

Minutes

Third meeting of the PHEG sub-group on mental health

28 September 2023

The third meeting of the sub-group on mental health under the aegis of the new Public Health Expert Group (PHEG)¹ was held online on 28 September 2023. It was chaired by DG SANTE and attended by the representatives of 16 Member States and Iceland together with Commission services and agencies (AGRI, EAC, ECHO, EMPL, ENV, REFORM, RTD, SG, JRC and HaDEA), the World Health Organization (WHO), and the Organization for Economic Co-operation and Development (OECD).

The objective was to inform Member States on the implementation of the Commission Communication on a comprehensive approach to mental health; to update on the results of the WHO survey on mental health capacity building needs; to update on the results of the OECD study on best practices in mental health; to inform about the best practice call on mental health and how it relates to the work of the subgroup; and to conduct a tour de table on possible future work areas.

Members of the Sub-group were first informed about the Expert Group on Health Systems Performance Assessment, the HSPA Expert Group, who have been meeting to develop a proposed Action Plan on the topic of mental health. The Action Plan has not yet been finalised, but certain aspects were identified for possible action, with innovation being the key element. One is innovative ways for delivering mental health services and the second is new ways and sources for monitoring and data collection for mental health, also taking into account non-conventional data sources such as helplines. DG SANTE stressed the importance of maintaining dialogue and stated that there will not be any duplication of work on mental health between the HSPA Expert Group and this Sub-group.

Commission Communication on a comprehensive approach to mental health

The guiding principles of the Commission Communication² were identified, followed by an outline of each of the twenty flagships³ with specific activities per flagship; there are EUR 1.23 billion of funding opportunities. Its implementation by both Member States and stakeholders was explained, with support via the sub-group on mental health of the PHEG and other funding programmes, and via a new online network on the EU Health Policy Platform. EU4Health calls for action grants⁴ were then outlined, specifically those related to mental health.

The Netherlands made the suggestion to contact the coordinator of the new Joint Action on Mental Health that is currently under development to ensure there is no overlap with what this Joint Action is aspiring to do and the new work that DG SANTE wants to take forward.

Updates on cross-cutting activities were next provided by DGs AGRI, CNECT, EAC, EMPL, RTD and REFORM. DG Research spoke of activities in brain research, towards cancer survivors as well as projects on unconventional ways to support mental health, e.g. through art and culture. DG Employment spoke of peer-reviewed activities related to

¹ https://health.ec.europa.eu/system/files/2022-12/c_2022_8816_en.pdf

² [com_2023_298_1_act_en.pdf \(europa.eu\)](#)

³ [A comprehensive approach to mental health \(europa.eu\)](#)

⁴ [2023 EU4Health calls for action grants \(europa.eu\)](#)

psychosocial aspects at work, effects of digitisation on health at work and an upcoming project on psychosocial risks. DG Agriculture highlighted that farmers have now been recognised as essential workers and that farm advisory services are being used to raise awareness of farmers' mental health. DG Reform highlighted their flagship⁵ on mental health and the opportunities for support to increase capacity building offered to Member States. The deadline for submission of requests for technical support instrument (TSI) is 31 October. Further information⁶ can be supplied. It was noted that DG Connect is working on a European strategy for a better internet for kids (BIK+)⁷; some of the issues raised could also be developed and implemented via the new joint actions. It was then commented that DG Education and Culture is also working on the protection of children and young people from harmful content on digital platforms through the EU Workplan for culture 2023-2027⁸.

WHO survey results mental health capacities

The WHO presented the results of the survey undertaken, in collaboration with DG SANTE and the OECD, to map the needs, challenges and obstacles for mental health reforms in the Member States, Norway and Iceland. The next step is to provide tailored support to countries in building capacities for improved mental health systems. The results of the survey provide information regarding the capacity to promote mental health and to prevent and manage mental health conditions. They identify the key challenges and enablers in policies and health systems for improved mental health prevention and management. Focus was put on the two enablers of 'high level of community cooperation and interaction' and 'strong buy-in of mental health sector stakeholders'. The implementation status of policies in key areas of both mental health service delivery and mental health workforce and human resources was explained. Integration of mental health into emergency preparedness, response and recovery was cited, followed by promotion, prevention and resilience over the life course. A challenge was identified, being that ten countries have policies and programmes related to specific population groups, but which have yet to be implemented. Finally, barriers to policy or programme implementation were identified. To conclude, WHO Europe highlighted the areas in which the WHO could support each individual Member State in building capacity.

Five recommendations were made: (1) investment in capacity building for the mental health workforce, and in increasing mental health competencies of general health care workers; (2) strengthening the integration of policies to protect mental health in emergency preparedness, response and recovery plans; (3) investing in policies that address the needs of vulnerable populations such as young people not in education, employment or training; (4) scaling up mental health prevention and promotion policies interventions across the life course; and (5) systematically incorporating the input of people with lived experience and their families and carers into the design, implementation and evaluation of mental health policies.

DG SANTE commented on the importance of Member States coordinating work, whilst being aware of what the international institutions were doing, on taking care to avoid a tokenistic approach and rather meaningful work on the subject, the problem of losing health professionals even before the COVID-19 pandemic, and that work on prevention should engage those involved in the issues in a meaningful way.

⁵ [TSI 2024 Flagship - Mental health: Fostering well-being and mental health \(europa.eu\)](#)

⁶ oana.dumitrescu@ec.europa.eu

⁷ [A European strategy for a better internet for kids \(BIK+\) | Shaping Europe's digital future \(europa.eu\)](#)

⁸ [Council of Ministers agrees on new EU Work Plan for Culture 2023-2026 | Culture and Creativity \(europa.eu\)](#)

OECD study on best practices in mental health

The OECD updated Members of the Sub-group on the structure and expected output of the impending publication Economics of Mental Health; the project builds on the experience gained from previous work on key public health threats. An overview was provided of the evidence supporting the inclusion of various interventions. The project is expected to deliver outputs by the fourth quarter of 2024.

The OECD also supports the EU and Member States to identify and transfer best practices⁹ to prevent and control non-communicable diseases. A standard framework, co-developed with member countries, is used to assess and help transfer best practices. Understanding the transferability of interventions is another project priority. The criteria to choose candidate best practices in mental health promotion and prevention were outlined. The evidence and guidance on best practices will benefit from and complement, among others, the knowledge gathered through the EU's Best Practice Portal¹⁰.

The preliminary findings of the candidate best practices in mental health promotion and prevention were summarised, being: (1) indicators to assess mental health are various and not harmonised across studies and countries; (2) most identified interventions were assessed in original studies using non-clinical measures (e.g. quality of life, social and emotional skills, social isolation) whereas only a few uses clinical measures (e.g. symptoms of depression); (3) for depression and anxiety, most studies use PHQ-8 (or PHQ-9) and GAD-7 scores that allow to assess sub-clinical symptoms; and (4) interventions targeting individuals with mild-to-moderate depressive symptoms usually produce an improvement in the severity of symptoms. Such improvement is expected to have an impact on labour market participation and productivity at work. The project on best practices to promote good mental health is expected to deliver outputs by mid-2024.

Member States were urged to submit candidate best practices and evidence that can feed the projects.

Best practice call on mental health

Members of the Sub-group were informed of the imminent Call¹¹ for best and promising practices on mental health – Towards a Comprehensive Approach to Mental Health. Through this call, the Commission will, in collaboration with Member States, support the implementation of practices to address the key behavioural, social, environmental, and commercial determinants related to mental health under the 'Healthier Together' initiative, and in response to the new Communication on mental health.

The cycle of best practices identification was explained, from prioritisation of topics, to evaluation, to the marketplace, to ranking, to implementation. The Commission invites governmental and non-governmental actors to submit proposals for best and promising practices via the EU Best Practice Portal¹². The Commission will then organise the assessment on the practice proposals received and may invite the owners of the top-ranked best and promising practices to present them to representatives from EU Member States during a virtual marketplace event to be held later in 2023. This could lead to joint/wider implementation across the EU, funded under the EU4Health programme¹³.

Ireland spoke of suicide and depression prevention and to access to a citizens' one stop shop, and referred to the Communication. For example, under flagship number 18 related to stigma and discrimination, there is a need for best practices and to develop EU guidance.

⁹ <https://oe.cd/best-practices>

¹⁰ [BP Portal \(europa.eu\)](https://europa.eu/best-practice-portal/)

¹¹ [Call for best and promising practices on mental health \(europa.eu\)](https://europa.eu/call-for-best-and-promising-practices-on-mental-health/)

¹² [BP Portal \(europa.eu\)](https://europa.eu/best-practice-portal/)

¹³ [EU4Health programme 2021-2027 – a vision for a healthier European Union \(europa.eu\)](https://europa.eu/eu4health-programme-2021-2027-a-vision-for-a-healthier-european-union/)

DG SANTE responded that it is for the Sub-group to make the proposal or undertake the work.

Latvia asked specifically about the model and components of the OECD report and why schizophrenia or bipolar were not included; this question will be forwarded to the OECD.

Tour de table on possible future work areas

Members of the Sub-group were asked to provide suggestions for actions that could be undertaken at the EU level in order to address the key challenges of the new comprehensive approach to mental health. There was widespread approval by Member States of the coordinated activities of the Commission, the OECD and the WHO in the field of mental health. Building the resilience of young people emerged as a common thread, as did the benefits of exchange of experience in drafting national strategies for mental health, and the importance of identification of best practices. Further consideration of continuous and harmonised data collection, the use of AI and setting common indicators were also raised.

Austria explained that learning from other countries helps them at the national level. They echoed the comment from DG SANTE on the need to look for synergies with WHO Europe and the OECD, avoiding overlaps. Austria then highlighted ongoing activities in stigma prevention, with coordinated recommendations in diverse areas of stigma, a campaign on mental health for young people, as well as their participation in the Joint Action for suicide prevention, where best practices are key. Austria aims to develop a national action plan on mental health and invited other Member States to collaborate in exchanging experiences.

DG SANTE mentioned the option of creating a MS Teams group, with the first sub-topic being on stigma action. Member States could add their activities or examples there.

Estonia opined that such an umbrella view of synergies and collaboration between international institutions is very much needed and highly valuable. DG SANTE responded that it will now be important to start the concrete work on the implementation of the flagships; the EC is collaborating closely with the WHO and the OECD so they can support national policy development.

Finland commended the EU for their activities in mental health. Finland is active in all joint actions as well as many national initiatives. Finland concluded by stressing the importance of a national mental health strategy.

France explained that they are very interested in innovative initiatives to build the resilience of the population, and especially that of young people. They are generating a national strategy to develop emotional resilience skills, starting from an early age. France commented that mental health is a problem shared with all Member States.

Germany commented that they support the comprehensive approach of the Communication and the principles of treatment. In Germany, there is a cross cutting mental health in all policies approach, working with other ministries, and recognising that mental health takes place in the living environment. Germany has a suicide prevention strategy, including ideas that have been exchanged at the EU level, and especially with Austria. There are also projects to tackle stigma and discrimination. EU value added can be created in knowledge exchange and the implementation of best practices. In terms of resilience, there are challenges due to the lack of data, despite the fact that various studies have monitored the effects of COVID-19 and other crises, such as economic pressures, the war in Ukraine and inflation. It has become evident that the gender gap in depression is shrinking in higher education groups, but that the gaps between the education groups is much very higher; a factor of four in the lower education groups. Germany thus suggests continuous data collection around Europe. DG SANTE explained that Eurostat can create

links between data and mental health. To conclude, Germany shared links to two related papers, one on Depressive symptoms in the general population before and in the first year of the COVID-19 pandemic¹⁴, and the second on Time trends in mental health indicators in Germany's adult population before and during the COVID-19 pandemic¹⁵.

Greece commented that mental health and wellbeing are different, so perhaps different methods should be considered to develop these activities. In addition, it is important to consider differences between countries.

Hungary echoed the comments from Finland in commending the coordinated work of the WHO, the OECD and the EU. Hungary also echoed France in targeting young people; 'young people are Europe' so we all have a duty of care. Moreover, Hungary faces challenges in providing services to youth due to a shortage of professionals. In addition, Hungary commented that technical possibilities had not been addressed, e.g. artificial intelligence (AI) or telemedicine. Despite the recent study from the WHO with sceptical findings on AI, one cannot disregard these tools, especially when faced with the challenge of a shortage of professionals.

Ireland expressed their appreciation for the consolidated and integrated efforts by the EU, the OECD and the WHO. In Ireland, mental health policy follows a whole of government, whole of system, whole of population approach, and has done for the last three years. A mental health promotion plan will be published later in 2023; promotion of mental health in the workplace was published earlier in 2023. Ireland is currently developing a digital safety plan, to protect the young population from harmful content about suicide and eating disorders.

The Netherlands asked if the WHO would contact Member States for follow-up to determine capacity building needs. It was answered that the WHO will connect with the interested countries for policy discussions.

Slovenia explained that they are currently preparing the national action plan for mental plan and wish to improve intersectoral cooperation. Slovenia suggested that a focus of the synergy between the OECD, the WHO and the EC could be how to identify a set of indicators to enable comparison between Member States.

AOB and next steps

Spain highlighted activities and events relevant to mental health being held under the Spanish Presidency¹⁶ of the Council of the European Union. The working party on public health has had its first exchange on mental health, leading to draft Council conclusions; four Council conclusions on mental health are expected. A high-level hybrid meeting on mental health is planned for 14 November under the Presidency; this meeting will also mention exchange of best practices.

Members of the Sub-group were then informed of upcoming events, including on promoting synergies between EU-funded projects on mental health¹⁷, to be held on 9 October and which will be managed by HaDEA; and another on 10 October, to mark World Mental Health Day, when Commissioner Kyriakides will host a hybrid high-level conference on mental health¹⁸ in Brussels.

¹⁴ [Journal of Health Monitoring | 4/2022 | Depressive symptoms in COVID-19 pandemic: Results GEDA 2019/2020 study \(rki.de\)](#)

¹⁵ [Frontiers | Time trends in mental health indicators in Germany's adult population before and during the COVID-19 pandemic \(frontiersin.org\)](#)

¹⁶ [Spanish Presidency of the Council of the European Union \(europa.eu\)](#)

¹⁷ [Synergies between EU-funded projects on Mental Health managed by HaDEA \(europa.eu\)](#)

¹⁸ [World Mental Health Day conference: An EU comprehensive approach that prioritises sound mental health for all \(europa.eu\)](#)

DG SANTE informed Sub-group members that as part of the priority setting exercise for the Public Health Expert Group, a series of informal bilateral meetings with Member States have been scheduled to discuss each country's specific priorities and challenges and how the Commission can better support the Member States.