EU Compass Forum on Mental Health and Well-being

Preventing depression and improving access to mental health care

Forum Report 2016

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1. Introduction

On the 6th to 7th of October in 2016, the first *Annual EU Compass Forum on Mental Health and Well-being* took place at the Hotel Le Royal in Luxembourg. The event was attended by diverse stakeholders such as Member State representatives, non-governmental stakeholders from advocacy groups and care organisations, as well as mental health care providers, professionals, and service users. The purpose of the *Forum* was to discuss the implementation of policy recommendations of the *European Framework for Action on Mental Health and Well-being* and the outcomes of activities related to the work of the EU Compass during 2015-2016. In addition, the *Forum* presented an opportunity to share good practices with and between organisations in the EU, and to propose concrete actions to further improve mental health in the EU.

The focus of this year's *Forum* was the prevention of depression and the promotion of resilience and improving access to mental health care. In line with this, two *EU Compass* scientific papers on "prevention of depression and promotion of resilience" and on "provision of more accessible mental health services" were thoroughly discussed during break-out sessions and interactive round-table meetings. Moreover, the results of the annual *EU Compass* surveys regarding the activities of EU Member States and stakeholders in mental health, as well as about good practices in EU Member States were presented.

The *Forum* invited participants to discuss the annual themes, draw conclusions on the *EU Compass* scientific papers, and most importantly, to share thoughts and propose ideas to further improve mental health and mental health care in EU Member States. Due to the interactive nature of the sessions, the *Forum* has led to fruitful discussions and has provided valuable input that will steer activities in mental health in the future. Outcomes of the meeting, including consensus papers, can be found on the EU Compass website.

This report provides an overview of the key messages of the presentations and break-out sessions and round-table discussions that occurred during the *Forum*.

2. EU action in implementing the Framework for Action on Mental Health and Well-being

The opening remarks for the *EU Compass Forum* were delivered by John F. Ryan, Public Health and Crisis Management Director at the European Commission, Directorate-General Health and Food Safety.

Good mental health has a far-reaching impact on individuals, families, carers, employers, communities, and the economies of EU Member States. While it is recognized that the foundations for successful collaboration in mental health have already been laid in the *Joint Action on Mental Health and Well-being* (JA MH-WB), there is a need for increased collaboration between stakeholders at a local, regional and national level to implement recommendations for action set forth in the JA MH-WB. In addition, there is an increased importance of demonstrating the added value of policies and action in mental health at European level.

3. Opening addresses

Opening addresses were given by representatives from the World Health Organization Europe (WHO-Europe), the Organisation for Economic, Co-operation and Development (OECD), the European Network of (ex-) Users and Survivors of Psychiatry (ENUSP), and the European Federation of Associations of Families of People with Mental Illness (EUFAMI).

The past year has seen both challenges and successes in the field of mental health in EU Member States. Positive developments have been made in the provision of community mental health services, included a shift away from a top-down approach to mental health treatment, and an increased recognition of mental health as a public health issue. Challenges entailed widening gaps in funding of mental health care in southwest and northeast Europe, leading to inequalities and the fragmentation of mental health care throughout Europe; difficulties in data collection due to a large diversity of involved stakeholders; and isolation and discrimination of service users.

Seeing mental health from a life-course perspective, and as an issue which involves multiple sectors (schools, workplaces, health systems, and mental health systems), is fundamental to address the challenges faced in mental health in the EU. In line with this, it is vital to include those affected by mental health problems, their families and informal caregivers in decision making processes. Furthermore, to promote the mental health agenda on a policy level, evidence on the effectiveness and economic value of mental health investments needs to be strengthened.

4. The Joint Action for Mental Health and Well-being: lessons learnt and moving towards implementation

An overview of the results of the *Joint Action for Mental Health and Well-being* (JA MH-WB) (2013-2016) was presented by José Miguel Caldas de Almeida, leader of the JA MH-WB, an *EU Compass* Consortium Partner, and Professor of Psychiatry, Faculty of Medical Sciences, University NOVA Lisbon.

The *Joint Action on Mental Health and Well-being* (JA MH-WB) took place from 2013 to 2016. The aim of the project was to contribute to the promotion of mental health and well-being, the prevention of mental disorders, and the improvement of care and social inclusion of people with mental disorders in Europe. The project involved 25 Member States as well as Iceland and Norway, 24 associated partners, and 26 collaborating partners. The JA MH-WB focussed on five themes:

- Depression, suicide and e-Health
- Mental health at workplaces
- Mental health and schools
- Community based approaches
- Mental health in all policies

The JA MH-WB resulted in a *European Framework for Action on Mental Health and Well-being*, which was based on consensus from EU Member States and other stakeholders on objectives and principles for action on the thematic areas of the JA MH-WB. This framework document provides guidance to national governments, regional and local authorities, non-governmental organisations, and other stakeholders, including employers. Upon completion of the JA MH-WB, representatives from EU Member States and from the European Union were invited to take note of the policy recommendations, to implement them in line with their specific needs and resources, and to share information about these implementation activities with the EU.

Challenges related to the implementation of the JA MH-WB included limitations in time and resources in relation to the volume of work and the difficulty of reaching consensus between stakeholders on principles of action. To improve this process, it was suggested that prior to the start of discussions and negotiations to reach consensus, a shared understanding of key concepts and parameters in the project should be determined. Other lessons learnt by collaborating partners in the JA MH-WB included the willingness of governments and stakeholders to improve access to care in their country, and the need for more comparable data on mental health to allow for better comparisons between EU Member States.

5. The EU Compass for Action on Mental Health and Well-being

Ionela Petrea, consortium leader of the EU Compass for Mental Health and Well-being and head of Trimbos International at the Trimbos Institute, presented information about *the EU Compass for Action on Mental Health and Well-being (2015-2018).*

To continue building on the achievements which were initiated in the *Joint Action for Mental Health and Well-being* (JA MH-WB), the European Commission set up the *EU Compass for Action on Mental Health and Well-being* in April 2015 to collect, exchange and analyse information on policy and stakeholder activities in mental health. The EU Compass will undertake action to disseminate the *European Framework for Action on Mental Health and Well-being* resulting from the JA MH-WB.
The *EU Compass* focuses on seven priority areas which rotate annually:

- Preventing depression and promoting resilience
- Better access to mental health services
- Providing community-based mental health services
- Preventing suicide
- Mental health at work
- Mental health in schools
- Developing integrated governance approaches

Activities carried out by the *EU Compass* include:

- The establishment of a platform to monitor policies and activities in the field of mental health and well-being by EU Member States and non-governmental stakeholders
- Identifying and disseminating European good practices through a good practice database and good practice brochures
- Preparing and organizing three annual reports and forum events
- Organizing national mental health workshops in each Member State, Iceland, and Norway
- The preparation of scientific reports which will form the basis of a European consensus paper on each of the seven priority areas of the Compass

The *EU Compass* is a project commissioned by the Directorate General for Health and Food Safety (DG SANTE) and the Consumers, Health, Agriculture, Food Executive Agency (CHAFEA). 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 Well-being.

6. Report on policies, activities and practices in EU Member States and key stakeholders

Further information on implementation activities of *the EU Compass for Action on Mental Health and Well-being* was presented by consortium partners Johannes Parkkonen from the Finnish Association for Mental Health and Pedro Mateus from the Faculty of Medical Sciences, University NOVA Lisbon.

6.1 Monitoring surveys

As one of the aims of the EU Compass is to "collect, exchange and analyse information on policy and stakeholder activities", the *EU Compass* set up a monitoring survey for governmental representatives from EU Member States and stakeholders. The aim of this survey is the production of annual activity reports from the survey respondents' collected data.

The monitoring surveys consist of four sections which have questions to collect information about:

- Mental health systems
- Key developments in mental health care in the last year
- The annual compass themes[1]
- Good practices

Themes for upcoming monitoring surveys include:

- Building integrated approaches for governance
- Mental health at workplace
- Mental health in schools
- Prevention of suicide
- Provision of community-based mental health services

Twenty-one respondents out of the 28 EU Member States and Norway, Iceland and Turkey who were invited to participate, responded to the Member State survey. In addition, 61 stakeholders responded to the 2016 stakeholder survey. A major point for improvement for next year's surveys will be to shorten and simplify their structure in order to increase response rates.

6.2 Results

Based on the information collected through the monitoring surveys, an annual activity report was developed. The annual activity report indicated the following:

- In the past year, legislative activities occurred in more than half of the EU Member States which responded, most prominently on the themes of (compulsory) admission to services, long term care, and the integration of Committee on the Rights of Persons with Disabilities (CRPD) concepts in legislation.
- More than 80% of Member States updated and/or created new mental health strategies and programmes in the last year.
- More than 70% of Member States indicated developments in the involvement of patients, families, and non-governmental organisations in mental health policy development and care.

[1] Themes in 2016: "Prevention of depression and promotion of resilience" and "Provision of more accessible mental health services"

- Monitoring the mental health status of the population was reported in almost all EU Member States through means of national health surveys, research in specific population groups, cross-sectional and longitudinal studies, municipal studies, and suicide case registry systems.

In line with the annual *EU Compass* themes, the activities in prevention and promotion mentioned by EU Member States were mainly focused on improving detection and referral of patients to mental health care providers. In addition activities included the provision of support tools to families or high risk groups to build resilience and reduce stress, and collaborative work with educational and labour sectors to raise awareness and improve screening. Self-management tools, in the field of e-mental health, were less frequently developed by EU Member States. The most significant finding related to improving access to mental health care was a reported increase in the availability of mental healthcare in primary care, and specialised outpatient and inpatient care.

The main line of activity by stakeholders over the past year focused on the provision of mental health care. This was followed by education and training, advocacy and empowerment, supporting mental health policy development, and mental health promotion activities. Activities in the provision of care included actions in diagnostics and referrals, psychosocial, educational and community services, housing and occupational support and short term crisis and online support. In addition, there were reported activities regarding advocacy for improved access to mental healthcare, including public awareness campaigns on access to care for depression.

7. EU Compass Good Practices

Further information regarding EU Good Practices in mental health, collected through the *EU Compass* was presented by Bethany Hipple Walters, Project Manager and Research Associate at the Trimbos Institute.

Part of the monitoring activities of the EU Compass includes the identification and dissemination of good practices. In order to do so, stakeholders and EU Member States were asked to complete an online survey about programs and projects in their region that they were interested to share as a model for other Member States or stakeholders. The surveys focused on the history of the project or program, priority areas addressed in the project or programme, level of implementation of the project or programme, a short description of the project or programme, and lessons learnt through the project or programme.

In order to identify good practices, experts from the Compass Consortium created an analysis criteria for good practices in mental health and well-being. These criteria were influenced by and based on the EU definition of good practices; the Joint Action for Chronic Disease criteria *Good practice in health promotion and primary prevention of chronic disease*, the WHO (2008) *Guide for Documenting and Sharing "Best Practices" in Health Programs and the Best Practice guide* by Health Promotion Switzerland. The criteria focused on six aspects:

- Comprehensiveness and effectiveness
- Description of practice
- Potential of scalability/transferability
- Partnerships/inter-sectoral collaboration
- Community involvement/ empowerment

- Political commitment and governance

An expert panel of eight experts with multi-sectoral backgrounds assessed submitted practices to determine whether the outlined practice qualified as good practice. To do so, experts received an online training related to the evaluation process and criteria. In total, 30 practices were evaluated and 21 were selected. Selected practices can be found in the *good practice booklet*.

8. Improving access to mental healthcare

A key theme of the 1st EU Compass Forum was access to mental healthcare. Discussions at the Forum had as starting point a scientific paper on *Access to Mental Health Care in Europe* prepared by the EU Compass Consortium. The paper was discussed in advance with the EU Group of Governmental Experts on Mental Health and Well-being and was presented and discussed at the Forum by Angelo Barbato from the Mario Negri Institute for Pharmacological Research in Milan.

Each of the key themes in the paper were discussed during interactive break-out sessions which focused on: collection of standardised data on mental health, access to community mental health services, integrated and coordinated care across sectors, e-mental health solutions and peer leadership. Bearing in mind the scientific paper *Access to Mental Health Care in Europe*, conclusions reached during discussions on improving access to care, have led to the development of a consensus paper on access to mental healthcare. Furthermore, experiences and good practices from EU Member States and European stakeholders were presented related to access to care, looking into two complementary perspectives: a) of a service provider organisation in the Netherlands (presented by Rene Keet, GGZ Noord Holland Noord and chair of European Community Mental health Service providers Network (EuCoMS) and b) of a service user peer support organisation in Spain. (presented by Guadalupe Morales, Director of Fundación Mundo Bipolar).

Improving access to care: scientific perspective

Obtaining adequate information about access to mental healthcare in the EU remains a challenge. The sparse evidence base is in part caused by the limited availability of indicators to assess access to mental health care. Based on available data, the following challenges related to access to mental healthcare can be identified:

- Inadequate visitations to mental health professionals by patients
- Limited use of anti-depressant drug therapy and low use of psychotherapy
- Access to services for people with severe mental health disorders appears to be better than for people with common mental health disorders
- Mental healthcare treatment is often reported as inadequate or low quality

Reasons for limited access to mental healthcare are a result of attitudinal, structural, and financial barriers. Structural barriers are more common in countries with limited health coverage and less developed community care. The low perception of the need for services is seen as an important attitudinal barrier related to stigma, conflicting illness models, and limited responsiveness of services to patients' needs and expectations.

Based on identified challenges, a number of recommendations to improve access to care are formulated. These recommendations include:

- Improving data collection on the access to mental healthcare
- Increasing research activities, more specifically on the barriers to access to mental healthcare
- Improving the integration of services to provide integrated mental healthcare in for example the primary healthcare setting
- Providing user friendly access pathways to care for people at risk of psychosis
- Carrying out anti-stigma campaigns and empowerment activities
- Ensuring that mental health care is covered in standard health insurance packages
- Building consensus among stakeholders about user-friendly service organization and evidence-based treatments in line with users illness models and expectations, on an international scale
- Securing the participation of stakeholders including users, carers, and community agents at all levels of service planning, monitoring, and delivery

Collection of standardised data on access to mental health

The collection of standardized data on access to healthcare could be carried out in schools, at GP offices, and via epidemiological surveys rooted in national contexts. Nevertheless, it remains questionable if information on access to mental health can be extracted from routine data collection, and whether data can be matched across countries.

Moreover, some countries may need to work on developing nationally agreed indicators before working on international indicators. Countries could adopt a top-down approach and make use of internationally set indicators. However, this may need to be done with caution as overly complex indicators can lead to problems in collecting data routinely.

International institutions can and should play a role in supporting international comparability of data on access to mental healthcare. They should do so in collaboration with epidemiologists, clinicians, end users, people responsible for information systems in the respective country and other international actors including WHO, OECD, and the European Commission (EC). Finally, European and/or international funding is vital to support a collaborative task force on data collection, and sustain progress in the standardization of data across the EU.

Improving access to community mental health services

The following factors are deemed important to improve access to community mental health services:

- Service providers should offer messages of hope and the possibility of recovery to individuals and families
- Stakeholders in other sectors should be well-informed of symptoms related to mental health disorders, in order to improve referral and support.
- While implementing community mental health services:
    - It is most effective to work in well-defined regions
    - It is important to measure fidelity during implementation to ensure good quality care

Yet, improving access to services is not enough to ensure the success of community mental health services. Even when services are in place and staff has been trained, there may not be any demand for these services due to lack of awareness or reluctance to use services due to stigma. As such, anti-stigma and awareness campaigns, active engagement with community members and outreach work is essential, in order to reach the people in need of care.

Overcoming resistance to reforms and believing in change is fundamental to successfully implement community mental health services. Resistance in the process of reform and deinstitutionalization from influential local groups is common, and it is therefore important to swim with the tide, celebrate, and share successes with others. In overcoming resistance to change, bottom-up movements are an important source of pressure for reforms, as demonstrated in countries such as Romania and the Netherlands.

Integrated and coordinated care across sectors to improve access to care

Integrated care is a prerequisite for access to care. Without integration if mental healthcare in the health system, there is (too) much reliance on individual case managers to follow and guide the patient through the system. Benefits of integrated care are improved continuity of care, preventing patients from getting lost in the system, improved care particularly for patients with severe mental illnesses, and the development of opportunities to tackle co-morbidity. Concerns related to integrated care include the lack of suitability of this system for patients with less severe mental health disorders and that physical illness could be given priority in treatment when dealing with co-morbid conditions. In addition, though there is a need to involve other sectors beyond health, financially this may be challenging: i.e. costs and/or budgets would need to be divided between different sectors.

The integration of mental healthcare may be most feasible at the local level, as this leads local benefits (such as financial savings), and it may be easier to measure the positive impact which integration can have on prevention. Moreover, as primary care plays a crucial role in integration of care, it should be the focal point of it.

In order to provide mental healthcare flexibly, broader systematic support is needed by NGOs and public sector providers. A liaison model, where a mental health nurse is available to offer assistance to general practitioners, is an example of an approach through which mental healthcare is integrated in the general practice. Though stepped care may also be an effective approach to integration, it raises a question of financial sustainability.

Overall, it is important to implement a model of care integration with input from care users.
Furthermore, patients and their carers should receive clear information on how the mental health system works, so that the role of the patient can move beyond being a passive recipient of care to being an active participant in integrated care.

E-mental health solutions to improve access to care

E-mental health tools may improve access to mental healthcare through:

- Promoting health literacy
- Informing people about treatment options
- Empowering people so that they can detect and cope with early signs of mental health problems.
- Providing support to take the first step in seeking access to care.
- Reaching out to people who have difficulties in disclosing personal information in a face-to-face context

Other opportunities are the practical uses of e-mental health tools in the provision of care. E-health tools can for instance monitor symptoms and send of an alarm to professionals when a patient is not doing well. It may also help community participation through online platforms, and can offer cheaper and more widely accessible treatment regimen than traditional care alone.

Though safety issues such as anonymity of data are a common concern e-mental health solutions developed by professionals can, in fact, offer a safer option than mental health tools on the market which are not evidence-based or monitored by professionals.

Nevertheless, e-mental health tools should always be considered a means to improving access to care, rather than a stand-alone solution. In addition, it is important to involve the community in the development of e-mental health tools. The tools could, for instance, be more effective if they are supported by health professionals, such as primary care doctors. Lastly, data protection still poses a challenge in establishing trust in using e-(mental) health services. Ensuring that data is protected is essential for promoting the use of e-mental health tools.

Peer leadership, securing participation to improve access to care

Currently, training for peer leaders focuses on creating awareness, coping skills for people who have mental health disorders, the medical aspects of mental health disorders, lifestyle, legal aspects, and promoting self-empowerment. However, it would be valuable to expand this programme with teaching skills in management and organization. Yet to do this, more support for these initiatives are necessary.

Though acknowledging that fragmented patient organizations make it difficult to work with ministries, the role of EU Member States in promoting peer leadership can be extended. For instance, peer leadership can take on a more significant position in mental health strategies and plans. To do so, it is necessary to take action at a policy, rather than implementation, level. For example, EU Member States could play a role in funding the education of peer leaders. Without funding, small patient organizations cannot sustain themselves financially. Flexible Assertive Community Treatment (FACT) in the Netherlands is an example of a model which integrates a funding mechanism at policy level; FACT in the Netherlands requires to an experience worker on the team who should be trained and paid.

EU Member States could do the following to support peer leadership in mental health:

- Pressure at the EU level
- Development of a benchmark for peer leadership education programmes
- Financial support for peer leadership education programmes

Improving access to care: service provider perspective

Flexible Assertive Community Treatment (FACT) started in the Netherlands as a regional initiative as a response to fragmented care in the Netherlands, and the prominent role of institutions as mental health care providers. The model is evidence-based and lends characteristics from existing structures of mental health care provision from the U.S. (ACT), and Australia (PCT). The model is flexible to allow for regional adaptation depending on contextual resources and needs. The FACT model has been adapted and implemented in several European countries, such as Norway, Germany, Spain, Montenegro, Moldova, and Croatia.

In the FACT model of care, medical and social interventions are integrated and provided by one multidisciplinary team. The FACT model is based on a shared caseload, whole-team approach and involves daily meetings and a comprehensive care plan. The care delivered in the FACT model is recovery oriented, and aims to actively collaborate with patients and their family.

As there is no universal model for community mental healthcare, the model requires regional adaptation. Nevertheless, there are a set of universal principles for community based mental healthcare and FACT, which include:

- Addressing population based needs, in ways that are accessible and acceptable
- Building on goals and strengths of people with mental illness
- Promoting a wide network of supports, services and resources
- Emphasizing services that are both evidence based and recovery oriented

Due to the flexible nature and use of community mental healthcare in the EU, an international exchange of knowledge and experience in implementing this model is a valuable action to pursue. In response to the need for exchange, a network of European Community Mental health Service providers has recently been set up (EuCoMS).

Improving access to care: service user perspective

Stigma, particularly the wrongly perceived association between mental ill health and violence, is still a major challenge for those with mental health problems.

Peer2Peer was started as a response to the personal experiences faced by the founder, Guadalupe Morales. Facing discrimination and being consecutively fired from jobs due to a mental health condition, she established an online forum for people with mental ill health. This was the start of a peer-to-peer self-help group, which helped those involved regain a sense of belonging, but also gain essential skills in self-management. A teaching programme was developed and organized with and by service users targeting user associations. This programme entailed topics such as the characteristics of the recovery process, and factors facilitating recovery (including CRPD principles). The aim was to create a strong and unified users movement to gain a stronger voice at political level.

The training sessions for service users in associations included subjects such as self-management and resilience, fundamental rights based on the UN Convention, legal considerations for those with mental health problems, psychotherapy in recovery, coaching, lifestyle, nutrition, sleep, exercise and mindfulness, nursing in mental health, and self-advocacy and political movements. In addition,

conference talks have been given throughout schools, and training was also provided to professionals in other sectors, such as to 112 emergency personnel.

In the spring of 2017 a course will be offered at King Juan Carlos University. Fundación Mundo Bipolar will coordinate the program, the trainers, and its content. Fifty percent of teachers/trainers will be people with a psychosocial disability. Attendees will consist of students and optionally their family members, who have suffered from depression, anxiety, or bipolar disorder.

9. EU Compass Emerging Issue in Mental Health

Every year, the EU Compass forum identifies an emerging issue in mental health in the EU, to be discussed during the forum. Considering the tremendous impact the refugee crisis has had on various sectors in the EU over the past few years, and the impact which wars, trauma and environmental stressors pose on the mental health of those affected, this year the refugee crisis was discussed from a mental health perspective. To provide participants with background information on this issue, Isabel de la Mata a Principal Advisor for Health and Crisis management at the European Commission, Directorate General Health and Food Safety, presented the current situation on the (mental) health of refugees in the EU.

The refugee crisis and mental health

The unprecedented influx of (undocumented) migrants, refugees, and asylum seekers in the EU leads to challenges in the provision of health care services. Since the beginning of the year, 57,000 migrants arrived in Greece and 129,000 migrants arrived in Italy. The most common citizenships applying for international protection in the EU were Syrian, Afghan and Iraqi. Despite the presence of human rights securing access to health care, only emergency care is available for those who lack of official documentation and/or legal status.

In terms of mental health issues, the most common problems experienced by migrants, refugees and asylum seekers are related to trauma and violence. An important group identified among refugees are those who suffer from posttraumatic stress disorder, related to their exposure to traumatic events and torture. Unsanitary living conditions in refugee camps, and the prospect of the upcoming winter further negatively affects mental health.

Migrants tend to cope with traumatic experiences by appearing unaffected, in order to avoid starting their new life with pre-existing physical or mental health problems. As there is no standard data collection on mental health, many refugees suffering from PTSD go unreported. Health professionals and volunteers working at refugee camps also face mental health challenges, due to a lack of preparation prior to visiting the camps.

Various activities are carried out by DG Santé to address these challenges. The 2016 health work programme includes actions on migrants' health with a budget of 7.5 million Euros. In addition, Chafea launched tenders in 2016 for the development of pilot training modules and subsequently the launch of training programmes for health professionals, law enforcement officers, and others about addressing mental health problems and communicable diseases. In terms of providing direct help to

refugees migrants, it was recommended to work with emergency support instruments, e.g. by working with local NGOs. Moreover, it was recommended that psychological support should be provided as an integrated aspect of primary healthcare, and special treatment for children should be provided in line with the UN Convention on the Rights of the Child.

Websites can be consulted for further information on good practices in mental health for refugees. Further information about mental health and refugees can be found on the DG Santé Migrants' Health page. Moreover, there is an opportunity to submit and consult good practices in mental health for refugees. Further information about this can be found on the EU Health Policy Platform.

10. The Prevention of depression and promotion of resilience

The second theme of the EU Compass *Prevention of depression and promotion of resilience* was addressed during day 2 of the forum. The starting point for discussions was the scientific paper on *Prevention of Depression and Promotion of Resilience* prepared by the EU Compass Consortium. The paper was discussed in advance with EU Group of Governmental Experts on Mental Health and Well-being and was presented at the Forum by Pim Cuijpers, Professor of Clinical Psychology VU University Amsterdam. During interactive poster sessions, key themes of the scientific paper were further discussed which included preventing (postpartum) depression in mothers, preventing depression at the workplace, preventing depression for people with long-term illnesses and e-health tools to prevent depression and promote resilience. Taking into account discussions on the scientific paper on *Prevention of Depression and Promotion of Resilience*, conclusions reached during the Forum sessions, led to the development of a consensus paper on preventing depression and promoting resilience. Furthermore, Arne Holte, Deputy Director of the Norwegian Institute of Public Health presented activities on the prevention of depression from a Nordic perspective, which promotes universal prevention.

Prevention of depression and promotion of resilience: scientific perspective

It is possible to distinguish between different types of prevention, which include:

- Universal prevention targeting the whole population
- Selective prevention targeting high risk groups
- Indicated prevention for those who have already been diagnosed with a mental disorder.

The incidence and prevalence of depression remains high in the EU; 30.3 million people suffer from depression in Europe each year. Alongside costs associated with depression, it has a tremendous impact on the quality of life of EU citizens. Since evidence-based treatment can reduce the burden of disease of depression by no more than 35%, preventive activities are vital in tackling depression.

Research indicates that indicated prevention is most effective in reducing the incidence of clinically defined depression, followed by selective prevention. Overall, prevention can reduce the incidence of depression by approximately 22%. It should be noted that there are differing perspectives on which definition of depression should be used throughout research. This discussion is closely related to parallel debate on the effectiveness of indicated versus universal prevention. Referring to depression as a clinically defined major depressive disorder versus a sub-threshold depression, can have significant

impact on the outcomes of preventive interventions. Besides this, it is important to take into account the follow-up time of interventions: a short follow-up of preventive interventions may in fact lead to the prevention of the onset of a disorder, rather than eliminate it indefinitely.

Research further indicates that it may be most effective to target preventive efforts at specific groups. This includes screening and preventive interventions for pregnant women, life skills programmes and early interventions for schools, stepped care for older adults in the primary care setting, universal programmes for employees at the workplace, and e-mental health tools to achieve self-management. E-mental health interventions to prevent depression can be simple and low-cost tools which provide easy access to preventive services and activities.

Prevention of depression and promotion of resilience: a Regional perspective

Norway, is significantly affected by the burden of mental health disorders (i.e. costs amount up to 19 billion euros a year). In line with the Nordic Society Model, a promising approach, *universal prevention,* is being used to tackle depression in the Nordic region.

The Nordic Society Model is a shared economic and social model including both a market economy, and a strong universalist welfare state aimed at promoting individual autonomy, social equity, social mobility, basic human rights, and a stable economy. The Nordic model is characterized by strong trade unions, a large income redistribution, free education and healthcare, a strong emphasis on children's rights and family and gender policy, and subsidized municipal childcare. In line with this, the Nordic approach to tackling depression is focused on universal prevention, as strategies focusing on high risk groups do not reach all people who develop depression.

Evidence for the Nordic prevention approach is based on Geoffrey Rose's Theory of prevention (Rose, 1993), and examples of research comparing universal and targeted prevention in neighboring fields such as alcohol consumption (Mackenback et al 2012), and prevention of depression in women after childbirth (Brugha et al, 2011). A further example of a cost-effective preventive practice includes centre-based childcare as an effective model of universal prevention (Havnes and Mogstad, 2009 & Zachrisson and Dearing, 2014). Moreover, a meta-analysis by Tan et al. (2014) indicates that universal prevention interventions at the workplace are effective.

Considering this research, effect sizes alone may be insufficient indicators for prioritizing and policy development. Structural and universal prevention initiatives may have far greater impact on public health than targeted interventions with large effect sizes. Therefore it can be argued that more emphasis should be given to the evaluation (including the cost-effectiveness) of structural and universal prevention strategies.

Prevention of depression and promotion of resilience for mothers

Postpartum depression is a frequently occurring condition among women. Screening for depression should already take place during pregnancy, and can be carried out in primary healthcare clinics as an integrated part of routine care. Other settings for screening to take place in could be in schools, or during couple's therapy. Alternatively, wellbeing and mental health could be promoted before pregnancy, and/or birth, or alongside screening.

Major challenges faced by women include birth trauma associations, preterm deliveries, being a young and/or single mother, problems in bonding with their baby and a lack of support from healthcare

providers. High-risk groups may include refugees who have been exposed to significant stressors, a low socioeconomic status, and millennials.

Recommendations to improve the prevention of depression for mothers include:

- The provision of coaching sessions to mothers on interaction with their baby
- Improving access to sexual health information and support
- Supporting the development of online support groups
- Education for the partners and/or family of the mother on early warning signs
- Screening and support for the partner

Prevention of depression and promotion of resilience at the workplace

The EC, OECD, Ministries in EU Member States and NGOs should actively engage in creating a compelling case for companies throughout Europe to invest in the mental health of their employees. Though large multinationals may have the financial capacity to do so, it may be more difficult for small to medium enterprises (SMEs) to pursue a mental health at workplace programme. To encourage SMEs to implement policies to improve mental health at the workplace, financial incentives, such as providing tax reductions for SMEs that have measures in place, could be provided.

Further manners in which mental health at the workplace can be addressed include:

- Setting up monitoring mechanisms for mental health at the workplace
- Addressing workplace conditions which may lead to mental health disorders
- Facilitate training for:
    - Employers on how to support their employees to ensure good mental health and wellbeing
    - Employees on building resilience and coping with stress
    - Line managers on how to create awareness in the workplace on mental health
- Disseminating digital tools to help employees with stress management
- Setting up anti-stigma campaigns in the workplace

Prevention of depression and promotion of resilience for people with long-term physical illnesses

In order to address the mental health of people who suffer from long-term physical illnesses, it is important to take a holistic approach to mental health and well-being. To prevent depression, early screening remains fundamental. Beyond that, various steps can be taken to prevent depression for people with long-term illnesses. This may include:

- Improving or setting up the integration of mental health in other healthcare services
- Setting up e-prevention tools which teach coping strategies
- Training physicians in the communication of diagnoses to patients
- Facilitate measures that enable people with long-term physical illnesses to stay at work
- Offer personalized financial support to people with long-term physical illnesses

E-health tools to prevent depression and promote resilience

E-health tools can play an important role in the prevention of depression and promotion of resilience. Yet, it remains important to note that E-health tools are not a replacement for face-to-face prevention activities. The benefits of using E-health tools in the prevention of depression is that its relatively

cheap, easy to access and it offer anonymity to its user. Nevertheless, the use of E-health tools also poses challenges. The tools need to be safe and ensure confidentiality of data, and certain factors need to be in place to ensure its success. These factors include:

- Having political support
- Digital literacy
- Having a regulated certification scheme for e-health tools
- An established communication strategy towards people at risk for depression
- E-health tools which reach vulnerable and at risk groups

11. Round-table wrap-up discussion

The EU Compass Forum was concluded with an interactive round table wrap-up discussion which focused on the implementation of research findings into practice and on collaborative ways of working together in mental health at the European level. The round-table was held with various stakeholders, such as NGOs, a governmental representative, the European Commission, and an EU Compass consortium representative. The round table included discussions on which steps EU Member States should take to implement the JA MH-WB recommendations for action, and how the European Commission can support them in this process. Furthermore, a discussion on how to demonstrate the impact of investments of mental health were discussed, as well as how the EU Compass can support EU Member States and other stakeholders in achieving better mental health. Conclusions reached during the round-table session are described below.

The JA MH-WB recommendations for action

In order for EU Member States to implement the policy recommendations of the *Joint Action European Framework for Action on Mental Health and Well-being* strong political commitment and support, and the development of a long-term strategy are necessary. Further elements identified as fundamental for the successful implementation of recommendations include:

- Ethical support
- The involvement of a board
- Technical capacity in the country
- Political Support
- Money, or a financial model which creates incentives to invest in effective programmes
- The involvement of stakeholders, including professionals, users and families

Further recommendations to EU Member States from the perspective of NGOs include:

- Investing as much in mental health as in physical health
- Funding for the implementation of recommendations should be bottom-up (i.e. investments should be made available for local initiatives).

Suggestions for the EC to support EU Member States in carrying out the JA MH-WB recommendations for action include:

- The collection of information (e.g. good practices in the implementation of recommendations) as is being done with the EU Compass

- Facilitating a debate during which a balanced set of priorities for each Member State can be defined
- Supporting implementation research in mental health
- (Financially) supporting the participation of service users in policy making
- Supporting research activities to define evidence-based policies for EU Member States
- Promote mental health in all policies

Investing in mental health

Studies have indicated that investing in mental health is worthwhile from an economic and social perspective, leading to an improved quality of life. Therefore more needs to be done to invest in further efforts to strengthen the case for investing in mental health. Nevertheless, demonstrating impact through measurements remains challenging as it requires the improvement of information systems and the development of suitable indicators. Though learning from each other is a significant outcome of current activities to improve mental health, this may not be enough to convince others of the value of these activities.

The EU Compass for Action on Mental Health and Well-being

The EU Compass for Action on Mental Health and Well-being also plays a role in supporting EU Member States and other stakeholders in improving mental health. Suggestions for the EU Compass on Mental Health to support EU Member States and other stakeholders included:

- Focusing specifically on the rights of citizens
- Completing evaluations on mental health services
- Promoting the investment case for mental health
- Providing examples of policies in EU Member States.

The *EU Compass* is currently active in collecting and sharing information on Mental Health policies in EU Member States through its annual EU Compass Member State Survey. One of the 2017 annual *EU Compass* themes will be mental health in the workplace, and therefore more time will be dedicated to promoting the investment case for mental health throughout the next year of *EU Compass* activities.

12. Conclusions and next steps

The EU Compass Forum 2016, *Preventing depression and improving access to mental health care* involved fruitful discussions between EU Member States and stakeholders on the themes *prevention of depression and promotion of resilience*, and *improving access to mental healthcare*. During the Forum outcomes of the first year of the *EU Compass for Action on Mental Health and Well-being* were presented, including an annual activity report with an analysis of key developments in mental health and wellbeing by EU Member States and stakeholders, good practices in mental health in Europe, and two thematic scientific papers.

The Forum has ensured a wide representation of views on the themes prevention of depression and promotion of resilience, and improving access to mental healthcare. Access to mental healthcare has been presented through a scientific, service-provider and service-user perspective, and thoroughly discussed during break-out sessions. Contrasting views on prevention of depression and promotion of resilience have been addressed in open discussion with Forum participants, and presented through the EU Compass scientific paper on prevention of depression, advocating indicated prevention, and the Nordic perspective, promoting universal prevention.

Assimilating the input from a wide variety of stakeholders and EU Member States has led to the development of a consensus paper on access to care and the prevention of depression and promotion of resilience.

Remaining issues on the implementation of research findings into practice and on collaborative ways of working together in the field of mental health were discussed during the interactive round-table session towards the end of the Forum. It was concluded that EU Member States should further invest in the implementation of the of JA MH-WB recommendations for action, more needs to be done to demonstrate the impact of the investment in mental health at EU level, and lastly, the *EU Compass* will further support EU Member States and stakeholders in improving mental health throughout the course of the project.

Annex I

List of Participants

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