Regional technical consultation on implementation of the WHO European Framework for Action on Mental Health 2021–2025 through the Pan-European Mental Health Coalition

Virtual meeting, 15–16 February 2022
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Abstract

A regional technical consultation on implementation of the WHO European Framework for Action on Mental Health 2021–2025 (EFAMH) through the Pan-European Mental Health Coalition took place on 15 and 16 February 2022 in a virtual format. The participants were all the parties who had expressed interest in joining the Pan-European Mental Health Coalition. Participants discussed the three key priorities of the EFAMH: to transform mental health services; to integrate mental health into emergency response and recovery plans; and to promote and protect mental health across the life-course. The Secretariat provided information on the criteria for membership of the Coalition and invited participants to contribute to the development of the six work packages. The first meeting of the Coalition is scheduled for May 2022.

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This publication contains the report of the Regional technical consultation on implementation of the WHO European Framework for Action on Mental Health 2021–2025 through the Pan-European Mental Health Coalition, hosted as a virtual meeting on 15–16 February 2022, and does not necessarily represent the decisions or policies of WHO.

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<tr>
<td>EFAMH</td>
<td>WHO European Framework for Action on Mental Health 2021–2025</td>
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<td>EPW</td>
<td>European Programme of Work, 2020–2025</td>
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<tr>
<td>SDG</td>
<td>United Nations Sustainable Development Goal</td>
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<td>TAG</td>
<td>Technical Advisory Group</td>
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Executive summary

In September 2021, the Pan-European Mental Health Coalition was launched to drive implementation of the WHO European Framework for Action on Mental Health 2021–2025. The Coalition has three main aims: to transform mental health services; to integrate mental health into emergency response and recovery efforts; and to promote and protect mental health across the life-course. Six work packages have been launched, covering capacity-building for mental health leadership; supporting the mental health and well-being of children and adolescents, including suicide prevention; supporting the mental health of older adults; supporting mental health in the workplace; integrating mental health into emergency preparedness, resilience and response – including in the context of the COVID-19 pandemic; and transforming mental health services.

Opportunities to promote mental health service delivery in the context of universal health coverage and the reduction of health inequities include integrated approaches, in which care is delivered by various sectors; settings-based approaches – for instance, care delivered in schools, workplaces or prisons; digital technology for service delivery and training of health professionals; and action to maximize existing resources.

Mental health has traditionally been a low priority globally, with correspondingly low funding, because of the stigma and discrimination associated with it. There is a major shortage of appropriately trained mental health workers, and the attrition rate is high, especially among nurses. Mental health services should be shifted from institutions to more adaptable community settings – especially primary health care – with greater recognition of the effectiveness and cost–effectiveness of early prevention and intervention services.

The lessons learned from the provision of mental health care and psychosocial support in humanitarian emergencies can be carried over to current and future public health crises. Countries have used the wide range of resources produced in many languages for humanitarian emergencies to respond to the COVID-19 pandemic and inform the public. It is essential to include mental health and psychosocial support considerations, with adequate investment, in preparedness plans to deal with future acute and public health emergencies.

Self-harm is the leading cause of death among young people aged 10–19 years in low- and middle-income countries in the WHO European Region, and the pandemic has considerably exacerbated mental health conditions in this age group. Early interventions in the family and social and emotional development work in schools
will help to prevent problems among adolescents. It is essential to ensure adequate investment in mental health services and work with young people to design and deliver these.

Mental health conditions – particularly dementia – constitute a huge burden for older people in the Region. Many conditions are not a natural consequence of ageing but are caused by bereavement, reduced income, isolation or loneliness, all of which can be mitigated. The care sector has responded by introducing new models of care, including online and telephone support, online cognitive training programmes and specially equipped visiting areas.

The families of people with mental health conditions are also affected by stigma, isolation, shame and guilt. Where community care is insufficient, families may be left to care for vulnerable, dependent individuals without support; this problem became very clear during the pandemic. It is essential to make the role of family caregivers part of community mental health-care strategies.

The Pan-European Mental Health Coalition will play a key role in advocacy and leadership among stakeholders in order to agree on the level of provision and the increased investment required to achieve the United Nations Sustainable Development Goal 3 (SDG 3) target of universal health coverage by 2030.

The Coalition will have three categories of membership:

- full members, including non-State actors, WHO collaborating centres, academic institutions, mental health services and independent mental health professionals, actively donating time and resources to the development of the work packages;

- supporters, such as Technical Advisory Group members and independent mental health experts, publicizing the work of the Coalition through social media and other means but not contributing to the work packages; and

- observers – interested private entities, including employers’ associations.

Future activities include the launch of a new programme to support the mental health of children and adolescents in March 2022, the first meeting of the Coalition in May 2022, followed by subregional meetings for the Nordic countries, the western Balkans, the northern Mediterranean countries and central Asian countries. The first three work packages are due to be piloted by December 2022. Policy briefs on, among others, mental health policy, the mental health workforce and digital tools and policies are in preparation.
Introduction

A regional technical consultation on implementation of the WHO European Framework for Action on Mental Health 2021–2025 (EFAMH) through the Pan-European Mental Health Coalition took place on 15 and 16 February 2022 in a virtual format due to the continuing COVID-19 pandemic. A total of 164 participants from 39 Member States – including Member State representatives, representatives of nongovernmental organizations and international organizations and mental health experts – participated during the two days. The meeting took the form of a series of presentations and discussion panels on selected themes of the EFAMH; participants were invited to contribute their views through the Slido polling tool and chat function of the meeting software.

For the full scope and purpose of the meeting, see Annex 1; for the consultation agenda, see Annex 2; and for the list of moderators and panellists, see Annex 3.

Background

The European Programme of Work, 2020–2025 – “United Action for Better Health in Europe” (EPW) includes a flagship initiative on mental health. As part of this flagship, in September 2021 the Pan-European Mental Health Coalition was launched, with the aim of transforming mental health services and integrating mental health into emergency response and recovery efforts, as well as promoting mental health and preventing mental ill health across the life-course. The WHO Regional Office for Europe has been processing several hundred applications for membership of the Coalition from Member States and other stakeholders, in accordance with the requirements of the WHO Framework of Engagement with Non-State Actors. In parallel, the WHO Secretariat is mapping the interests and expertise of potential Coalition members with the expertise needed to develop the six work packages of the EFAMH, which was adopted by the WHO Regional Committee for Europe at its 71st session in September 2021.

At the global level, in May 2021, the Seventy-fourth World Health Assembly adopted decision WHA74(14) on mental health preparedness for and response to the COVID-19 pandemic, in which it endorsed the updated comprehensive Mental Health Action Plan 2013–2030.
Purpose of the meeting

The meeting was convened to bring together all the parties that had expressed an interest in joining the Pan-European Mental Health Coalition, including national leaders, representatives of WHO collaborating centres, mental health professionals, members of civil society and representatives of self-advocates, academic institutions and international organizations. The main objective was to exchange ideas, perspectives and experiences and to map the available resources and expertise onto each of the work packages of the EFAMH, which will be developed over the coming months.
Opening of the meeting

The meeting was opened by Natasha Azzopardi-Muscat, Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe, who welcomed participants and outlined the aims of the meeting.

Hans Henri P. Kluge, WHO Regional Director for Europe, likewise welcomed participants. Even before the pandemic, mental health conditions were responsible for one fifth of the disease burden in the WHO European Region. The pandemic has exacerbated existing mental health conditions and created new ones, and has highlighted gaps in service provision, particularly for vulnerable groups such as schoolchildren and elderly people. The global mental health community has risen to the challenge, with the launch of the Pan-European Mental Health Coalition under the patronage of Queen Mathilde of the Belgians, and the Athens Mental Health Summit (Athens, Greece, 22–23 July 2021), at which ministers recognized the mental health impact of COVID-19 and called for greater investment in mental health services and the placing of mental health support at the heart of the post-COVID-19 recovery agenda. A new collaboration agreement between the Regional Office and the Government of Greece, due to enter into force in March 2022, will work to increase the quality of child and adolescent mental health care throughout the Region.

Ledia Lazeri, Regional Adviser, Mental Health, WHO Regional Office for Europe, outlined the three main aims of the Pan-European Mental Health Coalition: to transform mental health services; to integrate mental health into emergency response and recovery efforts; and to promote and protect mental health across the life-course. The Coalition will collect, analyse and utilize mental health data to inform policy-making, service design and future action. Six work packages are planned, covering capacity-building for mental health leadership; supporting the mental health and well-being of children and adolescents, including suicide prevention; supporting the mental health of older adults; supporting mental health in the workplace; integrating mental health into emergency preparedness, resilience and response – including in the context of the COVID-19 pandemic; and transforming mental health services.
Rationale for a mental health flagship in the WHO European Region

The moderator and panellists discussed the shift from long-term institutions towards community-based mental health services, primary health care as the cornerstone for continuity of care, and the promises and challenges of innovations in mental health. People with mental health problems suffer from both external stigma – mistrust and discrimination from others – and internal stigma – their own shame and feelings of inadequacy. What they need from parents, family members, colleagues and society at large is to feel empowered to speak out and help themselves. Mental health care should be viewed in the context of public health, with appropriate training and resources for health professionals, support for family members of people with mental health conditions, and engagement of the community, civil society and health professional associations.

WHO headquarters will share the lessons learned from the Pan-European Mental Health Coalition with the other regions. The Regional Office for Europe aims to integrate mental health considerations into the work programmes of all units. Priorities include the collection and use of mental health data; improved community-based acute and long-term health-care services for children and adolescents; innovations such as telehealth services; and capacity-building for mental health workers and general health workers.

Timely, actionable data and equity-sensitive indicators are essential to show the costs and benefits of policy action – and inaction. The measurement framework for the EPW, endorsed by the Regional Committee at its 71st session, includes 26 indicators covering the Sustainable Development Goal targets and a further 20 topics on which information is not yet available for all Member States. The Regional Office is developing a digital health action plan for submission to the Regional Committee at its 72nd session, covering normative and technical guidance, digital health strategies, networks and knowledge exchange and solutions that can be employed at both country and regional levels. It is also proposing to develop a mental health data laboratory with a group of experts, a monitoring framework for national mental health data and a data platform providing comparable real-time data.

The EU4Health initiative, covering the period 2021–2027, has a total financial envelope of €5 billion, of which 20% is earmarked for health promotion activities.

Another European Union initiative, Healthier Together, will guide future action on noncommunicable diseases, including mental health and neurological conditions: Member States in the Region are invited to contribute their best practices to the project. The European Union itself has only limited authority in health matters, so the European Commission’s main role is to support Member States’ policy priorities, including suicide prevention, strengthening of client-centred community-based health services and prevention of depression.

In online comments, participants cited their main concerns about the way mental health is viewed in the Region, notably: lack of political commitment and lack of priority given to mental health compared with physical health; lack of availability of and access to services; inadequate financing; stigma and discrimination; impact of social determinants of health; and mental health needs of specific groups (including children and adolescents, people with intellectual disabilities and autism, and the Roma population).

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Universal health coverage: mental health service transformation – integrated mental health care

In the WHO European Region, action on mental health has been defined by the EFAMH, which is to be implemented by the Pan-European Mental Health Coalition and the Technical Advisory Group (TAG) on the mental health impacts of COVID-19 in the WHO European Region. Opportunities to promote mental health service delivery in the context of universal health coverage and the reduction of health inequities include integrated approaches, in which care is delivered by various sectors; settings-based approaches – for instance, care delivered in schools, workplaces or prisons; digital technology for service delivery and training of health professionals; and action to maximize existing resources – for instance, through a shift from institutional to community-based care.

In order to assess the unmet need for mental health services in the Region, data must be collected on the size, impact and cost of current and anticipated mental health interventions at national and subnational levels. These data will inform policy, strategy and decisions on stepped targets for provision over the remaining eight years before the 2030 target, as well as operationalization and evaluation of the interventions – particularly their effectiveness for high-risk groups. The Coalition will play a key role in advocacy and leadership among stakeholders in order to agree on the level of provision and the increased investment required to achieve the United Nations Sustainable Development Goal 3 (SDG 3) target of universal health coverage by 2030, which will bring enormous cost savings, both directly and indirectly through savings in preventable health-care costs. Improved knowledge and training will increase awareness of the burden of mental health conditions among health care, social care and criminal justice professionals and the general public, thus helping to reduce the stigma attached to mental ill health.

The pandemic has brought radical innovations in mental health services in the context of primary health care. The WHO European Centre for Primary Health Care in Almaty, Kazakhstan, has published the Primary Health Care Country Vignettes series, which describe four main strategies for scaling up mental health services in primary health care, namely upskilling, training and task-shifting for health-
care professionals; expansion of primary health-care teams or networks to include mental health professionals; integration of specialist mental health-care provision into front-line primary health-care services; and partnership with community organizations. The health system barriers that must be dismantled include the current unsustainable dual burden on primary health-care workers of regular service delivery plus the pandemic response; the need for increased resources; and the current biomedically defined and vertically organized approach to mental ill health.

Alongside mental health, digital health is one of the flagships of the EPW. Digital solutions are also a key aspect of the mental health service transformation pillar of the EFAMH. The Regional Office is developing a regional digital health action plan to provide norms and technical guidance, support countries in enhancing or developing their digital health strategies, promote dialogue and knowledge exchange, and identify solutions that can be scaled up at country or regional levels. The draft action plan will be submitted to Member States for their comments during 2022 and is scheduled for adoption by the Regional Committee at its 72nd session.

The marked increase in distress, anxiety and depression during the early months of the pandemic raised awareness of mental health problems and led to the introduction of many new ways of working involving digital technologies. Of 130 countries surveyed by WHO, 91 (70%) have adopted telemedicine or teletherapy to treat mental health conditions and increase resilience. The techniques used include telepsychiatry sessions, mobile software applications, chatbots and virtual reality environments. Barriers to further expansion of digital services include reluctance or mistrust on the part of service users, confidentiality concerns and inequity in access to computer devices.

In response to the serious shortcomings revealed by an assessment of the quality of institutional care for adults with psychosocial and intellectual disabilities in the WHO European Region in 2018, the Regional Office disseminated a set of core and specialized modules on mental health and human rights and the QualityRights e-training course; the latter will be launched globally in April 2022. The WHO guidance on community mental health services and the associated technical packages emphasize respect for the legal capacity of service users, involvement

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of people with lived experience and person-centred holistic care. Further guidance documents on mental health legislation and on national mental health policies and laws will be published in 2022 and 2023, respectively.

In Belgium, mental health care has shifted from hospitals to the community; this presupposes the existence of a solid and efficient community care network involving social care, schools, the criminal justice system and other stakeholders. The Government aims to recruit 1500 psychologists in primary mental health care to relieve the pressure on specialist services. All stakeholders are committed to the new process, but they will need time and good training and communication to adjust to it.

In Denmark, online assessments and cognitive behavioural therapy for adults are provided free of charge, covering depression, anxiety, alcohol misuse and eating disorders. This service avoids the long waiting times and out-of-pocket fees of traditional face-to-face service provision, and bridges the gaps between primary and secondary care and between better served and less well served areas of the country.

In Turkey, diagnosis and intervention for less acute mental health conditions have been transferred to primary health care, with training being provided for family physicians on current psychiatric approaches and problem management. Mental Health Europe, a nongovernmental network organization committed to the promotion of positive mental health, is working to increase equitable access to mental health care, combat stigma and distrust of mental health services, and move all mental health care from institutions into the community. People with lived experience must be involved in planning services and setting objectives and targets in order to increase trust and ensure that all points of view are duly valued.

In Ukraine, the COVID-19 pandemic, as well as the current humanitarian situation and the increasing volume of misinformation, have created the necessary conditions for a radical transformation of health care from the former Soviet model. Since July 2021, earmarked funding has been made available for mental health care, including mobile multidisciplinary mental health teams. Mental health topics and communication skills are currently being integrated into medical education curriculums. However, it is essential to recognize that primary health-care workers are still under enormous pressure and to avoid overburdening them. Stress management training has been introduced for family doctors, and innovative digital solutions have been adopted in remote rural areas. A new plan for mental health system development, involving all relevant stakeholders, has been submitted to the Government for approval.

Commentators and participants noted the strong willingness to change mental health-care delivery. In an online poll, participants stated that they would approach the scale-up of mental health services in primary health care by increasing
collaboration and joint services and training primary health-care workers in mental health issues, rather than relying on community organizations. They cited underinvestment and underfunding and low political commitment as the greatest obstacles to the scale-up process.

Cautionary remarks included the need to avoid perpetuating existing power structures and possible biases in the training of artificial intelligence applications, and the limitations of online diagnosis. However, digital technologies can facilitate access to both health-care services and social services such as housing, education and peer support.
Universal health coverage: mental health service transformation – optimizing mental health resources

The moderator and panellists discussed mental health policies and laws, financial protection in mental health and the mental health workforce. Mental health has traditionally been a low priority globally, with correspondingly low funding, because of the stigma and discrimination associated with it. The WHO Barcelona Office for Health Systems Strengthening has collected data from over 30 Member States showing the high level of out-of-pocket expenditure on health care, especially among the poorest households.

There is a major shortage of appropriately trained mental health workers, and the attrition rate is high, especially among nurses. It is essential to reduce the stigma associated with mental health work and to improve the regulation of mental health care (for example, authorizing care workers to prescribe medication) and the education and training of domestically recruited health-care workers, particularly in the primary health-care context. Mental health experts should be involved in the development of both mental health and general health policy.

In Czechia, a major transformation of the health system began in 2010 to reform the biomedically oriented institutional system, which was marked by stigma and lack of respect for human rights. The investment case emphasizes the economic arguments for early detection and early intervention services. It is important to take into account the costs of transforming the health system, both in terms of financing, since the old and new systems will need to operate in parallel initially, and in terms of the time needed for training, retraining and enabling workers – as well as leadership and coordination teams, ministry officials and health insurance companies – to embrace the vision, values and good practices of the new system.

In Israel, nurses undergo four years of general training and then a one-year course to become a registered psychiatric nurse. The curriculum and regulation of the profession of nurse practitioner in psychiatry are currently in development, and the roles and responsibilities of mental health nurses are being formally defined. Barriers to recruitment include the lack of distinction between general and criminal psychiatry, leading to associations with violent crime and to stigma and discrimination, and very high caseloads.
In Spain, the health system is decentralized and provides a high level of financial protection based on residence only; undocumented migrants enjoy the same rights as all other residents. The basic package of health services is provided free of charge. The mental health strategy for the period 2022–2026 has recently been approved and an action plan will follow; the development of the latter will include an evaluation of the mental health workforce at all levels.

Uzbekistan developed an investment case for mental health care, led by the Ministry of Health and involving many other local stakeholders and United Nations entities. The economic burden of mental ill health was assessed at almost 1% of gross domestic product, much of it due to reduced labour productivity. Following an analysis of policies, standards, institutions and services, interventions were identified that could be cost-effectively scaled up, such as cognitive behavioural therapy delivered in non-specialist settings, and the return on investment for each intervention was calculated.

In an online poll, participants shared their views on ways to accelerate and ensure adequate resources for universal coverage in mental health care. Political commitment is crucial at all levels – international, national and local. Participants echoed the call for mental health services to be shifted from institutions to more adaptable community settings, especially primary health care. They called for greater recognition of the effectiveness and cost-effectiveness of early prevention and intervention services, preferably as part of primary health care. Any innovations adopted must be based on sound evidence, and broader access routes for support – for example, through schools, workplaces or community groups – should be provided, with appropriate funding allocated to those sectors.

More resources are needed; health insurance companies should cover community-based as well as institutional care. State provision is required to manage severe mental health disorders. More training and continuing professional education should be provided for specialist and primary health-care staff, including those from non-traditional professional backgrounds. Measures should be introduced to combat stigma and discrimination, and to facilitate co-design and co-creation of mental health care by people with lived experience.
Emergency preparedness, response and recovery: mental health and the COVID-19 pandemic

The moderator and participants discussed the policy implications of COVID-19, the mental health of the health-care workforce and the next steps for the TAG. The lessons learned from the provision of mental health care and psychosocial support in humanitarian emergencies can be carried over to current and future public health crises. Countries have used the wide range of resources produced in many languages for humanitarian emergencies to respond to the pandemic and inform the public. It is essential to include mental health and psychosocial support considerations, with adequate investment, in preparedness plans to deal with future acute and public health emergencies.

Unsurprisingly, fear, overwork, trauma and physical attacks have led to high levels of stress, depression and anxiety among health-care professionals. WHO has issued a number of publications – including *Doing what matters in times of stress* — and the Mental Health Innovation Network, hosted at WHO headquarters, held three webinars produced by the Regional Office on mental health and the health and care workforce.

Mental health and psychosocial support needs have been classified into self-care and family support; community, school and workplace support; basic mental health and psychosocial support; and specialized psychiatric treatment, with support measures ideally beginning with self-care and moving up the “support pyramid” to further measures if necessary. Health-care workers need empathy and kindness; clear communication without information overload; safety and health protection; training and capacity-building; and confidential access to support services.

The commentators gave an insight into the situation in their own countries. In Armenia, mental health and psychological support have been integrated into public health emergency responses and capacity-building for community-based mental health care. Armenia learned from the devastating earthquake of 1988 and the

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conflict in Nagorno-Karabakh that this support is required not only immediately, but as a long-term programme to address the persistent after-effects of the initial trauma.

Humanitarian assistance provided by the Netherlands includes psychosocial support right from the start, which helps to mitigate trauma at an early stage and ensures that the necessary funding is factored in. Front-line responders should receive training in basic psychosocial skills; this includes volunteers, as the International Red Cross and Red Crescent Movement has recognized in its roadmap for implementing commitments on addressing mental health and psychosocial needs.9

The Republic of Moldova has included a chapter on mental health in its national clinical protocol on COVID-19, with guidance on avoiding burnout among health-care workers and providing for children with special needs. The Government has introduced training in psychological first aid for all psychologists, wellness and resilience programmes and mobile applications for service users.

In online comments, participants cited the following lessons learned from the COVID-19 pandemic. The pandemic has created and exacerbated many mental health conditions, but it has also raised awareness and generated more funding. Innovations that previously seemed impossible have been introduced with remarkable speed, including telepsychiatry and mobile mental health applications. More attention should be paid to vulnerable and socially disadvantaged groups and to the mental health of the health-care workforce.

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Healthy lives and well-being at all ages: promotion and protection of mental health over the life-course

The moderator and panellists discussed the whole-of-society approach to mental well-being, the mental health of children and adolescents and the mental health of older adults, particularly during transitions such as that from school to work. Mental health conditions are not distributed equally across different socioeconomic and age groups: women in the lowest 20% of the population by socioeconomic status are twice as likely to experience poor mental health as women with the highest socioeconomic status, owing to factors such as financial insecurity, poor-quality housing and underdeveloped and unsafe neighbourhoods. Avoidable mental health conditions cost the countries of the European Union over €600 billion per year, or 4% of their gross domestic product. Many countries collect no data for relevant mental health indicators such as the services provided for autism or depression. Valuable regional initiatives include the European Training in Effective Adolescent Care and Health modules, the Schools for Health in Europe network, the four-yearly survey Health Behaviour in School-aged Children and the Icelandic Prevention Model on adolescent substance use.

Self-harm is the leading cause of death among young people aged 10–19 years in the low- and middle-income countries in the Region, and the pandemic has considerably exacerbated mental health conditions in this age group. Member States and adolescents themselves report that school-based services focus on screening to the detriment of treatment and counselling, and that adolescents have little trust in them. State-funded mental health services have excessively long waiting times, while private services are of higher quality but are not always covered by health

insurance. Many countries will provide treatment only with a parent’s consent. Adolescents often seek advice from the Internet, but that is of variable quality: there is a need for localized digital mental health tools specifically designed for this age group. Early interventions in the family and social and emotional development work in schools will help to prevent problems among adolescents. It is essential to ensure adequate investment in mental health services, and to work with young people to design and deliver them.

The commentators shared insights from their own countries. France hosted a major international conference, the Global Mental Health Summit, in October 2021, at which delegates stressed the need to invest in mental health services and promote the dissemination of internationally developed mental health tools down to the national level. A ministerial conference on mental health of vulnerable young people has been scheduled by the French Presidency of the Council of the European Union for 14 and 15 March 2022. In Greece, it is very difficult to ensure full coverage of services, since much of the population lives on islands or in remote mountainous areas: Internet-based services have proved their worth here, but there is still a need for appropriately trained nurses, social workers or teachers to provide in-person support. The large migrant population in Greece suffers from stigmatization and finds it difficult to settle in Greek society.

Mental health conditions constitute a huge burden for older people in the WHO European Region although, paradoxically, they are often underdiagnosed. Many conditions are not a natural consequence of ageing, but are caused by bereavement, reduced income, isolation or loneliness, all of which can be mitigated. The United Nations has declared the United Nations Decade of Healthy Ageing 2021–2030, which aims to challenge stereotypes and ensure that older people have access to essential health and social services. WHO has adopted the Global Action Plan on the Public Health Response to Dementia 2017–2025. The WHO Healthy Cities Network is also engaged in creating age-friendly living environments – for instance, in Belfast, United Kingdom.

Gender stereotypes internalized from much earlier in life can cause women and men to experience ageing very differently in areas such as retirement from work, caring for others or being cared for themselves, financial independence, social interaction and uptake of health services. Data disaggregated by age and gender and better training for health-care professionals are required to enable health and social care providers to integrate gender perspectives into mental health-care responses.

Dementia is the leading cause of disability and dependency among older adults in the Region, who have been disproportionately affected by the pandemic. People living in care homes were more likely to contract COVID-19 and were severely affected by staff shortages and the ban on visits from family members. The care sector has responded by introducing new models of care, including online and telephone support, online cognitive training programmes and specially equipped visiting areas; however, these innovations should complement, not replace, traditional face-to-face care.

Participants drew attention to the unmet needs in services for children and adolescents with intellectual disabilities and chronic conditions: evidence from children and adolescents with HIV/AIDS shows that mental health issues can lead them to discontinue long-term, lifesaving treatment. Community and peer-support networks are vital in this situation. Participants called for more training for family doctors and other primary health-care professionals in recognizing mental health conditions and directing affected individuals to social support, debt management or school-to-work transition services and other assistance with problems associated with work, financial insecurity, violence and crime that cause or exacerbate mental health problems. Climate anxiety is also a significant problem among young people. The Regional Office plans to launch a pocket book of primary health care for children and adolescents in March 2022. Family doctors should be trained to watch out for early signs of dementia, but also to advise individuals on risk factors such as tobacco use, alcohol consumption and physical inactivity, which increase the risk of dementia later in life.
Healthy lives and well-being at all ages: public mental health interventions over the life-course

The moderator and panellists discussed public health literacy and awareness, mental health in the workplace and suicide prevention. Stigma – internal, external and in policies, laws and institutional practice – casts a shadow over millions of people living with mental health conditions in the Region. The pandemic has raised awareness of mental health problems among policy-makers and the public, which provides a window of opportunity to reduce stigma and discrimination in the future.

External stigma may be due to low awareness of mental health, the common perception of people with mental health conditions as violent offenders, and cultural and religious norms that discourage people from seeking help outside the family.

Effective action requires local leadership and the active contribution of people with lived experience [one example being the Living Library tool15]. It must take place in the community, reaching people who do not consider mental health issues relevant to themselves, rather than in mental health-care settings. Anti-stigma training for the mass media and law enforcement officials is also essential. The United Kingdom nongovernmental organization Time to Change has published the Global anti-stigma toolkit,16 reflecting its work with 111 trained mental health champions in Africa and India. The Lancet Commission on Stigma and Discrimination in Mental Health was launched in November 2020.

The panellists shared the experiences of their own countries and organizations. In the Russian Federation, people with mental health conditions have typically been isolated from society because their families are ashamed of them. Health-care professionals assume they know what is best for the patient. People with mental health conditions may be considered dangerous and given treatment against their will. However, there is no discrimination in law. Panellists also stressed that the most effective and productive way to promote mental health is to give people with mental health conditions effective ways to provide opinions and feedback in a safe

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space, and to demonstrate that the insights they provide have been heard and used. Evaluation of anti-stigma efforts at an early stage can provide valuable insights for future work.

Finland’s mental health strategy emphasizes mental health literacy – both in schools, where it includes social skills, resilience and Internet safety, and in classes for adults organized by employers or self-enrolled, with meditation, identification of mental health conditions and promoting the services available. Online services have proved to be as effective as face-to-face sessions. It is important to have solid structures in place to promote health literacy.

The City Mental Health Alliance, launched in 2008 following the significant increase in suicides among men working in the City of London, United Kingdom, after the global economic crash, aims to create mentally healthy workplaces by raising awareness of mental health issues, promoting action at all levels led by senior management, and ensuring sustainability through evaluation using appropriate metrics. Its programmes include the Greenlight to Talk campaign, run in collaboration with a leading accountancy firm.\(^\text{17}\)

Suicide accounts for over 700 000 deaths every year in the Region, of which 77% take place in low- and middle-income countries. Panellists emphasized the need for detailed information showing the differences between subregions and countries in terms of suicide burden, strategies and services. Interventions must be tailored to the local situation, with knowledgeable facilitators to promote communication between health-care services, education and any other stakeholders who might be the first to engage with a person in a mental health crisis. Responsible reporting about suicide, including lived experience, narrative stories of hope and recovery, and positive messages from celebrities can help to reduce suicidal ideation in various audiences, and telephone helplines provide crucial support. Relevant guidance has been published by WHO and the International Association for Suicide Prevention. Increased health literacy, destigmatization and awareness-raising among governments and the public enable highly effective interventions to be deployed; the Pan-European Mental Health Coalition could play a valuable role in this area. Relevant WHO guidance includes *Live life: an implementation guide for suicide prevention in countries*\(^\text{18}\) and *Preventing suicide: a community engagement toolkit*.\(^\text{19}\)

\(^\text{17}\) PwCs Greenlight To Talk campaign [website]. In: City Mental Health Alliance, case studies. London: City Mental Health Alliance; 2022 (https://citymha.org.uk/Resources/Case-Studies/379-/PwC-Greenlight-To-Talk-Campaign-stigma-mental-health-workplace, accessed 10 March 2022).


The families of people with mental health conditions are also affected by stigma, isolation, shame and guilt. Where community care is insufficient, families may be left to care for vulnerable, dependent individuals without support; this problem became very clear during the pandemic. In developing the work packages for the Coalition, the Secretariat will take into account the need for skills training and respite care services for family members. It is essential to make the role of family caregivers part of community mental health-care strategies.

There has been little attempt so far to view mental health from a complex systems perspective, possibly because of the great diversity of mental health conditions, which require different services for people with temporary or chronic conditions and are managed by multiple political and social actors in widely varying cultural contexts. The time is ripe for the adoption of a complex systems perspective, but this should not delay efforts to improve service delivery and quality of care.

It is envisaged that anti-stigma activities will be included in the Coalition’s work package on mental health leadership, and that mental health literacy and suicide prevention will be covered under the work package on mental health and well-being of children, adolescents and young adults.

In an online poll, 33–40% of participants reported efforts to address stigma and discrimination in their countries, and to improve mental health literacy and prevent suicides, although many efforts are small-scale and piecemeal in nature. In response to participants’ questions, panellists recommended consulting people with lived experience to identify stigma in laws, policies and organizational practices — since people not affected by these issues are less likely to recognize them — and to identify structural challenges and barriers in access to services and service design. Nongovernmental organizations, community support groups and social media can also supply valuable insights, as well as surveys among mental health service users and their families and human rights advocates. As awareness of mental health issues grows, employers — particularly in the private sector — that wish to attract and retain high-quality workers are increasingly taking into account the needs of employees with mental health problems; for instance, by allowing flexible working conditions and providing workplace counselling services — and publicizing their efforts to do so.
Pan-European Mental Health Coalition – structure, membership and next steps

The Coalition will have three categories of membership:

- full members, including non-State actors, WHO collaborating centres, academic institutions, mental health services and independent mental health professionals, actively donating time and resources to the development of the work packages;

- supporters, such as Technical Advisory Group members and independent mental health experts, publicizing the work of the Coalition through social media and other means, but not contributing to the work packages; and

- observers – interested private entities, including employers’ associations.

The TAG on the mental health impacts of COVID-19 in the WHO European Region will also be involved in the development of the work packages, and a steering group will be appointed. The Coalition will collaborate with other relevant international organizations and mental health associations. Participants were invited to indicate the work packages to which they wished to contribute, and in which capacity.

The next activities scheduled are the launch of a new programme to support the mental health of children and adolescents in March 2022 and the first meeting of the Coalition in May, followed by subregional meetings for the Nordic countries, the western Balkans, the northern Mediterranean countries and central Asia. The first three work packages are due to be piloted by December 2022. Policy briefs on, among others, mental health policy, the mental health workforce and digital tools and policies are in preparation.
Closure of the meeting

Ledia Lazeri summed up the main outcomes of the meeting, highlighting the broad participation from all parts of the Region and the valuable perspectives offered by employers’ organizations.

Natasha Azzopardi-Muscat thanked all participants for their thorough preparation for and active participation in the meeting, and declared the meeting closed.
Annex 1. Scope and purpose

The regional technical consultation on implementation of the WHO European Framework for Action on Mental Health 2021–2025 (EFAMH) through the Pan-European Mental Health Coalition is organized by the WHO Regional Office for Europe to mark the beginning of a long-term, regionwide and country-needs-driven joint action on mental health.

Owing to its virtual modality, the meeting will facilitate participation of all the parties who have thus far expressed interest in joining the Coalition, including national leaders, WHO collaborating centres, mental health professionals, members of civil society and representatives of self-advocates, academic institutions and international organizations.

The breadth of the Coalition’s scope of action as an overarching structure for exchanging experience and mobilizing national champions, experts, researchers and service innovators demands meticulous preparation of implementation mechanisms and the matching of available resources and expertise to each of the work packages as described in the Coalition’s Terms of Reference. The main objective of the technical consultation meeting is to kick-start these processes through thematic discussions and exchange of ideas and perspectives.

The programme of the meeting has been designed to reflect the three key priorities of the EFAMH: to transform mental health services; to integrate mental health into emergency response and recovery plans; and to promote and protect mental health across the life-course. The meeting will begin with a session presenting the rationale for a mental health flagship initiative in the WHO European Region, its vision and delivery mechanisms. This session will also include an update on the requirements that interested parties must meet in order to acquire the status of a member or supporter of the Coalition. The closing session will include an open floor discussion and a roadmap proposal for delivery of work packages and subregional initiatives.

The meeting will take place on 15–16 February 2022 (opening at 10:00 CEST and closing at 15:30 CEST on each day). Interpretation will be available into English and Russian.
Annex 2. Consultation agenda

Regional technical consultation on implementation of the WHO European Framework for Action on Mental Health 2021–2025 through the Pan-European Mental Health Coalition

Copenhagen, 15–16 February 2022
(Virtual meeting)

Provisional programme

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<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker(s)</th>
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<tr>
<td>10.00 – 10.20</td>
<td>Welcome Meeting objectives Overview of the Mental Health Flagship in the WHO European Region</td>
<td>Hans Henri P. Kluge, WHO Regional Director for Europe, Natasha Azzopardi-Muscat, Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe, Ledia Lazeri, Regional Adviser, Mental Health Flagship, WHO Regional Office for Europe</td>
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<tr>
<td>10.20 – 10.30</td>
<td>Video presentation of regional experiences</td>
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10.30 – 11.15  Rationale for a mental health flagship in the WHO European Region

**Moderator/keynote:**
- Ledia Lazeri, Regional Adviser, Mental Health, WHO Regional Office for Europe

**Panellists:**
- Neil Kelders, Mental Health Advocate
- Devora Kestel, Director, Mental Health and Substance Use, WHO Headquarters
- Natasha Azzopardi-Muscat, Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe
- David Novillo Ortiz, Regional Adviser, Data and Digital Health, WHO Regional Office for Europe
- Nicoline Tamsma, Policy Officer, Unit for Health Promotion, Disease Prevention, Financial Instruments of the European Commission’s Directorate-General for Health and Food Safety
- Diana Paun, Health Adviser to the President of Romania
- Oleg Salagay, Deputy Minister of Health, Russian Federation

**Thematic areas of the EFAMH**

11.30 – 13.00  Universal health coverage: mental health service transformation – integrated mental health care

**Moderator/keynote:**
- Jonathan Campion, Director for Public Mental Health and Consultant Psychiatrist, South London and Maudsley NHS Trust, United Kingdom

**Speakers:**
- Melita Murko, Technical Officer, Mental Health, WHO Regional Office for Europe
- Melitta Jakab, Head of Office, WHO European Centre for Primary Health Care, Almaty, Kazakhstan
- Ryan Alistair Dos Santos, Technical Officer, Digital Health, WHO Regional Office for Europe

**Commentators:**
- Iryna Mykychak, Deputy Minister of Health, Ukraine
- Esra Alatas, Head of Mental Health Department, Ministry of Health, Turkey
- Bernard Jacob, Federal Coordinator of the Belgian mental health care reforms, Belgium
- Geert Dom, President-Elect, European Psychiatric Association
- Marie Paldam Folker, Director, Centre for Telepsychiatry, Mental Health Services in the Region of Southern Denmark
- Claudia Marinetti, Director, Mental Health Europe
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Details</th>
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| 13.45 – 14.30 | Universal health coverage: mental health service transformation – optimizing mental health resources | **Moderator/keynote:**
- Daniel H. Chisholm, Mental Health Specialist, WHO headquarters  
**Panelists:**
- Triin Habicht, Senior Health Economist, WHO Barcelona Office for Health Systems Financing  
- Margrieta Langins, Policy Adviser, Nursing and Midwifery, WHO Regional Office for Europe  
- Petr Winkler, Director, Department of Public Mental Health, National Institute of Health, Klecany, Czechia  
- Andrés Suárez Alonso, Technical Councilor, Sub-Directorate of Quality of Care, General Directorate of Public Health, Ministry of Health, Spain  
- Rivka Hazan Hazoref and Ariel Semberov, Ministry of Health, Israel  
- Bulat Chembaev, Deputy Chief Doctor of Tashkent City Hospital and National Coordinator of Mental Health at the Ministry of Health, Uzbekistan |
| 14.30 – 15.30 | Emergency preparedness, response and recovery: mental health and the COVID-19 pandemic | **Moderator/keynote:**
- Pim Cuijpers, TAG Co-Chair, Faculty of Behavioural and Movement Sciences, Clinical Psychology, Vrije Universiteit Amsterdam, Netherlands  
**Speakers:**
- Fahmy Hanna, Technical Officer, Mental Health, WHO headquarters  
- Crispin David Paul Scotter, Technical Officer, Human Resources for Health, WHO Regional Office for Europe  
**Commentators:**
- Anahit Avanesyan, Minister of Health, Armenia  
- Renet Van der Waals, Coordinator of Mental Health and Psychosocial Support in Crises, Stabilisation and Humanitarian Aid Department, Ministry of Foreign Affairs, Netherlands  
- Jana Chihai, Coordinator of National Mental Health Programme, Republic of Moldova |
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<tr>
<th>Time</th>
<th>Activity</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>10.00 – 10.05</td>
<td>Reflections on day 1 and introduction to day 2</td>
<td>Ledia Lazeri, Regional Adviser, Mental Health, WHO Regional Office for Europe</td>
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</tbody>
</table>
| 10.05 – 11.30 | Healthy lives and well-being at all ages: promotion and protection of mental health over the life-course | **Moderator /keynote:**  
• Chris Brown, Head, WHO European Office for Investment for Health & Development, Venice  
**Panel 1 Children & Young People**  
• Martin Weber, Regional Technical Officer, Child and Adolescent Health, WHO Regional Office for Europe  
• Nina Ferencic, Senior Adviser on HIV/AIDS and Young People’s Health and Development, UNICEF Regional Office for Eastern Europe and Central Asia  
• Milos Stankovic, Euro Youth Mental Health  
**Commentators**  
• Frank Bellivier, Minister Delegate for Mental Health and Psychiatry, Ministry of Health, France  
• Kostas Fountoulakis, School of Medicine, Aristotle University of Thessaloniki, Greece |
|          | Whole-of-society approach to mental well-being  
• Mental health of children and adolescents  
• Mental health of older adults | **Panel 2 Older Adults and Later Life**  
• Yongjie Yon, Technical Officer, Policy Implementation and Systems Transformation, WHO Regional Office for Europe  
• Jean George, Executive Director, Alzheimer Europe  
**Commentator**  
• Isabel Yordi Aguirre, Regional Technical Adviser Gender Equity, WHO European Office for Investment for Health & Development, Venice |
| 11.45 – 13.15 | Healthy lives and well-being at all ages: public mental health interventions across the life-course |
| | • Public health intervention (literacy, awareness) |
| | • Mental health in the workplace |
| | • Suicide prevention |

**Moderator/keynote:**
- Sue Baker OBE, Director, Changing Minds Globally

**Panellists:**
- Nikolay Negay, Mental Health Consultant, WHO Country Office, Kazakhstan
- Kristian Wahlbeck, Director of Development, MIELI Mental Health, Finland
- Poppy Jarman, CEO, City Mental Health Alliance
- Claire Henderson, Clinical Reader in Public Mental Health, Institute of Psychiatry, Psychology and Neuroscience, King’s College London
- Alexandra Schuster, Europe Regional Lead, Global Mental Health Peer Network
- Elena Shevkun, Technical Officer, Mental Health, WHO Regional Office for Europe
- Thomas Niederkrotenthaler, Vice President, International Association for Suicide Prevention, and Research Group Lead for Suicide Prevention at the Medical University, Vienna, Austria
- György Purebl, Director, Institute of Behavioural Sciences, Semmelweis University, Hungary
- John Saunders, Executive Director European Federation of Associations of Families of People with Mental Illness

| 14.00 – 15.30 | Open floor discussions, comments and reflections on the packages |

**Roadmap for:**
- delivery of working packages
- meeting of the Coalition
- subregional approaches

**Natasha Azzopardi-Muscat, Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe**

**Ledia Lazeri, Regional Adviser, Mental Health, WHO Regional Office for Europe**
Annex 3. Moderators and panellists

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European Psychiatric Association (EPA)
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Jerusalem
Israel

Dr Rivka Hazan Hazoref
Ministry of Health
Jerusalem
Israel

Mr Milos Stankovic
Euro Youth Mental Health
United Kingdom

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Sub-Directorate of Quality of Care
General Directorate of Public Health
Ministry of Health
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Policy Officer
European Commission
Directorate-General for Health and Food Safety
Brussels
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Ministry of Foreign Affairs
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The Netherlands

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Digital Health

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Regional technical consultation on implementation of the WHO European Framework for Action on Mental Health 2021–2025 through the Pan-European Mental Health Coalition
The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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