EUREGHA Contribution to Open Consultation on the green paper on Mental Health: „Promoting the Mental Health of the Population. Towards a Strategy on Mental health for the European Union”

In many Member States it is the regional and local authorities that are responsible for health services and the mental health of their communities. The regions and local authorities responsible in these areas should therefore be given influence over the Community’s health strategy.

EUREGHA (EUropean REGional and local Health Authorities platform) is an administrative regional and local network on health issues with no formal or political mandate. The EUREGHA network aims to be a representative platform for all interested regional and local authorities or their organisations, provided that these authorities/organisations have responsibilities within the health area or in other areas related to health issues.

EUREGHA was launched in January 2006. During the spring 2006, EUREGHA Mental Health Expert Lars-Olof Ljungberg has participated in the Thematic Meetings on the Commission Green Paper on Mental Health to represent the opinions of European regional and local authorities regarding mental health care.

EUREGHA members have also submitted the attached position papers regarding the Commission green paper on mental health. The position papers reflect the opinions of the respective regional or local authorities. We trust that these position papers will be taken into consideration in connection with the mental health consultation process.

Best regards

Asger Andreasen
Chair of the EUREGHA Consultative Group

DANISH REGIONS Brussels office
Rue de la Science 4- B-1000 Bruxelles
Email: asa@arf.be
Tel.: (+32) 2 550 12 80 / Fax: (+32) 2 550 12 75
Homepage: www.arf.dk / www.regioner.dk
EUREGHA (EUropean REGional and local Health Authorities platform) REPORT


Background
The January 2005 WHO European Ministerial Conference on Mental Health in Helsinki established a framework for comprehensive action, and created strong political commitment for mental health. It invited the European Commission, a collaborating partner of the conference, to contribute to implementing this framework for action, in line with its competencies and the Council’s expectations and in partnership with the WHO.

The Green paper is a first answer to this invitation. It proposes to establish an EU-strategy on mental health. This would add value: by constituting a framework for exchange and cooperation between Member States; by helping to increase the coherence of actions in the health and non-health policy sectors in Member States and at Community level; and by allowing involvement of a broad range of relevant stakeholders into building solutions.

The purpose of the Green Paper is to launch a debate with the European institutions, Governments, health professionals, stakeholders in other sectors, civil society including patient organisations, and the research community about the relevance of mental health for the EU, the need for a strategy at EU-level and is possible priorities.

Setting the scene
The expectations of the Commission concerning the work of this group was to:
- receive feedback on the Green paper,
- work together in a more long-term way and explore in which way to do this,
- set priorities, and specify the most useful co-operation,
- reach common understanding,
- utilise the strong momentum built in the Helsinki conference.

Structure of the meeting
The meeting was divided into planary and group sessions. During the first group session, “Mental Health Information: assessing situations, monitoring action and exchanging practices” we were divided in two groups: Member States representatives in one group and platform representatives + researchers in the other.

During the second group session, “A Mental Health Research and Knowledge System for the EU” we were divided into three groups: Member States representatives, Platform representatives (where I participated) and Researchers. During the second group session there was also an overall discussion in all groups about which conclusions could be drawn from all the consultation meetings. After both group sessions there were plenary sessions with reporting back from all groups. Please find a participant list at the end of this report.
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Rue de la Science 4- B-1000 Bruxelles
Email: asa@arf.be
Tel.: (+32) 2 550 12 80 / Fax: (+32) 2 550 12 75
Homepage: www.arf.dk / www.regioner.dk
Purpose of the Meeting
The specific focus of the third thematic meeting was on section 6.3 of the Green paper “Improving information and knowledge on Mental Health in EU.

The consultation meeting addressed aspects related to mental health information and mental health research. Both areas represent the knowledge basis which is necessary for informed discussions and decision-making in Member States and at Community level, for the ability to understand and consider diversities of situations and similarities, and also to make comparisons.

On the one hand, mental health information and mental health research therefore serve the purpose of better understanding situations in the EU and in countries. At the same time, they are closely connected to and can provide valuable input to the work on the themes addressed in the previous two consultation meetings.

Given this, the intention was to organise the third meeting in a way that it was complementary to the earlier ones and performed, as far as possible, a synthesis.

Discussions took account of the general objectives proposed in the Green paper for a possible strategy on mental health. These were the following:

(1) to create a framework for the exchange and cooperation between Member States;
(2) to help to increase the coherence of actions in different policy sectors;
(3) to open up a platform for involving stakeholders into building solutions.

Mental health information and data
The first area to be addressed in the meeting was mental health information. The discussions focused on the following three questions:

1. Which aspects should a future mental health information system cover and how can concepts and indicators be harmonised to create a mental health data set across the EU?

Eurostat collects some data on mental health-related aspects under its Causes of death (COD)-statistics, Health Interview Surveys (HIS), healthcare data collections system and its morbidity statistics.

Considerable mental health-specific work has been carried out under EU-Presidency activities and projects under the previous and current Community Public Health Programmes¹. One of those activities was the creation of a first set of European Community Health Indicators (ECHI)². Some of the indicators under ECHI are related to positive and negative mental health in the population.

² http://europa.eu.int/comm/health/ph_information/dissemination/echi/echi_en.htm
In 1996, conceptual clarification and a better understanding and visibility of the subject have been objectives of a report “Key concepts for mental health promotion”, prepared by Stakes from Finland\(^3\).

Issues around the content behind and the comparability of concepts in mental health have also repeatedly been raised during the previous consultation meetings. This signals a need for further work in this field. Such work should correspond to the cross-cutting nature of the public health approach to mental health proposed in the Green paper.

As regards mental health information, the “European Study of the Epidemiology of Mental Disorders (ESEMeD)” published in 2003\(^4\), financed from the FP6 Research Programme, was a pioneer project to collect comparable information for six countries. The report “The state of mental health in the European Union” from 2004\(^5\) combined the ESEMeD-findings with data from other sources and provided an overview of the mental health information available for the EU. More recently in 2005, further important datasets were presented under a project by the European College of Neuropsychopharmacology (ECNP)\(^6\).

However, in spite of the rich information which they provided, these reports also revealed that significant information gaps still do exist with regard to the state of public mental health in the EU: The figures available are not always fully compatible and comparable, and there is little information with regard to the mental health of children, in the work environment and in new Member States.

The “Mindful”-project\(^7\) to be completed in 2006 will represent another major step towards the harmonisation of indicator and data sets on mental health for the EU. It will be presented at the consultation meeting. This project was carried out as a partnership of six projects under the lead of Stakes. It developed a set of 33 indicators for mental health in the EU, with different levels of data availability for them. The set covers the areas of mental health status, determinants and systems.

The Mindful-indicator and data set could be the basis for the development of a minimum data set for the EU (Mental Health Monitor), reflecting the public health approach to mental health advocated in the Green paper. This could include key indicators on mental health status, determinants and systems, combined with relevant socioeconomic and further variables, which reflect the protective and risk factors for mental health in societies.

2. How can the Community level be used for the exchange of policies and practices between countries and relevant actors and what areas should be addressed with priority?

The previous consultation meetings signalled interest in using the Community level for an exchange of experience and practices. A number of coordination mechanisms exist already, which do or can potentially address the social aspects in mental ill health. Furthermore, certain tools and databases have been developed through projects.

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\(^3\) E. Lahtinen; V. Lehtinen, E. Riikonen, Ju. Ahonen: Framework for Promoting Mental Health in Europe, 1999


\(^6\) http://www.ecnp.nl/

\(^7\) http://www.stakes.fi/mentalhealth/mindful.html
Under the Commission’s social policy some relevant activities exist, which can address mental health aspects, among other issues. This includes the open methods of coordination on social inclusion\(^8\) and on health and long term care\(^9\). Mental health aspects do also play a significant role in the European Union Disability Strategy\(^10\).

Identifying policies and practices in Member States has been an objective of the IMHPA-project and its report: “Mental health promotion and mental disorder prevention across European Member States: a collection of country stories”\(^11\). Also under the IMHPA-project, a database of evidence-based practices in the fields of mental health promotion and mental disorder prevention has been created, together with a model of an action plan on mental health promotion and mental disorder prevention\(^12\).

Under the EMIP-project\(^13\), a matrix “Determinants for effective Implementation” has been developed to assess mental health challenges and responses in countries (see annex). This matrix was also presented during the meeting.

The Green paper on Mental Health suggested that an EU-strategy on mental health could add value by creating a framework for exchange and cooperation between Member States.

The establishment of a set of common objectives, together with targets and benchmarks, and a matrix to assess situations and activities in countries could support the exchange of policies and practices. These should be developed on the basis of the WHO’s European Declaration and Action Plan on Mental Health.

3. What structures are needed for work on mental health and in which format could the results from such work be compiled and communicated?

Cooperation requires an organisational framework and, to be effective, findings should be communicated in an agreed format.

Recently, the Commission services have decided to transform the previous Working Party on Mental Health into a Platform on Mental Health. Whereas the Working Party on Mental health was principally composed of leaders of projects under the Public Health Programme, the new Platform is supposed to involve a broader scope of actors. The Platform on Mental Health could serve as the main organisational context for cooperation on mental health. The details for its operationalisation will be defined in due time.

The consultation meeting reflected about the format, in which the results from work on mental health at Community level could be resumed and communicated.

One possible format would be a regular report “Mental Health in the European Union”. This could be a report providing an analysis of the state of public mental health in the EU,

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\(^8\) http://europa.eu.int/comm/employment_social/social_inclusion/index_en.htm
\(^9\) http://europa.eu.int/comm/employment_social/social_protection/health_en.htm
\(^10\) http://europa.eu.int/comm/employment_social/disability/strategy_en.html
\(^12\) http://www.imhpa.net/index.php?id=8&L=2
\(^13\) http://mentalhealth.ephap.org/
identifying situations and activities in Member States, presenting research activities and presenting civil society perspectives and actions.

The Platform on Mental Health and the Report on Mental Health in the EU could be the major component of a cooperation mechanism for mental health at Community level.

A regular report “Mental health in the European Union” could be a medium to resume and communicate results from work on mental health at Community level.

In the reporting from the groups the following points were made:

- information gathering should be connected with action
- the Green Paper Consultation will influence the Eurostat revision of data collection
- Mental Health is poorly covered by present health info systems, both DG SANCO and Eurostat are insufficient
- today - fragmented data collection in different register at European level
- Mental Health - data needs to be included in general health data collection in EU
- other DG’s (employment, social affairs and social inclusion, research, technology) are not involved in the Green Pater process. How will the Commission involve these?
- the European tendency to separate health services from social services creates problems
- use WHO determinants of health as a basis
- Health, Social services, Education, Residential arenas - indicators needs to cover how persons with mental illness do in these arenas
- if the Commission can’t coordinate information gathering - the member states can’t
- we need information for the regional and local level, as well as Member State level. The regional level is adequate for gathering data, since it has the necessary academic links (my EUREGHA-input).
- one vital information that should be part of our information system is how medication is used in child and adolescent psychiatry
- there is no strong emphasis on children in the Green Paper, should be highlighted
- data have to describe the transition from “Mental Health asylums” to “social homes” with less quality even than the old asylums
- refugees and immigrants have to be highlighted in collecting data, they are not always registered and we know that their situations is worse then the average populations in the member states
- few but reliable indicators
- we have to describe the issue of comorbidity, persons with mental health problems do to a higher degree then the general population also have other health problems
- we need indicators on attitudes on mental health/illhealth. It varies throughout Europe.
- credible, cost-effective and user-friendly indicators
- step by step approach, “less is move”
- longitudinal data are powerful
- qualitative indicators may be more adequate for monitoring policies
- we should ask the users for information
- bottom - up approach desirable, but top down may be the only possible in deciding information structure.
• EU should be responsible for producing a periodical intersectoral report on mental health in Europe
• common terminology - define precisely any data to the collectors
• make use of already available data
• no need for more info, we know, now is instead time for action, change and reform services now at country level
• we need to combine hard data with stories of successes and failures from various systems

Research
The European Union uses multi-annual Framework Programmes (FP) as the main instrument for funding research and development since 1984. The current Sixth Framework Programme has a small portfolio of ‘Scientific Support to Policies’. In its final call for proposals there are currently two topics under evaluation:
- mental health promotion in environments such as workplaces, schools, and residential homes for the elderly
- institutional care and treatment practices of mentally ill and disabled persons

The proposal for the Seventh Framework Programme (FP7) is currently before the European Parliament and the Council and will cover a period of seven years (2007-2013). While building on the achievements of its predecessor, FP7 was re-designed in its content, organisation, implementation modes and management tools in order to contribute to the re-launched Lisbon strategy. The bulk and the core of EU research funding will continue to be provided for collaborative research, i.e. research activities carried out in trans-national cooperation. Among the nine high level themes proposed for action ‘Health’ continues to feature prominently only behind ‘Information and communication technologies’.

FP7 will mark a major shift in the area of health research: While the focus will shift from genomics to the translation of knowledge from basic sciences into new products and services, the research area of ‘Public Health’ will be re-introduced. In order to help optimise the delivery of health care to European citizens, research will be supported to
- Enhance health promotion and disease prevention
- Translate clinical research into clinical practice
- Ensure quality, solidarity and sustainability of health systems

Mental Health is particularly mentioned in the Commission proposal for FP7. However, following the budget cut of about 30% resulting from the agreement on the Financial Perspectives, the programme needs to be aligned to these new figures. Call for Proposals will be organised on the basis of yearly work programmes that are agreed by Commission services and the Member States in the Research Programme Committee.

The reflection process on mental health initiated by the Green Paper can be a useful tool to guide the implementation of FP7 and advise on the type and priority of research for mental health at European level.

During the group sessions we reflected on the guiding questions:

1. What are the knowledge needs for taking action on mental health?
2. What research should be done at European level and where would I prefer a country-/context-specific approach?
3. How can the question of transferability of research findings and interventions between countries be addressed?
In the plenary session after the three group sessions the following points were made:

- research is elitist, and therefore puts off some of the stakeholders
- how to bring research into practice, to transfer and implement? This is a research issue in it self
- we need hard data on the development of mental health at regional and local level. The experience today is that other areas of health care are more successful in arguing for resources at regional and local level
- we need a EU overview description on how responsibility for Mental Health is at the regional level, because it varies quite a lot between Member States
- we need more knowledge about other interventions, impact on Mental Health of employment programmes etc
- research outcome could affect our care-neighbours to be more aware and more interested in collaboration
- three steps:
  1. research in mental health
  2. research implementation
  3. implementation evaluation
- the focus in the Green Paper should be on mental health and wellbeing
- a system of mental health indicators is needed
- use professional associations
- ear marked funding for mental health research
- simple models are needed, few indicators needs to be decided upon
- EC initiative is needed to assemble the evidence of health promotion effectiveness
- strong need for common definitions of terms
- any mental health initiative should be part of a lager public health strategy
- DG Research has a major responsibility in facilitating in filling the gaps in research
- well-beeing should be researched
- research needed in evaluation of interventions
- user involvement prioritised on research and implementation
- legislation EU/Member States needed on antidiscrimination
- research in Mental Health and well-beeing is an investment for Europe
- we need data on individual level, community level, regional level and national level
- include mental health information in general health information systems without loosing visibility and awareness of mental health
- create mechanisms to ensure that research meets practice needs.

**Conclusions from the structured consultation meetings**
The final plenary session of the meeting was used to draw first conclusions from the three structured consultation meetings.

From the three groups the following points were made:

- strong need for EU-strategy on mental health
- maybe European Stigma Alert group - to react on prejudice in movies, books, news
- information exchange needed
- cross-sectoral approach needed in EU, in Member States and in practice
- important to maintain the momentum being built up high level of engagement in mental health
- involvement of users and NGO’s as important as cross-sectoral collaboration
- we need a public health approach towards mental health issues
• fighting discrimination is a key issue, working with changing attitudes to provide social inclusion. This is a basic human rights issue.
• there are also discrimination of mental health services in the budgeting process at regional and local level
• which existing EU-policies have a negative impact on mental health, for example on alcohol with free access?
• Mental health is central to the strategic objectives of EU
• We reflect too much on mental illness instead of focussing on mental health and well-beeing
• the coming EU-strategy should be on mental health and well-beeing
• there are too weak links between persons working with health promotion in general and persons.organisations working with mental health and well-beeing promotion
• if we do not make progress now, we will never

The next steps
The formal consultation on the Green Paper ended with the meeting in Luxemburg, but the final date for sending in comments to the Commission is the 31st of May, 2006. The chairman of the Platform group (where I participated), dr. Clive Needle from EUROHEALTHNET, will before May 26th, 2006 summarise our points of view in a special report to the participants in the Platform group. We will then have a few days to comment that report before dr. Needle sends it to the Commission. The report will contain the following points:
• the consultation process has been too short - not enough time for discussions
• the Green Paper is lacking a clear regional and local perspective. We are the ones who will do the job (health care and partners in the vocational, residential and educational sectors in close collaboration with service users).

After the consultation process DG SANCO will have an internal discussion during the summer 2006. In November or December 2006 the Commission will decide if there will be a Strategy for Mental Health in EU. The details of this process are not clear yet.

My overall impressions of the consultation process is that the points of views from the Member States group, the Platform group and the Research group have been listened to with great interest. The process has been truely open, but has suffered from too short time for discussions and clarifications. The process around the Green Paper will probably lead to an EU Strategy on Mental Health and Well-beeing, and later on the Commission will invite to an implementation group of researchers and stakeholders representatives to discuss “How?”.

March 23rd, 2006

Lars-Olof Ljungberg
EUREGHA Mental Health Expert
## Participant list

<table>
<thead>
<tr>
<th>Surname</th>
<th>First name</th>
<th>Organisation</th>
</tr>
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<tbody>
<tr>
<td>Sartorius</td>
<td>Norman</td>
<td>European Patients Forum</td>
</tr>
<tr>
<td>Elgie</td>
<td>Rodney</td>
<td>University of Athens</td>
</tr>
<tr>
<td>Tsiantis</td>
<td>John</td>
<td>University of Athens</td>
</tr>
<tr>
<td>Raluca</td>
<td>Nica</td>
<td>GAMIAN-Europe</td>
</tr>
<tr>
<td>Metzler</td>
<td>Howard</td>
<td>Leicester General Hospital</td>
</tr>
<tr>
<td>Van Mourik</td>
<td>Reina</td>
<td>EUFAMI</td>
</tr>
<tr>
<td>Wasserman</td>
<td>Danuta</td>
<td>National Centre for Suicide Research, Sweden</td>
</tr>
<tr>
<td>Andersson</td>
<td>Peter</td>
<td>Eurocare</td>
</tr>
<tr>
<td>Katschnig</td>
<td>Heinz</td>
<td>Medical University of Wien</td>
</tr>
<tr>
<td>Levi</td>
<td>Lennart</td>
<td>Karolinska Institutet</td>
</tr>
<tr>
<td>Needle</td>
<td>Clive</td>
<td>EUROHEALTHNET</td>
</tr>
<tr>
<td>Hoel</td>
<td>Anna</td>
<td>European Public Health Alliance (EPHA)</td>
</tr>
<tr>
<td>Tamsma</td>
<td>Nicoline</td>
<td>EMHA (European Health Management Association), Brussels</td>
</tr>
<tr>
<td>Gerits</td>
<td>Pol</td>
<td>Ministry of Health, Belgium</td>
</tr>
<tr>
<td>Heitor dos Santos</td>
<td>Maria Joao</td>
<td>Ministry of Health, Portugal</td>
</tr>
<tr>
<td>Clabbers</td>
<td>Frans</td>
<td>Ministry of Health, The Netherlands</td>
</tr>
<tr>
<td>Klosinski</td>
<td>Wojciech</td>
<td>Public Health Department, Poland</td>
</tr>
<tr>
<td>Cobal</td>
<td>Nadja</td>
<td>Ministry of Health, Republic of Slovenia</td>
</tr>
<tr>
<td>Stracke</td>
<td>Thomas</td>
<td>Bundes Ministerium für Gesundheit, Germany</td>
</tr>
<tr>
<td>Rix</td>
<td>Susannah</td>
<td>National Institute for Mental Health, UK</td>
</tr>
<tr>
<td>Löfgren</td>
<td>Christer</td>
<td>Ministry of Health and Social Affairs, Sweden</td>
</tr>
<tr>
<td>Stefansson</td>
<td>Claes-Göran</td>
<td>National Board of Health and Social Affairs, Sweden</td>
</tr>
<tr>
<td>Xerry</td>
<td>Ray</td>
<td>Ministry of Health, Malta</td>
</tr>
<tr>
<td>Theodorakis</td>
<td>Pavlos N</td>
<td>State Mental Health Hospital of Chania</td>
</tr>
<tr>
<td>Puras</td>
<td>Dainius</td>
<td>Vilnius University Children Hospital</td>
</tr>
<tr>
<td>Lönnqvist</td>
<td>Jouko</td>
<td>Finland</td>
</tr>
<tr>
<td>Hernandez</td>
<td>Mariano</td>
<td>Servicio de Salud Mental Tetuan, Spain</td>
</tr>
<tr>
<td>Bukholt</td>
<td>Sven Erik</td>
<td>Ministry of the Interior and Health, Denmark</td>
</tr>
<tr>
<td>Sveile</td>
<td>Baiba</td>
<td>Ministry of Health - Department of Public Health, Latvia</td>
</tr>
<tr>
<td>Mittelmark B</td>
<td>Maurice</td>
<td>Research Centre for Health Promotion, Norway</td>
</tr>
<tr>
<td>Taipale</td>
<td>Vappu</td>
<td>Director General, STAKES, Finland</td>
</tr>
<tr>
<td>Surname</td>
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</tr>
<tr>
<td>Friedli</td>
<td>Lynne</td>
<td>Mental Health Promotion Specialist, UK</td>
</tr>
<tr>
<td>Rethelyi</td>
<td>János</td>
<td>Semmelweis University Psychiatric Department, Hungary</td>
</tr>
<tr>
<td>Lindert</td>
<td>Jutta</td>
<td>European Public Health Alliance (EUPHA)</td>
</tr>
<tr>
<td>Myklebust</td>
<td>Karoline</td>
<td>Organizing Bureau of European School Student Unions</td>
</tr>
<tr>
<td>Chilvers</td>
<td>Clair</td>
<td>NIHME - NHS R&amp;D Portfolio in Mental Health, UK</td>
</tr>
<tr>
<td>Parkinson</td>
<td>Jane</td>
<td>Mental Health and Well Being - The Scottish Executive, UK</td>
</tr>
<tr>
<td>Henderson</td>
<td>Gregor</td>
<td>Mental Health and Well Being - The Scottish Executive, UK</td>
</tr>
<tr>
<td>Wahlbeck</td>
<td>Kristian</td>
<td>STAKES National Research and Development Centre, Finland</td>
</tr>
<tr>
<td>Garcia Armesto</td>
<td>Sandra</td>
<td>OECD Health Division</td>
</tr>
<tr>
<td>Elphick</td>
<td>Martin</td>
<td>Green Lane Hospital, UK</td>
</tr>
<tr>
<td>Szilard</td>
<td>Istvan</td>
<td>IOM MRF Brussels</td>
</tr>
<tr>
<td>Henderson</td>
<td>John</td>
<td>Senior Policy Adviser, UK</td>
</tr>
<tr>
<td>McDaId</td>
<td>David</td>
<td>London School of Economics Health &amp; Social Care, UK</td>
</tr>
<tr>
<td>McCollam</td>
<td>Allyson</td>
<td>Scottish Development Centre for Mental Health</td>
</tr>
<tr>
<td>Horne</td>
<td>Richard</td>
<td>Eli Lilly Benelux NV</td>
</tr>
<tr>
<td>Barnes</td>
<td>Brendan</td>
<td>EFPIA - European Federation of Pharmaceutical Industries and Associations</td>
</tr>
<tr>
<td>Keogh</td>
<td>Fiona</td>
<td>Mental Health Commission, Ireland</td>
</tr>
<tr>
<td>Jacobi</td>
<td>Frank</td>
<td>Technical University of Dresden, Germany</td>
</tr>
<tr>
<td>Llopis</td>
<td>Eva-Jané</td>
<td>WHO - Regional Office for Europa</td>
</tr>
<tr>
<td>Alonso Caballero</td>
<td>Jordi</td>
<td>IMIM, Barcelona, Spain</td>
</tr>
<tr>
<td>Lavikainen</td>
<td>Juha</td>
<td>WHO - Collaborating Centre on Mental Health Promition</td>
</tr>
<tr>
<td>Kuhn</td>
<td>Karl</td>
<td>Federal Institute for Occupational Safety and Health, Germany</td>
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<tr>
<td>Ungar</td>
<td>Peter</td>
<td>European Commission, DG REGIO</td>
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<tr>
<td>Lopez</td>
<td>Dominique</td>
<td>EMCDDA</td>
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<td>Ljungberg</td>
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<td>Trimb Institute of Mental Health and Addiction, Netherlands</td>
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