

European Framework for Action on Mental Health and Wellbeing

EU JOINT ACTION ON MENTAL HEALTH AND WELLBEING

Final Conference - Brussels, 21 - 22 January 2016



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I. BACKGROUND

- The need to include mental health among the first priorities of the public health agenda has been increasingly recognized in Europe over the past decades.
- This recognition is based on the growing evidence and awareness about the magnitude of mental health problems in European countries: mental disorders are highly prevalent in Europe and impose a major burden on individuals, society and the economy. They represent 22% of the EU's burden of disability, as measured in Years Lived with Disability (YLD).
- This burden of mental disorder is linked to the high prevalence of mental health problems, their in the majority of cases early onset in life – in many cases before adulthood -, the associated broad range of impacts for individuals, society and the economy, and the fact that about half of people with mental health problems do not receive evidence based treatments.
- Mental health problems are a key reason for losses of productive human capital. EU mental health studies and surveys revealed that there are substantial costs associated with mental disorders at workplaces, such as higher presenteeism and absenteeism, or significantly reduced earnings among those with a mental disorder, which have become a leading cause for people receiving work disability benefits.
- The overall financial costs of mental disorders, including direct medical as well as indirect costs through care and lost productivity, amount to more than Euro 450 billion per year in the EU.
- Mental health is also linked to the sustainability of Member States' health systems. Although increases in the coverage of primary and specialist mental health services in Member States lead to growing costs for health systems, treatment and prevention of mental disorders results in net economic savings which accrue to both health and other sectors even in the short term. This is, firstly, because reduced mental disorder and improved mental health contributes to better overall health and physical health; secondly, because better treatment of co-morbid mental health problems in chronic physical diseases has shown to have a positive effect on adherence to treatment and health outcomes, and, thirdly, because of the broad range of impacts outside the health sector.
- Positive mental health and wellbeing also result in a broad range of impacts across different sectors and result in improved social cohesion, economic progress and sustainable development in the EU. Mental health is a human right and the EU's mental capital, the cognitive, intellectual and emotional potential in its population, is a key resource for the EU's success as a knowledge-based society, its ability to realise its strategic social and economic policy objectives and to promote and protect the well-being of its population through economically and socially challenging periods. A resilient Europe needs resilient citizens.
- Investing in improving the mental health of populations by expanding coverage of cost-effective interventions to provide support and/or treatment to people with mental health problems, prevent mental health problems and promote mental health contributes in particular to:
 1. Improving the health, quality of life and resilience of citizens, including for people with mental health problems;
 2. Reducing associated health risk behaviour such as alcohol, drug and tobacco use, physical inactivity and poor diet;
 3. Improving physical health and life expectancy, including for people experiencing mental disorders;
 4. Reducing the number of suicides;
 5. Improving the educational outcomes of children and adolescents;

6. Protecting the sustainability of health care systems in Member States, notably by increasing the capacity of health systems to act more effectively and efficiently against mental disorders by improving coverage of treatment and prevention.
- Significant efforts have been made by the European Union and its Member States, in collaboration with other international organizations such as the WHO and the OECD, to improve the mental health of the populations.
 - Yet, despite all these efforts, a lot remains to be done to overcome the treatment gap in mental health, improve the quality of support, treatment and care, and strengthen and mainstream disease prevention and health promotion.
 - The truth is that, despite the existence of cost-effective interventions to both treat and prevent mental disorders, only about half of people with a severe mental disorder, and far less with a mild-to-moderate mental disorder, in the EU, receive adequate treatment, while there is far less coverage of interventions to prevent mental disorders. The implementation gap, which is significantly larger than that for most physical disorders, results in a broad set of impacts and associated economic costs even in the short term.
 - Factors which contribute to this treatment gap are the still existing stigma surrounding mental health, the reluctance of people experiencing mental health problems to seek help, deficits in the quality of treatment, the fact that a significant share of treatment is provided through outdated and themselves stigmatised institutional infrastructures (instead of community-based ones), and the lack of training of health professionals (in particular in primary care) on mental health, together with an overall lack of awareness and knowledge across society about mental health.
 - It was in this context that the European Commission adopted, in 2005, the Green Paper “Improving the mental health of the population. Towards a strategy on mental health for the European Union”. The purpose of the Green Paper was to launch a debate with the European institutions, Governments, health professionals, stakeholders in other sectors, civil society, including patient organizations, and the research community about the relevance of mental health for the EU, the need for a strategy at EU-level and its possible priorities.
 - As an outcome of the consultation process initiated after the adoption of the Green Paper, a European Pact for Mental Health and Well-being was launched in a EU high-level conference, held in Brussels on the 13th of June 2008. The European Pact for Mental Health and Well-being, agreed that “there is a need for a decisive political step to make mental health and well-being a key priority” and that “the mental health and wellbeing of citizens and groups, including all age groups, different genders, ethnic origins and socio-economic groups, needs to be promoted based on targeted interventions that take into account and are sensitive to the diversity of the European population”.
 - To attain these objectives, a series of thematic conferences were organized, from 2009 to 2011, to facilitate the sharing of experiences and to strengthen collaboration between stakeholders.
 - Giving sequence to all these events, in 2011, the EU-Council of Ministers invited Member States and the Commission to set up a Joint Action on mental health and wellbeing under the EU-Health Programme.
 - The Joint Action Mental Health and Wellbeing (JA MH-WB), which started its work in 2013 and involved 25 Member States as well as Iceland and Norway, builds on previous work developed under the European Pact for Mental Health and Wellbeing. The objective of the Joint Action Mental Health and Well-being is to contribute to the promotion of mental health and wellbeing, the prevention of mental disorders and the improvement of care and social inclusion of people with mental disorders in Europe, and its main purpose is to build a framework for action in mental health policy at the European level.
 - The Joint Action addressed issues related to five areas: a) promotion of mental health at the workplaces; b) promotion of mental health in schools; c) promoting action against depression and

suicide and implementation of e-health approaches; d) developing community-based and socially inclusive mental health care for people with severe mental disorders; and e) promoting the integration of mental health in all policies.

- The need to focus the Joint Action on a limited number of intervention fields meant to leave out certain aspects, such as, for instance, mental health in pre-school age and in the elderly, although their high importance for the mental health of individuals across the life-course and public mental health is well known.
- Evaluation of progress made in EU and Member States in each of the five areas of the JA was completed by national and European working groups, which integrated policy makers and other stakeholders including civil society and user organizations. With the collaboration of experts, they reviewed the available knowledge and resources resulting from earlier and ongoing mental health projects in Europe, and analyzed previous initiatives in order to better identify the ingredients that should be taken into consideration to improve the effectiveness and sustainability of future initiatives.
- The development of recommendations for action at EU and MS level to improve the effectiveness of mental health policies implementation has been made in collaboration with EU agencies, the WHO and other international organizations.
- A particular purpose of this work has been to support Member States in implementing the commitments which they have made by signing up to the WHO's Global and European Mental Health Strategies and Action Plans, and to support the European Union and Member States in implementing the obligations resulting from the UN Convention on the Rights of Persons with Disabilities.

The WHO's comprehensive mental health action plan 2013-2020, adopted in 2013, sets out four global targets to be achieved by 2020:

Global target 1.1: 80% of countries will have developed or updated their policies/plans for mental health in line with international and regional human rights instruments.

Global target 1.2: 50% of countries will have developed or updated their laws for mental health in line with international and regional human rights instruments.

Global target 2: Service coverage for severe mental disorders will have increased by 20%

Global target 3.1: 80% of countries will have at least two functioning national, multisectoral promotion and prevention programmes in mental health.

Global target 3.2: The rate of suicide in countries will be reduced by 10%.

Global target 4: 80% of countries will be routinely collecting and reporting at least a core set of mental health indicators every two years through their national health and social information systems.

- The outcome of the work of the Joint Action Mental Health and Wellbeing is this European Framework for Action on Mental Health and Wellbeing. It has been prepared by the Member States that have participated in the Joint Action. The framework for action is based on the policy recommendations developed by the Joint Action.

II. KEY FINDINGS IN THE AREAS ADDRESSED BY THE JOINT ACTION

The situation analysis developed by the Joint Action made it possible to identify the main advances, barriers and opportunities found in each of the five areas prioritised in the Joint Action.

Work Package on “Mental Health in all policies”

Many individual, familial and societal determinants of mental health lie in non-health policy domains such as social policy, taxation, education, employment and community design. It is now recognised that the very foundations of mental health are laid down early in life and are later supported by positive nurturing, high social capital, a good work life and a sense of meaning.

The road to improved mental health among populations lies in a co-ordinated public mental health programme to implement large-scale promotion and prevention activities, together with the investment in mental health services.

In this context, Mental Health in All Policies (MHiAP) is an approach to promote population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas. MHiAP emphasises the impacts of public policies on mental health determinants, strives to reduce mental health inequalities, aims to highlight the opportunities offered by mental health to different policy areas, and reinforces the accountability of policy-makers for mental health impact.

The MHiAP Work Package results indicate that there is a need to raise awareness about the MHiAP approach for regular cooperation between health and non-health sectors, for improved attitudes towards mental health issues, and for research on the MHiAP approach. Legislative support for the MHiAP process, involvement of non-governmental organisations (NGOs), capacity building among policy makers, demonstration of the economic impact of mental health, and exchange of experience between Member States are also important factors to facilitate a successful MHiAP approach.

It is encouraging that attitudes towards the concept are mainly positive, and its value is broadly supported.

MHiAP good practice examples span from national mental health committees to mental health impact assessment tools, and to local initiatives addressing mental health determinants in the community. For instance, promoting early child development in families as well as in child day care and schools is crucial for population mental health and wellbeing. Provision of time in the form of parental leave, positive nurturing conditions, affordable and accessible high quality day care, parenting support and mental health promotion in schools are cornerstones of mental health promotion. Good working conditions promote mental health and wellbeing and also contribute to social capital. Access to, and participating in, cultural and social activities, as well as outdoor recreation and green spaces promote mental health and wellbeing. Personal safety, the safeguarding of human rights, and community involvement are all conducive to mental health and wellbeing. Interventions to prevent mental disorders include interventions to address inequalities, prevention of childhood adversities and abuse, stopping bullying at school and reduction of stress in the workplace.

Work Package on “Promoting mental health at the workplace”

Demographic change and the transition from an industrial to a services and knowledge-based society and economy, is being accompanied by a change in the panorama of disease. The relative increase in chronic diseases includes a growing incidence of work-related mental diseases. In most European countries, absences from work and early retirement due to mental illness have increased in recent years.

Research confirms that psychosocial risk factors can lead to stress and to health problems including both mental and physical diseases. Promoting mental health at work has become a vital response to these challenges, it has become imperative for all managements and governments to recognise the workplace as both a major factor in development of mental and physical health problems and as a platform for the introduction and development of effective preventative measures.

Effective workplace practices include the identification and mitigation of psychosocial risk factors and the promotion of a healthy work environment and healthy lifestyles, as well as the provision of mental health care services for affected employees. Workplace health promotion combines statutory occupational safety and health (OSH) regulations with voluntary measures by employers and, as an interface, opens up direct opportunities for co-operation between the two policy fields (health and labour). Statutory occupational safety and health (OSH) alone cannot overcome the challenges posed here: it is vital that the health policy sector takes an active role to address the challenges. Without the active involvement of the health policy sector it will not be possible to efficiently and effectively shape the interfaces that exist between early detection and primary prevention, secondary and tertiary prevention as well as treatment and rehabilitation, including occupational reintegration.

To implement suitable actions, a large number of public and private workplaces, especially small and medium enterprises, need external support. Policies - especially health policies and labour and social policies – working with social partners and relevant institutions (health care and occupational health and safety) can facilitate improvements in individual organisations by helping to develop supportive infrastructures. Cooperation, networking and mutual co-ordination among these external stakeholders is key to disseminating good practices. The core recommendation, based on the results of good practice evaluations in eleven EU Member States, is that we should intensify collaboration among all stakeholders in both policy sectors (health and labor). The principal objective should be to develop an action framework, which will require continuous cooperation and coordination among responsible stakeholders and institutions within the fields of social security, supported by the social partners. Such measures will serve to protect, accelerate the restoration of and strengthen the working and employment capability of employees, creating a basis for overcoming the impacts of demographic change on Europe's labour markets.

Work Package on “Mental health and schools”

There is a growing evidence base for the effectiveness of school based mental health promotion, mental disorder prevention and early recognition/ signposting for treatment. This is particularly important given the majority of lifetime mental disorders starts before adulthood.

From an epidemiological perspective, lack of comparable data on the prevalence of mental and behavioural disorders in children and adolescents made it difficult to compare data between the involved countries.

Early school leaving is related to the mental health of an individual. Despite the progresses made by the majority of EU member states, further efforts need to be made, as only 12 countries have achieved the target to reduce the rate of early school leaving to below 10%.

Across the European Union, pupils spend more than 6 hours per day at school, making this setting an excellent opportunity to implement evidence based interventions to promote mental health, prevent mental disorder, and facilitate early recognition and signposting for treatment of mental disorders.

However, there is lack of implementation of effective school based public mental health interventions which results in a broad range of impacts, lost opportunity and associated economic costs across the lifetime of pupils.

Teachers and school staff play a major role. However, the analysis of different countries revealed that teachers and school staff are not always fully equipped to cope with this responsibility, particularly when it comes to the detection of early signs of mental and behavioural disorders, for prompt referral

purposes, as well as lacking training in effective programmes to prevent mental disorders and promote mental health.

The variety of training pathways results in a variety of intervention approaches: although some countries have developed a systematic approach for the effectiveness evaluation, a lack of standardized measures in the evaluation of the outcomes could be observed in the majority of the involved countries which is associated with the lack of implementation of such interventions.

Across the EU, only a minority of children and adolescents with mental disorders receive any treatment despite the existence of cost effective interventions – this intervention gap could be reduced through schools recognising such disorders and signposting for treatment. However, the implementation gap is even greater for school based mental disorder prevention and mental health promotion.

Improved coverage of cost effective school based interventions to promote mental wellbeing, prevent and to treat mental and behavioural disorders would result in economic savings across a broad range of areas.

On the other hand, benefits of mental wellbeing “outside health” include improved educational outcomes, healthier lifestyle and reduced risk behaviours, such as smoking, increased productivity at work, fewer missed days of work, higher income and improved social relationship, reduced anti-social behaviour and crime.

Advances have been made on the key role of the school, as also results from the analysis of the different national and regional legislative framework: school appears to be aware of its mandate as mental health promoting key institution. The implementation of an effective mental health promotion culture in the school setting requires that school is considered as part of a wider network and that the Education sector actively cooperates with external bodies, at community and at political level, according to a Whole School Approach.

Work package on “Preventing depression and suicide, and e-health approaches”

a) Preventing depression and suicide

Both depression and suicide have dramatic economic and societal impact. Depressive disorder is the major cause of lost productivity in the European Union. Individuals with major depression report almost two times more lost workdays than sufferers of heart diseases or diabetes. The cost of depression corresponds to 1% of the total economy of Europe (GDP) the majority of which arises indirectly (loss of productivity, increased morbidity, sickness absence, early retirement, increased mortality).

The results of our situational analysis suggest that numerous best practices have been invested in Europe thus far and provide good examples for implementation in broader European contexts. All the evidence-based prevention tools and therapies are present in Europe. Restricting access to lethal means and to alcoholic beverages and decreasing social exclusion, domestic violence and bullying proved to be effective in decreasing the number of suicides in many Member States. There are good examples of combined intervention programs (e.g. the four level approach) and blended interventions of traditional and E-based strategies. Majority of the participating Member States have national policy programs for tackling depression and suicide. Empowerment of gatekeepers, professionals and peer groups also can be found as effective method for tackling crisis, depression, and suicide.

The number of European collaborations is increasing. However, several unmet needs also can be identified and may lead to the limited outcome of the present forms of prevention and treatment. In spite of the high prevalence of depressed patients in health care settings, under-recognition is frequent; it is estimated to affect 50% of the cases.

The following barriers of recognition and treatment are common and lead to significant treatment gaps: stigma of mental disorders and depression, limited accessibility of prevention programs for certain populations, and disproportionate access to services (e.g. psychiatric care, evidence-based

psychotherapies or E-health solutions) in the different Member States. Although a large proportion of depressive patients can be effectively treated with properly-chosen therapies, the accessibility of these therapies (especially psychotherapies) varies greatly from country to country.

Long waiting lists and limited funding of psychotherapies are frequent, and in some countries psychotherapies are mainly available in private practice only. Although responsible reporting of suicidal events is an important aspect in decreasing suicide attempts, media adherence to the reporting guidelines is extremely poor in Europe.

More efforts can be made in public health, in scaling-up prevention efforts and awareness and also in capacity building- depression has become a general public health imperative and the awareness of depression should not be restricted only to mental health service providers, there is an urgent need to increase the recognition rates of depression in the general health sector as well.

Legislation, national strategies and action plans are important facilitators of the broader implementation of these instruments, and we must emphasise that several best practices have already been implemented on a national level in some European countries, and could serve as models in a broader European context.

Work package on “Preventing depression and suicide, and e-health approaches”

b) E-mental health

Health systems everywhere are under considerable pressure due to increasing expenditures driven by an increased demand for health care in the context of an ageing society, a dwindling workforce, and the current economic recession. Together, these factors have led to an increased interest in innovative approaches to health care delivery to improve the efficiency of resource utilization and generate the best possible health gains for the population and reducing the treatment gap. The focus of many of these innovative approaches has involved health technologies and e-health tools. While technology has been used as an enabler of more accessible and efficient health care, the majority of actions have taken place at the national level. However, a number of key factors to mainstream e-health are beyond national borders and many lessons learned could be shared across Member States, thus coordinated action at the EU level is necessary.

There is an increasing number and availability of e-mental health interventions, from psycho-education to screening, self-management, self-help, e-therapy, tele-health and applied games. However, many challenges remain in mainstreaming them into health care. Some of these challenges relate specifically to mainstreaming e-mental health such as: scalability and dissemination, acceptability and uptake among professionals, reaching mutually beneficial agreements with private technology sector, quality assurance and ethical considerations, cross-border transferability and awareness of availability of e-health interventions. In addition, a number of challenges are identified in design and development of interventions such as low adherence among users, design for engagement and retention, high quality evidence-based research and lack of quality information for end users. Addressing these challenges work require a concerted effort across EU Member States. The current policy documents on e-health provide a broad framework for e-health interventions, including those on mental health. However, the current policy documents are limited and they do not address some of the key issues on which policy provisions are necessary for areas in e-mental health that deliver care digitally (e.g. e-therapies or serious gaming). Since such policy provisions do not already exist, platforms such as the Joint Action can provide needed policy provisions and also serve as an example for other areas of health where care might be delivered digitally.

Work Package on “Transition to community-based and social-inclusive mental health care”

Community based mental health care is a well-recognized approach to addressing effectively and efficiently the challenges associated with the burden of mental disorders and promotion of mental health in the population.

A strategy to shift away from a traditional model of care based on large psychiatric institutions to more community-based services is therefore essential.

Community care contributes to improved access to services, enables people with mental disorders to maintain family relationships, friendships, and employment while receiving treatment; so facilitating early treatment and psychosocial rehabilitation.

Community mental health care is associated with continuity of care, greater user satisfaction, increased adherence to treatment, better protection of human rights, and the prevention of stigmatisation. It also aids the establishment of a structured collaboration with primary health care services, and facilitates the protection of human rights of people with mental disorders and the development of recovery-oriented approaches.

Significant advances across Europe have been made in the transition from institutional to community-based care for people with long-term mental disorders. However, progress has been very uneven across countries and for many there is still much to be done to create community-based mental health service networks and to provide good quality and socially inclusive care.

Deinstitutionalisation and development of community-based care are assumed by more than half of EU countries as a major goal of their mental health policies.

Overall, mental hospitals lost the central role they had in the system of care in some countries, but in many places the number of mental hospitals continue to be very high and still consume the majority of resources allocated to mental health.

Very significant advances were made in the development of short-stay inpatient care in general hospitals. Although in a less systematic and variable way, residential facilities in the community were also developed in most EU countries, contributing to provide residential support and psychosocial rehabilitation in the community to people with severe mental disorders who have not the possibility to live independently. Yet, in some countries, these patients were also transferred to large residential facilities that present the risk of replicating the institutional model of traditional psychiatric institutions.

The number of outpatient facilities and outpatient visits has been increasing in most countries where information is available. Community mental health centres also increased in a significant way in most countries. The same cannot be said about home treatment and access to community-based rehabilitation programmes.

Despite the advances already made in EU, community-based networks were only partially developed in most countries, and in many cases there was not a timely replacement of the old model by the new one.

The EU-Member States and the EU as a whole have signed the UN Convention on the Rights of Persons with Disabilities, which guarantees to people with long-standing mental disorders important rights, such as the right for independent living, social inclusion and to receive no treatment without their consent. Yet, in many places these rights were not fully implemented.

According to the stakeholders perception, the highest levels of achievement in the transition to the community were found in the increase of inpatient beds in general hospitals, followed by the development of outpatient services, day care services and mental health centres in the community. By contrast, the services perceived as less well developed include primary health care, followed by the development of outreach or mobile mental health teams, self-help and other users groups. In psychosocial rehabilitation, perceived achievements were highest in residential facilities in the community, while vocational and supported employment initiatives were considered of low achievement.

The largest perceived barriers in the transition process were low political support, and inadequate and insufficient funding, followed by lack of consensus among stakeholders and lack of cooperation between health and social care.

III. PRIORITIES IDENTIFIED

- Through its work, the Joint Action has identified that Member States and the European Union can address the challenges resulting from mental disorders and reap the health-related, social and economic benefits from improved mental health in population, through the following measures:
 1. Defining and implementing mental health as a priority of all Governments, in partnership and networks between health policy and other policy areas and in line with the principle of “mental health in all policies”, based on policies and legislative frameworks in line with international commitments and obligations, such as those resulting from the UN Convention on the Rights of Persons with Disabilities and the WHO Global and European Mental Health Action Plans;
 2. Setting up partnerships between health policy and policies on labour, education and social affairs, also involving the relevant stakeholders, in order to prevent mental disorders, promote mental wellbeing and provide support and early intervention for those at risk of or experiencing mental disorders;
 3. Strengthening the capacity of health care systems to enable appropriate treatment coverage for all people in need of mental health services, through accessible, trustful and non-stigmatised primary care and specialised mental health care services, under use of the potential of e-Mental Health to both improve recognition and provide treatment;
 4. Investing in implementation of evidence based interventions to treat mental disorders, prevent mental disorders and promote mental health in line with its relevance for individuals and societies and through measures to make more and better data on mental health available;
 5. Underpinning these measures through investment in research into mental health and through measures to make more and better data on mental health available;
 6. Involving the stakeholders from the relevant policy areas and societal sectors in the before-mentioned policy actions;
 7. Empowering users of mental health services as partners in all steps of mental health policy and its implementation.

These findings are in line with the statement on priorities proposed by the EU-Presidency conference on “Mental Health: Challenges and Possibilities”, October 2013, which were endorsed by the EU-Group of Governmental Experts on Mental Health and Wellbeing:

1. To strengthen mental health promotion and mental disorder prevention throughout life by actions through healthcare systems and in partnership with relevant non-health sectors which build resilience, strengthen protective factors and reduce risk factors, create healthy life environments, are gender-sensitive and have a particular focus on the young and vulnerable groups;
2. To provide mental health services that are accessible and affordable, available in the community according to needs, equipped with a competent general and specialised workforce and make use of the potential of e-Health;
3. To strengthen the mental health literacy of citizens, in particular children, and enable them to take care of their mental health;
4. To promote the social inclusion of people with mental health problems, their success in learning and their access to and participation in labour markets;
5. To empower people with mental health problems and their carers, promote their rights and put an end to their discrimination and stigmatisation;
6. To improve the understanding of mental health and illness and information about the mental health status of the population.

IV. FRAMEWORK FOR ACTION

According to the situational analysis presented in this Report, significant advances already took place in Europe in public mental health. Yet, important challenges remain to be effectively addressed. In most countries, mental health policies have not been fully implemented. The consequence is that the majority of people experiencing mental disorder receive no treatment and the coverage of effective interventions to prevent mental disorder and promote mental wellbeing remains low. Enhanced efforts and new strategies are needed to improve the implementation of policies aiming at the provision of essential mental health care for the most prevalent mental disorders and the development of preventive and promotion interventions. The creation or revision of mental health legislation, protecting the rights of people with mental health problems in accordance with the recent international recommendations, is also needed. Further important challenges include improving the dissemination of knowledge and fighting stigma associated with mental health problems, ensuring participation of users and families in mental health care, measuring and, where needed, raising the quality of treatment and care, and improving evaluation and monitoring of mental health programmes. The development of programmes that are able to meet the needs of children and young people, women, the elderly, socio-economically disadvantaged population groups such as unemployed, minorities including those with a minority sexual orientation or migrants and refugees is also a challenge.

Although policies and services addressing the above-mentioned needs are primarily the responsibility of Member States, a common European framework for action can provide them with orientation based on best European knowledge and evidence in developing their actions to promote mental health and prevent and treat mental disorders.

It is important to highlight that the framework for action is not a complete one: it addresses the five themes, which the Joint Action Mental Health and Wellbeing had worked on. It therefore leaves out several further aspects in mental health, such as mental health during infancy or in the elderly. Adding further elements to the framework for action could be a possibility for future work.

In the fields addressed by it, this framework for action can support Member States review their policies and share experiences in improving policy efficiency and effectiveness through innovative approaches, whilst taking into account specific needs at local, regional and national level.

Furthermore, the framework for action can also provide guidance for the review and development of the EU's own policies.

Therefore, Member States and the Commission are invited to collaborate in the implementation of this Framework for Action on Mental Health and Wellbeing, with the following objectives, principles, actions, and invitations:

A. OBJECTIVES

- The objectives of the action framework are:
 1. Ensure the setup of sustainable and effective implementation of policies contributing to promotion of mental health and the prevention and treatment of mental disorders;
 2. Develop mental health promotion and prevention and early intervention programmes, through integration of mental health in all policies and multi-sectoral cooperation;
 3. Ensure the transition to comprehensive mental health treatment and care of high quality in the community that is accessible to all, emphasizing the availability of mental health care for people with mental disorders, coordination of health and social care for people with more severe mental disorders as well as integrated care for mental and physical disorders;

4. Strengthen knowledge, the evidence base and good practices sharing in mental health;
5. Partnering for progress.

B. PRINCIPLES

- The principles to be applied in action are:
 1. Adoption of a public mental health approach, addressing promotion, prevention and treatment in all stages of life (with a particular emphasis before adulthood given majority of lifetime mental disorder arises in early age) and emphasising early interventions;
 2. Incorporation of a whole of government, multisectoral approach;
 3. Promotion of a human rights-based approach, preventing stigmatisation, discrimination and social exclusion;
 4. Develop quality-based, recovery-oriented, socially inclusive and community-based approaches;
 5. Empowerment and involvement of patients, families and their organizations;
 6. Ensuring that policy and actions are supported by robust research evidence and knowledge of good practices.

C. PROPOSED KEY ACTIONS

Objective 1. Ensure the setup of sustainable and effective implementation of policies contributing to promotion of mental health, prevention and treatment of mental disorders

- Develop and update mental health policies and legislation;
- Provide tools to estimate both the level of mental disorders and proportion receiving treatment, coverage of effective interventions to prevent mental disorders, promote mental wellbeing and provide treatment, as well as associated economic savings of improved coverage, including time frames and where such savings accrue;
- Allocate the resources commensurate with the real needs of the populations;
- Improve leadership and governance of the mental health system;
- Set up cross-sectoral cooperation at local, regional, national and European level;
- Promote mental health awareness, (self-) empowerment and workforce skills;
- Improve literacy about public mental health among key sectors such as health, education, justice, workplaces and social affairs.

Objective 2. Develop mental health promotion and prevention programmes through multisectoral cooperation

- Take action against depression;
- Take action to prevent suicide;
- Mainstream e-mental health interventions;
- Promote mental health at the workplace;
- Build up networks with schools, youth, and other stakeholders and institutions involved in mental health of children and adolescents.

Objective 3. Ensure transition to comprehensive mental health care in the community, emphasizing the availability of mental health care for people with mental disorders, coordination of health and social care for people with more severe mental disorders as well as integrated care for mental and physical disorders

- Put in place community-based and socially inclusive mental health care, through well-coordinated primary care, specialised mental health services and social services;
- Make use of tools to assess, compare and level-up the quality of treatment and care provided;
- Implement evidence-based approaches for integrated care for mental disorders and other chronic diseases.

Objective 4. Strengthen knowledge, the evidence base and good practices sharing in mental health

- Strengthen research into mental health;
- Collect data on population mental health;
- Promote dissemination of good practices of implementation of evidence-based public mental health interventions;
- Collect data on coverage and outcomes of evidence-based interventions to treat mental disorders, prevent mental disorders and promote mental health.

Objective 5. Partnering for progress

- Develop cooperation between Member States in policy development, research projects, implementation and capacity building programmes;
- Make full use of EU-policies to support Member States and improve the implementation, monitoring and evaluation of mental health policies;
- Strengthen synergies between EU-health policy and further relevant EU policies, particularly those relating to human rights, employment, social support and research;
- Promote cooperation with relevant stakeholders and other international organisations in Europe;
- Empower users of mental health services as partners in all steps of mental health policy and its implementation.

D. PROPOSED SPECIFIC ACTIONS

a) Mental Health in all Policies

Mental health needs to be incorporated in all policies at all levels, i.e. international, national, regional and local. This can be supported by demonstrating existing win-win situations, where objectives of different policy areas coincide to mutual benefit, and using language that is understandable to policy makers in different sectors. Action needs to be taken on social determinants of mental health, which requires strengthening of “Mental health in all Policies”- capacity, structures, processes and resources. Its foundation is built by improving mental health literacy in the public sector and among the general public, and by providing tools for implementation of “Mental health in all Policies”, such as tools for mental health impact assessment. Inclusion of communities, social movements and civil society in the development, implementation and monitoring of “Mental health in all Policies” provides accountability and sustainability of policy actions, and supports transparent monitoring and appraisal of policy outcomes. Finally, investment in the evidence and knowledge base of “Mental health in all Policies” is needed to bridge the gap between health, social and economic knowledge, and policy implementation.

Examples of Good Practices

The Norwegian Public Health Act (PHA) 2012

Electronic welfare reports in Finnish Municipalities – Finland

“No health without mental health” (HMG, 2011) – United Kingdom

Mental Wellbeing Impact Assessment (England) – United Kingdom

Relevant EU-level activities

Mental health is a priority of EU-health policy and an informal interservice group exists to promote the collaboration between policy areas.

b) Promoting mental health in workplaces

Promoting mental health at work offers significant benefits to individuals, enterprises and state economies. The core recommendation is to intensify collaboration among all stakeholders in both policy sectors (health and labour). The principal objective should be to develop an action framework, which will require continuous cooperation and coordination among responsible stakeholders and institutions within the fields of social security, supported by the social partners. Progress in the dissemination of good practices in promoting mental health at work shall help to develop specific frameworks for action operating at different levels (organisational, regional, national, European).

Proposal for an action at EU-level:

- Based on an active involvement of key stakeholders representing health and labour policy at EU and Member State level a follow-up action should address the specific needs of small and medium sized enterprises in relation to the adoption and implementation of good workplace mental health promotion practices;
- Mental health promotion should be disseminated by means of involving SMEs and the respective umbrella organisations in workplace health promotion programmes and practices;
- Stakeholder consortia at national level should seek to establish partnerships with umbrella organisations of SMEs and support the dissemination of good practices based on guidelines and tools developed within a European context.

Examples of Good Practices

Wellbeing at Work Network (Tyhy Network) – Finland

Taking the Stress out of Stress: Promoting Mental Health in the World of Work (psyGA) – Germany

“Protection and fortification of health in the case of work-related mental load” of the Joint German OSH Strategy 2013 – 2018 – Germany

Psychosocial Coaching for the long-term unemployed – Germany

“Faire le point” (“Taking Stock”) – France

Collective work situations analysis as a leverage for quality of life at work – France

Stress Prevention at Work (SP@W) – The Netherlands

DIScovery: tailored work-oriented interventions to improve employee health and performance- related outcomes in hospital care – The Netherlands

A structural approach in public health care to retain the chronically ill at work – The Netherlands

Mental health at the work place in times of restructuring – Slovenia

Fit for Work – a comprehensive workplace health promotion programme – Slovenia

Dobrovita d.o.o. and Premiki (companies for employment and training of persons with disabilities) – Slovenia

Relevant EU-level activities

The EU-Strategic Framework on Health and Safety at Work 2014-2020 has mental health identified as one of its priorities.

c) Mental health and Schools

There is an existing evidence base for the effectiveness of school based interventions to promote mental health, prevent mental disorders, and facilitate early recognition of mental disorders and appropriate signposting for treatment. This represents a particularly important opportunity given the majority of lifetime mental disorders arise before adulthood. However, only a minority of children or adolescents receive any treatment while implementation of effective school based interventions to promote mental health or prevent mental disorder is largely absent. Therefore the Joint Action for Mental Health and Well-being recommends that Member States:

- Promote schools as a setting where promotion of mental health, prevention of mental and behavioural disorders and early identification of mental disorders can reach all children and young people;
- Strengthen information about the levels of wellbeing and different mental disorders as well as coverage and outcomes of effective school based public mental health intervention;
- Enhance training for all school staff on mental health and consider schools as part of a wider network with other stakeholders and institutions involved in mental health of children and adolescents in local communities.

Examples of Good Practices*YoungMind – Norway**United we stand: together against bullying – Italy**“Regulation on specialised services by the Municipalities for pre- and compulsory schools (n. 584/2010, art.3) – Iceland**International Union for Health Promotion and Education (IUHPE) – International***Relevant EU-level activities**

Numerous initiatives focusing on mental health§ of children and adolescents have been co-funded under the EU Public Health Programmes in recent years, as for example CAMHEE, SUPREME, SCMHE.

d) Actions against depression and suicide prevention

Address depression and suicide as a priority public health imperative. Strengthen the community response to mental health problems, reduce stigma. Take measures against economic and social exclusion as well as domestic violence, bullying, drug and alcohol abuse; promote social participation of individuals with mental health problems especially during times of economic and humanitarian crisis. Support protective social networks. Increase the recognition of depression and other mental disorders in general health care especially among people with chronic physical conditions. Increase the accessibility of treatment for depression through the increased accessibility of evidence-based psychotherapies, E-mental health tools and psychiatric care. Increase the availability of low threshold support in crisis. Promote legislation about the restriction of lethal means and alcohol. Promote legislation concerning the rules of responsible media communication about suicidal events.

Examples of Good Practices*Connecting for life 2015-2020 (Ireland)**European Alliance Against Depression (EAAD). est 2004, now international**The Saving and Empowering Young Lives in Europe (SEYLE) – European***e) eHealth - Mainstreaming e-mental health**

- Action for mainstreaming e-mental health would first need to aim at including e-mental health interventions alongside with face-to-face interventions into publicly funded health services, and align them with national health standards and practices. Furthermore, it would be crucial to put in place collaborations and agreements with ICT, gaming industry and other relevant private sector parties addressing ethical issues, intellectual property and dissemination practices. Having such agreements can be crucial to the sustainable development and implementation of e-mental health interventions and they can hold benefits for both the private sector and the public health sector. Another direction of action in order to ensure mainstreaming of e-mental health is to work with professional organisations on raising awareness and increase capacity of (mental) health professionals to integrate e-mental health in their regular practice. At the same time, it is important to set up at EU level a quality control mechanism for e-mental health interventions with links to health care commissioning bodies and insurance companies in Member States. With regards to EU level work on e-mental health, it is necessary to ensure integration of e-mental health into overall e-health policies at EU level and at Member States level, ensuring reflection of relevant additional component and provisions (e.g. health care standards, liability issues).

- In addition, action is also required on: a) improved design and dissemination, with particular focus on: 1) blending models of service delivery, combining face-to-face with digital interventions; 2) design for engagement and retention of users; b) collaborate with technology experts on the technical and programming aspects of web-based and computer-aided interventions; c) improved quality and feasibility of evaluation studies, allowing for smoother translation of innovation into practice; and finally d) develop a EU-wide repository of e-mental health interventions.

Examples of Good Practices

IFightDepression (Europe-wide)

SUPREME (Europe-wide, coordinated in Sweden)

Mindlight (Netherlands)

Games4Resilience (Austria)

Beating the Blues (UK)

Kleurjeleven or “Colour Your Life” (Netherlands)

NHS 24 Scottish National Telehealth and Telecare, and the Scottish DALLAS (Delivering Assisted Living Lifestyles At Scale) (UK, Scotland)

Relevant EU-level activities:

The EU-Programme “ICTs for Health” funds several mental health-related eHealth-projects. Joint work on integrating e-mental health into overall e-health policy work and action at EU level.

f) Towards community-based and socially-inclusive mental health care

- Significant advances across Europe have been made in the transition from institutional to community-based care for people with long-term mental disorders. However, progress has been very uneven across countries and for many there is still much to be done to create community-based mental health service networks and to provide good quality and socially inclusive care.
- Therefore, the Joint Action Mental Health and Wellbeing recommends that Member States develop and implement policies and services to address existing insufficiencies and gaps in European mental health care systems, to promote community-based care and the social inclusion of people with long-term mental disorders.
- Mental health policies and legislation should be developed and updated, in accordance with the principles established in WHO Mental Health Plans and the Convention on the Rights of People with Disabilities. Shifting from long-stay psychiatric hospitals to a system based on general hospital and community mental health services should be mobilized in all places.
- To attain this objective, it is necessary to integrate mental health in primary health care, to shift the locus of specialized mental health care towards community-based services, and to establish or increase the number of psychiatric units in general hospitals.
- It is vital to promote a coordinated transition towards community-based care, ensuring the improvement of quality of care and the protection of human rights across all parts of the system, to ensure that community psychosocial supports are available for people with severe mental disorders, and to develop community-based services and programmes for specific populations.
- It is indispensable to develop structured cooperation between mental health services, social services and employment services, in order to offer community-based residential facilities, vocational programmes, and other psychosocial rehabilitation interventions, ensuring minimum quality standards in these services and adequate coordination in order to guarantee continuity of care.

- It is also important to improve the use and effectiveness of monitoring mechanisms, as well as to enhance governance arrangements, in order to ensure an effective implementation of the mental health reforms that are needed.
- The implementation of the transition to community-based care requires that resources are used effectively to address the needs for care of the population, and that a good cooperation will be developed between the health and the social sectors.

Examples of Good Practices

Individual Placement and Support Schemes – Regions in Italy

An integrate comprehensive community-based mental health service serving a Lisbon catchment area – Portugal

Andalucia Public Foundation for social integration of people with mental illness (FAISEM) – Spain

Pilot project for developing a model of community mental health service in Blagoevgrad region – Bulgaria

Relevant EU-level activities:

In the field of health, the European Structural and Investment Funds 2014-2020 have the objective to support Member States in the transition to community-based health care systems.

V. IMPLEMENTATION

- The Member States and the European Union are invited to, firstly, take note of the policy recommendations in this action framework, secondly, implement them in line with their specific needs and resources, and, thirdly, share information about these implementation activities and those practices in this context which may qualify as European good practices.
- The Commission has put in place the EU Compass for Action on Mental Health and Well-being in order to create a mechanism for the dissemination of the policy recommendations resulting from the Joint Action and to promote the exchange of information on implementation activities and good practices in Member States.
- The Compass provides Member States and also stakeholders with an opportunity to share annual activity reports about their activities on mental health, the reasons behind them, the progress made in their implementation and the achievements made through them.
- Member States could consider the following examples of implementation activities:
 1. Reviewing whether the mental health policy framework and mental health legislation are in line with international obligations and taking steps to ensure this, where necessary;
 2. Preparation of a report on the mental health of the population and relevant policy activities;
 3. Creation, where necessary, of the structures for and organisation of at least one coordination meeting per year involving health and further relevant policy areas, in line with the principle of “mental health in all policies”;
 4. Strengthening action, in line with specific needs and resources in Member States, in at least one of the identified policy recommendations of each of the five fields covered by the action framework.
- Annual progress reports and events in the context of the Compass will analyse key developments, highlight good practices and will give visibility to innovative leadership initiatives, in order to support their upscaled implementation across the European Union.

VI. FOLLOW-UP ACTION

There is a need for follow-up action to the Joint Action Mental Health and Wellbeing. Member States are invited to develop and improve information systems in order to routinely collect and aggregate data and to promote the use of existing data to monitor the implementation of mental health policies.

In order to provide support to participating Member States and relevant stakeholder organisations in implementing policy recommendations identified in this framework of action, the European Commission is urged to complement the important actions already included in the EU Compass with initiatives that may contribute to define measurable targets to be achieved through the implementation activities, to strengthen collaboration between Member States and other stakeholders in the evaluation of mental health policies and strategies, and to maximise the use of opportunities offered by the EU programmes, funds and tools that can play a relevant role in the follow-up of the recommendations included in this framework for action.

