risk groups			
		Systematically monitor national and regional risk-factors for suicide and suicide attempt	
	Collaborate with labour and educational sectors to have information available for students and/or employees in case of a crisis		
	Encourage the IT sector and governmental actors to develop a sustainable business model to implement further evidence-based e-mental health tools		
	Support local/regional evidence-based, effective multi-level approach for combating suicide and for forming more socially connected local communities		
	Assist debt support and debt relief programmes		
		Support the establishment and operation of National Centres for Suicide Research and Prevention	

E6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E6a Table)
N/A

E6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E6a Table)
N/A

E7) Further information on the following areas regarding suicide prevention:

Areas	Further Information
What is the evidence of the cost-effectiveness of suicide prevention programme?	N/A
Who funds activities to prevent suicides?	National Health authorities
Who has responsibility for implementation of prevention activities?	National Health authorities
Which sectors, and professionals in them, are involved?	Health sector, National Research centres and regional competence centres.
Is the focus on targeted or universal approaches?	Both
What is evidence of the effectiveness of suicide prevention programmes?	N/A
Are there relevant relevant publications and/or evaluations from your country on these thematic areas?	See: National centre on suicide prevention: http://www.med.uio.no/klinmed/forskning/sentre/nssf/

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that have been produced this year in your country and have not already been mentioned in this survey.

https://helsedirektoratet.no/retningslinjer/mestring-samhorighet-og-hap-veileder-for-psykososiale-tiltak-ved-kriser-ulykker- og-katastrofer

F2) Please refer us to key stakeholders (organisations/experts) that should be invited to participate to answer the stakeholder version of this survey in your country (including their e-mail address or other contact details):

ASD: Ministry of work and social affairs: postmottak@asd.dep.no KD: Ministry of education and research : postmottak@kd.dep.no

ANNUAL ACTIVITY REPORT FROM PORTUGAL

KEY DEVELOPMENTS IN 2016

B1) Key mental health developments initiated or implemented in 2016

B1.1) Mental health legislation
N/A

B1.2) Policy framework
Authorized the extension of the National Plan for Mental Health by 2020

B1.3) Financing and/or funding
A project with a new governance and funding model for community mental health services is being finalized and has the support of the Secretary of State for Health

B1.4) Services organisation development and/or quality
Re-activation of the Integrated Continuous Care project in articulation with the Ministry of Social Security. It's a community project of psychosocial rehabilitation that integrates residency, socio-occupational and domiciliary care differentiated for adults and children.

B1.5) Promotion and prevention initiatives
1. The implementation of decentralized training actions for the promotion of mental health was initiated in articulation with the National Infancy and Juvenile Health Plan and the National School Health Plan. 2. Was continued the mental health promotion and fight stigma project "Mental Health and Art" started in 2013

B1.6) Involvement of partners from other policies and sectors (multisector governance)
1. Social Security Institute of the Ministry of Social Security 2. Established protocol with the Ministry of Internal Administration on suicide prevention in the security forces. 3. Directorate-General for Consular Affairs and Portuguese Communities of the Ministry of Foreign Affairs

B1.7) Involvement of patients, families and NGOs
1. Support to the creation of the National Federation of Associations of Families of People with Mental Illness experience and to their 1st International Meeting. 2. Continuation of the activity of the Consultative Commission for the Participation of Users and Caregivers

B1.8) Monitoring the mental health status of the population or particular population groups (including suicidal behaviour)
Annual edition of the publication "Portugal: Mental Health in Numbers" for monitoring epidemiological indicators, including suicide

B1.9) Measuring the impact of policies and/or emerging new needs
N/A

B1.10) Mental Health in All Policies (i.e. promotion of population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas)
Articulation of the National Mental Health Program with the National School Health and Child and Youth Health Programs, involving teaching teams from public schools and primary health professionals, in the scope of promoting child and youth mental health.

B1.11) Other (please describe)
N/A

B2) Links to new documents, reports or resources that could benefit other stakeholders in mental health:

1. https://dre.pt/application/conteudo/73046272 (office of the Secretary of State Assistant and of Health about the national coordination of the Integrated Continuous Care network)

B3) Strengths and weaknesses of the mental health situation

Strengths	Weaknesses
Reactivation of the Integrated Continuous Care network project.	1. Increasing prevalence of depression and anxiety resulting from the economic and social crisis that began in 2009. 2. Weak articulation of Primary Health Care with Community Mental Health teams. 3. Increase of benzodiazepines and antidepressants prescription in Primary Care context.

MENTAL HEALTH AT WORKPLACES

C1) Role of mental health at workplaces in national policy or strategy documents

C1.1) Recognition as a priority
The 2007-2016 National Mental Health Plan defined mental health at the workplace as one of the main axis for intervention. Nevertheless, only local initiatives were developed according to the specific demands of local municipalities. In 2015, confronted with the impact of economic crisis in Portugal, the National Mental Health Programme defined this area as one of the priorities to be addressed by Public Health Initiatives promoted by EEA Grants funding. Therefore, the project "A mental health promotion network to build capacity and reduce inequalities for workers and unemployed (Health-Employment/HE)" was selected and ended in July 2016. The framework developed under this project is being used as a reference for the development of other projects of local and regional impact.

C1.2) Estimated impact of activities related to mental health at workplaces on the reduction of disease burden
Because these projects have been recently implemented, there is no impact evaluation of these activities so far. Nevertheless, the Health-Employment/HE project outputs have confirmed the need to continue the investments in mental health at workplaces.

C2) Existence of national programmes/strategies for mental health at workplaces

YES	NO
X	

C2.1) Components of these programmes
Employment policies and promotion of mental health in workplaces, reduction and management of stressors linked to work and unemployment, reduction of absenteeism by psychic illness.

C2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
4 municipalities.

C3a) Level of implementation in 2015-2016 of recommendations to build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Informal (e.g. working groups who exchange experiences) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Formal (e.g. as part of Occupational Safety and Health (OSH) or national government programmes) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved			
Health policy development to legally anchor structures for inter-sector cooperation			
Health policy sector working together with OSH stakeholders to make it easier for SMEs to access support			
	Key multiplier institutions (chambers of industry and commerce, sector associations, trade associations, etc.) to implement joint information campaigns for SMEs on work-related mental health issues		
	Involve the health policy sector to identify and promote styles of management that are conducive to health		
Development of platforms to facilitate structured exchange of experience for social health insurance institutions and government health agencies			
	Implement health policy measures and strategies that promote open communication in the workplace and reduce the stigma of mental health problems		
	Health insurance institutions and/or national health services to implement model dissemination programmes in co-operation with stakeholders from other action fields.		

C3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C3a Table)

Difficulties in the articulation between the health and social-employment sectors due to the lack of recognition of mental health issues as being relevant for both policies areas.

C3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C3a Table)
The structure of leadership in municipalities facilitates the articulation between health and social/employment sectors. At a national level, this articulation is more difficult due to the ministries´ structures.

C4a) Level of implementation in 2015-2016 of recommendations to prevent mental health problems at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Health policy sector to develop infrastructure which promotes wider dissemination of good risk management practices in enterprises, including psychosocial factors		
Statutory health insurance institutions and national health services to support OSH stakeholders in convincing employers to adopt risk assessment practices that include psychosocial factors			
	Raise the relevance of OSH by combining risk assessment approaches with campaigning activities which link mental health issues to the human resource and labour market agenda		
	Develop and disseminate easy-to-understand tools and instruments for employers		
			Recognise that small and medium-sized enterprises (SMEs) need a tailored approach and support to tackle psychosocial risk factors
			Examine how national health service and statutory health insurance institutions can provide support to workplaces on mental health
Develop coordinated national and regional goals for OSH and workplace health promotion and translate them into general psychosocial recommendations			

C4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C4a Table)
Difficulties in the articulation between the health and social-employment sectors due to the lack of recognition of mental health issues as being relevant for both policies areas.

C4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C4a Table)
N/A

C5a) Level of implementation in 2015-2016 of recommendations to promote mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Health policy sector promoting good work organisation and leadership practices as drivers for business excellence and competitiveness			
			Promotion approaches and practices which combine lifestyle improvements with working condition focused improvements
Engagement of key external stakeholders (social partners, regulatory system, social insurance, health care etc.) to adopt a supportive role for enterprises in the field of workplace health promotion (WHP)			
Support of the health policy sector in the dissemination of good practices in the promotion of mental health at the workplace in all institutions of the health care system			
Institutions responsible for organising health care or occupational health and safety develop an independent service area for workplace health promotion that is economically accessible for all enterprises			
Workplace health promotion services include basic advisory services for organisations for the introduction and systematic promotion of mental health at the workplace			
	Workplace health promotion services include the evaluation of data on mental disorders (if available) at enterprise level (including benchmarking in the respective sector)		
Workplace health promotion services include qualification measures in stress management for employees			
Health policy sector examines and modifies existing rules and regulations, including the tax system, to encourage enterprises to invest in measures for workplace mental health promotion			

C5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C5a Table)

Difficulties in the articulation between the health and social-employment sectors due to the lack of recognition of mental health issues as being relevant for both policies areas.

C5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C5a Table)
N/A

C6a) Level of implementation in 2015-2016 of recommendations to support the reintegration/return to work of people who have experienced mental health difficulties

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Health policy sector ensures and improves access to care for mentally ill employees		
	Focus on early identification of the need for care		
	Employees have fast and low-threshold access to outpatient psychotherapy services		
		Employers take action to reduce stigmatisation of mental health problems at the workplace to encourage early contact with the health system and facilitate return to work	
	Support services to gradually reintegrate employees after long-term absence include integrated care processes that combine organisational assistance with suitable inpatient and outpatient care services		
	Support is available for persons with partial work capacity to participate in the labour market		
	Return-to-work is part of a multi-disciplinary care plan (e.g. between health care/social security systems)		

C6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C6a Table)
N/A

C6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C6a Table)
N/A

C7) Can you provide further information on the following areas regarding mental health at the workplace in your country?

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health at the workplace programmes?	Information not available.
Who funds activities to prevent mental health problems at the workplace?	Organizations themselves.

Areas	Further Information
Who funds activities to promote mental health at the workplace?	Organizations themselves.
Who has responsibility for implementation of prevention and promotion activities?	Organizations themselves.
Which sectors, and professionals in them, are involved?	Human resources, social and health sector of the organizations.
Is the focus on targeted or universal approaches?	Targeted approaches.
What is the evidence of the effectiveness of workplace mental health programmes?	Information not available.
Are there relevant publications and/or evaluations from your country on these thematic areas?	In preparation for publication.

MENTAL HEALTH AND SCHOOLS

D1) Role of mental health and schools in national policy or strategy documents

D1.1) Recognition as a priority

1. The 2007-2016 National Mental Health Plan defined mental health at schools as one of the main axis for intervention. Therefore, there is solid articulation with the National School Health Programme and Ministry of Education for the promotion of socio-emotional skills which is conceptually the 'trunk' or 'central axis' of school health intervention. Within the scope of the National School Health Program, the promotion of mental health is a priority because it is the dimension of health that allows us to deal more effectively with emotions, feelings, frustrations and to make use of their contribution to the capacity to think and to make decisions.
2. Simultaneously, there were two projects developed under the Public Health Initiatives of EEA Grants funding: "Incredible years for the promotion of mental health" and "Why Youth MH Care School-Based with Primary Care Liaison (Why School)".

D1.2) Estimated impact of activities related to mental health and schools on the reduction of disease burden

The workshops developed by teams of health and education professionals at a national level occurred during 2016 until December of that year. The information about the impact of these initiatives isn't yet available.

D2) Existence of national programmes/strategies for mental health at schools

NO	YES
	X

D2.1) Components of these programmes
There is solid articulation with the National School Health Programme and Ministry of Education for the promotion of socio-emotional skills which is conceptually the 'trunk' or 'central axis' of school health intervention. Within the scope of the National School Health Program, the promotion of mental health is a priority because it is the dimension of health that allows us to deal more effectively with emotions, feelings, frustrations and to make use of their contribution to the capacity to think and to make decisions.

D2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
Information not available.

D3a) Level of implementation in 2015-2016 of recommendations to strengthen information and research on mental health and wellbeing among children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	N/A
				Establish a solid information base to have a detailed epidemiological frame of children and adolescent mental health and evidence on interventions
				Provide information on coverage and outcomes of interventions (high-risk groups, size, impact, cost and potential economic savings)
				Carry out a mapping and analysis of existing screening tools for early identification of mental health disorders and poor wellbeing among children and school populations
				Examine the potential to increase the access to promotion information and to prevention services through the use of web-based technologies (e-mental health)

D3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D3a Table)
N/A

D3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D3a Table)
N/A

D4a) Level of implementation in 2015-2016 of recommendations to establishing schools as settings for mental health promotion and prevention of mental disorders

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	N/A
				Recognise the role of early childhood education, school and peer education in creating opportunities for collaboration (whole school approach)
				Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying
				Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account
				Put in place evidence based interventions to combat early school leaving

D4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D4a Table)
N/A

D4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D4a Table)
N/A

D5a) Level of implementation in 2015-2016 of recommendations to enhance training for all school staff on mental health

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	N/A
				Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs
				Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources
				Ensure that training is also made available to the members of the families and caregivers of children and adolescents, according to a community level approach
				Ensure that particular attention is paid also to the positive mental health and wellbeing of teachers and school staff via continuous support and mentoring
				Preparing and sharing relevant guidelines for mental health and wellbeing promotion in schools jointly with other sectors, under the coordination of the education sector

D5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D5a Table)
N/A

D5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D5a Table)
N/A

D6a) Level of implementation in 2015-2016 of recommendations to link schools with other community stakeholders involved in mental health of children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	N/A
				Ensure that the mental health and wellbeing of children and adolescents is considered when defining and implementing policy in different sectors
				Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors (facilitating cross-sectoral budgeting and defining responsibilities)
				Estimate the data on workforce and financing specifically dedicated to the mental health of

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	N/A
				children and adolescents per sector and ensure adequate, sustained and shared financing by the different sectors
				Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors

D6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D6a Table)
N/A

D6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D6a Table)
N/A

D7) Further information on the following areas regarding mental health and schools:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health and schools programs	N/A
Who funds activities to prevent mental health problems in schools?	N/A
Who funds activities to promote mental health in schools?	N/A
Who has responsibility for implementation of prevention and promotion activities?	N/A
Which sectors, and professionals in them, are involved?	N/A
Is the focus on targeted or universal approaches?	N/A
What is the evidence of the effectiveness of schools mental health programmes?	N/A
Are there relevant publications and/or evaluations from your country on these thematic areas?	N/A

SUICIDE PREVENTION

E1) Role of suicide prevention in national policy or strategy documents

E1.1) Recognition as a priority
It is considered a priority. It was published the first National Plan for Suicide Prevention in 2013, since the rates exceeded 10/100,000 inhabitants from 2001 (they had been, until then, between 5 and 6 and since 2002 there has been strong evidence of underreporting). The 2015 rate was 11 / 100,000 inhabitants.

E1.2) Estimated impact of activities related to suicide prevention on the reduction of disease burden
Being a recent prevention plan, it is not yet possible to determine the impact of it and also because, in 2014, the methodology for registering causes of death has been changed.

E2) Existence of national programmes/strategies for suicide prevention

NO	YES
	X

E2.1) Components of these programmes
In addition to the fact that, since 2013, we've been able to get the national media (TV, radio and print media) to talk about the issue whenever there is a pretext for this, the National Mental Health Program has been supporting the national dissemination of a prevention plan targeting adolescents in schools and will financially support a prevention program in the region that traditionally registers more suicides in Portugal (Baixo Alentejo). It has also been sensitizing and supporting the Regional Administrations of Health and the municipalities for the development of evaluations and monitoring of people who live alone since, traditionally, in Portugal suicide occurs mainly in elderly men who live alone and with chronic and incapacitating illness.

E2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
The process is under development and it is not yet possible to quantify.

E3a) Level of implementation in 2015-2016 of recommendations on policy and legislation for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Develop a national strategy to prevent suicide (or implement it if one already exists) with a clear action plan and measurable targets	
Revise legislation to include protections for persons who have attempted suicide to return back to work			
Promote the implementation of guidelines (e.g. WHO, EUREGENAS) for responsible media communication of suicidal events to national and local media professionals			
	Promote the legislation concerning the restriction of lethal means (e.g. toxic substances and firearms)		
		Reduce the package size of potentially lethal medicines and/or restrict their availability	
Promote legislation about restricting alcohol availability			

E3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E3a Table)

E3.1 the National Suicide Prevention Plan had an order of approval and a hearing in the Parliamentary Health Commission

E3.3 the attempt of a joint initiative with Union of Journalists was cancelled by this entity because it considered there was a risk for censorship in the press

E3.4 for several years insecticides and other toxic agricultural products have been conditionally sold as well as the use and carrying of firearms that require their own license and medical statement of mental capacity for its use; some municipalities have constructed protections in places sought for suicide by falling

E3.5 there are risks of prescription of drugs for the purchase and sale of packages with less units

E3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E3a Table)

E3.1 - the existence of a National Prevention Plan came to sensitize physicians to the link between suicide and depression as well as the media to the risk of the "Werther Effect"

E3.3 it was not yet possible to promote the publication of guidelines but the Regulatory Body for the Media was sensitized to the theme through several working meetings and requests for opinions on citizens' complaints regarding television programs and news with risky content

E3.4 although there was a decrease of suicides by organophosphorus, there was an increase of the number of deaths by hanging

E3.5 the progressive replacement of benzodiazepines with barbiturates, the marked reduction of units in hypnotic packaging and the introduction of non-tricyclic antidepressants significantly reduced the use of these substances as causes of suicide

E4a) Level of implementation in 2015-2016 of recommendations on primary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Provide training to specific professional target groups to identify and make contact with suicidal persons		
	Utilise available and evidence-based school prevention programmes to foster awareness about mental health and coping and problem solving skills in pupils		
Implement mental health first aid programmes in communities to detect distress and signs and symptoms			
	Educate the public about suicide and increase the public awareness concerning the sign of crisis		
	Ensure support is available for people bereaved by suicide		
Provide information about where to seek help on local predicted venues of suicidal events (e.g. high places, railway crossings etc.)			
		Promote and implement programmes which lead to increased knowledge and decreased stigmatization of depression and other mental health problems in the general	

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		public	
	Develop age-specific IT tools for the electronic delivery of mental health promotion and suicide prevention programmes to the general population.		
Promote keeping away dangerous means from household environment for preventing impulsive suicide acts			

E4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E4a Table)

E 4.1) A training program was promoted among Primary Health Care professionals to train on the diagnosis and treatment of depression and consequent prevention of suicide

E 4.2) Since 2013, we have been funding a program ("+Contigo") to fight stigma and suicide prevention in schools

E 4.4) Since 2013, the media have been addressing the issue in several areas and the National Mental Health Programme supports public initiatives of the Portuguese Society of Suicidology

E 4.5) Public initiatives of the Portuguese Society of Suicidology for the study and intervention in mourning and the approach of the mourning in suicide have been supported.

E 4.7) Since 2010, the National Mental Health Programme has developed a project ("Saúde Mental e Arte", Mental Health and Art) to fight stigma, with multiple cultural initiatives; The Portuguese Society of Suicidology and NGOs have been promoting initiatives in this area

E 4.8) in 2016 two national projects in this field were financed through NGOs and academic entities

E4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E4a Table)

E 4.1) The programme has covered 4 of the 5 Health Regions by articulating with Primary Health Care units and local mental health services

E 4.2) The "+Contigo" project has already covered about 10,000 students from all over the country as well as their educational teams and parents. It is supported by a manual.

E 4.4) The main media (TV, radio, print press), have been addressing the subject of mental health and suicide since 2013 whenever there is a matter for this, causing awareness and discussion

E 4.5) The awareness of academics on the theme has stimulated research and scientific publication

E 4.7) The "Saúde Mental e Arte" project has been sensitizing professional schools of health, municipalities and the general population for the weight of stigma in mental health, including depression and suicide

E 4.8) the evaluation of these interventions that include the use of apps by people with depression and suicidal thoughts is not yet complete

E5a) Level of implementation in 2015-2016 of recommendations on secondary and tertiary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Increase the availability of telephone hotline services and utilise the methods and practice of European best practice telephone hotline services			
	Increase the availability of web-based crisis intervention services (chats, etc.)		
Increase the availability of low threshold personal services (“drop in” centres, etc.)			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Incorporate brief interventions into emergency treatment to provide information about local, available resources for crisis management, mental and social care and suicide prevention e-health tools		

E5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E5a Table)
E 5.1) There are several SOS telephone services that exist for a long time but are mostly used by people in solitude.
E 5.2)These services were only launched in 2016, mainly using Primary Health Care professionals, and are not yet adequately evaluated, although in Portugal the most at-risk persons are those with the lowest literacy rate which is worse for those without the ability to use web resources.
E 5.3) There haven't been conditions neither in the public health services nor in the NGO's to create them
E 5.4) (see 5.2))

E5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E5a Table)
E 5.1) the main NGO on this field (SOS Voz Amiga) had to deal with a prolonged internal leadership crisis that interfered with its functioning but it was solved during 2016 with an apparent good resolution.
E 5.2) the acceptance among the professionals of Primary Health Care services and Mental Health services as well as among users (4/5 territory's population) was positive, namely the use of apps
E 5.3) the strong economic crisis since 2009 has resulted in a significant reduction of health professionals
E 5.4) (see 5.2)

E6a) Level of implementation in 2015-2016 of recommendations on capacity building and inter-sectoral collaboration for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Establish a national data register about suicide and attempted suicide in order to analyse the characteristics of suicide events for the better identification of high risk groups		
	Promote targeted prevention/awareness programs especially focusing on the identified high risk groups		
Systematically monitor national and regional risk-factors for suicide and suicide attempt			
	Collaborate with labour and educational sectors to have information available for students and/or employees in case of a crisis		
Encourage the IT sector and governmental actors to develop a sustainable business model to implement further evidence-based e-mental health tools			
Support local/regional evidence-based, effective multi-level approach for combating suicide and for forming more socially connected local communities			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Assist debt support and debt relief programmes		
Support the establishment and operation of National Centres for Suicide Research and Prevention			

E6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E6a Table)

E 6.1) Since 2014 that the recording of causes of death in Portugal is stricter with the introduction of computerized death certificates, reducing deaths of undetermined cause;
However, in 2016 an analysis on suicides was started by the police forces from 1/1/2007 to 12/31/2015, by decision of the respective ministry.

E 6.2) programs have been supported in regions with a higher incidence of suicide targeting the most vulnerable groups: the elderly, living alone and with chronic incapacitating illnesses

E 6.3) it was started the structuring of these monitoring mechanisms by Regions of Health

E 6.4) investment is being made especially at the educational level through the "+ Contigo" project

E 6.7) the Government in office for 1 year has restored the cuts in social pensions and lower pensions

E6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E6a Table)

E 6.1)

E7) Further information on the following areas regarding suicide prevention:

Areas	Further Information
What is the evidence of the cost-effectiveness of suicide prevention programmes	Not evaluated
Who funds activities to prevent suicides?	Ministry of Health
Who has responsibility for implementation of prevention activities?	The National Program for Mental Health of the Directorate-General for Health
Which sectors, and professionals in them, are involved?	Psychiatrists, Psychologists, Social Workers, Nurses, Public Health Doctors
Is the focus on targeted or universal approaches?	Mainly universal approaches
What is the evidence of the effectiveness of suicide prevention programmes?	Not evaluated
Are there relevant publications and/or evaluations from your country on these thematic areas?	The annual publication "Portugal: Mental Health in Numbers" (begun in 2013) edited by the National Program for Mental Health has recorded and analyzed the evolution and interventions in this field

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that have been produced this year in your country and have not already been mentioned in this survey.

N/A

F2) Please refer us to key stakeholders (organisations/experts) that should be invited to participate to answer the stakeholder version of this survey in your country (including their e-mail address or other contact details):

Portuguese Society of Suicidology: jcsantos@esenfc.pt

Eutimia - European Alliance Against Depression in Portugal: //www.facebook.com/eutimia.eaad.pt/

"+ Contigo" Project: https://www.facebook.com/maiscontigo/

ANNUAL ACTIVITY REPORT FROM ROMANIA

KEY DEVELOPMENTS IN 2016

B1) Key mental health developments initiated or implemented in 2016

B1.1) Mental health legislation
Implementation Rules for Low no. 487/2012 – Mental Health Low
Implementation Rules for Low no. 151/2010 - Autism Low
National Strategy of Health 2016-2020

B1.2) Policy framework
State budget for National Program for Mental Health

B1.3) Financing and/or funding
Integrated Services for Children

B1.4) Services organisation development and/or quality
Ministry of Justice
Ministry of Education
Ministry of Labour and Social Justice

B1.5) Promotion and prevention initiatives
Collaboration with Centre for Legal Resources
Collaboration with Foundation Children with Difficulties

B1.6) Involvement of partners from other policies and sectors (multisector governance)
N/A

B1.7) Involvement of patients, families and NGOs
N/A

B1.8) Monitoring the mental health status of the population or particular population groups (including suicidal behaviour)
N/A

B1.9) Measuring the impact of policies and/or emerging new needs
N/A

B1.10) Mental Health in All Policies (i.e. promotion of population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas)
Joint Visits with Security Hospitals (Sapoca Hospital, Poiana Mare Hospital) with representatives of Ministry of Justice and Ministry of Foreign Affaires

B1.11) Other (please describe)
N/A

B2) Links to new documents, reports or resources that could benefit other stakeholders in mental health:

1. http://www.ms.ro/
2. http://cnsm.org.ro/

B3) Strengths and weaknesses of the mental health situation

Strengths	Weaknesses
Mental Health represents a priority for Romania. Rights for patients with mental health problems	Lack of prevention. Lack of promoting of mental health. Deficient Case Management

MENTAL HEALTH AT WORKPLACES

C1) Role of mental health at workplaces in national policy or strategy documents

C1.1) Recognition as a priority

Not a priority due to the reduced allocated budget to health and to mental health sector (4% form GDP)

C1.2) Estimated impact of activities related to mental health at workplaces on the reduction of disease burden

N/A

C2) Existence of national programmes/strategies for mental health at workplaces

NO	YES
X	

C2.1) Components of these programmes

N/A

C2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

N/A

C3a) Level of implementation in 2015-2016 of recommendations to build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Informal (e.g. working groups who exchange experiences) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved			
	Formal (e.g. as part of Occupational Safety and Health (OSH) or national government programmes) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		
	Health policy development to legally anchor structures for inter-sector cooperation		
Health policy sector working together with OSH stakeholders to make it easier for SMEs to access support			
Key multiplier institutions (chambers of industry and commerce, sector associations, trade associations, etc.) to implement joint information campaigns for SMEs on work-related mental health issues			
Involve the health policy sector to identify and promote styles of management that are conducive to health			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Development of platforms to facilitate structured exchange of experience for social health insurance institutions and government health agencies			
	Implement health policy measures and strategies that promote open communication in the workplace and reduce the stigma of mental health problems		
	Health insurance institutions and/or national health services to implement model dissemination programmes in co-operation with stakeholders from other action fields.		

C3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C3a Table)

N/A

C3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C3a Table)

N/A

C4a) Level of implementation in 2015-2016 of recommendations to prevent mental health problems at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Health policy sector to develop infrastructure which promotes wider dissemination of good risk management practices in enterprises, including psychosocial factors			
Statutory health insurance institutions and national health services to support OSH stakeholders in convincing employers to adopt risk assessment practices that include psychosocial factors			
Raise the relevance of OSH by combining risk assessment approaches with campaigning activities which link mental health issues to the human resource and labour market agenda			
Develop and disseminate easy-to-understand tools and instruments for employers			
Recognise that small and medium-sized enterprises (SMEs) need a tailored approach and support to tackle psychosocial risk factors			
Examine how national health service and statutory health insurance institutions can provide support to workplaces on mental health			
Develop coordinated national and regional goals for OSH and workplace health promotion and translate them into general psychosocial recommendations			

C4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C4a Table)

N/A

C4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C4a Table)

N/A

C5a) Level of implementation in 2015-2016 of recommendations to promote mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Health policy sector promoting good work organisation and leadership practices as drivers for business excellence and competitiveness			
Promotion approaches and practices which combine lifestyle improvements with working condition focused improvements			
Engagement of key external stakeholders (social partners, regulatory system, social insurance, health care etc.) to adopt a supportive role for enterprises in the field of workplace health promotion (WHP)			
Support of the health policy sector in the dissemination of good practices in the promotion of mental health at the workplace in all institutions of the health care system			
Institutions responsible for organising health care or occupational health and safety develop an independent service area for workplace health promotion that is economically accessible for all enterprises			
Workplace health promotion services include basic advisory services for organisations for the introduction and systematic promotion of mental health at the workplace			
Workplace health promotion services include the evaluation of data on mental disorders (if available) at enterprise level (including benchmarking in the respective sector)			
Workplace health promotion services include qualification measures in stress management for employees			
Health policy sector examines and modifies existing rules and regulations, including the tax system, to encourage enterprises to invest in measures for workplace mental health promotion			

C5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C5a Table)

N/A

C5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C5a Table)

N/A

C6a) Level of implementation in 2015-2016 of recommendations to support the reintegration/return to work of people who have experienced mental health difficulties

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Health policy sector ensures and improves access to care for mentally ill employees			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Focus on early identification of the need for care			
Employees have fast and low-threshold access to outpatient psychotherapy services			
Employers take action to reduce stigmatisation of mental health problems at the workplace to encourage early contact with the health system and facilitate return to work			
Support services to gradually reintegrate employees after long-term absence include integrated care processes that combine organisational assistance with suitable inpatient and outpatient care services			
Support is available for persons with partial work capacity to participate in the labour market			
Return-to-work is part of a multi-disciplinary care plan (e.g. between health care/social security systems)			

C6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C6a Table)

N/A

C6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C6a Table)

N/A

C7) Further information on the following areas regarding mental health at workplaces:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health at the workplace programmes?	N/A
Who funds activities to prevent mental health problems at the workplace?	N/A
Who funds activities to promote mental health at the workplace?	N/A
Who has responsibility for implementation of prevention and promotion activities?	N/A
Which sectors, and professionals in them, are involved?	N/A
Is the focus on targeted or universal approaches?	N/A
What is the evidence of the effectiveness of workplace mental health programmes?	N/A
Are there relevant publications and/or evaluations from your country on these thematic areas?	N/A

MENTAL HEALTH AND SCHOOLS

D1) Role of mental health and schools in national policy or strategy documents

D1.1) Recognition as a priority

National Strategy for Mental Health 2016-2020

D1.2) Estimated impact of activities related to mental health and schools on the reduction of disease burden

No information available

D2) Existence of national programmes/strategies for mental health at schools

NO	YES
	X

D2.1) Components of these programmes

Increasing quality and access to prevention, identification, recovery and maintaining mental health
Develop standards for mental health services
Issuing practice guidelines and protocols
Training experts including those from the education sector
Diversifying the range of services available

D2.2) Proportion of regions or local authority areas (municipalities) that implemented these programmes

It is not established

D3a) Level of implementation in 2015-2016 of recommendations to strengthen information and research on mental health and wellbeing among children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Establish a solid information base to have a detailed epidemiological frame of children and adolescent mental health and evidence on interventions		
			Provide information on coverage and outcomes of interventions (high-risk groups, size, impact, cost and potential economic savings)
			Carry out a mapping and analysis of existing screening tools for early identification of mental health disorders and poor wellbeing among children and school populations
	Examine the potential to increase the access to promotion information and to prevention services through the use of web-based technologies (e-mental health)		

D3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D3a Table)

N/A

D3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D3a Table)

N/A

D4a) Level of implementation in 2015-2016 of recommendations to establishing schools as settings for mental health promotion and prevention of mental disorders

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Recognise the role of early childhood education, school and peer education in creating opportunities for collaboration (whole school approach)	

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying	
	Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account		
			Put in place evidence based interventions to combat early school leaving

D4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D4a Table)

Families' poverty, mainly in the rural areas (24%)

D4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D4a Table)

4.4. Early interventions are effective. Cooperation between different stakeholders and psycho-social support systems are essential. A strong commitment of school is needed to support students at risk. And: (School-) leadership matters.

D5a) Level of implementation in 2015-2016 of recommendations to enhance training for all school staff on mental health

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs		
Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources			
	Ensure that training is also made available to the members of the families and caregivers of children and adolescents, according to a community level approach		
			Ensure that particular attention is paid also to the positive mental health and wellbeing of teachers and school staff via continuous support and mentoring
Preparing and sharing relevant guidelines for mental health and wellbeing promotion in schools jointly with other sectors, under the coordination of the education sector			

D5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D5a Table)

Insufficient budget allocated
Lack of awareness s for the importance of mental health

D5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D5a Table)

N/A

D6a) Level of implementation in 2015-2016 of recommendations to link schools with other community stakeholders involved in mental health of children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Ensure that the mental health and wellbeing of children and adolescents is considered when defining and implementing policy in different sectors
Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors (facilitating cross-sectoral budgeting and defining responsibilities)			
Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector and ensure adequate, sustained and shared financing by the different sectors			
Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors			

D6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D6a Table)

N/A

D6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D6a Table)

N/A

D7) Further information on the following areas regarding mental health and schools:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health and schools programs	No information
Who funds activities to prevent mental health problems in schools?	No information
Who funds activities to promote mental health in schools?	Ministry of Health trough National Program of Mental Health
Who has responsibility for implementation of prevention and promotion activities?	Ministry Of Education
Which sectors, and professionals in them, are involved?	School, Educators, Teachers
Is the focus on targeted or universal approaches?	Universal
What is the evidence of the effectiveness of schools mental health programmes?	No information
Are there relevant publications and/or evaluations from your country on these thematic areas?	No information

SUICIDE PREVENTION

E1) Role of suicide prevention in national policy or strategy documents

E1.1) Recognition as a priority

No, the national prevalence rate (9,6%)

E1.2) Estimated impact of activities related to suicide prevention on the reduction of disease burden

No information

E2) Existence of national programmes/strategies for suicide prevention

NO	YES
X	

E2.1) Components of these programmes

N/A

E2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

N/A

E3a) Level of implementation in 2015-2016 of recommendations on policy and legislation for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Develop a national strategy to prevent suicide (or implement it if one already exists) with a clear action plan and measurable targets			
Revise legislation to include protections for persons who have attempted suicide to return back to Work			
			Promote the implementation of guidelines (e.g. WHO, EUREGENAS) for responsible media communication of suicidal events to national and local media professionals
			Promote the legislation concerning the restriction of lethal means (e.g. toxic substances and firearms)
	Reduce the package size of potentially lethal medicines and/or restrict their availability		
	Promote legislation about restricting alcohol availability		

E3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E3a Table)

N/A

E3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E3a Table)

N/A

E4a) Level of implementation in 2015-2016 of recommendations on primary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Provide training to specific professional target groups to identify and make contact with suicidal persons		
	Utilise available and evidence-based school prevention programmes to foster awareness about mental health and coping and problem solving skills in pupils		
	Implement mental health first aid programmes in communities to detect distress and signs and symptoms		
	Educate the public about suicide and increase the public awareness concerning the sign of crisis		
	Ensure support is available for people bereaved by suicide		
	Provide information about where to seek help on local predicted venues of suicidal events (e.g. high places, railway crossings etc.)		
	Promote and implement programmes which lead to increased knowledge and decreased stigmatization of depression and other mental health problems in the general public		
Develop age-specific IT tools for the electronic delivery of mental health promotion and suicide prevention programmes to the general population.			
Promote keeping away dangerous means from household environment for preventing impulsive suicide acts			

E4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E4a Table)

N/A

E4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E4a Table)

N/A

E5a) Level of implementation in 2015-2016 of recommendations on secondary and tertiary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Increase the availability of telephone hotline services and utilise the methods and practice of European best practice telephone hotline services		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Increase the availability of web-based crisis intervention services (chats, etc.)		
	Increase the availability of low threshold personal services ("drop in" centres, etc.)		
	Incorporate brief interventions into emergency treatment to provide information about local, available resources for crisis management, mental and social care and suicide prevention e-health tools		

E5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E5a Table)

See E3b

E5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E5a Table)

See E3c

E6a) Level of implementation in 2015-2016 of recommendations on capacity building and inter-sectoral collaboration for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Establish a national data register about suicide and attempted suicide in order to analyse the characteristics of suicide events for the better identification of high risk groups			
Promote targeted prevention/awareness programs especially focusing on the identified high risk groups			
	Systematically monitor national and regional risk-factors for suicide and suicide attempt		
Collaborate with labour and educational sectors to have information available for students and/or employees in case of a crisis			
Encourage the IT sector and governmental actors to develop a sustainable business model to implement further evidence-based e-mental health tools			
Support local/regional evidence-based, effective multi-level approach for combating suicide and for forming more socially connected local communities			
Assist debt support and debt relief programmes			
Support the establishment and operation of National Centres for Suicide Research and Prevention			

E6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E6a Table)

N/A

E6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E6a Table)

N/A

E7) Further information on the following areas regarding suicide prevention:

Areas	Further Information
What is the evidence of the cost-effectiveness of suicide prevention programmes	N/A
Who funds activities to prevent suicides?	Government
Who has responsibility for implementation of prevention activities?	N/A
Which sectors, and professionals in them, are involved?	Ministry of Health, Police
Is the focus on targeted or universal approaches?	Targeted
What is the evidence of the effectiveness of suicide prevention programmes?	N/A
Are there relevant publications and/or evaluations from your country on these thematic areas?	N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that have been produced this year in your country and have not already been mentioned in this survey.

N/A

F2) Please refer us to key stakeholders (organisations/experts) that should be invited to participate to answer the stakeholder version of this survey in your country (including their e-mail address or other contact details):

Ministry of Education
National Administration of Penitentiary

ANNUAL ACTIVITY REPORT FROM SPAIN

KEY DEVELOPMENTS IN 2016

B1) Key mental health developments initiated or implemented in 2016

B1.1) Mental health legislation
There is no change from the previous reported information

B1.2) Policy framework
There is no change from the previous reported information

B1.3) Financing and/or funding
Financing is decentralised to the Regional Governments

B1.4) Services organisation development and/or quality
The updating of the National Mental Health Strategy is pending from approval

B1.5) Promotion and prevention initiatives
The promotion and prevention initiatives are responsibility of the Regions. We have not updated the evaluation yet.

B1.6) Involvement of partners from other policies and sectors (multisector governance)
In the Mental Health Strategy, there are different sectors involved. At the regional level, there is coordination also with housing, employment and education.

B1.7) Involvement of patients, families and NGOs
At the national level, patients, families and NGOs participate in the development, evaluation and updating of the National Strategy on Mental Health. At the regional level, these stakeholders participate in the Regional Mental Health Plans.

B1.8) Monitoring the mental health status of the population or particular population groups (including suicidal behaviour)
Necessary data for indicators of the MH Strategy by sex have collected, including special groups such as children, adolescents, seniors, and prison population. These data refer to the state and perception of mental health, self-harm, suicide rates, alcohol and other drugs, hospital and community resources, rehabilitation, residential (beds, rooms, etc.), prevalence of certain diseases, medical discharge, readmission, existence of programmes, employment supports and others.

B1.9) Measuring the impact of policies and/or emerging new needs
There are not new developments.

B1.10) Mental Health in All Policies (i.e. promotion of population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas)
There are not new developments. Since 2006, there is a strategic line in the MHS about coordination targeting the collaboration of Regional governments with social services, prisons, education, housing, employment, etc. In the Institutional Committee of the MH Strategy, Social Services and Penitentiary Institutions are represented.

B1.11) Other (please describe)
The National Strategy on Neurodegenerative Diseases, including dementia has been approved on April 2016.

B2) Links to new documents, reports or resources that could benefit other stakeholders in mental health:

1. http://www.msps.es/organizacion/sns/planCalidadSNS/pdf/Est_Neurodegenerativas_APROBADA_C_INTERTERRITORIAL.pdf

B3) Strengths and weaknesses of the mental health situation

Strengths	Weaknesses
N/A	N/A

MENTAL HEALTH AT WORKPLACES

C1) Role of mental health at workplaces in national policy or strategy documents

C1.1) Recognition as a priority
Psychosocial and organisational factors are among the priorities of the Spanish OHS Strategy 2015-2020. Social and economic changes promote constant evolution of workplaces. This situation has raised new risks linked to how work is organised and to social relationships. Objectives are linked to increasing awareness, improve psychosocial risk prevention and give support to companies.
Actions: Elaborate basic guidelines for managing psychosocial risks at work, especially in SMEs.

C1.2) Estimated impact of activities related to mental health at workplaces on the reduction of disease burden
We do not have an information system linked to the reduction of the burden of disease due to mental health at the workplace.

C2) Existence of national programmes/strategies for mental health at workplaces

YES	NO
	X

C2.1) Components of these programmes
N/A

C2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
N/A

C3a) Level of implementation in 2015-2016 of recommendations to build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Informal (e.g. working groups who exchange experiences) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		
	Formal (e.g. as part of Occupational Safety and Health (OSH) or national government programmes) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		
Health policy development to legally anchor structures for inter-sector cooperation			
Health policy sector working together with OSH stakeholders to make it easier for SMEs to access support			
Key multiplier institutions (chambers of industry and commerce, sector associations, trade associations, etc.) to implement joint information campaigns for SMEs on work-related mental health issues			
	Involve the health policy sector to identify and promote styles of management that are conducive to health		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Development of platforms to facilitate structured exchange of experience for social health insurance institutions and government health agencies			
	Implement health policy measures and strategies that promote open communication in the workplace and reduce the stigma of mental health problems		
	Health insurance institutions and/or national health services to implement model dissemination programmes in co-operation with stakeholders from other action fields.		
	Other: In July 2014, an agreement on psychosocial risks at work was reached between the Labour and Health Administrations of the State, Autonomous Regions, trade unions and employers.		

C3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C3a Table)
As a barrier for almost all recommendations: different sectors work in silos, no real collaboration, different objectives and purposes. Not a real priority for all stakeholders.

C3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C3a Table)
As an asset, we could mention the existence of the workplace health promotion project in the Spanish Institute of Occupational Health and Safety linked to the European Network for Health Promotion at the Workplace, which disseminates a more holistic view of health at company level and make available tools and guidelines for a better health at work. This project gathers models of good practices on different issues including mental health and promotes the exchange of information and expertise among Spanish companies. The recognition of good practices is done by a committee that includes different public administrations of labour and health sectors at the national and regional level.

C4a) Level of implementation in 2015-2016 of recommendations to prevent mental health problems at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Health policy sector to develop infrastructure which promotes wider dissemination of good risk management practices in enterprises, including psychosocial factors			
	Statutory health insurance institutions and national health services to support OSH stakeholders in convincing employers to adopt risk assessment practices that include psychosocial factors		
	Raise the relevance of OSH by combining risk assessment approaches with campaigning activities which link mental health issues to the human resource and labour market agenda		
	Develop and disseminate easy-to-understand tools and instruments for employers		
	Recognise that small and medium-sized enterprises (SMEs) need a tailored approach and support to tackle psychosocial risk factors		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Examine how national health service and statutory health insurance institutions can provide support to workplaces on mental health			
	Develop coordinated national and regional goals for OSH and workplace health promotion and translate them into general psychosocial recommendations		

C4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C4a Table)
N/A

C4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C4a Table)
N/A

C5a) Level of implementation in 2015-2016 of recommendations to promote mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Health policy sector promoting good work organisation and leadership practices as drivers for business excellence and competitiveness			
	Promotion approaches and practices which combine lifestyle improvements with working condition focused improvements		
	Engagement of key external stakeholders (social partners, regulatory system, social insurance, health care etc.) to adopt a supportive role for enterprises in the field of workplace health promotion (WHP)		
Support of the health policy sector in the dissemination of good practices in the promotion of mental health at the workplace in all institutions of the health care system			
Institutions responsible for organising health care or occupational health and safety develop an independent service area for workplace health promotion that is economically accessible for all enterprises			
Workplace health promotion services include basic advisory services for organisations for the introduction and systematic promotion of mental health at the workplace Workplace health promotion services include the evaluation of data on mental disorders (if available) at enterprise level (including benchmarking in the respective sector)			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Workplace health promotion services include qualification measures in stress management for employees			
Health policy sector examines and modifies existing rules and regulations, including the tax system, to encourage enterprises to invest in measures for workplace mental health promotion			
	Other: We have initiatives developed by unions and studies developed by some universities on the mental burden of attributable disease.		

C5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C5a Table)
N/A

C5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C5a Table)
N/A

C6a) Level of implementation in 2015-2016 of recommendations to support the reintegration/return to work of people who have experienced mental health difficulties

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
Health policy sector ensures and improves access to care for mentally ill employees			
	Focus on early identification of the need for care		
	Employees have fast and low-threshold access to outpatient psychotherapy services		
	Employers take action to reduce stigmatisation of mental health problems at the workplace to encourage early contact with the health system and facilitate return to work		
	Support services to gradually reintegrate employees after long-term absence include integrated care processes that combine organisational assistance with suitable inpatient and outpatient care services		
	Support is available for persons with partial work capacity to participate in the labour market		
Return-to-work is part of a multi-disciplinary care plan (e.g. between health care/social security systems)			

C6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C6a Table)
N/A

C6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C6a Table)
N/A

C7) Further information on the following areas regarding mental health at workplaces:

Areas	Further Information
What is the evidence of the cost-effectivenes of mental health at the workplace programmes?	We do not have an information system linked to the reduction of the burden of disease due to mental health nor to the cost-effectiveness of mental health at the work place.
Who funds activities to prevent mental health problems at the workplace?	The OSH Foundation whose patronage are all the stakeholders: all public administrations of labour and health sectors at the national and regional level, employers and employees.
Who funds activities to promote mental health at the workplace?	The OSH Foundation
Who has responsibility for implementation of prevention and promotion activities?	The employer
Which sectors, and professionals in them, are involved?	All
Is the focus on targeted or universal approaches?	N/A
What is the evidence of the effectiveness of workplace mental health programmes?	We do not have an information system linked to the reduction of the burden of disease due to mental health in the workplace.
Are there relevant publications and/or evaluations from your country on these thematic areas?	Psychosocial risks web: www.insht.es/portal/site/RiesgosPsicosociales/ Health promotion web: www.insht.es/portal/site/PromocionSalud/ Studies: Mental diseases attributable to work in Spain and their direct health costs: www.ugt.es/Publicaciones/2010%20EnfermedadesMentales.pdf

MENTAL HEALTH AND SCHOOLS

D1) Role of mental health and schools in national policy or strategy documents

D1.1) Recognition as a priority
The promotion of mental health in the schools is a recognised priority in the National Mental Health Strategy. Its implementation is responsibility of the Regional Governments. At the national level, these programmes are evaluated when the National Strategy is evaluated.

D1.2) Estimated impact of activities related to mental health and schools on the reduction of disease burden
N/A

D2) Existence of national programmes/strategies for mental health at schools

NO	YES
	X

D2.1) Components of these programmes
The Regional Governments are establishing health promotion and prevention programmes in the schools. However, we cannot concretise their contents and scopes until the evaluation of the National Strategy has been completed. Consequently, at the present time we are not able to answer the following questions.

D2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
All the Regional Governments are establishing actions and or/programmes with variable scope and intensity.

D3a) Level of implementation in 2015-2016 of recommendations to strengthen information and research on mental health and wellbeing among children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	N/A
				Establish a solid information base to have a detailed epidemiological frame of children and adolescent mental health and evidence on interventions
				Provide information on coverage and outcomes of interventions (high-risk groups, size, impact, cost and potential economic savings)
				Carry out a mapping and analysis of existing screening tools for early identification of mental health disorders and poor wellbeing among children and school populations
				Examine the potential to increase the access to promotion information and to prevention services through the use of web-based technologies (e-mental health)

D3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D3a Table)
N/A

D3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D3a Table)
N/A

D4a) Level of implementation in 2015-2016 of recommendations to establishing schools as settings for mental health promotion and prevention of mental disorders

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	N/A
				Recognise the role of early childhood education, school and peer education in creating opportunities for collaboration (whole school approach)
				Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying
				Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account
				Put in place evidence based interventions to combat early school leaving

D4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D4a Table)
N/A

D4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D4a Table)
N/A

D5a) Level of implementation in 2015-2016 of recommendations to enhance training for all school staff on mental health

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	N/A
				Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs
				Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources
				Ensure that training is also made available to the members of the families and caregivers of children and adolescents, according to a community level approach
				Ensure that particular attention is paid also to the positive mental health and wellbeing of teachers and school staff via continuous support and mentoring
				Preparing and sharing relevant guidelines for mental health and wellbeing promotion in schools jointly with other sectors, under the coordination of the education sector

D5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D5a Table)
N/A

D5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D5a Table)
N/A

D6a) Level of implementation in 2015-2016 of recommendations to link schools with other community stakeholders involved in mental health of children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	N/A
				Ensure that the mental health and wellbeing of children and adolescents is considered when defining and implementing policy in different sectors
				Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors (facilitating crosssectoral budgeting and defining responsibilities)
				Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector and ensure adequate, sustained and shared financing by the different sectors
				Evaluate the effectiveness of school based interventions, also with the aim to reduce costs

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	N/A
				related to mental health in all sectors

D6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D6a Table)
N/A

D6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D6a Table)
N/A

D7) Further information on the following areas regarding mental health and schools:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health and schools programs	N/A
Who funds activities to prevent mental health problems in schools?	The Regional Governments
Who funds activities to promote mental health in schools?	The Regional Governments
Who has responsibility for implementation of prevention and promotion activities?	The Regional Governments
Which sectors, and professionals in them, are involved?	Health and educational sectors and professionals
Is the focus on targeted or universal approaches?	N/A
What is the evidence of the effectiveness of schools mental health programmes?	N/A
Are there relevant publications and/or evaluations from your country on these thematic areas?	N/A

SUICIDE PREVENTION

E1) Role of suicide prevention in national policy or strategy documents

E1.1) Recognition as a priority
Yes. A strategic line tackling suicide has been proposed in the National Mental Health Strategy.

E1.2) Estimated impact of activities related to suicide prevention on the reduction of disease burden
Not at the present time.

E2) Existence of national programmes/strategies for suicide prevention

NO	YES
	X

E2.1) Components of these programmes
There are integral approach programmes in seven Regions with different levels of implementation.
In three Regions, there are committees to carry out these programmes and protocols, training for professionals and other initiatives are being developed.

E2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

These integral approach programmes are being carry out in Cataluña, Andalucía, Asturias, Canarias, Castilla y León, Madrid and Navarra.

In Galicia, Murcia and Pais Vasco there are committees to carry out the programmes.

E3a) Level of implementation in 2015-2016 of recommendations on policy and legislation for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	N/A
				Develop a national strategy to prevent suicide (or implement it if one already exists) with a clear action plan and measurable targets
				Revise legislation to include protections for persons who have attempted suicide to return back to work
				Promote the implementation of guidelines (e.g. WHO, EUREGENAS) for responsible media communication of suicidal events to national and local media professionals
				Promote the legislation concerning the restriction of lethal means (e.g. toxic substances and firearms)
				Reduce the package size of potentially lethal medicines and/or restrict their availability
				Promote legislation about restricting alcohol availability

E3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E3a Table)

N/A

E3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E3a Table)

N/A

E4a) Level of implementation in 2015-2016 of recommendations on primary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Provide training to specific professional target groups to identify and make contact with suicidal persons		
			Utilise available and evidence-based school prevention programmes to foster awareness about mental health and coping and problem solving skills in pupils
			Implement mental health first aid programmes in communities to detect distress and signs and

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			symptoms
	Educate the public about suicide and increase the public awareness concerning the sign of crisis		
	Ensure support is available for people bereaved by suicide		
			Provide information about where to seek help on local predicted venues of suicidal events (e.g. high places, railway crossings etc.)
	Promote and implement programmes which lead to increased knowledge and decreased stigmatization of depression and other mental health problems in the general public		
			Develop age-specific IT tools for the electronic delivery of mental health promotion and suicide prevention programmes to the general population.
			Promote keeping away dangerous means from household environment for preventing impulsive suicide acts

E4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E4a Table)
N/A

E4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E4a Table)
N/A

E5a) Level of implementation in 2015-2016 of recommendations on secondary and tertiary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE	N/A
				Increase the availability of telephone hotline services and utilise the methods and practice of European best practice telephone hotline services
				Increase the availability of web-based crisis intervention services (chats, etc.)
				Increase the availability of low threshold personal services (“drop in” centres, etc.)
				Incorporate brief interventions into emergency treatment to provide information about local, available resources for crisis management, mental and social care and suicide prevention e-health tools

E5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E5a Table)
N/A

E5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E5a Table)
N/A

E6a) Level of implementation in 2015-2016 of recommendations on capacity building and inter-sectoral collaboration for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Establish a national data register about suicide and attempted suicide in order to analyse the characteristics of suicide events for the better identification of high risk groups	
	Promote targeted prevention/awareness programs especially focusing on the identified high risk groups		
			Systematically monitor national and regional risk-factors for suicide and suicide attempt
			Collaborate with labour and educational sectors to have information available for students and/or employees in case of a crisis
			Encourage the IT sector and governmental actors to develop a sustainable business model to implement further evidence-based e-mental health tools
			Support local/regional evidence-based, effective multi-level approach for combating suicide and for forming more socially connected local communities
			Assist debt support and debt relief programmes
Support the establishment and operation of National Centres for Suicide Research and Prevention			

E6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E6a Table)
N/A

E6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E6a Table)
N/A

E7) Further information on the following areas regarding suicide prevention:

Areas	Further Information
E7.1) What is the evidence of the cost-effectiveness of suicide prevention programmes	N/A
E7.2) Who funds activities to prevent suicides?	the Regional Government
E7.3) Who has responsibility for implementation of prevention activities?	the Regional Government
E7.4) Which sectors, and professionals in them, are involved?	Mainly the health and social sectors
E7.5) Is the focus on targeted or universal approaches?	Universal and risk groups.
E7.6) What is the evidence of the effectiveness of suicide prevention programmes?	N/A
E7.7) Are there relevant publications and/or evaluations from your country on these thematic areas?	N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that have been produced this year in your country and have not already been mentioned in this survey.

N/A

F2) Please refer us to key stakeholders (organisations/experts) that should be invited to participate to answer the stakeholder version of this survey in your country (including their e-mail address or other contact details):

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ANNUAL ACTIVITY REPORT FROM SWEDEN

KEY DEVELOPMENTS IN 2016

B1) Key mental health developments initiated or implemented in 2016

B1.1) Mental health legislation
No new mental Health legislation in 2016

B1.2) Policy framework
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.
Key developments 2016:
In 2016 The Swedish Government 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 strengthening 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
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.

B1.3) Financing and/or funding
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 2016 Agreement on Support for Targeted Measures for Mental Health (Överenskommelse om stöd till riktade insatser inom området psykisk hälsa) the Government provided 845 million SEK (approx. 100 M Euros) to support measures within local authorities and regions to promote mental health and mental wellbeing 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.

B1.4) Services organisation development and/or quality
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. In December 2015, the Government decided to appoint a National Coordinator for Mental Health initiatives. The Coordinator's 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.

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. Some examples of knowledge support for service providers in 2016 are a revision of The National Guidelines for Anxiety and Depression and a revision of The National Guidelines for the School Health Care (including a chapter on mental health)

B1.5) Promotion and prevention initiatives
The practical prevention work is mostly carried out by county councils and municipalities, regionally and locally respectively. The 2016 Agreement on Support for Targeted Measures for Mental Health the Government (845 million SEK) are intended to support measures within local authorities and regions to promote mental health and mental wellbeing, besides improving services for individuals suffering from mental health problems. Results from a follow up on the success of the agreement will presented in 2017. SALAR (Swedish Local Authorities and Regions) plays an important role as a coordinating and support function for the local and regional level, e.g. to support the implementation of the promotion and prevention efforts being made by municipalities and county councils. For this task SALAR received 60 million SEK within the Agreement for 2016. During 2015-2016 SALAR also received a governmental commission concerning prevention efforts targeted at migrants.

At national level the national coordinator for mental health plays an important role ensuring that all initiatives in the area of mental health are coordinated at a national/ governmental level.

The governmental agencies are also important actors to provide knowledge support concerning evidence and best practice within the field of health promotion and prevention. For instance, The National Board of Health and Welfare has provided knowledge support, during 2016, in the form of a revised National Guidelines for Anxiety and Depression and National Guidelines for the School Health Care (including a chapter on mental health). Furthermore, The Public Health Agency of Sweden has been assigned, in 2016, to build and develop the work aiming to promote mental health and prevent mental ill-health among the entire population at a national level. Since May 2015, the Agency also has the Government's assignment to coordinate national efforts to reduce suicides. An important part of the agency's work within these fields is to compile, analyse and convey new knowledge about risk factors and protective factors for mental health, as well as measures that promote mental wellbeing and prevent mental ill-health and suicide in the population. The National Public Health Agency has in 2016 e.g, together with the national Board of Health and Welfare published a knowledge support for the local level to conduct event analysis after suicide. In 2016, The public health agency has also published an annual report following up the suicide prevention initiatives taken on the national level. Furthermore, in 2016 the Agency launched the website www.suicidprevention.se.

Several governmental agencies are also connected to a Council for 'knowledge development' within the health and social care fields. One initiative has been initiated during 2016 concerning mental health. A working group has been established, with focus on mental health, aiming at developing and disseminating knowledge support to prevent mental ill among the elderly population.

B1.6) Involvement of partners from other policies and sectors (multisector governance)
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 responsibility for the hole 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.

One of the key issues for the national 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.

B1.7) Involvement of patients, families and NGOs
Just as the Governments strategy has been developed in collaboration with a number of key stakeholders, for example NGO:s and interest groups who represent patients and relatives/families, the Governments strategy emphasizes that all initiatives in the area should be based on cooperation with local and/or national NGO:s and that all initiatives must be patient centred. The Government supports the work of NGO:s in the area of mental health, through a whole range of initiatives: from representation in policy work to funding/financing. In 2016 the Government allocated approximately 65 million SEK (approx. 7 M Euros) to support the work of NGOs etc. in the area of mental health and suicide prevention.

B1.8) Monitoring the mental health status of the population or particular population groups (including suicidal behaviour)
The National Board of Health and Welfare and The Public Health Agency of Sweden monitor changes in public health by national surveys and national register data. The National Board of Health and Welfare administers a number of registers to be able to analyze and monitor trends in health care and social services, e.g. the National registers on Cause of deaths. The agency also uses the register for analyzing trends in particular population groups, during 2016, e.g., studies into the mental health of migrants coming to Sweden and a study

concerning the mental ill-health among individuals in same-sex marriages.

The Public Health Agency of Sweden is responsible for monitoring the health status, including mental health, of the population at national level as a part of a follow-up of public health policy. This is conducted, for example, in the form of a national public health survey "Health on equal terms" which the Agency has performed annually since 2004. The results are available at the agency's website in the form of statistics, tables, graphs and maps. The Agency also monitor suicidal behaviour, e.g. via the public health survey and suicidal national registers, as a part of the Agency's task as a national coordinator for suicide prevention. The results are e.g. published on the website www.suicidprevention.se.

B1.9) Measuring the impact of policies and/or emerging new needs

As an example of how the impact of policies are monitored, The National Board of Health and Welfare (a governmental agency) draws up national guidelines in areas affecting large numbers of people and in which substantial resources are required – for example when there are large regional differences in the implementation of recommended treatments and methods. The Board evaluates how well the recommendations in the national guidelines are followed. These evaluations include proposals for improvement. The Board has during 2016 also produced a decision-support system for medical insurance in cooperation with the Swedish Social Insurance Agency (Försäkringskassan). Doctors can use this system as a guide when prescribing sick leave for persons with mental illness

Indicators are a tool that allows us to measure and compare trends in health and social care results. These indicators are used in the national health and social care evaluations by the National Board of Health and Welfare and also serve as a follow-up tool at regional and local level. The indicators can be converted into goals, providing health and social care practitioners with clear and measurable quality goals to aim for.

B1.10) Mental Health in All Policies (i.e. promotion of population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas)

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 responsibility for the hole 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.

B1.11) Other (please describe)

N/A

B2) Links to new documents, reports or resources that could benefit other stakeholders in mental health:

1. Web page national coordinator:
   http://samordnarepsykiskhalsa.se/

2. Web page Swedish Association of Local Authorities and Regions (SALAR)
   http://www.uppdragpsykiskhalsa.se/

3. Webpage: National coordination suicide prevention (Public Health Agency of Sweden)
   https://www.folkhalsomyndigheten.se/suicidprevention/

4. National strategy for mental Health 2016-2020
   http://samordnarepsykiskhalsa.se/wp-content/uploads/2016/08/psykisk_halsa_210x240_se_webb.pdf

5. National action plan for suicide prevention
   https://www.folkhalsomyndigheten.se/publicerat-material/publikationsarkiv/n/national-action-programme-for-suicide-prevention

6. Annual report on suicide prevention
National guidelines for depression
http://www.socialstyrelsen.se/publikationer2016/2016-12-6

B3) Strengths and weaknesses of the mental health situation

Strengths	Weaknesses
State of population mental health Survey data indicate that most people have a good, or very good general health, 76 percent of the men and 71 of the women. Most people (83 %) in the age group 16-29 years rate their health as good or very good. The proportion is lower among older people, 62 % in the age group 65-84 years. During the last decade the suicide rate in Sweden has been stable in the population and in most subgroups. One exception is the age group 30-44 years where the suicide rate has decreased during this period. Mental Health policies and actions. Mental Health is a public health priority in Sweden. The Swedish Government adopted a national strategy for mental health for the period 2016-2020, focusing on promotion and prevention efforts besides care for persons already suffering from mental ill health. The Swedish government has has also appointed a national coordinator for mental health initiatives. The Coordinator's 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. In the 2016 Agreement on Support for Targeted Measures for Mental Health (Överenskommelse om stöd till riktade insatser inom området psykisk hälsa) the Government provided 845 million SEK (approx. 100 M Euros) to support measures within local authorities and regions to promote mental health and mental wellbeing and to improve services for individuals suffering from mental health problems.	State of population mental health. There have been no decrease in suicide rates and there have also been an increase in the number of people reporting psychological distress during 2006-2016. As many as 19 percent of the women and 13 percent of the men suffered from psychological distress according to GHQ in 2016. Psychological distress is most common among the youngest age group, 16-29 years, 23 percent. Furthermore, since the mid-1980s, self-reported mental and somatic problems have increased among school children in Sweden, primarily among 13 and 15-year-old Girls. Register data from the Swedish Social Insurance Agency also shows that the number of people that are on sickness absence because of mental health issues have increased in Sweden recently. Mental Health policies and actions No measurable targets have been formulated in the mental health strategy, which is of a "visionary nature". There is also a lack of data, both concerning the development of mental health overall and in certain groups and data on promotion and prevention efforts.

MENTAL HEALTH AT WORKPLACES

C1) Role of mental health at workplaces in national policy or strategy documents

C1.1) Recognition as a priority

It is recognised in the national Mental Health strategy

C1.2) Estimated impact of activities related to mental health at workplaces on the reduction of disease burden

N/A

C2) Does your country have national programmes/strategies for mental health at the workplace?

YES	NO
	X

C2.1) Components of these programmes

N/A

C2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

N/A

C3a) Level of implementation in 2015-2016 of recommendations to build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Informal (e.g. working groups who exchange experiences) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved
			Formal (e.g. as part of Occupational Safety and Health (OSH) or national government programmes) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved
			Health policy development to legally anchor structures for inter-sector cooperation
			Health policy sector working together with OSH stakeholders to make it easier for SMEs to access support
			Key multiplier institutions (chambers of industry and commerce, sector associations, trade associations, etc.) to implement joint information campaigns for SMEs on work-related mental health issues
			Involve the health policy sector to identify and promote styles of management that are conducive to health
			Development of platforms to facilitate structured exchange of experience for social health insurance institutions and government health agencies
			Implement health policy measures and strategies that promote open communication in the workplace and reduce the stigma of mental health problems
			Health insurance institutions and/or national health services to implement model dissemination programmes in co-operation with stakeholders from other action fields.

C3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C3a Table)

N/A

C3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C3a Table)

N/A

C4a) Level of implementation in 2015-2016 of recommendations to prevent mental health problems at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Health policy sector to develop infrastructure which promotes wider dissemination of good risk management practices in enterprises, including psychosocial factors
			Statutory health insurance institutions and national health services to support OSH stakeholders in convincing employers to adopt risk assessment practices that include psychosocial factors
			Raise the relevance of OSH by combining risk assessment approaches with campaigning activities which link mental health issues to the human resource and labour market agenda
			Develop and disseminate easy-to-understand tools and instruments for employers
			Recognise that small and medium-sized enterprises (SMEs) need a tailored approach and support to tackle psychosocial risk factors
			Examine how national health service and statutory health insurance institutions can provide support to workplaces on mental health
			Develop coordinated national and regional goals for OSH and workplace health promotion and translate them into general psychosocial recommendations

C4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C4a Table)

N/A

C4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C4a Table)

N/A

C5a) Level of implementation in 2015-2016 of recommendations to promote mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Health policy sector promoting good work organisation and leadership practices as drivers for business excellence and competitiveness
			Promotion approaches and practices which combine lifestyle improvements with working condition focused improvements
			Engagement of key external stakeholders (social partners, regulatory system, social insurance, health care etc.) to adopt a supportive role for enterprises in the field of workplace health promotion (WHP)
			Support of the health policy sector in the dissemination of good practices in the promotion of mental health at the workplace in all institutions of the health care system

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Institutions responsible for organising health care or occupational health and safety develop an independent service area for workplace health promotion that is economically accessible for all enterprises
			Workplace health promotion services include basic advisory services for organisations for the introduction and systematic promotion of mental health at the workplace

C5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C5a Table)

N/A

C5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C5a Table)

N/A

C6a) Level of implementation in 2015-2016 of recommendations to support the reintegration/return to work of people who have experienced mental health difficulties

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Health policy sector ensures and improves access to care for mentally ill employees
	Focus on early identification of the need for care		
			Employees have fast and low-threshold access to outpatient psychotherapy services
			Employers take action to reduce stigmatisation of mental health problems at the workplace to encourage early contact with the health system and facilitate return to work
	Support services to gradually reintegrate employees after long-term absence include integrated care processes that combine organisational assistance with suitable inpatient and outpatient care services		
	Support is available for persons with partial work capacity to participate in the labour market		
	Return-to-work is part of a multi-disciplinary care plan (e.g. between health care/social security systems)		

C6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C6a Table)

N/A

C6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C6a Table)

N/A

C7) Further information on the following areas regarding mental health at workplaces:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health at the workplace programmes?	N/A
Who funds activities to prevent mental health problems at the workplace?	N/A
Who funds activities to promote mental health at the workplace?	N/A
Who has responsibility for implementation of prevention and promotion activities?	N/A
Which sectors, and professionals in them, are involved?	N/A
Is the focus on targeted or universal approaches?	N/A
What is the evidence of the effectiveness of workplace mental health programmes?	N/A
Are there relevant publications and/or evaluations from your country on these thematic areas?	N/A

MENTAL HEALTH AND SCHOOLS

D1) Role of mental health and schools in national policy or strategy documents

D1.1) Recognition as a priority

It is recognised as a priority in the national strategy for mental health

D1.2) Estimated impact of activities related to mental health and schools on the reduction of disease burden

No, mostly due to lack of data considering epidemiological data and data on coverage and outcomes of interventions on national level.

D2) Existence of national programmes/strategies for mental health at schools

NO	YES
x	

D2.1) Components of these programmes

N/A

D2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

N/A

D3a) Level of implementation in 2015-2016 of recommendations to strengthen information and research on mental health and wellbeing among children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Establish a solid information base to have a detailed epidemiological frame of children and adolescent mental health and evidence on interventions		
Provide information on coverage and outcomes of interventions (high-risk groups, size, impact, cost and potential economic savings)			
	Carry out a mapping and analysis of existing screening tools for early identification of mental health disorders and poor wellbeing among children and school populations		
	Examine the potential to increase the access to promotion information and to prevention services through the use of web-based technologies (e-mental health)		

D3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D3a Table)

The biggest challenge is a lack of data considering epidemiological data and data on coverage and outcomes of interventions on national level.

D3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D3a Table)

Due to some project and efforts mainly of NGO there are some achievements in the field

D4a) Level of implementation in 2015-2016 of recommendations to establishing schools as settings for mental health promotion and prevention of mental disorders

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Recognise the role of early childhood education, school and peer education in creating opportunities for collaboration (whole school approach)
			Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying
			Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account
			Put in place evidence based interventions to combat early school leaving

D4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D4a Table)

N/A

D4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D4a Table)

N/A

D5a) Level of implementation in 2015-2016 of recommendations to enhance training for all school staff on mental health

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs
			Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources
			Ensure that training is also made available to the members of the families and caregivers of children and adolescents, according to a community level approach
			Ensure that particular attention is paid also to the positive mental health and wellbeing of teachers and school staff via continuous support and mentoring
			Preparing and sharing relevant guidelines for mental health and wellbeing promotion in schools jointly with other sectors, under the coordination of the education sector

D5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D5a Table)

N/A

D5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D5a Table)

N/A

D6a) Level of implementation in 2015-2016 of recommendations to link schools with other community stakeholders involved in mental health of children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
			Ensure that the mental health and wellbeing of children and adolescents is considered when defining and implementing policy in different sectors
			Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors (facilitating cross-sectoral budgeting and defining responsibilities)
			Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector and ensure adequate, sustained and shared financing by the different sectors
			Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors

D6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D6a Table)

N/A

D6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D6a Table)

N/A

D7) Further information on the following areas regarding mental health and schools:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health and schools programs	N/A
Who funds activities to prevent mental health problems in schools?	N/A
Who funds activities to promote mental health in schools?	N/A
Who has responsibility for implementation of prevention and promotion activities?	N/A
Which sectors, and professionals in them, are involved?	N/A
Is the focus on targeted or universal approaches?	N/A
What is the evidence of the effectiveness of schools mental health programmes?	N/A
Are there relevant publications and/or evaluations from your country on these thematic areas?	N/A

SUICIDE PREVENTION

E1) Role of suicide prevention in national policy or strategy documents

E1.1) Recognition as a priority

Suicide prevention is 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 mentioned in the National Strategy for Mental Health and is also noted in other policy documents pertaining to the prevention of mental ill health, such as the "Agreement on actions within mental health" between the Swedish Association of Local Authorities and Regions and the national government.

E1.2) Estimated impact of activities related to suicide prevention on the reduction of disease burden

It is very hard to define "activities related to suicide prevention" as these include such a broad range of actions from highly specialized psychiatric care systems, emergency care and primary care to universal school-based prevention programmes, training programmes for medical personnel and other professions, to city planning and architecture, to prevention within the traffic and railroad sector etc.

E2) Existence of national programmes/strategies for suicide prevention

NO	YES
	X

E2.1) Components of these programmes

Since 2008, Sweden has a National Action Programme for Suicide Prevention, adopted by the Parliament. The overall vision of the programme is that "no one should have to end up in a situation of such vulnerability that suicide is seen as the only way out". The programme contains 9 strategic areas of action:

1. Actions that promote good life chances for disadvantaged groups
2. Actions that reduce alcohol consumption in the population and in high-risk groups for suicide
3. Actions that reduce availability of means and methods of suicide
4. Seeing suicide as a psychological mistake or accident
5. Improved medical, psychological and psychosocial interventions
6. Spreading of knowledge about evidence-based practices to reduce suicide
7. Educating of staff and other key personnel in the care and treatment of people with suicidal problems
8. Performing root-cause analyses after suicides have occurred
9. Support to NGOs working with suicide prevention

Many regions (county councils) and municipalities have adopted their own action programmes based wholly or in part on action areas outlined in the national programme.

E2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

In a survey conducted by the National Public Health Agency during the fall of 2015, 23 % of Swedish municipalities (there are 290 in total) answered that they carry out community-based suicide prevention work. Correspondingly, 71 % of regions or county councils (there are 21 in total) say that they work with population-based suicide prevention (i.e. prevention initiatives carried out outside the healthcare sector).

E3a) Level of implementation in 2015-2016 of recommendations on policy and legislation for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Develop a national strategy to prevent suicide (or implement it if one already exists) with a clear action plan and measurable targets		
		Revise legislation to include protections for persons who have attempted suicide to return back to work	
		Promote the implementation of guidelines (e.g. WHO, EUREGENAS) for responsible media communication of suicidal events to national and local media professionals	
		Promote the legislation concerning the restriction of lethal means (e.g. toxic substances and firearms)	
		Reduce the package size of potentially lethal medicines and/or restrict their availability	
		Promote legislation about restricting alcohol availability	

E3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E3a Table)

As Sweden already has a national strategy to reduce suicide, with a "zero vision" that has been adopted by parliament, the challenge now is breaking down the overall action plan into more concrete actions with measurable goals and targets. We have not come as far on this point. Most national authorities (outside the health and welfare sector and outside of the public health sector) do not have specific assignments and are thus not held accountable to actions with the area of suicide prevention. But that is not to say that they do not work with the issue on a "voluntary" basis, as most do believe it is important, and not just an issue for the health care sector to tackle.

E3c) How would you describe the success factors and facilitators regarding the implementation of the recommendations mentioned above (E3a Table)?

Strong political support

E4a) Which of the following recommendations on primary prevention of suicides have been implemented in your country in 2015-2016?

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Provide training to specific professional target groups to identify and make contact with suicidal persons		
	Utilize available and evidence-based school prevention programmes to foster awareness about mental health and coping and problem solving skills in pupils		
	Implement mental health first aid programmes in communities to detect distress and signs and symptoms		
	Educate the public about suicide and increase the public awareness concerning the sign of crisis		
		Ensure support is available for people bereaved by suicide	
Provide information about where to seek help on local predicted venues of suicidal events (e.g. high places, railway crossings etc.)			
	Promote and implement programmes which lead to increased knowledge and decreased stigmatization of depression and other mental health problems in the general public		
Develop age-specific IT tools for the electronic delivery of mental health promotion and suicide prevention programmes to the general population.			
Promote keeping away dangerous means from household environment for preventing impulsive suicide acts			

E4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E4a Table)

N/A

E4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E4a Table)

N/A

E5a) Which of the following recommendations on secondary and tertiary prevention of suicides have been implemented in your country in 2015-2016?

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Increase the availability of telephone hotline services and utilise the methods and practice of European best practice telephone hotline services	
		Increase the availability of web-based crisis intervention services (chats, etc.)	
	Increase the availability of low threshold personal services ("drop in" centres, etc.)		
Incorporate brief interventions into emergency treatment to provide information about local, available resources for crisis management, mental and social care and suicide prevention e-health tools			

E5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E5a Table)

N/A

E5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E5a Table)

N/A

E6a) Level of implementation in 2015-2016 of recommendations on capacity building and inter-sectoral collaboration for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Establish a national data register about suicide and attempted suicide in order to analyse the characteristics of suicide events for the better identification of high risk groups	
Promote targeted prevention/awareness programs especially focusing on the identified high risk groups			
	Systematically monitor national and regional risk-factors for suicide and suicide attempt		
Collaborate with labour and educational sectors to have information available for students and/or employees in case of a crisis			
Encourage the IT sector and governmental actors to develop a			

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
sustainable business model to implement further evidence-based e-mental health tools			
	Support local/regional evidence-based, effective multi-level approach for combating suicide and for forming more socially connected local communities		
	Assist debt support and debt relief programmes		
		Support the establishment and operation of National Centres for Suicide Research and Prevention	

E6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E6a Table)

N/A

E6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E6a Table)

N/A

E7) Further information on the following areas regarding suicide prevention:

Areas	Further Information
What is the evidence of the cost-effectiveness of suicide prevention programmes	N/A
Who funds activities to prevent suicides?	The national government, regions/county councils, municipalities, and some private foundations. For the Public Health Agency's government assignment we have an annual budget of 527000 EURO. Starting 2017 the Agency also distributed financial support to NGO:s working within the field (budget 1.6 Million EURO). Separate funding is allotted to the health care sector for efforts to reduce mental ill health. There is also funding for research and for the traffic and railway sector and this is not included in the figures above.
Who has responsibility for implementation of prevention activities?	On the national level, several authorities are responsible for the sectors involved in implementing the National Action Programme on suicide prevention. The practical prevention work is mostly carried out by county councils and municipalities, regionally and locally respectively.
Which sectors, and professionals in them, are involved?	Since May 2015, the Public Health Agency of Sweden has the Government's assignment to coordinate national efforts to reduce suicides. We collaborate with other governmental agencies and national stakeholders such as NGOs and research institutes to provide knowledge on the development of suicide in Sweden and produce systematic literature reviews on preventive actions. The focus of the Agency's work is primarily on population-based, universal, efforts (primary prevention), whereas other Agencies such as The National Board of Health and Welfare focus on individual or selective prevention within the Health and Social Welfare sector. We also collaborate with traffic authorities, prison services, migration, and education agencies. Our organization's task is to coordinate and follow-up suicide prevention efforts on a national level. On regional and local levels, the practical suicide prevention work is carried out by regional authorities (county councils) in charge of healthcare and social welfare services, emergency care providers and the police. Municipalities are in charge of prevention in schools and also with care of the elderly. NGOs and religious organizations are also important stakeholders, as they provide support, often through support groups and telephone crisis hotlines.
Is the focus on targeted or universal approaches?	Both. Within the healthcare sector there are targeted approaches. But there are also population-based approaches such as reducing means and methods for suicide (i.e. barriers on high bridges and railroad tracks)
What is the evidence of the effectiveness of suicide prevention programmes?	The National Public Health Agency has published an annual report following up the Suicide prevention initiatives taken on the national level. It includes a description of different authorities' actions within areas such as migration, traffic, criminal justice and public health. The report also presents the latest statistics on the development of suicide, suicide attempts and suicidal thoughts, on national level. The report is in Swedish and aims to give an overview of the broad, multi-sectoral approach which is necessary to reduce the number of suicides.
Are there relevant publications and/or evaluations from your country on these thematic areas?	N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that have been produced this year in your country and have not already been mentioned in this survey.

N/A

F2) Please refer us to key stakeholders (organisations/experts) that should be invited to participate to answer the stakeholder version of this survey in your country (including their e-mail address or other contact details):

N/A

ANNUAL ACTIVITY REPORT FROM UK

KEY DEVELOPMENTS IN 2016

B1) Key mental health developments initiated or implemented in 2016

B1.1) Mental health legislation

Joint Department of Health and Department of Work and Pensions Green Paper, Work, Health and Disability: Improving Lives published in October 2016

Home Office published the Policing and Crime Bill in February 2016 which proposed a change to legislation so that people under 18 cannot be detained in a police cell under sections 135 or 136 the Mental Health Act 1983 (places of safety)

Ministry of Justice published the Prison Safety and Reform White Paper in November 2016 which set out a range of measures including improving mental health and suicide and self-harm prevention in prisons.

B1.2) Policy framework

Five Year Forward View for Mental Health published in February 2016 set out a vision for transforming mental health services up to 2020 and made a comprehensive range of recommendations for the NHS and Government. An implementation plan for progressing the recommendations for the NHS was published in July 2016.

General Practice Forward View published in April 2016 which set a commitment to improve mental health in primary care including funding 3,000 new practice based mental health therapists by 2020.

Introduced new national maximum waiting time standard for access to talking therapies in 2015 and performance managed from 2016. 75% of people to have access in 6 weeks and 95% to have access in 18 weeks.

Introduced a new national maximum waiting time standard for access to Early Intervention in Psychosis from 2016 to be met by 2017. 50% of people to be treated within 2 weeks from referral

B1.3) Financing and/or funding

Announced in February 2016 additional £1bn investment up to 2020: £400m for crisis care services in the community; £290m to improve perinatal mental health; and £250m to implement mental health liaison teams in every general hospital by 2020. Made commitment that spending on mental health would increase by £1bn each year from 2020.

Announced in 2015 additional £250m each year up to 2020 to improve children and young people's mental health and £30m each year to improve services for eating disorders.

Additional investment of £15m to improve the number of health based places of safety for people detained under the Mental Health Act 1983 to avoid police cells being used for detention.

B1.4) Services organisation development and/or quality

The Care Quality Commission (health regulator) has developed a rigorous mental health regime to inspect all registered mental health providers.

The Care Quality Commission published a review of how NHS Trusts learns from deaths including in mental health hospitals and made a series of recommendations for the Government.

B1.5) Promotion and prevention initiatives

Announced a further £12.5m investment up to 2020 to implement the next phase of the Time to Change national mental health anti-stigma programme.

B1.6) Involvement of partners from other policies and sectors (multisector governance)

Established joint Health and Work Unit between the Department of Health and Department of Work and Pensions to improve mental health in the workplace. Progressing Green Paper recommendations for improvement.

Working through a Health and Justice Partnership between the Department of Health, Ministry of Health and NHS England to improve mental health provision for people in contact with the criminal justice system.

Department for Education Minister has responsibility for Mental Health in their portfolio - continuing work with Department of Health to deliver changes in children and young people's mental health.

Working in partnership with the Department of Local Government and Communities and the Department of Health to improve housing services for people with mental health problems.

Cross-Government National Suicide Prevention Strategy which has been reviewed to strengthen delivery in partnership with Department of Health, Department for Education, Department for Work and Pensions, Department for Transport. Delivery is in partnership with voluntary and charitable sector (non-government organisations). Arm's Length Bodies NHS England, Public Health England and Health Education England are key delivery partners.

Department of Health working with Department for Culture Media and Sport to ensure benefits of mental health are included in National Sports Strategy.

Partnership between Department of Health and mental health charity to progress National Mental Health Crisis Care Concordat - every area/region has a local mental health crisis care action plan in place.

Department of Health working with the Home Office to more than halve the number of people detained by the police under the Mental Health Act 1983.

B1.7) Involvement of patients, families and NGOs

Involvement of patients, families and NGOs are mandatory requirement of Government departments in developing policies. Impact assessments of policies on communities are is a statutory requirement - requirement to review impact especially on people with 'protected characteristics' including mental health. Statutory requirement to consult the public on new policies.

Development of the Five Year Forward View for Mental Health to transform mental health services was led by an independent non government organisation and a taskforce made up of wide range on NGOs and charitable and voluntary sector organisations and experts by experience. The Forward View was tested vigorously with a wide range of public stakeholders including service users and their families and carers.

B1.8) Monitoring the mental health status of the population or particular population groups (including suicidal behaviour)

Latest seven yearly National Adult Psychiatric Morbidity Study for England published in 2016 which surveys a large sample of the adult population on mental health matters.

Commissioned a new National Children and Young People's Mental Health Survey for England to be published next year - last published in 2004.

Office for National Statistics publishes annual suicide registrations for the UK.

Department of Health funds Multi-Centre Study for Self-Harm to monitor people who attend hospital for self-harm in England.

Public Health England published public health profiles for every local area in England which includes mental health indicators.

National Mental Health Dataset published a wide range of data on mental health and disabilities and detentions under the Mental Health Act 1983 in England.

Department of Health, Ministry of Justice and Home Office partnership established Independent Advisory Panel on Deaths in Custody overseen by a Ministerial Board which monitors suicides and self-harm in state detention.

Care Quality Commission (health regulator) monitors and reports on the use of the Mental Health Act 1983.

B1.9) Measuring the impact of policies and/or emerging new needs

Established a new mental health data strategy and Mental Health Data Board which sets the strategy for collecting data on mental health to progress and measure impact of policies. Five Year Data Strategy in development.

National Public Health Outcomes Framework and National NHS Outcomes Framework include a range of mental health indicators to measure health outcomes, including mental health.

Launched national MyNHS website which publishes public ratings and experiences of local mental health services.

Launched Five Year Forward View Mental Health Dashboard which publishes a wide range of performance indicators on meeting the recommendations of the Forward View.

Launched Clinical Commissioning Group Improvement and Assessment Framework which publishes a wide range of health indicators, including mental health, to measure the performance of local heath services.

National Mental Health Crisis Care Concordat website publishes a map and ratings of local mental health crisis care action plans.

Launched web-based Atlas of Variation which published performance data on local public health systems which publishes performance of local public health services and includes a map of local areas which have multi-agency suicide prevention plans in place. Next year the map will provide quality ratings of the plans.

B1.10) Mental Health in All Policies (i.e. promotion of population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas)

The Five Year Forward View for Mental Health made a wide range of recommendations for the NHS and across Government. Established the first Inter-Ministerial Group on Mental Health across all Government Departments to oversee delivery of the cross-Government recommendations for mental health.

Continue to oversee cross-Government progress on mental health through a Strategic Partnership Board which is led by Government officials. This will be established as a cross-Government senior officials level group across Government Departments to oversee operational delivery of the recommendations of the Five Year Forward View for Mental Health.

B1.11) Other (please describe)

N/A

B2) Links to new documents, reports or resources that could benefit other stakeholders in mental health:

1. Five Year Forward View for Mental Health
   https://www.england.nhs.uk/mental-health/taskforce/
2. General Practice Forward View
   https://www.england.nhs.uk/gp/gpfv/
3. Health, Work and Disability: Improving lives
   https://www.gov.uk/government/consultations/work-health-and-disability-improving-lives
4. Policing and Crime Bill
   https://www.gov.uk/government/news/policing-and-crime-bill-receives-royal-assent
5. Prison Safety and Reform White Paper
   https://www.gov.uk/government/publications/prison-safety-and-reform
6. Time to Change
   www.time-to-change.org.uk/
7. Adult Psychiatric Morbidity Survey
   http://content.digital.nhs.uk/catalogue/PUB21748
8. Office for National Statistics Suicide Statistic
   https://www.ons.gov.uk/.../deaths/.../suicidesintheunitedkingdom/2015registrations
9. Multi-Centre Study of Self-Harm in England
   http://cebmh.warne.ox.ac.uk/csr/mcm/
10. Public Health Profiles
    https://fingertips.phe.org.uk/
11. National Mental Health and Disability Dataset
    http://content.digital.nhs.uk/mhsds
12. Public Health Outcomes Framework
    https://www.gov.uk/.../publications/public-health-outcomes-framework-2016-to-2019
13. NHS Outcomes Framework
    https://www.gov.uk/government/publications/nhs-outcomes-framework-2016-to-2017
14. MyNHS
    https://www.nhs.uk/service-search/scorecard/results/1054
15. Five Year Forward View for Mental Health Dashboard
    https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard/
16. CCG Improvement and Assessment Framework
    https://www.england.nhs.uk/commissioning/ccg-assess/iaf/
17. National Mental Health Crisis Care Concordat
    www.crisiscareconcordat.org.uk/
18. Public Health England Atlas of Variation
    https://fingertips.phe.org.uk/profile/atlas-of-variation
19. Monitoring the Mental Health Act 1983
    www.cqc.org.uk/content/monitoring-mental-health-act-report
20. Learning, candour and accountability
    https://www.cqc.org.uk/.../20161213-learning-candour-accountability-full-report.pdf

B3) Strengths and weaknesses of the mental health situation

Strengths	Weaknesses
Funding for mental health highest than ever before - annual spending £11.4bn. NHS committed to increasing spending on mental health each year. Every local area has a sustainability and transformation strategy I place for improving health services, including mental health. Cross-Government commitment to improve mental health services. Robust stand-alone legislation for mental health and mental health incorporated into non-health legislation such as work/employment, criminal justice and education. National strategy for improvement - Five Year Forward View for Mental Health and Future in Mind strategy for children and young people's mental health. Implementing first maximum waiting times to improve access to mental health services. Comprehensive and robust regulatory framework and performance management framework to monitor outcomes for people. Implementing ambitious strategies such as talking therapies for access to health services outside of hospital settings. Significant investment in community based services to avoid unnecessary admissions to hospital. Cross-Government National Suicide Prevention Strategy. Local Health and Wellbeing Boards set strategic objectives for health, including mental health in local areas. Local areas are in control of spending on mental health based on needs of local communities. National commissioning framework for all specialised mental health services and performance managing secure mental health hospitals.	Historical under-investment in mental health in comparison to physical/general health means improvement challenge is significant. Spending on mental health 10% of NHS budget but accounts for 25% of disease burden. Only around a third of people with mental illness has access to services. Investment in mental health to local areas not 'ring fenced' to make in mandatory it is spent on mental health alone. Workforce issues such as capacity, training and retention. Lack of integration between health and social care services means discharge from hospital may be delayed while care packages in the community are put in place. Variable capacity for inpatient mental health services in some local areas mean people may be admitted to hospital outside of their local area. Quality and capacity of community mental health services variable across geographical areas.

MENTAL HEALTH AT WORKPLACES

C1) Role of mental health at workplaces in national policy or strategy documents

C1.1) Recognition as a priority

Mental health in the workplace is a priority for the Government. The Government published a health and work green paper in 2016 to put forward national policies to improve outcomes for people with mental health and disabilities in the workplace. A White Paper to embed these policies will be published in the summer.
We will publish a National Mental Health Prevention Concordat this year which will look at mental health in all public health areas including employment.
The Department for Work and Pensions has a suicide prevention plan in place and provides training to professional in employment services office to be equipped to deal with people they may come into contact with who may be at risk of self-harm or suicide. Deaths of people in receipt of benefits where national policy may have played a part in their death are reviewed to identify lessons to learn.

C1.2) Estimated impact of activities related to mental health at workplaces on the reduction of disease burden

Total cost burden to employers in the UK of mental illness is around £26bn - £15.1bn in reduced productivity, £8.4bn sickness absence and £2.4bn staff turnover.
Mental illness accounts for 40% of disability Employment Support Allowance and for 40% of absenteeism.

C2) Existence of national programmes/strategies for mental health at workplaces

YES	NO
X	

C2.1) Components of these programmes
We have published a Green Paper to put forward strategies for improving outcomes for people with mental health problems in the workplace. A White Paper will be published this year establishing these proposals as national policies.
We are currently conducting a national review this year of the experiences and discrimination of people with mental health problems in the workplace and will make recommendations to Government.

C2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
N/A

C3a) Level of implementation in 2015-2016 of recommendations to build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Informal (e.g. working groups who exchange experiences) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		
	Formal (e.g. as part of Occupational Safety and Health (OSH) or national government programmes) cooperation and approaches for key social security stakeholders in both policy fields to be permanently involved		
	Health policy development to legally anchor structures for inter-sector cooperation		
	Health policy sector working together with OSH stakeholders to make it easier for SMEs to access support		
			Key multiplier institutions (chambers of industry and commerce, sector associations, trade associations, etc.) to implement joint information campaigns for SMEs on work-related mental health issues
	Involve the health policy sector to identify and promote styles of management that are conducive to health		
			Development of platforms to facilitate structured exchange of experience for social health insurance institutions and government health agencies
	Implement health policy measures and strategies that promote open communication in the workplace and reduce the stigma of mental health problems		
			Health insurance institutions and/or national health services to implement model dissemination programmes in co-operation with stakeholders from other action fields.

C3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C3a Table)
The Green Paper on health and work will explore barriers and limitations to propose national strategies.

C3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C3a Table)

Evidence from employers, industry that awareness of mental health issues and the need for workplace strategies is increasing.

C4a) Level of implementation in 2015-2016 of recommendations to prevent mental health problems at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Health policy sector to develop infrastructure which promotes wider dissemination of good risk management practices in enterprises, including psychosocial factors		
			Statutory health insurance institutions and national health services to support OSH stakeholders in convincing employers to adopt risk assessment practices that include psychosocial factors
			Raise the relevance of OSH by combining risk assessment approaches with campaigning activities which link mental health issues to the human resource and labour market agenda
	Develop and disseminate easy-to-understand tools and instruments for employers		
	Recognise that small and medium-sized enterprises (SMEs) need a tailored approach and support to tackle psychosocial risk factors		
	Examine how national health service and statutory health insurance institutions can provide support to workplaces on mental health		
			Develop coordinated national and regional goals for OSH and workplace health promotion and translate them into general psychosocial recommendations

C4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C4a Table)
N/A

C4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C4a Table)
N/A

C5a) Level of implementation in 2015-2016 of recommendations to promote mental health and wellbeing at workplaces

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Health policy sector promoting good work organisation and leadership practices as drivers for business excellence and competitiveness		
	Promotion approaches and practices which combine lifestyle		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	improvements with working condition focused improvements		
		Engagement of key external stakeholders (social partners, regulatory system, social insurance, health care etc.) to adopt a supportive role for enterprises in the field of workplace health promotion (WHP)	
		Support of the health policy sector in the dissemination of good practices in the promotion of mental health at the workplace in all institutions of the health care system	
			Institutions responsible for organising health care or occupational health and safety develop an independent service area for workplace health promotion that is economically accessible for all enterprises
	Workplace health promotion services include basic advisory services for organisations for the introduction and systematic promotion of mental health at the workplace		
			Workplace health promotion services include the evaluation of data on mental disorders (if available) at enterprise level (including benchmarking in the respective sector)
			Workplace health promotion services include qualification measures in stress management for employees
	Health policy sector examines and modifies existing rules and regulations, including the tax system, to encourage enterprises to invest in measures for workplace mental health promotion		

C5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C5a Table)
Developing comprehensive a reliable data collection will be required to implement the majority or recommendations above

C5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C5a Table)
Engagement with industry is showing increased awareness of the importance of these recommendations - our Green Paper on Health and Work will explore many of these issues

C6a) Level of implementation in 2015-2016 of recommendations to support the reintegration/return to work of people who have experienced mental health difficulties

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Health policy sector ensures and improves access to care for mentally ill employees		
	Focus on early identification of the need for care		
	Employees have fast and low-threshold access to outpatient psychotherapy services		
	Employers take action to reduce stigmatisation of mental health problems at the workplace to encourage early contact with the health system and facilitate return to work		
			Support services to gradually reintegrate employees after long-term absence include integrated care processes that combine organisational assistance with suitable inpatient and outpatient care services
	Support is available for persons with partial work capacity to participate in the labour market		
	Return-to-work is part of a multi-disciplinary care plan (e.g. between health care/social security systems)		

C6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (C6a Table)

Reliable data is a barrier to clear identification of need and addressing stigma is a long-term goal and may be slow in making progress.

C6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (C6a Table)

Employers increasing awareness and creating accessible workplaces for people with mental illness to thrive and success and seeing this as integral to the organisations success will improve achievement of these recommendations.

C7) Further information on the following areas regarding mental health at workplaces:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health at the workplace programmes?	Government has commissioned various independent studies and analyses of cost effectiveness of mental health in the workplace
Who funds activities to prevent mental health problems at the workplace?	Funding comes from a variety of sources including central Government, NGOs, charitable and voluntary sector and from employers and industry
Who funds activities to promote mental health at the workplace?	Funding comes from a variety of sources including central Government, NGOs, charitable and voluntary sector and from employers and industry
Who has responsibility for implementation of prevention and promotion activities?	Employers and industry are responsible for meeting statutory requirements of health and safety of employers. The Government is leading prevention and promotion but implementation is fundamentally the responsibility of employers and organisations
Which sectors, and professionals in them, are involved?	Government has good engagement with all sectors and industry to delivery mental health prevention and promotion in the workplace
Is the focus on targeted or universal approaches?	Government focus is on universal approaches but targeted approaches for specific population groups
What is the evidence of the effectiveness of workplace mental health programmes?	The evidence base is increasing but there is not a national data collection on evaluating effectiveness of programmes at a national level

Areas	Further Information
Are there relevant publications and/or evaluations from your country on these thematic areas?	The Green Paper on health explores these areas - we have established RAND Europe initiatives to look at specific areas around health and work

MENTAL HEALTH AND SCHOOLS

D1) Role of mental health and schools in national policy or strategy documents

D1.1) Recognition as a priority

Mental health in schools is a significant priority. Mental health awareness is part of school programme through Public, Social, Health and Economic teaching programmes which includes mental health. The Department of Education has a Minister with responsibility for mental health in their portfolio

D1.2) Estimated impact of activities related to mental health and schools on the reduction of disease burden

Half of mental health problems in adults appear in children aged 14 and rises to 75% by 18. Raising awareness of mental health and early intervention will support the identification and treatment of mental health earlier and support people to build resilience and lead mentally healthier lifestyles

D2) Existence of national programmes/strategies for mental health at schools

NO	YES
	X

D2.1) Components of these programmes

Personal, Health, social and economic (PSHE) teaches children about the aspects of life necessary to lead healthy and independent lifestyles. Mental health should be part of PSHE lessons - guidance has been issued to schools.

The Department for Education is piloting single points of contacts in schools for mental health which it has expanded to include 1,200 schools in over 20 areas. The Government has announced that a joint Department for Education and Department of Health will publish a Green Paper this year to propose measures for improving the mental health of young people in schools, universities and colleges.

D2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes

The Government has been clear that all schools should implement PSHE into the curriculum but it is a non-statutory requirement and it is up to schools what they choose to include.

D3a) Level of implementation in 2015-2016 of recommendations to strengthen information and research on mental health and wellbeing among children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Establish a solid information base to have a detailed epidemiological frame of children and adolescent mental health and evidence on interventions		
	Provide information on coverage and outcomes of interventions (high-risk groups, size, impact, cost and potential economic savings)		
			Carry out a mapping and analysis of existing screening tools for early identification of mental health disorders and poor wellbeing among children and school populations
	Examine the potential to increase the access to promotion information and to prevention services through the use of web-based technologies (e-mental health)		

D3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D3a Table)

Development of a solid information base would require significant further improvement of data. There is a national data collection on mental health of children and young people. The last survey was in 2004 and further survey has been commissioned this year. We are developing a national mental health data strategy over the next five years.

D3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D3a Table)

Further piloting of innovative intervention will be critical - some piloting is underway but the Government is developing a Green paper this year on proposals for further measures to improve children and young people's mental health.

D4a) Level of implementation in 2015-2016 of recommendations to establishing schools as settings for mental health promotion and prevention of mental disorders

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Recognise the role of early childhood education, school and peer education in creating opportunities for collaboration (whole school approach)		
	Mandate school administrations to develop and formalise a mental health promoting culture in their statute, so as to systematically address risk factors such as bullying and cyber-bullying		
	Actively consult children and adolescents and their families when developing any programmes to ensure their best interests are taken into account		
			Put in place evidence based interventions to combat early school leaving

D4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D4a Table)
Further analysis of the evidence base of what works is required to implement comprehensive approaches.

D4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D4a Table)
Raising awareness of these issues in children and young people is important. We have implemented guidance on anti-bullying. We have rolled out PSHE lessons to provide children with the skills needed to live healthy lives.
The Government has committed to publishing a Green Paper this year to develop a national internet safety strategy to ensure children and young people are safer online. We work with the UK National Council on Internet Safety. The Green Paper on children and young people's mental health will explore issues such as the impact of social media and potentially harmful content online.

D5a) Level of implementation in 2015-2016 of recommendations to enhance training for all school staff on mental health

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Review current practices in terms of initial and continuing professional development and carry out a consultation to define the training needs	
			Involve in the training also representatives of other sectors, such as social, criminal justice and youth organisations, and allocate appropriate resources
	Ensure that training is also made available to the members of the families and caregivers of children and adolescents, according to a community level approach		
	Ensure that particular attention is paid also to the positive mental health and wellbeing of teachers and school staff via continuous support and mentoring		
	Preparing and sharing relevant guidelines for mental health and wellbeing promotion in schools jointly with other sectors, under the coordination of the education sector		

D5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D5a Table)
N/A

D5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D5a Table)
N/A

D6a) Level of implementation in 2015-2016 of recommendations to link schools with other community stakeholders involved in mental health of children and adolescents

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Ensure that the mental health and wellbeing of children and adolescents is considered when defining and implementing policy in different sectors		
		Draw up national/regional legislation to consolidate, legitimate and regulate the terms of cooperation between sectors (facilitating cross-sectoral budgeting and defining responsibilities)	
	Estimate the data on workforce and financing specifically dedicated to the mental health of children and adolescents per sector and ensure adequate, sustained and shared financing by the different sectors		
	Evaluate the effectiveness of school based interventions, also with the aim to reduce costs related to mental health in all sectors		

D6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (D6a Table)
N/A

D6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (D6a Table)
Ensuring a consistent high quality approach across geographical areas is important - local areas identify their own priorities which may vary. Further analysis of the evidence of effective school-based interventions is required to determine the best value for money and effective interventions.

D7) Further information on the following areas regarding mental health and schools:

Areas	Further Information
What is the evidence of the cost-effectiveness of mental health and schools programs	PSHE lessons have been rolled out to all schools and an evaluation has been published.
Who funds activities to prevent mental health problems in schools?	Local Authorities and schools are responsible for implementing mental health intervention. Central Government funds national strategies on mental health.
Who funds activities to promote mental health in schools?	Local authorities are responsible for funding. Central Government may provide finding for some mental health promotion. However, funding is down to local areas for their own mental health promotion activities.
Who has responsibility for implementation of prevention and promotion activities?	Local authorities working with schools.
Which sectors, and professionals in them, are involved?	Local authorities and schools make decisions on who should be involved in these activities. This may vary between areas. Local Health and Wellbeing Boards also consider educational settings and have wide involvement with other sectors.
Is the focus on targeted or universal approaches?	Combination of central Government policies on mental health and locally developed programmes.
What is the evidence of the effectiveness of schools mental health programmes?	Some evidence of effectiveness of mental health programmes. There has been an evaluation of PSHE lessons in schools and some evidence of effectiveness of adhoc programmes.
Are there relevant publications and/or evaluations from your country on these thematic areas?	Chief Medical Officer published Mental Health and Behaviour in Schools in 2014.

SUICIDE PREVENTION

E1) Role of suicide prevention in national policy or strategy documents

E1.1) Recognition as a priority
Suicide prevention is a priority for this Government. Suicide rates in England each year since 2008, although there has been a slight decrease in 2015. Suicide has a devastating effect on families and communities. The Prime Minister set out a range of measures to improve mental health in January which included an update to the cross-Government National Suicide Prevention Strategy.

E1.2) Estimated impact of activities related to suicide prevention on the reduction of disease burden
Each suicide costs the economy in England about £1.67m.

E2) Existence of national programmes/strategies for suicide prevention

NO	YES
	X

E2.1) Components of these programmes
Cross-Government National Suicide Prevention Strategy. The Department of Health oversees a National Suicide Prevention Strategy Advisory Group to implement the strategy.
The British Transport Police has implemented a Suicide Prevention Plan on the railways. The Ministry of Justice has launched a suicide and self-harm prevention programme. The Department for Work and Pensions has implemented a suicide prevention plan and trains staff in suicide awareness.
The Government has a Ministerial Board on Deaths in Custody between the Department of Health, Home Office and Ministry of Justice. The Board oversees and Independent Advisory Panel on Deaths in Custody.
The Department of Health funds a National Suicide Prevention Alliance hosted by the Samaritans and made up of suicide prevention organisations in the charitable and voluntary sector and the Department of Health and NGOs.

E2.2) Proportion of regions or local authority areas (municipalities) that implemented the programmes
The cross-Government Strategy is non-statutory. 95% of local authorities which have responsibility for local suicide prevention have a multi-agency suicide prevention plan in place or in development.

E3a) Level of implementation in 2015-2016 of recommendations on policy and legislation for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Develop a national strategy to prevent suicide (or implement it if one already exists) with a clear action plan and measurable targets	
Revise legislation to include protections for persons who have attempted suicide to return back to work			
	Promote the implementation of guidelines (e.g. WHO, EUREGENAS) for responsible media communication of suicidal events to national and local media professionals		
	Promote the legislation concerning the restriction of lethal means (e.g. toxic substances and firearms)		
	Reduce the package size of potentially lethal medicines and/or restrict their availability		
Promote legislation about restricting alcohol availability			

E3b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E3a Table)
Local Authorities and local services must see specific suicide prevention activities as a local priority.

E3c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E3a Table)
Local authorities developing and implementing multi-agency suicide prevention plans.

E4a) Level of implementation in 2015-2016 of recommendations on primary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Provide training to specific professional target groups to identify and make contact with suicidal persons		
	Utilise available and evidence-based school prevention programmes to foster awareness about mental health and coping and problem solving skills in pupils		
	Implement mental health first aid programmes in communities to detect distress and signs and symptoms		
	Educate the public about suicide and increase the public awareness concerning the sign of crisis		
	Ensure support is available for people bereaved by suicide		
	Provide information about where to seek help on local predicted venues of suicidal events (e.g. high places, railway crossings etc.)		

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Promote and implement programmes which lead to increased knowledge and decreased stigmatization of depression and other mental health problems in the general public		
	Develop age-specific IT tools for the electronic delivery of mental health promotion and suicide prevention programmes to the general population.		
Promote keeping away dangerous means from household environment for preventing impulsive suicide acts			

E4b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E4a Table)
Destigmatising suicide to create an environment in which people are aware of suicide and how to seek help, especially men.
Developing effective legislation with the cooperation of industry to reduce access to means.

E4c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E4a Table)
Increasing promotion of suicide prevention across all sectors

E5a) Level of implementation in 2015-2016 of recommendations on secondary and tertiary suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
		Increase the availability of telephone hotline services and utilise the methods and practice of European best practice telephone hotline services	
	Increase the availability of web-based crisis intervention services (chats, etc.)		
	Increase the availability of low threshold personal services ("drop in" centres, etc.)		
	Incorporate brief interventions into emergency treatment to provide information about local, available resources for crisis management, mental and social care and suicide prevention e-health tools		

E5b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E5a Table)
Analysing the most effective way to implement digital/web based tools.
Rolling out suicide awareness across all public services which may come into contact with people at risk of suicide.

E5c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E5a Table)
Promoting suicide prevention across all sectors

E6a) Level of implementation in 2015-2016 of recommendations on capacity building and inter-sectoral collaboration for suicide prevention

NOT AT ALL IMPLEMENTED	IMPLEMENTED TO SOME EXTENT	FULLY IMPLEMENTED	INFORMATION NOT AVAILABLE
	Establish a national data register about suicide and attempted suicide in order to analyse the characteristics of suicide events for the better identification of high risk groups		
	Promote targeted prevention/awareness programs especially focusing on the identified high risk groups		
	Systematically monitor national and regional risk-factors for suicide and suicide attempt		
	Collaborate with labour and educational sectors to have information available for students and/or employees in case of a crisis		
			Encourage the IT sector and governmental actors to develop a sustainable business model to implement further evidence-based e-mental health tools
	Support local/regional evidence-based, effective multi-level approach for combating suicide and for forming more socially connected local communities		
Assist debt support and debt relief programmes			
	Support the establishment and operation of National Centres for Suicide Research and Prevention		

E6b) Challenges, barriers and limitations regarding the implementation of the recommendations mentioned above (E6a Table)
Consistent and high quality data collection is a barrier to establishing national data bases or registers that are reliable.

E6c) Success factors and facilitators regarding the implementation of the recommendations mentioned above (E6a Table)
Suicide prevention awareness across all sectors

E7) Further information on the following areas regarding suicide prevention:

Areas	Further Information
What is the evidence of the cost-effectiveness of suicide prevention programmes	Lon School of Economics published a case for economic change in relation to suicide prevention. The Government launched towards 'zero suicides' pilots in regions and early evaluation has happened. Some regions have published early evaluation reports.
Who funds activities to prevent suicides?	Local authorities are responsible for funding local suicide prevention
Who has responsibility for implementation of prevention activities?	Local authorities
Which sectors, and professionals in them, are involved?	Multi-agency suicide prevention groups should include membership of all local organisations that may come into contact with people at risk of suicide including health, civic, emergency services, criminal justice etc
Is the focus on targeted or universal approaches?	Combined focus on suicide awareness and targeted approaches to high risk groups and people who may have specific mental health needs ie children, LGBT community
What is the evidence of the effectiveness of suicide prevention programmes?	Guidance has been published for local authorities setting out a range of evidence for suicide prevention activities.
Are there relevant publications and/or evaluations from your country on these thematic areas?	London School of Economic Economic Case for Suicide Prevention: www.lse.ac.uk/businessAndConsultancy/LSEEnterprise/pdf/PSSRUfeb2011.pdf Public Health Education guidance to local authorities: https://www.gov.uk/government/collections/suicide-prevention-resources-and-guidance

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that have been produced this year in your country and have not already been mentioned in this survey.

N/A

F2) Please refer us to key stakeholders (organisations/experts) that should be invited to participate to answer the stakeholder version of this survey in your country (including their e-mail address or other contact details):

N/A

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ANNUAL ACTIVITY REPORTS OF STAKEHOLDERS

ANNUAL ACTIVITY REPORTS FROM EU'S STAKEHOLDERS

EuroHealthNet

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Health and Social sector

A4) Can you please provide some basic information about your organisation?

EuroHealthNet is a not for profit partnership of organisations, agencies and statutory bodies working to contribute to a healthier Europe by promoting health and health equity between and within European countries. EuroHealthNet achieves this through its partnership framework by supporting members' work in EU and associated states through policy and project development, networking and communications.

Since the EU Treaty included powers and responsibility for public health, health promotion agencies have networked successfully together for a common mission:

- To improve health between and within European States.
- To tackle health inequalities

In that time, we have achieved much in partnership with our members, EU Institutions, the World Health Organisation and others. Over the last decade, EuroHealthNet has further developed its way of working in response to the changing economic and political environment. New evidence has been identified, new methods and tools are available, including new technologies and as a consequence our knowledge has grown. We know that the needs of European citizens have changed and that health inequities persist. We know enough to act.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

As health inequalities are the central focus of our work, mental health is extremely relevant it at least two ways: first people suffering from poor mental health are often disadvantaged compared to people with good mental health in many aspects of life, including employment, access to healthcare, housing, and wellbeing in general. Second, people from disadvantaged backgrounds often have less tools available to cope with situations that decrease mental health.

B1.2) How is mental health related to the core objectives of your organisation?

Improving/ensuring mental health for all is part of our work to tackle health and social inequalities within and between EU member states.

B1.3) What are your key mental health activities?

- Participation in mental health research
- We support pilot projects in collecting and analysing information around mental health policy and practices
- Organisation of conferences and capacity building workshops for public health officials
- We bring together experts from national institutes of public health, regional and local agencies, and other active stakeholders to share information, good practice, and brainstorm on ways forward to ensure mental health equity.

B1.4) What are the key achievements of your actions in mental health?

Awareness raised thanks to blogs, press releases and policy précis; knowledge exchanged and strengthened network via the organisation of workshops, conference and webinars around the topic of mental health in different sectors (employment, social protection, education, etc.), new evidence gathered on psycho-social risk factors at work and health inequalities.

B1.5) Who are the key partners involved?

National institutes of public health, regional and local agencies, academics, and other active stakeholders.

B1.6) Who is the target group of your activities?

We work across the social gradient taking a life-course perspective, with particular focus on levelling up the gap between those worse and better off in terms of health, social background and wellbeing.

B1.7) What resources are available for this work?

European funding and some membership funding.

B1.8) What would you consider as the strengths of your activities?

The strength of our work lies in the variety of activities implemented and of the stakeholders involved, which allows for greater reach and impact.

B1.9) What challenges have you met during your activities?

Capacity is often an issue, together with aligning with changing priorities at EU and National level. Steadier sources of funding would be welcome.

B1.10) Are your activities evaluated? If so, how?

Our work is evaluated each year by an external evaluator. An executive summary of the evaluation is available on our website (www.eurohealthnet.eu)

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

- https://eumhalliance.com/
- http://us11.campaign-archive1.com/?u=b7677abe7e07f34e813c15eef&id=42294c622e&e=7f88669677
- http://voxeu.org/article/origins-happiness

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing	X			
C1.2) Prevent mental health problems				X
C1.3) Promote mental health and wellbeing	X			
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties				X
C1.5) Other:	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

Our funding comes mainly from the EC and from membership fees. We work across sectors (e.g. employment, social protection, health, environment) with actors at EU, national, regional and local level. Professionals can go from institution officials, to public health experts, to practitioners.
We take what is called a "proportionate universalism" approach, which emphasise how action should be universal but targeted, in order to close the gap in health and ensure health equity.

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents		X		
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders			X	
D1.3) Enhance training for all school staff on mental health		X		
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents			X	
Other:	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

Our activities have been mainly around research and awareness raising at EU and national level, including a variety of stakeholders such as academics, public health officials, and officials from institutions.

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides			X	
E1.2) Primary prevention of suicides			X	
E1.3) Secondary or tertiary prevention of suicide			X	
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides			X	
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

N/A

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

European Network of (Ex-)Users and Survivors of Psychiatry (ENUSP)

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Human rights sector

A4) Can you please provide some basic information about your organisation?

The history of ENUSP dates back to 1990 when (ex)users and survivors of psychiatry in the Netherlands decided to form a European-wide network of organizations of (ex)users and survivors of psychiatry. Since then, ENUSP has remained the only European organization of its kind - self-governed by people with psychiatric experience only - providing (ex-)users and survivors of psychiatry means of direct representation.

The purpose of ENUSP is to constitute a European forum for and voice of (ex-)users and survivors of psychiatry to promote, defend and protect our rights and interests. The aims and mission of ENUSP are to be an independent and genuine voice of (ex-)users and survivors of psychiatry all throughout Europe and to define, promote, advocate for and improve the full human rights and self-determination of (ex)users and survivors in forums that decide about our lives. ENUSP supports the self-representation of users/survivors, the development of user/survivor organisations, the production and exchange of user/survivor knowledge and alternatives and the full implementation of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) throughout all of Europe. Currently ENUSP has 30 organizational members and 25 individual members in 24 European countries.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

ENUSP is the only European organization self-governed by people with psychiatric experience only - providing (ex-)users and survivors of psychiatry means of direct representation.

B1.2) How is mental health related to the core objectives of your organisation?

Core objectives of ENUSP are to be an independent and genuine voice of (ex-)users and survivors of psychiatry throughout Europe and to define, promote, advocate for and to improve the full human rights and self-determination of (ex)users and survivors in forums that decide about our lives. ENUSP supports the self-representation of users/survivors, the development of user/survivor organisations, the production and exchange of user/survivor knowledge and alternatives and the full implementation of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) throughout all of Europe.

B1.3) What are your key mental health activities?

Advocacy for the human rights of users/survivors of psychiatry and the full implementation of the UN CRPD principles in mental health. Building networks between user/survivor organizations and individual members throughout Europe with the aim of empowerment and production/exchange of user/survivor knowledge.

B1.4) What are the key achievements of your actions in mental health?

Jointly working with WNUSP, ENUSP successfully lobbied the United Nations to ensure the protection of people with psychiatric diagnoses under the UN CRPD when originally enacted and continues to lobby for full implementation of the Convention. Actions and achievements in 2015-2016: Submission of suggested List of Issues to the UN CRPD Committee in connection with review of EU implementation of the CRPD, as well as lobbying at the upcoming CRPD Committee meeting in Geneva (April 2015) in cooperation with the European Disability Forum (EDF) and the World Network of (Ex)Users and Survivors of Psychiatry (WNUSP), followed by submission of a Shadow Report on behalf of ENUSP and subsequent lobbying and campaigning activities throughout the year; Contribution to the EPF position paper on adherence and concordance and to the European Association of Service Providers for Persons with Disabilities (EASPD) on the necessity of user involvement and the role of service providers; Representation at working meetings of the EU Joint Action on Mental Health and Wellbeing in Brussels, Madrid and Helsinki during the first and second quarters of 2015 and in the beginning of 2016. Organization of a Congress in December 2014 and Empowerment seminars, in December 2015 and November 2016, with the aim of building a stronger network. As a result of the latest seminar a strategy for the next 2 years was developed, aimed at awareness raising, capacity building and advocacy.

B1.5) Who are the key partners involved?

WNUSP, European Disability Forum (EDF), Mental Health Europe (MHE), European Patients Forum (EPF), Fundamental Rights Agency (FRA)

B1.6) Who is the target group of your activities?

CRPD Committee, policymakers, researchers, users and survivors of psychiatry and their organizations, professionals.

B1.7) What resources are available for this work?

ENUSP's sources of funding have been reliant on project funding and donations made by members when possible. For example, an exceptional donation of over 22,000 US Dollars in 2014 was provided by 10 different Danish sponsors to hold our Congress and General Assembly in 2014. Eight Empowerment seminars were funded by MHE, including the latest one held in Berlin in November 2016.

Operational functioning depends on the work of volunteers and membership fees.

B1.8) What would you consider as the strengths of your activities?

ENUSP is the sole independent federation at European level directly representing (ex)users and survivors of psychiatry. We do not accept any funding from the

pharmaceutical industry as a matter of principle and such approach eliminates possibility of bias and makes ENUSP capable of voicing opinions which challenge status quo in mental health. ENUSP and its members have unique knowledge based on experience which may be successfully used in training programs. Such training programs constitute part of our newly developed strategy.

B1.9) What challenges have you met during your activities?

Lack of financial resources, presence of other players supported by pharmaceutical industry who claim they represent our interests, last minute, formal involvement in case our presence is needed. Refusal of some donors to fund our activities due to a small operational budget.

B1.10) Are your activities evaluated? If so, how?

In case of empowerment seminars and congresses, we write reports and make them public through our website at www.enusp.org and other means. Overview of our activities can be found in the Bulletins, also published on the website.

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

Article: "Perspectives for public policies in mental health. Sick or well – a citizen first: The (Ex-)User/Survivor Voice in Democracy", L'Information psychiatrique, 2016, Volume 92, Numero 9

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing			X	
C1.2) Prevent mental health problems			X	
C1.3) Promote mental health and wellbeing			X	
C1.4) Support the			X	

reintegration/return to work of people who have experienced mental health difficulties				
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

N/A

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents			X	
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders			X	
D1.3) Enhance training for all school staff on mental health			X	
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents			X	
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

N/A

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides			X	
E1.2) Primary prevention of suicides			X	
E1.3) Secondary or tertiary prevention of suicide			X	
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides			X	
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

N/A

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

Organizations of (ex-)users and survivors of psychiatry, working at the local, regional and national level in Europe. See http://enusp.org/alphabetical-list/ Contact details are available.

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

EUROPEAN FEDERATION OF PSYCHOLOGISTS' ASSOCIATIONS

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Health sector

A4) Can you please provide some basic information about your organisation?

The EFPA unites all the professional and scientific psychologist' associations in Europe.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

Clinical and health psychologists are an important actor as caretakers in the domain of (mental) health.

B1.2) How is mental health related to the core objectives of your organisation?

Our core objectives are to gather and disseminate knowledge from psychological research. This knowledge is key to the mental health sector

B1.3) What are your key mental health activities?

Psychological assessment, prevention, counselling and treatment of mental health problems.

B1.4) What are the key achievements of your actions in mental health?

Uniting more than 300.000 psychologists within Europe, organising international seminars and conferences as well as establishing permanent task forces concerning (mental) health.

B1.5) Who are the key partners involved?

National professional and scientific associations of psychologists within Europe.

B1.6) Who is the target group of your activities?

Individual psychologists

B1.7) What resources are available for this work?

Annual membership fees from member associations as well as fees from project funds and licensing from our Europsy certificate.

B1.8) What would you consider as the strengths of your activities?

The European level permits us to gather a vast amount of research, knowledge and experience concerning psychology and mental health.

B1.9) What challenges have you met during your activities?

Limited funds available to unite psychologists on a European level, in some countries psychologist are still not validated as a health actor

B1.10) Are your activities evaluated? If so, how?

Through our 2 - yearly General Assembly

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

N/A

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing				X
C1.2) Prevent mental health problems				X
C1.3) Promote mental health and wellbeing		X		

C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties				X
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

Actions are undertaken in the different national countries by the different member associations. Some have national programs funded; others are engaging in national health policies or disseminating information to the general public.

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents		X		
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders		X		
D1.3) Enhance training for all school staff on mental health				X
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents				X
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

Different actions are undertaken by different national member associations. EFPA disseminates information through her communication channels and her bi - annual European Conference on Psychology.

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides		X		
E1.2) Primary prevention of suicides		X		
E1.3) Secondary or tertiary prevention of suicide		X		
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides				X
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

Different actions are undertaken by the national member associations. On a European level EFPA organises a Board of Prevention and Intervention with gathers expertise about suicide prevention from a psychological perspective.

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

N/A

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

EUROPEAN HEALTH MANAGEMENT ASSOCIATION

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Health sector

A4) Can you please provide some basic information about your organisation?

The European Health Management Association is a non-profit membership organisation that focuses on enhancing the capacity and capability of health management to deliver high quality healthcare.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

Mental health is a core element of our broader focus on health and social care.

B1.2) How is mental health related to the core objectives of your organisation?

As stated above mental health is of major importance to EHMA.

B1.3) What are your key mental health activities?

We look at mental health in many aspects of the work we undertake. We are currently looking to establish a Special Interest Group on mental health to enable us to focus our efforts further.

B1.4) What are the key achievements of your actions in mental health?

It is difficult to establish impact for an organisation such as EHMA but we believe that we have been able to increase the update on materials produced on the subject of mental health.

B1.5) Who are the key partners involved?

We work with our 140 Members, our Network of 5,000 European organisations and partner organisations from European funded projects.

B1.6) Who is the target group of your activities?

We target academics (programme directors/research community), healthcare managers and the government and health policy community.

B1.7) What resources are available for this work?

We do not have specific resources to support work on mental health. Our income comes from membership fees, events income and project related income.

B1.8) What would you consider as the strengths of your activities?

We exclusively focus on stakeholder engagement and dissemination and have developed a strong suite of tools and techniques to increase the update and use of best practice.

B1.9) What challenges have you met during your activities?

It continues to be challenging to cut into the day to day work of service delivery, but our approach has been shown to be successful.

B1.10) Are your activities evaluated? If so, how?

We undertake a range of evaluative actions, including surveys.

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

N/A

MENTAL HEALTH AT WORKPLACE

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing			X	
C1.2) Prevent mental health problems		X		
C1.3) Promote mental health and wellbeing		X		

C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties			X	
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

N/A

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents			X	
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders			X	
D1.3) Enhance training for all school staff on mental health			X	
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents			X	
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

N/A

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides		X		
E1.2) Primary prevention of suicides			X	
E1.3) Secondary or tertiary prevention of suicide			X	
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides			X	
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

N/A

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

ILGA-EUROPE

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Human rights sector

A4) Can you please provide some basic information about your organisation?

ILGA-Europe - the European Region of the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) is an international non-governmental umbrella organisation bringing together 490 organisations from 45 European countries.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1 Why does your organisation act on mental health?

ILGA-Europe advocates for policies and laws that fully respect, protect and fulfil the right to health of LGBTI people, including the mental health of LGBTI people.

B1.2) How is mental health related to the core objectives of your organisation?

Mental health related to the two pillars of our work:

- Advocating for human rights and equality for LGBTI people at the European level: we call for the removal of all discriminatory legislation, policies and practices in the area of health.

- Strengthening the European LGBTI movement by providing training and support to its member organisations: we provide support to our members working in the field of health, including more specifically on mental health.

B1.3) What are your key mental health activities?

We mostly focus on advocacy work, whether at the European level or in supporting our members in their national-level advocacy work.

B1.4) What are the key achievements of your actions in mental health?

ILGA-Europe is recognised as an expert on the topic of health of LGBTI people.

B1.5) Who are the key partners involved?

We work closely with our member organisations, as well as with mainstream health organisations and European institutions.

B1.6) Who is the target group of your activities?

LGBTI organisations (member organisations).

B1.7) What resources are available for this work?

N/A

B1.8) What would you consider as the strengths of your activities?

N/A

B1.9) What challenges have you met during your activities?

N/A

B1.10) Are your activities evaluated? If so, how?

N/A

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

Our thematic resources on mental health can be consulted here: http://ilga-europe.org/resources/thematic/health/mental-health

MENTAL HEALTH IN THE WORKPLACE

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing		X		
C1.2) Prevent mental health problems				X

C1.3) Promote mental health and wellbeing				X
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties				X
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

Advocacy work.

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents	X			
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders	X			
D1.3) Enhance training for all school staff on mental health				X
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents		X		
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

Through our work on education, ILGA-Europe have raised awareness on homophobic and transphobic bullying at school, which can have a devastating impact on LGBTI children's mental health. We particularly advocate for anti-

bullying policies to be inclusive of bullying based on sexual orientation and gender identity. We support our members' work on creating safe spaces for LGBTI pupils in schools.

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides				X
E1.2) Primary prevention of suicides				X
E1.3) Secondary or tertiary prevention of suicide				X
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides				X
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

N/A

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

MENTAL HEALTH EUROPE

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Human rights sector

A4) Can you please provide some basic information about your organisation?

Mental Health Europe is an umbrella organisation which represents associations, organisations and individuals active in the field of mental health and wellbeing 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 mental health and to combat stigma and discrimination of persons with psychosocial disability, Mental Health Europe also cooperates closely with the media, and is often featured in prominent media outlets in Brussels and beyond.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1 Why does your organisation act on mental health?

Mental Health Europe (MHE) is representing our membership which consist of 73 organisations all active in the field of mental health (user organisations, professionals, mental health service providers, families, NGOs). All our activities are therefore linked to mental health.

B1.2 How is mental health related to the core objectives of your organisation?

Our strategic objectives all relate to mental health since this the core of our work:

1. Ensure a human rights-based and recovery-centred approach to mental health
2. Parity of esteem: valuing mental health equally with physical health
3. Advocate for better community based care
4. Promote better mental health at work

5. Strengthen and consolidate MHE's networks

B1.3 What are your key mental health activities?

- Engage with and influence the EU Institutions, the Council of Europe and other key stakeholders on the monitoring and implementation of the UN Convention on the Rights of Persons with Disabilities
- Raise awareness of stigma and discrimination around mental health through communication tools and a dedicated campaign
- Lobby for review and reform of diagnostic models which are not human rights or recovery compliant, actively support the empowerment of people with lived experience of mental ill health, including users and ex-users of services
- Raise awareness of and promulgate the recovery model amongst members, key stakeholders and the general public
- Advocate for equal funding in mental health and physical health
- Ensure the mainstreaming of mental health in all policies, including economic, education, social and employment policies, with a particular focus on poverty and social inclusion, through policy and communication tools
- Promote positive mental health and wellbeing in all policies and wider prevention strategies, particular prevention of suicide
- Promote a holistic vision of health and a better knowledge of the intertwining of physical health and mental health
- Advocate for de-institutionalisation (DI) through policy and communication tools, through the European Expert Group on DI- Deliver training on DI to the EU Institutions to raise awareness and influence key decision makers
- Engage with National governments on the transparent and sound use of structural funds to enable the process of DI
- Deliver an updated research project mapping institutionalisation in Europe- Create and facilitate formal and informal networks between our members to exchange best practices on community based care
- Engage with EU Institutions through policy and communication tools, on the economic and social costs of mental health issues at work
- Through the EU Alliance on Mental Health in All Policies, create a broad network of NGOs, service providers, insurers, trade unions and corporates to influence policy makers
- Advocate for and collate data on good quality employment opportunities for all, including people with psychosocial disabilities who are long-term unemployed
- Diversify funding streams
- Create and consolidate informal and formal networks amongst our members to share best practices and develop joint projects where possible
- Deliver flexible and responsive capacity building for members
- Create informal and formal alliances with other European mental health

B1.4 What are the key achievements of your actions in mental health?

These are some of the success stories that we would like to highlight for 2016:

MHE was selected to lead a Thematic Network on mental health for the EU Health Policy Platform which resulted in the adoption of the Joint Statement which was signed by 17 organisations and counting and which specifically identifies the need for human rights standards to be respected in mental health services and within European mental health policy. MHE's position paper on Article 12 was a success in the sense that it was the first time that our membership, which includes organisations representing users, but also service providers and professionals, came together to agree on supported decision-making and such sensible issues like forced placement and treatment. It brought together a number of new good practices which have not yet been highlighted in this debate as being supportive services that maintain autonomy. Our webinars were also successful and led to our members building capacity on two important processes: the review process of the UN Committee on the Rights of Persons with Disabilities and the consultation on the European Social Pillar of Rights. In many instances, the webinars resulted in our members engaging in and responding to these processes themselves. Our World Mental Health Day event was quite a success as it not only gathered about 100 people in the European Parliament, but also 5000+ views on Facebook during the livestream. MHE worked with the WHO Quality Rights initiative in 2016 on their human rights and recovery training. We reviewed the training and provided comments. They contacted us to include our work in the training programme (the recovery video, the European Ombudsman video and the animated video clip on Article 12), meaning that our work is embedded in their training now and will reach a larger audience including health professionals, users and family members. We believe this is a real sign of success. The MHE animation video on Article 12 was really well received and a first of its kind. It allowed for easy and enjoyable understanding of a complex issue, but essential for guaranteeing respect of persons with mental health problems in practice. It amounts to date to 1380 views on Youtube. The 'Each of us' campaign replication in Greece and Italy added a European value to our outputs.

B1.5 Who are the key partners involved?

1. MHE works continuously with European Network of (ex)users and survivors of psychiatry (ENUSP) and has overlapping memberships. We supported, as planned, the yearly user empowerment seminar, which took place in Berlin. They were also invite to take part of the Advisory Group of the MHE Mapping Exclusion revision.

2. The European Expert Group on the transition from institutions to community-based services. The members of this group work contribute with their various perspectives and expertise to the deinstitutionalisations process at the European level. This joint work is of huge benefit for the progress on and understanding of DI in Europe. Whilst all members of the group collaborate actively, the links with COFACE Families Europe and the European Network on Independent Living (ENIL) were particularly strong since MHE was appointed co-chairs of this group in May 2016.

3. A joint statement was prepared with EUFAMI, with whom we collaborated actively thanks to our memberships of the Health Policy Forum. The statement has been signed by 17 associations so far.

4. A meeting was set up with the European Psychiatric Association (EPA) as planned, and more collaboration is planned for the year ahead as an outcome. The EPA was also invited, and accepted, to be part of the MHE Mapping Exclusion Advisory group.

5. MHE's membership, and chairmanship, of the European Alliance on Mental Health - work and employment implied close collaboration with the other members in the field of mental health at the workplace: AIM, AEIP, EPHA, GGZ Nederland, EuroHealthNet

6. As members of the European Public Health Alliance (MHE is represented in the Board), European Patients' Forum, European Disability Forum (MHE is represented in their Board), and the Social Platform, we were in a privileged position to ensure that their respective policy agendas mainstreamed mental health and psychosocial disability.

7. MHE collaborated with PICUM on the migrant 'crisis', to ensure that mental health of refugees and asylum seekers, as well as need for access to mental health services for those persons, was reflected throughout the discussions

8. MHE continued to be part of the European Alliance on investing in children, led by Eurochild. A common statement on children rights as part of MHE's membership in the alliance was prepared.

9. MHE worked with the WHO Quality Rights initiative on their human rights and recovery training. We reviewed the training and provided comments for the pilot phase. The WHO Collaboration Centre in Lille formally invited MHE to join an International Research Committee for its pilot project which attempts to seek the views of persons with psychosocial disabilities and users of services on certain elements of the ICD-10Revision. MHE had phone meetings with the Permanent Representation of the EU to UN in Geneva who spearhead coordination at EU level in relation to the World Health Organisation to raise-awareness of our position paper on the ICD-11 Revision.

10. As part of our work on mental health in the workplace, MHE joined the mental health working group of the International Labour Organisation. This group provides with a good opportunity to work with European companies and their corporate social responsibility departments and to learn more about existing practices in the private sector.

11. European Parliament, MEP Coalition for Mental Health and Wellbeing

B1.6) Who is the target group of your activities?

Depending on the activity:

- Mental Health service users and persons with psychosocial disabilities
- EU policy makers (for advocacy activities and training)
- Mental health service providers, academia
- Public at large (for awareness-raising activities)

B1.7) What resources are available for this work?

We have a three person secretariat in Brussels. MHE receives an operating grant from the European Commission for funding of our activities. Another source of income for us is the membership fees.

B1.8) What would you consider as the strengths of your activities?

- The diversity of our membership is our richness
- We do not accept funding from pharma, which helps for our independence, transparency of the work and credibility

B1.9) What challenges have you met during your activities?

The challenges are in a way reflecting our strengths:

- Having a wide and diverse membership can sometimes make it more challenging to reach consensus, agree on objectives and priorities
- In times when mental health services are under threat, and when funding to NGOs are cut, it is making it difficult to refuse funding, although we are still convinced that this is the right approach

B1.10) Are your activities evaluated? If so, how?

Mental Health Europe does both external evaluation and internal evaluation. Concerning the external evaluation, we worked with two evaluators, one who evaluated the work from a "general external perspective", and one who evaluated our work from a "mental health service user perspective". We also do internal evaluation (evaluation forms, de-briefing sessions with the Board as well as staff after all MHE events, etc).

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

MHE position papers 2016 and 2017: http://www.mhe-sme.org/policy/position-papers/

Guidance and toolkit: http://www.mhe-sme.org/policy/guidance-and-toolkit/

MHE annual report 2016: https://issuu.com/mhesme/docs/activityreportplanchedigitalpagepar

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing	X			
C1.2) Prevent mental health problems	X			
C1.3) Promote mental health and wellbeing	X			
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties		X		
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

MHE is part of the European Alliance on Mental Health - work and employment. Information is available on the dedicated website: https://eumhalliance.com/

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents	X			
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders			X	
D1.3) Enhance training for all school staff on mental health		X		
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents			x	
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

N/A

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides		X		
E1.2) Primary prevention of suicides			X	
E1.3) Secondary or tertiary prevention of suicide		X		

E1.4) Capacity building and inter-sectoral collaboration to prevent suicides		x		
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

MHE's anti-stigma campaign 'Each of Us' is a means for helping people who face mental health problems to feel that they are not alone. Although not directly linked to suicide prevention, awareness-raising is key for ensuring that people get aware that mental ill health is common, that there is help to be sought and that recovery is possible even for the most severe cases.

https://eachofus.eu/

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

As previously mentioned, out main outputs are listed on our website www.mhe-sme.org

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

MHE member organisations if not yet on your contact list:

http://www.mhe-sme.org/our-members/meet-mhe-members/

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

European Social Network

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Health and social sector

A4) Can you please provide some basic information about your organisation?

The European Social Network (ESN) is the network for local public social services in Europe. ESN brings together people who plan, finance, research, manage, regulate and deliver local public social services, including health, social welfare, employment, education and housing. ESN is a network of over 120 member organisations in 35 countries which comprises national associations of directors, departments of social welfare of government, regions, counties and municipalities, funding and regulatory agencies, universities and other research and development organisations.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

People with mental health problems face barriers and prejudices to social inclusion and may need tailored care and support from health and social services. ESN advocates a person-centred and community-based approach to mental health services ensuring the involvement of users.

B1.2) How is mental health related to the core objectives of your organisation?

The European Commission launched the European Pact for Mental Health and Wellbeing in 2008 to raise awareness among policy makers of the impact of mental illness on wellbeing and the economy. From 2009-2011, a series of thematic conferences (youth and education; prevention of depression and suicide; older people; combating stigma; promoting mental health in the workplace) took place within the framework of the Pact. At the same time, the EU Compass for Action on Mental Health and Wellbeing was developed. From 2013-2016, the European Commission and Member States undertook a Joint Action on mental health. ESN participated in the Advisory Committee and three thematic work packages.

B1.3) What are your key mental health activities?

ESN's work on mental health began with the seminar 'Building Partnerships in Mental Health' in 2009, which explored how stakeholders from the economic and social sectors could work together to support people with mental health problems. In 2010, ESN launched a working group to discuss stigma, personalisation, employment, and recovery. Members worked closely with the EU in implementing the European Pact for Mental Health and Wellbeing, shaping policy discussions and contributing with practice examples. ESN then launched the report 'Mental Health and Wellbeing in Europe' at the European Parliament in September 2011, with a special focus on mental health within the Europe 2020 Strategy. From 2013 to 2016, ESN participated European Joint Action on Mental Health and Wellbeing led by Member States and the European Commission. In that time, working group meetings, conferences, and workshops were held to develop a European Framework for Action on Mental Health and Wellbeing, which was presented at the concluding conference in 2016. From 2015 to 2018, the EU-Compass for Action on Mental Health and Wellbeing builds on the previous work undertaken around mental health at EU level and collects data and practices, and monitors countries' mental health policies.

B1.4) What are the key achievements of your actions in mental health?

Launch of a report in the European Parliament in 2011. Increased awareness among senior public managers on opportunities and challenges in the planning, evaluation, monitoring, financing of services for people with mental health problems.

B1.5) Who are the key partners involved?

ESN is a network of over 120 member organisations in 35 countries which comprise national associations of directors, departments of social welfare of government, regions, counties and municipalities, funding and regulatory agencies, universities and other research and development organisations.

B1.6) Who is the target group of your activities?

Public practitioners in social services from all levels of government, particularly local and regional

B1.7) What resources are available for this work?

ESN is a non-profit charitable organisation, supported by the European Union Programme for Employment and Social Innovation "EaSI" (2014-2020).

B1.8) What would you consider as the strengths of your activities?

ESN brings together people who plan, finance, research, manage, regulate and deliver local public social services, including health, social welfare, employment, education and housing.

B1.9) What challenges have you met during your activities?

Creating impact at the local level

B1.10) Are your activities evaluated? If so, how?

We report to the EC's DG EMPL on an annual basis. In this context, we contract an external evaluator to review the effectiveness of our working programme.

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

http://www.esn-eu.org/raw.php?page=files&id=39

http://www.esn-eu.org/userfiles/Documents/Publications/Policy_Statements/2010_ESNs_Response_to_European_Pact_for_Mental_Health_and_Wellbeing_EN.pdf

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing			X	
C1.2) Prevent mental health problems	X			
C1.3) Promote mental health and wellbeing	N/A			
C1.4) Support the reintegration/return to work of	X			

people who have experienced mental health difficulties				
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

C1.2) Community-based social services stabilise vulnerable people's living environment and help them to be independent. This can be for example through youth work with young adults, who have a public care background and do not live in family setting.

C1.4): Social services professionals engage extensively with users and support them with their needs, including employment needs. Those activities are mostly tax-funded. Where necessary, other professionals get involved in the case work as well, be those (mental) health professionals, job coaches, teachers, or community members (e.g. neighbours, friends, family members). The approach can be both individually targeted as well as more universal depending on the case setting. For example: If a user is a benefit recipient with diagnosed mental health problems, the approach is surely more targeted. As another example, if a user is a young school student on his way to adulthood, outreach of social service professionals may address whole schools/classes, but not the person individually.

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents	X			
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders		X		
D1.3) Enhance training for all school staff on mental health			X	
D1.4) Link schools with other community stakeholders involved in mental health of	X			

children and adolescents				
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

D1.1): We publish regularly about mental health policy and practice in various formats (e.g. reports, news articles, papers).

D1.4): As a network of public social service practitioners, we encourage and enable our members to create cross-sectoral connections between different public services, be that for example in joint prevention measures with mental health professionals, be that in vocational orientation programmes with employment professionals, or be that by identifying vulnerable families through different social workers (i.e. in schools and in the community).

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides		X		
E1.2) Primary prevention of suicides	X			
E1.3) Secondary or tertiary prevention of suicide		X		
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides		X		
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

on E1.1): Some of our members are regional administrations, who draft legislation on health issues. In very few examples, there might also be local authorities, who have the competence to develop policies (non-legislative ones though!) on suicide prevention.

on E1.2) & E1.3) & E1.4): Some few members have targeted suicide prevention programmes (e.g. Government of Scotland, Regional Government of Catalonia). More will however be about general social work and the preventative effect of that. In those cases, where targeted suicide prevention programmes exist, capacity-building for practitioners is part of our members' efforts.

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

See initial section with relevant documents.

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

ANNUAL ACTIVITY REPORT FROM CYPRUS' STAKEHOLDER

AGMI - ADVOCACY GROUP FOR THE MENTALLY ILL

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Health sector

A4) Can you please provide some basic information about your organisation?

NGO non-profit organization, advocating for people with mental health problems and psychosocial disabilities as well as for their carer families. Promoting mental health and combating prejudice for mental health, etc.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

The organization was established by people with mental health problems, their carers, families and friends.

B1.2) How is mental health related to the core objectives of your organisation?

The organization's core work is in contributing for improvement of services and social cohesion for this group.

B1.3) What are your key mental health activities?

Transferring problems difficulties to decision makers.

B1.4) What are the key achievements of your actions in mental health?

N/A

B1.5) Who are the key partners involved?

People with mental health problems, psychosocial disabilities and their carer families and the public in general

B1.6) Who is the target group of your activities?

People with mental health problems, psychosocial disabilities and their carer families and the public in general

B1.7) What resources are available for this work?

Available resources of info are the people affected

B1.8) What would you consider as the strengths of your activities?

Commitment and the situation in the area

B1.9) What challenges have you met during your activities?

Prejudice, financial difficulties, financial crisis, etc.

B1.10) Are your activities evaluated? If so, how?

No.

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

CRPD, Disability Strategy, Joint Action on Mental Health and Wellbeing, EU Compass

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing				X
C1.2) Prevent mental health problems				X
C1.3) Promote mental health and wellbeing				
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties				X
C1.5) Other: Through the transfer of info of difficulties to decision makers		X		

C2) Can you provide any further information regarding your activities on mental health and the workplace?

The financial crisis had a negative impact on our organization. It is difficulties to have employees and resources involved in depth unless we are project partners.

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents				x
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders		x		
D1.3) Enhance training for all school staff on mental health				x
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents				x
Other: Event disseminated info on world mental health day first aid in mental health		x		

D2) Can you provide any further information regarding your activities on mental health and schools?

Our activities are events dedicated to specific themes with examples such as open school of municipality, choirs, etc.

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides				X
E1.2) Primary prevention of suicides				X
E1.3) Secondary or tertiary prevention of suicide				X
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides				X
Other: Indicating the importance of mental health services and social support		X		

E2) Can you provide any further information regarding your activities on prevention of suicides?

N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

N/A

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

Ministry of Health, Ministry of Labour, Ministry of Education, local authorities, etc.

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

ANNUAL ACTIVITY REPORTS FROM CZECH REPUBLIC'S STAKEHOLDERS

CENTRE FOR MENTAL HEALTH CARE DEVELOPMENT

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Health and social sector

A4) Can you please provide some basic information about your organisation?

Our mission is to initiate and implement changes leading to the transfer of mental health care into the community, to increased respect for people with mental health problems, and to professional as well as accessible mental health care services.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

It is its mission since the beginning

B1.2) How is mental health related to the core objectives of your organisation?

Mental health is related to all our activities

B1.3) What are your key mental health activities?

- Innovation in service provision
- Anti-stigma campaigns
- DI activities in the Czech Republic and abroad
- Peer specialists' involvement

B1.4) What are the key achievements of your actions in mental health?

Implementing community services, professional support, training and education. Implementing peer-specialists as members of teams in the Czech Republic and at colleges as teachers. Support to DI process in Moldova. Anti-stigma campaign in 2016

B1.5) Who are the key partners involvement

NGOs: Providers of mental health services, Ministry of Labour, Ministry of Health, Psychiatric hospitals, peer specialists, National Institute of Mental Health, schools of social work and psychology.

B1.6) Who is the target group of your activities?

The public, mental health professionals, students, people with mental health problems

B1.7) What resources are available for this work?

Different kinds. National and European funds.

B1.8) What would you consider as the strengths of your activities?

Activities are targeted, based on experiences in other countries, community oriented, and flexible.

B1.9) What challenges have you met during your activities?

Financial resources, low interest among health professionals

B1.10) Are your activities evaluated? If so, how?

Yes, all our activities are evaluated. In different ways - indicators of projects, focus groups, research done externally.

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

https://www.youtube.com/watch?v=oFqvLS0U1Yg&list=PLCKJVs3O3KSEnPr4xdANzyUNInrFFeSwh&index=2

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing				X
C1.2) Prevent mental health problems			X	
C1.3) Promote mental health and wellbeing			X	
C1.4) Support the		X		

reintegration/return to work of people who have experienced mental health difficulties				
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

In the framework of our trainings, we highlight supported employment as and efficient method compared to sheltered jobs. We are preparing an extra IPS implementation project.

In our projects of involvement of peer specialists, we insist that it has to be a payed job rather than some kind of volunteering. We employ people with experience of mental health issue in our team.

Both IPS and peer involvement are strategies that proved to be efficient in many studies.

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents			X	
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders		X		
D1.3) Enhance training for all school staff on mental health			X	
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents			X	
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

We established courses for students of social work and psychology at two colleges in Prague, where teachers are trained people with mental health experiences. This project now goes on and is financed by these schools on regular basis. Research showed that these courses had anti stigma effect on attitudes of participants.

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides			X	
E1.2) Primary prevention of suicides			X	
E1.3) Secondary or tertiary prevention of suicide			X	
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides			X	
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

N/A

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

N/A

PSYCHIATRIC HOSPITAL BOHNICE, PRAGUE

A2) What is the status of your organisation:

State hospital

A3) My organisation belongs primarily to:

Health sector

A4) Can you please provide some basic information about your organisation?

The Biggest Psychiatric Hospital in Czech Republic, 1223 beds, approximately 1200 employees. We cover catchment area of approximately 1,2 mil. inhabitants.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

It is our core objective.

B1.2) How is mental health related to the core objectives of your organisation?

It is our core objective.

B1.3) What are your key mental health activities?

In-patient care

B1.4) What are the key achievements of your actions in mental health?

We improve quality of services. We develop community mental health teams.

B1.5) Who are the key partners involved?

The main partner in the development of MH teams is NGO Fokus Praha.

B1.6) Who is the target group of your activities?

Whole spectrum of people with mental health issues

B1.7) What resources are available for this work?

Costs of our services are covered by health insurance companies.

B1.8) What would you consider as the strengths of your activities?

N/A

B1.9) What challenges have you met during your activities?

We face mainly financial issues, but the paradigm change is a long-term challenge.

B1.10) Are your activities evaluated? If so, how?

Yes, in our organization by internal audits. External audit is provided by independent organization.

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

N/A

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing				x
C1.2) Prevent mental health problems				x
C1.3) Promote mental health and wellbeing				x
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties		x		
C1.5) Other (please describe)	N/A	N/A	N/A	N/A

C2) Can you provide any further information regarding your activities on mental health and the workplace?

N/A

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents				x
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders				x
D1.3) Enhance training for all school staff on mental health				x
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents				x
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

N/A

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides				x
E1.2) Primary prevention of suicides				x
E1.3) Secondary or tertiary prevention of suicide	x			
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides				x
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

N/A

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

ANNUAL ACTIVITY REPORTS FROM DENMARK'S STAKEHOLDERS

DANISH REFUGEE COUNCIL

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Health and social sector

A4) Can you please provide some basic information about your organisation?

The national department of the Danish Refugee Council provides language training, rehabilitation, work training and volunteering for new coming refugees and immigrants.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

Because the best reception and integration of new coming refugees' mental health activities will always be relevant

B1.2) How is mental health related to the core objectives of your organisation?

Our core value: "a dignified life for all refugees and displaced" in the Danish context means to create opportunities to form communities and obtain rights as a citizen in the society

B1.3) What are your key mental health activities?

Rehabilitation and treatment for traumatized refugee adults and children, job training, costumed language training, personal match in voluntary activities

B1.4) What are the key achievements of your actions in mental health?

N/A

B1.5) Who are the key partners involved?

Municipalities, the refugees and the health care system

B1.6) Who is the target group of your activities?

Refugees and immigrants

B1.7) What resources are available for this work?

The municipalities have resources for reception and integration. The health care system has resources for rehabilitation and treatment.

B1.8) What would you consider as the strengths of your activities?

Our interdisciplinary approach and many years of experience in the work with refugees

B1.9) What challenges have you met during your activities?

Lack of focus and understanding of the special needs and conditions for refugees

B1.10) Are your activities evaluated? If so, how?

Many of our activities is not evaluated, since we conduct them on behalf of the municipalities

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

All our materials are in Danish

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing			X	
C1.2) Prevent mental health problems		X		
C1.3) Promote mental health and wellbeing		X		
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties		X		
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

N/A

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents		X		
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders			X	
D1.3) Enhance training for all school staff on mental health	X			
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents		X		
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

N/A

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides			X	
E1.2) Primary prevention of suicides			X	
E1.3) Secondary or tertiary prevention of suicide		X		
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides			X	
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

www.mindspring-grupper.dk

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

No

MENTAL HEALTH FOUNDATION

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Health and social sector

A4) Can you please provide some basic information about your organisation?

Working in promotion of mental health, including services, prevention and advocacy

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

Because we see it as a problem of great concern in our society

B1.2) How is mental health related to the core objectives of your organisation?

It is the core of our activities

B1.3) What are your key mental health activities?

Indicated prevention of mental disorders (focusing on children and adolescents and the work market), anti-stigma work.

B1.4) What are the key achievements of your actions in mental health?

Advocacy, establishing treatment models, research on effectiveness of models

B1.5) Who are the key partners involved?

Local authorities (schools and school psychologists), child and adolescent psychiatry, work market

B1.6) Who is the target group of your activities?

People with mental disorders

B1.7) What resources are available for this work?

Individual projects are funded from outside and private sources.

B1.8) What would you consider as the strengths of your activities?

Political neutrality, independence, high level of scientific and professional expertise, high level of trustworthiness

B1.9) What challenges have you met during your activities?

Problems of funding. Collaboration with other players in the field.

B1.10) Are your activities evaluated? If so, how?

Yes - some of the projects are RCTs, other through more qualitative measures

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

Only available in Danish

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing		x		
C1.2) Prevent mental health problems		x		
C1.3) Promote mental health and wellbeing		x		
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties	x			
C1.5) Other:	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

N/A

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents			x	
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders	x			
D1.3) Enhance training for all school staff on mental health				
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents		x		
Other:	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

N/A

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides			X	
E1.2) Primary prevention of suicides			X	
E1.3) Secondary or tertiary prevention of suicide			X	
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides		X		
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

N/A

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

ANNUAL ACTIVITY REPORT FROM ESTONIA'S STAKEHOLDER

ESTONIAN PSYCHOSOCIAL REHABILITATION ASSOCIATION

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Health and social sector

A4) Can you please provide some basic information about your organisation?

The goals of EPRA are:

- Uniting specialists and practitioners embracing the ideas and principles of psychosocial rehabilitation, satisfaction of their professional needs and protection of their interests
- Planning, realisation and supporting of projects, events and endeavours stemming from the ideas and principles of psychosocial rehabilitation
- Supporting, planning and realisation of training and research in the field of psychosocial rehabilitation
- Promotion of cooperation in the field of psychosocial rehabilitation, both in the Republic of Estonia as well as at the international level.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

Main priority is to improve mental health systems based on a recovery orientation.

B1.2) How is mental health related to the core objectives of your organisation?

EPRA is a mental health organisation

B1.3) What are your key mental health activities?

Main priority is to improve mental health systems based on a recovery orientation.

B1.4) What are the key achievements of your actions in mental health?

The Guidelines for Recovery- Oriented Practice (Estonian and Russian)

Heaolu ja Taastumise Kool - The first recovery college Estonia

B1.5) Who are the key partners involved?

Politicians, peers

B1.6) Who is the target group of your activities?

Citizens

B1.7) What resources are available for this work?

Projects

B1.8) What would you consider as the strengths of your activities?

Conviction. Recovery approaches stand on two pillars. First, they recognize that each person is a unique individual with the right to determine his or her own path towards mental health and wellbeing. Second, they also understand that we all live our lives in complex societies where many intersecting factors (biological, psychological, social, economic, cultural and spiritual) have an impact on mental health and wellbeing.

B1.9) What challenges have you met during your activities?

Stigma

B1.10) Are your activities evaluated? If so, how?

EQUASS

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

N/A

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing		X		

C1.2) Prevent mental health problems		X		
C1.3) Promote mental health and wellbeing		X		
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties	X			
C1.5) Other (please describe): Providing mental health first aid in the workplace-training for employers	X			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

N/A

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents			X	
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders			X	
D1.3) Enhance training for all school staff on mental health			X	
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents			X	
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

N/A

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides			X	
E1.2) Primary prevention of suicides			X	
E1.3) Secondary or tertiary prevention of suicide			X	
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides			X	
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

CARe Europe: http://thecareeurope.com/

Heaolu ja Taastumise Kool _ Anna Toots : http://heakool.ee/

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey? Yes

ANNUAL ACTIVITY REPORT FROM FINLAND'S STAKEHOLDER

ELO MUTUAL PENSION INSURANCE COMPANY

A2) What is the status of your organisation:

Private sector

A3) My organisation belongs primarily to:

Pension insurance

A4) Can you please provide some basic information about your organisation?

Elo Mutual Pension Insurance Company is a customer-owned employment pension company that manages the statutory employment pension provision for employees in its client companies as well as for self-employed persons.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

In order to promote disability risk/work ability management in customer companies.

B1.2) How is mental health related to the core objectives of your organisation?

Large part of granted disability pension are based on mental health problems.

B1.3) What are your key mental health activities?

To promote a systematic process of work ability management within the management system of a company. Promoting mental health is not a separate activity but a part of the whole process of good work ability management.

B1.4) What are the key achievements of your actions in mental health?

Increasing customers' understanding that work ability management is necessary for the sake of their employees work ability and their business' productivity.

B1.5) Who are the key partners involved?

Human Resources and health care providers of customer companies.

B1.6) Who is the target group of your activities?

Customer companies and their Human Resources, people.

B1.7) What resources are available for this work?

Within Elo: vocational rehabilitation services and wellbeing at work services.

B1.8) What would you consider as the strengths of your activities?

Wide knowledge of customers' practices of real life and close links to their Human Resources- persons. Within Elo we have a diversity of experts who can contribute to developing of good practices.

B1.9) What challenges have you met during your activities?

Promoting mental health is widely spread among different stakeholders, I wonder if collaboration is carried out effectively between them. Resources of an individual facing mental health problems: does he/she get support early enough within health care systems and social workers?

B1.10) Are your activities evaluated? If so, how?

No

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

N/A

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing				X
C1.2) Prevent mental health problems		X		
C1.3) Promote mental health and wellbeing		X		
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties		X		
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

N/A

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents			X	
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders			X	
D1.3) Enhance training for all school staff on mental health			X	
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents			X	
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

N/A

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides			X	
E1.2) Primary prevention of suicides			X	
E1.3) Secondary or tertiary prevention of suicide			X	
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides			X	
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

Information (in Finnish at the moment) on psychosocial risk. Elo's guidebook on work ability management. Three documents will be translated into English later on this year.

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

ANNUAL ACTIVITY REPORT FROM GERMANY'S STAKEHOLDER

BApK - LIVING WITH MENTALLY ILL PEOPLE

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Health and social sector

A4) Can you please provide some basic information about your organisation?

We are the German umbrella organization of the regional carer organizations

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

Because we want to improve psychiatric organizations, the life of users and carers

B1.2) How is mental health related to the core objectives of your organisation?

Directly

B1.3) What are your key mental health activities?

Influence legislation, create awareness for mental illness

B1.4) What are the key achievements of your actions in mental health?

NA

B1.5) Who are the key partners involved?

Other non-government organizations

B1.6) Who is the target group of your activities?

Legislators, psychiatrists, public

B1.7) What resources are available for this work?

Mostly voluntary work of carers

B1.8) What would you consider as the strengths of your activities?

We know from our personal experiences about the situation in hospitals, of carers and of users

B1.9) What challenges have you met during your activities?

To change things takes very long, sometimes carers are not able to contribute because they are not well themselves

B1.10) Are your activities evaluated? If so, how?

No

B1.11) Any other comments?

No

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

No

MENTAL HEALTH AT THE WORKPLACE

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing		X		
C1.2) Prevent mental health problems		X		
C1.3) Promote mental health and wellbeing		X		
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties		X		
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

The activities are mostly smaller scale, no publications. Sometimes companies fund some activities

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents		X		
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders			X	
D1.3) Enhance training for all school staff on mental health			X	
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents			X	
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

Carers form groups with users and schools

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides			X	
E1.2) Primary prevention of suicides			X	
E1.3) Secondary or tertiary prevention of suicide			X	
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides		X		
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

As before, the activities are more regional and sometimes funded by health insurance companies

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

N/A

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

No

ANNUAL ACTIVITY REPORT FROM GREECE'S STAKEHOLDER

SOCIETY OF SOCIAL PSYCHIATRY AND MENTAL HEALTH

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Health and social sector

A4) Can you please provide some basic information about your organisation?

The Society of Social Psychiatry & Mental Health (S.S.P.&M.H.) is a non-profit scientific organization which was founded in 1981 by Professor P. Sakellaropoulos and his partners. It is mainly funded by the Ministry of Health and European Programmes and belongs to the third sector of the economy. The organization has vast experience and expertise in the area of Mental Health and Social Psychiatry. It offers services within the community and operates in the Prefectures of Attica, Thraki, Fthiotida and Fokida. Mental health services are offered to 2,000 patients annually and the total number of employees is 200 people. The aims of the S.S.P.&M.H. are:

- The prevention of mental health disorders
- The promotion of the population's mental health
- The diagnosis and treatment of psychiatric disorders
- The social and employment rehabilitation of people with psychosocial problems
- The promotion of the patients' human rights
- The production of scientific work
- The education and training of mental health professionals and other community groups.

The S.S.P.&M.H. has developed and operates a series of services for the promotion of mental health, such as: mobile mental health units, hostels and protected apartments, day centre for the psychological support of individuals with cancer, day centre for the follow-up care of people with psychiatric disorders who live in the community, day centre for children, adolescents and adults with psychiatric disorders who live in the community, community awareness activities, rehabilitation programmes for people with mental health problems.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

Our Organization has the philosophy that people with psychosocial difficulties have the right to be supported by professionals on mental health.

B1.2) How is mental health related to the core objectives of your organisation?

We run Mental Health Units in many areas of Greece.

B1.3) What are your key mental health activities?

The S.S.P.&M.H. has developed and operates a series of services for the promotion of mental health, such as: mobile mental health units, hostels and protected apartments, day centre for the psychological support of individuals with cancer, day centre for the follow-up care of people with psychiatric disorders who live in the community, day centre for children, adolescents and adults with psychiatric disorders who live in the community, community awareness activities, rehabilitation programmes for people with mental health problems.

B1.4) What are the key achievements of your actions in mental health?

We have succeeded in preventing people with psychosocial difficulties from hospitalization, as well as staying in the community.

B1.5) Who are the key partners involved?

The Society co-operates with national and European Authorities, Federations, Networks as Ministry of Health, European Union, Organization of Mental Health Europe, European Disability Forum, CEFEC.

B1.6) Who is the target group of your activities?

People with psychosocial difficulties.

B1.7) What resources are available for this work?

Financial resources (Ministry of Health, European Programmed). Human resources (psychiatrists, psychologists, social workers, nurses).

B1.8) What would you consider as the strengths of your activities?

Prevention. Social and professional rehabilitation.

B1.9) What challenges have you met during your activities?

The major challenge has to with the closing of the big psychiatric asylums and the establishment of hostels in the community where the treatment of people with psychosocial difficulties is more human.

B1.10) Are your activities evaluated? If so, how?

Yes, from experienced evaluators in national and European level.

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

The Age of autonomy. A Guide to Rights in Mental Health
http://psy-dikaiomata.gr/wp-content/uploads/2016/05/egxeiridio_teliko_en.pdf

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing	x			
C1.2) Prevent mental health problems	x			
C1.3) Promote mental health and wellbeing	x			
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties	x			
C1.5) Other: The Society co-operates very closely with Social Co-operative Units in three areas of Greece	x			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

The activities are funded in some degree by Ministry of Health and in some degree from selling services and products to customers. These activities have to do with cleaning services, production and selling of ecological agricultural commodities. The professionals involved are psychiatrists, psychologists, social workers and

specialized professionals. The activities are in small-scale. The effectiveness of these programmes has to do with the socialization, autonomy and self-destination of the members who are working in the co-operatives.

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents	x			
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders			x	
D1.3) Enhance training for all school staff on mental health		x		
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents	x			
Other:	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

The costs of activities regarding mental health and schools are included in the annual budget of the Society. The professionals involved are psychiatrists, psychologists, social workers. The activities are in small-scale. The evidence of the effectiveness is the prevention from mental disorders of children and adolescents.

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides		x		
E1.2) Primary prevention of suicides	x			
E1.3) Secondary or tertiary prevention of suicide	x			
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides				
Other: Awareness of the community	x			

E2) Can you provide any further information regarding your activities on prevention of suicides?

Awareness of the community is one of the most important activities of the Society. Professionals involved are psychiatrists, psychologists, social workers. We run seminars, make small films for TV and small messages for radio, and publish articles in newspapers. The evidence of the effectiveness is the prevention of suicides.

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

The Society can provide you documents, publications or other papers on mental health.

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

Federation of Mental Health Units in Greece titled "ARGO"
argo.omospondia@gmail.com

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

ANNUAL ACTIVITY REPORT FROM HUNGARY'S STAKEHOLDER

MHIF/PÉF

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Human rights sector

A4) Can you please provide some basic information about your organisation?

Mental Health Interest Forum ("PÉF"), a non-profit federation, was founded in 1999. The membership consists of professionals in the fields of advocacy, rehabilitation, and psychiatric reform, as well as of users. In the field of mental health, the main targets of the Federation are issues concerning equal access, advocacy and the enforcement of human rights. The activities of PÉF are not limited to Hungary. This is why a special attention is paid by our Federation to international disability and anti-torture agreements (e.g. CRPD, OPCAT). Our main activities: management of complaints, monitoring, assessment of legal measures, decrees, laws, participation in national and international conferences, workshops, participation in government initiated activities (codification), boards (e.g. National Disability Forum, etc.), committees, legal counselling (e.g. litigation), representations in law-cases (precedental or test cases) assessment and expertise. We are also the National Focal point of Mental Health Europe in Hungary. For more information, please visit www.pef.hu.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

All patients (sick people) are vulnerable. But the pain of the soul is the worst.

B1.2) How is mental health related to the core objectives of your organisation?

Care of interests.

B1.3) What are your key mental health activities?

Mainly focusing human rights.

B1.4) What are the key achievements of your actions in mental health?

Mental Health reforms.

B1.5) Who are the key partners involved?

Professionals, volunteers, users and ex users, etc. The last 2 years, also the Government was involved in the social field.

B1.6) Who is the target group of your activities?

Every people in Mental Health field.

B1.7) What resources are available for this work?

Only Governmental resources and a very small amount of membership fees and 1% of the tax.

B1.8) What would you consider as the strengths of your activities?

NA

B1.9) What challenges have you met during your activities?

We have a lot of problems. First is the stigma itself.

B1.10) Are your activities evaluated? If so, how?

We handle 1000 complaints and requests every year.

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

www.pef.hu/dokumentumo

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing	X			
C1.2) Prevent mental health problems	X			
C1.3) Promote mental health and wellbeing	X			
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties	X			
C1.5) Other (please describe): Deinstitutionalization.	X			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

NA

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents		X		
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders			X	
D1.3) Enhance training for all school staff on mental health			X	
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents		X		
Other: Training and/or conferences for decision makers, users, professionals (judges) etc.		X		

D2) Can you provide any further information regarding your activities on mental health and schools?

N/A

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides	X			
E1.2) Primary prevention of suicides	X			
E1.3) Secondary or tertiary prevention of suicide	N/A	N/A	N/A	N/A
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides	N/A	N/A	N/A	N/A
Other: We have a very unique programme to stop suicides in an urgent way. There are no resources to realize...	X			

E2) Can you provide any further information regarding your activities on prevention of suicides?

N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

N/A

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

Pál Lehóczky, MD

dr.lehoczkypal@gmail.com

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

ANNUAL ACTIVITY REPORT FROM ICELAND'S STAKEHOLDER

LANDSPITALI UNIVERSITY HOSPITAL

A2) What is the status of your organisation:

Governmental sector

A3) My organisation belongs primarily to:

Health sector

A4) Can you please provide some basic information about your organisation?

University Hospital

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

Our organization is a hospital that treats mental disorders

B1.2) How is mental health related to the core objectives of your organisation?

Treatment of mental disorders is our core objective

B1.3) What are your key mental health activities?

Treatment of all mental disorders

B1.4) What are the key achievements of your actions in mental health?

Treatment of early onset psychosis. Establishment of a parent-pregnancy-infant interdisciplinary team.

B1.5) Who are the key partners involved?

Primary Health Care, Local Municipalities, Mental Health grass roots organizations. Ministry of Health

B1.6) Who is the target group of your activities?

Patients with chronic and/or acute mental disorders. Early onset Psychosis.

B1.7) What resources are available for this work?

Full time staff of 440 and a yearly budget of 36M Euros

B1.8) What would you consider as the strengths of your activities?

The knowledge of our staff. Have sought education and experience in North Europe, North America, Australia, etc.

B1.9) What challenges have you met during your activities?

Budget cut downs. Shortage of qualified mental health nurses. Poor state of facilities. Shortage of junior doctors.

B1.10) Are your activities evaluated? If so, how?

By the Directorate of Health. We benchmark ourselves to similar organizations in Scandinavia and the UK

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

N/A

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing			**X**	
C1.2) Prevent mental health problems		**X**		
C1.3) Promote mental health and wellbeing		**X**		
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties		**X**		
C1.5) Other:	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

N/A

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents		x		
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders		x		
D1.3) Enhance training for all school staff on mental health			x	
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents		x		
Other:	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

N/A

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides			X	
E1.2) Primary prevention of suicides			X	
E1.3) Secondary or tertiary prevention of suicide				X
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides		X		
Other: In 2017 we are struggling to expand the training, prevention and awareness of young people, particularly in schools.			X	

E2) Can you provide any further information regarding your activities on prevention of suicides?

N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

N/A

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

No

ANNUAL ACTIVITY REPORT FROM ISRAEL'S STAKEHOLDER

OZMA: National Forum of Families of People with Mental Illness

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Health and social sector

A4) Can you please provide some basic information about your organisation?

Founded in 1995. Strongly advocated for rehabilitation act 2000 and reform unifying mental and somatic health insurance, moving resources from hospitals to community services, early treatment of youngsters, prevention in schools, decreasing suicides. Empowering families' role as carers.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

It is a neglected area, most of our members have a mental health problem in the family.

B1.2) How is mental health related to the core objectives of your organisation?

This is the fundamental issue of our organization

B1.3) What are your key mental health activities?

As explained in paragraph A4 above. Promoting the Rehabilitation Law 2000 for victims and families. Improved hospitalization conditions and pressure to promote hospitalization alternatives

B1.4) What are the key achievements of your actions in mental health?

In order to promote what is described in B1.3, our activists are members of the committees of the Health Ministry and also appear on the Knesset (parliament) committees.

B1.5) Who are the key partners involved?

Social NGOs which represent the contenders and rights organizations of patients and people with disabilities.

B1.6) Who is the target group of your activities?

The medical and governmental establishment, as well as the media

B1.7) What resources are available for this work?

90% is the work of the organization's volunteers. 10% budget for contributions to conduct services and work in the classical and internet media.

B1.8) What would you consider as the strengths of your activities?

Comprehensive and accurate intelligence gathering on services and budgets in the medical and rehabilitative fields.

B1.9) What challenges have you met during your activities?

Recruitment and training of new activists who will later replace the veterans, most of whom are retired.

B1.10) Are your activities evaluated? If so, how?

Certainly yes, which is also reflected in awards received by the activists.

B1.11) Any other comments?

The three priority areas that were emphasized are also suitable for our country.

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

The Law for the Rehabilitation in the Community of the Mentally Impaired 2000 - can be found on the Internet in English translation.

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing		x		
C1.2) Prevent mental health problems		x		
C1.3) Promote mental health and wellbeing		x		
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties		x		
C1.5) Other: Reinforcement of work integration as a central part of rehabilitation		x		

C2) Can you provide any further information regarding your activities on mental health and the workplace?

Almost all the documents and chapters in the book about families of the mentally disabled are in Hebrew. There is a chapter in the book (No. 4) in English. Name of the chapter: Families and patients with mental illness on the recovery road. Recovery of people with mental illness. Editor: Rudnick. Published by Oxford University Press 2012

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents		x		
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders		x		
D1.3) Enhance training for all school staff on mental health				x
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents		x		
Other: Our organization organizes a coalition to promote these issues		x		

D2) Can you provide any further information regarding your activities on mental health and schools?

Most of the activities are still voluntary. The scope is national. There are government programs to combat suicide, but they do not properly emphasize the prevention of mental illness.

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides		X		
E1.2) Primary prevention of suicides		X		
E1.3) Secondary or tertiary prevention of suicide			X	
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides		X		
Other: In 2017 we are struggling to expand the training, prevention and awareness of young people, particularly in schools.	X			

E2) Can you provide any further information regarding your activities on prevention of suicides?

There is a government program that emphasizes sectors like new immigrants from Ethiopia, but its attitude toward young people with mental disorders is unsatisfactory.

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

Only later can additional documents for 2017 be provided

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

See previous reply

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

ANNUAL ACTIVITY REPORTS FROM ITALY'S STAKEHOLDERS

ASReM

A2) What is the status of your organisation:

Public

A3) My organisation belongs primarily to:

Health sector

A4) Can you please provide some basic information about your organisation?

Regional Health Organization. In particular, the Mental Health Department provides care for psychiatric patients and also promotes health for citizens

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

The institutional mission is to provide health care

B1.2) How is mental health related to the core objectives of your organisation?

By many services

B1.3) What are your key mental health activities?

Individual treatments, family treatments, group treatments, emergency and rehabilitation. Psychoeducation enrolment of associations and local institutions, as well as no-profit organizations

B1.4) What are the key achievements of your actions in mental health?

Reduction of inpatient admissions, continuity of care, promotion of health and psychological wellbeing

B1.5) Who are the key partners involved?

Users, relatives, associations of users, cooperatives and no-profit organizations

B1.6) Who is the target group of your activities?

N/A

B1.7) What resources are available for this work?

Public funding

B1.8) What would you consider as the strengths of your activities?

Team work, evidence based practice and treatment, the voluntary association

B1.9) What challenges have you met during your activities?

The poor financial public systems and the organization bureaucracy

B1.10) Are your activities evaluated? If so, how?

Some of them, by local and regional health information system and some evaluative ad hoc studies

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

The evaluations of the impact of some activities are published in scientific literature ("Veltro F" can be searched in Pubmed). Some activities can be found in the professional blog www.francoveltro.com and www.rsmcampobass.it.

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing			**X**	
C1.2) Prevent mental health problems			**X**	
C1.3) Promote mental health and wellbeing			**X**	
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties			**X**	

C1.5) Other (please describe)	N/A

C2) Can you provide any further information regarding your activities on mental health and the workplace?

N/A

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents	**X**			
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders	**X**			
D1.3) Enhance training for all school staff on mental health		**X**		
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents		**X**		
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

Article published by Veltro et al. in the Journal of Promotion Practice

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides			**X**	
E1.2) Primary prevention of suicides			**X**	
E1.3) Secondary or tertiary prevention of suicide			**X**	
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides			**X**	
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

N/A

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

DIREZIONE CENTRALE SALUTE, REGIONE FRIULI VENEZIA GIULIA

A2) What is the status of your organisation:

Public

A3) My organisation belongs primarily to:

Health sector

A4) Can you please provide some basic information about your organisation?

This is the governmental organization for FVG region, responsible of health planning and resource allocation

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

Due to its duties on health care planning

B1.2) How is mental health related to the core objectives of your organisation?

Through health care planning

B1.3) What are your key mental health activities?

Negotiation with mental health departments (MHD) in local health agencies

B1.4) What are the key achievements of your actions in mental health?

Regional mental health plan, mental health informative system development, research activities

B1.5) Who are the key partners involved?

MHD

B1.6) Who is the target group of your activities?

users in MHD

B1.7) What resources are available for this work?

Salary from medical doctors' national contracts

B1.8) What would you consider as the strengths of your activities?

Mental health planning and informative system development

B1.9) What challenges have you met during your activities?

Data retrieving and negotiation with MHD

B1.10) Are your activities evaluated? If so, how?

No

B1.11) Any other comments?

No

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

Not available at the moment

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing		**X**		
C1.2) Prevent mental health problems		**X**		
C1.3) Promote mental health and wellbeing		**X**		
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties	**X**			
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

Public resources are used to involve social coops in working projects for mentally ill people, at regional scale. No available publication, but long experience of effectiveness

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents		X		
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders		X		
D1.3) Enhance training for all school staff on mental health			X	
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents			X	
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

Public funding, collaboration with health care sector and schools, regional scale

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides		X		
E1.2) Primary prevention of suicides		X		
E1.3) Secondary or tertiary prevention of suicide	X			
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides		X		
Other: suicide research activities	X			

E2) Can you provide any further information regarding your activities on prevention of suicides?

Public resources, however most of research activity (this is my main area of research) was not founded specifically. I defended a PhD thesis at Karolinska Institutet, Sweden, on suicide prevention on the 24th of February 2017. The target was Friuli Venezia Giulia population. Four publications are available and indexed.

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

N/A

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

ANNUAL ACTIVITY REPORTS FROM THE NETHERLAND'S STAKEHOLDERS

HUIS VOOR DE ZORG

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Health sector

A4) Can you please provide some basic information about your organisation?

Provincial umbrella organization in which workers and volunteers work together to enhance citizen power in health and the social sector

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

Our workers work together with a provincial platform on public and private mental health, among other platforms.

B1.2) How is mental health related to the core objectives of your organisation?

Mental health and public mental health are a sector in which regional attention for citizen power is part of our work

B1.3) What are your key mental health activities?

Participation in community based user councils to enhance attention for mental health issues, address mental health issues in the mental health hospitals and other services, working on positive health (Huber et al.) and new mental health (Van Os and Delespaul).

B1.4) What are the key achievements of your actions in mental health?

Very difficult to answer simply, would require an interview with users and their platform, some things are available in Dutch unfortunately.

B1.5) Who are the key partners involved?

For our organization, the provincial platform of users is the key partner, together with them we address mental health services

B1.6) **Who is the target group of your activities?**

People with mental health problems

B1.7) What resources are available for this work?

Within my organization more or less of the budget 10% is spent on mental health issues, workers and other budgets, on a total budget of €2 mio per year

B1.8) What would you consider as the strengths of your activities?

User driven

B1.9) What challenges have you met during your activities?

Mental health users are not at all well organised

B1.10) Are your activities evaluated? If so, how?

Yes, on an annual basis

B1.11) Any other comments?

No

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

- www.huisvoordezorg.nl
- www.ggz-zorgvragers.nl

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing		X		
C1.2) Prevent mental health problems		X		
C1.3) Promote mental health and wellbeing		X		
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties		X		
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

We are building up this issue from the 1st of January of this year as a part of our new policy

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents			X	
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders			X	
D1.3) Enhance training for all school staff on mental health			X	
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents			X	
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

N/A

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides			X	
E1.2) Primary prevention of suicides			X	
E1.3) Secondary or tertiary prevention of suicide			X	
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides			X	
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

N/A

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

KARIFY

A2) What is the status of your organisation:

Private sector

A3) My organisation belongs primarily to:

Health sector

A4) Can you please provide some basic information about your organisation?

Karify is an e-mental health platform that supports your therapy sessions with online treatment, which allows to combine face-to-face meetings with online exercises, tailored medical information and ways to communicate safely. Karify helps to keep track of your patients progress. It enables you to create behavioural change through feedback, monitoring and data. We supply 45% of the Dutch e-health market with e-health, and we are present in the US, Belgium and Spain.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

The implementation of e-health is not a goal in itself, but a means to change the current health care system. With the world changing, care is changing with it. Consumers are accustomed to online availability and assistance, and expect the same of their caregivers. Most importantly however, e-health can improve the quality and efficiency of health care.

B1.2) How is mental health related to the core objectives of your organisation?

We employ developers, a psychologist and aim to change behaviour on a daily basis. We help healthcare providers, with a virtual extension of your practice, where you are in control of the e-health tools you want to use. For each patient, you can choose the right treatment modules and interventions, to achieve better results.

B1.3) What are your key mental health activities?

Providing an online platform for treatments online, for depression, anxiety and many more. We have more than 300 types of treatment available in Dutch and a few in EN, ES. https://www.karify.com/store/

B1.4) What are the key achievements of your actions in mental health?

- 45% of the Dutch mental health care providers use Karify
- 12% user growth per month
- 8% new provider each month
- 20% drop out reduction
- 19% less relapse for eating disorders
- Successfully exporting Karify

More information is available in Dutch: https://www.karify.com/nl/blog/

B1.5) Who are the key partners involved?

Healthcare providers and patients

B1.6) Who is the target group of your activities?

Mental healthcare providers that use Karify to improve the access to care, quality of care and mix online with face 2 face contacts or self-management programs

B1.7) What resources are available for this work?

NA

B1.8) What would you consider as the strengths of your activities?

Software available from cloud, ready to use in multiple languages.

B1.9) What challenges have you met during your activities?

Many, but we have a solid base and have a team of 39 people to work on Karify daily.

B1.10) Are your activities evaluated? If so, how?

Yes, through customers, Universities, who research effects.

B1.11) Any other comments?

We were selected in 2016 as one of the 20 most promising digital health companies. We are VC funded and growing fast. More information: https://www.karify.com/blog/tech-tour-healthtech-summit/

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

A few examples:

- http://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-016-1019-y
- http://www.jmir.org/2013/8/e170/

- https://www.karify.com/nl/blog/smarthealth-interview-met-karify-partner-jellinek/

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing	X			
C1.2) Prevent mental health problems	X			
C1.3) Promote mental health and wellbeing		X		
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties	X			
C1.5) Other: build online treatments for this purpose	X			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

We work for large to small mental health care providers, with a ready to use platform in multiple languages, after a webinar you are ready to start. We make delivering online mental healthcare easy, accessible.

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents	X			
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders		x		
D1.3) Enhance training for all school staff on mental health			X	
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents	X			
Other: we offer treatments for kids and adolescents, as well as their parents on how to cope with the adolescent.	X			

D2) Can you provide any further information regarding your activities on mental health and schools?

We fund development, providers pay per staff user per month, for unlimited amount of patients (adolescents).

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides			X	
E1.2) Primary prevention of suicides		X		
E1.3) Secondary or tertiary prevention of suicide	x			
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides			X	
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

Healthcare providers, that use Karify to support risk patients from a distance. Think of admission up to relapse programs.

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

N/A

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

GGZ Nederland

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Health sector

A4) Can you please provide some basic information about your organisation?

GGZ Nederland (Dutch Association of Mental Health and Addiction Care) is the sector organisation of specialist mental health and addiction care providers in the Netherlands. The aim of GGZ Nederland and its member organisations is to ensure the availability of high quality, accessible, affordable and sustainable mental health care. Our more than 100 member organisations deliver a wide variety of valuable services to the public, ranging from mental health promotion, prevention and primary mental health care to assisted independent living, sheltered housing, ambulatory specialist mental health care, clinical psychiatric and forensic institutional care.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

Mental health and addiction care is the core business of our organisation and our members: mental health and addiction care organisations.

B1.2) How is mental health related to the core objectives of your organisation?

Mental health and addiction care is the core business of our organisation.

B1.3) What are your key mental health activities?

GGZ Nederland represents the interests of the member organisations in an on-going and constructive dialogue with client organisations, health insurers, national and local governments, professional associations and trade unions.

Internationally, GGZ Nederland is an active member of Mental Health Europe and EuroHealthNet.

B1.4) What are the key achievements of your actions in mental health?

Our main achievements are quite diverse. Most are political in nature and are in the field of advocacy such as creation of good conditions for the provision of optimal care.

B1.5) Who are the key partners involved?

Our 100 member organisations: providers of mental health and addiction care

B1.6) Who is the target group of your activities?

The target group is a broad range of stakeholders: client organisations, health insurers, national and local governments, professional associations and trade unions

B1.7) What resources are available for this work?

N/A

B1.8) What would you consider as the strengths of your activities?

As a sector organisation, we are an important partner for the Dutch government and other parties who are essential for mental health care. This means we can influence policy (at least, we try to).

B1.9) What challenges have you met during your activities?

A great challenge continues to be the stigma on mental health. In order to provide good care, it is important that patients can participate in society, that they can find an affordable home and are able to find work. Awareness from stakeholders such as local municipalities and health insurers for this subject is fundamental.

B1.10) Are your activities evaluated? If so, how?

Depends on the activities. A national agreement on reduction of beds in mental health care is being monitored by an independent scientific organisation, commissioned by the Dutch ministry of Health.

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

We have various documents available, but they are in Dutch.

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing	X			
C1.2) Prevent mental health problems	X			
C1.3) Promote mental health and wellbeing	X			
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties	X			
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

As a sector organisation, our actions regarding mental health on the workplace are mainly aimed at creating awareness, helping our member organisations by doing so. We have concluded a national agreement with the Employee Insurance Agency. One of their main tasks is helping people remain employed or find employment, in close cooperation with the municipalities. The agreement involved regional training of professionals of the Employee Insurance Agency about mental health issues and the ability of people who have mental ill health to work and to create local networks of mental health providers who can be counterparts of the regional offices of the agency.

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents	X			
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders		X		
D1.3) Enhance training for all school staff on mental health			X	
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents			X	
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

There are programs in the Netherlands, aimed at children who drop-out. In many cases, there are mental health issues involved (for them or for their parents). Although an association for mental health and addiction care, we are not involved. In many cases our members, mental health providers, have local contacts with schools and municipalities about mental health at schools.

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides		X		
E1.2) Primary prevention of suicides		X		
E1.3) Secondary or tertiary prevention of suicide		X		
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides		X		
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

The organization has undertaken several activities within the project 'safe care, everyone's care (in Dutch: 'veilige zorg, ieders zorg') with regard to the prevention of suicide. After finishing this big, national project the organizations for mental health care continue to implement and optimize their policy regarding treatment of suicidal patients.
In 2016 GGZ Nederland did not play an active role in the national activities of prevention of suicide. The organization '113 Zelfmoordpreventie' had the leadership of the national program 'prevention of suicide', which was sponsored by the department of health care in the Netherlands.
Next to this program the department of health care gives a state subsidy for several studies about a better care for people who are suicidal and for the support of their family and friends. The organization ZonMw coordinates these studies.

Several organizations for mental health care are involved in activities organized by '113 Zelfmoordpreventie'. In 2016 they organized cooperation's which will investigate a better care of suicidal patients in the mental health care (within the program SUPRANET Care). They have also agreed to learn from and with each other about best practices in caring for patients with suicidal thoughts and in prevention of suicides.

Organizations of mental health care are also involved in SUPRANET Community, in which experiments are set up to organize multidisciplinary teams of all the organizations involved in the cure and care of patients with mental diseases. These experiments are set up like a best practice used in Germany.

Further information about this subject is available from 113 Zelfmoordpreventie (113 Suicide Prevention: https://www.113.nl/contact-113) and the Dutch Ministry of Health (https://www.government.nl/ministries/ministry-of-health-welfare-and-sport).

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

Manifest Betere Geestelijke Gezondheid (Manifest for Better Mental Health) (in Dutch) can be found here: https://www.government.nl/ministries/ministry-of-health-welfare-and-sport

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

For questions about suicide and suicide prevention, in the Netherlands, the organisation '113 Zelfmoordpreventie' (113 suicide prevention) is relevant:

Contactgegevens Stichting 113
Paasheuvelweg 3
1105 BE
Amsterdam-Zuidoost, the Netherlands
Phone: 0031 20 311 3883
https://www.113.nl/persvoorlichting

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

ANNUAL ACTIVITY REPORT FROM NORWAY'S STAKEHOLDER

NORWEGIAN RESOURCE CENTRE FOR COMMUNITY MENTAL HEALTH (NAPHA)

A2) What is the status of your organisation:

Other, please specify: Semi-official body, financed by the Department of Health

A3) My organisation belongs primarily to:

Health sector

A4) Can you please provide some basic information about your organisation?

NAPHA is the national centre for community mental health, and is responsible for knowledge collection, dissemination and implementation to community mental health leaders and professionals. We work closely with Norwegian national health authorities (the Ministry of Health and Care Services and the Norwegian Directorate of Health) in policy implementation within the field of mental health in general and community mental health in particular. We work with the same topics regionally with the County Governors, and in a variety of regional and local professional networks. We are heading or participating in implementing a number of national policy initiatives aiming at strengthening community mental health work, among others Assertive Community Treatment (ACT/FACT), Recovery, User involvement in service evaluation, development and delivery, Housing First, Psychologists in the community (psykologer i kommunene), Individual Placement and Support (IPS) (Individuell jobbstøtte) and Improved Access to Psychological Therapies (IAPT) (Rask psykisk helsehjelp).

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

We are founded and funded to improve knowledge and competence in community mental health

B1.2) How is mental health related to the core objectives of your organisation?

Improving community mental Health, in all its complexity, is the core objective of our organization

B1.3) What are your key mental health activities?

We are responsible for knowledge collection, dissemination and implementation to community mental health leaders and professionals. We work closely with Norwegian national health authorities (the Ministry of Health and Care Services and the Norwegian Directorate of Health) in policy implementation within the field of mental health in general and community mental health in particular. We work with the same topics regionally with the County Governors, and in a variety of regional and local professional networks. We are heading or participating in implementing a number of national policy initiatives aiming at

strengthening community mental health work, among others Assertive Community Treatment (ACT/FACT), Recovery, User involvement in service evaluation, development and delivery, Housing First, Psychologists in the community (psykologer i kommunene), Individual Placement and Support (IPS) (Individuell jobbstøtte) and Improved Access to Psychological Therapies (IAPT) (Rask psykisk helsehjelp).

B1.4) What are the key achievements of your actions in mental health?

N/A

B1.5) Who are the key partners involved?

Community mental Health leaders, County Governors, other regional and national resource centers in the field of mental health and addiction.

B1.6) Who is the target group of your activities?

Community mental Health Professionals across the country, approx. 10 000 FTE.

B1.7) What resources are available for this work?

We have a Budget (2016) of 24 mill. Norwegian kroner, and a staff of 22,5 FTE

B1.8) What would you consider as the strengths of your activities?

We work across the entire nation, have a very good web-site and give advice and contribute in implementing a variety of national Health policy initiatives in community mental Health.

B1.9) What challenges have you met during your activities?

More than 420 municipalities and a staff of 23 limits the possibility to be in direct contact with all services.

B1.10) Are your activities evaluated? If so, how?

We are annually part of a survey on community mental health.

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

www.napha.no

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing	X			
C1.2) Prevent mental health problems	X			
C1.3) Promote mental health and wellbeing	X			
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties	X			
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

Our activities in this field is funded by our general grant. Three initiatives are relevant: IPS (we take part in training and publish articles on the topic on Our website), IAPT (we take part in training + publish articles on the topic on Our website) and publish articles on mental health and the workplace in general on our website

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents			X	
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders			X	
D1.3) Enhance training for all school staff on mental health			X	
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents			X	
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

Our target group are those services dedicated to adults with a mental health problems. There are four regional resource centers who serve these services for children and adolescents.

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides		X		
E1.2) Primary prevention of suicides		X		
E1.3) Secondary or tertiary prevention of suicide		X		
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides		X		
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

Our two activities have been to contribute in developing guidance material, and distribute that and other articles through our website and through lectures/speeches.

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

www.napha.no

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

ANNUAL ACTIVITY REPORT FROM POLAND'S STAKEHOLDER

POLISH INSTITUTE OF AN OPEN DIALOGUE

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Health sector

A4) Can you please provide some basic information about your organisation?

The organisation PIOD is engaged mostly in mental health. The work consists on helping people in mental crisis and their families. Organising Ex-In courses and courses of Open Dialogue.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

To provide a decent life and equality of rights.

B1.2) How is mental health related to the core objectives of your organisation?

Answer to the assumption of health protection and promotion and democratic principles.

B1.3) What are your key mental health activities?

Helping people in crisis and their families through the therapy of an Open Dialogue and by involvement of the experienced persons.

B1.4) What are the key achievements of your actions in mental health?

Organisation of the forums of environmental psychiatry, cooperation with PINEL gGmbH, cooperation with partners from Germany (J. Utschakowski and H. van Haaster) and organisation of the courses of an Open Dialogue and Ex-In.

B1.5) Who are the key partners involved?

MHE, EASPD, Foundation Leonardo from Krakov in Poland.

B1.6) Who is the target group of your activities?

People in crisis and their families, psychiatrists, people with mental health problems.

B1.7) What resources are available for this work?

PIOD profits from the European funding within projects.

B1.8) What would you consider as the strengths of your activities?

Giving hope and motivation for recovery, system's changes, support in the process of recovery, effective treatments involving families and social networks

B1.9) What challenges have you met during your activities?

Resistance from a background against implementing deinstitutionalization.

B1.10) Are your activities evaluated? If so, how?

Activities are evaluated during the process of evaluation in different projects, i.e. European projects.

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

http://otwartydialog.pl/o-nas/o-fundacji/

MENTAL HEALTH IN THE WORKPLACE

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing	X			
C1.2) Prevent mental health problems	X			
C1.3) Promote mental health and wellbeing				
C1.4) Support the reintegration/return to work of	X			

people who have experienced mental health difficulties				
C1.5) Other:	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

Foundation and European funds. Sectors: medical, social. The focus is on targeted and universal approaches. Rather on the level of the country (Poland). The positive impact of the therapy on people with mental health problems.

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents		x		
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders			x	
D1.3) Enhance training for all school staff on mental health			x	
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents			x	
Other:	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

N/A

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides		X		
E1.2) Primary prevention of suicides			X	
E1.3) Secondary or tertiary prevention of suicide			X	
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides			X	
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

N/A

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

ANNUAL ACTIVITY REPORTS FROM PORTUGAL'S STAKEHOLDERS

ENCONTRAR+SE

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Health and social sector

A4) Can you please provide some basic information about your organisation?

ENCONTRAR+SE - Association for the promotion of mental health, is a nonprofit, and non-governmental organization, symbolically founded on the 10th October 2006 (World Mental Health Day). It is recognised as having public utility in the health sector. ENCONTRAR+SE's work has been recognised at national and international level (i.e. Recognised by the Portuguese Directorate-General of Health as a "2015 Partner of Health Plan"; considered as an "Initiative for Innovation and a High Potential for Social Entrepreneurship", in 2012 and 2014, and included in the "Map of Innovation and Social Entrepreneurship in Portugal"; received the 2014 Richard C. Hunter Memorial Award of Excellence attributed by the World Federation for Mental Health in recognition of its outstanding World Mental Health Day activities in Portugal).

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

ENCONTRAR+SE's project resulted from the great need to develop better community-based recovery services for people with psychiatric disorders in Portugal, an area that is extremely underdeveloped compared to the knowledge that already exists and that allows people to recover from a mental health problem. Furthermore, Portugal lacks initiatives in several areas that affect the promotion of mental health and the prevention of mental illness, including the combat of mental illness stigma; the promotion of mental health literacy; access to community-based services; access to talking therapies; advocacy, to mention some. In fact, in Portugal the most recent mental health plan (2007-2016) was based in recognition that mental health services have serious deficiencies in terms of accessibility, equity, and quality of care. During the 10 years' period that the plan was supposed to have been implemented, in order to overcome some of the identified deficiencies, almost nothing has happened, worsening the mental health crisis that exists in Portugal.

B1.2) How is mental health related to the core objectives of your organisation?

ENCONTRAR+SE's mission is to contribute to the promotion of mental health and the prevention of mental illness in Portugal. All initiatives are mental health related.

B1.3) What are your key mental health activities?

During the last decade, ENCONTRAR+SE has contributed in different areas: a) implementing training programs and public awareness activities; b) delivering community-based services based on evidence-based practices to address the needs of people directly or indirectly affected by mental health disorders; c) implemented several initiatives to advocate for better mental health services in Portugal, and d) to fight mental illness stigma and discrimination.

B1.4) What are the key achievements of your actions in mental health?

In the last 10 years, with very little support from the government, and heavily relying on the support of individuals and private organizations, and on contributions and donations, we were able to innovate and make the difference in Portugal. To mention a few of our projects:

1 - In 2007-2008 we implemented the first national anti-stigma campaign "a song to mental health", which started the United to Help Movement (UPA) dedicated to "stand up against stigma and discrimination". The campaign involved the release of 10 songs (one per month from January-October) based on a particular theme related to mental illness stigma), that were transmitted in the radio; 10 films (one for each song, that were presented in different TV channels, plus the TV on the tube/underground stations); 10 illustrations made for billboards and press; project's website updated with all the materials available where people could download the music, and find relevant mental health information. From the media coverage given to the campaign, 68,5% of the Portuguese population above 15 years of age was exposed to the campaign materials at least once. Under the UPA umbrella several other projects have been developed to combat mental health stigma and discrimination.

2 –In 2009-2011 we implemented our first school-based interventions to promote mental health literacy, and combat mental illness stigma, which involved 1277 students, aged 15-17;

3 - We publish every year a book covering relevant issues regarding mental health, the last one being the book by former USA First Lady Rosalyn Carter "Within Our Reach. Ending the Mental Health Crisis";

4 – We developed, in partnership with the Portuguese Catholic University, the first Masters in Psychosocial Rehabilitation for Mental Disorders;

5 – We advocate for better mental health in Portugal, through several initiatives to raise public and political awareness. ENCONTRAR+SE has promoted the first initiative of advocacy in the Portuguese Parliament, having distributed Rosalyn Carter's book "Within Our Reach. Ending the Mental Health Crisis" to the 220 deputies;

6 – ENCONTRAR+SE's Centre for Integrated Care delivers free of charge community-based recovery-oriented programs, with more than 150 people have already benefitted, and re-hospitalizations of service-users have been reduced to zero. This work has been supported by our external advisors and several contributions from researchers and clinicians that have developed evidence-based approaches in significant areas of psychosocial intervention, and that have supported our efforts to make them available in Portugal (eg. Professor Alice Medalia is one of the founders of ENCONTRAR+SE and an external advisor for the last 10 years, and the author of NEAR - Neuropsychological Educational Approach to Rehabilitation; the same happens with Professor Volker Roder, the author of WAF for the rehabilitation of residential, occupational and employment areas).

B1.5) Who are the key partners involved?

Since its foundation, ENCONTRAR+SE has promoted the establishment of partnerships with private/ public institutions, at local, national and international level.

At local level, we have partnerships with the Oporto Municipality, the Foz Borough; Serralves Museum; *Casa da Música*, and other NGOs working in the field.

At national level, with the Portuguese Society of Psychiatry and Mental Health; *Empresários pela Inclusão Social*, to mention some.

At International level, ENCONTRAR+SE is member of the European Federation of Associations of Families of People with mental Illness (EUFAMI); Global Alliance of Mental Illness Advocacy Networks-Europe (GAMIAN-Europe); World Federation of Mental Health (WFMH) and the European Community Mental Health Services Network (EuCoMS Network).

ENCONTRAR+SE has developed scientific projects in partnership / with the support of: the Center of Studies in Human Development of the Catholic University of Portugal (Oporto Regional Center); with the University of Minho's Life and Health Sciences Research Institute; the Department of Psychiatry/ Division of Schizophrenia and Related Disorders da University of Texas Health Science Center; Columbia University, New York; University of Bern, Bern, Switzerland; MATRICS ASSESSEMENT, INC.

B1.6) Who is the target group of your activities?

The target groups differ according to the initiatives, and include a) people affected directly and indirectly by mental health difficulties; b) professionals working in the mental health field; c) health students; d) young people; e) secondary level teachers; e) general public.

B1.7) What resources are available for this work?

Our initiatives are mainly co-funded by initiatives promoted by public/private institutions and the support / donations of individuals and private organizations. We benefit from the ongoing support of an advertising company that has

contributed to the development of an attractive and positive image of our projects. We also work in collaboration of different research centers and universities, such as the Centre of Studies in Human Development of the Catholic University of Portugal and the University of Minho's Life and Health Sciences Research Institute.

B1.8) What would you consider as the strengths of your activities?

On the one hand, the community-based services offered by ENCONTRAR+SE rely on evidence-based practices, including a number of programs that are rarely available both in the public and private health sector (i.e. psychotherapy; cognitive remediation; social cognition training).

ENCONTRAR+SE's projects have been based on an attractive and positive way of presenting mental health and mental illness allowing a great interest from the media, and helping people gradually approach an issue that they usually avoid talking about.

On the other hand, we have contributed in areas that had never been addressed in Portugal, being recognized for that.

Finally, the success of our "A song for mental health" anti-stigma campaign, and our projects for children and adolescents, have also contributed to the recognition by the international community.

B1.9) What challenges have you met during your activities?

The first challenge we faced relates to people's resistance to talk about mental health issues. To deal with this issues in a "normal" way. It has been difficult to include mental health in the agenda of important sectors such as education, workplace, and primary care, to mention a few. The greatest challenge has come from within the mental health system, in particular policy makers. We have contributed in areas that had never been considered before (i.e. mental illness stigma; integrative care that includes talking therapies, cognitive remediation and that demonstrates good outcomes (i.e. reduction of hospitalization; increase number of people going back to work), and it has not been very well accepted.

Furthermore, our research studies have challenged some of the recent policies (i.e. the failure of the deinstitutionalization process).

B1.10) Are your activities evaluated? If so, how?

Depending on the activity we identify the best way of evaluating it. It varies from service-user satisfaction evaluation, pre-post assessment procedures and definition of outcome criteria. Some projects rely on a scientific methodology.

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

- The Report of "A song for mental Health Campaign" – http://www.encontrarse.pt/wp-content/uploads/2016/12/UPA08_FinalReport.pdf

- Beldie, A., den Boer, J.A., Brain, C. et al. Fighting Stigma in mid-size European Countries (2012). Soc Psychiatry Psychiatr Epidemiol, 47(Suppl 1): 1. doi:10.1007/s00127-012-0491-z

- Campos, L, Palha, F., Dias, P., Sousa Lima, V., Veiga, E., Costa, N., Duarte, A. I. (2012). Mental health awareness intervention in schools. Journal of Human Growth and Development, 22, 3, 259-266.

- Campos, Luísa; Costa, Natália; Palha, Filipa. 2014. UPA Faz a Diferença - Acções de sensibilização pró-saúde mental. Construção do questionário de avaliação. In Reabilitação Psicossocial e a inclusão na saúde mental: da biologia à economia da saúde, da inserção à criação artística, 219 - 224. Coimbra: Imprensa da Universidade de Coimbra.

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing		x		
C1.2) Prevent mental health problems		x		
C1.3) Promote mental health and wellbeing				
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties			x	

C1.5) Other: 2nd MENTAL HEALTH AND BUSINESS FORUM	x			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

In Portugal, the issue of mental health is simply not talked about. In 2015 ENCONTRAR+SE promoted the First Mental Health and Business Forum in Portugal (invited speakers were from the "Target Depression in the Workplace Initiative", "Business in the Community" program) to start approaching people from academia (ex. Catholic Business School), HR Companies and business with the need of looking at mental health in the workplace. The event was attended by more than 70 people. We followed this initiative with personal contacts and have started a conversation on this issue.
The 2nd Mental Health and Business Forum took place in 2016 and helped strengthen our argument with new international initiatives being presented. Following this 2nd event we already had the contact of a couple of companies to discuss possible forms of collaboration.
The initiative was part of the Celebration of World Mental Health Day / 9th and 10th Anniversary of ENCONTRAR+SE and had the funding of different private organizations.

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents	x			
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders	x			
D1.3) Enhance training for all school staff on mental health		x		
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents		x		

Other	N/A

D2) Can you provide any further information regarding your activities on mental health and schools?

UPA MAKES THE DIFFERENCE PROJECT: This two-year school-based project started in May 2009. It included the development, implementation, and study of the effectiveness of a 2-session intervention to promote mental health literacy in young people. The project started with a pilot study with 26 students (38.5% male, 61.5% female) aged 15 to 17 year-olds (mean age=15.77; SD=0.15), in order to evaluate the adequacy of the programme and assess its feasibility. The results showed the adequacy of the methodology used in the intervention, particularly a significant increase of the global score regarding perceptions of knowledge.

Twelve schools in the north of Portugal participated in the project, and 1.177 students (41.9% male, 57.6% female; mean age=16.25; SD=0.99) took part in it. A webpage was developed to complement the school sessions in order to engage the students, considering the fact that the theme of the project is not an appealing one. The project was awarded the first national prize on school-based health projects, and the results of the project have been presented in national and international meetings and papers. The project had an impact in reducing stigmatized perceptions towards mental health problems, and improving mental health literacy amongst those who participated in the sessions, providing evidence of the need to look at mental health issues when planning school-based health initiatives.

In the context of this project it was developed the Questionnaire "UPA Makes the Difference: Students' perceptions of mental health problems", as well as a manual of the intervention to facilitate future replication of the programme. For more information please visit http:// www.upafazadiferenca.encontrarse.pt/.

UNITED TO HELP TEACHERS PROJECT: The United to Help Teachers project was developed to answer to a request received from the teachers of the schools where the UPA MAKES THE DIFFERENCE was implemented. It is also a two-session intervention covering information regarding mental health issues (include knowledge about mental health problems and mental illness stigma). One hundred and four secondary teachers (11.4% male, 86% female; mean age=47.03; SD=9.45) participated in the study. The impact of the intervention was assessed through the UPA questionnaire which was developed to assess knowledge regarding mental health issues (knowledge and stigmatized perceptions). Results indicate (a) significant increase of the global score regarding positive perceptions (less stigmatizing), (b) a significant increase on the global score regarding perceptions of knowledge, and (c) a significant increase of participants' intention to seek help, namely considering different types of help.

FINDING SPACE TO MENTAL HEALTH. PROMOTING MENTAL HEALTH IN ADOLESCENTS (12-14 YEAR-OLDS): This three-year project, developed by the Catholic University of Portugal in partnership with ENCONTRAR+SE, is financed by the Portuguese Foundation for Science and Technology (FCT), and has the following objectives: a) Developing a rigorous assessment instrument capable of assessing mental health literacy and stigmatized perceptions towards mental disorders, and also to work as an outcome measure on the intervention; b) Developing an intervention intended to be effective in enhancing knowledge, attitudes and behaviour of 12-14 year-olds students, attending 7th, 8th and 9th grades, in relation to mental health issues ("mental health literacy" and mental illness stigmatizing perceptions); and c) Implementing and evaluating the intervention's effectiveness.

The project is anchored in the same principles of UPA MAKES THE DIFFERENCE, and benefitted from the learning resulted from it. Nevertheless, considering the particular challenges of working with younger adolescents demanded the development of a completely new approach to achieve the project goals. The pilot phase of the project started with focus groups with students (n=34) of the same age of programme's target-group. The groups discussed participants' understanding of mental health, knowledge about mental disorders, possible mental illness stereotypes, worries and concerns that may be signs of a mental health problem, and how to seek help if needed to allow the development of the assessment instrument and programme content. With the aim of testing the suitability of the intervention programme and of the assessment instrument, a pilot study was carried out involving seventy school-aged children (55.7% male, 40% female; mean age=13.11; SD=0.81) attending 7th to 9th grades. The impact of the pilot study was assessed through the instrument developed to assess knowledge regarding mental health issues (knowledge and stigmatized perceptions). Results showed (a) significant increase of the total score of knowledge, (b) a significant increase on the global score regarding students' first aid skills and help seeking, and (c) a significant increase of participants' self-help strategies. For more information please visit http://www.porto.ucp.pt/twt/AbrirEspacoSaudeMental/

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides		X		
E1.2) Primary prevention of suicides	X			
E1.3) Secondary or tertiary prevention of suicide	X			
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides		X		
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

As previously mentioned, ENCONTRAR+SE's Centre for Integrated Care (CIC) delivers free of charge community-based recovery-oriented programs, with more than 150 people have already benefitted. At ENCONTRAR+SE's CIC, talking therapies stand out as one of the main services delivered with the aim of respond to every user needs.

Our experience provides a solid basis to recognize this type of therapy as being crucial for already displaying suicide related behaviours or those at risk for suicide when risk factors for suicide have emerged. Already our work focusing on building or strengthening protective factors by increasing resiliency should be highlighted.

In this context, at CIC, we have evidence that psychosocial treatment - which provides support and talk therapies, not only medication - is able to prevent suicide in a group at high risk of dying by suicide.

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

- www.encontrarse.pt
- Campos, L., Dias, P. & Palha, F. (201). Finding Space to Mental Health - Promoting mental health in adolescents: Pilot study. Education and Health, 32, 1, 23-29.
- Palha, Filipa; Campos, Luísa; Veiga, Elisa; Dias, Pedro; Duarte, Ana. 2012. Abrir Espaço à Saúde Mental - Promoção da saúde mental em adolescentes (12-14 anos): Construção do guião de focus groups. In Psicologia da Saúde: Desafios à promoção da saúde em doenças crónicas , 58 - 61. . Lisboa: Editora Placebo.
- Palha, Filipa. 2012. Der Kampf gegen das Stigma psychischer Erkrangungen. Die Arbeit von ENCONTRAR+SE aus Portugal. In Recovery, 10 - 20. . Bern: University of Bern Press.
- Campos, L.; Palha, F.; Veiga, E.; Dias, P.; Duarte, A.. 2012. Abrir Espaço à Saúde Mental - Promoção da saúde mental em adolescentes (12-14 anos): Construção do guião de focus griups. In Psicologia da Saúde: Desafios à promoção da saúde em doenças crónicas, 58 - 61. Lisboa: Editora Placebo.

  Palha, Filipa; Campos, Luísa; Dias, Pedro; Veiga, Elisa; Sousa Lima, V; Costa, Natália; Duarte, Ana. 2012. UPA Faz a Diferença – Acções de sensibilização pró-saúde mental junto de jovens entre os 15 e os 18 anos: Diferenças de género. In Psicologia da Saúde: Desafios à promoção da saúde em doenças crónicas , 62 - 68. . Lisboa: Editora Placebo.

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

fpalha@encontrarse.pt
geral@encontrarse.pt
nataliacosta@encontrarse.pt

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

LISBON INSTITUTE OF GLOBAL MENTAL HEALTH

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Health sector

A4) Can you please provide some basic information about your organisation?

The Lisbon Institute for Global Mental Health (LIGMH) is an independent organisation, hosted by NOVA Medical School | Faculdade de Ciências Médicas, Universidade Nova de Lisboa.
The founding members of the new Institute include the NOVA Medical School | Faculdade de Ciências Médicas, Universidade Nova de Lisboa, the National School of Public Health of Portugal and the Calouste Gulbenkian Foundation.
The LIGMH should be seen as a main stakeholder in the Global Mental Health community, in continuity with the successful mental health initiatives and projects developed in recent years through the collaboration of NOVA Medical School | Faculdade de Ciências Médicas, Universidade Nova de Lisboa, and the Calouste Gulbenkian Foundation, with the technical support of the World Health Organization.
The Institute aims at generating innovative knowledge, building capacity and providing technical collaboration to governments and non-governmental organizations in the areas of:

- Mental health, social determinants and vulnerable populations
- Mental ill health and chronic diseases
- Mental health policy and services organizations
- Mental disabilities and human rights

The activities of the Institute are driven by a public health approach and scientific evidence and public interest represent the two main driving forces of its moral and technical commitment. The Institute relies on funding from sources that have no commercial interests.
The main activities of the Institute consist in:

- Developing epidemiological and services research
- Offering training to individuals and institutions
- Providing technical assistance to countries and non -governmental organization

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

Because it is an organisation mainly concerned with global mental health

B1.2) How is mental health related to the core objectives of your organisation?

It is part of the research and the training activities developed

B1.3) What are your key mental health activities?

Research on mental health and global mental health, and training in mental health services organisation and mental health policy.

B1.4) What are the key achievements of your actions in mental health?

Recent research projects developed by the LIGMH:

- EU Joint Action on Mental Health and Wellbeing (EU JA MH-WB)
- EU JA MH-WB Work Package on Transition to Community-based and Social Inclusive Mental Health Care
- EU Mental Health Policy Consortium, funded by Consumers, Health, Agriculture and Food Executive Agency (in collaboration with Trimbos institute & Finnish Association for Mental Health)
- EU Compass

Training:

- The International Master in Mental Health Policy and Services (in collaboration with FCM/NMS), had its first edition in 2009. It is currently in its 6 edition, and has included so far around 150 international students.
- Summer Course on Global Mental Health and Health Diplomacy (in collaboration with the Gulbenkian Chair on Global Health, FCM/NMS) – took place in June 2016.
- Lisbon International Learning Program on Mental Health Policy and Services - will take place in May and October 2017

B1.5) Who are the key partners involved?

The NOVA Medical School | Faculdade de Ciências Médicas, Universidade Nova de Lisboa, the National School of Public Health of Portugal, and the Calouste Gulbenkian Foundation.

B1.6) Who is the target group of your activities?

Health professionals
Diplomats
The staff of international organizations

The staff of NGOs
Students of Master and PhD Programmes

B1.7) What resources are available for this work?

The Institute relies on funding from sources that have no commercial interests.

B1.8) What would you consider as the strengths of your activities?

A main strength is the fact that the activities of the Institute are driven by a public health approach. Scientific evidence and public interest represent the two main driving forces of its moral and technical commitment.

B1.9) What challenges have you met during your activities?

Funding

B1.10) Are your activities evaluated? If so, how?

They are evaluated regularly by the working members of the Lisbon Institute, by discussion of what was achieved and planning of future activities.

B1.11) Any other comments?

None

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

Please visit our website: http://www.lisboninstitutegmh.org/

MENTAL HEALTH IN THE WORKPLACE

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing				X
C1.2) Prevent mental health problems				X
C1.3) Promote mental health and wellbeing				X
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties				X
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

N/A

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents				X
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders				X
D1.3) Enhance training for all school staff on mental health				X
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents				X
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

N/A

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides				X
E1.2) Primary prevention of suicides				X
E1.3) Secondary or tertiary prevention of suicide				X
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides				X
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

N/A

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

YES

RNPEDM - NATIONAL NETWORK OF PEOPLE EXPERIENCING MENTAL ILLNESS

A2) What is the status of your organisation:

Other, please specify: Users organisation

A3) My organisation belongs primarily to:

Health and social sector

A4) Can you please provide some basic information about your organisation?

This organisation promotes users' integration in the community and provides advocacy. For that, we work with Ministry of Health and other NGOs. We give training to users to help them to have a better life and every year we have a national meeting about mental health policy.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

Because it´s important that we share information for the users. Usually, users do not know what is going on in mental health field.

B1.2) How is mental health related to the core objectives of your organisation?

Every subject on mental health is important for us.

B1.3) What are your key mental health activities?

Recovery

B1.4) What are the key achievements of your actions in mental health?

Help users to have a normal life in the community

B1.5) Who are the key partners involved?

The government, NGO´s

B1.6) Who is the target group of your activities?

The users in mental health

B1.7) What resources are available for this work?

NA

B1.8) What would you consider as the strengths of your activities?

We give our example as a case of recovery, so that other users see us as a hope to have a better life

B1.9) What challenges have you met during your activities?

Sometimes it is hard to give all the information and advocacy to users

B1.10) Are your activities evaluated? If so, how?

Yes. By the trust and knowledge we currently have.

B1.11) Any other comments?

No

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

N/A

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing		X		
C1.2) Prevent mental health problems			X	
C1.3) Promote mental health and wellbeing		X		
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties		X		
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

N/A

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents		X		
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders		X		
D1.3) Enhance training for all school staff on mental health			X	
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents			X	
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

Information not available

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides	X			
E1.2) Primary prevention of suicides		X		
E1.3) Secondary or tertiary prevention of suicide		X		
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides		X		
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

N/A

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

ANNUAL ACTIVITY REPORT FROM SERBIA'S STAKEHOLDER

RAINBOW association / Asocijacija DUGA

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Human rights sector

A4) Can you please provide some basic information about your organisation?

RAINBOW association / Asocijacija DUGA is a non-governmental, non-profit organization that deals with human rights and health of marginalized, vulnerable groups of people, especially LGBTTIQA persons.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

Mental health is crucial for empowerment of all marginalized populations.

B1.2) How is mental health related to the core objectives of your organisation?

Mental health contributes to the wellbeing of our target populations, which is one of the core objectives of our organization.

B1.3) What are your key mental health activities?

We provide psychological counselling and empowerment of LGBTTIQA persons, and other marginalized groups.

B1.4) What are the key achievements of your actions in mental health?

We have empowered LGBTTIQA persons, their families and state institutions in order to effectively deal with mental health issue in relation to above mention groups in the society.

B1.5) Who are the key partners involved?

Psychologists and state institutions (social work centers).

B1.6) Who is the target group of your activities?

Social work centers and LGBTTIQA persons and other marginalized groups.

B1.7) What resources are available for this work?

Premises of our organization, and centers for social work, as well as their specialists and our psychologists.

B1.8) What would you consider as the strengths of your activities?

Our activities our contributing to the significant changes regarding life quality and mental health of our target population.

B1.9) What challenges have you met during your activities?

Not all state institutions are ready to cooperate efficiently.

B1.10) Are your activities evaluated? If so, how?

We have targets which help us measure our achievements on a monthly basis, but also per activity.

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

N/A

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing		X		
C1.2) Prevent mental health problems	X			
C1.3) Promote mental health and wellbeing	X			
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties		X		

C1.5) Other (please describe)	N/A

C2) Can you provide any further information regarding your activities on mental health and the workplace?

We implement our activities regarding social work centers education on a national level. Donor: Royal Netherlands Embassy in Belgrade.

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents		X		
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders		X		
D1.3) Enhance training for all school staff on mental health		X		
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents	X			
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

N/A

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides		X		
E1.2) Primary prevention of suicides	X			
E1.3) Secondary or tertiary prevention of suicide	X			
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides	X			
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

Social protection centers during our basic and advanced trainings, cooperation and joint set of activities have been established, together with monitoring activities, which resulted in several successful cases resolved.

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

http://en.asocijacijaduga.org.rs/current-projects/

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

dialectical.materialism@gmail.com

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

ANNUAL ACTIVITY REPORT FROM SLOVAKIA'S STAKEHOLDER

SLOVAK PSYCHIATRIC ASSOCIATION

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Health and social sector

A4) Can you please provide some basic information about your organisation?

The Slovak Psychiatric Association is an organisation for psychiatrists, psychiatrists and other specialists working in various fields for patients with psychiatric disorders.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

Our organisation gathers professionals working in the field of psychiatry

B1.2) How is mental health related to the core objectives of your organisation?

Mental health is the core objective for our organisation

B1.3) What are your key mental health activities?

Education of psychiatrists and other professionals in the field of psychiatry, cooperation with patient organisations, advisory body to ministry of health

B1.4) What are the key achievements of your actions in mental health?

Level of education of our members, CME, constant improvements in treatment guidelines

B1.5) Who are the key partners involved?

Slovak Medical Society

B1.6) Who is the target group of your activities?

Professionals working in the field of psychiatry

B1.7) What resources are available for this work?

Membership fees, sponsorship for major meetings

B1.8) What would you consider as the strengths of your activities?

All our members, acknowledgement by our members, acknowledgement by Slovak Medical Society, Ministry of Health

B1.9) What challenges have you met during your activities?

NA

B1.10) Are your activities evaluated? If so, how?

By our members.

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

N/A

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing	X			
C1.2) Prevent mental health problems		X		
C1.3) Promote mental health and wellbeing		X		
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties	X			
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

N/A

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents		X		
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders	X			
D1.3) Enhance training for all school staff on mental health	X			
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents	X			
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

N/A

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides		X		
E1.2) Primary prevention of suicides	X			
E1.3) Secondary or tertiary prevention of suicide	X			
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides	X			
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

Books on depression and anxiety disorders published with support of Slovak Psychiatric Association, educational documentaries for public TV on psychiatric disorders, educational DVDs for high schools

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

ANNUAL ACTIVITY REPORTS FROM SLOVENIA'S STAKEHOLDER

ŠENT - SLOVENIAN ASSOCIATION FOR MENTAL HEALTH

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Social sector

A4) Can you please provide some basic information about your organisation?

The largest Slovene mental health NGO. The main activities are to provide rehabilitation services, mental health promotion and prevention programs, advocacy, employment

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

Alternative to institutionalised mental health care (deinstitutionalization), human rights protection and recovery goals

B1.2) How is mental health related to the core objectives of your organisation?

People with mental disorders are a vulnerable population. ŠENT is there to improve their possibilities for inclusion, empowerment, participation and to improve their life conditions, particularly in the field of improving access to paid work

B1.3) What are your key mental health activities?

Vocational rehabilitation and employment, anti-stigma and anti-discrimination actions, providing independent housing, supported living and day activities

B1.4) What are the key achievements of your actions in mental health?

There is a network of 16 day centers, 5 group homes projects, 17 vocational rehabilitation centers, among them 10 social firms, 4 centers for people with illegal drug addiction, one shelter for homeless and several counselling offices in Slovenia, in every region, providing the basis for regional mental health centers. There are constantly anti-stigma activities in connection with international organizations. There are more than 1000 people involved in this movement in Slovenia.

B1.5) Who are the key partners involved?

Service users, their families (gathered in Forum of relatives), ŠENT's social firms, day centers, group homes. The partners are in the public (Ministry for Social Affairs and other ministries, social care centers, primary health centers) and private sector (enterprises). Foundations, charities, international NGOs, national NGOs

B1.6) Who is the target group of your activities?

People with severe mental health problems and/or disability

B1.7) What resources are available for this work?

Lottery money, local communities, Social Ministry funds, international tenders.

B1.8) What would you consider as the strengths of your activities?

Local involvement, high involvement of service users and carers, good organization, anti-discrimination actions

B1.9) What challenges have you met during your activities?

Slovenia has very much institutionalized mental health services. There is obvious lack of community care and the financing of these is very restrictive.

B1.10) Are your activities evaluated? If so, how?

Reports about all NGO activities are provided every year to different stakeholders. The reports are available.

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

http://www.mhe-sme.org/fileadmin/Position_papers/Mapping_Exclusion_-_ind.pdf

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing		X		
C1.2) Prevent mental health problems			X	
C1.3) Promote mental health and wellbeing		X		
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties		X		
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

Cross-sectorial partnership was strongly supported by Health Insurance Agency and Republic Employment Office. There was some international participation in one of the EU project to improve mental health in workplace. There are several enterprises that incorporated mental health promotion and prevention in workplace and are good practices examples. There are still many reports about neglecting such practice, as well as about mobbing in some places, etc. Many workers live in poverty. I believe that focus should be on universal approaches and activities are not on the national level. There are some reports about improvements of mental health conditions in successful firms and improvements in productivity. The vocational rehabilitation work with people with mental health problems is limited to NGOs, social firms and some rehabilitation firms that get government money for assessment of work capabilities. The rehabilitation programs are actually rare and time limited.

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents			X	
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders		X		
D1.3) Enhance training for all school staff on mental health		X		
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents		X		
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

Mental health promotion and prevention in schools in Slovenia is still very focused on prevention of drug addiction. There is some additional work done by NGOs and volunteers (i.e. students of medicine) to improve knowledge on other mental health disorders, anti-stigma and alcohol. It really depends on the particular school. Most of prevention activities are targeted towards physical health.

The Healthy Schools program is financed by the government and the National Institute for Public Health promotes several additional activities every year with collaboration with the Ministry of Education. Besides the above mentioned, these are smaller scale activities. We do not know about evaluation of these programs, except from the medical students' anti-stigma and educational program "In Reflection" that proved reduction of negative stereotypes in college students after their intervention.

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides			X	
E1.2) Primary prevention of suicides		X		
E1.3) Secondary or tertiary prevention of suicide		X		
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides		X		
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

Suicide prevention is led by the National Institute for Public Health. There is some media coverage about suicide prevention and some local activities of NGOs. There is education of general practitioners about suicide prevention going on through regular activities of Medical Faculty Family Medicine chamber. The greatest problem is access to early intervention since Slovene psychiatry is hospital-based and there are only four community mental health teams in Slovenia. Psychiatry has long waiting lists, even though accessible services in hospitals. Outreach and timely intervention, however, is almost completely dependent on general practitioners that lack time and resources to intervene in crisis. Slovenia is not providing primary level psychiatric care outreach (except in 4 regions with very limited resources) in spite of recommendations, and preserves institutionalized psychiatric care (90% of psychiatrists work in hospitals). The suicide index is growing and Slovenia again takes highest suicide risk in EU, especially in older people.

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

NA

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

ANNUAL ACTIVITY REPORT FROM SPAIN'S STAKEHOLDER

Fundación Mundo Bipolar

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Health and social sector

A4) Can you please provide some basic information about your organisation?

Fundación Mundo Bipolar is a nation non-profit, private organization a non-governmental Organization, born in 2004 We represent patients interests with our own voice, in first person, at the Spanish Government and at the EU level. This organization is a key actor at a national, EU level by itself and by being a Board Member of Mental Health Europe, ENUSP, European Network of (-Ex) Users and Survivors of Psychiatry, and member of European Patients Forum. The organization is also a Board Member of World Association of Psychosocial Rehabilitation and member of the Stigma Section of the World Psychiatry Association. We focus our efforts in training programs peer to peer, and peer expert to professionals. Advocacy and dissemination of the UN Convention for the protection of people with disabilities, specifically those with psychosocial disabilities, is also a goal of the organization.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

One of the founders of the organization suffered a psychiatric diagnosis and also suffered its consequences: discrimination, lack of opportunities, especially in the labour field. We started in 2002 in a website and meet thousands of people with the same problems, so we learnt first-hand how to cope with the health problem and overcome stigma and discrimination. There is a need to raise our voice to claim our rights by activities and educational programs, prevention and information to society about mental health problems, since we have experience by ourselves what having such problems mean.

B1.2) How is mental health related to the core objectives of your organisation?

It´s the main objective, together with the fight for the rights of persons with disabilities.

B1.3) What are your key mental health activities?

Fighting discrimination. Training peers to peers, training peers experts to professionals, and public. Participation in numerous forums in Spain and Europe. Depression, preventing suicide, psychotic episodes and rights protection.

B1.4) What are the key achievements of your actions in mental health?

Educational programmes. Training courses, influence in policy in EU and Spain, social awareness. Raising our own voice. Research. Actions at schools.

B1.5) Who are the key partners involved?

Spanish Government, Regional Governments, EU Commission

B1.6) Who is the target group of your activities?

People with mental health problems, persons with psychosocial disabilities, professionals related to them, politicians, schools

B1.7) What resources are available for this work?

Almost none. Some small private donations

B1.8) What would you consider as the strengths of your activities?

Evaluation of our activities, use of indicators. We are pioneers in many fields, for example peers to peers training for trainers. Our credibility and transparency.

B1.9) What challenges have you met during your activities?

Lack of funding, burnout for too much volunteer work, especially when the volunteers are people with psychosocial problems. No way to get funding to offer them a proper payment for their work.

B1.10) Are your activities evaluated? If so, how?

Yes

B1.11) Any other comments?

If the EU authorities and COMPASS really want to improve mental health condition of our population is important to take into account our experiences and provide funding for projects, as it was established in the UN CRPD Recommendations in 2015. Nothing has changed during 2016.

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

Our training courses for Emergencies Services, created by us, are original. They´re evaluated. An article in Spanish for an important Psychiatric Organization, an article for a French Psychiatry Magazine, presentations at congresses, conferences, etc.

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing	X			
C1.2) Prevent mental health problems	X			
C1.3) Promote mental health and wellbeing	X			
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties	X			
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

We teach techniques to professionals at the Emergencies Services to overcome stress, teach them what the episodes are about, how to communicate with the person, and how to prevent suicides.

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents		x		
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders		x		
D1.3) Enhance training for all school staff on mental health		x		
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents		x		
Other: Since 2008 we´ve organised 4 training courses for peers experts in an holistic vision of the health problems and students learn training for trainers in order to five chats at schools. This year we couldn´t celebrate it because lack of funding. We´ve had a small number of chats at schools		x		

D2) Can you provide any further information regarding your activities on mental health and schools?

This year has been in a small-scale because due to lack of funding. We do have evidence of the effectiveness of the programme and have provided it to COMPASS last year.

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides	X			
E1.2) Primary prevention of suicides	X			
E1.3) Secondary or tertiary prevention of suicide	X			
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides	X			
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

1) No funding; 2) Regional Government pays for our courses on Emergencies in Mental Health and provides the infrastructure; 3) On our training courses; 4) Member of the Spanish Committee on Suicide.

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

Fundación Mundo Bipolar evaluation and report on Emergencies Services courses (available by email).

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

ANNUAL ACTIVITY REPORTS FROM SWEDEN'S STAKEHOLDERS

Karolinska Institutet - Centre for Psychiatry Research

A2) What is the status of your organisation:

Academic health centre run by Stockholm County Council (care provider) and Karolinska Institutet (University)

A3) My organisation belongs primarily to:

Health sector

A4) Can you please provide some basic information about your organisation?

Academic health centre for research and education in clinical psychiatry

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

It is the task we have been given by the health care provider in psychiatry in Stockholm County and Karolinska Institutet.

B1.2) How is mental health related to the core objectives of your organisation?

Our main focus is on clinical psychiatry. We do research, teach on the undergraduate and graduate level, provide continuous professional development, and support the clinical care in the strive to improve mental health care in Stockholm.

B1.3) What are your key mental health activities?

Research in different areas related to mental disorders, teaching (as described above), supervision of doctoral students, interacting with the public and the user organisations

B1.4) What are the key achievements of your actions in mental health?

High quality research and education in clinical psychiatry. Providing knowledge in the field to our "owners" (i.e. the care provider and the university) and interacting with society and the media

B1.5) Who are the key partners involved?

Stockholm County Council
Karolinska Institutet

B1.6) Who is the target group of your activities?

Ultimately patients and the care they get. Other target groups are care providers (to encourage them to engage in research for example), politicians (to encourage them to engage in new ways of providing care), user organisations, students, employees within psychiatry.

B1.7) What resources are available for this work?

- Core funding provided from the county council and the university
- External research grants
- Money targeted for development projects

B1.8) What would you consider as the strengths of your activities?

Strong position in relation to our "owners" (they are proud of having a centre providing high quality research and education on all levels). Biggest centre in Sweden, which makes it hard to bypass us. Well-functioning administrative support to researchers and educators. Providing a "hub" that can encompass new activities that do not belong in regular care or regular academic research

B1.9) What challenges have you met during your activities?

Always funding. Providing a functioning leadership in a very decentralized context. Defending the role of clinical research within a a branch of clinical care that is academically weak in relation to other medical disciplines. Defending the role of mental health research in an academic landscape where psychiatry still is considered less "hot" than other medical disciplines.

B1.10) Are your activities evaluated? If so, how?

Yes, through regular quality measures for research (bibliometric, external funding, turnover of educational processes, such as the number of PhDs, people reaching associate professor and professor level, plus educational assessments and reviews.

B1.11) Any other comments?

The Centre for Psychiatry Research has gradually grown, become stronger and clinical care is also developing towards more focus on evidence-based content. Today we work much closer than a few years back, and there are more interactions between clinical care on the one hand and research/education on the other.

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

Only in Swedish

MENTAL HEALTH AND WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing		x		
C1.2) Prevent mental health problems		x		
C1.3) Promote mental health and wellbeing				
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties		x		
C1.5) Other:	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

Another task of our department is doing extensive research on social insurance, sick leave etc. Some of the mental health researchers cooperate with them quite a lot, e.g. by using work engagement as an outcome in studies. We also have a few PhD-projects evaluating interventions for individuals on sick leave due to mental health problems.

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents	x			
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders		x		
D1.3) Enhance training for all school staff on mental health		x		
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents			x	
Other:	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

We do research that directly targets youth who have not yet contacted mental health care (we want to reach them when symptoms are not as burdening yet). We do a number of intervention studies directed to children and parents and recruit broadly. We have evaluated a number of school based prevention programs targeting i.e. alcohol, drugs, gambling. We have been involved in expert committees (the Swedish Cochrane) focusing on school based prevention programs. Some approaches that we have been involved in are general, others more specific. Information available in www.sbu.se (English version of website), for "Interventions to provide misuse of alcohol, drugs and gambling in youth", "School based programs to prevent self-harm including suicide attempts", and more.

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides		X		
E1.2) Primary prevention of suicides		X		
E1.3) Secondary or tertiary prevention of suicide		X		
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides		X		
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

This centre is not directly involved in primary suicide prevention, since there is a national centre responsible for this (see www.ki.se/nasp) at our University. Indirectly, we are involved through providing expertise to SBU (see previous question), trying out new intervention methods (I am responsible for an internet-mediated CBT-based intervention for self-harm that targets kids in the school health care system) and others. We cannot say if this works yet, since we only have completed the pilot study so far. We are planning a national, multi-centre RCT for this intervention (ERITA: Emotion Regulation Individual treatment for Adolescents). The protocol is available at clinicaltrials.gov.

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

www.ki.se/nasp for info on suicide prevention.

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

I think you should contact NASP (National Centre for Suicide Research and Prevention), they have plenty of information on their website and professor Danuta Wasserman is a leading expert in the field. The Public Health Agency of Sweden (folkhalsomyndigheten.se) also have plenty of information. Lastly, you should contact Ing-Marie Wieselgren (ing-marie.wieselgren@skl.se) who is national coordinator of mental health in Sweden. She and her team have been working extensively on the topics you are interested in and can provide much more information on this.

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

NSPH (National Partnership for Mental Health)

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Other, please specify: Patient organisation

A4) Can you please provide some basic information about your organisation?

National Partnership for Mental Health, NPMH (alt NSPH) is made up of a network of organizations for patients, users and next of kin within the psychiatric field.
We see ourselves – patients, users and relatives – as a resource that is both essential and indispensable for the development of health care, support and treatment in society.
Our aim is:
• For society to develop in such a way as to prevent mental ill health
• For the psychiatric health care services and social care services to develop in a human, effective and secure way
• For patients, users and relatives to be able to participate more in health care and support services and have a greater influence at all levels in society
• For the psychiatric health care services to be accessible, democratic and executed in accordance with the law
• For the psychiatric health care services and social care services to have good quality and be based on scientific and proven experience

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

We work to create a better society with accessible and effective health care and social services, mainly through increasing patient influence and participation.

B1.2) How is mental health related to the core objectives of your organisation?

Mental health is the main focus of all of the core objectives of our organisation.

B1.3) What are your key mental health activities?

During 2016 we have, through projects funding, been working to:

- Illuminate and reduce discrimination due to mental health issues
- Develop peer-supporters with experiences of living with mental health issues as a new professional role in Swedish health care
- Increase participation and influence for children and youth in school, the social services and psychiatric health care
- Improve the situation for next of kin to people struggling with mental health issues
- Create a method for user revisions of psychiatric and social psychiatric activities

- Support patient organizations in participating more in the work of municipalities and county councils

B1.4) What are the key achievements of your actions in mental health?

N/A

B1.5) Who are the key partners involved?

Key partners are SKL, an organisation for Sweden's municipalities and county councils, educational associations such as Sensus and ABF, as well as other NGOs and authorities specific to certain projects or campaigns.

B1.6) Who is the target group of your activities?

Our main target groups are both policymakers in parliament and government, as well as people who in a professional capacity meet people with mental health issues, such as employees in psychiatric health care and the social services. A secondary target group are people who are living with different forms of mental health issues.

B1.7) What resources are available for this work?

Our long-term work is financed mainly by annual funding from the Ministry of Health and Social Affairs. We also run projects over a set period of time focusing on specific aspects or groups living with mental health issues, which are funded by the Swedish Inheritance Fund.

B1.8) What would you consider as the strengths of your activities?

Our main strength in our activities is that we represent the perspective of the patient/next of kin, as well as a close contact with a wide spectrum of organizations working with different aspects of mental health formed mainly by people with own experiences of living with or near mental health issues.

B1.9) What challenges have you met during your activities?

The challenges we have met during our activities have been related to difficulties financing activities long-term, after financing for project based activities has ended. Also, our general funding from the Ministry of Health and Social Affairs is determined annually, which further complicates a long-term perspective.

B1.10) Are your activities evaluated? If so, how?

We continually report our activities within our network and annually report them to our financiers.

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

Our materials are almost exclusively written in Swedish, but can be found on www.nsph.se

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing			X	
C1.2) Prevent mental health problems		X		
C1.3) Promote mental health and wellbeing		X		
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties		X		
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

Organizations within NSPH

The organizations within our network have had separate activities regarding mental health and the workplace, such as:

- Working to strengthen the positions of adults with ADHD in the workplace
- Working to support young people with mental health issues who want to complete their education/specific courses to able to become a resource in the workplace

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents		X		
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders		X		
D1.3) Enhance training for all school staff on mental health		X		
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents		X		
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

NSPH initiated a new national project in 2016 aiming to increase participation and influence for children and youth with mental health issues in school, the social services and psychiatric health care which is funded by the Swedish Inheritance Fund. In our activities, so far, principals, counsellors, physical education teachers, special pedagogues and other support staff have been involved, as well as students.

Organizations within NSPH: The organizations within our network have had separate activities regarding mental health and schools, such as: Working to create a better school situation for students with neuropsychiatric disorders such as ADHD and autism spectrum disorder through the production of methods of working created in collaboration with these students.

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides			X	
E1.2) Primary prevention of suicides		X		
E1.3) Secondary or tertiary prevention of suicide	X			
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides		X		
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

NSPH has participated in a national collaboration between NGOs and authorities which focuses on suicide prevention. The collaboration is organized by the Swedish public health agency.

Within NSPH, our project focusing on preventing discrimination due to mental health, can function as secondary prevention of suicide by offering counselling regarding questions such as patient rights improving the chance for people with mental health issues to receive the support and care they need. The project is funded by the Swedish Inheritance Fund.
Organizations within NSPH: Offer hotlines or e-mail support to those suffering from eating disorders and/or self-harm or those related to a person who has committed suicide and organize discussion groups, activities and lectures related to mental illness.

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

N/A

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

Public Health Agency of Sweden

A2) What is the status of your organisation:

Other, please specify:

A national governmental agency under the Ministry of Health and Social Affairs

A3) My organisation belongs primarily to:

Health and social sector

A4) Can you please provide some basic information about your organisation?

The Public Health Agency of Sweden is an expert authority with responsibility for public health issues at a national level. The Agency develops and supports activities to promote health, prevent illness and improve preparedness for health threats. We have approximately 490 employees.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

The Public Health Agency of Sweden is a government agency accountable to the Government (Ministry of Health and Social Affairs). Mental Health is a high priority for the Swedish Government and therefore a substantial task for the Agency.

B1.2) How is mental health related to the core objectives of your organisation?

The Agency's overall mission is to ensure a good public health. We are an expert authority with responsibility for public health issues at a national level, including issues related to promoting mental Health and preventing mental ill Health and suicide.

B1.3) What are your key mental health activities?

Our main task is disseminating scientifically based knowledge to promote mental health and prevent mental ill Health and suicide. In collaboration with other stakeholders, we offer a knowledge base and methodological support, and follow up and evaluate different methods and efforts. Our mission from the government is also to monitor the health status of the population and the factors that affect this. The agency pays special attention to the groups of people with the greatest risk of suffering ill-health.

B1.4) What are the key achievements of your actions in mental health?

Contributing to raising awareness of the issue at hand and disseminating knowledge to our target groups about the development om mental Health, illness and suicide and providing knowledge to support on prevention and promotion methods. For example, we are responsible for a specific website that provides information and knowledge about suicide and suicide prevention. We produce yearly reports for the government and our stakeholders on this issue. Regarding Mental Health, we follow its development on a national level and disseminate this information through seminars and Conferences, interactive web based fact-sheets and other channels. We are responsible for national coordination of efforts to reduce suicide and we take part in the national coordination of efforts to reduce mental ill Health.

B1.5) Who are the key partners involved?

Important partners are other governmental agencies, regions, county councils and municipalities.

B1.6) Who is the target group of your activities?

The prioritized target groups for the agency are:
- the Riksdag and the Government
- Governmental agencies
- Regions and County Councils
- Municipalities
- County Administrative Boards
- various organizations (NGO's, religious groups, etc.)

B1.7) What resources are available for this work?

For the Agency's work within the area of mental health we have a budget of 5.5 Million EURO.

B1.8) What would you consider as the strengths of your activities?

They reach a wide range of stakeholders within the field and are based on scientific knowledge.

B1.9) What challenges have you met during your activities?

There is always the challenge of engaging stakeholders outside of the Health sector. Data collection is also a challenge, especially data concerning younger children, where there is often a gap between data on infants and data on the mental health of adolescents, in between those ages we have very little data about the group's mental health. Another challenge is the evaluation of interventions and methods to promote positive mental health. Broad population-based universal prevention interventions are often hard to evaluate and thus hard to compile

evidence on. Also, there is a challenge in the fact that many local stakeholders want simple "quick-fix" solutions to complex issues.

B1.10) Are your activities evaluated? If so, how?

Our activities are reviewed as we report directly to the Government and can also be subject to review by the National Audit Office which performs both performance and financial reviews of governmental bodies in Sweden.

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

https://www.folkhalsomyndigheten.se/pagefiles/23356/our-mission-16016-webb.pdf

https://www.folkhalsomyndigheten.se/pagefiles/30415/nation-action-programme-suicide-prevention-16128.pdf

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing			x	
C1.2) Prevent mental health problems			X	
C1.3) Promote mental health and wellbeing			X	
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties			X	
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

N/A

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents		X		
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders		X		
D1.3) Enhance training for all school staff on mental health			X	
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents			X	
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

The Agency's actions are focused on analysing data from the WHO study Health Behaviour in School-aged Children (HBSC) and pairing our analyses with systematic literature reviews on determinants of mental health among children and youth and school-based interventions, both for pre-school aged children and in primary schools.

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides	X			
E1.2) Primary prevention of suicides		X		
E1.3) Secondary or tertiary prevention of suicide		X		
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides	X			
Other: Knowledge-dissemination to relevant stakeholders, including statistical follow-up and reporting on prevalence and development; also collaboration with researchers and international collaboration with similar agencies	X			

E2) Can you provide any further information regarding your activities on prevention of suicides?

Since May 2015, the Public Health Agency of Sweden has the Government's assignment to coordinate national efforts to reduce suicides. We collaborate with other governmental agencies and national stakeholders such as NGOs and research institutes to provide knowledge on the development of suicide in Sweden and produce systematic literature reviews on preventative actions. For our government assignment, we have an annual budget of 527000 EURO. We also distribute financial support to NGOs working within the field (budget 1.6 Million EURO). The focus of the Agency's work is primarily on population-based (universal) primary prevention efforts, whereas other Agencies such as The National Board of Health and Welfare focus on individual or selective prevention within the Health and Social Welfare sector. We also collaborate with traffic authorities, prison services and education agencies. Our organization's task is to

coordinate and follow-up suicide prevention efforts on a national level. On regional and local levels, the practical suicide prevention work is carried out by municipalities, regional authorities in charge of health and social care services, the police and emergency care providers and also by NGOs and religious organizations. We disseminate knowledge (through our website, conferences, seminars and national stakeholder meetings) about effective preventative actions such as reduction of means and methods of suicide. There is an on-going study to evaluate the youth suicide prevention program in schools called YAM (youth aware of mental health). Sweden is also engaged in discussions about the ASSIP method of suicide prevention on the selective and indicated prevention levels. Furthermore, the Railway authorities are engaged in restricting access to the railroad tracks for example.

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

Our national website on suicide prevention (only available in Swedish): https://www.folkhalsomyndigheten.se/suicidprevention/

Our annual report on suicide prevention on national level (only available in Swedish): https://www.folkhalsomyndigheten.se/publicerat-material/publikationsarkiv/s/suicidprevention-2016-en-lagesrapport-om-det-nationella-arbetet-med-att-forebygga-sjalvmord/

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

Swedish Association of Local Authorities and Regions: Ing-Marie.Wieselgren@skl.se and Fredrik.Lindencrona@skl.se

Mind: info@mind.se

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

SALAR

A2) What is the status of your organisation:

Other, please specify: Sub-national government

A3) My organisation belongs primarily to:

Health and social sector

A4) Can you please provide some basic information about your organisation?

SALAR is a political and employer association of all 290 local authorities and 21 regional authorities across Sweden. The organization covers most areas relevant to mental health and works in an agreement with the Ministry for Health and Social Affairs to drive and inform the national mental health strategy.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

Our agreement with the Ministry of Health and Social Affairs secures that all sectors in the mental health system work under a shared coherent, comprehensive strategy

B1.2) How is mental health related to the core objectives of your organisation?

Our over 300 members, all sub-national governments across Sweden has three key objectives that all are connected to mental health: quality in service delivery, better outcomes in all sectors through improved MH and smarter use of resources.

B1.3) What are your key mental health activities?

Core partner with the Ministry of Health and Social Affairs in the national strategy for mental health. Builds policy to practice loops. Provides policy advice and implementation support for policy.

B1.4) What are the key achievements of your actions in mental health?

Providing support infrastructure across the whole national strategy. Help built new service levels for early intervention for children and youth across the country, strengthening a population health approach. Innovated new methods for investment in prevention in mental health.

B1.5) Who are the key partners involved?

Ministry of Health and Social Affairs, National Coordinator for MH, 290 local authorities and 21 regions. NSPH (user umbrella organization). Public Health Agency of Sweden. National Board of Health and Welfare.

B1.6) Who is the target group of your activities?

Everyone in the population. We apply a whole life-course and whole of government approach with promotion, prevention and treatment.

B1.7) What resources are available for this work?

Funded directly by the Ministry of Health and Social Affairs. 6 million euros/yearly plus extra for larger projects - 2016 (asylum-seekers and refugees) and a new regional infrastructure for service transformation support (2017-2018).

B1.8) What would you consider as the strengths of your activities?

Accepted network broker role in the system. Intense international collegial learning exchange. Good level of funding.

B1.9) What challenges have you met during your activities?

Providing support for change requires active motivation from the actors that need to do the real change at the service level. Often hard to create the right incentives to drive change. Lack of energized and visionary leadership for improvement and innovation in many roles in policy, systems and services.

B1.10) Are your activities evaluated? If so, how?

We evaluate most of our specific programmes. We help build local and regional capacity for evaluation and continuous feedback and learning. Trying to find ways to evaluate our own (Mission MHs) value creation.

B1.11) Any other comments?

We need a better understanding of each country´s support infrastructure for policy development and implementation support. I am willing to work with you on that. These questions are clearly built for more specific organizations that deliver more direct interventions. There is a need to look at how organizations such as ours in all countries and jurisdictions can be identified and described more accurately.

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

N/A

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing		x		
C1.2) Prevent mental health problems	x			
C1.3) Promote mental health and wellbeing	x			
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties	x			
C1.5) Other: Worked on different ways to finance preventative interventions in the workplace	x			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

Workplace is this year for the first time and integrated part of the national strategy for mental health. Prevention of sick leave due to mental health problems has been part of the sick-leave prevention strategy during a few years and is still on-going. We have programs for prevention of MH for public sector employees, programs for employment opportunities for those with severe mental illness and many more things. The national strategies includes national, regional and local policy parts and agreements as well as local pilots and some scaled up interventions.

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents	X			
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders		X		
D1.3) Enhance training for all school staff on mental health		X		
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents	X			
Other: Supported digital decision-making tools for teachers on basic skills and class climate (DigiLYS), Supported the development of local social investment funds to finance innovation in MH + Schools	X			

D2) Can you provide any further information regarding your activities on mental health and schools?

We try to engage in the Education Policy environment nationally and have worked on a new pilot to strengthen the link between schools, social care and CAMHS between several ministries. Several pilots have been conducted between schools and health. We have worked with a political commission from local and regional authorities to propose a much more active approach to build the appropriate structural conditions to coordinate across sectors for children and youth health.

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides		x		
E1.2) Primary prevention of suicides	x			
E1.3) Secondary or tertiary prevention of suicide		x		
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides		x		
Other: We try to establish national networks and communities of practice for regional suicide prevention networks.	x			

E2) Can you provide any further information regarding your activities on prevention of suicides?

N/A

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

www.uppdragpsykiskhalsa.se

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

NSPH (User organisation) - marten.jansson@nsph.se

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

ANNUAL ACTIVITY REPORT FROM SWITZERLAND'S STAKEHOLDER

Dialogai - Gay organisation

A2) What is the status of your organisation:

Non-governmental sector (third sector)

A3) My organisation belongs primarily to:

Health and social sector

A4) Can you please provide some basic information about your organisation?

Dialogai is a gay organisation born in 1982. It is the only gay organisation active in HIV prevention in Switzerland since 1985. From the year 2000, Dialogai launched in collaboration with the University of Zurich, a research action project named The Geneva Gay Men's Health Project. Numerous scientific articles have been published on the results and numerous original interventions projects launched based on those results.

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

Because our research has shown that mental health issues, such as anxiety, depression, suicide and substance abuse are the main health issues for gay and bisexual men.

B1.2) How is mental health related to the core objectives of your organisation?

Mental health is the core of our work in promoting Gay Men's Health. Mental health activities are official part of the contract we have with the Geneva cantonal government.

B1.3) What are your key mental health activities?

- Developing intervention projects to inform and promote mental health and wellbeing in Gay community, i.e.: Blues-out project and Being gay together activities.
- Offering psychiatric and psychological services in our community health centre, Checkpoint Genève.
- Advocacy for global health and mental health interventions and programs

B1.4) What are the key achievements of your actions in mental health?

- Since 2000 we have realized 3 researches on the state of mental health of the Geneva gay community. These data are unique in Europe.
- We have adapted the project "European Alliance against Depression" to the Gay and Lesbian communities" under the name Blues-out
- We have opened a psychiatric and psychological consultation in our health community centre Checkpoint Genève.
- We have organized a national press conference on suicidality among young gay and lesbian in Switzerland.

- We have opened a service, Le Refuge, to help young LGBT people struggling with coming out issues

B1.5) Who are the key partners involved?

- Jen Wang, epidemiologist and researcher.
- The Geneva cantonal government.
- Lestime, the Geneva lesbian organization
- Stop Suicide and Malatavie, organizations dedicated to the prevention of suicide and the care of suicide patients
- The Federation of LGBT organizations of Geneva

B1.6) Who is the target group of your activities?

Primarily Gay and bisexual men for campaigns and health care. For Blues-out and Le Refuge, lesbian and bisexual women and LGBT youth

B1.7) What resources are available for this work?

- Financial support from the Geneva cantonal government
- Support for specific projects from other funds, among them the federal office of public health
- The Swiss national research Fund for the researches and private donors

B1.8) What would you consider as the strengths of your activities?

Interventions projects based on scientific epidemiological data and community based interventions projects

B1.9) What challenges have you met during your activities?

- The lack of interest in HIV organizations for other issues than HIV, STI and drug abuse.
- The lack of funding of LGBT organizations for other health issues than HIV prevention
- The lack of efficient intervention projects for promoting mental health in general and among LGBT communities in particular

B1.10) Are your activities evaluated? If so, how?

All our activities are monitored by the Government of Geneva. Innovative projects like Blues-out or Le Refuge have been specifically evaluated

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

Scientific articles published on the Geneva Gay Men's Health Projects: http://edoc.unibas.ch/32043/

Baseline survey main results: http://www.dialogai.org/services/publications/brochure-sante-gaie/

Blues-out: http://www.blues-out.ch/

Le Refuge: http://www.dialogai.org/refuge-geneve/

Dialogai Health Strategic Plan 2030: http://www.dialogai.org/services/publications/dialogai-strategie-sante-2030/

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing			X	
C1.2) Prevent mental health problems			X	
C1.3) Promote mental health and wellbeing			X	
C1.4) Support the reintegration/return to work of people who have experienced mental health difficulties		X		
C1.5) Other (please describe)	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

N/A

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents		X		
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders		X		
D1.3) Enhance training for all school staff on mental health	N/A			
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents		X		
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

N/A

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides	X			
E1.2) Primary prevention of suicides	X			
E1.3) Secondary or tertiary prevention of suicide		X		
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides	X			
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

We have actively participated in the first Swiss National Program for the Prevention of Suicide published in 2016. We work on the Geneva network Airedados to inform, prevent and care young people at risk of suicide https://www.airedados.ch/

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

N/A

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

N/A

ANNUAL ACTIVITY REPORTS FROM UK'S STAKEHOLDERS

SAMH - Scottish Association for Mental Health

A2) What is the status of your organisation:

N/A

A3) My organisation belongs primarily to:

Health and social sector

A4) Can you please provide some basic information about your organisation?

SAMH - Scottish Association for Mental Health; Scotland's largest mental health charity; providing direct community based services, campaigning, fundraising and information

B1) Could you answer the following questions regarding your actions in mental health?

B1.1) Why does your organisation act on mental health?

N/A

B1.2) How is mental health related to the core objectives of your organisation?

It is central to our organisation

B1.3) What are your key mental health activities?

Community based service delivery (including social care, care homes, housing support, homelessness, addictions, and therapeutic horticulture), employment services, sports and physical activity, campaigning, public affairs, fundraising, information/publications

B1.4) What are the key achievements of your actions in mental health?

Numerous - engaged with over 4000 people last year via Community Based Services; provided information to over 4,500 people; all political parties adopted the key principles of SAMH manifesto (Ask Once, Get Help Fast) during the most recent Scottish Government elections

B1.5) Who are the key partners involved?

Other organisations, funders/commissioners

B1.6) Who is the target group of your activities?

Target groups are numerous - whole of Scotland; people with mental health problems

B1.7) What resources are available for this work?

Multiple funding streams from commissioned activity, fundraised income, trusts and grants

B1.8) What would you consider as the strengths of your activities?

Campaigning on issues, service provision to a high quality standard

B1.9) What challenges have you met during your activities?

Funding cuts to contracts

B1.10) Are your activities evaluated? If so, how?

Depending on requirement of funder, introduction of a new evaluation framework during 2017

B1.11) Any other comments?

N/A

B2) Are there any relevant new documents, reports, resources or other material that could benefit other stakeholders in mental health development? Please provide links to these below.

N/A

MENTAL HEALTH AT WORKPLACES

C1) Have you implemented any of the following activities regarding mental health and the workplace in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
C1.1) Build effective cross-sector partnership and cooperation between the health policy and labour policy sectors to improve mental health and wellbeing	X			
C1.2) Prevent mental health problems	X			
C1.3) Promote mental health and wellbeing				
C1.4) Support the reintegration/return to work of	X			

people who have experienced mental health difficulties				
C1.5) Other:	N/A			

C2) Can you provide any further information regarding your activities on mental health and the workplace?

1. Engaging with employers/employees
2. Commissioned and self-funded
3. Delivery of employment contracts funded by Scot Government and UK Government
4. Banks, supermarkets, lawyers, other commercial entities

MENTAL HEALTH AND SCHOOLS

D1) Have you implemented any of the following activities regarding mental health and schools in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
D1.1) Strengthen information and research on mental health and wellbeing among children and adolescents		x		
D1.2) Establishing schools as settings for mental health promotion and prevention of mental disorders		x		
D1.3) Enhance training for all school staff on mental health		x		
D1.4) Link schools with other community stakeholders involved in mental health of children and adolescents		x		
Other	N/A			

D2) Can you provide any further information regarding your activities on mental health and schools?

1. Currently self-funded
2. Deliver National Programmes (anti-bullying and anti-stigma) both funded by Scottish Government
3. Evaluation and publications available on respective website
4. SAMH activity has involved partnership working to review evidence bases

SUICIDE PREVENTION

E1) Have you implemented any of the following activities regarding prevention of suicides in 2016?

	EXTENSIVELY	SOME	NONE	INFORMATION NOT AVAILABLE
E1.1) Policy and legislation to prevent suicides			X	
E1.2) Primary prevention of suicides	X			
E1.3) Secondary or tertiary prevention of suicide		X		
E1.4) Capacity building and inter-sectoral collaboration to prevent suicides	X			
Other:	N/A			

E2) Can you provide any further information regarding your activities on prevention of suicides?

1. Suicide Prevention department
2. Performing ASIST interventions
3. Training for staff and external organisations
4. Policy review and engaging with other organisations/academics regarding suicide prevention

Additional Information

F1) Please list any relevant documents, publications or other papers (statements, recommendations, research) that concern mental health and wellbeing that you know have been produced this year and have not already been mentioned in this survey.

Scottish Government Mental Health Strategy draft consultation

F2) Please inform us if you know any key stakeholders that should be invited to participate to answer this survey next year (including their e-mail address or other contact details):

N/A

F3) Do you want to be acknowledged in the forthcoming report based on this survey?

Yes

ANNEXES

ANNEX 1. CONTRIBUTORS FROM MEMBER STATES

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ANNEX 2. CONTRIBUTORS FROM KEY STAKEHOLDERS ORGANISATIONS

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