Call for evidence for Commission communication on a comprehensive approach to mental health

This summary of the contributions received to the call for evidence cannot in any circumstance be regarded as the official position of the Commission and its services. Contributions to the call for evidence cannot be interpreted as representative of European or national populations or population subgroups or stakeholder types

Factual Summary Report

1. Introduction

Mental health is a major societal challenge facing the EU. It deeply affects the health and well-being of individuals and has profound implications for the economy and social cohesion. Both the European Parliament[1] and the Council[2] expressed their concerns and called for action in this area. In September 2022, President von der Leyen announced a new initiative, a comprehensive approach to mental health. As input for this initiative, a call for evidence was launched on 18 January and closed on 15 February 2023 to collect suggestions from citizens and stakeholders for this new initiative. Respondents were asked to describe challenges and possible actions or solutions in relation to one or more of the following areas that underpin the new mental health initiative: 1. the promotion of good mental health and prevention of mental health problems; 2. early detection and screening; 3. tackling psychosocial risks at work; 4. access to treatment and care; 5. quality of life and 6. on cross-cutting themes relevant for all of the five thematic pillars. This factual summary report describes the key responses of the stakeholders, for each of the six areas.

2. Overview of responses

In total, 313 responses were received from different stakeholder groups: EU citizens (110), non-governmental organizations (104), academic/research institutions (24), public authorities (14), trade unions (10), business associations (10), companies and businesses (9), consumer organization (1), non-EU citizens (3), and other (28). Stakeholders came from 22 different Member States covering almost whole Europe and 16 non-EU countries. Table 1 presents an overview of the number of responses per country. The relative large number of responses from Belgium mainly stems from European umbrella organizations based in Brussels. The responses were checked for campaigns, but none were detected.

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[1] https://www.europarl.europa.eu/doceo/document/TA-9-2020-0205_EN.html
[2] Lunch discussion in the Health Council on 9 December 2022.

Table 1. *Overview of the number of responses from EU Member States and non-EU Member States (n=313).*

Origin of respondent	Number	Origin of respondent	Number
Belgium	75	Greece	7
Slovakia	38	Netherlands	7
Germany	32	Sweden	6
France	24	Poland	6
Spain	24	Lithuania	4
Italy	20	Czechia	3
Non-European MS	16	Slovenia	3
Austria	12	Malta	2
Portugal	9	Croatia	1
Ireland	8	Luxembourg	1
Denmark	7	Romania	1
Finland	7		

3. Results

3.1 Key findings in responses related to cross-cutting themes

The 104 responses presenting cross-cutting themes relevant for all five thematic pillars related to the following overarching themes:

3.1.1 Mental health should be seen as a public health problem

Many stakeholders stressed that mental health is not an individual problem but should be prioritised as a public health problem that is strongly linked to other social problems such as poverty, poor living conditions, social exclusion and unequal access to education and health services. It was strongly recommended that actions to enhance mental health among EU citizens, should focus on the circumstances that affect mental health. A multidisciplinary 'Health in all policies' approach, that addresses these societal issues, is therefore considered to be most effective.

3.1.2 Focus on diversity and inclusiveness

Respondents stressed that mental health policy on promotion, prevention, access to treatment and care and tackling psychosocial risks at work, should take into account diversity and inclusiveness and pay specific attention to vulnerable groups, such as persons from: marginalised groups, living in poverty, experiencing trauma and abuse, experiencing (gender-based) violence and bullying, experiencing forced displacement and/or war, older persons, infants, (young) children and adolescents (most often mentioned), young adults, (very) old persons (living alone), women, people with a disability, people imprisoned, people with an addiction, homeless people, people with drug/alcohol addictions, children of parents with mental illnesses, and refugee and migrant population. In this context, it was also considered important to involve vulnerable groups in policy and intervention development to increase person-centered care.

3.1.3 Facilitate mutual learning and the sharing of knowledge, data and good practices

Several stakeholders underlined the need of mutual learning, sharing of good practices and the development and sharing of reliable data on mental health (e.g., a diverse set of indicators that could be used to compare European countries). This would include data on vulnerable groups. It was suggested that evidence pertaining to mental health and well-being could be made available via an open

Evidence Hub. It was also suggested that it would be helpful to have platforms for the sharing of knowledge and good practices.

3.1.4 Strive for a better understanding of the effects of crises and digitalization

Stakeholders expressed the need for a better understanding and more research into the effects of climate change, the Russian's war and aggression against the Ukraine, the COVID-19 pandemic and challenges posed by digitalization on mental health, specifically among children and young people.

3.2 Key findings in responses related to the promotion of good mental health and prevention of mental health problems

A total of 154 responses related to mental health promotion or the prevention of mental health problems. Suicide prevention was thereby often referred to as an important topic to address in policy and practice. The responses can be summarised as follows:

3.2.1 Improve living conditions and social cohesion

The provision of better overall living conditions (e.g., improved availability of housing and improved access to sport, culture, and nature, also referred to as **culture-based social prescribing**) was deemed important in the promotion of mental wellbeing. Investments in social cohesion / social capital: facilitators in the neighborhood to support the recovery and self-direction of target groups.

3.2.2 Invest in awareness-raising and education

The importance of enhancing education and awareness-raising on the prevention of mental health issues and available support services was underlined by several stakeholders. Introducing mental health education in schools was frequently brought up. Education in schools is thought to be needed to promote basic psychological knowledge among children, inform them on how to recognise mental health struggles, and to learn them how to get help in case of mental health problems.

3.3 Key findings in responses related to early detection and screening

Input related to the early detection and screening (n=63) was mainly provided by NGOs and Research Institutions. Very little input was received from EU citizens in this respect.

3.3.1 Settings for early detection

Several stakeholders referred to settings where early detection of mental health problems could take place, including schools, workplaces, welfare services, primary care, and nursery/day care settings. The upskilling of frontline professionals in education, workplaces, welfare and care services was considered important for the early detection of the loss of mental well-being and the onset of mental health conditions. Launching actions/campaigns to increase awareness and knowledge within communities and among professionals about how to recognise signals of mental health problems, in particular among vulnerable groups, was deemed important. Reaching out pro-actively to people who are at risk for facing mental health problems/conditions was also highlighted.

3.3.2 Need for indicators and monitoring tools

Stakeholders expressed a need for clear indicators of mental health problems/conditions and evidence-based tools for early detection and monitoring to help those at risk for mental health issues. It was expressed that a better

understanding is needed on how to integrate and create incentives for early detection in mental health policies and systems. The importance of developing monitoring processes to support people with mental health problems, allowing for identifying pre-disposing factors but also early warning signs, tipping points, and processes of successful adaptation and transformation (resilience processes) were proposed.

3.4 Key findings in responses related to tackling psychosocial risks at work

A total of 90 responses related to tackling psychosocial risks at work. Mainly Business (Associations) and NGOs reflected on tackling psychosocial risks at work.

3.4.1 Breaking stigma of mental health problems at work

Destigmatisation of mental health problems at work was considered very important, specifically under at-risk professions, such as police work, first aid workers or train drivers. Implement anti-stigma and discrimination interventions at work to reduce misconceptions about people with mental health conditions was mentioned as something to consider. Furthermore, attention is needed for stress, bullying and moral harassment at work.

3.4.2 Create circumstances to reduce stress and improve work-life balance

Creation of working circumstances that reduce stress and improve a work-life balance were strongly recommended: implementation of preventative and protective strategic approaches to mental health and wellbeing at work (e.g. sports, arts in building, green space, free internet, 'social vouchers', flexible remote-working options, offering a monthly mental health day); legislative measures that may contribute to mental health including reducing working hours, minimum wages, and protection from work-related psychosocial risks such as digital and telephone connections outside of working hours. In addition, development of performance indicators for monitoring and evaluation of risk factors at work for mental health problems was suggested as well as increasing mental health literacy among employers and employees. Implementation of International Labour Organization Guidelines on occupational safety and health management systems (ILO-OSH 2001) for a comprehensive and participatory management of psychosocial risks at the workplace was also recommended.

3.5 Key findings in responses related to improving access to treatment and care

The 128 responses related to this pillar came from all stakeholders groups but most input was received from the NGOs.

3.5.1 Enhance access to treatment and care

The need for improved access to mental healthcare was often mentioned, in terms of affordability, but also in terms of availability, for instance in underserved or rural areas. To enhance access to care, a number of suggestions were made: improve the availability of low-threshold access interventions, which do not involve complex assessment procedures; develop support systems outside of the mental health care systems (i.e. in social care) and combine it with effective referral pathways; improve high quality accessible first aid care, e.g., creating hotlines for people in need of help; inform people in marginalised communities on where they can find mental health help and support; offer different service options to choose from (professional, peers, self-help). In addition, capacity building and upskilling of

professionals to better meet the needs of citizens, especially vulnerable groups was also regarded important to enhance access to treatment and care.

3.5.2   Importance of person-centred integrated care

Almost all stakeholders stressed that mental health care should be person-centred, tailored to the needs and preferences of patients (it should be cultural sensitive) and integrated (focusing on the person as a whole in multidisciplinary teams). To realise person-centred care in care of mental health problems, integration of health and social care and strengthening the role of the general practitioner and professionals working in social services was recommended.

3.5.3   Reduce waiting lists and building workforce

Long waiting lists for mental healthcare services were often mentioned as a major problem. It was suggested to reduce the administrative burden of both service users, as well as healthcare providers. In this context it was suggested to use tools such as the NLO Service Design Checklist which can help making health and social services more accessible. In addition, it was suggested to invest in building the mental healthcare workforce, for instance by investment in mental health training for health and social workers. This was in particular considered important in order to offer psychosocial services for refugees and migrant children in Europe.

3.6   Key findings in responses related to improved quality of life

Compared to the other areas, quality of life was less often addressed in the input received from the stakeholders (n=91). Furthermore, the inputs that were received from the various stakeholder groups, often overlapped in the topics addressed.

3.6.1   Breaking stigma and protection rights

The importance breaking stigma on mental health problems and the use of mental health services was often mentioned by many stakeholders. Furthermore, stakeholders stressed that equitable access to new generation medicines and (routine) mental health care and support is very important. Universal access to care is a human right and stakeholders underlined that affordable mental health services should be available to all, including unemployed people, homeless people, pensioners, and children.

3.6.2   Monitor quality of Life

It was stressed that the monitoring of Health-Related Quality of Life (HRQoL), including mental health, in Member States is important, for instance by using patient-reported outcome measures (PROMs).

3.6.3   Offer support to people with mental health disorders with their daily functioning

Lastly, stakeholders deemed it important to offer more interventions that help people with mental health disorders with daily problems, including new technologies and new approaches for improving their social functioning.