

# **EU COMPASS FOR ACTION ON MENTAL HEALTH AND WELLBEING**

**ANNUAL REPORT 2016**

**ANNUAL REPORT OF ACTIVITIES OF MEMBER  
STATES AND STAKEHOLDERS**



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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

## Introduction

Good mental health is fundamental to the wellbeing of individuals, the welfare of Member States and the European Union as a whole. Good mental health serves as a foundation for achieving EU policy objectives related to economic growth, job creation and quality of life for EU citizens. It can lead to an increase in productivity and subsequently enhance economic growth, social cohesion and prosperity in Member States.

Despite the positive impact of achieving good mental health on health systems, societies and economies, mental disorders continue to place a tremendous burden on the wellbeing and health of EU citizens. Approximately 38.2% of EU citizens across all age groups are affected by a mental disorder each year, and mental disorders are a leading contributor to ill health and high morbidity rates, as measured per DALY in the European Union.<sup>1</sup>

Action is required to respond to and address the mental health needs of the European population. The *EU Compass for Action on Mental Health and Wellbeing*, a tender commissioned by DG Santé, 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.

This report provides a descriptive overview of information collected in 2016 on EU Member States as well as stakeholder activities and policies in mental health. The data collected focused on the first two EU Compass annual themes: 1) *preventing depression and promoting resilience* and 2) *better access to mental health services*. The information presented in this report was collected through annual surveys completed by Member States and stakeholders between January and April 2016. This report is Deliverable 2a of the first year of the EU Compass on Mental Health and Wellbeing and serves as the background document for the Annual Report (Deliverable 13a).

## Background

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).

The Green Paper “Improving the Mental Health of the Population” stimulated a debate on ways of promoting mental wellbeing throughout the European Union. Following the Green Paper, the European Pact for Mental Health and Wellbeing was introduced during an EU mental health conference in 2008. The Pact brought together European institutions, Member States, stakeholders from relevant sectors (health, education, labor, social affairs and justice) as well as patient, family, civil society and research organizations to raise awareness about mental health and wellbeing through the organization of various thematic conferences between 2009 and 2011 focusing on five priority themes.<sup>2</sup>

Action to address mental health issues in the European Union was enhanced in 2011 when the Council of EU Ministers adopted the Council Conclusions on “The European Pact for Mental Health and

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<sup>1</sup> H.U. Wittchen, F. Jacobi, J. Rehm, A. Gustavsson, M. Svensson, B. Jönsson, J. Olesen, Allgulander, J. Alonso, C. Faravelli, L. Fratiglioni, P. Jennum, R. Lieb, A. Maercker, J. van Os, M. Preisig, L. Salvador-Carulla, R. Simon, H.-C. Steinhausen. (2011). The size and burden of mental disorders and other disorders of the brain in Europe 2010. *European Neuropsychopharmacology* 21, 655–679.

<sup>2</sup> The 5 themes addressed by the Pact were: 1) prevention of depression and suicide; 2) mental health in youth and education; 3) mental health in workplace settings; 4) mental health of older people; and 5) combatting stigma and social exclusion.

Wellbeing: Results and Future Actions”.<sup>3</sup> Recognizing that the primary responsibility for action related to mental health rests with Member States, representatives were invited to continue their cooperation at the EU-level on mental health through a Joint Action.

The Joint Action on Mental Health and Wellbeing (JA-WB) began in 2013 and involves 51 partners representing all EU Member States and 11 European organizations. The JA-WB delivered a framework for action in mental health policy at the European level addressing five areas<sup>4</sup> and succeeded at building a process for structured collaborative work, involving Member States, the European Commission, and relevant stakeholders and international organizations.

Monitoring of the implementation of recommendations for action produced by the JA-WB is currently carried out by the EU Compass for Action on Mental Health and Wellbeing.

### EU Compass for Action on Mental Health and Wellbeing

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 policy and stakeholder activities in mental health. 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. The EU Compass 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 in 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, 2017 and 2018) as well as national mental health workshops in each Member State as well as Iceland and Norway. The EU Compass is a tender commissioned by the European Commission and Consumers, Health, Agriculture and Food Executive Agency and 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”.

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<sup>3</sup> Council of the European Union (2011). Council Conclusions on ‘The European Pact for Mental Health and Wellbeing: results and future action’. Retrieved from: [https://www.consilium.europa.eu/uedocs/cms\\_data/docs/pressdata/en/lssa/122389.pdf](https://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lssa/122389.pdf)

<sup>4</sup> The areas addressed by the Joint Action are: 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.

## 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 States and stakeholder surveys included open and closed questions. The Member States survey included 25 questions and was more in-depth than the stakeholder survey, which included 12 questions. The surveys were divided into two sections: baseline questions and theme-specific questions.

#### *Baseline data*

The first two sections of the Member State and stakeholder surveys requested baseline data, which is collected on an annual basis. The Member States survey requested a verification or update of recent, existing data from the EuroPoPP (2013)<sup>5</sup> and the WHO Mental Health Atlas (2014)<sup>6</sup> country profiles, which was provided in the survey, on the state of mental health in the respondent's respective country. The verified and/or updated data from the EuroPoPP and WHO Atlas was used to draw the conclusions presented in this report.

This was followed by a request for respondents to provide updates on key developments in mental health 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.

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5 Samele, C., Frew, S., and Urquía, N. (2013), European profile of prevention and promotion of mental health (EuroPoPP-MH). Retrieved from: [http://ec.europa.eu/health/mental\\_health/docs/europopp\\_full\\_en.pdf](http://ec.europa.eu/health/mental_health/docs/europopp_full_en.pdf)

6 World Health Organization (2014). Mental Health Atlas. Retrieved from: [http://apps.who.int/iris/bitstream/10665/178879/1/9789241565011\\_eng.pdf?ua=1&ua=1](http://apps.who.int/iris/bitstream/10665/178879/1/9789241565011_eng.pdf?ua=1&ua=1)

Baseline information requested in the stakeholder surveys included a description of 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.

#### *Theme-specific sections*

As the EU Compass has annually rotating themes, the second section of the surveys focused on a different theme each year. This year, the following themes were addressed:

1. *Prevention of depression and promotion of resilience; and*
2. *Provision of more accessible mental health services.*

In both surveys, a number of questions addressed the extent to which action on the two annual themes is taking place. Member States and non-governmental actors were asked to describe how they were implementing these themes in practice, in light of the framework for action that resulted from the Joint Action for Mental Health and Wellbeing in 2016.

#### *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 (Please see [http://ec.europa.eu/health/mental\\_health/eu\\_compass/index\\_en.htm](http://ec.europa.eu/health/mental_health/eu_compass/index_en.htm)).

##### *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 EU 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 620, 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 on January 18<sup>th</sup> 2016 via e-mail. To maximize response rates, a reminder system was used, wherein reminders via email were sent out on February 4<sup>th</sup> and 18<sup>th</sup>, 2016 to non-responders. Member States which failed to respond to the survey by March 2016 were individually approached via phone and e-mail. The initial deadline to fill in the Member States survey was the end of February. At the request of representatives from Member States, this was extended to April 2016. 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, 22 representatives completed the survey.<sup>7</sup> Nine Member States did not

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<sup>7</sup> Austria, Belgium, Bulgaria, Croatia, Denmark, Estonia, Finland, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, the Netherlands, Norway, Portugal, Romania, Slovakia, Slovenia, Spain, Turkey and the United Kingdom.



respond to the survey.<sup>8</sup> Of the 620 stakeholders invited to complete the survey, 9.5% responded, among which the largest proportion was located in Italy (15%) and was from the non-governmental sector (56%).

### Data analysis

Raw data from the 21 respondents of the Member States surveys were exported from Webropol to Excel. One Member State submitted responses through another format. Therefore, this data was manually added to Excel and checked for accuracy to minimize errors in data recording. All data from stakeholders was similarly exported from Webropol to Excel.

Qualitative survey data from both surveys was cleaned and analyzed in Excel, whereas quantitative survey data was cleaned in Excel and then imported and converted into variables, which were coded in order to allow for basic survey data analysis, such as cross-tabulation and frequency tables. Graphs and charts used for this report were created with Excel.

### Limitations

Data presented in this report reflects the input received from Member States and stakeholders. Only limited cross-checking of information provided was carried out, due to time and resource limitations.

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<sup>8</sup> Cyprus, Czech Republic, France, Germany, Greece, Ireland, Malta, Poland and Sweden

# PART I – Mental health developments in EU Member States

## Section A: Baseline data on mental health policies and practices across EU Member States

### A1. Basic information mental health systems

This section of the report provides information on key aspects of mental health systems such as: mental health policy and legislation, prevention programs, human resources and services available in countries. It draws on the data collected prior to the EU Compass survey, in the EuroPoPP (2013) and WHO Atlas (2014), which was verified and confirmed by survey participants.

Mental health policies and plans

Data shows that the existence of mental health policies and the degree of their implementation varies between Member States (Table 1).

Table 1. Mental health policy and regulation per country

	Stand-alone policy or plan for mental health	Stand-alone law for mental health	Existence of suicide prevention strategy	Existence of at least two functioning mental health promotion or prevention programs
Austria	X*		*	*
Belgium	XX*	XX*	XX	
Bulgaria				
Croatia	XX*	XXX*	*	
Denmark	XXX*	X*	*	*
Estonia		XXX*	*	*
Finland	XX*	XXX*	*	
Hungary	X*			*
Iceland	XX*	XXX*	*	*
Italy	XXX	XXX	XX*	
Latvia	XXX	XXX	*	
Lithuania	XX	XX*	X	*
Luxembourg	XX*	XXX*	XX	
Netherlands	XXX*	XXX	XX	
Norway	XXX	XXX	XX	
Portugal	XX*	XX*	XX	
Romania	XX*	XXX*	*	*
Slovakia				
Slovenia		XXX*	*	*
Spain	XXX*	*		
Turkey				
United Kingdom	XXX*	XXX*	*	*

XXX	Yes, Available and fully implemented		Yes, Available
XX	Yes, Available and partially implemented		No, Not available
X	Yes, Available but not implemented		Unknown
		*	No correction was made by Member State.

The majority of the Member States (87%) have a stand-alone policy or plan for mental health. The degree of implementation of the stand-alone policy or plan varies from not implemented (9%) to partially implemented (32%) to fully implemented (32%) (Figure 1). Fourteen percent of the Member States have a stand-alone policy or plan without an indication about the degree of implementation.

Only one Member State had no stand-alone policy or plan for mental health, and information was not available from two other Member States.

**Mental health legislation**

Data shows that the vast majority of the Member States (77%) have a stand-alone law for mental health. However, in only 55% of Member States has the stand alone-law for mental health been fully implemented. Fourteen percent of Member States have partially implemented the stand-alone law for mental health, whereas 4% have not implemented it at all. Three of the 22 Member States (14%) have no stand-alone law for mental health. For two Member States, no information was available.

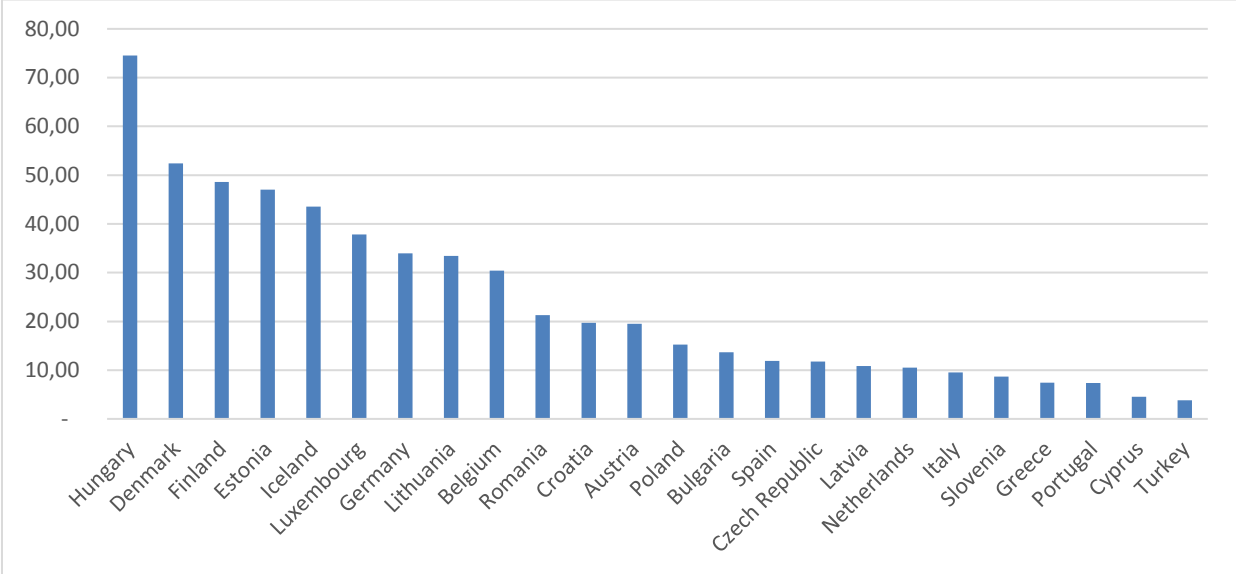
**Suicide Prevention Strategy**

Half of the Members States have a suicide prevention strategy, of which 27% have this strategy partially implemented. A further 23% of Member States provided no information about the degree of implementation. Approximately one-third of the Member States have no suicide prevention strategy in place. For four Member States, no information was available.

**Mental Health Promotion or Prevention Programs**

The vast majority (77%) of the Member States have at least two functioning mental health promotion or prevention programs in place, with the exception of one Member State. For the remainder of Member States (18%), no information was available.

Figure 1. Psychiatric unit beds per 100 000 population among Member States



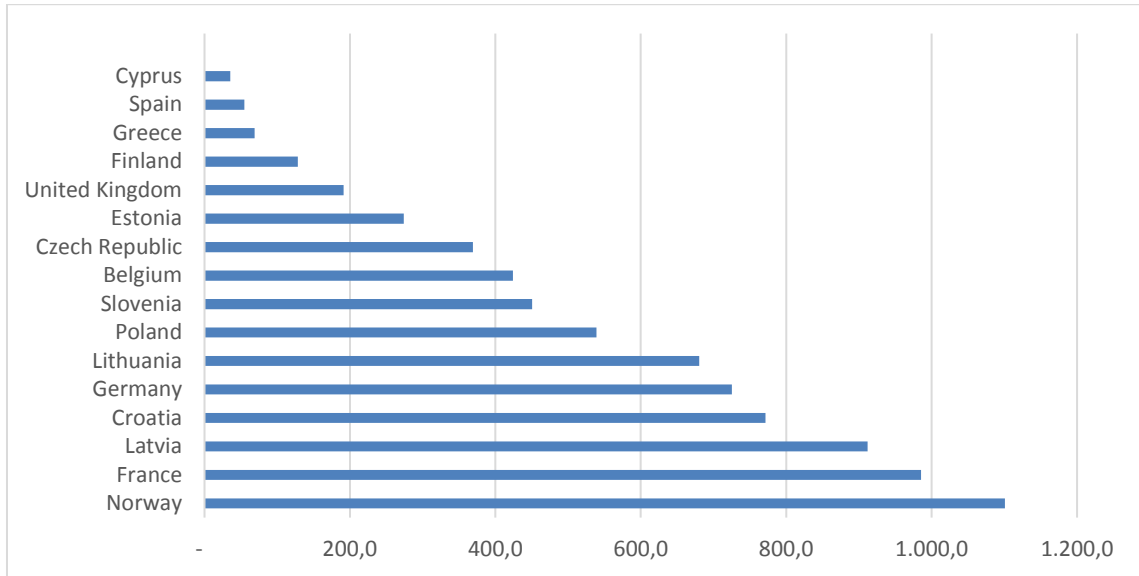
Source: World Health Organization Mental Health Atlas 2014 Country Profiles

The number of psychiatric unit beds per 100,000 population is similar across most EU countries, with a median number of 0.57 units.

**Patterns of service utilization**

Admissions to mental hospitals range from 1100.9 per 100,000 in Norway, 985.4 in France and 912.1 in Latvia to 35.6 in Cyprus (Figure 2).

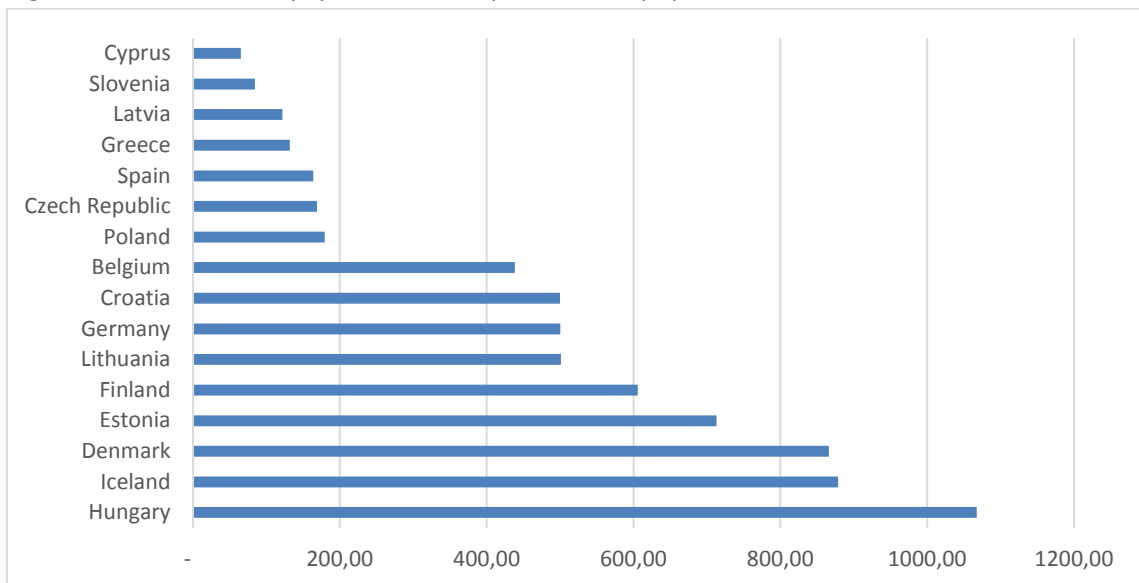
Figure 2. Admissions to mental hospitals per 100,000 population



Source: World Health Organization Mental Health Atlas 2014 Country Profiles

Admissions to psychiatric units in general hospitals vary as well, from 1067.6 in Hungary, 878.9 in Iceland and 866.1 in Denmark to 65.1 in Cyprus (Figure 3).

Figure 3. Admissions to psychiatric units per 100,000 population

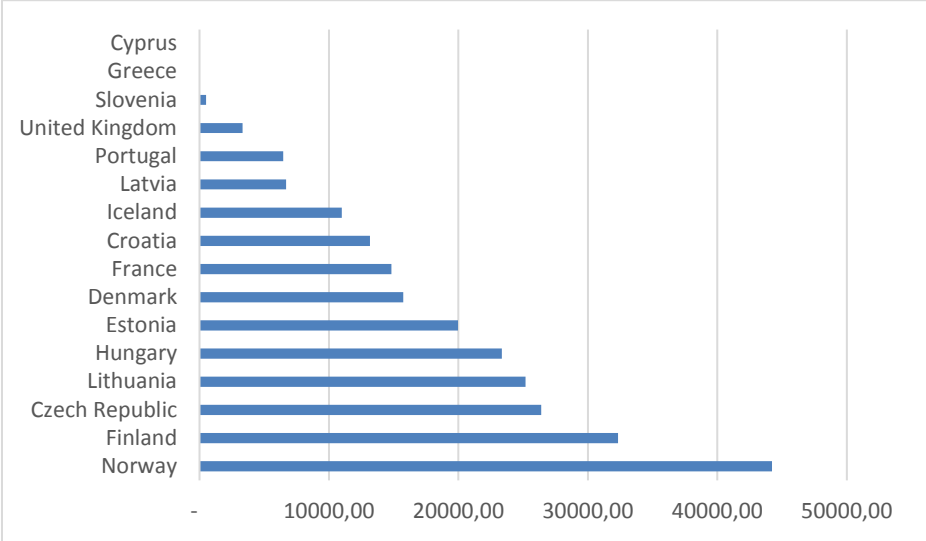


Source: World Health Organization Mental Health Atlas 2014 Country Profiles

Information on number of admissions to residential care facilities is only available from four EU Member States. On an annual basis, there are 112.9 residential care admissions in Finland, 18.3 in Poland, 16.5 in Latvia and 15.6 in Greece.

Patterns of utilization of outpatient facilities vary significantly across EU Member States. For instance, Norway has the highest number of outpatient visits for mental health on an annual basis, at 44,208.2, while Cyprus reports the lowest number of visits to outpatient services, at 5.8 visits per 100,000 population (Figure 4).

Figure 4. Visits to outpatient facilities per 100,000 population



Source: World Health Organization Mental Health Atlas 2014 Country Profiles

Availability of specialist mental health workers

Data on the mental health workforce across countries show the diversity in human resources available. Due to low response rates from participants on confirmation of country data from the EuroPop study and WHO 2014 Mental health Atlas for this baseline EU COMPASS survey, the aggregated numbers of total mental health workers per 100,000 population provided limited information. Instead, we present here the country data as verified by WHO per key professional group in mental health (Table 2).

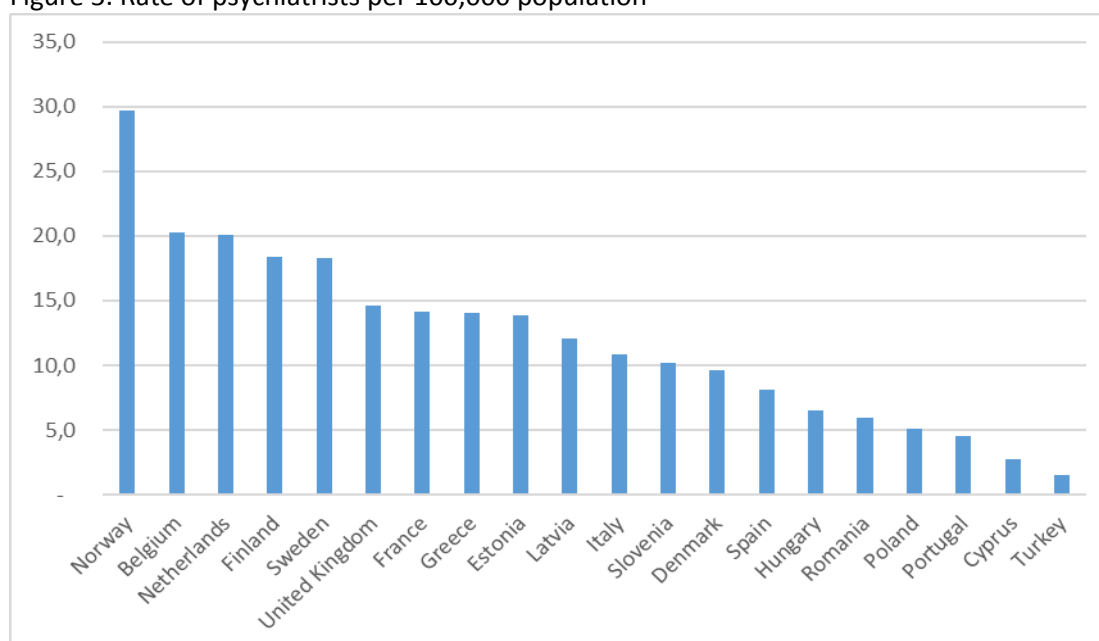
Table 2. Availability of specialist mental health workers per 100,000 population

Countries	Psychiatrists per 100,000 population	Nurses per 100,000 population	Psychologists per 100,000 population	Social workers per 100,000 population
Austria	*	*	*	*
Belgium	20.3	*	*	*
Bulgaria	*	*	*	*
Cyprus	2.7	20.6	2.7	0.2
Czech Republic	*	*	*	*
Denmark	9.6	60.0	12.8	5.7
Estonia	13.9	21.4	7.8	1.7
Finland	18.4	*	56.9	*
France	14.1	90.9	10.8	*
Germany	*	*	*	*
Greece	14.1	50.6	12.1	6.9
Hungary	*	*	*	*
Iceland	*	*	*	*
Ireland	*	*	*	*
Italy	10.9	27.6	3.5	2.4
Latvia	12.1	*	*	*
Lithuania	*	*	*	*
Luxembourg	*	*	*	*
Malta	*	*	*	*
Netherlands	20.1	*	90.8	*
Norway	29.7	123.1	54.3	26.5
Poland	5.1	18.7	5.3	0.7
Portugal	4.5	12.5	2.2	0.7
Romania	6.0	16.9	1.4	0.5
Slovakia	*	*	*	*
Slovenia	10.2	89.6	3.6	1.5
Spain	8.1	9.7	5.7	2.6
Sweden	18.3	52.9	*	*
Turkey	1.5	*	1.4	0.8
United Kingdom	14.6	67.3	12.8	2.0

Source: World Health Organization Mental Health Atlas 2014 Country Profiles

According to WHO Atlas 2014 data, the number of psychiatrists per 100,000 population ranges from 29.7 in Norway and 20 in Belgium and the Netherlands to 1.5 in Turkey and 2.7 in Cyprus.

Figure 5. Rate of psychiatrists per 100,000 population



Source: World Health Organization Mental Health Atlas 2014 Country Profiles

Variations across countries are even higher regarding the number of nurses. This figure ranges from 123.1 in Norway, 90.9 in France and 89.6 in Slovenia to 9.7 in Spain. The numbers of psychologists and social workers show the largest discrepancies between countries. As such the number of psychologists per 100,000 population ranges from 90.8 in the Netherlands and 56.9 in Finland and 54.3 in Norway to 1.4 in Romania and Turkey. Similarly, numbers of social workers for this same population range from 26.5 in Norway to 0.5 in Romania and 0.2 in Cyprus. Overall, Norway reported the highest number of human resources for mental health (psychiatrists, nurses and social workers) and also ranked 3<sup>rd</sup> among participating EU countries with the highest number of psychologists working in mental health services.

## A2. Key mental health developments initiated or implemented over the past year

Each participating Member State identified various developments in mental health care initiated, implemented or continued in the past year. These developments ranged from changes in the national mental health legislation to improvements in existing mental health services or initiation of new mental health services. The following section contains data from the Member States and is a situational analysis of the Member States with information regarding policy and legislation developments, including the sub-domains of changes to policies, organization and development of mental health care, promotion and prevention initiatives, involvement of other sectors, monitoring, and Mental Health in All Policies. Quotes from representatives from Member States regarding each of the sub-domains are in italics below and have been cleaned for ease of reading.

### *Austria*

The policy framework of mental health care was modified in the past year. The representative outlined the following changes and development of goals:

- *The Austrian Dementia Strategy was elaborated in 2015;*
- *In 2016, the Austrian health target #9 “To promote psychosocial health in all population groups” will be elaborated by an intersectional and multidisciplinary workgroup;*
- *The National Addiction prevention strategy was published in January 2016; and*
- *The “Safety and Health at Work Act” (“Arbeitsschutzgesetz”) was revised.*

Funding for new developments in mental health care such as those listed above are funded as a part of the general health budget.

With regard to mental health service organization, development and/or quality, the survey representative stated that organization of services *differs regionally, as there is no national coordination of service organization, development or quality.*

The survey representative noted, in consideration of mental health promotion and prevention initiatives, that *suicide prevention is a continuous, ongoing process in Austria.*

As for the involvement of partners from other policies and sectors (multisectoral governance), it was stated that *health targets are elaborated by intersectional and multidisciplinary workgroups.*

With regard to the involvement of patients, families and NGOs, the survey representative responded that *this is a continuous, ongoing process, for example in the national mental health board.*

The survey representative stated that Austria undertakes several activities to monitor the mental health status of the population:

- *Data collected on suicides through an Annual Suicide Report;*
- *Data collected on substance use and addiction through an Annual Drug Report (+ every 4 years: General Population Survey on substance consumption and gaming behavior);*
- *General mental health data collected through items in the Austrian Health Interview Survey (AT-HIS), which is carried out every 7 years among the entire Austrian population; and*
- *Data on adolescent mental health through an ongoing Study on Mental Health of Austrian Teenagers (MHAT).*

Regarding measuring the impact of policies and/or emerging new needs, the survey respondent stated that there is *the monitoring of health targets and the monitoring of health promotion strategies.*

With regard to Mental Health in All Policies, the Austrian representative stated that *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 Target #9 "To promote psychosocial health in all population groups". The representative also noted that the Safety and Health at Work Act is an important step toward the promotion of mental health and the prevention of mental disorders in the workplace.*

### *Belgium*

Over the past year, the survey representative noted that Belgium has modified its mental health policy framework by creating a *new protocol agreement between the Ministers responsible for public health in Belgium concerning the reform of child and youth psychiatry*. In addition, budget allocation for mental health increased during 2016 by 26 million euros.

With regard to service organization, development and/or quality, the survey representative stated that changes included *further implementation of the reform of adult psychiatry with the increase of the number of mental health professionals in the existing mobile mental health teams, as well as the development of a new mobile mental health team, and the Flanders Quality Indicators project for patients and professionals, which monitors 7 indicators as of 2016. The monitoring applies to psychiatric hospitals, centers for mental health care, protected living initiatives, care homes for psychiatry, mobile teams, rehabilitation centers for drug support and psychosocial rehabilitation centers.*

The representative noted that promotion and prevention initiatives in Belgium include *the Flemish www.zelfmoord1803.be (suicide1803) platform. Zelfmoord1803 is a single gateway and platform for the prevention of suicidal behavior: a single telephone number, a single portal site.*

As for the involvement of partners from other policies and sectors (multisectoral governance), the representative stated that *during the preparation and the implementation of the reform the wellbeing (disability policy), justice, education and employment sectors were involved.*

With regard to the involvement of patients, families and NGOs, the representative noted that *both patient and family organizations as well as NGOs were involved in the reform of mental health care in Belgium. Different tools were developed for supporting patient and family organizations in order to increase their involvement and empowerment. The representative also stated that in Flanders, six pilot projects on assisted home arrangements for people with mental illness with long-term care needs were implemented on December 1, 2015, and these will run until December 31, 2017. Each pilot is slightly different in its implementation approach. This is intentional, with the aim of identifying ways to achieve adapted home environments and better patient-centered care. The ultimate aim of the pilots is to focus on recovery, empowering beneficiaries and caregivers, and to foster more integration in the local community.*

The survey representative noted that Belgium has a national health survey that monitors the mental health status of the population or particular population groups (including suicidal behavior. *This survey has an important part on mental health with questions on suicidal ideas, suicidal attempts, depression, anxiety and sleep disorders. The survey is available at [https://www.wiv-isp.be/epidemio/epifr/crospfr/hisfr/his08fr/7\\_sante\\_mentale.pdf](https://www.wiv-isp.be/epidemio/epifr/crospfr/hisfr/his08fr/7_sante_mentale.pdf). The survey representative also stated Belgium has the Health Behavior in School-Aged Children survey (HBSC), and death certificates for information on suicide.*

According to the survey respondent, other changes in Belgium include *the further implementation and extension of the reform "PSY107", which established networks between institutions (with patient and family involvement) and the opening in 2015 of a new forensic clinic of 264 beds and the decision to open a second forensic clinic of 183 beds. In addition, two long stay units for forensic patients were created: one for men, with a capacity of 30 beds, and one for women, with a capacity of 20 beds.*

### *Bulgaria*

The survey representative noted that regarding the monitoring of the mental health status of the population or particular population groups (including suicidal behavior), there is *ongoing monitoring of suicide attempts*. The representative went on to note that in Bulgaria, there is *an analysis of the psychiatric system of services is provided to the MoH*; this analysis is seen as a method of monitoring impact.

According to the survey respondent, other changes in Bulgaria include the *training of GPs in the early detection of depression and suicide prevention, an epidemiological survey for the prevalence of common mental disorders, training in schools on topics related to aggression and suicidal behavior and an anti-stigma campaign*.

### *Croatia*

In mental health care, as related to service organization, development and/or quality, the Croatian representative noted that there is *improved organization (access) of somatic and mental health services for prisoners*.

The representative stated that regarding prevention and promotion, there have been more research and education activities initiated on psychosocial and psychophysiological risks in the workplace.

According to the respondent, other changes in Croatia include a *public debate on changes in primary and secondary school curricula (field of mental health)*.

### *Denmark*

The representative noted that mental health legislation changes in Denmark include *the revision of the psychiatry legislation of December 2, 2010 on May 4, 2015. This revision provides tougher regulation on coercive measures in general and especially against minors between the ages of 15-17. Furthermore, the revision gives staff permission to search patients, rooms and mail, in order to enforce the prohibition of drugs and dangerous objects in the psychiatric wards, thereby increasing the security of both patients and staff*.

The representative stated that the policy framework of mental health care was modified in the past year; the changes are included in the *report "A Modern, Open and Inclusive Effort for People with Psychiatric Illnesses" (En moderne, åben og inkluderende indsats for mennesker med psykiske lidelser), published in Oct. 2013 by the psychiatric committee appointed by the government. The report lays the groundwork for how efforts for people with psychiatric illnesses can best be organized and carried out*.

The respondent highlighted changes in mental health care funding for new developments, such as *the rate adjustment pool agreement for 2015-2018, which allocated 2.2 billion DKR (Danish krone) to the area of psychiatry. In addition, along with the Danish Regions (Danske Regioner) and the 5 Danish regions, the Ministry of Health made a partnership agreement that will allocate 50 million DKR each year until 2020, which aims to cut in half the amount of coercive measures used. The agreement also allocated 100 million DKR as a one-time investment toward improving psychiatric wards in these regions. The partnership agreement was financed by the financial act of 2014*.

The representative noted that mental health promotion and prevention initiatives in Denmark include *"the prevention package for mental health", an initiative that works directly with municipalities (local authorities) to improve the mental health of citizens and intensify local mental health prevention efforts*. Other mental health promotion and prevention activities listed by the representative include *the "One of us" (En af os) campaign, which has been an ongoing initiative in Denmark since 2010 and is led by a national network (called the "Joint effort") consisting of The Danish Mental Health Fund,*

*TrygFonden, Danish Regions, the five regions, the Ministry of Social Affairs, Children and Integration, and the National Board of Health. The campaign aims to increase knowledge about mental illness among the general Danish population, to lessen the distance between patients and their acquaintances (which leads to stigmatization, prejudices and social exclusion), and to create a better understanding of mental illness in schools, workplaces and other community settings.*

As for the involvement of partners from other policies and sectors (multisectoral governance), the representative stated that in 2014, *the Danish Health Authority (Sundhedsstyrelsen) and the National Board of Social Services (Socialstyrelsen) cooperated in the administration of the national strategy "Research for the benefit of people suffering from mental illnesses - a national strategy" (Forskning til gavn for mennesker med psykiske lidelser - en national strategi), released by the Ministry of Health.* Further, the representative noted that *in February 2014 a Task Force for psychiatry was created, in order to survey and promote development within the psychiatric area. It consists of representatives from the regions, Danish Regions, the Ministry of Health, the Ministry for Children, Education and Gender Equality, the Danish Health Authority, and SS. Furthermore, the Danish Innovation Fund has also been involved in various projects.*

Regarding the involvement of patients, families and NGOs, the representative noted that *NGOs and the regions have been involved in the psychiatric assortment, and patients, families and NGOs have been involved in various projects.*

The representative stated that with regard to measuring the impact of policies and/or emerging new needs, there is *the Task Force for Psychiatry, consisting of representatives from the regions, Danish Regions, the Ministry of Health, the Ministry for Children, Education and Gender Equality, the Danish Health Authority, and SSI, and having the overview of the impact of policies implemented within the area of psychiatry in Denmark.*

Regarding Mental Health in All Policies, the representative noted that *the National Clinical Guidelines for mental health conditions have been implemented at different levels of care (e.g. primary and secondary care) and in different regions, in order to standardize treatment approaches across different levels of care at the national and regional levels.* The respondent also stated that *the Danish Health Authority and the National Board of Social Services have released coordinating action plans in order to ensure better coordinated and individual treatment.*

#### *Estonia*

The representative noted that *mental health promotion and prevention initiatives in Estonia include a variety of mental health projects with the help of the Norwegian financial mechanism 2009-2014. Information about the projects funded are available at <http://www.sm.ee/et/funded-projects>.*

The survey representative mentioned that *the HBSC (Health Behavior in School-aged Children) study (2013/2014) and the Estonian Health Behavior study (2012, 2014) were surveys carried out to monitor the mental health status of the population.*

The representative also noted that *Estonia intends to measure the impact of its National Health Plan, including the component related to mental health.*

### *Finland*

The survey representative noted, regarding mental health legislation changes, that *the Ministry of Social Affairs and Health has prepared a thorough memorandum on the needs for reform of the Mental Health Act. The memorandum has been sent to stakeholders for comments.*

The survey respondent highlighted that mental health promotion and prevention initiatives *includes an intention to initiate "A national program to promote mental health and prevent loneliness/exclusion."*

With regard to the involvement of partners from other policies and sectors (multisectoral governance), the representative stated that *workshops with a large number of stakeholders and representatives of different ministries have been organized in order to define long-term goals and action for the promotion of wellbeing and health, including two workshops on the promotion of mental health.*

As related to the involvement of patients, families and NGOs, the respondent noted that *collaboration between NGOs and the Ministry of Social Affairs and Health in the field of mental health promotion has intensified. This is related to the preparation of a long-term program for the promotion of health and wellbeing and to the preparation of one of the Government's key projects ("Health and wellbeing will be fostered and inequalities reduced").*

Regarding Mental Health in All Policies, the representative stated that *Finland participated in the Joint Action on Mental Health and Wellbeing and led the Mental Health in All Policies work package, which aimed to promote this concept. The outcome of the Finnish-led work package was recommendations for actions for MHiAP, which have been disseminated within Finland as well as Europe. In addition, Finland also organized a regional EU conference on Mental Health in All Policies, with national representatives of different policy sectors participating in the conference.*

The representative also noted that last year, the Finnish National Plan for mental health and substance abuse activities (2009-2015) ended, and that subsequently the plan and its achievement of several objectives (*including service organization, development and quality*) were developed and published in Finnish.

### *Hungary*

In mental health care, as related to service organization, development and/or quality, the representative noted that *has been a shortage of doctors and nurses all over the country, and [in] the central region of Hungary, and infrastructure development is needed.*

Promotion and prevention initiatives in mental health included, as highlighted by the respondent, that *at the national, regional and local levels, there are promotion and prevention initiatives with the collaboration of the EU/European project.*

With regard to the involvement of partners from other policies and sectors (multisectoral governance), the representative stated that *there has been an initiative between the health care and social sectors to differentiate between health care and social care.*

### *Iceland*

The representative noted that Iceland has finalized a new National Mental Health Policy which was *passed by the Icelandic Parliament in 2016.* The respondent stated further that mental health care funding for new developments has changed. The changes include a *temporary additional budget awarded to the Icelandic Center for Child Development and Behavior to reduce waitlists in the fall of 2015, and an additional budget awarded to the Division of Child and Adolescent Psychiatry at Landspítali-University Hospital starting in 2016.*

With regard to mental health service organization, development and/or quality, the representative stated that *an action plan to increase psychological services in primary care is included in the new Mental Health Policy. The financing of these services has already begun.*

Promotion and prevention initiatives in mental health included, as highlighted by the respondent, the fact that *the Directorate of Health initiated a national survey in 2015 in order to assess the current use of mental health promotion and prevention programs in primary and lower secondary schools. The results will be used to improve evidence-based mental health promotion and prevention efforts in the school system.*

With respect to monitoring the mental health status of the population, the representative stated that *in 2015, the Directorate of Health initiated an annual monitoring of key indicators for health and wellbeing among the Icelandic public, including indicators of mental health and wellbeing. Also, the Reykjavik Specialist Services for Schools initiated systematic screening for depression and anxiety among 14- to 15-year-olds.*

### *Italy*

The survey representative noted that Italy has amended the *Law 9/2012 to Law 81/2014) concerning the closure of forensic mental hospitals.* The representative further noted that the policy framework of mental health care was modified in the past year; these changes included the fact that *several documents were released (State and Regions agreement) to support the implementation of the National Strategy and Action Plan (PANSM, issued in 2013), such as the "Children's and adolescent mental health care organization", "Pathways for major mental disorders", and the "Action framework for autism disorders".*

The respondent stated that in Italy, mental health care funding was changed through the *funding of service alternatives to forensic hospitals and the funding of research programs and projects.*

With regard to service organization, development and/or quality, the representative noted *the establishment of the Information System based on the different services' activities working groups to develop indicators of process and quality in the various mental health departments.*

Promotion and prevention initiatives in Italy included, as noted by the representative, *the implementation of the National Prevention Plan and many initiatives at the regional and local levels.*

Regarding the involvement of partners from other policies and sectors (multisectoral governance), the representative stated that this included *joint work in the framework of WP7 of the JA on Mental Health and Wellbeing, agreements with the education sector for activities in the school setting (i.e., autism), and cooperation with the welfare sector.*

The representative noted that regarding the involvement of patients, families and NGOs, in Italy there was *involvement at the regional and local levels for mental health and wide involvement at the national level for dementia.*

According to the respondent, monitoring the mental health status of the population or particular population groups (including suicidal behavior) happened through *a broad study conducted on prison populations, funded by the Ministry of Health, that a new study had just been financed, and that programs are starting to be implemented for migrants.*

### *Latvia*

The representative noted that with regard to service organization, development and/or quality, changes included the *"Guidelines on Development of Social Services 2014-2020"* (responsible institution: Ministry of Welfare), the *deinstitutionalization process*, the *development of community-based social services and efficient social service management (also for persons with mental disabilities)*, and the *"Action plan for deinstitutionalization 2015-2020"* (responsible institution: Ministry of Welfare), which was approved in 2015.

As the representative stated, mental health promotion and prevention initiatives in Latvia included the fact that in 2015 the *Latvian Center for Disease Prevention and Control*, in collaboration with the *Ministry of Health of the Republic of Latvia*, successfully finished the second phase of the national level mental health promotion and stigma reduction campaign *"Don't turn away!"*, which included many coordinated activities aiming to promote mental health, prevent mental disorders and suicide, and also to reduce stigma against mental illness. The representative also noted that the second phase of this campaign took place from September through November, 2015. The aim of this campaign was to educate people about the importance of mental health and the signs and symptoms of mental disorders and suicide risk factors, and to encourage people to seek professional help and to reduce the stigma and exclusion of people suffering from mental disorders. The second phase of this campaign was launched on the annual World Suicide Prevention Day on September 10, 2015 by holding a press conference. The activities of this campaign also included:

- *A frequently updated webpage including all information and materials about this campaign (information about different mental disorders, self-assessment tests, information on where to seek help in cases of mental illness, videos, informative materials, etc.);*
- *Recommendations for relatives living with persons suffering from mental disorders;*
- *Free of charge psychotherapist consultations;*
- *Lectures in workplaces;*
- *Thematic articles in media; and*
- *Campaign-related publications in social networks, clips on TV, outdoor advertising and many other activities.*

With respect to monitoring the mental health status of the population or particular population groups (including suicidal behavior), the representative highlighted the study *"Prevalence and sociodemographic characteristics of self-reported suicidal behaviors in Latvia in 2010: A population-based study"*, which was published in the *Nordic Journal of Psychiatry*.

### *Lithuania*

Regarding mental health legislation, the representative stated that *with the aim to implement statements of the Convention on the Rights of Persons with Disabilities*, the term *"limited ability"* was included in the *Civil Code of the Republic of Lithuania*.

The representative noted that the policy framework of mental health care was modified in the past year; the change included the fact that the *Suicide Prevention Bureau* was established in the *State mental health center*. The representative noted that a review of the law on mental health care in Lithuania is currently under preparation.

In Lithuania, the respondent noted that mental health care funding changed in that the *cost of psychosocial rehabilitation services* was set (for *short-term inpatient psychosocial rehabilitation, short-term inpatient rehabilitation and long-term inpatient psychosocial rehabilitation*).

Regarding service organization, development and/or quality, the representative stated that *the network of day centers was expanded from seven to 40. Five centers for complex psychiatric help for children and families were established, as well as five crisis intervention centers.*

The respondent outlined the mental health promotion and prevention initiatives in Lithuania: *the Mental health strategy and suicide prevention implementation plan for 2016-2020 (2016), the Inter-institutional drug, tobacco and alcohol prevention plan of the Republic of Lithuania (2015), and the Alcohol control action plan for 2016 (2016).*

With regard to measuring the impact of policies and/or emerging new needs, the representative stated that *three big studies had been carried out in Lithuania: "Alcohol control policy evaluation and alcohol consumption harm assessment", "Public mental health risk factors evaluation and preventive trends planning", and "Mental health services legislation evaluation and children's mental health services optimization".*

With respect to Mental Health in All Policies, the representative stated that Lithuania took part in the Join Action on Mental Health and Wellbeing project. The country was actively included in the WP8 "Mental Health in All Policies" approach. High-level roundtable discussions on Mental Health in All Policies were organized with the participation of representatives from various sectors, including the Lithuanian Parliament, the President's office, and the social, education and justice sectors.

#### *Luxembourg*

With respect to mental health legislation changes in Luxembourg, the respondent noted that these included *regulations drafted on regulating psychotherapist as a profession.*

The representative stated that the policy framework for mental health care was modified in the past year. The modifications constituted *new legislation by the Directorate of Health, which for the first time includes substance dependence and mental health in its mission statement.*

According to the representative, mental health promotion and prevention initiatives in Luxembourg included *preventing suicide and depression and a strategy for the prevention of drug abuse.*

Regarding the involvement of partners from other policies and sectors (multisectoral governance), the respondent noted that *the Ministry of Family, the Ministry of Labor, and the Ministry of Youth and Education* were involved in mental health issues.

The respondent noted that with regard to the involvement of patients, families and NGOs, Luxembourg recently started a national association of caregivers for people with mental disorders, led by the NGO *"Ligue Luxembourgeoise de l'Hygiène Mentale".*

With respect to Mental Health in All Policies, the respondent noted that there has been *collaboration with the Ministry of Youth and Education.*

#### *The Netherlands*

With respect to mental health legislation changes in the Netherlands, the respondent noted that there were a variety of changes:

- *The Youth Act (Jeugdwet) was implemented in order to increase effectiveness and efficiency, as financial responsibility for children's and adolescent mental health care now lies with municipalities;*
- *The Social Support Act 2015 (Wmo2015) was implemented. It includes mental health care, which is predominantly focused on delivering guidance and enhancing "participation in society" (including sheltered housing), which is becoming a responsibility of municipalities;*

- *The Long-Term Healthcare Act (Wet langdurige zorg) was implemented. It includes long-term specialized mental health services;*
- *The Act on Quality, Complaints and Disputes in Health Care (Wet kwaliteit, klachten en geschillen zorg) was implemented. It aims to improve 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; and*
- *The Participation law (Participatiewet) was passed and is being implemented. The law, which originated from the Ministry of Social Affairs and Labor, was enacted in order to promote the active (re)integration of people with disabilities (mental or physical) on the labor market.*

The representative stated that the policy framework of mental health care was modified in the past year. The modifications were:

- *The National suicide prevention program was continued;*
- *A suicide prevention research program was initiated;*
- *An agenda for transparency and matched care in curative mental health care was initiated. It includes scientific research, improvement of care quality, and fighting stigma; and*
- *A program of "fitting education" was continued so that any child in the Netherlands should be able to participate in regular schools irrespective of (mental) health or behavioral problems. Classes and/or professionals should be equipped with tools and guidance in order to facilitate this, instead of sending children to special schools.*

Mental health care funding in the Netherlands changed, as noted by the representative, through:

- *funding of National suicide prevention program: 300,000 euros;*
- *funding for provision of anonymous e-mental health: 2 million (generally) and 3.4 million (specifically for suicide);*
- *funding for the suicide prevention research program: 3.2 million (2016-2020);*
- *funding for scientific research on mental health: 10 million (2016-2017);*
- *total available budget for mental health care increased by 1%;*
- *total available budget for youth care will be decreased by 12% in 2017;*
- *total available budget for social support decreased by 11%; and*
- *an increase in the available budget for general practice's psychological assistance.*

Regarding service organization, development and/or quality, the respondent noted that there have been a number of changes, such as a *decrease in the number of beds to around 3000 and an up to 80% increase in the number of general practitioners that contract with a psychological assistant.*

The respondent highlighted mental health promotion and prevention initiatives, which included:

- *the execution of the strategic exploration for the prevention of depression;*
- *a multi-year depression prevention program is to be developed;*
- *the continuation of a steering committee for the participation of people with mental illnesses, chaired by the national Secretaries for Health Care and for Social Affairs & Employment;*
- *the initiation of a ministerial advisory team for improving care and support for people with mental disorders (in the broadest sense);*
- *the Alles is gezondheid ("Everything is healthcare"), which was a result of a strategic survey. The aim is to develop an effective approach on prevention of health life in general, for the coming years, together with all stakeholders involved. This also means that the framework of 'Alles is Gezondheid', in cooperation with participating organizations mental health, will become a more prominent issue; and*
- *a foundation to fight stigma ("Samen Sterk Zonder Stigma") was continued.*



In regards to the involvement of partners from other policies and sectors (multisectoral governance), the representative noted that the *Ministry of Social Affairs & Employment, Ministry of Education, Ministry of Infrastructure (with regard to suicide prevention related to railway tracks), Ministry of Security and Justice, municipalities, and labor sector (representation of employers)* continued to cooperate. The representative also stated that *cross-sectoral cooperation to strengthen participation by young people with mental health issues was initiated.*

With respect to monitoring the mental health status of the population or particular population groups (including suicidal behavior), the representative noted that the *NEMESIS: The Netherlands Mental Health Survey and Incidence Study, a psychiatric epidemiological longitudinal study in the general population aged 18 to 64, was continued and an annual monitor on the 'Suicide agenda' was continued.*

The representative listed the following efforts and programs in the Netherlands for measuring the impact of policies and/or emerging new needs:

- *monitoring of the use of youth care and youth mental health care by Statistics Netherlands ("Centraal Bureau voor Statistiek");*
- *There will be an evaluation of the Youth Act three years after its introduction in 2015 (hence, monitoring is expected to be conducted in 2018);*
- *An evaluation of long-term care started at the same time as the implementation of the law itself (in 2015). It is foreseen to last until 2017, and the evaluation will assess whether the goals of the reform (i.e., better quality of support and care combined with financial sustainability) are reached and to what extent this resulted from the implementation of the new laws; and*
- *An overall report about the 'social domain' (foreseen May 2017) will be written, in which the developments from youth care, the Participation law and the Social Support Act 2015 are included and in which [changes to] quality of life for service users based on these laws is measured.*

With respect to Mental Health in All Policies, the respondent noted that there has been collaboration *with the Ministry of Youth and Education.*

### *Norway*

The representative stated that the policy framework of mental health care was modified in the past year. These changes include two White Papers:

- *a recent White Paper on Public Health (2015) [that] states that parity for mental health within public health is a priority; and*
- *a recent White Paper on Primary Health (The primary health and care services of tomorrow – localized and integrated Meld. St. 26 (2014–2015) Report to the Storting), which states that the Government will require that all municipalities have a psychologist in place. Until this requirement takes effect, the Government will introduce a new funding scheme for psychologists in the municipalities in order to put this expertise in place.*

According to the respondent, a number of changes have been introduced with respect to mental health services development. This includes:

- *[that] given that only half of Norwegian municipalities have access to psychologists, the government made the decision to increase the number of psychologists at the municipal level. This is to help strengthen the overall and interdisciplinary municipal services mental health and drug rehabilitation. It includes health promotion and prevention work [and] the early intervention and treatment of mental health problems and / or substance abuse problems for people all ages; and*
- *the pilot project "Mental Health Care Now", developed and introduced in Norway, which is based on the evidence-based National Health Service in England's program entitled "Improving*

*Access to Psychological Therapies (IAPT)". This program focuses on introducing low-intensity psychological treatments, such as guided self-help and cognitive therapy for common mental health disorders (CMHDs) in local municipalities. The service is free and provides direct assistance without referral. In cases of no response to treatment, clients can be referred to more intensive treatment options.*

The representative outlined mental health promotion and prevention initiatives in Norway. These initiatives include: *[that] the Government wishes to enhance the range of services for people with substance abuse problems and mental health challenges. The White Paper describes how the Government will follow up on its promise to use legislation, planning and financing to establish low-threshold mental health services, including more psychologists in the municipalities. By introducing the requirement that the municipal health and care services must include mental health expertise, the Government will raise the level of competency in the municipalities' mental health and substance abuse services, and at the same time give the municipalities an important tool for promoting public health.* The respondent also presented information on *programs for the prevention of mental disorders and the promotion of good mental health in schools and workplaces. There are a range of work-based programs that focus on prevention of ill health, some of which address mental ill health. The Norwegian Labor and Welfare Administration (NAV) offers special services to enterprises signed up to the Working Environment Act in preventing sick leave and in information provision. A similar role is played by occupational health services and by the labor inspection authority, whose engagement with mental health is usually focused on the prevention of exclusion and the promotion of a psychologically healthy environment.*

Regarding the involvement of partners from other policies and sectors (multisectoral governance), the representative stated that *the Ministry of Health and Care Services regularly run multisectoral roundtable meetings regarding public health matters. There is a committed relationship between the health and education sectors. Mental health and youth at risk are two of the priority focuses. There are annual high-level meetings.*

The representative noted that with respect to monitoring the mental health status of the population or particular population groups (including suicidal behavior), there are multiple monitoring activities, such as:

- *the National Institute of Public Health, [which] has published reports on prevalence (2014);*
- *Ungdata, a cross-national data collection scheme [that is] designed to conduct youth surveys at the municipal level in Norway. Ungdata is regarded as the most comprehensive source of information on adolescent health and wellbeing at both the municipal and national levels. Since 2015 Ungdata has been financed through the national budget; and*
- *an annual online user survey among students, [carried out by the Directorate of Education]. It intends to give students the opportunity to say what they think about things that are important for them to be able to learn and enjoy school, such as participation and bullying.*

With regard to Mental Health in All Policies, the respondent noted that *the most recent White Paper on public health (2015) pointed out mental health as one of three prioritized areas, and the chapter on mental health was developed through multi-ministerial collaboration.* Further, the representative stated that *the grant scheme "Mental health in schools", [which] aims to strengthen the field of mental health in schools with a focus on better learning environment, increased competence, wellbeing, mental health literacy and collaboration between services for children and youth has been initiated.*

### *Portugal*

Promotion and prevention initiatives in Portugal, as noted by the representative, include *a national plan for the prevention of suicide.*

The representative stated that regarding monitoring the mental health status of the population or particular population groups (including suicidal behavior), there has been the *launching of a new national case register for suicide events*.

With respect to measuring the impact of policies and/or emerging new needs, the representative noted that in Portugal, there is a *National Regulatory Agency Report about the national mental health system*.

#### *Romania*

The respondent noted that there were changes made to the *Mental Health Law*. With respect to the policy framework of mental health care, the representative noted that Romania is implementing *the National Health Strategy 2014-2020*.

The representative noted that with regard to the involvement of partners from other policies and sectors (multisectoral governance), there is now *training for school counselors*.

According to the respondent, monitoring the mental health status of the population or particular population groups (including suicidal behavior) includes *depression screening and autistic spectrum disorder screening*.

#### *Slovenia*

The representative noted that there were changes made to the *Mental Health Law*.

According to the respondent, the policy framework of mental health care was modified in the past year. This includes changes to the *frame of the Mental Health Law, provides admission procedures for the person [related to] treatment in the department under special supervision of psychiatric hospitals and [to] treatment by the protected department of social welfare institutions*. Further changes include *supervised treatment and treatment in the community*.

With regard to the involvement of partners from other policies and sectors (multisectoral governance), the representative noted that the *Ministry of Labor, Family Social Affairs and Equal Opportunities participated in the preparation of certain articles*.

With respect to progress in increasing the involvement of patients, families and NGOs in mental health activities in the country, the representative noted that Slovenia included patient and caregiver representatives as well as representatives from other civil society organizations in the consultative process for developing the new mental health law.

#### *Spain*

The representative noted that the policy framework of mental health care was modified, in that *the update of the Mental Health Strategy (MHS) in the NHS for the evaluation period 2009/2013 has been submitted and is pending approval*.

In Spain, the representative noted that mental health care funding is *decentralized to the Regional Governments*.

With regard to service organization, development and/or quality, the representative noted that *these aspects are included in the updating of the Mental Health Strategy, which is pending approval*.

Promotion and prevention initiatives in Spain have recently been evaluated for the period 2009/2013, and each region has to develop a regional plan for promotion and prevention as a result of the evaluation.

Regarding the involvement of partners from other policies and sectors (multisectoral governance), the representative noted that *contributions from organizations of persons with hearing disabilities and relatives of people with intellectual disabilities have been included in the Mental Health Strategy.*

The respondent noted that monitoring the mental health status of the population or particular population groups (including suicidal behavior) occurs through a variety of means:

- *Data collection has been undertaken to obtain data for various mental health, addiction and suicide indicators, ranging from service utilization (across different levels of health care settings such as community, primary, and specialized care, both inpatient and outpatient care), perception of mental health issues among the general public, prevalence and incidence information, and social care availability.*
- *Necessary data for indicators of the MH Strategy by sex has been collected, disaggregated by groups such as children, adolescents, seniors, and prison population.*
- *Fourteen working groups were created to address the new needs identified by the Institutional and Technical Committees of the MHS. In addition, the MH Strategy Update includes a situation analysis of new demands. These groups have made proposals for goals and recommendations that were incorporated into the Updated MH Strategy. The fourteen groups addressed priorities for:*
  - 1. Addressing and preventing suicide;*
  - 2. Fighting against stigma and discrimination of people with mental disorders;*
  - 3. Dual pathology;*
  - 4. Nursing and mental health;*
  - 5. Impact of disasters on mental health;*
  - 6. Primary care detection of attention deficit hyperactivity disorder;*
  - 7. Chronicity in mental health;*
  - 8. Borderline personality disorder;*
  - 9. Eating behavior disorder;*
  - 10. Emerging addictions among young people;*
  - 11. Mental health in juvenile offenders;*
  - 12. Model and approach to alcoholism;*
  - 13. Health care management of autism; and*
  - 14. Coordination between Primary Care and Mental Health.*

The representative noted that with regard to Mental Health in All Policies, *since 2006, there has been a strategic line in the MHS about coordination and targeting the collaboration of regional governments with social services, prisons, education, housing, employment, etc. [Also], the Institutional Committee of the MH Strategy is represented by Social Services and Penitentiary Institutions.*

### *Turkey*

The representative noted that the policy framework of mental health care was modified; *over the past year and in 2016, Turkey is in the process of revising the National Mental Health Action Plan. Emergent mental health needs and priorities in Turkey will be included in the revised plan.* The respondent also noted that in Turkey, mental health care funding is a proportion of the general health budget.

With regard to service organization, development and/or quality, the representative noted that *community-based mental health centers have been established and are in the process of providing services to people with mental health problems.*

The respondent stated that the mental health promotion and prevention initiatives in Turkey carried out over the past year include publishing booklets on suicide prevention.

Regarding the involvement of partners from other policies and sectors (multisectoral governance), the representative noted that *the coordination with Ministry of Family and Social Policies still continues.*

The representative noted that with respect to the involvement of patients, families and NGOs, *since community-based mental health centers have started to be established, patients, families and NGOs have been involved in these services.*

Regarding Mental Health in All Policies, the respondent stated that *within the context of the implementation of community-based mental health services, the Ministry of Health continues to coordinate and liaise with the Ministry of Family and Social Policies. The next step for collaboration between the two Ministries is to establish sheltered housing and workplaces for people with mental disorders.*

#### *United Kingdom*

The respondent noted that the mental health legislation changes in the United Kingdom include *the Revised Mental Health Act Code of Practice (2015), the implementation of new regulations to give people a choice of mental health provider to deliver their care, and the implementation of regulations to establish the first waiting time standards in England for mental health, starting with maximum waits for psychological therapies and early intervention in psychosis services.*

Regarding the policy framework of mental health care, the respondent noted various developments, such as *the Mental Health Taskforce and the Future in Mind.*

In the United Kingdom, the respondent noted that mental health care funding has changed; these changes included that *in 2014/15 £11.7bn was expected to be spent on mental health by local clinical commissioning groups, that there was a recent announcement by the Prime Minister of an additional £1 billion of investment in mental health over next five years (2020/21), and [that there was] £1.4bn additional investment announced by Government for Children & Young People's (CYP) mental health/eating disorders.*

With respect to mental health promotion and prevention initiatives in the United Kingdom, the representative noted that there was the *publication of Crisis Care Concordat in 2015 to ensure that no one experiencing a mental health crisis in the community is turned away from mental health services.* Further, the representative noted that *Public Health England has developed a cross-Government National Prevention Alliance, which includes membership from other sectors including voluntary and charitable sectors.* In addition, the representative stated that *the Department for Health and the Department for Work and Pensions developed the joint Health and Work Unit to support people with mental illness to obtain and retain employment.*

Regarding the involvement of partners from other policies and sectors (multisectoral governance), the respondent highlighted the *continuing work with cross-Government partners in Education, Welfare and Transport on the National Suicide Prevention Strategy.* In addition, the representative stated that *in 2015 the Education Minister agreed to include mental health in its portfolio, which is a first for our Government.* In addition, the representative noted that there was *a commissioning of an independent Mental Health Taskforce to review mental health and set out a five-year ambition for improvement; the Taskforce was chaired by the charity Mind and had cross-sector membership.* The representative also noted the publication of the *report of the Task and Finish Group for children and young people's mental health, Future in Mind, which has cross-sector involvement in developing its recommendations.*

With respect to the involvement of patients, families and NGOs, the representative noted that there have been efforts towards *involving patients and families in the development of the revised Mental Health Act 1983 Code of Practice, the Mental Health Taskforce and Future in Mind.*

The representative stated that the United Kingdom routinely monitors the mental health status of the population (including suicidal behavior) through the following surveys and reports:

- *The Care Quality Commission publishes an annual report on monitoring compliance with the Mental Health Act 1983;*
- *Mental Health Minimum Data Set (MHMDS) publishes annual data on mental health status;*
- *Adult Psychiatric Morbidity Survey (2016) publishes data every 7 years on the mental health of England; and*
- *The Office for National Statistics publishes annual data on suicide and self-harm of the UK and devolved nations.*

With regard to Mental Health in All Policies, the respondent stated that *Public Health England established the National Prevention Alliance with cross-sector membership to promote mental wellbeing in other non-health policy areas.* The respondent further noted that *the Department of Health has worked with the Department of Work and Pensions to ensure that staff in job centers, etc. are aware of mental health issues such as depression and suicide risk.* The representative also stated that *Public Health England endorses a national awards scheme to encourage employers to develop mental wellbeing policies.*

### A3. Strengths and weaknesses of the mental health system reported by Member States

Each of the Member States identified various strengths and weaknesses of the current mental health system in their country. Reported strengths included political changes that serve to strengthen the mental health situation, improvement in coordination between agencies, and increases in the number and types of services offered to citizens seeking mental health care. Weaknesses ranged from limited or reduced financial resources for mental health to resistance from professionals and stigma attached to mental health issues. Quotes from representatives from Member States regarding strengths and weaknesses are in italics below and have been cleaned for ease of reading.

#### *Austria*

The strengths of the mental health situation in Austria include good coordination of care. The representative noted that *more efforts toward a better coordination of activities are recognizable*.

The weaknesses of the current mental health care situation in Austria include the lack of coordination of care. The representative noted that *the success of these efforts (for better coordination of activities) is not yet sufficiently visible*.

#### *Belgium*

The strengths of the mental health situation in Belgium include a political commitment to mental health care, dedicated financial resources for mental health, existing projects that focus on deinstitutionalization, good coordination of care, and participation of users and families. The representative noted that *there is huge stakeholder and political commitment that supports the reforms in mental health care, especially the deinstitutionalization of care*. The representative further explained that *the involvement of patient and family organizations in the reform process is also a considerable strength of the current mental health care situation*. In addition, the representative noted that *the collaboration with justice concerning the organization of mental health care in prisons and the organization of forensic psychiatric clinics is a notable strength of mental health care in Belgium, and the increasing budget for mental health care has strengthened it. Instead of budget cuts, Belgium has recently invested more strongly in mental health care*.

Some of the strengths are regional; in the Walloon region it was noted that *a number of projects, institutions and networks are trying to improve the accessibility of mental health care, as well as the quality and the continuity of care. There is a great variety of possible treatment (residential, specialized, long-term stay, crisis, for addiction, for young or adult, etc.). Patients and families are more and more involved, and they receive coaching in order to participate in the networks. Governments have decided that residential care must be reduced in favor of community care*.

The weaknesses of the current mental health care situation in Belgium include a lack of routine functioning community services and a lack of integration of mental health in primary care. The representative noted that some weakness are: 1) *the varying competences concerning mental health across different governmental levels, making it difficult to reach joint decisions, and 2) the slow pace of the deinstitutionalization process, in terms of shifting care to community mental health facilities under the care of mobile mental health teams from psychiatric hospitals*.

Other weaknesses are regional; in the Walloon region it was noted that:

- *We still have a very high number of psychiatric beds compared to other countries. This is expensive for the country and not always efficient (patients stay too long, which cuts them from their community and the means to enhance their empowerment). Governments are aware of this, but changing this situation is very slow, and is further slowed down by a financing logic still linked to hospital bed occupancy.*

- *In some regions of Walloon, there are not yet enough community-based solutions, such as special housing arrangements for people with complex care needs.*
- *More than one government department is responsible for mental health policies in Belgium. Moreover, the division of competences in mental health between the governments is not always very clear. However, if governments work together, this can create a positive dynamic, and the recent changes in the division of competences can force governments to re-evaluate the situation, which could have a positive impact on mental health care policies.*
- *There are sometimes long waiting lists, possibly due to the high accessibility of care and the generous health care system in Belgium; it is possible that people who need care must wait too long because a high number of people with lesser needs also ask for mental health care.*

### *Bulgaria*

The strengths of the mental health system in Bulgaria include a political commitment to addressing mental health. The representative noted that *there is emerging political will for change, and evidence-based approaches are included in the reform of mental health services.*

The representative noted that the weaknesses of the current mental health care situation in Bulgaria include *resistance on the part of professionals, a lack of understanding among the population, and strong psychiatric stigma.*

### *Croatia*

The strengths of the mental health system in Croatia include a mental health policy, mental health legislation, a plan in place, a qualified mental health workforce, interest for mental health in all policies and strategies, and collaboration between mental health and primary health care. As the representative noted, there are *good quality legal frameworks, policies and strategies and well-educated experts.*

The representative further noted that *mental health is part of the primary health care system, and mental health is not separated from general health (it is present in many policies and in higher education curricula, a broad range of services are paid by obligatory health insurance, etc.).*

The weaknesses of the current mental health care system in Croatia include the high level of stigma attached to mental health conditions, nonexistent or outdated mental health policy, a lack of financial resources, a lack of human resources, a lack of community services, a lack of intersectoral cooperation, and a lack of coordination of care. The representative noted that:

- *legislative and sub-legislative measures are frequently not implemented;*
- *there is a lack of proper evaluation procedure;*
- *community mental health care is not sufficiently developed;*
- *there is a lack of children's and adolescent mental health experts (particularly psychiatrists);*
- *there are many small-scale projects, and these are not well coordinated or evaluated;*
- *there are insufficient financial resources and insufficient synergy in financial planning;*
- *cooperation among sectors is often only formal;*
- *parallel systems of implementation are being developed; and*
- *there is stigmatization of mental health issues.*

### *Denmark*

The strengths of the mental health system in Denmark include political commitment and the participation of users and their families. As the representative noted, there *is a high degree of political*



*awareness when it comes to issues regarding mental health and [there] are strong patient non-governmental organizations.*

The weaknesses of the current mental health care system in Denmark include a lack of human resources, a lack of intersectoral cooperation, and a lack of coordination of care. As the representative noted, weaknesses are:

- *the unnecessarily high mortality of psychiatric patients;*
- *the balance between inpatient and outpatient services;*
- *the lack of psychiatrists;*
- *the level of coercive measures;*
- *the number of forensic patients; and*
- *a lack of coherence between the municipal social and the regional psychiatric health care services provided for the patient.*

### *Finland*

The strengths of the mental health system in Finland include low stigma related to mental health, political commitment, collaboration between mental health and primary health care, and good coordination of care. The representative noted that:

- *the government's political will to promote mental health on national agenda is strong;*
- *there are several active NGOs in the area which are very important collaborators;*
- *networks collaborate actively; and*
- *stigma is relatively low (and has been reduced over the past decades).*

Reported weaknesses include economic and social crisis, nonexistent or outdated mental health policy, a lack of financial resources, and a lack of human resources. The representative noted that *resources are not enough in terms of effective treatment and in terms of promotion and prevention, and the national economy is developing poorly.*

### *Hungary*

The strengths of the mental health system in Hungary include the availability of care. The representative noted that *mental health services are available for the whole country, even though there have been limitations.*

The weaknesses of the current mental health system in Hungary include:

- *the lack of mental health policies at the national level,*
- *no mental health policy, alcohol strategy, dementia strategy or national suicide prevention program, and*
- *a lack of resources, mainly human resources (doctors, nurses).*

### *Iceland*

The representative stated that the strengths of Iceland's mental health system include the following:

- *A comprehensive national policy and action plan on mental health and wellbeing has recently been passed by the Icelandic Parliament.*
- *Health and wellbeing, including mental health, has been defined as one of the six pillars of education in the National Curriculum for all educational levels, meaning that Icelandic schools now have a clear responsibility to enhance pupils' health and wellbeing.*
- *A large percentage of Icelandic primary and secondary schools in Iceland have implemented the Health Promotion Schools model (44% of primary and lower secondary schools and 100% of upper secondary schools), which includes specific guidelines for school mental health promotion.*

- *There is a growing number of community mental health services and centers in the capitol area that focus on maintaining recovery and preventing relapse among people with long-standing mental illness.*
- *There is 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. There is also a non-governmental multi-disciplinary center for fostering secure attachment between mothers and babies (although the financing has not been secured for the coming years).*

The following weaknesses were highlighted:

- *Multi-disciplinary mental health services are generally not available in primary care in Iceland.*
- *There are long waiting lists at all service levels for children and adolescents in need of specialist mental health services.*
- *There is a 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.*
- *There is a lack of collaboration between sectors regarding mental health promotion, prevention, treatment and follow-up care.*
- *There is a general lack of follow-up services for children and adolescents with mental and behavioral problems and their families.*
- *There are inequalities in access to mental health services between geographical areas in Iceland.*

#### *Italy*

The strengths of the mental health system in Italy include political commitment, good mental health policy, a good mental health plan, and good coordination of care. The representative noted that *the system, with its network of services, has been in place for many years, and the principles of community care are deeply agreed upon, allowing for common aims in the development of new strategies and activities.*

Weaknesses include economic and social crisis, a lack of financial resources and a lack of human resources. The representative noted that *in recent years the crisis has created a shortage of resources, both human and financial, mainly affecting cooperation with the social sector.*

#### *Latvia*

The strengths of the mental health system in Latvia include political commitment and good mental health policy. The representative noted that a strength is that *new initiatives and mental health [are included] as one of the priorities in the "Public Health Strategy 2014-2020".*

The weaknesses of the current mental health system in Latvia include strong stigma, a lack of financial resources, and a lack of human resources. The representative noted that weaknesses include *stigma against mental illness, financial issues, and human resource issues.*

#### *Lithuania*

The strengths of the mental health system in Lithuania include community services and collaboration between mental health and primary health care. The representative noted that strengths include *the presence of available psychiatric services (mental health centers) on the primary health care level and the development of outpatient and community services.*

The weaknesses of the current mental health system in Lithuania include economic and social crisis and a lack of financial resources. The representative further noted that weaknesses include *high rates of suicide, alcohol consumption and domestic violence, and limited funding for mental health prevention and promotion.*

#### *Luxembourg*

The strengths of the mental health system in Luxembourg include a good economic and social situation, financial resources, interest in mental health in all policies and strategies, and good coordination of care. The representative noted that *Luxembourg enjoys steady economic growth and low unemployment, universal coverage through a compulsory social health insurance system, free choice of service providers for patients and direct access to specialist services, and national planning of the hospital and pharmaceutical sectors by the Ministry of Health. It is a small country, and the short 'distances' between the different ministries support the presence of available psychiatric services (mental health centers) on the primary health care level, and the development of outpatient and community services.*

The weaknesses of the current mental health system in Luxembourg include a lack of financial resources, a lack of human resources, a lack of intersectoral cooperation, a lack of coordination of care, and a lack of integration of mental health in primary care. The representative noted that *the planning of inpatient and outpatient care systems is splitting into two different systems depending of different financing systems, making holistic national planning difficult because of the unequal financing distribution. Better monitoring systems (e.g. a valid Health Information System) are needed to measure 'public health' activities, such as hospital readmissions. In some domains there is poor coordination, inadequate contracting, and a lack of consultation that would enhance the clarity of roles and the efficiency of stewardship and service delivery. Collaboration at various levels (e.g. between general practitioners and secondary care specialists), better networking between services and clearer governance arrangements are urgently need to improve actions and outcomes of mental health care. Resources and the workforce are overly dependent on recruitment from neighboring countries. Recent economic circumstances are making new investments in mental health care more difficult. There are high rates of suicide, alcohol consumption and domestic violence, and there is limited funding for mental health prevention and promotion.*

#### *The Netherlands*

The strengths of the mental health system in the Netherlands include community services, deinstitutionalization projects, collaboration between mental health and primary health care, and good coordination of care. The representative noted that strengths include *reforms and an increasing (central) role for the general practitioner as a gatekeeper to diminish the number of people admitted to psychiatric hospitals or institutions and an increasing focus on the prevention of mental health problems.*

The representative noted that weaknesses include that *there is only a minor reduction of suicide rates, a (relatively) high number of people suffering from depression (from small complaints up to severe problems), and there is a lack of low threshold mental services for mild to moderate mental illnesses (depression and anxiety) in the municipalities.*

#### *Norway*

The strengths of the mental health system in Norway include a good economic and social situation, political commitment, good mental health policy, collaboration between mental health and primary health care, good coordination of care, and participation of users and families. The representative noted that:

- *The municipal service provision [was] strengthened, including [in] specialized services;*
- *Mental health is a strong policy priority;*

- *There is a collection of indicators of quality in services;*
- *There are routines and systems for user involvement;*
- *In general, life satisfaction among Norwegians is high, and the proportion of (people with) severe/considerable mental health problems in Norway is low compared with most other European countries (OECD Reviews of Health Care Quality, 2014); and*
- *There is a focus on strengthening the access to psychologist expertise in all municipalities.*

The weaknesses of the current mental health system in Norway include a lack of financial resources, a lack of community services, a lack of intersectoral cooperation, and a lack of coordination of care. The representative noted that:

- *Better coordination between the services and levels is needed;*
- *Substance abuse services are in need of improvement;*
- *Effective measures are needed to reduce rates of involuntary admissions;*
- *There are geographic and diagnosis related variations in quality and efforts (innsatser);*
- *There is a limited data basis; and*
- *There is a lack of low threshold mental services for mild to moderate mental illnesses (depression and anxiety) in the municipalities.*

### *Portugal*

The strengths of the mental health system in Portugal include a good mental health policy, good mental health legislation, and a good mental health plan. The representative noted that strengths include:

- *a plan based on a critical analysis of the situation, after the exhaustive collection and analysis of available data;*
- *a plan developed that takes into consideration existing scientific evidence in the field of mental health policies and services, as well as exhaustive hearings of all relevant stakeholders; and*
- *the solid backing of the plan by all of the international documents in this area, officially signed by the Government (Declaration of Helsinki, Green Paper).*

The weaknesses of the current mental health system in Portugal include economic and social crisis, a lack of financial resources, a lack of intersectoral cooperation and a lack of coordination of care. The representative noted that:

- *The entity responsible for implementing the plan has a very low degree of autonomy and decision-making power, considering the complexity of the changes involved;*
- *There is an unclear definition of the responsibilities of the National Coordination for Mental Health and other entities (regional health authorities) in the implementation of the plan; and*
- *There is a lack of a specific budget, rendering the implementation dependent on unspecified funding from various sectors.*

### *Romania*

The weaknesses of the current mental health system in Romania include strong stigma, a lack of financial resources, and a lack of intersectoral cooperation. The representative noted that weaknesses include:

- *attitudinal barriers (lack of trust, want to handle on one's own, stigma);*
- *insufficient funding for mental health services;*
- *a lack of cooperation between health and social sectors; and*
- *the insufficient integration of mental health in primary care.*

### *Slovenia*

The strengths of the mental health system in Slovenia include an interest in mental health in all policies and strategies and good coordination of care. The representative noted that strengths include a *good multisectoral approach at the governmental level*.

The weaknesses of the current mental health system in Slovenia include a lack of intersectoral cooperation. The representative noted that weaknesses include *problems with the multisectoral approach at the implementation level*.

### *Spain*

The strengths of the mental health system in Spain include progressive mental health legislation, a concrete mental health plan, human resources, community services, collaboration between mental health and primary health care, good coordination of care, and the participation of users and families. The representative noted that strengths include:

- *a unified portfolio of services of the National Health System that ensures preventive mental health services, care and rehabilitation;*
- *a Mental Health Strategy of the NHS with 2 committees in which different stakeholders participate, giving cohesion and enhancing the community model;*
- *hospitalization for acute care and 24-hour emergency psychiatric units in general hospitals;*
- *a significant reduction in the number of beds in monographic hospitals;*
- *an increase in the quality of both structures and facilities, of clinical practices as well as of innovative experiences in the management of service;*
- *a unified mental health network: all existing services are the responsibility of a single manager. Initially, it was the National Health Institute (INSALUD) in many cases, and as health care competencies were decentralized, the Autonomous Communities;*
- *the strengthening of community outpatient resources with an extensive network of mental health centers;*
- *the creation of multidisciplinary teams and the incorporation of other professions (clinical psychology, nursing and social work);*
- *the development of a strong movement of users and families; and*
- *specialized accredited training for medical doctors, psychologists and nurses.*

The weaknesses of the current mental health system in Spain include a lack of human resources, a lack of community services, centralization of care in psychiatric hospitals, and a lack of coordination of care. The representative noted that weaknesses include:

- *that there are still some large psychiatric hospitals to be transformed in line with the community model;*
- *territorial inequalities;*
- *a shortage of human resources: nurses are not required to specialize in mental health to be able to practice in mental health;*
- *a shortage of community resources, particularly for chronic patients, and alternatives to hospitalization such as home care, day hospitals, residential facilities (housing, mini-residences), etc.;*
- *insufficient rehabilitation and job placement services;*
- *a lack of consolidation of programs and services for vulnerable groups; and*
- *the need for parallel networks of care for addictions and health care in prisons.*

### *Turkey*

The strengths of the mental health system in Turkey include political commitment, good mental health policy, good mental health legislation, a good mental health plan, community services, interest for mental health in all policies and strategies, collaboration between mental health and primary health care, and good coordination of care. The representative noted that strengths include:

- *the existence of a National Mental Health Action Plan;*
- *the full support of the Ministry of Health for promoting a community-based mental health model; and*
- *full support of the Ministry of Family and Social Policies for promoting a community-based mental health model.*

The weaknesses of the current mental health system in Turkey include strong stigma attached to mental illness and a lack of human resources. The representative noted that weaknesses include *a lack of sufficient human resources for a community-based mental health model and stigmatization which constitutes an obstacle in promoting a community-based mental health model for people with mental disorders.*

### *United Kingdom*

The strengths of the mental health system in the United Kingdom include a good mental health plan, human resources, community services, collaboration between mental health and primary health care, and good coordination of care. The representative noted that strengths include that *treatment is free at the point of delivery, mental health treatment is available in a variety of settings including primary, secondary and community settings, and the Improving Access to Psychological Therapies (IAPT) program is a world leader in providing access to psychological treatment in primary care and through self-referral.*

The weaknesses of the current mental health system in the United Kingdom include a lack of intersectoral cooperation and a lack of coordination of care. The representative noted that weaknesses include that *there persists a lack of reliable quality data to measure mental health outcomes and to support better commissioning of care pathways, there is a lack of evidence of effectiveness of some mental health models of care, and there is fragmented commissioning of mental health services and a lack of integration of health and social care.*

## Section B: Prevention of depression and promotion of resilience

B1. Activities and developments to tackle depression and promote resilience over the past year

Most Member States reported strategies to tackle depression and/or promote resilience in the last year that fell under the category of “targeted actions providing families and/or high risk groups with support or tools to build resilience and reduce stress” (n=13). Other types of strategies that scored high were “encouraging recognition of depression and referral/treatment of depression among all types of medical professionals” (n=12), “collaborative actions with the education and labor sectors” (n=10), and “the use of routine (and feasible) screening tools for depression by GPs and psychiatrists” (n=10). The least mentioned types of strategies were “tailoring existing resilience building websites or other tools” (n=4) and the “implementation of evidence-based e-mental health tools” (n=5).

Figure 6. Actions to tackle depression and/or promote resilience implemented by Member States in the past year

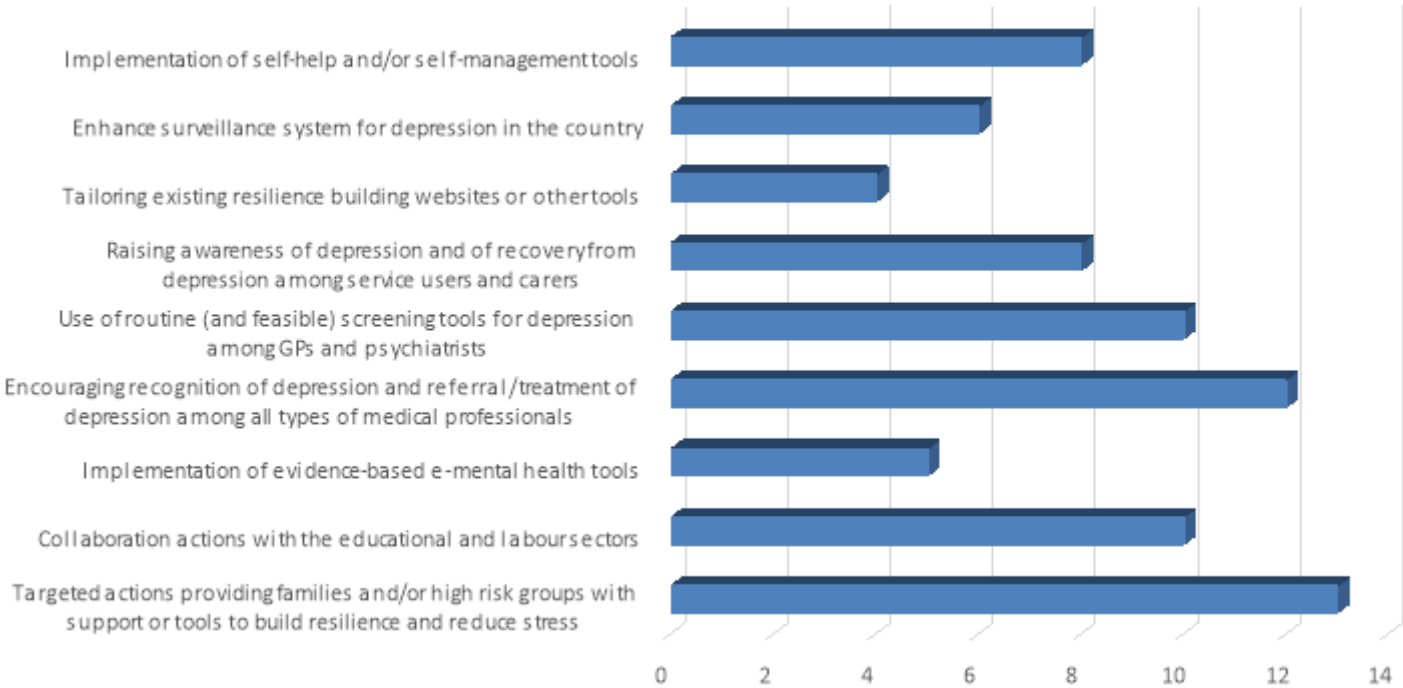


Table 3. Actions to tackle depression and/or promote resilience implemented over the past year

	Targeted actions providing families and/or high risk groups (unemployed, minority groups, people with chronic disorders) with support or tools to build resilience	Collaboration with the educational and labor sectors for better public education and awareness of depression and for better access to support	Implementation of evidence-based e-mental health tools for combating depression in continuing medical education (CME) courses as well as in the academic curricula of health care	Encouraging recognition of depression and referral/treatment of depression among all types of medical professionals (not only GPs and psychiatrists) with the support of available tools	Use of routine (and feasible) screening tools for depression among GPs and psychiatrists	Raising awareness of depression and of recovery from depression among service users and their carers (e.g. through education)	Tailoring existing resilience building websites or other tools that have been effective from other Member States to your country's context	Enhance surveillance system for depression in the country	Implementation of self-help and/or self-management tools not only through, but including, eHealth
Austria	Yes	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Belgium	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Bulgaria	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Croatia	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Denmark	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Estonia	No information available	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	No information available
Finland	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Hungary	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Iceland	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Italy	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Latvia	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Lithuania	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Luxembourg	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Netherlands	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Norway	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Portugal	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Romania	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Slovakia	No information available	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	No information available
Slovenia	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Spain	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Turkey	No information available	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	No information available
UK	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown

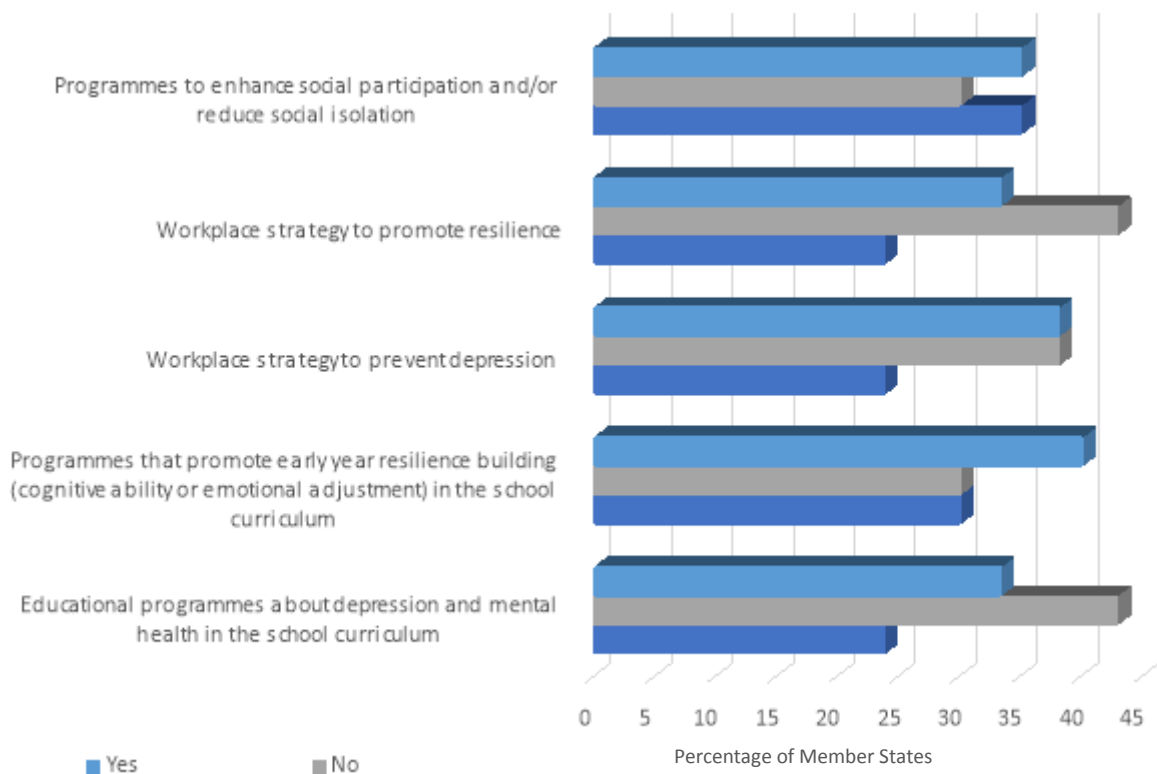
Yes
  Unknown
  No information available



### B2. National programs and strategies

Most Member States have indicated that they have at least one program in place that aims to reduce depression and promote resilience. The most commonly reported program (reported by 40% of respondents) were programs that promote early year resilience building (cognitive ability or emotional adjustment) within the school curriculum. Nevertheless, 42.9% of respondents stated that their countries do not have educational programs explicitly about depression and mental health in the school curriculum. Similarly, 42.9% of respondents reported having no workplace strategy to promote resilience among employees.

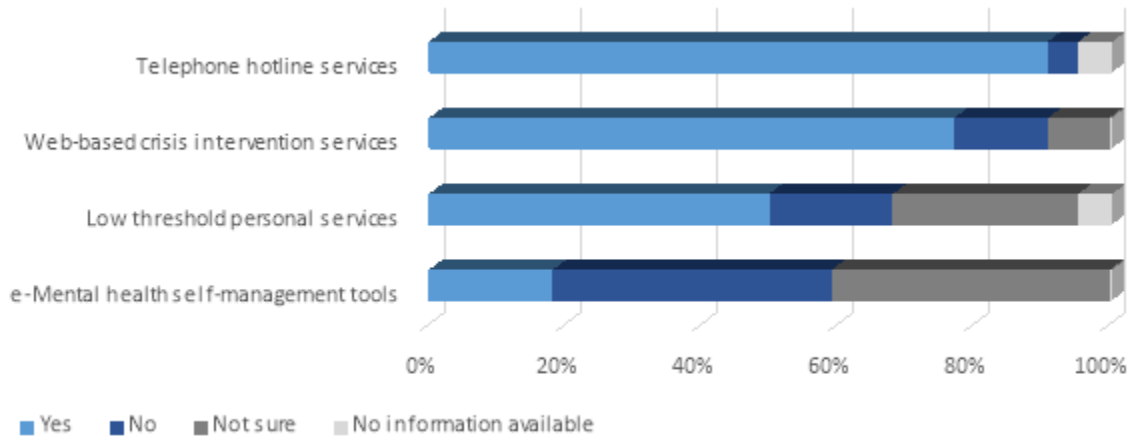
Figure 7. Percentage of Member States with national programs to prevent depression and promote resilience



### B3. Accessibility to services

Most Member States (91%) indicated that telephone hotline services were available for people suffering from symptoms of low mood, stress or anxiety. The second most commonly reported service was a form of web-based crisis intervention; 77.3% of Member States stated that this is accessible. Accessibility to e-mental health self-management tools was reported less frequently, and 40.9% stated that these were not available, whereas the same proportion stated that they were not sure if they were accessible in the country.

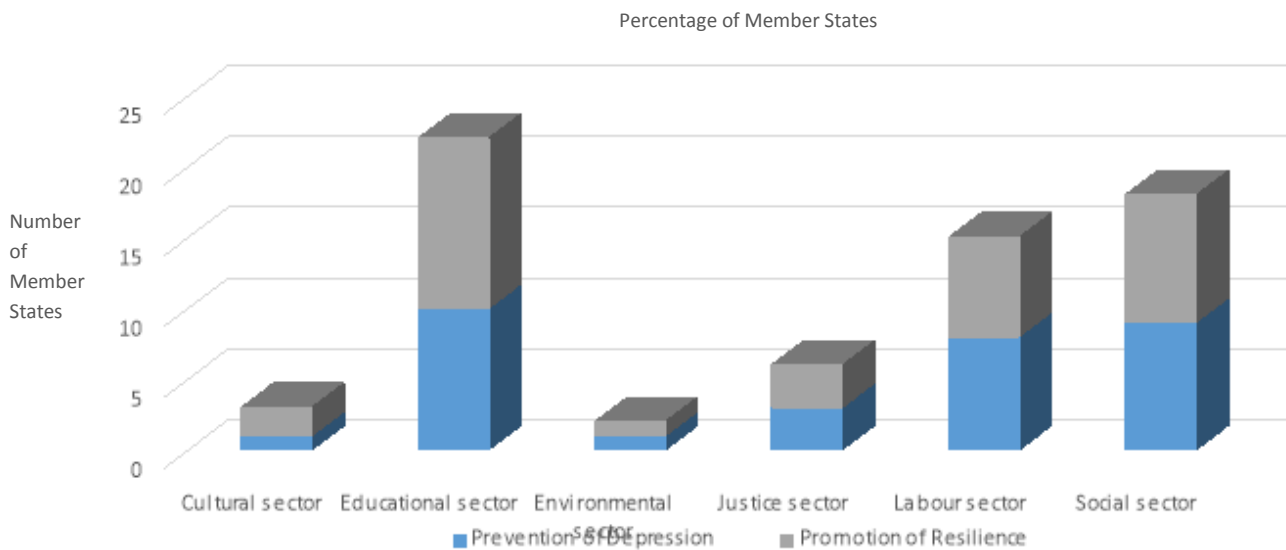
Figure 8. Access to low threshold services for people suffering from low mood, stress or anxiety



#### B4. Involvement of non-health sectors

The education sector is the most commonly reported non-health sector that mentions the prevention of depression (45.5%) and promotion of resilience (54.5%) in core strategic documents. Across Member States, the promotion of resilience and prevention of depression are mentioned least in the core strategic documents of the environmental sector.

Figure 9. Number of non-health sectors which mention prevention of depression and/or promotion of resilience in core strategic documents

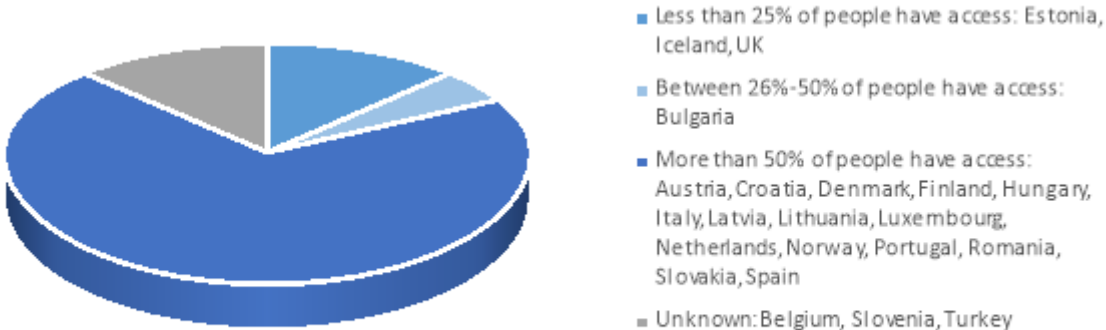


### Section C: Provision of accessible mental health services

#### C1. Access to mental health care in primary care services

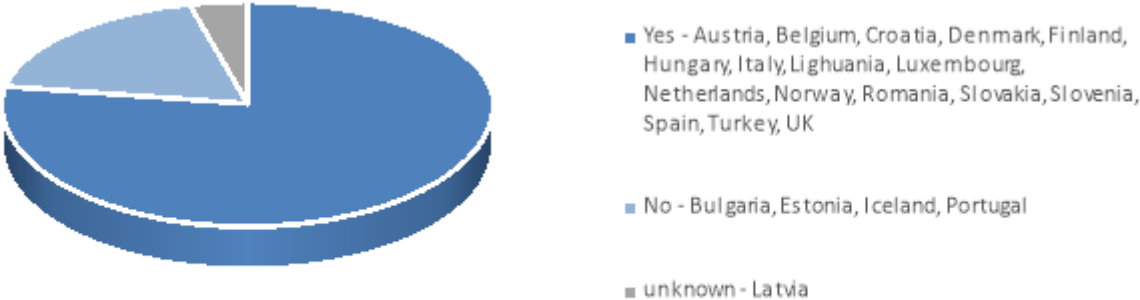
All Member States that answered this question (N=22) indicated that people with mild and moderate mental health problems have access to mental health care in primary care. The level of access varies among countries (Figure 11). As such, the majority of respondents (N=15) reported that more than 50% of people with mild and moderate mental health problems in their countries have access to these services. Countries who reported access to primary care to be accessible to less than 25% were Estonia, Iceland and the UK (N=3).

Figure 10. Reported proportion of people with mild to moderate mental health problems who have access to mental health care in primary care



Member States indicated whether people with severe mental disorders have access to follow-up care in primary care. Seventeen Member States (77.3%) confirmed that they do, and four Member States (18.2%) answered that they do not (Figure 13). Data from one Member States was missing.

Figure 11. Reported access to follow-up care in primary care for people with severe mental disorders



**C2. Access to specialized community-based services for people with mild to moderate mental disorders**

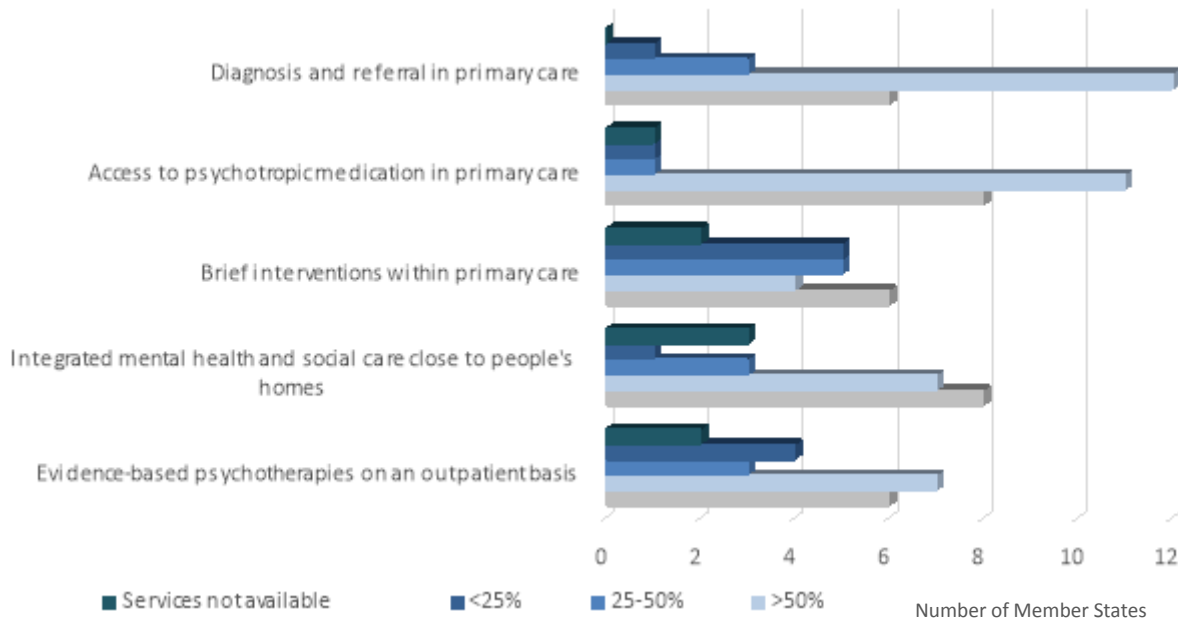
Access to services at the community level for people with mild to moderate mental disorders was assessed by indicating access to five types of services: 1) diagnosis and referral in primary care, 2) psychotropic medication in primary care, 3) brief interventions within primary care, 4) integrated mental health and social care close to people’s homes, and 5) evidence-based psychotherapies on an outpatient basis. Member States could choose between a proportion of access from <25%, 25-50% or >50%. The proportions of access to these five services for people with mild to moderate mental disorders at the community level for each country are listed in Table 4 below. Both Italy and Portugal reported having a proportion of >50% of people with access to all five services listed. The services “diagnosis and referral in primary care” and “psychotropic medication in primary care” were most accessible at the community level among Member States.

Table 4. Access to services at the community level for people with mild to moderate mental disorders per country

	Basic outpatient services		Comprehensive community-based mental health care services		
	Diagnosis and referral in primary care	Psychotropic medication in primary care	Brief interventions within primary care	Integrated mental health & social care close to people's homes	Evidence-based psychotherapies on an outpatient basis
Austria	No information / unknown	No information / unknown	No information / unknown	No information / unknown	No information / unknown
Belgium	No information / unknown	No information / unknown	No information / unknown	No information / unknown	No information / unknown
Bulgaria	>50%	>50%	>50%	>50%	>50%
Croatia	>50%	>50%	>50%	>50%	>50%
Denmark	>50%	<25%	>50%	>50%	>50%
Estonia	No information / unknown	No information / unknown	No information / unknown	No information / unknown	No information / unknown
Finland	>50%	>50%	>50%	>50%	>50%
Hungary	>50%	>50%	>50%	>50%	>50%
Iceland	>50%	>50%	>50%	>50%	>50%
Italy	>50%	>50%	>50%	>50%	>50%
Latvia	>50%	>50%	>50%	No information / unknown	<25%
Lithuania	>50%	>50%	>50%	>50%	>50%
Luxembourg	>50%	>50%	>50%	>50%	No information / unknown
Netherlands	>50%	No information / unknown	>50%	No information / unknown	>50%
Norway	No information / unknown	No information / unknown	No information / unknown	No information / unknown	No information / unknown
Portugal	>50%	>50%	>50%	>50%	>50%
Romania	>50%	>50%	>50%	>50%	>50%
Slovakia	No information / unknown	No information / unknown	No information / unknown	No information / unknown	No information / unknown
Slovenia	>50%	>50%	>50%	>50%	>50%
Spain	>50%	>50%	>50%	>50%	>50%
Turkey	No information / unknown	No information / unknown	No information / unknown	No information / unknown	No information / unknown
United Kingdom	>50%	>50%	>50%	>50%	>50%

Services not available
  <25%
  25-50%
  >50%
  No information / unknown

Figure 12. Access to services at the community level for people with mild to moderate mental disorders



**C3. Access to specialized community-based services for people with severe mental disorders**  
 Access to services at the community level for people with severe mental disorders was assessed by indicating access to six types of services: 1) staff providing care being primarily psychiatrists and nurses, 2) psychotropic medication on an outpatient basis, 3) outpatient mental health care provided by multidisciplinary community teams, 4) crisis care, 5) integrated mental health and social care close to people's homes, and 6) evidence-based psychotherapies on an outpatient basis.

Member States could choose one of three categories to indicate the proportion of the population with access to one of these six types of services: <25%, 25-50% or >50% (Table 5). Both Italy and Norway reported that >50% of the population has access to all six services. The majority of Member States reported that more than 50% of people with severe mental problems have access to care provided primarily by psychiatrists and nurses (59.1%) and access to psychotropic medication on an outpatient basis (59.1%). Half of the Member States reported that more than 50% of people with severe mental health problems have access to crisis care, whereas 22.7% of Member States were not sure how accessible crisis care is in their country.

Access to outpatient mental health care provided by multidisciplinary community teams for more than 50% of people affected by severe mental health problems was reported by the largest proportion of Member States (40.9%). Access to integrated mental health and social care close to people's homes was reported less frequently, with 36.4% of Member States indicating that more than 50% of people have access. The proportion of people who have access to evidence-based psychotherapies on an outpatient basis was more than 50% of the help seeking population in five Member States and less than 25% by the same proportion of respondents (N=5). One Member State indicated that this service is not available, whereas eight Member States stated that they did not know whether the service is available.

Table 5. Access to services at the community level for people with severe mental disorders

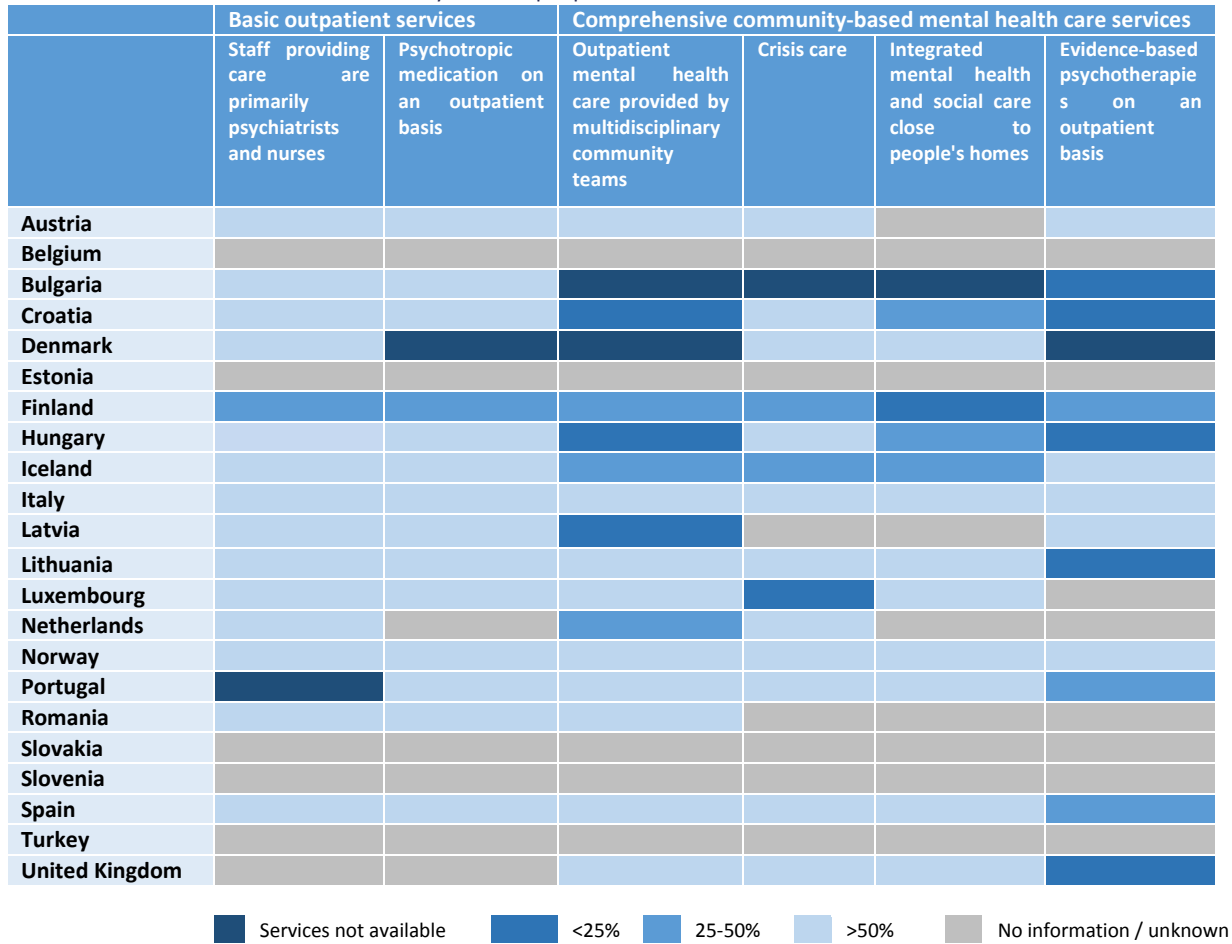
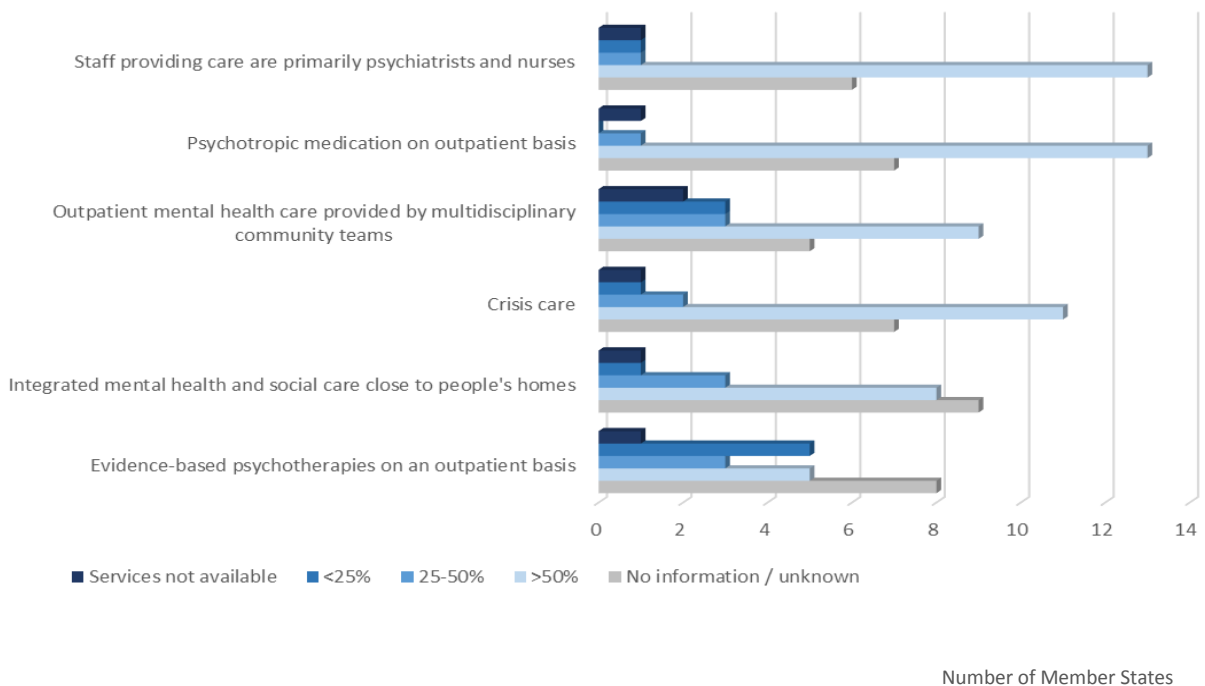


Figure 13. Access to services at the community level for people with severe mental disorders



#### C4. Waiting times for mental health care services

Waiting times for a first assessment and prescription of antidepressants or other appropriate psychotropic medications for people with mild to moderate mental health problems were reported as short (<7 days) in 40% of Member States. Similarly, waiting times for a first assessment and access to appropriate psychotropic medication for people with severe mental health problems was reported as short (<7 days) in the largest proportion (40.9%) of Member States.

Waiting times for psychotherapy for people with mild to moderate mental health problems were indicated to be higher in Member States, with 27.3% indicating that access to this service takes more than 60 days. Moreover, the largest proportion (40.9%) of Member States stated that access to psychotherapy or psychosocial intervention for people with severe mental health disorder takes an average of 31-60 days.

##### *Waiting time to care for people with mild to moderate mental disorders*

Figure 14. Waiting times for assessment and antidepressants or other appropriate psychotropic medication (in days)

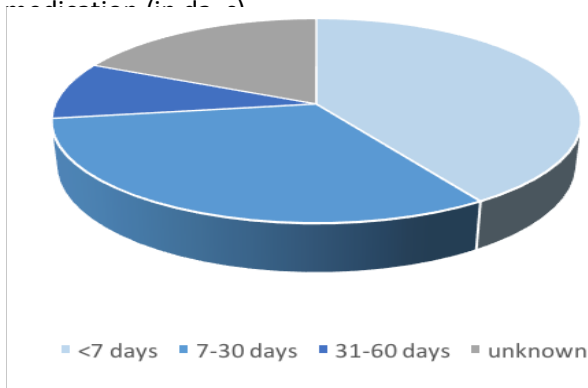
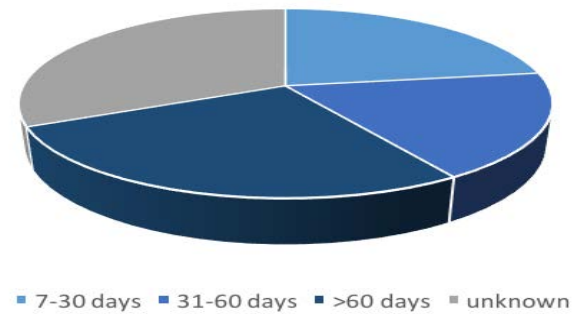


Figure 15. Waiting times for psychotherapy (in days)



##### *Waiting time to care for people with severe mental disorders*

Figure 16. Waiting time for assessment and appropriate psychotropic medication (in days)

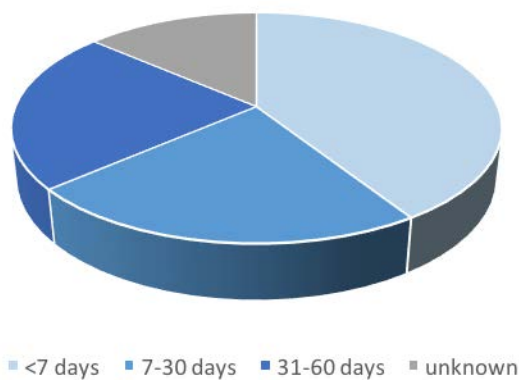
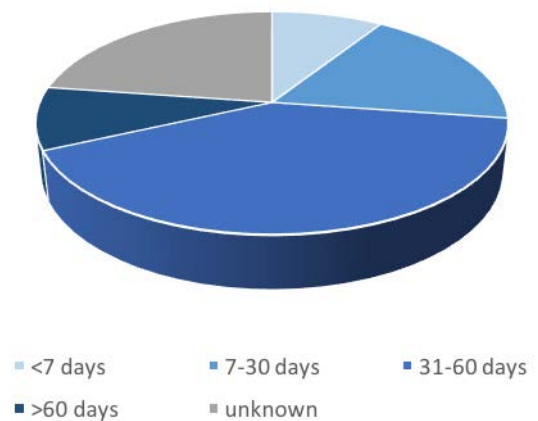


Figure 17. Waiting time for psychotherapy or psychosocial intervention (in days)

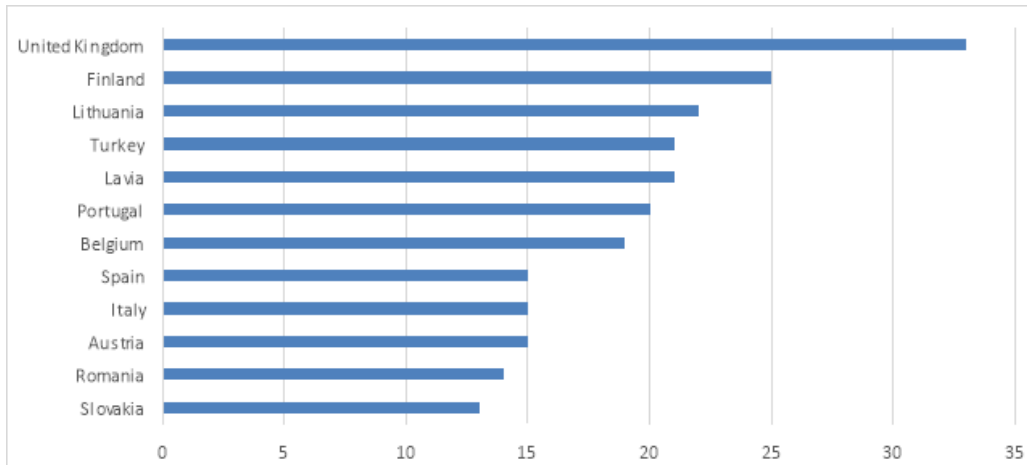


## C5. Access to hospital care

### *Average length of stay in an acute inpatient unit*

Average length of stay in an acute inpatient unit was reported by a limited number of respondents (N=12)<sup>9</sup> (Figure 18). The longest average length of stay in an acute inpatient unit (in days) was reported by the United Kingdom, with 33 days. Slovakia and Romania reported the shortest length of stay in an acute inpatient unit, with 13 and 14 days, respectively.

Figure 18. Average length of stay in an acute inpatient unit (in days)



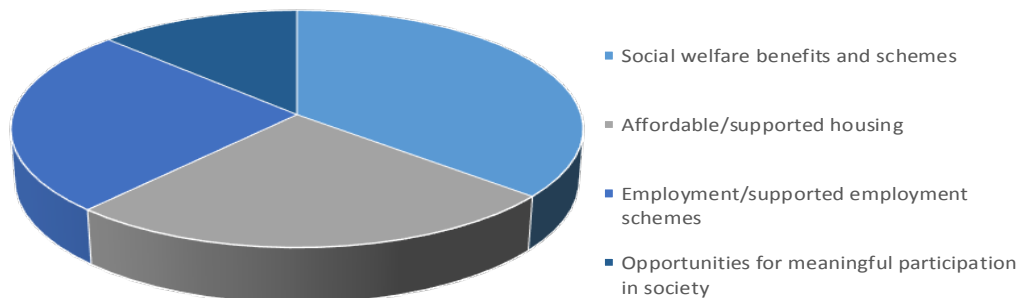
<sup>9</sup> Countries missing: Croatia, Denmark, Estonia, Hungary, Iceland, Luxembourg, Netherlands, Norway, Slovenia



### C6. Access to social services

Social welfare and benefit schemes were stated to be available as a form of support in 77% of Member States. In addition, 54% of Member States have an affordable or supported housing scheme for people with mental health problems, and the same proportion of Member States have employment schemes in place for people with mental health problems. In 22.3% of Member States opportunities for meaningful participation in society is available (Figure 19).

Figure 19. Access to services for people in need of mental health care



### C7. Barriers to accessibility

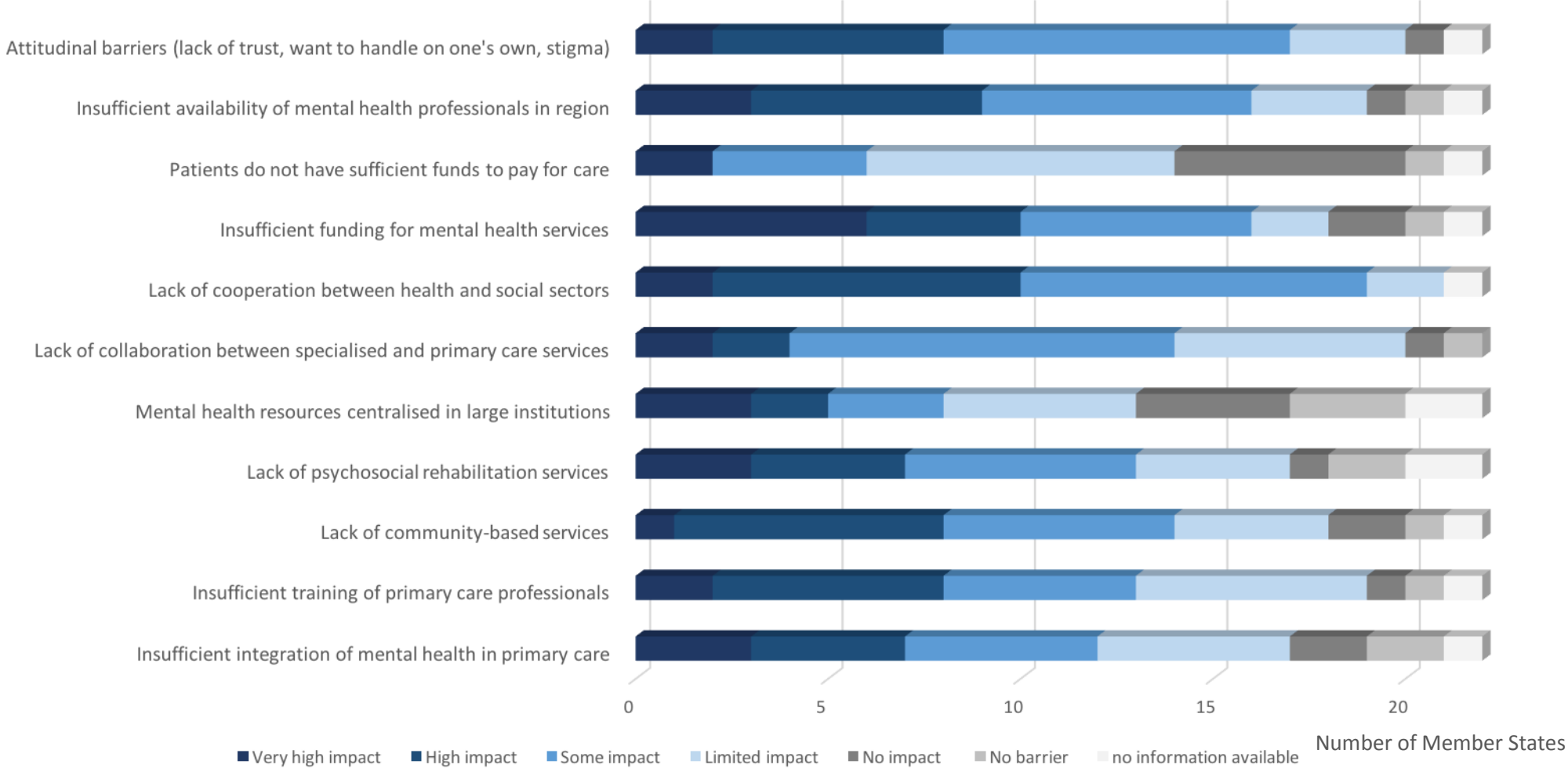
Member States indicated the relative impact of barriers to accessing mental health services in terms of 'no barrier', 'no impact', 'limited impact', 'some impact', 'high impact' or 'very high impact' (Figure 20). Nine of the eleven barriers (81.8%) were indicated to have either some, high or very high impact by more than 50% of Member States. The four barriers with the highest impact on accessing mental health services included: 1) the lack of cooperation between health and social sectors, 2) attitudinal barriers including stigma, 3) insufficient funding for mental health services, and 4) insufficient availability of mental health professionals in the region. Two barriers were pointed out by more than 50% of Member States either as being no barrier to accessing mental health services or as having no or limited impact: 1) patients do not have sufficient funds to pay for care, and 2) mental health resources are centralized in large institutions.

Lack of cooperation between health and social sectors was seen as having some, high or very high impact by 86.4% of the member states. The Member States which indicated that lack of cooperation between health and social sectors had high or very high impact were the following: Bulgaria, the United Kingdom, the Netherlands, Spain, Croatia, Luxembourg, Romania, Portugal, Hungary and Denmark. The percentage of Member States indicating that attitudinal barriers including stigma had some, high or very high impact was 77.3. Attitudinal barriers including stigma were seen as having a high or very high impact by Denmark, Hungary, the United Kingdom, Portugal, Croatia, Latvia, Turkey and Bulgaria. Furthermore, 72.7% of Member States attributed some, high or very high impact to insufficient funding for mental health services and to the insufficient availability of mental health professionals.

Regarding the two barriers which were indicated as having the least impact on access, 68.2% of Member States pointed out that patients' insufficient funds for care was either no barrier or had no or limited impact. Italy, Austria, Slovenia, Lithuania, the United Kingdom, and Slovakia, indicated this barrier as having 'no impact', and Hungary found it to be 'no barrier'. Estonia and Iceland indicated patients' insufficient funds as a barrier with very high impact.

The percentage of Member States that regarded the barrier of mental health resources centralized in large institutions either as having no or limited impact or as being no barrier was 54.5. This was the case for the Netherlands, Romania, Portugal and Denmark, which attributed no impact to this barrier; and Italy, Hungary and Slovakia, which showed that this was not a barrier in their country. Conversely, mental health resources being centralized in large institutions was considered a barrier with very high impact in Slovenia, Croatia, and Bulgaria.

Figure 20. Relative impact of barriers to accessing mental health services



## C8. Activities to improve accessibility

Each of the Member States identified various improvements that were carried out to improve the delivery of mental health care in their nation in the past year. The following section contains data from the Member States and is a situational analysis of their information about improvements and changes. These changes and improvements ranged from changing the volume and number of services offered to adding crisis support as a component of existing community mental health centers. Quotes from representatives from Member States regarding strengths and weaknesses are in italics below and have been cleaned for ease of reading.

### *Austria*

Austria reported an increased availability of mental health care in primary care.

The representative from Austria noted, with regard to the development of inpatient and outpatient mental health care in general hospitals, that *in the last decade the number of inpatient and outpatient psychiatric services had increased, while the number of large state hospitals had decreased.*

The representative from Austria noted, with regard to the development of community-based mental health services closer to people's homes, that *this was already developed in most regions more than 10 years ago, but that it is an ongoing process.*

With regard to the development of housing and employment support for people with mental disorders, the representative noted that *this had already been developed earlier in several regions.*

The representative from Austria stated that the implementation of self-help and/or self-management tools not only through, but including, e-health, *had already developed earlier in most regions of the country.*

### *Belgium*

With respect to increased availability of mental health care in primary care, the respondent noted that *there is a movement to close psychiatric beds and stimulate the provision of mental health care in primary care with the support of mobile mental health teams. Having a first-line (i.e. primary care) psychologist function is one of the current policy developments for Flanders. This function is to be deployed in close cooperation with GPs. The main aim is to deliver low-threshold, short-term guidance in dealing with mild mental health complaints, since there is a considerable demand for low-threshold, fast-track affordable mental health help.*

With regard to the development of inpatient and outpatient mental health care in general hospitals, the representative stated that *there has been an increase of 117 additional psychiatric beds in general hospitals since 2014.*

Regarding the development of community-based mental health services closer to people's homes, the respondent noted that *mobile mental health teams have been created.*

Belgium has also recently launched a number of self-help and/or self-management tools that are available digitally. For example, *Flanders has self-help websites in place, which include alcoholhulp.be, cannabishulp.be and drughulp.be. Currently the website depressiehulp.be is being set up. Operating in accordance with the stepped care principle, these websites also provide guidance, while people in need of specific or acute assistance are referred to specialized care.*

### *Bulgaria*

According to the representative, Bulgaria did not increase the availability of mental health care in primary care in the past year, and there were no new developments in services (e.g. inpatient or outpatient units) over the past year. There was limited development of community-based services and support for people with mental health problems in the country over the past year.

### *Croatia*

Croatia had no changes in their mental health services structure, be it mental health in primary care, inpatient or outpatient specialized mental health care, or community-based mental health services. Furthermore, there was no change in the development of housing and employment support for people with mental disorders in the past year. However, the representative said that with regard to other changes in mental health services, there is now *improved access to general and mental health care for prisoners*.

### *Denmark*

Regarding the development of inpatient and outpatient mental health care in general hospitals, the representative stated that the following changes were made through social reserve projects:

- *Reduction of coercive measures within the psychiatric area;*
- *Spread of interdisciplinary outreach teams within child and adolescent psychiatry;*
- *Introduction of regional interdisciplinary teams regarding medication; and*
- *Introduction of trials with outpatient emergency teams at regional level.*

### *Estonia*

According to the respondent, with regard to increased availability of mental health care in primary care, there was *training of mental health nurses and additional funding for primary care to hire more nurses*.

The representative stated that the *Norwegian public health grant program [funded the development of] four children's mental health centers to improve the quality and availability of services and to boost cooperation with other sectors (social, education)*. This was part of the overall development of inpatient and outpatient mental health care in general hospitals.

With regard to the development of community-based mental health services closer to people's homes, the representative noted that *the Norwegian grant program for ill children contributed to developing services for children in the regions, including services for children with learning difficulties, behavioral problems, etc.*

The representative noted that regarding the implementation of self-help and/or self-management tools through and including e-health, *web consultation was developed within the framework of the Norwegian public health grant programs for Estonia*.

### *Finland*

Housing and employment support for people with mental disorders improved in the past year in Finland.

The representative stated that with regard to the implementation of self-help and/or self-management tools through and including e-health, there was development in self-management websites.

### *Hungary*

The representative noted that there were no changes in access to mental health care in Hungary in the past year.

### *Iceland*

With regard to increased availability of mental health care in primary care, the representative noted that *the new Mental Health Policy and Action Plan contains specific actions to increase access to mental health services in primary care, increase support for families and increase the number of psychologists among primary care staff.*

Regarding the development of community-based mental health services closer to people's homes, the respondent stated that there was *an increase in community mental health services for people with severe mental disorders.*

With respect to the implementation of self-help and/or self-management tools through and including e-health, the respondent reported that *the new Mental Health Policy and Action Plan contains actions regarding assessing possibilities for the increased provision of e-mental health services.*

### *Italy*

The respondent stated that with regard to improving access to mental health care, all the previous activities (apart from e-health tools) are part of the well-established mental health system, so no specific actions were especially addressed during the past year from a national point of view.

### *Latvia*

The representative reported that regarding increased availability of mental health care in primary care, *as of 2015 general practitioners are allowed to prescribe state-covered antidepressants.*

Regarding other changes to mental health care, the representative mentioned that there has been a *reduction of hospital beds in mental hospitals, and new information campaigns to reduce stigma and encourage people to seek medical help in case of mental illness.*

### *Lithuania*

With regard to increased availability of mental health care in primary care, the representative noted that there has been an *increase in the number of mental health centers.*

The representative reported that regarding the development of inpatient and outpatient mental health care in general hospitals, there has been an *increase in the number of services in psychiatric hospitals as well as in the availability of psychosocial interventions available in mental health care settings (day centers, art therapy, etc.).*

The representative stated, regarding the development of community-based mental health services closer to people's homes, that *the network of day centers was expanded.*

### *Luxembourg*

The representative from Luxembourg reported that there were no new activities related to accessing mental health care over the past year.

### *The Netherlands*

The representative noted, with regard to increased availability of mental health care in primary care, that there has been an *increase in the available budget for psychological assistants to general practitioners.*

Regarding the development of inpatient and outpatient mental health care in general hospitals, the respondent stated that there has been an *ongoing process to reduce the number of beds and increase ambulatory (outpatient) mental health care*.

The representative reported, regarding the development of community-based mental health services closer to people's homes, that there was *an increase of FACT teams and provision of local community teams*.

Regarding the implementation of self-help and/or self-management tools through and including e-health, the representative stated that a *program was initiated and continued by the organization for mental health patients and their families (LPPGZ)*.

#### *Norway*

With regard to the increased availability of mental health care in primary care, the representative noted that there was *continued financial support to municipalities in order to increase the number of psychologists*.

#### *Portugal*

Portugal has not changed the availability of mental health care in primary care in the past year.

The representative noted, with regard to the development of inpatient and outpatient mental health care in general hospitals over the past year, that there is *one new mental health service in the southern region of Portugal*.

The respondent stated that there was no change in the development of community-based mental health services closer to people's homes in the past year. There was also no change in the development of housing and employment support for people with mental disorders over the past year.

#### *Spain*

Regarding the increased availability of mental health care in primary care, the representative reported that *this is a priority and is the responsibility of regional governments. It is included as an objective in the updated mental health strategy*.

The representative noted, with regard to the development of inpatient and outpatient mental health care in general hospitals, that *this is the responsibility of regional governments. The degree of development in mental health units in general hospitals is already very high but is nonetheless being contemplated as an objective in the mental health strategy*.

Regarding the development of community-based mental health services closer to people's homes, the respondent stated that *this is the responsibility of the regional governments. The network of mental health centers is extensive. The problem lies in the low number of professionals (mainly in psychology and skilled nursing)*.

The representative reported, with regard to the development of housing and employment support for people with mental disorders, that *this is responsibility of the regional governments. This is a priority issue and has been included as an objective in the updated mental health strategy*.

Regarding the implementation of self-help and/or self-management tools through and including e-health, the respondent stated *this is the responsibility of the regional governments. It has been included as an objective in the updated mental health strategy*.

The representative noted that with regard to other changes to mental health care, *Spain considers the*

*development of community-based residential facilities and alternatives to hospitalization very important, so it has included these issues as objectives in the updated mental health strategy.*

#### *Turkey*

The representative stated that regarding the development of community-based mental health services closer to people's homes, the representative stated that *the number of community-based mental health centers increased.*

The representative reported that with regard to the development of housing and employment support for people with mental disorders, *similar to services for people with intellectual disabilities, people with mental disorders have access to public workplaces.*

#### *United Kingdom*

The representative noted, regarding the increased availability of mental health care in primary care, that there was *improved access to psychological therapies, [which] achieved the national target of ensuring that 15% of people can benefit from access to services.*

Regarding the development of inpatient and outpatient mental health care in general hospitals, the respondent stated that there has been *an investment in Liaison Psychiatry Services to support people who come to A&E with mental health problems to ensure they are referred to appropriate services.*

Regarding the development of community-based mental health services closer to people's homes, the representative reported the existence of the *Crisis Care Concordat, [which means that] every local area now has a local crisis care action plan to provide support to people in the community before they reach crisis and that the Government launched a national ambition to eliminate out of area treatment by 2020, with annual reductions expected from this year, to avoid people being sent far away from home for inpatient care.*

The representative stated that with regard to the development of housing and employment support for people with mental disorders, *the Department of Health and Department for Work and Pensions established a joint Health and Work unit to support people with mental health problems in obtaining and retaining employment, the Department of Health established a Mental Health Housing Forum to identify evidence and good practices to improve the provision of suitable housing for people with mental health problems, and the Department of Health is working with the Department for Communities and Local Government to assess the mental health issues associated with wider Government policies on housing, homelessness, and people with complex needs.*

Regarding the implementation of self-help and/or self-management tools through and including e-health, the respondent noted that *the NHS Choices website is a national resource for people to access information about health including mental health.*



## PART II – Mental health developments among key European stakeholders

### Section A. Baseline data on stakeholders for mental health

#### A1. Stakeholders for mental health across the European Union

This year the EU Compass invited 620 non-governmental stakeholders in the fields of health, social affairs, education, workplaces, and justice, as well as civil society groups, to participate in the EU Compass stakeholder survey. A total of 59 stakeholders responded to the survey. Of these, 57 stakeholders provided complete information, and two stakeholders responded without providing the name of their organization. The largest proportion of respondents are located in Italy (N=9) and are in the non-governmental sector (N=33). A list of respondents can be found in Annex 2. The following section contains data from the stakeholders and basic information about their organizations. Quotes from representatives from stakeholders are in italics below.

#### *EUFAMI, European Federation of Associations for Families of People with Mental Illness*

The stakeholder noted that *EUFAMI is the European Federation of Associations of Families of People with Mental Illness. Our mission is to represent all family members of persons affected by severe mental illness at the European level so that their rights and interests are recognized and protected, and to facilitate exchange and learning between our member organizations at the national level.*

#### *Expert Platform on Mental Health – Focus on Depression*

The stakeholder stated that *the Expert Platform on Mental Health – Focus on Depression is a multi-stakeholder initiative that aims to support and promote mental health awareness in Europe. The Platform brings together researchers, public health experts, patients, members of the European Parliament and Commission, and representatives of major organizations concerned with mental health in Europe in order to raise awareness of depression, disseminate high-quality scientific information about depression, and develop tools and promote action to prevent depression. As such, the Expert Platform forms a unique bridge between scientists, patient organizations and policy advisors at the European level, as well as between the EU and its constituent Member States.*

#### *Cd Senior Organization (Sweden)*

The stakeholder noted that the Cd Senior Organization included *1300 members all over Sweden in regional and local organizations.*

#### *EPHA (European wide)*

The stakeholder from EPHA noted that EPHA is an *NGO Alliance with approximately 100 member organizations working on European public health policies.*

#### *Action for Teens (European wide)*

The stakeholder from Action for Teens remarked that *Action for Teens (European network of Houses for Teens) is an EU network of stakeholders in the field of adapted care for adolescents with mental health problems.*

#### *Semmelweis University (Hungary)*

The stakeholder stated that *Semmelweis University has the highest position among Hungarian universities on the university ranking list and is characterized by extensive educational, research and health care capacity.*

*Mental Health Department of Treviso (Italy)*

The stakeholder noted that the department *includes services for mental health for approximately 430,000 citizens.*

*VTKL (The Finnish Association for the Welfare of Older People)*

The stakeholder stated that VTKL *is an active opinion leader supporting the wellbeing of seniors and working for the benefit of its member organizations. The members are some 340 non-profit local and nationwide associations working in the field of senior care. VTKL is also involved in international activities, for example through participating in congresses and the European AGE cooperation network. VTKL's mental health promotion work is currently done mainly in the practice and policy development program called Active Age – Never mind the years (2012–17). Its aim is to strengthen seniors' capabilities and promote their inclusion, as well as to identify problems brought about by different life events and offer timely support. It involves 31 local projects all around Finland, some of them concentrating on mental health promotion.*

*Liewen Dobaussen (Luxembourg)*

Liewen Dobaussen *is an organisation that provides community-based services for people with disabilities and with mental health problems.*

*International Federation of Medical Students' Associations (Global)*

The stakeholder stated that the *International Federation of Medical Students' Associations, founded in 1951, is one of the world's oldest and largest student-run organizations. It represents, connects and engages every day with an inspiring and engaging network of 1.3 million medical students from 124 national member organizations in 116 countries around the globe.*

*Nacional de Pessoas com Experiência de Doença Mental (Portugal)*

The stakeholder remarked that RNPEDM *is a national organization of users that advocates for the societal rights, liberties, and integration of people with mental illness.*

*ILGA-Europe (European-wide)*

The stakeholder noted that *ILGA Europe is the European branch of the International Lesbian, Gay, Bisexual, Trans and Intersex Association. It was created in 1996 and [includes] more than 430 member organizations. It works in various areas, including health, education, discrimination, asylum, hate crime and hate speech.*

*Federação Nacional de Entidades de Reabilitação de Doentes Mentais (Portugal)*

The stakeholder stated that FNERDM *is a national federation of organizations working in community mental health.*

*College of Psychiatrists (Ireland)*

The stakeholder noted that the college *focuses on training and professional development of psychiatrists, advocating on behalf of our patients for the improvement of mental health services within the country, [and] advising government bodies and society in relation to mental health issues.*

*Azerbaijan Psychiatric Association*

The stakeholder from the stated that the association *is a professional society of psychiatrists working in Azerbaijan.*

*National Institute of Mental Health (Czech Republic)*

The stakeholder noted that *the National Institute of Mental Health is a governmental institution focused on research in applied and clinical neuroscience, psychiatry, social psychiatry, epidemiology*

and public health and on providing top mental health care. NIMH is [also] an educational base [for the third] Medical Faculty of Charles University in Prague.

#### *Spanish Association of Neuropsychiatry (Mental Health Professional) (Spain)*

The Spanish Association of Neuropsychiatry multidisciplinary association with over 2,000 members, of which 970 are psychiatrists. Its purposes are to contribute, by every means within its power, to a greater and deeper understanding of the mental health sciences and to ensure the continued commitment of such sciences with practice. This is so that the knowledge attained at each historic moment shall directly and practically affect the transformation and improvement of the Spanish psychiatric care and, therefore, in the welfare of the patients and of the population in general.

#### *Vanhustenkotiapusäätiö (Finland)*

The stakeholder noted that that *Havurasti* and *Myyrasti* (referred to as *Rastis*) are low-threshold havens for the elderly who suffer from loneliness, mental health problems, alcohol abuse and social exclusion. *Rastis* offer activities, different groups, individual support and guidance, and a place to come and meet other people with similar challenges in life. *Rastis* aims to support good mental health and resilience, prevent depression and social exclusion, and promote mental health in communities. The main focus points of *Rasti* actions is client-centered activity, peer support and community.

#### *Landstinget i Kalmar län (Sweden)*

The stakeholder from stated that the organization aims to develop best practices in psychiatry, with [a] focus on open care solutions.

#### *Slovak Psychiatric Association (Slovakia)*

The stakeholder noted that the Slovak Psychiatric Association is a body for psychiatrists, psychologists and others (social workers, special pedagogues) who work in the field of psychiatric care. This organization provides continuous medical education activities and is a representative of the Ministry of Health of the Slovak Republic. SPA is a member of WPA, EPA, [and] EBC.

#### *Lithuanian Psychiatric Association*

The Lithuanian Psychiatric Association is the largest organization in Lithuania for mental health professionals. It's mission is to ensure the care of community mental health. Established in 1990, the majority of Lithuanian psychiatrists are members. It works in close cooperation with other state institutions in order to shape state mental health policy. While gathering psychiatry experts in Lithuania, the organization is actively cooperating with partners in Lithuania and abroad and is a member of such well-respected organizations as the Joint Committee of Nordic Psychiatric Associations, the European Psychiatric Association, and the World Psychiatric Association.

#### *Coventry University*

The stakeholder stated that Coventry University aims to make a substantial contribution to some of today's most challenging issues. Coventry University is a dynamic, global and transformational University Group. Our focus area is to enhance our position as a leading provider of innovative education and impactful research both nationally, at the European level and internationally. Coventry University is a leading institution for education and student experience, international student mobility, entrepreneurship and world leading research. The Center for Psychology, Behavior and Achievement at Coventry University has a world leading research group into atypical development across all ages. Current projects funded by the Economic and Social Research Council and Coventry University are exploring mental health and suicide risk in adults with developmental disorders such as autism, a previously neglected area of research. Our research is leading to changes in UK government policy and to improvements in assessment and access to treatment for mental health problems and suicidality for people with autism.

#### *European Network of (Ex-)Users and Survivors of Psychiatry (ENUSP)*

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 [with the] 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 organizations, 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. Activities in 2015 [included the] submission of a suggested List of Issues to the UN CRPD Committee in connection with a review of EU implementation of the CRPD, as well as lobbying at the 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; [and the] 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.

#### *Mental Health Europe (MHE) (European wide)*

MHE is an umbrella organization which represents associations, organizations, 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 organizations 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 organization 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 organizations or being part of expert groups. MHE also develops and coordinates its own projects, conducts [research], and disseminates research [findings]. Working to inform the general public on the plight of people with mental health problems, MHE also cooperates closely with the media, and is often featured in prominent media outlets in Brussels and beyond.

#### *GGZ Nederland (Netherlands)*

The stakeholder stated that GGZ Nederland (Dutch Association of Mental Health and Addiction Care) is the sector organization of specialist mental health and addiction care providers in the Netherlands. Our 100 member organizations deliver a wide variety of 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.

#### *Hospital Magalhães Lemos*

The stakeholder remarked that there are 200 beds for acute and long-stay patients [and] 400 professionals (40 psychiatrists, 120 nurses, 10 psychologists and 10 social workers) at the hospital.

#### *Polish Psychiatric Association*

The stakeholder reported that the association has 1490 members, and that the objectives and mission of the association focus on promoting Polish psychiatry and psychiatric research, ensuring the best possible education for psychiatrists, and ensuring that the Polish population has access to optimal

psychiatric treatment. Furthermore, [the association aims] to educate the general public about psychiatric disorders in order to reduce stigma.

#### *French Psychiatric Information Society/La Société de l'Information Psychiatrique (SIP) (France)*

The stakeholder noted that SIP focuses on psychiatry in the public health system.

#### *Resource Center for People with Mental Disabilities 'RC ZELDA'*

RC ZELDA (<http://www.zelda.org.lv/en>) was founded on April 1<sup>st</sup>, 2007 with a view to promoting the rights of people with intellectual and/or mental health problems. The mission of the RC 'Zelda' is to promote de-institutionalization and the development of community-based mental health care services for people with mental disabilities through research, monitoring of observance of human rights, legal advocacy and activities of informing and educating the public.

#### *Consejería de Sanidad (Spain)*

The stakeholder stated that Consejería de Sanidad is an organization responsible for designing health policies.

#### *pro mente Austria (Austria)*

Pro mente austria is an umbrella organization in the field of mental health in Austria. pro mente austria has 26 member organizations, which are service providers for more than 50,000 people with mental health problems per year. pro mente austria is a member of advisory boards in different ministries (health and social affairs).

#### *Royal College of Psychiatrists (UK)*

The stakeholder reported that the Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom. The College aims to improve the outcomes of people with mental illness, and the mental health of individuals, their families and communities. In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; [and] works with and advocates for patients, caregivers and their organizations. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

#### *WHOCC (Lille, France)*

The stakeholder stated that this organization is a WHO Collaborating Center for research and training in mental health [in] EPSM Lille Metropole.

#### *Swiss Society of Psychiatry and Psychotherapy*

The stakeholder reported that the Swiss Society of Psychiatry and Psychotherapy is the national association of psychiatrists in Switzerland. [It] hails approximately 2100 members. The majority of our members work in private practices, [while] the minority [work] in hospitals and other psychiatric institutions. The SSPP is part of the FMH (Swiss Federation of Physicians). Our postgraduate training program is six years long (five years in psychiatry and one year in a somatic discipline). Simultaneously, the candidates have a three- year-long training in psychotherapy. After a final exam, they receive the title of specialized physician in psychiatry and psychotherapy.

#### *Swedish Association of Local Authorities and Regions (SALAR)*

The stakeholder noted that SALAR represents the governmental, professional and employer-related interests of Sweden's municipalities, county councils and regions. Among others, SALAR's service to members comprises [of] keeping members well informed, providing service and advice, operating as a national forum for members, and pursuing development projects together with members.

#### *National University Hospital (Iceland)*

The stakeholder reported that *Landspítali is the primary National University Hospital in Iceland. The respondents work in the Mental Health Division of the hospital.*

#### *Center for Mental Health Care Development (Czech Republic)*

The stakeholder stated that *our mission is to initiate and implement changes leading to the transfer of the responsibility for mental health care into communities, to increase respect for people with mental health problems, and to ensure that mental health care services are professional as well as accessible.*

#### *Karify (Netherlands/United States)*

The stakeholder noted that *Karify is an e-mental health platform that supports therapy sessions with online treatment. Karify allows mental health practitioners and patients to combine face-to-face meetings with online exercises, tailored medical information and ways to communicate safely. Karify helps therapists to keep track of their patients' progress. It enables them to create behavioral change through feedback, monitoring and data.*

#### *Fundación Mundo Bipolar (Spain)*

The stakeholder responded that *the foundation was born under the protection of the Foundations Law of December 26, 2002 and was published in the BOE of July 23, 2004. It is a non-profit organization.. The objectives are the social integration and labor promotion of people with mental health problems, by means of the new information technologies and communication, with the conviction that the technology is a means to improve the quality of life of people with serious mental health problems [and] psychosocial disabilities, fighting for their rights and inclusion in society.*

#### *Finnish Association for Mental Health*

The stakeholder reported that *the organization was founded in 1897. For more than a century, the Finnish Association for Mental Health, FAMH, has worked in mental health as an innovator and inspirer. FAMH is the main national mental health NGO in Finland, focusing on mental health promotion, crisis support, and advocacy.*

#### *Livslinien (Denmark)*

*The organization provides anonymous suicide prevention counseling through telephone, online mail and chat platforms. We service approximately 15,000 users each year. Our service is staffed by volunteers who are carefully selected on the basis of educational and professional background, practical experience in working with people in crisis situations, personal strength and motivation. We select and train our volunteers and maintain a high level of quality through ongoing supervision and training efforts.*

#### *Studio Dettore di Terapia Cognitivo- Comportamentale (Italy)*

The stakeholder noted that *the organization is a center of cognitive-behavioral therapy. We treat adults, adolescents and children with all mental health problems. We have a unit that offers expert intervention for children and adolescents of variant gender identity.*

#### *University of Parma (Italy)*

The stakeholder reported that *the Faculty of Medicine, Dept. of Clinical and Experimental Medicine, University of Parma, and Clinical Psychology Unit [focus] on higher education [and are] research oriented. Health is a major sector of investment in teaching and research.*

#### *National Health Service (Italy)*

The stakeholder noted that there are many organizations involved. These include *www.sipsivi.org*, the *Italian Society for Traffic Safety* [and] other EU projects (see *www.panel.com*). Both [address] PTSD after emergencies.

#### *Ludwig Boltzmann Institute for Health Technology Assessment (Austria)*

The institute regards itself as an independent entity for scientific decision-making support in the health sector. We provide the scientific basis for decisions in favor of an efficient and appropriate use of resources. In this process, we adopt a broad socially-relevant view of medical interventions. We are committed to a qualitative concept of progress. We see ourselves as an innovative and creative interdisciplinary think tank that has also included the further development of HTA methodology within its objectives. We attach importance to the traceability of our results: systematic work and the disclosure of our methods make our results open to scrutiny. We work at a distance to interest groups, and refuse to fall within their influence, be they fund providers or market suppliers. Intensive international networking allows us to avoid redundancies and to remain at the leading edge of knowledge.

#### *University of La Laguna (Tenerife)*

The stakeholder reported that as an academic institution, the main activities are teaching and research with a strong social application.

#### *San Raffaele Hospital and 'Salute allo Specchio' Onlus (Italy)*

The stakeholder noted that 'Salute allo Specchio' (Reflections of Health) Onlus is a non-profit organization which was born in San Raffaele Hospital, in Milan. Its purpose is to improve the wellbeing and quality of life of female cancer patients by implementing complementary therapies alongside conventional therapies, thus also addressing the psychosocial dimension of illness and providing holistic care.

#### *AGE Platform Europe*

The stakeholder from AGE Platform Europe stated that the AGE Platform Europe is a European network of more than 150 organizations of and for people aged 50+. Our work focuses on a wide range of policy areas that impact older and retired people. These include issues of anti-discrimination, employment of older workers and active ageing, social protection, pension reforms, social inclusion, health, elder abuse, intergenerational solidarity, research, accessibility of public transport and of the built environment, and new technologies (ICT). AGE Platform Europe also takes active part in several EU projects. The purpose of our work is to voice and promote the interests of the 190 million inhabitants aged 50+ in the European Union and to raise awareness of the issues that concern them most. We seek to give a voice to seniors and retired people in the EU policy debates, through the active participation of their representative organizations at the EU, national, regional and local levels, and to provide a European platform for the exchange of experience and best practices. We also aim to inform seniors about their rights as EU citizens or residents and on EU policy-making processes and recent EU policy development.

#### *Personality Disorder Lab (PDLab) (Italy)*

The stakeholder reported that PDLab is a scientific association that includes a clinical center and is involved in clinical care, research and training on personality disorders.

#### *General Inspectorate of Romanian Police, Criminal Investigation Directorate (Romania)*

The stakeholder noted that the Criminal Investigation Directorate is part of the Romanian National Police. The Criminal Investigation Directorate has the competence to investigate and combat crimes against persons, property, authorities, and those affecting relations on social life, except in cases of organized crime. Also, the Criminal Investigation Directorate cooperates internationally in this area

*with institutions having similar responsibilities, particularly those from EU Member States and other competent international bodies and institutions.*

*EuroHealthNet (European wide)*

*EuroHealthNet is a not for profit partnership of organizations, 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 the EU and associated states through policy and project development, networking and communications.*

*National Administration of Penitentiaries (Romania)*

*The stakeholder stated that the Romanian prison system is part of the defense, public order and national security system of Romania, being responsible for the enforcement of the detention regime, and provides recuperative intervention for people in a state of deprivation of liberty, in conditions which ensure respect for human dignity. The prison administration is a public service with an active social role, determined by its functions: guarantor of maintaining a social balance, forming a correct attitude of prisoners towards social values, rule of law and rules of social coexistence. The National Administration of Penitentiaries represents the central authority which coordinates all the penitentiary units.*

*Federal Chamber of Psychotherapists (Germany)*

*The stakeholder noted that the Federal Chamber of Psychotherapists (BPTK) is the umbrella association and working group of Germany's state-level chambers of psychotherapists. It was founded in May 2003.*



## A2. Reasons for being active in mental health

The stakeholders from non-governmental stakeholders in the fields of health, social affairs, education, workplaces, justice, and civil society groups were asked why their organizations act on mental health and how mental health is related to the core objectives of their organizations. The following section contains data from the stakeholders about these questions. Quotes from stakeholders are in italics below.

### *European Federation of Associations for Families of People with Mental Illness (European-wide)*

The stakeholder noted that *EUFAMI was founded in 1992 after a conference which took place in 1990 in De Haan, Belgium, where caregivers from all over Europe shared their experiences of helplessness and frustration when living with someone suffering from severe mental illness. They resolved to work together to help both themselves and the people they cared for.* Mental health is related to the core objectives of EUFAMI through its' vision: *persons affected by mental illness and family members receive the understanding and support they need to participate in their community as they choose, and share in the social, economic and political rights of that community, without exclusion or discrimination. Our mission is to represent all family members of persons affected by severe mental illness at the European level so that their rights and interests are recognized and protected. Our key objectives all relate to mental health. They are:*

- *To support member associations in their efforts to improve standards of treatment, care and quality of life of people with mental illness and their family caregivers and friends;*
- *To engage in the development of family movements in countries where such movements are currently weak or do not exist;*
- *To help member associations combine their efforts at the regional and European levels and to reach out to promote the aims and objectives of families;*
- *To ensure that the concerns of family caregivers are always fully recognized;*
- *To lobby European policy makers to continue their efforts to improve mental health and social care services as a human right in each Member State so that a more equitable situation will result across the continent;*
- *To campaign for adequate resources to be provided for services and support for people with mental illness and their families;*
- *To identify examples of good practice in the field of mental illness and communicate them appropriately throughout Europe;*
- *To promote and, where appropriate, participate in research into the causes and management of mental illness and its treatment;*
- *To engage in public awareness programs and campaigns for changes in public attitudes so as to help remove stigma and discrimination against people with mental illness and their family caregivers; and*
- *To defend [in all ways] the rights of people with mental illness and their families.*

### *Expert Platform on Mental Health – Focus on Depression (European-wide)*

The stakeholder stated that they *believe that the scale of the mental health challenge is not adequately recognized and that progress in addressing this challenge is being impeded by a lack of high-quality, evidence-based information.* The stakeholder noted that mental health is central to the organization.

### *Cd Senior Organization(Sweden)*

The stakeholder noted that they *promote policy for mental health of the elderly.* The stakeholder further stated that mental health is *a part of one of our main activities, [including] policy promotion for [the] ill elderly.*

#### *EPHA (European-wide)*

The stakeholder stated that mental health is *reflected in our mission statement and in our vision to achieve the best possible standard of health and wellbeing for all.*

#### *Action for Teens (European-wide)*

*The goal of AFT is that each youngster suffering from a psychological disorder can find adequate help, taking his/her specific world into account and re-establishing the balance between him/herself and his/her environment.*

#### *Semmelweis University (Hungary)*

The stakeholder reported that the university provides *inpatient, outpatient and community-based mental health care [and] prevention and mental health promotion programs on the country level.* The stakeholder also noted that *mental health is among the top ten core objectives.*

#### *Mental Health Department of Treviso (Italy)*

The stakeholder responded that *[they are] the department of mental health of the local health authority.* The stakeholder further stated that *mental health is included in the core objectives.*

#### *VTKL – The Finnish Association for the Welfare of Seniors (Finland)*

The stakeholder stated that they *promote [the] wellbeing of older people.* The stakeholder also noted that *VTKL's main task is to help in promoting seniors' wellbeing, of which mental health is an integral part.*

#### *Liewen Dobaussen (Luxembourg)*

The stakeholder reported that their *organization is a part of the psychiatric health system of Luxembourg.* Further, the stakeholder noted that *mental health is [at] the main core of our objectives.*

#### *International Federation of Medical Students' Associations (Global)*

The stakeholder stated that *mental health can be affected by a range of factors, and that improvement in the sector is needed on prevention, intervention and recovery actions. Due to the variety of factors involved, this requires a multi-sectoral approach to leadership. As future health leaders and a vulnerable population, medical students are well suited to lead the way in developing mental health programs to help reduce stigma between the medical and wider community. The IFMSA's Mental Health program works to reduce the burden of mental illness by empowering national member organizations and students. Mental health is being addressed by at least 38 national member organizations of the IFMSA through activities. Medical students and college students are common targets; however, most of the population is affected by this important issue. The Mental Health Program provides a way to connect these activities and provide services for them, such as resources and guidance, to work towards reducing stigma regarding mental illness.*

#### *ILGA Europe (European wide)*

The stakeholder noted that *mental health is a core issue for many LGBTI people, in particular, young LGBTI people, who don't get access to adequate support and are at risk of school bullying.* Further, the stakeholder noted that *in the area of health, ILGA Europe's overall objectives are: 1) to ensure the effective enjoyment of the right to health and protection against discrimination in access to health and health care and 2) to end the pathologization of gender diversity and trans identities. To achieve this, we first need to make sure that LGBTI people and health issues are included in European policies related to health, and in particular, to mental health and wellbeing.*

#### *Federação Nacional de Entidades de Reabilitação de Doentes Mentais (Portugal)*

The stakeholder stated that *FNERDM acts to support community mental health organizations towards the advancement of this field within social policies and civic society.* The stakeholder also noted that

*all the member organizations develop programs. Services and supports [are] aimed at the community integration of people who experience mental illness and their families.*

#### *College of Psychiatrists (Ireland)*

*The stakeholder noted that the College is the professional body representing and training psychiatrists in Ireland. We have an obligation to encourage the development and the improvement of services for our patients.*

#### *Azerbaijan Psychiatric Association (Azerbaijan)*

*The stakeholder noted that as a professional organization of psychiatrists, the AzPA activity focuses on mental health. The main purpose of the AzPA is to join the efforts of psychiatrists and other mental health professionals to promote better quality of psychiatric care, implement evidence-based treatment, protect the dignity and rights of psychiatric patients and their families, and comply with the highest ethical standards in psychiatric practice.*

#### *National Institute of Mental Health (Czech Republic)*

*The stakeholder stated that the institute focuses on basic, translational and applied research in psychiatry and mental health, providing mental health care in psychiatry, [and on] teaching psychiatry and medical psychology at the medical school.*

#### *Spanish Association of Neuropsychiatry (Spain)*

*The stakeholder noted that the main objective of our organization is to contribute to improved mental health, both in people who already have such disorders [and] in the general population to prevent them. All objectives of our organization are aimed at improving mental health, both in people who already have disorders, and [through] promotion activities and prevention.*

#### *Vanhustenkotiapusäitiö (Finland)*

*The stakeholder noted that there's a need for preventive mental health services and low-threshold activities for the elderly in the Vantaa region. Further, the stakeholder reported that one of the core objectives for our activities is to support good mental health and preventing loneliness, [which] is a common cause of depression and other mental problems.*

#### *Landstinget i Kalmar län (Sweden)*

*The stakeholder stated that mental health is an important aspect [of] society, both for the individual and for the community. Psychiatry is essential in the continuing process of defining the limits of normality. Also, the stakeholder noted that mental health is the main objective of the organization.*

#### *Lithuanian Psychiatric Association (Lithuania)*

*The stakeholder responded that the Lithuanian Psychiatric Association is the largest organization in Lithuania for mental health professionals whose mission is to ensure the care of community mental health. The Lithuanian Psychiatric Association (LPA) works in close cooperation with other state institutions in order to shape state mental health policy.*

#### *Coventry University (England)*

*The stakeholder stated that mental health and suicide have been under-researched in those with developmental conditions such as autism. However, our research has shown that these individuals are at high risk of depression, suicidal thoughts and attempts. We are therefore developing the first evidence-based tools and recommendations health providers need to effectively support adults with autism who experience these difficulties. Further, the stakeholder noted that high quality research which has a positive impact on society is at the heart of everything we do. Hence, we conduct high quality research into mental health and suicide in under-researched groups, such as adults with autism.*

#### *European Network of (Ex-)Users and Survivors of Psychiatry (ENUSP) (European wide)*

The stakeholder from ENUSP stated that *ENUSP is the only European organization self-governed solely by people with psychiatric experience – providing (ex-)users and survivors of psychiatry a means of direct representation*. Further, the stakeholder noted that *the core objectives 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 organizations, 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.*

#### *Mental Health Europe (European wide)*

The stakeholder noted that *since our inception, Mental Health Europe has specialized in mental health-related advocacy and specifically on encouraging the adoption of an EU policy on mental health. We act on mental health because mental health is important for healthy societies and for the wellbeing of Europeans and the economic prosperity of the EU. Further, given that the name of our organization is Mental Health Europe, mental health is obviously the core of our work. MHE tries to ensure that mental health is given due consideration at the European level and mainstreamed in all relevant EU policies. MHE advocates for the rights of those with mental health problems and psychosocial disabilities and for the human rights-based approach to mental health.*

#### *GGZ Nederland (Netherlands)*

The stakeholder stated that *we are an advocacy organization of specialist mental health providers. Our aim is to ensure the availability of high quality, accessible, affordable and sustainable mental health care. The stakeholder also reported that as an advocacy organization, we do not provide services ourselves. It is our job to engage with other stakeholders and thus (co-)create the right conditions for our members to fulfil their mission.*

#### *Polish Psychiatric Association (Poland)*

The stakeholder noted that *mental health protection shall be provided by the State administration, local government agencies, and appointed institutions, [such as] voluntary associations and other civic organizations, foundations, vocational councils, churches, and other denominational unions, and that self-help groups consisting of patients and their families may participate in the provision of mental health protection. In particular, mental health protection shall consist of:*

- 1. Promoting mental health and preventing mental health disorders;*
- 2. Providing the mentally ill with comprehensive and accessible health care, as well as other forms of care and assistance essential for them to live in the family and the community; [and]*
- 3. Developing appropriate social attitudes towards persons with mental health disorders, in particular, understanding, tolerance and kindness, and counteracting discrimination.*

#### *Resource Center for People with Mental Disabilities 'ZELDA' (Latvia)*

The stakeholder noted that *we mainly act to provide free legal aid to people with mental health problems or people with intellectual disabilities; we do research on needed legislative changes (e.g. needed changes in mental health law). The main aim of our organization is to improve the situation of people with mental disabilities (people with mental health problems and/or people with intellectual disabilities).*

#### *Consejería de Sanidad (Spain)*

The stakeholder stated that *the organization is involved with the health services and organizations of patients and families affected by mental illness.*

#### *Royal College of Psychiatrists (UK)*

The stakeholder from the Royal College of Psychiatrists noted that the *Royal College of Psychiatrists is an independent professional membership organization and a registered charity representing over 15,000 psychiatrists in the UK and Internationally*. Further, the representative stated that the core purposes of the Royal College of Psychiatrists are:

1. *Standards: setting standards of excellence for individual practice and services;*
2. *Workforce: recruitment, retention and development; and*
3. *Communication: internal and external.*

#### *World Health Organization Collaborating Center for Research and Training in Mental Health (Lille, France)*

The stakeholder stated that the *French World Health Organization Collaborating Center for Research and Training in Mental Health (WHOCC Lille, France) is a functional organization which brings together a network of actions, skills and programs related to the mental health policy of the WHO. The WHOCC is part of a public mental health hospital*. The stakeholder further noted that *the Center is redesignated every 4 years by the WHO, on the basis of a multiannual program, based on WHO mental health policies for 2014-2018*.

#### *Swiss Society of Psychiatry and Psychotherapy (Switzerland)*

The stakeholder reported that the *SSPP holds direct interest in the mental health field as a major medical actor*. In addition, the stakeholder noted that *as a specialized medical society, we have a direct impact on mental health in the population through the treatments we provide. We also effectively network with our Government, Parliament and public health offices, and also with the others actors in the field (patient organizations, professional organizations of psychologists, nurses and general practitioners, disability insurance, illness insurances, pharmaceutical industries and media)*.

#### *Swedish Association of Local Authorities and Regions (SALAR)*

The stakeholder noted that *SALAR represents the governmental, professional and employer-related interests of Sweden's municipalities, county councils and regions. That is why we act and support and coordinate our members to strengthen the overall population health and to tackle mental health issues. SALAR acts on the national, regional and local levels. The country's municipalities, county councils and regions are responsible for providing a significant proportion of all public services. The role of the county councils and the regions are: health care, dental care, regional services (public transport, regional development in most regions and culture in some regions). In Sweden, the municipalities are responsible for a larger share of publicly financed services than in most other countries, and they have the right to levy taxes to finance operations. The municipalities are responsible for practically all childcare and primary and secondary education. All education in the compulsory system is free of charge. Elderly care and care of the disabled are also important tasks for the municipalities. They are also responsible for other services, such as water supply, waste disposal, spatial planning and rescue services*.

#### *National University Hospital (Iceland)*

The stakeholder reported that the *organization is a hospital that treats mental disorders [and that the] treatment of mental disorders is our core objective*.

#### *Center for Mental Health Care Development (Czech Republic)*

The stakeholder stated that *mental health is the core of our activities. We have no activities unrelated to mental health*.

#### *Karify (Netherlands/United States)*

The stakeholder noted that *Karify aims to improve outcomes and quality of care through treatment modules and software*. The stakeholder further stated that *we supply 40% of the Dutch market with*

*Karify software to help mental health care institutions to save money and resources and to improve quality through e-health.*

*Fundación Mundo Bipolar (Spain)*

The stakeholder responded that *one of the founders of the organization [was] diagnosed with bipolar disorder. [As a result of] being fired as a journalist and as a teacher in the university, she decided to work to improve the quality of life of persons with a mental health problems and to fight stigma and discrimination.*

*Finnish Association for Mental Health (Finland)*

The stakeholder reported that *mental health is the core focus and purpose of FAMH. Promotion of population mental health and prevention of mental disorders is the core objective of FAMH.*

*Livslinien (Denmark)*

The stakeholder from Livslinien stated that *mental health has been the foundation of our organization since our founding some 21 years ago.*

*Studio Dettore di Terapia Cognitivo- Comportamentale (Italy)*

The stakeholder noted that *since we are a center of cognitive-behavioral therapy, mental health is the core of our goals.*

*University of Bologna(Italy)*

The stakeholder noted that *mental health is addressed by providing counseling services and other clinical services (psychotherapy), [as well as through] field research and clinical services.*

*University of Parma (Italy)*

The stakeholder reported that they are involved in *teaching physicians, psychologists [and] nurses, as well as researching, assessing and treating psychological, psychophysiological and some psychopathological diseases.* The stakeholder also stated that *mental health is [at] the core of our activities, in connection with the University Hospital and the local sanitary authority of Parma. Health is one of the core domains of concern in research and teaching in our university. In our research center, [it] is one of 4 domains and represents one of the most productive in terms of research projects and publications.*

*National Health Service (Italy)*

The stakeholder noted that *after having led psychological services in a psychiatric department (1978-2001), my activities in mental health are now directed mainly towards resilience after trauma, insofar as PTSD appears now [to require] more demanding interventions, resulting in more cost-effective [care] than usual psychotherapy care of psychoses and neuroses.*

*Ludwig Boltzmann Institute for Health Technology Assessment (Austria)*

The stakeholder stated that *mental health, and children's and adolescent mental health in particular, has been one of our key research activities during the past few years. There is a considerable lack of research in the field of child and adolescent psychiatry, particularly when it comes to the long-term effects of mental health interventions for these populations and to longitudinal evaluation studies.*

*University of La Laguna (Tenerife)*

The stakeholder reported that *my institution is responsible for the instruction of the mental health specialization at the nursing and medical levels. Also, we contribute to post graduate courses [in] mental health.*

*Department of Psychology, University of Bologna (Italy)*

The stakeholder stated that mental health is part of the department's educational, clinical and research aims. Also, the stakeholder reported that mental health is the main topic of our activities, both clinical and research.

*San Raffaele Hospital and 'Salute allo Specchio' Onlus (Italy)*

The stakeholder noted that mental health in cancer patients is a core issue of their treatment; it should always be addressed as an integral part of medical care. The stakeholder also reported that the prevention of signs and symptoms of psychological suffering and social isolation in cancer patients could help improve their quality of life and facilitate a better adjustment to the disease and its treatment.

*AGE Platform Europe (European wide)*

The stakeholder stated that mental health is a key issue for the wellbeing of older people. One of the key concerns is social isolation, with correlated impact on mental health. There are specific diseases like dementia for which the prevalence among older people is very high. The stakeholder also noted that the AGE Platform Europe is promoting active and healthy ageing through the development of age-friendly environments across EU countries: mental health is a component and can be tackled from different perspectives by making sure older people can stay included in the society.

*Analisi Mediche Pavanello (Italy)*

The stakeholder stated that mental health care is an essential component of medical care.

*General Inspectorate of Romanian Police, Criminal Investigation Directorate (Romania)*

The stakeholder noted that the organization coordinates [the] nationwide activities of the Romanian Police based on a protocol signed between the Ministry of Internal Affairs and the Ministry of Health related to persons with mental disorders who commit crimes, and regarding the activities that have to be performed by these institutions. The stakeholder further stated that one of the activities in the competence of the organization is to prevent and combat criminality and to take the best measures against perpetrators, even if they are persons with some mental disorders.

*EuroHealthNet (European wide)*

The stakeholder reported that we work on mental health as a determinant of inequality and as a strong component of people's wellbeing. Further, the stakeholder stated that EuroHealthNet works towards promoting health and health equity between and within European countries. We therefore see mental health and wellbeing as intrinsic to all our work.

*National Administration of Penitentiaries (Romania)*

The stakeholder stated that the main goal of applying a prison sentence is to achieve the moral and social recovery of those who have committed an offence, by restructuring their personality, and shaping and developing habits and attitudes necessary for their re-entry into society. Poor mental health is a risk factor for staff and inmates. The stakeholder further reported that mental health is a central issue in the recovery of prisoners, [as it is] known that imprisonment and the prison environment generates negative effects in people.

*Federal Chamber of Psychotherapists (Germany)*

The stakeholder noted that the Federal Chamber of Psychotherapists (BPTK) is the umbrella association and working group of Germany's State-level chambers of psychotherapists. The purpose of our organization [is] to provide a forum for continuous exchange among the psychotherapist associations of the country's federal states, for mutual coordination of their objectives and activities, and to represent their collective concerns.

### A3. Stakeholders' resources for work in mental health

The stakeholders from non-governmental stakeholders in the fields of health, social affairs, education, workplaces, justice and civil society groups were asked what resources their organizations had available for work in mental health. The following section contains data from the stakeholders about these questions. Quotes from stakeholders are in italics below.

#### *EUFAMI, European Federation of Associations for Families of People with Mental Illness*

The stakeholder noted that resources included *funding from our partnership program, honoraria, and project support (89% in 2015) from membership fees (11%), [for] a total budget of approximately 100,000 euros.*

#### *Expert Platform on Mental Health – Focus on Depression*

The stakeholder stated that *we have one dedicated FTE and a small project budget.*

#### *Cd Senior Organization*

The stakeholder noted that resources were *small and voluntary.*

#### *EPHA*

The stakeholder noted that resources were *limited (NGO budget from grants), but that there is no specific funding for mental health work.*

#### *Action for Teens*

The stakeholder stated that resources come from *fundraising and projects.*

#### *Semmelweis University*

The stakeholder reported that resources come via *grants, donations and governmental support.*

#### *Mental Health Department of Treviso*

The stakeholder responded that *the budget of our department* is a source of funding for mental health work.

#### *VTKL – The Finnish Association for the Welfare of Seniors*

The stakeholder stated that the *program (including its projects) is funded by Finland's Slot Machine Association.* Furthermore, the stakeholder noted that the *Ministry of Social Affairs and Health is likely to provide some funds for some further development work.*

#### *Liewen Dobaussen*

The stakeholder reported that they *are financed by the Ministry of Health and the Health Insurance.*

#### *International Federation of Medical Students' Associations*

The stakeholder stated that *monetary support is provided by each local national body, and centrally the IFMSA provides conferences and resources such as activity reports, workshop plans and activities, as well as human resources from other activity coordinators and central coordinators.*

#### *RNPEDM*

The stakeholder reported that *some organizations give [financial] support to our organization.*

#### *FNERDM*

The stakeholder stated that the *work of the organizational leaders and the civil society organizations they represent and which support them (e.g. with organizational resources and time allocation) is voluntary.*



#### *College of Psychiatrists*

The stakeholder noted that *we obtain subscription fees from our members. We are also financially supplemented by the Health Service Executive for the provision of training of junior psychiatrists.*

#### *Azerbaijan Psychiatric Association*

The stakeholder noted that resources come from *intellectual resources, support from the government, membership fees, grants from donors, and various other sources.*

#### *National Institute of Mental Health*

The stakeholder stated that *NIMH was built with EU money; the main sources are almost exclusively grants and the national program of sustainability of the Czech Republic.*

#### *Spanish Association of Neuropsychiatry (Mental Health Professional)*

The stakeholder noted that *the funding is based on membership fees and profits generated in organizing conferences and publishing books.*

#### *Vanhustenkotiapusäitiö*

The stakeholder noted that *funding comes from the city of Vantaa and RAY (RAY's funding is used to tackle health and welfare challenges caused by, for example, substance abuse, mental problems and the ageing of the population), employees, health care and social service professionals, and volunteers.*

#### *Slovak Psychiatric Association*

The stakeholder reported that resources come via *regular membership fees [and] sponsors.*

#### *Lithuanian Psychiatric Association*

The stakeholder responded that funding comes from *membership fees [and] the Lithuanian National Program on Suicide Prevention.*

#### *Coventry University*

The stakeholder stated that *our research and impact activities are currently funded by the Economic and Social Research Council (RCUK), and Coventry University.*

#### *European Network of (Ex-)Users and Survivors of Psychiatry (ENUSP)*

The stakeholder stated that *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. [Seven] empowerment seminars were funded by MHE. Operational functioning depends on the work of volunteers.*

#### *Mental Health Europe*

The stakeholder noted that the organization *is currently funded by a core grant from the European Commission under a human rights-based program focused on disability.*

#### *GGZ Nederland*

The stakeholder stated that resources included *membership fees.*

#### *Polish Psychiatric Association*

The stakeholder noted that resources for PSA included *funds from the EU for the decentralization of the mental health system.*

### *SIP*

The stakeholder reported that resources include *membership fees and conferences and that CME activities provide a secretariat. Board members contribute to organizing all events.*

### *Resource Center for People with Mental Disabilities 'ZELDA'*

The stakeholder noted that *our NGO works on a project basis and resources are quite limited, so it is very challenging to keep [the] organization running.*

### *pro mente austria*

The stakeholder stated that resources include *financial resources (membership fees and the support of the ministry of social affairs) and experts from the member organizations like psychologists, users, social workers, etc.*

### *Royal College of Psychiatrists*

The stakeholder noted that *in order to achieve our objectives, the College is supported by the following departments:*

- *Department of Strategic Communications:*  
*The College Policy Unit coordinates, develops and advises on issues affecting mental health policy and psychiatric practice. It is based in the RCPsych headquarters in London and is part of the Department of Strategic Communications. The unit works closely with College members to represent the expertise of the psychiatric profession, both internally and to a range of external audiences. We aim to bring about change for the benefit of those affected by mental illness by producing expert reports and advice, influencing key organizations and decision makers, and raising the profile of mental health and the positive impact of psychiatrists. The unit is also closely involved with the Parliamentary and Public Affairs work of the College and works with government departments, patients and caregivers, parliamentarians and many professional bodies, health and social care charities and coalitions.*
- *The College Center for Quality Improvement (CCQI) aims to raise the standard of care that people with emotional or mental health needs receive by helping providers, users and commissioners of services to assess and increase the quality of care they provide. More than 90% of mental health services in the UK participate in the work of the CCQI.*
- *The National Collaborating Center for Mental Health (NCCMH) is one of four centers established by the National Institute for Health and Care Excellence (NICE) to develop guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS in England and Wales. Established in 2001, the NCCMH is responsible for developing mental health guidelines, and is a partnership between the Royal College of Psychiatrists (RCPsych) and the British Psychological Society (BPS).*
- *Membership relations:*  
*The membership relations department deals with membership queries, the College Faculties and our international members.*
- *Professional standards:*  
*The professional standards department incorporates the Center of Advanced Learning and Conferences, examinations and the Training and Workforce Unit.*

### *WHOCC (Lille, France)*

The stakeholder noted *public and private funds and support [from] EPSM Lille Metropole.*

### *Swiss Society of Psychiatry and Psychotherapy*

The stakeholder noted that resources include *a professional office in Bern, a board of 6 members, and permanent thematic commissions (on education, quality, communication, insurances, and tariffication).*

#### *Swedish Association of Local Authorities and Regions (SALAR)*

The stakeholder reported that *the major funding source is the agreement between SALAR and the National Government. This provides about 100M Euro in direct funding yearly. Over and above this, local authorities and regions contribute with in-kind resources such as staff time.*

#### *National University Hospital*

The stakeholder noted that resources include *a full-time staff of 440 and a yearly budget of 30M euros.*

#### *Center for Mental Health Care Development*

The stakeholder stated that *all of our resources come from projects funded by national and EU funds.*

#### *Fundación Mundo Bipolar*

The stakeholder responded that resources include *funding for specific projects, public regional subsidies, private donations, [and] mainly [the] work of volunteers.*

#### *Finnish Association for Mental Health*

The stakeholder reported that *we have around 100 staff and an annual operational budget of €6.5M (2014). Through our local associations, we have around 5,000 volunteers supporting our work.*

#### *Studio Dettore di Terapia Cognitivo- Comportamentale*

The stakeholder noted that resources were primarily staff capacity in that *several expert cognitive-behavioral psychotherapists work [in] psychotherapy and counseling in our organization.*

#### *University of Bologna*

The stakeholder noted *funding from the national mental health system [as well as the] availability of clinicians and private practitioners.*

#### *University of Parma*

The stakeholder reported that resources include *the 4 staff [members], 50 researchers, 40 PhD students, [and] funding for projects at the national (public and private) and international (EU) levels.*

#### *National Health Service (Italy)*

The stakeholder noted that *intervention [for] PTSD after a road accident can be covered by insurances, but only later, and subject to difficult procedures. Even worse is the coverage of the PTSD in other situations, [such as in the case of] forced migrations.*

#### *Ludwig Boltzmann Institute for Health Technology Assessment*

The stakeholder stated that resources include *human resources and public funds.*

#### *University of La Laguna*

The stakeholder reported that resources include *university [funding] and community resources.*

#### *Department of Psychology, University of Bologna*

The stakeholder stated that resources include *human resources.*

#### *San Raffaele Hospital and 'Salute allo Specchio' Onlus*

The stakeholder noted that *everyone working [on] the project is a volunteer and [that] the activities are financed through fundraising; San Raffaele Hospital provides logistical support.*

#### *AGE Platform Europe*

The stakeholder stated that *funds are pretty limited since the person in charge of health policy in the secretariat is also covering accessibility and new technologies, as well as a [funded] EU research project.*

*Personality Disorder Lab – PDLab*

The stakeholder reported that resources include *research funding and PDLab membership*.

*General Inspectorate of Romanian Police, Criminal Investigation Directorate*

The stakeholder noted that *mainly, the resources available are human resources*.

*EuroHealthNet*

The stakeholder reported that *research [funding] and other EC funding is available to carry out activities. EuroHealthNet also relies on the contributions of its own members interested specifically [in] mental health*.

*National Administration of Penitentiaries*

The stakeholder stated that *the activities conducted with prisoners aim to ensure a human and positive environment, but also to give utility to the time spent in detention. Specifically, we developed a diversified offer of educational, psychological and social assistance programs, so that every person deprived of liberty shall receive recuperative appropriate treatment, according to their needs and resources. The detention places are endowed with classrooms, libraries, clubs, psychology labs, sports grounds, spaces for outdoor activities, and places for religious activities, rooms for legal counseling and for intimate visits. To develop the recuperative activities, in each penitentiary unit we have psychologists, social workers and educators. Regarding the inmates with mental health problems, the line of specific medical intervention is the drug therapy and methadone substitution therapy*.

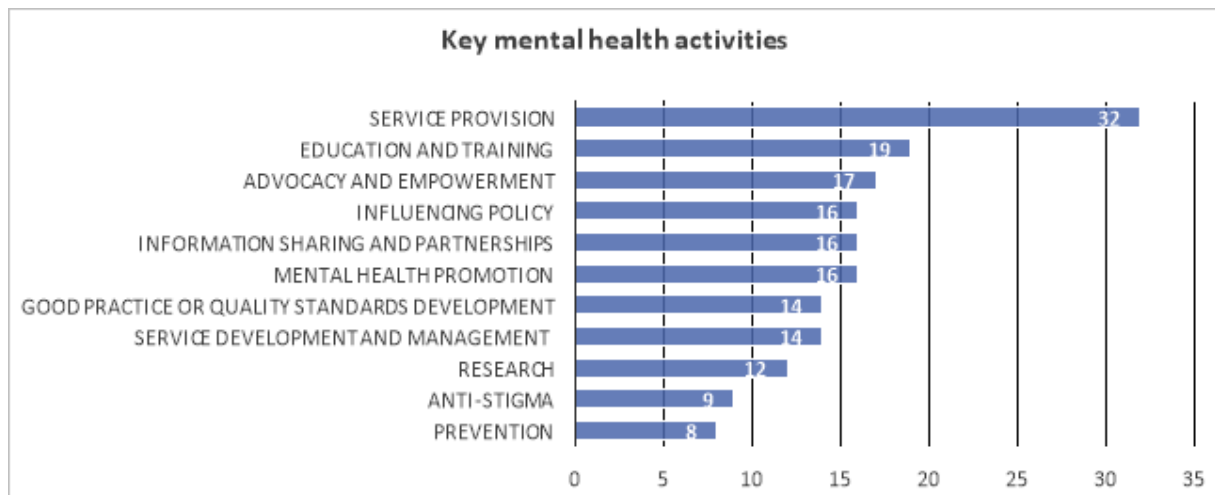
*Federal Chamber of Psychotherapists*

The stakeholder noted that resources include the *executive board, head office, committees, commissions, persons designated to various priorities, legal counsel [and] spokespersons*.

#### A4. Stakeholders' key mental health-related activities over the past year

An analysis of qualitative information provided by stakeholders indicates that their main mental health-related actions over the past year were: 1) the provision of mental health care; 2) the promotion of education and training; 3) advocacy and empowerment; 4) supporting mental health policy development; 5) sharing information and building partnerships; and 6) mental health promotion initiatives. The activities that were the least reported and which need further development are anti-stigma work and prevention activities.

Figure 21. Stakeholders reported key mental health activities



#### A5. Strengths and challenges for stakeholders in implementing mental health activities

The stakeholders from non-governmental stakeholders in the fields of health, social affairs, education, workplaces, justice, and civil society groups were asked what they consider to be the strengths of their activities and what challenges they had met during their activities. The following section contains data from the stakeholders about these questions. Quotes from stakeholders are in italics below.

##### *EUFAMI, European Federation of Associations for Families of People with Mental Illness*

The stakeholder noted that the strengths of their activities included activities *by and for stakeholders*. Challenges reported were *health being a competence of the Member States [and] identifying/stimulating development of organizations for families of people with mental illness in Eastern Europe*.

##### *Expert Platform on Mental Health – Focus on Depression*

The stakeholder stated that the strengths of their activities included that *we are a diverse group, representing a large range of perspectives. Our diversity and volunteer base ensures our independence. As well as raising awareness, we are focused on practical outputs and implementable solutions*. Challenges reported were the *fragmented nature of the mental health landscape in Europe*.

##### *Cd Senior Organization*

The stakeholder noted that the strengths of their activities included the fact that the activities are *based on excellent principles*. Challenges reported were *getting responses in the general debate*.

#### *EPHA*

The stakeholder noted that the strengths of their activities were the *mainstreaming [of] mental health considerations through all of our campaign work and recommendations, within public health perspective - EPHA's niche as the biggest public health civil society alliance*. Challenges reported were the *lack of responsiveness on MHiAP from policy makers*.

#### *Action for Teens*

The stakeholder stated that the strengths of their activities were the *active participation in the development of a policy in this field supported by the stakeholders (bottom up and top down) and practical implementation*. Challenges reported included the *implications of governmental representatives*.

#### *Semmelweis University*

The stakeholder reported that the strengths of their activities were *professionalism, networking, the balance of well-defined principles and flexibility, and [the] utilization of E-health tools, [as well as having] 7,000 members [and] strong local and national organization*. Challenges reported were *stigmatization, funding, [and the fact that] economical and resource problems prevent mental health work*.

#### *Mental Health Department of Treviso*

The stakeholder responded that the strengths of their activities were that they operate in the public system [and] work on *regional laws on mental health*.

#### *VTKL – The Finnish Association for the Welfare of Older People*

The stakeholder stated that the strengths of their activities were that *the program's projects/employees work closely with people in their everyday lives and are able to detect their problems and needs of help, as well as their resources and strengths. The staff of the projects are mainly social welfare professionals. The program itself has highly qualified staff also in the field of seniors' mental health*. Challenges reported were that *in the temporary project work, there is very little time for further implementation of the developed practices. Also, older people's mental health has largely been an undetected issue in Finland, and bringing it to political and professional attention has been hard at times*.

#### *Liewen Dobaussen*

The stakeholder reported that the strengths of their activities were that *the welfare of the individual is the central concern of our activity. In developing an individual plan for each customer, we consider his/her personal strategies of solution*.

#### *International Federation of Medical Students' Associations*

The stakeholder stated that the strengths of their activities were that *the number, diversity and youth focus of most activities are a huge strength of the IFMSA, one that we do not take lightly!* Challenges reported were *coordinating activities, [and that] sharing information and providing sufficient support can always be a challenge*.

#### *RNPEDM*

The stakeholder reported that the strengths of their activities were *the capacity to mobilize users and some professionals in mental health*. Challenges noted were that *the politicians take measures in our name but in most cases without [our input]*.

#### *ILGA Europe*

The stakeholder noted that the strengths of their activities were *our outreach potential thanks to our network of members, our alliance-building and networking with policy makers*. Challenges reported

were the fact that it is *still difficult to reach out to health professionals in the field and help them to improve their practices.*

#### *FNERDM*

The stakeholder stated that the strengths of their activities were *the persistence in participating in public and local activities aimed at the advancement of the field of community mental health.* Challenges reported were *the level of investment and personal commitment required, and some bodies which consider this field to be less relevant than the traditional mental health services.*

#### *College of Psychiatrists*

The stakeholder noted that the strengths of their activities were *openness and an ability to engage with all members of society, including those who have a negative view of mental health issues. The quality of training we provide in psychiatry is of a high standard.* Challenges reported were *that often the challenges are of a financial nature. Difficulties also arise in the recruitment and the retention of mental health professionals.*

#### *Azerbaijan Psychiatric Association*

The stakeholder stated that the strengths of their activities were *professionalism, high motivation, expertise, [and] independence.* Challenges reported were *the stigma accompanying mental health issues, [the] decreasing prestige of mental health professions, [and the] economic crisis.*

#### *National Institute of Mental Health*

The stakeholder responded that the strengths of their activities were *enthusiasm, a large range of skills and topics within domain of MH, social dimension of research and policies, top equipment in brain imaging, labs, etc.* Challenges reported were *the permanent bothering with bureaucracy and bureaucratic obstacles and contradictory rules (e.g. to increase expenses and salaries while decreasing budget at the same time).*

#### *Spanish Association of Neuropsychiatry (Mental Health Professional)*

The stakeholder noted that the strengths of their activities were *the participation of professionals and collaboration with users and their families.* Challenges reported included *the need to scientifically document our work and reaching consensus on the proposals with the various actors (professionals, users, families and policy makers [and] funding difficulties [for] properly developing these jobs.*

#### *Vanhustenkotiapusäitiö*

The stakeholder documented that the strengths of their activities were *the fact that there is no need for referrals from doctors, most groups [are] open for everyone, low-threshold [groups], preventive work, [and groups are] free of charge.* Challenges listed include *the number of participants in groups and activities vary a lot because of the nature of the groups, no pre-registration is needed in most of the groups, and our clients' rapidly changing mental conditions and health issues. Marketing and advertising our actions are a challenge. There's a lot of need, but getting people to come and get committed and motivated is confrontational.*

#### *Landstinget i Kalmar län*

The stakeholder reported that the strengths of their activities were *primarily staff: we have all kinds of professionals, who work independently. Doctors [have] stayed in the same place for 10-20 years and grew to know, not only the patient, but also the family and social context.* Challenges noted included *a tendency to always give priority to clinics in hospitals, both [through] money and staff, a firm resistance to accept ADHD treatment with central stimulants, and autism spectrum disorders.*

#### *Lithuanian Psychiatric Association*

The stakeholder noted that the strengths of their activities were the *collaboration and discussion with mass media*. Challenges listed included the *discussions with Ministry of Health and Health Committee of Parliament [and] discussions with politicians from different parties*.

#### *Coventry University*

The stakeholder stated that the strengths of its activities were *the high quality of our research, its potential to improve the lives of individuals with autism, and drawing attention to a previously neglected area of health need*. Challenges reported were the *lack of support for research into suicide, particularly in developmental conditions such as autism. It has taken a long time for this topic to be put on the research and policy agenda*.

#### *European Network of (Ex-)Users and Survivors of Psychiatry (ENUSP)*

The stakeholder stated that the strengths of their activities included their principles: *ENUSP is the sole independent federation at the 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 an approach eliminates [the] possibility of bias and makes ENUSP capable of voicing opinions which challenge [the] status quo in mental health*. Challenges reported include a *lack of financial resources, the presence of other players supported by pharmaceutical industry who claim they represent our interests, [and] the last-minute, formal nature of our involvement when our presence is needed*.

#### *Mental Health Europe*

The stakeholder noted that the strengths were based on their values: *our activities are strengthened by the fact that they are underlined by our values and ethos (which includes a human rights-based approach and the need to be independent from the pharmaceutical industry), our reputation as the leading mental health NGO in the European sector, our long-time expertise in EU affairs and EU policy and human rights, our broad and diverse membership which includes service providers, advocacy organizations, mental health professionals, (ex-)users and their family members and caregivers and other individuals active in the mental health field, and our focus on social and community-based models and approaches to mental health*.

Challenges noted include *stigma and discrimination often fueled by deeply ingrained misconceptions and prejudices against people with mental health problems. Challenges to our deinstitutionalization work include the belief that institutions are benevolent and that they provide high quality care. A challenge at the EU level is the limited competency in relation to health and the silo culture within the EU which sometimes neglects the underlying importance of good mental health for the rights of EU citizens as well as the economy*.

#### *GGZ Nederland*

The stakeholder stated that the strengths were *the expertise and networks that are available within our organization and membership*. The stakeholder noted that *the biggest challenge for our member organizations is the combination of several high impact transitions in a short time with increasing financial constraints*.

#### *Hospital Magalhães Lemos*

The stakeholder noted that the strengths of their activities were *HR [and] architectural characteristics*. Challenges listed were *difficulties in discharge from wards due to socio-economic constraints*.

#### *Polish Psychiatric Association*

The stakeholder noted that the strengths of their activities were *that there is strong willingness to change. Political transformation [has] enabled Poland to become more integrated with Western Europe and to adopt the trends of Western psychiatry. Poland joined NATO in 1999 and the European Union in*



May 2004. During the last decade in Poland, we [have been] witnessing an unprecedented increase of the awareness of psychiatric disorders, including their high prevalence and need for treatment. At the medical educational level, since 1999, an obligatory four weeks of psychiatry were included in the internship syllabus. In recent years, the developments of educational programs in psychiatry, especially on depression for primary care physicians, have been implemented. It should be noted that in Poland, 80% of depressed patients are treated by psychiatrists and the rest by primary care physicians and other specialties, while the opposite is true in most Western countries. The national campaign on recognizing and treating depression and abolishing the stigma of schizophrenia (*Open the Door*), with the active participation of mass media, has been an annual event in recent years.

Challenges reported included that *there are many reforms that are ongoing due to governmental changes. According to the central registry for public health, there has been an increase in psychiatric morbidity in Poland in the decade 1991–2001 [and between 2001-2011]. This increase amounted to 30% in inpatient psychiatric care and 60% in outpatient care. In total, 3% of the Polish population has been treated in the public psychiatric sector – this does not include people treated in psychiatric private practice and in primary care and other specialties. The increase in the suicide rate in Poland [has been] observed during last two years: 16/100,000 per year.*

#### *SIP*

The stakeholder reported that the strengths of their activities were that *scientific, legal, and clinical management updates that are in tune with physicians' needs*. Challenges listed were the *complexity of changing legislations in France and reduced finances due to the increase in the cost of conference and CME settings*.

#### *Resource Center for People with Mental Disabilities 'ZELDA'*

The stakeholder noted that the strengths of their activities *lie in [the] expertise of our staff, which has also helped to build our reputation*. Challenges reported were the *lack of resources [and the] lack of time*.

#### *Consejería de Sanidad*

The stakeholder noted that the strengths of their activities were *increased resources, policies that integrate mental health in their objectives, and the awareness of Gestors [managers]*. Challenges reported were *improved community intervention and reduced institutionalization*.

#### *pro mente austria*

The stakeholder stated that the strengths of their activities were that *in Austria, we are the only organization for mental health, working in all provinces*. Challenges listed were the *stigma of mental health problems [and that there is] no equal treatment or equal status like [for] other disability groups*.

#### *Royal College of Psychiatrists*

The stakeholder noted the main strength of their activities were *a clear strategic plan for 2015-2018*.

#### *WHOCC (Lille, France)*

The stakeholder reported that the strengths of their activities were the:

- *Full participation of citizens as well as mental health service users in the process of enhancing quality of mental health services;*
- *Promotion of both city-integrated and community-oriented psychiatric wards;*
- *Fight against stigma for people with mental disorders, and promotion of mental health;*
- *Networks for development for research, training and mental health information; [and]*
- *Sharing and dissemination of valuable and innovative experiences in mental health.*

Challenges noted were the *stigma around mental health*.

#### *Swiss Society of Psychiatry and Psychotherapy*

The stakeholder noted that the challenges of their activities were the *lack [of] interest [in] the field of psychiatry and psychotherapy among the medical students (70% foreign among the trainees)*.

#### *Swedish Association of Local Authorities and Regions (SALAR)*

The stakeholder reported that the strengths of their activities were *that we are able to be a credible and legitimate actor in relation to so many different stakeholders such as all levels of government, services in many sectors, users' organization and academia, and a systematic approach to improvement work*. Challenges listed were:

1. *To prioritize promotion and prevention of health instead of treating people after they become sick or injured;*
2. *To convince funders about the necessity of long-term commitment to develop this complex field;*
3. *To be able to create the necessary feeling of urgency for taking on the change that is required;*
4. *To strengthen cooperation within and between organization – on all levels; [and]*
5. *To work and plan long term.*

#### *National University Hospital*

The stakeholder stated that the strengths of their activities were the *knowledge of our staff. [They] have sought education and experience in Northern Europe, North America, Australia, etc*. Challenges reported were that *it is not always easy to run [an] organization dependent in most aspects on project funds*.

#### *Centre for Mental Health Care Development*

The stakeholder noted that the strengths of their activities were that *we help to bring innovations to mental health services. On issues [regarding] the reform of mental health care in [the] Czech Republic, we help to keep focus on deinstitutionalization*.

#### *Karify*

The stakeholder responded that the strengths of their activities were *software that enables you to work better and fits in the way you want to treat patients*. Challenges reported were that *we started with the concept of blended care in 2007. At that time, it wasn't very popular. Now we see that we are changing the way people get psychological care in the Netherlands*.

#### *Fundación Mundo Bipolar*

The stakeholder shared that the strengths of their activities were that *we are original and we're pioneers in many of the activities. Our own experience is our strength. We are experts by experience. We talk and teach what we know firsthand and of what we have learned and experienced; it's empirical knowledge, together with knowledge provided by other types of experts in many fields as well as [by] theoretical learning. We're passionate about what we do*.

Challenges reported were that *at the beginning [of] 2002, many professionals were amazed by us; they weren't used to talking to us at the same level. Now, most of them show deep respect. The most difficult aspect is access to funding. We are ready to work with others and also to share funding. This lack of capacity building is a cause of burnout. We could hire people with mental health problems for our projects as we did in the past, and this would also be a way to empower and recover people*.

#### *Finnish Association for Mental Health*

The stakeholder stated that the strengths of their activities were:

- *Skilled and knowledgeable staff;*

- *[A] long tradition in mental health work in Finland with well-established partnerships and many tried and tested methods, e.g. in training and crisis support;*
- *Sound financial support from key funders;*
- *Adaptability to changing societal circumstances;*
- *As a third sector organization we are able to react quickly, for example to act on the rapidly growing needs in refugees' mental health; and*
- *The emphasis on mental health promotion and social determinants of mental health.*

Challenges documented were *ensuring [the] continuation of sufficient level of funding at the time of a challenging financial climate. Finland is also undergoing a merger between three funding organizations, one of which is FAMH's main funder, Finland's Slot Machine Association, and this has brought a level of uncertainty. In public mental health promotion, there is also an ongoing challenge to shift the public perception of mental health to include positive mental health and away from framing mental health in terms of mental disorders. A key challenge is how to ensure effective dissemination and broad adoption of resources and/or good practices that are developed through our projects. This is especially challenging if there is a need to charge the users, e.g. local authorities, for the resources, to be able to evidence the return on investment in mental health promotion and prevention of mental disorders. Commonly, there is a lack of understanding of the importance of early socio-economic determinants for mental health.*

#### *Livslinien*

The stakeholder stated that the strengths of their activities were that they are a *volunteer driven with the highest level of professionalism and quality. The challenges listed were that at the beginning, we had funding problems as well as challenges regarding being properly acknowledged and recognized by the health care establishment. Though hard work in all aspects from recruitment [and] through volunteer selection and training, over the years we have managed to position ourselves as the foremost suicide prevention agency in Denmark as well as being recognized for the high-quality work that we do.*

#### *Studio Dettore di Terapia Cognitivo- Comportamentale*

The stakeholder noted that the strengths of their activities were *our expertise in mental health problems or social problems with difficult intervention or with few expert professional in Italy, such as obsessive-compulsive disorder, prevention of early onset psychosis, [and] variant gender identity. Challenges reported were issues [related] to formation and keeping our formation up-to-date.*

#### *University of Bologna*

The stakeholder reported that the strengths of their activities were *providing evidence-based interventions [and] combining research and clinical services. The challenges noted was a lack of funding.*

#### *University of Parma*

The stakeholder stated that the strengths of their activities were *the multidimensional and multidisciplinary approach to psychological and psycho-physiological suffering and diseases, [as well as] high quality research and excellence in teaching. Challenges listed were the difficulties in the integration of medical, endocrine, psychophysiological and psychological data for choosing the best treatment and improving the compliance at the treatments in particular to the pharmacological ones. [Also,] the Center does not provide direct services, and a formal partnership with a mental health hospital department does not exist. We train psychologists, but most are social and community psychologists (and not clinical psychologists).*

#### *National Health Service (Italy)*

The stakeholder stated that the strengths of their activities were *the much higher efficacy compared with usual psychotherapies of psychoses and neuroses*. Challenges documented were that *PTSD is difficult to admit, especially by males. Its casual appearance makes it difficult to prepare a reliable network of competent professionals*.

#### *University of Brescia*

The stakeholder reported that the strengths of their activities were *the multidisciplinary health and social care professionals, [which included] psychologists, obstetricians, gynecologists, neonatologists, pediatricians, child neuropsychiatrists, social and health operators, [and] educators*. Challenges listed included financial constraints.

#### *Ludwig Boltzmann Institute for Health Technology Assessment*

The stakeholder stated that the strengths of their activities were *comprehensive expertise in the field mental (public) health [from] our interdisciplinary team staff*. Challenges documented included the *translation of research recommendations into policy*.

#### *University of La Laguna*

The stakeholder reported that the strengths of their activities were *practical training and very practical strategies*. Challenges noted were *the immigrant factor*.

#### *Department of Psychology, University of Bologna*

The stakeholder stated that the strengths of their activities included *the assessment of mental health and wellbeing based on clinometric principles [and the] evaluation of allostatic overload and unhealthy behaviors*. The stakeholder stated that an *everyday challenge is to apply evidence-based research findings to improve mental health, health and wellbeing*.

#### *San Raffaele Hospital and 'Salute allo Specchio' Onlus*

The stakeholder noted that the strengths included that *Salute allo Specchio represents an integrated model of medical care; it is based on cooperation among different health care professionals, which aims at 'caring' for the whole person, and not only 'curing' the patient*. The challenges listed were the fact that *up to now, such a program is not recognized as part of the medical care by our National Health Service. The biggest challenge is to find financial resources for the program to last*.

#### *AGE Platform Europe*

The stakeholder from AGE Platform Europe stated that the strengths of their activities included that *we do have a comprehensive approach and that the work we are doing on age-friendly environments, including urban policies and physical environments, in liaison with the health status is quite specific. We also collaborate a lot with local and regional authorities through a newly establish structure: the Covenant on Demographic Change*.

#### *Personality Disorder Lab – PDLab*

The stakeholder reported that the strengths of their activities were their *international network [and] empirical research*. Challenges were reported to be the *evaluation of clinical intervention efficacy*.

#### *Analisi Mediche Pavanello*

The stakeholder stated that the strengths of their activities included the *integration of psychiatric, psychological and medical care*. Challenges were noted to be *obtaining collaboration from other specialists*.

#### *General Inspectorate of Romanian Police, Criminal Investigation Directorate*

The stakeholder reported that their activities are important *because [they are] part of the criminal procedure in penal cases*. Challenges noted were *related to the dangerousness of these persons*.

#### *EuroHealthNet*

The stakeholder reported that the strengths of their activities were that *the network's office has been located in Brussels since 1996 and staff members are experienced in engaging with the EU institutions, decision makers and a huge variety of stakeholders from public authorities, the civil society, the corporate sector and the academic world. The secretariat supports members' work in the EU and associated states through policy and project development, networking and communications. EuroHealthNet has connections with national and regional governments, as well as with European institutions, and therefore [has] a good understanding of how evidence and information on health equity can best be introduced in current policy making agendas*. Challenges were reported to be that *more funding is needed linking mental health and social & health inequalities. There is still a lot of variation in how Member States approach mental health, which means that stakeholders have different priorities*.

#### *National Administration of Penitentiaries*

The stakeholder stated that the strengths of their activities were that *treatment [is] applied according to need and [there is] individualization of the custodial sanctions*. Challenges were reported to be that *in the absence of an interactive, articulated and functional system between responsible institutions, allowing the continuation of educational and psychosocial approaches developed in detention, the results will reduce their efficiency. [A new approach is required], both oriented to the person deprived of liberty and completing the steps for social inclusion initiated during the period of detention, by contribution of public institutions and NGOs which are active in the field of post-execution assistance. Also, at a systemic level, [there] still exists a resistance towards harm reduction programs*.

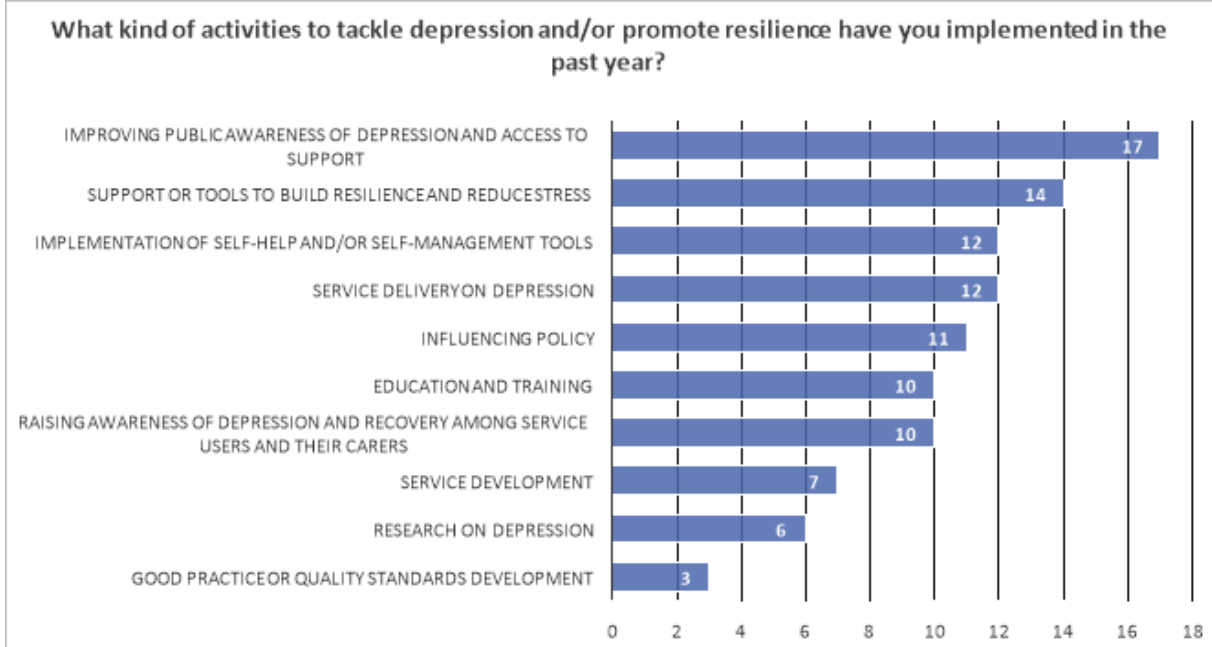
#### *Federal Chamber of Psychotherapists*

The stakeholder noted that the strengths of their activities were *competence and good networking*. Regarding challenges, the stakeholder noted that *a particular challenge for psychotherapists, as members of a relatively young profession, is to establish themselves alongside physicians in the health care system*.

## Section B. Prevention of depression and promotion of resilience

Qualitative data collected among stakeholders indicates that the most commonly reported activities for tackling depression and/or promoting resilience in the past year were: 1) improving public awareness of depression and access to support; 2) support for building resilience and reducing stress; 3) implementing self-help and/or self-management tools; 4) service delivery for depression; and 5) policy influencing. Some of the activities reported by stakeholders included inter- and cross-sector collaboration (e.g. education, social and labor sectors), and public campaigns to promote the destigmatization of depression and other mental illnesses and to improve early detection. A large number of stakeholders also reported having delivered mental health care to people with depression. Counseling and psychotherapy were by far the most common activities, followed by mental health literacy programs and depression prevention programs. In addition, many stakeholders reported activities to improve policy, promote education and raise awareness of depression among service users and their caregivers. The actions reported least often and which need further development were: service development, research on depression, and development of good practices or quality standards.

Figure 22. Stakeholders activities to tackle depression and/or promote resilience



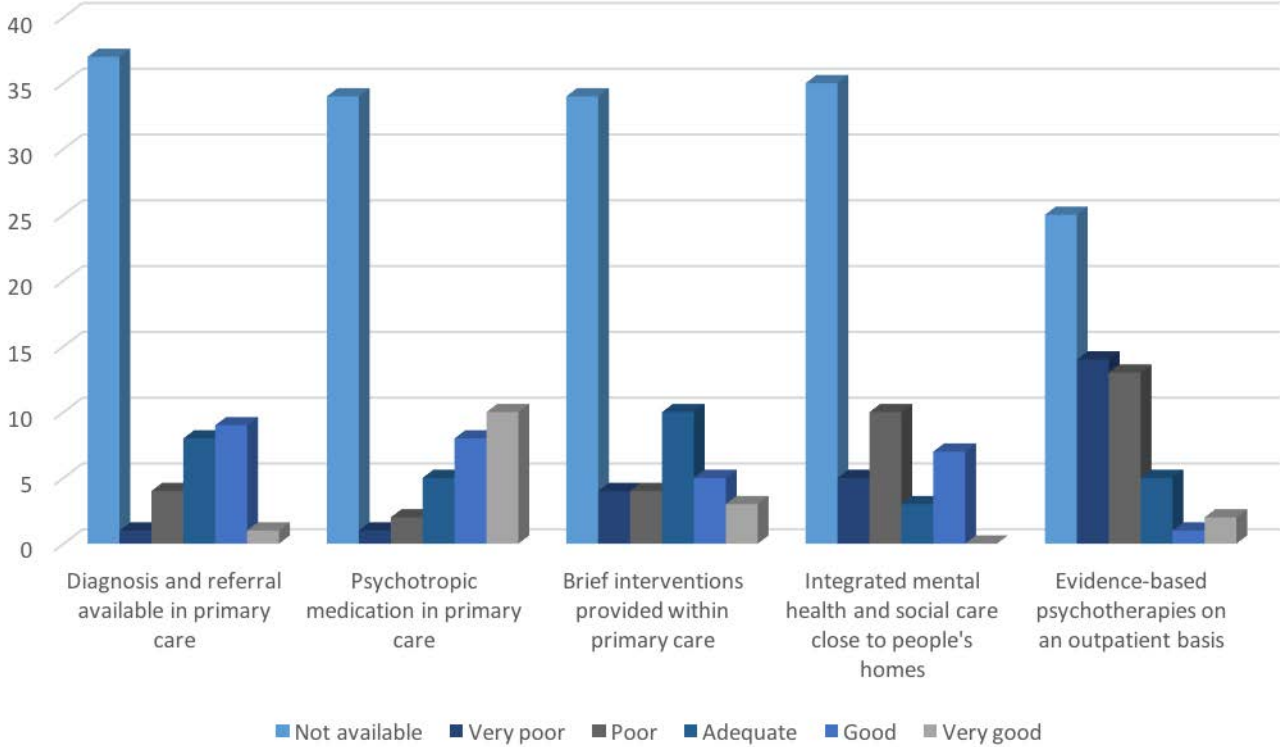
# Section C: Provision of accessible mental health services

## C1. Access to mental health care services

Access to basic mental health outpatient services and community-based mental health care services were reported both for people with mild to moderate mental disorders (Figure 23) and for people with severe mental disorders. The largest proportion of stakeholders reported that services for both mild to moderate and severe mental health disorders were “not available”.

Of those stakeholders who reported access to care for mild to moderate mental disorders, 38% indicated that access to “psychotropic medication in primary care” is adequate, good or very good. Similarly, access to “diagnosis and referral in primary care” and “brief interventions provided within primary care” was rated as adequate, good or very good by 31% of stakeholders.

Figure 23. Stakeholders' reported access to basic mental health outpatient services and comprehensive community-based mental health care services for people with mild to moderate mental disorders



Access to “integrated mental health and social care close to people’s homes” was rated more poorly, with 25% of stakeholders reporting poor or very poor access. Access to “evidence-based psychotherapies on an outpatient basis” was reported as poorest by stakeholders, with 45% indicating that access was poor or very poor.

## C2. Access to care for people with mild and moderate mental health problems

The stakeholders from non-governmental stakeholders in the fields of health, social affairs, education, workplaces, justice, and civil society groups were asked how they would rate the access to services at the community level for people with mild to moderate mental disorders. Stakeholders were also asked to describe what these services entail or provide a source for further information as well as to describe any activities that have been done to improve access to care in the past year. The following section contains data from the stakeholders about these questions. Quotes from stakeholders are in italics below.

### *EUFAMI, European Federation of Associations for Families of People with Mental Illness*

The stakeholder noted that with regard to services for people with mild to moderate mental disorders, there was a *lack of attention and support for (the needs of) family members*.

### *Expert Platform on Mental Health – Focus on Depression*

The stakeholder noted that with regard to improving access to services for people with mild to moderate mental disorders, the Expert Platform has been developing *DepNet* (<http://www.depnet.org/>), a depression self-management app.

### *Semmelweis University*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, *drugs are automatically prescribed [for] people with psychological problems, even for problems that are not sicknesses in any way*. The services described were that *more than 20% of the whole adult population is medicated with psychotropic drugs. This is not good. Medication as it is unfortunately does not cure anyone or help the population to achieve better mental health*. According to the stakeholder, the university has been improving access to services through *the dissemination of information and training to fight depression and develop psychological services in all fields of society*.

### *Mental Health Department of Treviso*

The stakeholder noted that regarding improving access to services for people with mild to moderate mental disorders, they have been active in the *development of community-based mental health services closer to people's homes [and] the implementation of self-help and/or self-management tools through and including e-health*.

### *International Federation of Medical Students' Associations*

The stakeholder noted that with regard to improving access to services for people with mild to moderate mental disorders, *some [associations] advocate in the media and to the public for the establishment of mental health care in the community for youth, particularly for mild to moderate disorders. Many also promote self-help strategies*.

### *RNPEDM*

The stakeholder noted that with regard to improving access to services for people with mild to moderate mental disorders, that there are *regular monthly meetings, annual meetings, trainings [for] users, public statements, participation on the national council for mental health, [and] conferences and seminars*.

### *FNERDM*

The stakeholder noted that with regard to improving access to services for people with mild to moderate mental disorders, that there are *awareness campaigns against stigma in mental health, maintenance of the support and the political intervention to defend the existing programs, and renovation and innovation in community mental programs (e.g. independent housing, supported education)*.



#### *College of Psychiatrists*

The stakeholder noted that *we have community mental health teams covering all age groups. The level of resources that are made available is variable. Old age, intellectual disability and children's and adolescent mental health services are inadequately resourced. We have lobbied Government and the Health Services Executive in relation to resources for this group, especially in developing psychology services available through primary care.*

#### *Azerbaijan Psychiatric Association*

The stakeholder noted that there has been an *integration of mental health services into primary care.*

#### *National Institute of Mental Health*

The stakeholder noted that with regard to improving access to services for people with mild to moderate mental disorders, *we are in the process of preparing mental health care reform. NIMH is going to participate in every stage of the process. We [have] already implemented an information technology-assisted relapse prevention program for schizophrenia (ITAREPS, see literature/references).*

#### *Landstinget i Kalmar län*

The stakeholder noted that with regard to improving access to services for people with mild to moderate mental disorders, they are working on developing *better structure for referral and [for] selecting the best therapist.*

#### *Slovak Psychiatric Association*

The stakeholder noted that with regard to improving access to services for people with mild to moderate mental disorders, they have developed *educational TV documentaries and books, [and there is] improvement and development in new psychiatric facilities.*

#### *Lithuanian Psychiatric Association*

The stakeholder noted that with regard to improving access to services for people with mild to moderate mental disorders, they have worked on the *implementation of self-help tools [and on the] development of community-based mental health services closer to people's homes.*

#### *Coventry University*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, there is limited *availability of appropriate mental health services for highly functioning adults with autism. Currently in the UK, there is no universal adequate provision of mental health services for adults with highly functional autism, and [there is a] lack of research to enable service providers to develop these services.*

#### *Mental Health Europe*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, *MHE has carried out advocacy activities to improve access to mental health services, including urging for more funding for mental health-related activities at the European level and through our work on the two Work Packages of the Joint Action on community-based approaches. Also regarding mental health in the work place, we have promoted the sharing of best practices. At our events we have provided space for the sharing of best practices for the improvement of mental health and other related services, including the Individual Placement and Support Method and the recovery approach to mental health. We were involved in a project on how to integrate support and housing (ELOSH) for people with complex housing needs, including persons with mental health problems. This two-year project, which came to an end in 2015, resulted in the development of learning outcomes and the publication of a universal training pack, which was designed to be co-delivered by a lead trainer and a service-user facilitator. Parity of esteem is another concept that MHE promotes in our advocacy and work in the media, which aims to improve spending for mental health and access to mental health services on the*

*basis that mental health should be given equal priority to physical health. We have also been calling for more mental health training for primary health care professionals as well as employers and employees in the work place, which can lead to early intervention and improved access to vital mental health services.*

#### *GGZ Nederland*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, *GGZ Nederland is a partner in a national agreement on the future of mental health care.*

#### *Hospital Magalhães Lemos*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, they have been active in the *reform of financing for mental health: raising funds for decentralization and recommending appropriate tariffs for double diagnosis patients (somatic and psychic).*

#### *Polish Psychiatric Association*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, they have been active in *strengthening connections with primary care.*

#### *SIP*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, *mild to moderate symptoms are generally first addressed with the GP. The GP is easily accessed but has little time, and the expertise [of GPs with mental health issues] is extremely uneven.* The stakeholder noted that improvements can be seen in *network organizations with GPs and private practice physicians and with common scientific and CME activities for multidisciplinary teams.*

#### *Resource Center for People with Mental Disabilities 'ZELDA'*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, *we have been involved (at the policy making level) in advocacy for the need to develop community-based services.*

#### *Consejería de Sanidad*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, improvements have come through *coordination with various organizations, education, employment, development of protocols, [and] plans and strategies for mental health.*

#### *pro mente austria*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, *our member organizations are working on better accessibility for people with mild to moderate mental disorders, but because of the financial crisis, the situation is becoming worse [rather] than better.*

#### *Royal College of Psychiatrists*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, improvements have come through *policy work on the development of housing and employment support for people with mental disorders.*

#### *WHOCC (Lille, France)*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, *The CCOMS is integrated in a community-based mental health service that has been validated by the WHO INTERNATIONAL and the EURO as a good practice service. It has been designated by WHO/EURO as the co-leading institution concerning the transformation of mental health services in Europe with WHOCC Trieste. It supports the development of mental health services integrated into the community at the global level. Several actions are currently under development:*

- *Organizing on-site trainings and visits of CBMHS for professionals, politicians and NGOs who want to reshape their mental health services; and*
- *Providing technical assistance to relevant French speaking countries in implementing their mental health local councils in coordination with the WHO.*

*Besides these actions, which all refer to the terms of the WHOCC redesignation for the period 2014-2018, other research programs are still under way; some of these programs began when previous WHO terms of references were assigned to the collaborating center:*

- 1.a mental health in the general population (SMPG);*
- 1.b health for prison populations (SPC); and*
- 1.c a survey of compulsory hospital admissions in four French regions: Nord Pas-de-Calais, Aquitaine, Ile-de-France and Provence-Alpes-Côte d'Azur.*

#### *Swiss Society of Psychiatry and Psychotherapy*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, improvements have been made by *promoting a treatment combining psychotherapy and, if needed, antidepressant drugs.*

#### *Swedish Association of Local Authorities and Regions (SALAR)*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, that services:

- *for children and youth are not fully satisfactory;*
- *for adults are borderline satisfactory in terms of pharmacological interventions, and not satisfactory concerning access to psychotherapy; and*
- *for the elderly are not fully satisfactory when it comes to services specializing in the elderly and/or somatic primary care's attention to these common problems;*
- *Further comments:*
  - *Basic [services]: Yes, but still too limited*
  - *Comprehensive [services]: Yes, particularly pharmacological*
  - *Integrated [care]: Yes*
  - *Access [to care]: Often*

The stakeholder noted that improvements have come through the *establishment of a new level of service provision for children and youth with mild to moderate problems, the guaranteeing of access to assessment within a week, [and] strategies to reduce waiting times, which have been implemented for all age groups.*

#### *National University Hospital*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, services came via *private clinics (psychologists and other professionals)* and improvements have come through the *increased number of cognitive behavioral group therapies.*

### *Karify*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, there has been *development in treatments, addressing:*

- *the treatment gap;*
- *waiting lists;*
- *treatments as blended care;*
- *the implementation of self-help and tools; and*
- *communication tools, like mail, videochat, tailored medical information and e-consults.*

### *Finnish Association for Mental Health*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, *the reimbursement tariffs for private psychotherapy were increased.*

### *University of Bologna*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, there have been *preventive interventions in schools.*

### *University of Parma*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, *our focus is on psychosocial determinants of health and mental health, and we have a clear emphasis on vulnerable groups such as youth and children, or migrant and ethnic minority populations, and on LGBT people – and their access to quality care.* Improvements have come through the *development of housing and employment support for people with mental disorders [and the] implementation of self-help and/or self-management tools through and including e-health.*

### *University of Brescia*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, there has been *development of community-based mental health services closer to people's homes.*

### *Personality Disorder Lab – PDLab*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, services included the *diagnosis and [assessment of] severity of personality disorders.*

### *San Raffaele Hospital and 'Salute allo Specchio' Onlus*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, improvements have come through the *implementation of self-help and self-management tools for patients with cancer who are showing signs of mild to moderate psychological distress.*

### *Analisi Mediche Pavanello*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, there has been *excessive prescription of psychotropic drugs by primary care physicians.* Improvements have come through *diagnosis and management.*

### *EuroHealthNet*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, *in the field of access to services, we have mainly focused on the production of policy briefs and reports to raise awareness and advocate to decision makers.*

### *National Administration of Penitentiaries*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, improvements have come through the *development of community-based mental health services.*

*Federal Chamber of Psychotherapists*

The stakeholder stated that with regard to services for people with mild to moderate mental disorders, *we have advocated for the legislative introduction of a psychotherapeutic consultation. Such a consultation, which provides low-threshold access to psychotherapists, serves to clarify questions of allocation, and provides an opportunity for preliminary findings and an initial diagnostic assessment. Further measures can also then be explained and discussed with the patient. The Federal Chamber of Psychotherapists is also advocating for the approval of more psychotherapists for the provision of care to refugees.*

### C3. Access to care for people with severe mental disorders

The representatives from non-governmental stakeholders in the fields of health, social affairs, education, workplaces, justice, and civil society groups were asked how they would rate the access to services at the community level for people with severe mental disorders. Stakeholders were also asked to describe what these services entail or to provide a source for further information, as well as describing any activities that have been undertaken to improve access to care in the past year. The following section contains data from the stakeholders about these questions. Quotes from stakeholders are in italics below.

#### *Expert Platform on Mental Health – Focus on Depression*

The stakeholder noted that with regard to improve access to services for people with severe mental disorders, they have been developing *DepNet* (<http://www.depnet.org/>), a depression self-management app and are part of the *European Unified Suicide Prevention Program*.

#### *Semmelweis University*

The stakeholder stated that with regard to services for people with severe mental disorders, they work on *promoting psychological knowledge to understand the nature of the problems and how to help*.

#### *Mental Health Department of Treviso*

The stakeholder noted that with regard to improving access to services for people with severe mental disorders, they have been active in the *development of community-based mental health services closer to people's homes [and in the] development of housing and employment support for people with mental disorders*.

#### *Liewen Dobaussen*

The stakeholder remarked that with regard to improving access to services for people with severe mental disorders, they provide *housing support and community-based services*.

#### *RNPEDM*

The stakeholder noted that with regard to improving access to services for people with severe mental disorders, they have *regular monthly meetings, annual meetings, trainings [for] users, [write] public statements, [and] participate in the national council for mental health, conferences and seminars*.

#### *FNERDM*

The stakeholder noted that with regard to improving access to services for people with severe mental disorders, they have developed *an awareness campaign against stigma in mental health, maintained the support and the political intervention to defend the existing programs, and worked on innovation in community mental programs (e.g. independent housing, supported education)*.

#### *College of Psychiatrists*

The stakeholder noted that *we have brought to the attention of the Government and the Health Service Executive the inadequate resources made available for this particularly vulnerable group*.

#### *Azerbaijan Psychiatric Association*

The stakeholder noted that they have been active in the *development of community-based mental health services closer to people's homes*.

#### *National Institute of Mental Health*

The stakeholder noted that with regard to improving access to services for people with severe mental disorders, *we are in the process of preparing mental health care reform. NIMH is going to participate in every stage of the process. We [have] already implemented an information technology-assisted relapse prevention program for schizophrenia (ITAREPS, see literature/references)*.

#### *Slovak Psychiatric Association*

The stakeholder noted that with regard to improving access to services for people with severe mental disorders, they have developed *educational TV documentaries and books*.

#### *Lithuanian Psychiatric Association*

The stakeholder noted that with regard to improving access to services for people with mild to moderate mental disorders, they have worked on the *development of housing and employment support for people with mental disorders*.

#### *Mental Health Europe*

The stakeholder stated that with regard to services for people with severe mental disorders, *through our work with the European Expert Group on the transition from institutional to community-based care we have promoted the shift toward de-institutionalization and advocated for this shift to be further supported through the use of EU funds. We have been promoting the recovery-based approach to mental health for users of mental health services, including those with severe mental health problems.*

#### *GGZ Nederland*

The stakeholder stated that with regard to services for people with severe disorders, *GGZ Nederland is a partner in a national agreement on the future of mental health care.*

#### *Hospital Magalhães Lemos*

The stakeholder stated that with regard to services for people with severe mental disorders, they have been active in the *development of community-based mental health services closer to people's homes [and in the] development of housing and employment support for people with mental disorders.*

#### *Polish Psychiatric Association*

The stakeholder stated that with regard to services for people with severe mental disorders, they have been active in the *reform of psychiatry financing [through] raising funds for hospitalization [and] recommending appropriate tariffs for double diagnosis patients (somatic and psychic).*

#### *SIP*

The stakeholder stated that with regard to services for people with severe mental disorders, *local mental health councils in communities (towns – or municipalities, depending on size) are coordinated by the local authorities with the support of psychiatric sectors, users and family organizations, along with their partners.*

#### *Resource Center for People with Mental Disabilities 'ZELDA'*

The stakeholder stated that with regard to services for people with severe mental disorders, *we have been involved (at the policy-making level) in advocacy for the need to develop community-based services. As an NGO, we have also developed [and] supported a decision-making project in which we provide decision-making support to people with severe mental disabilities.*

#### *Consejería de Sanidad*

The stakeholder stated that with regard to services for people with severe mental disorders, improvements have come through *coordination with various organizations, education, employment, development of protocols, plans and strategies for mental health [and] coordination with social services.*

#### *pro mente austria*

The stakeholder stated that with regard to services for people with severe mental disorders, *our member organizations are working on better accessibility for people with severe mental disorders, but because of the financial crisis, the situation is becoming worse [rather] than better.*

#### *Royal College of Psychiatrists*

The stakeholder stated that with regard to services for people with severe mental disorders, improvements have come through *policy work on the development of housing and employment support for people with mental disorders.*

#### *WHOCC (Lille, France)*

The stakeholder stated that with regard to services for people with severe mental disorders, *the CCOMS is integrated in a community-based mental health service that has been validated by the WHO INTERNATIONAL and the EURO as a good practice service. It has been designated by WHO/EURO as the co-leading institution concerning the transformation of mental health services in Europe with WHOCC Trieste. It supports the development of mental health services integrated into the community at the global level. Several actions are currently under development:*

- *organizing on-site trainings and visits of CBMHS for professionals, politicians and NGOs who want to reshape their mental health services; and*
- *providing technical assistance to relevant French speaking countries in implementing local mental health councils in coordination with the WHO.*

*Besides these actions, which all refer to the terms of WHOCC redesignation for the period 2014-2018, other research programs are still under way; some of these programs began when the previous WHO terms of references were assigned to the collaborating center:*

- 1.a mental health in the general population (SMPG);*
- 1.b health for prison populations (SPC); and*
- 1.c a survey of compulsory hospital admissions in four French regions: Nord Pas-de-Calais, Aquitaine, Ile-de-France and Provence-Alpes-Côte d'Azur.*

#### *Swiss Society of Psychiatry and Psychotherapy*

The stakeholder stated that with regard to services for people with severe mental disorders, they have been developing *mobile care teams who help to diagnose and treat psychotic patients in precarious[situations] at home.*

#### *Swedish Association of Local Authorities and Regions (SALAR)*

The stakeholder stated that with regard to services for people with severe mental disorders, *strategies to reduce waiting times have been implemented for all age groups. A model to scale the implementation of the Illness Management & Recovery (IMR) program was developed across Sweden. Modules were developed for iPads, and a 'train the trainer' model was tested on this educational material. Information and support [were provided] to regional health authorities concerning Flexible Assertive Community Treatment (FACT). A national study of fidelity and client outcomes is underway (to be available before summer 2016). A national collaborative program on self-harm is run with participation from all regional health authorities. The conceptual development and implementation of new specialist units for forensic care is underway.*

#### *National University Hospital*

The stakeholder stated that with regard to services for people with severe mental disorders, there has been the *establishment of a recovery center with emphasis on physical exercise [and] increased activity.*

#### *Center for Mental Health Care Development*

The stakeholder stated that with regard to services for people with severe mental disorders, *they helped 10 people to complete training in WRAP.*



#### *Karify*

The stakeholder stated that with regard to services for people with severe mental disorders, there has been *development in treatments, addressing:*

- *the treatment gap;*
- *waiting lists;*
- *treatments as blended care;*
- *implementations of self-help and tools; and*
- *communication tools, like mail, video chat, tailored medical information and e-consults.*

#### *Fundación Mundo Bipolar*

The stakeholder stated that with regard to services for people with severe mental disorders, *self-help and/or self-management tools have been implemented through and including e-health.*

#### *Finnish Association for Mental Health*

The stakeholder stated that with regard to services for people with severe mental disorders, *a guideline and curriculum for training users to become 'experts by experience' was published. Experts by experience are increasingly involved in the management and planning of mental health services.*

#### *University of Parma*

The stakeholder stated that with regard to services for people with severe mental disorders, there have been *one or two projects on [the] destigmatization of severe mental illness (e.g. among adolescents) as a way to decrease barriers to access to care.*

#### *University of Brescia*

The stakeholder stated that with regard to services for people with severe mental disorders, there has been *development of community-based mental health services closer to people's homes.*

#### *Analisi Mediche Pavanello*

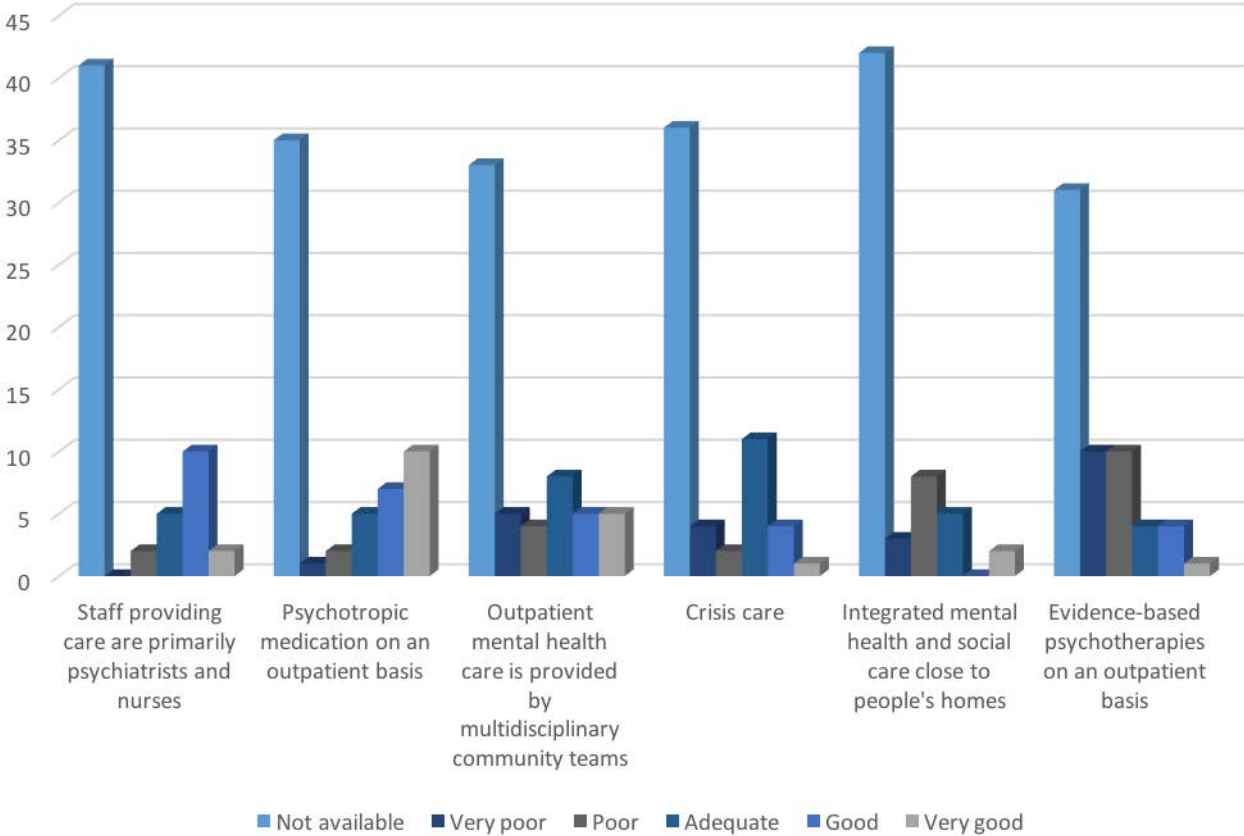
The stakeholder stated that with regard to services for people with severe mental disorders, there has been *diagnosis and management of severe mental disorders.*

#### *National Administration of Penitentiaries*

The stakeholder stated that with regard to services for people with severe mental disorders, *persons with I axis disorders are not held in the prison system.*

For people with severe mental disorders, 37% of stakeholders reported that access to psychotropic medication on an outpatient basis was adequate, good or very good. Similarly, access to psychiatrists and nurses providing care as part of outpatient services was reported as adequate, good or very good by 28%.

Figure 24. Stakeholders’ reported access to basic mental health outpatient services and comprehensive community-based mental health care services for people with severe mental disorders



Access to crisis care was reported as “adequate” by the largest proportion of stakeholders who indicated the availability of this service (19%). A mere 9% reported good or very good access to crisis care. Reports on access to outpatient mental health care provided by multidisciplinary community teams was diverse, with 17% indicating this as good or very good, 13% as adequate, and 15% as poor or very poor. A large proportion of respondents rated access to ‘integrated mental health and social care close to people’s homes’ and ‘evidence-based psychotherapies on an outpatient basis’ as being poor or very poor (18 % and 33%, respectively).

## Conclusions

Preventing depression and promoting resilience are crucial to the health and wellbeing of individuals. As this report shows, Member States of the European Union take many steps at the policy level and at the care delivery level to prevent depression. The majority of the Member States had some form of policy and regulation supporting mental health care, though the laws and policies are implemented to different degrees. In the Member States, mental health promotion or prevention programs were focused on awareness raising, anti-stigma and discrimination, mental health in schools, mental health at the workplace and mental health for the elderly.

Improved and/or open access to mental health services is needed for the mental health of a population. Member States have been active in improving and/or opening up access to mental health. Activities include but are not limited to collaboration with community services, workplace mental health programs and mental health education outreach campaigns. However, many Member States struggle with limited financial resources and/or human resource capacity to improve the public's access to mental health services.

The data presented in this report provides an important and useful overview of the policies, services, and developments in mental health care throughout the EU, especially as related to better access to mental health services, preventing depression and promoting resilience. This report can be used by Member States to improve care delivery, mental health policies, funding, human resource capacity, and mental health education campaigns and outreach.

## Annexes

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