

SYNOPSIS REPORT FOR THE COMMISSION COMMUNICATION ON A COMPREHENSIVE APPROACH TO MENTAL HEALTH

1. Introduction

This report presents the outcomes of extensive consultations carried out between November 2022 and May 2023. The consultation process aimed to gather the views and suggestions of Member States, citizens, and stakeholders with respect to the main areas for action in the field of mental health as well as possible solutions. The views and suggestions were collected to inform the development of a Commission Communication on a comprehensive approach to mental health.

- Consultations with **EU Member State (MS) representatives** took place during December 2022- March 2023:
 - a. The development of the Healthier Together Non-Communicable Diseases (NCDs) Initiative, launched on 22 June 2022¹ includes, among others, a strand on mental health. Member State representatives reflected on these topics both in written format and during meetings of the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP) sub-group on NCDs, most recently 8 December 2022.
 - b. Meetings of the Public Health Expert Group (PHEG) Sub-group on Mental Health, organised on 3 February² and 28 March 2023³.
- Consultations with **stakeholder groups**, specifically through:
 - a. A Call for Evidence, open on the 'Have your say' platform from 18 January until 15 February 2023⁴, in which the European Commission invited stakeholders to share their experiences, knowledge, and expectations, regarding evidence and other relevant input for the development of the new comprehensive approach on mental health. Feedback was received from 313

¹ https://health.ec.europa.eu/system/files/2022-07/ncd_20220622_sr_en.pdf

² https://health.ec.europa.eu/system/files/2023-02/ncd_20230203_flash_en.pdf

³ https://health.ec.europa.eu/system/files/2023-03/ncd_20230328_flash_en.pdf

⁴ https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/13676-A-comprehensive-approach-to-mental-health_en

respondents, including citizens, non-governmental organizations, academic and research institutions, public authorities, business associations, trade unions, companies/businesses, and consumer organisations.

- b. Two webinars on mental health organised by the European Commission. The first on 2 March 2023 was attended by more than 150 participants⁵; the second, on 21 April 2023, by more than 180 participants⁶. The participants included NGOs, patient organisations and associations, and research institutions as well as Member State representatives and Commission services.
 - c. Additionally, the stakeholders discussed mental health actions under the Healthier Together EU NCD initiative during a webinar on 28 November 2022.⁷
 - d. The Occupational Safety and Health (OSH) Stocktaking Summit on 15-16 May 2023, was a high-level event gathering relevant OSH stakeholders. The summit focused, among other topics, on mental health at work. More generally, it took stock of progress since the adoption of the EU OSH strategic framework 2021-2027⁸. Moreover, it provided an opportunity to listen to all parties and to discuss a number of key priorities on how to keep OSH up to date, accompanying the green and digital transitions, demographic developments and addressing some key issues in this policy area. The stocktaking exercise acknowledged a very active mobilisation of the main OSH stakeholders and also identified a number of remaining OSH challenges. Psychosocial risks and mental health at work were pointed out as ongoing growing OSH issues needing intensified further consideration.
- Consultations with **young EU citizens, specially through:**
 - a. Voice recordings uploaded by young citizens (aged 18-24) on Voice Platform in 2022 about their perception of mental health⁹.
 - b. The young cancer survivors' workshops and conference, which took place in Brussels on 7 February 2023. During this conference, young cancer survivors were given the opportunity to speak about their main challenges post-cancer treatment¹⁰.
 - c. The Youth Policy Dialogue on a comprehensive approach to mental health, held on 22 February 2023 in Brussels¹¹. During this event, and as part of the European Year of Youth, fifteen young people met with Commissioner Kyriakides and discussed the mental health needs of young people living with and beyond cancer¹².

⁵ https://health.ec.europa.eu/system/files/2023-03/ncd_20230302_sr_en.pdf

⁶ https://health.ec.europa.eu/system/files/2023-04/ncd_20230421_flash_en.pdf

⁷ https://health.ec.europa.eu/system/files/2022-11/ncd_20221128_flash_en.pdf

⁸ COM(2021) 323 final

⁹ https://youth.europa.eu/news/time-hear-your-voice-voice-platform_en

¹⁰ <https://research-innovation-community.ec.europa.eu/events/6KIqT7zlxUizJx0APfF06i/overview>

¹¹ https://youth.europa.eu/year-of-youth/activities/15075_en

¹² <https://www.youthcancereurope.org/yce-in-a-policy-dialogue-on-mental-health-with-eu-health-commissioner/>

In addition, inputs from presentations given by experts at **two webinars** hosted by Mental Health Europe in collaboration with the European Commission were used for the drafting of this synopsis report. One webinar, taking place on 11 January 2023, focused on mental health in a digital world¹³. The second, held on 13 February 2023, concentrated on the relationship between environment and mental health, with special attention for those groups which are disproportionately at risk from climate change-related hazards¹⁴. A total of 165 participants attended the first webinar and 168 participants were present during the second webinar. The webinars took place on the EU Health Policy Platform, in the framework of the “Mental Health in all Policies” Thematic Network, led by Mental Health Europe, in partnership with the members of the Mental Health Advocacy Platform, EuroHealthNet, Trimbos Instituut and UNICEF.

Insights from the different consultations and meetings are summarised and clustered along the pillars that underpin the new mental health approach. This includes **five pillars on specific areas for action**, and one pillar of **cross-cutting themes** which apply to all five pillars. The five pillars are:

1. Promotion of good mental health and prevention of mental health problems;
2. Early detection and screening of mental health problems;
3. Further tackling psychosocial risks at work;
4. Mental health support and access to treatment and care;
5. Quality of life.

Results will be described in terms of recommendations and combine the, often overlapping, inputs of Member States, stakeholders, young EU citizens and participants to the OSH Summit and the two Mental Health Europe webinars.

2. Inputs received during the consultations

2.1 Cross-cutting themes

With respect to cross-cutting themes, the importance of addressing the social, economic, and environmental determinants of mental health, such as poverty, education, employment, and housing through a ‘**Mental Health in All Policies Approach**’ was highlighted by all of the consulted groups. In addition, the need to **reduce mental health inequalities** by focusing on **vulnerable groups** and looking for **tailored approaches** was often referred to. **Children, adolescents and young adults** were often specifically mentioned as a target group for action.

¹³ <https://www.mhe-sme.org/wp-content/uploads/2023/01/HPP-Webinar-Digitalisation-Flash-Report.pdf>

¹⁴ <https://www.mhe-sme.org/wp-content/uploads/2023/03/HPP-Webinar-Environment-Mental-Health-Flash-Report-.pdf>

It was also frequently stated that mental health is a **universal right, a right which** should be considered in the light of the **challenges brought on by a rapidly changing society**, the effects of the COVID-19 pandemic, the Russian war of aggression on Ukraine, digitalisation and climate change. **Awareness raising and improving mental health literacy** were emphasised as key areas of actions, together with building an **evidence base** to guide (further) research, policy and healthcare practice. The following stakeholder recommendations are relevant to all the five pillars:

Adopt a 'Health in all policies' approach

- Prioritise mental health as a public health problem, opposed to an individual problem, as it is strongly related to social issues such as poverty, social exclusion and access to education and health services;
- Seek alignment with existing policies, reforms, and actions in other sectors than health, for example in education, employment, housing or social security as these areas can mutually benefit from coordinated actions;
- Stimulate interdisciplinary, integrated practices in health care, social services, education, employment, and finances: a collective approach focused on societal issues;
- Consider mental health in the context of a rapidly changing society with urbanization, globalization, climate change, rapid advances in technology and communications, shifts in family systems, newer patterns of relationships, migration, and social mobility: these will bring many social and environmental risk factors for mental health problems, but also create opportunities to improve mental health and well-being;
- Integrate mental health psychosocial support with climate action: implement multisectoral and community-based approaches to reduce vulnerabilities and address the impact of climate change on mental health also in the curricula of health professionals, by setting up trainings for healthcare professionals on climate and developing healthcare workers capacity to understand the impact of climate change on mental health

Reduce mental health inequalities by focusing on vulnerable groups

- Pay specific attention to vulnerable groups who have a higher risk of developing mental health problems or less possibilities to cope with mental health problems including: those who are socioeconomically disadvantaged, lack social networks, live in remote areas, (young) children and adolescents, young adults, (very) old persons (living alone), homeless people, refugees and migrant populations, people with a disability, impairment or with (multiple) chronic conditions, people with drug/alcohol addictions, children of parents with mental illnesses.
- Commit to the goal of 'leaving no one behind, reaching the furthest behind first' by following a three-pronged approach: examining how and why certain people are being left behind, empowering such groups to participate in inclusive and meaningful decision-making processes, and enacting policies, laws, reforms, and interventions to confront the drivers of

inequalities;

- Take care of children, adolescents, and young adults in particular, who are considered as risk groups for poor mental health. Gain a better understanding of the impact of the COVID-19 pandemic on these age groups.

Promote tailored approaches

- Organise age-, gender- and culture-sensitive mental health promotion, disease prevention and management;
- Assess the specific needs of vulnerable groups and develop solutions fitting their needs, preferences and possibilities;
- Work on mental health in co-creation with people with lived experiences of mental health problems and with professionals in mental healthcare;
- Be inclusive and take into account diversity when addressing mental health in policies and practices.

Improve awareness and mental health literacy

- Improve mental health literacy and awareness both through national campaigns and targeted actions at schools, in healthcare settings and in the workforce;
- Work together with people with lived experience of mental health problems.

Build an evidence base

- Work on up-to-date data on mental health indicators and mental health inequalities, including data on vulnerable groups across the EU and within Member States;
- Support projects that generate evidence on vulnerable groups and on the relationship between mental health and socio-economic determinants of health;
- Create an infrastructure for data sharing in the EU, so as to compare mental health in EU populations and as a base for mutual learning;
- Facilitate the exchange of knowledge and best practices for collaboration and mutual learning across Member States, especially in the implementation of best practices;
- Foster cross-country cooperation to promote action at national level, connect experts for exchange and support, encourage Member States to set up national action plans and targeted policy actions for improving mental health and provide financial support.

2.2 Mental health promotion and prevention

Most recommendations related to the promotion of good mental health and the prevention of mental health problems, especially in relation to **children and young people**. Policies, actions and funding for **mental health literacy, awareness-raising, and education** of citizens, healthcare professionals, policymakers, and society as a whole, were often mentioned. The need to **address** important **socioeconomic and environmental risk factors** of mental health

problems and the importance of **health promotion and prevention programs** at schools, in the workplace, in primary care settings and in the community were emphasised.

Support favorable conditions for mental health

- Support favorable conditions for mental health and increase resilience by adopting a transdisciplinary and systemic approach to mental health promotion and the prevention of mental health problems and by addressing the social context (e.g., family, school, work, community), as well as the environmental factors (including living conditions, such as improved availability of housing, improved access to sport, culture, and nature, improved life balance, for instance shorter work weeks) which might affect mental health.
- Offer support for local and regional initiatives in the area of mental health promotion and prevention;
- Invest in social cohesion / social capital and facilitators in the community to support the recovery and self-direction of vulnerable groups.

Children and adolescents as a group at risk

- Protect children and adolescents from the harmful effects of social media (e.g., pornography, cyber-bullying and body dysmorphia) and gaming, especially in the aftermath of COVID-19;
- Organise prevention programs and activities to promote mental health in schools;
- Introduce mental health education in schools, promote basic psychological knowledge, better acknowledgment of mental health struggles, and guidance on how and where to get help;
- Pay attention to circumstances that may cause poor mental health in children and adolescents, such as bullying in schools, broken families, financial problems at home, abuse as well as personal and social factors that may contribute to mental well-being.

Increase awareness, resilience and mental health literacy

- Invest in education/awareness-raising focused on the prevention of mental health issues and support available services;
- Encourage mental health literacy and resilience in citizens. Learn people to recognise symptoms and signs, how to cope with mental health problems or where they can find help when necessary.

Suicide prevention

- Invest in self-harm and suicide prevention, specifically among children and adolescents.

Interventions addressing social and environmental factors

- Consider social prescribing as an approach to increase mental well-being (i.e., the positive and preventive effects of nature, arts, sports on mental health) in health care but also in schools and at the workplace;
- Create healthy environments by promoting the use of green spaces and safe areas for exercise and enjoy leisure activities.

2.3 Early detection and screening

The importance of **early detection, especially among children and young people**, was often referred to by Member States. Stakeholders also provided several inputs through the Call for Evidence related to early detection and screening. Topics addressed were **early detection in various settings, including in schools and the workplace**, the need for a **pro-active outreach for those at risk** of facing mental health problems and the development of **instruments and tools** for detection and screening. Young EU citizens did not reflect on this specific pillar, and it was also not addressed during the Mental Health Europe webinars.

Early detection and screening of mental health problems in groups at risk

- Screen for mental health problems at all ages, starting during childhood and adolescence and taking a life-long approach;
- Monitor processes of change in persons with mental health problems, allowing for identifying pre-disposing factors but also early warning signs, tipping points, and processes of successful adaptation and transformation (resilience processes);
- Use schools, workplaces, welfare services, primary care, and nursery/day care settings as centers for early detection of mental health problems;
- Launch actions/campaigns to increase awareness and knowledge within communities and among professionals about how to recognise signs of mental health problems, in particular among vulnerable groups.
- Focus on vulnerable communities and generations.

Development of instruments and tools and improvement of quality

- Discuss minimum standards and promote harmonised screening programmes across the EU;
- Support research on biomarkers to screen and diagnose mental health conditions;
- Develop clear indicators of mental health problems and evidence-based tools to early detect/monitor persons at risk for mental health conditions;
- Develop and/ or share effective screening and referral programs;
- Develop a plan to integrate and incentivise early detection in mental health systems;
- Upskill frontline professionals in education, workplaces, welfare, and care services for the early detection of the loss of mental well-being and the onset of mental health conditions;
- Invest in staff, technologies, and diagnostic capacities.

Pro-active outreach for those at risk

- Reach out pro-actively to people who are at risk of facing mental health problems/conditions in schools, workplaces and in the broader community.

2.4 Actions to further tackle psychosocial risks at work

Recommendations around psychosocial risks at work were shared by stakeholders through two preparatory workshops of the OSH stocktaking Summit and its tripartite conclusions, which identified psychosocial risks and mental health at work as an ongoing growing OSH challenge that needs intensified further consideration. The OSH stocktaking summit also reconfirmed that Framework Directive 89/391/EEC with its prevention approach is a golden standard to workers' protection which covers all risks to their safety and health, including psychosocial risks.

Stakeholders also shared recommendations through the Call for Evidence and the Mental Health Europe webinars. Stakeholders emphasised the need for more attention **for workers at risk**, such as front-line workers, or those at risk of experiencing trauma at work. This was considered as especially important in the context of crises, such as the COVID-19 pandemic or climate-related crises. In addition, **beating stigma**, actions and reforms to **reduce psycho-social stressors and improve working conditions** both by practical solutions and legislation, **increasing mental health literacy** at work and **monitoring and evaluate mental health at work** were also recommended.

Workers at risk

- Take a cautionary approach for professions at a higher risk of experiencing traumatic events during their worktime (e.g., police officers, first aid workers, front-line responders or train drivers) and pay attention to aspects of work that affect mental health;
- Pay attention to undeclared workers. They are not protected by law and cannot count on mental health care in case of mental health problems when their undeclared status puts them at risk of developing mental health problems.

Beating stigma

- Make conversations on mental health a matter of course, specifically within at-risk professions, by welcoming open communication;
- Implement anti-stigma and discrimination interventions at work to reduce misconceptions about people with mental health conditions and increase acceptance.

Reduce psycho-social stressors and improve working conditions

- Pay attention to stress, bullying and moral harassment at work as risk factors for mental health problems;
- Consider how new technologies can bring new psychosocial risks and can intensify existing ones (increased workload, increased surveillance, reduced autonomy, isolation, blurring of work and life balance, cyberbullying, gamification of work, gender bias and discrimination);

- Establish rules and procedures to tackle psychosocial risk factors at work including reduced working hours, minimum wages, and protection from work-related psychosocial risks such as digital and telephone connections outside of working hours (e.g., the right to disconnect);
- Implement preventative and protective strategic approaches to mental health and wellbeing at work (e.g. sports, arts in building, green space, free internet, 'social vouchers', flexible remote-working options, monthly mental health day);
- Ensure that employment laws align with international human rights instruments and provide for the non-discrimination of workers with mental health conditions, including by covering key issues such as confidentiality, reasonable accommodation, and social protection;
- Develop guidelines to facilitate return-to-work programs which enable workers to return to and remain in employment after an absence associated with mental health conditions.

Mental health literacy and empowerment

- Organise prevention programs and activities to promote mental health in the workplace;
- Provide workers with access to mental health resources and training;
- Increase mental health literacy and awareness among employers and workers and train managers to identify and recognise early warning signs of poor mental health as well stressful situations and distress in workers.

Monitoring and evaluation

- Establish performance indicators for monitoring and evaluating mental health at work;
- Develop monitoring mechanisms for the evaluation of risk factors at work for mental health problems and conduct regular risk assessments.

2.5 Input related to support and improving access to treatment and care

Recommendations to improve access to treatment and mental health care were often referred to by all those consulted. In particular, **timely, equitable and affordable access to mental health care services** was mentioned together with the **capacity building** and the upskilling of professionals and the need for **high quality person-centered, care** with specific attention for **vulnerable groups**. To achieve this, **structural reforms in health care** were deemed necessary in most Member States.

Health care reforms

- Work on integration across care sectors (healthcare and social care, specialised care, and community care, formal or informal care) to offer high quality, person-centered mental health care and to promote wellbeing;
- Strengthen the role of primary care and social welfare, by the integration of mental health through primary care and social support services and

strengthen the role of general practitioners and professionals working in social services;

- Strengthen community-based care. Explore the possibilities of social economy/social innovations especially for people with complex and long-term mental health problems living in the community or for people in remote or underserved areas;
- Utilise the potential of ICT to offer equitable, integrated, person-centered care.

Timely, equitable and affordable access to care

- Provide people in marginalised, remote or underserved communities with information on where they can find mental health help and support;
- Improve the availability of low-threshold access interventions, which do not involve complex assessment procedures;
- Provide support outside of the mental health care systems (for example by community care, social economy) as a solution to cope with current demands and combine it with effective referral pathways for cases in need of clinical care;
- Improve high-quality, accessible first aid care, e.g., creating hotlines for people in need of help;
- Improve access to mental health care in rural areas and reduce territorial / regional inequalities by integrated care and ICT solutions.

Capacity building

- Increase staff and skilled personnel through capacity building by education, skills training and by making working in mental health care more attractive;
- Educate health care professional and encourage them to be aware of mental issues in health problems that are not primarily psychological such as arthritis, COPD, diabetes, cancer; disabilities, gender dysphoria in children, LGBTI-related issues, pregnancy, and dementia.
- Implement (updated) evidence-based guidelines for healthcare professionals in the treatment of physical diseases, mental disorders, and a combination of both.

High-quality, person-centered, care

- Organise mental health care that is person-centered, inclusive and takes into account diversity for example according to gender and culture;
- Further develop and roll out peer support models for mental health in social and health services, including youth groups;
- Provide tailored care to vulnerable groups suffering from mental health problems (e.g., migrants, homeless people, refugees, people in remote areas) which fits their needs, preferences, and possibilities;
- Involve patients and their caregivers in decision making;
- Ensure seamless transfer from child and adolescent services to adult services and continuity of care.

2.6 Input related to improved quality of life

Recommendations related to quality of life were provided less often and mainly via the Call for Evidence. They related to **breaking stigma, protecting rights, and enhancing social inclusion** and attention for **vulnerable groups** such as children, adolescents, and older people. To improve quality of life, a **holistic approach** is recommended, addressing all relevant areas of a person's life as well as those of their families and the broader social network surrounding the person with mental health problems.

Breaking stigma, protecting rights, and enhancing social inclusion.

- Beat loneliness, improve social integration and participation;
- Pay specific attention to young people, to patients dealing with feelings of fear, loneliness, isolation, and guilt and to lonely (older) persons;
- Gain more insight in drivers of social exclusion, including structures, institutions, values, behavior patterns, and policies;
- Strengthen community healthcare, social innovations and other initiatives that contribute to a stronger involvement of people with mental health problems in society;
- Provide broad (community) and targeted (health care professionals, schools, workplace) education to counteract the stigma associated with mental health problems.

Holistic approach

- Take a whole-person integrated approach to improve quality of life, addressing all relevant areas of life;
- Monitor Health-Related Quality of Life (HRQoL) including mental health in Member States including by patient-reported outcome measures (PROMs);
- Develop supportive interventions that help people with mental health disorders with daily problems, including new technologies and new approaches for improving their social functioning;
- Support for people with mental health conditions and their caregivers to remain active and participate in the labor market.

3. Key conclusions

The consultations conducted with Member States, stakeholders, young EU citizens as well as participants to the OHS Summit and Mental Health Europe across the five pillars of the new mental health approach and a number of cross-cutting themes provided a number of key issues for consideration.

A cross-cutting theme often addressed was the importance of addressing the social, economic, and environmental determinants of mental health, such as poverty, education, employment, and housing. On a policy level, this was often referred to as a 'Mental Health in All Policies approach', implying that policy areas other than health, such as education, employment, justice, digital, culture and research are of high added value in preventing and responding to poor mental health and promoting mental wellbeing.

On a practical level, this was referred to as a shift from a medical perspective

to a (social/ economic/ commercial/ environmental) determinants perspective, were interventions in prevention, promotion as well as treatment focus on the circumstances that affect a person's mental health. In this context, stakeholders and Member States mentioned various forms of 'social prescribing'¹⁵, such as access to nature or the arts and social connection with others, as preventive measures, or treatment options.

The need for specific attention to children and young people's mental health featured heavily in all consultations. It was often mentioned that the mental health of young people was strongly affected by the COVID-19 pandemic and had decreased over the past decade. However, as discussed during the Mental Health Europe webinar on digitalisation, the mental health of young people is a complex multidisciplinary issue, which needs a collaborative approach including educational, healthcare, and social care settings, the cultural sector and youth welfare actors.

The use of digital spaces and in particular social media is a prominent and complex issue to address in this context: while social media platforms can be a key tool to reach young people and provide help and support, the use of these platforms have also been linked to a worsening of young people's mental health over the past decade¹⁶.

It was also stressed that mental health promotion should start at an early age and that actions are needed that address circumstances that affect the (future) mental health of young children, including poverty.

A third cross-cutting theme identified the importance of having more/better data and information on mental health in order to better monitor trends in population mental health, as well as inequalities within and across Member States. This would require the development of better indicators to collect, share and integrate data on mental health. There was a plea for building databases, monitoring, sharing of best practices, and establishing stakeholder communities for mutual learning.

Prevention of mental health problems and timely, equitable access to mental health care for those who need it were most often mentioned. The importance of a multidisciplinary approach in mental health promotion and prevention and the importance of offering programs in various settings, including schools, workplaces, social services, and primary care was particularly stressed.

With respect to access to treatment and care, affordability as well as long waiting lists were considered to be major challenges. Furthermore, equal access to care and treatment across regions (e.g., urban versus rural) and among different population groups was mentioned as a key issue. Capacity building and the upskilling of professionals, as well as offering peer support to improve the care and support of persons with mental health problems was often mentioned.

The contributions received through this extensive consultation process have provided essential input in the preparation of the Commission Communication on a comprehensive approach on mental health.

¹⁵ <https://www.who.int/publications/i/item/9789290619765>

¹⁶ <https://www.mhe-sme.org/wp-content/uploads/2023/01/HPP-Webinar-Digitalisation-Flash-Report.pdf>