First Nordic and Baltic region meeting on mental health

Copenhagen, Denmark
19 September 2022

Meeting report
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Abstract

The WHO Regional Office for Europe and the Danish Health Authority invited representatives from Nordic and Baltic countries to participate in a joint meeting on mental health in Copenhagen, Denmark on 19 September 2022, aiming to establish a future network and platform to exchange ideas, inspiration and experiences across the Nordic and Baltic regions to explore possible solutions to existing and future challenges in relation to mental health. Across four sessions, all 10 countries and territories in the subregion shared novel policy frameworks, prevention and promotion initiatives, examples of mental health service reform, national anti-stigma and discrimination interventions, and more. Discussions focused on how to scale up sharing of data and good practices and the how to develop common guidelines and tools.
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Introduction

Mental health conditions constitute a large and growing burden of disease and disability across the world. Despite this, mental health remains one of the most neglected areas of health, and is one of the most evident examples of health inequalities. The Nordic and Baltic countries face common challenges in advancing mental health care – in particular, the struggle to ensure sufficient political and societal awareness, ongoing stigmatization and discrimination of people with mental health conditions, and provision of high-quality mental health care by well trained and qualified staff. The COVID-19 pandemic further highlighted challenges specific to children and adolescents, who seem to be struggling more than ever with mental health issues.

Joint action is essential to overcome these common challenges. In an effort to continue the current momentum for mental health reform, the WHO Regional Office for Europe and the Danish Health Authority invited representatives from Nordic and Baltic countries to participate in a joint meeting on mental health in Copenhagen, Denmark. The purpose of the meeting was to establish a future network and platform to exchange ideas, inspiration and experiences across the Nordic and Baltic regions to explore possible solutions to existing and future challenges in relation to mental health. The Nordic and Baltic countries could act as front-runners in the advancement of mental health care via support for research into mental health, contributing to extensive anti-stigmatization, ensuring better mental health promotion, and building capacity and quality of mental health care.

The first Nordic and Baltic region meeting on mental health was held on 19 September 2022 in Copenhagen, Denmark, and was attended by all 10 countries and territories in the subregion: Denmark, Estonia, the Faroe Islands, Finland, Greenland, Iceland, Latvia, Lithuania, Norway and Sweden. This meeting report seeks to harvest the knowledge contributed by attendees in the service of ongoing collaboration.
Opening Session

The opening session provided an overview of the mental health challenges and positive developments in the Nordic and Baltic countries, based on the limited data available for comparison.

Mental health challenges

Mental health conditions are prevalent in the Nordic and Baltic regions: around 7–9% of the population report having a mental health condition. There has also been a significant increase in poor mental health among young people over the last 12 years – particularly in loneliness and self-reported symptoms of mood disorders. In Denmark in 2021, around 52% of people aged 16–24 years reported high levels of perceived stress.¹

Although the accuracy of these prevalence rates has been questioned, their

impacts are clear. These include reduced quality of life and lower levels of access to education and the labour market, as well as substantially increased mortality due to untreated co-morbid physical conditions and suicide. People with mental health conditions live on average 15–20 years less than those without a condition.²

The major systemic factors contributing to these challenges are as follows:

- **System complexity and problems of capacity** – Mental health care systems are complex and lack coordinating mechanisms across different areas of the system. Waiting times for services are long, primary care systems are underdeveloped, and inequalities exist in treatment availability across regions. Retaining qualified staff in urban and rural areas is also difficult.

- **Insufficient preventive interventions** – Young people lack access to early mental health promotion interventions. Vulnerable groups (such as users of supportive housing) require preventive health care but are not provided with it on a systematic basis. “Diagnostic overshadowing” – the practice of attributing physical symptoms to mental health conditions – leads to under-treatment and lack of prevention of physical illnesses.

- **Mental health-related stigma** – Stigma has huge individual and social consequences, even if it is unintended. Discussion on “structural stigma” is emerging, with the possibility that poor allocation of resources to mental health systems may be due to stigmatizing beliefs among leaders.

- **Inadequate investment and prioritization and limited research funds** – For example, in Denmark only 4% of the total share of research funding is allocated to mental health research.

**Positive developments**

Nevertheless, some positive developments have been seen across the Nordic and Baltic region.

- **There is an improved understanding of mental health** – People are increasingly understanding the intrinsic and instrumental

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value of mental health, moving away from the dualism of mental and physical health towards an integrated state of health and well-being. Good mental health is attainable despite having a mental health condition if an individual is well treated, has good social support, and is not exposed to stigma and discrimination.

- **Recovery-oriented practice is spreading** – Such practices include peer mental health programmes and self-referral for short inpatient stays, which is still being evaluated.

- **Human-centred interdisciplinary interventions are gaining ground** – particularly community-centred treatment for people with complex mental health conditions.

- **Innovations have been made in digital mental health** – including online treatment, prevention and promotion. These can help to increase access and address capacity problems.

- **Political attention focusing on mental health and mental health care is growing.**
Session 1. Strategies and action plans
An action plan for the WHO European Region: the WHO European Framework for Action on Mental Health 2021–2025

The WHO European Framework for Action on Mental Health 2021–2025 offers a structure for planning, implementation and tracking of mental health services, programmes and policies throughout the WHO European Region. It lays out the needs and objectives that, if met, would position mental health as a crucial facet of a healthy society, as opposed to a subdomain of health services. It lays out three key priorities for mental health in the Region:

- moving towards universal health coverage: mental health service transformation;
- protecting people better against health emergencies: integration of mental health into the preparedness for, response to and recovery from crises and emergencies; and
- ensuring healthy lives and well-being for all at all ages: mental health promotion and protection over the life-course.

It will be operationalized through the pan-European Mental Health Coalition, a flagship initiative of the WHO Regional Office for Europe launched in September 2021 in response to requests to address the mental health challenges and disparities faced by communities across the Region, particularly in the wake of the COVID-19 pandemic. The Coalition seeks to fulfil the objectives of the European Framework for Action on Mental Health 2021–2025 through six working packages:

- supporting mental health leadership;
- supporting the mental health and well-being of children, adolescents and young people;
- supporting the mental health and well-being of older adults;
- supporting mental health in the workplace;

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• supporting mental health in emergencies; and
• supporting mental health service transformation.

The Coalition held its first meeting in May 2022.4

Denmark – Development of a 10-year comprehensive mental health action plan

Denmark presented their recommendations for a 10-year comprehensive mental health action plan to address the major mental health challenges identified in the country.

Context
• The Danish population is experiencing insufficient access, capacity and integration of care.
  › 1 in 2 of all families having someone with a mental health condition;
  › increase in mental health conditions from 2010 to 2021, especially in young people, with nearly 35% of women and 20% of men aged 16-24 reporting poor mental health; and
  › huge increase in health-seeking behavior for hospitals over last 10 years, with nearly twice as many young people (<19 years of age) using hospital services for mental health.
• There is also insufficient quality of care – the use of coercion, as a measure of mental health care quality, has not reduced over 10-year period in adults or children.
• There is an inadequate focus on prevention and early intervention. Denmark is not fairing well for suicide rates, at 11.1 per 100 000 population (age-standardized).
• There is insufficient access, capacity, and integration of care, in addition to stigmatization, inequality, and lack of prioritization of mental health services.
• Insufficient research, opportunities for professional development and a lack of prestige for mental health professions.

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Process

• The pre-conditions for the reform include:
  › long-term strategy with a clear political mandate;
  › gradual increase in the capacity of mental health services over the long-term;
  › improvements in the recruitment and retainment of the mental health workforce; and
  › restructuring of the service delivery and integration of care prioritization.
• The comprehensive plan lists 37 recommendations organized into the following themes:
  › Equity and anti-stigmatization
  › Research and strong professional foundation
  › Mental health promotion
  › Mental health of children and adolescents
  › Early intervention and treatment
  › Quality health services
  › Forensic psychiatry
  › Social services
  › Integrated care

Implementation

• Denmark presented five priority recommendations, including:
  › standardized and easily accessible services for children and young people with mental health problems;
  › major improvement in the mental health and social care services for people with severe mental health disorders;
  › continued and increased focus on anti-stigmatization;
  › strengthened health professional networks and societies with an improved focus on evidence; and
  › implementation of a multidisciplinary and cross-sectoral research strategy.
Lithuania – Implementation of mental health reforms

Lithuania explained the country’s current reform strategy for mental health systems. Implementation of these reforms will cover the years 2020 to 2030.

**Context**

- In Lithuania, funding for health systems is lower than in EU countries. Although mental health is an area of action, the system still has lower funding compared to OECD countries.
- Psychopharmacotherapy is a much more prominent method of care compared to psychological interventions, indicating that the biomedical model is still the dominant model of care.
- According to the Global Burden of Disease survey 2019, 11.2% of people have diagnosed mental health and behavioral disorders and 11.7% of DALYs are attributed to mental disorders.\(^5\)
- The suicide rate is still high, with an age-standardized rate of 21.6 per 100,000 population.

**Process**

- Lithuania has designed several key indicators for reform up to 2030:
  - restructuring the health system to balance inpatient with primary mental health care centres, psychiatric day care, prevention/promotion, and Flexible Assertive Community Treatment (FACT)\(^6\) teams by 2030;
  - reducing the number of hospital beds and shifting resources to community health care services; and
  - reducing the number of re-hospitalizations and decreasing number of suicides per 100,000 population by 40%.
- The reform will focus on five key areas:
  - Primary mental health care – Goals include optimizing the primary mental health care network and improving teamwork, accountability, and performance indicators, as well as increasing screening and early detection at the general practitioner (GP) level.
  - Community-based specialized services – aim to shift to use of such services by reducing psychiatry inpatient beds.

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6 Flexible assertive community treatment (FACT) teams are multidisciplinary teams that focus on providing integrated care for people with severe mental health conditions in the community.
Inpatient wards – aim to increase psychiatric day care services and improve their quality and accessibility, while also implementing FACT teams and promoting access to other therapies.

Human rights – WHO QualityRights is being implemented on a nationwide scale, alongside peer support services and coercion reduction measures.

Quality of services – improvements to service quality can be made by reducing the policy-implementation gap, digitalizing clinical pathways (using Denmark as an example), and adapting and licensing better psychological assessment tools.

### Implementation

- Implementation of the reforms requires:
  - sufficient national political will and funding;
  - support from the municipality and healthcare institutions;
  - a shift in paradigms and work cultures among mental health specialists;
  - scaling up human resources in all levels of care;
  - a change in high-level management to ensure implementation by strengthening the mental health team in the Ministry of Health and agencies under the ministry;
  - support from international organizations.

### Iceland – New policy on mental health 2022–2030

Iceland outlined the country’s new policy on mental health, aiming to involve all government institutions in coordinating mental health systems.

### Context

- Iceland's new policy views mental health as the responsibility of all sectors of society, not just the health system.
- However, many of the public and private sector institutions involved in mental health are in silos and do not communicate with each other.
- Although attempts to address the issues with the mental health system have been made in the past, these have been sporadic and isolated.
Process

- The current set of reforms began in 2018 with a parliamentary report outlining the need.
- After delays due to COVID-19, two rounds of open consultation with the public via an online digital platform (Samráðsgátt) were conducted between 2021 and 2022.
- Parliamentary approval was obtained and an action plan began development in 2022.

Implementation

- The new policy is based on a five-year action plan covering:
  - promotion, prevention, and early interventions based on collaboration between sectors, with a focus on children and families, suicide prevention, and access to important mental health information (i.e. health literacy);
  - effective and timely interdisciplinary mental health care coordinated between and within systems to support mental health and wellbeing;
  - engaging and empowering people with lived experience, including the creation of a Mental Health Council to ensure that people with lived experiences are working in all tiers of mental health care; and
  - harnessing innovation and science to build a comprehensive and accessible mental health system, with a focus on bringing health care and promotion closer to the population, based on better quality data.

Discussion

The participants discussed their national experiences with mental health strategies and action plans. A key focus of the discussion was why mental health is not given the same priority as physical health.

- **Greenland** noted that innovations in physical health care are improving extremely fast, making it difficult to focus on mental health. Mental health is much more complicated to handle.

- **Estonia** recognized the need for champions within ministries: policy-makers who can make change happen. Before January 2022, the Mental Health Department of the Ministry of Social Affairs had only one staff member, but this changed to an entire department because of pressure on politicians from inside the Ministry.
Lithuania stated that an “us/them” division in mental health remains, which is created by stigma. People with severe mental conditions are the most vulnerable and are the most ignored. There is a need to destroy the wall between us and them – everyone knows somebody with a mental health condition, whether they realize it or not.

Iceland highlighted the usefulness of service users working with politicians and the public. The Out with It campaign in Iceland invited participants to come and tell people who they are and what mental health problems they face. Teaching was provided in schools about how to talk about mental health and increase the discourse, including a lot of training for young people. Older generations still talk about mental health as a disease and stigma, creating shame-based discussion.
Session 2. Anti-stigma initiatives

Recognition of stigma and discrimination against people living with mental health conditions cut across all discussions, and formed an essential aspect of strategies to improve mental health throughout Nordic and Baltic countries. The importance of systemic inclusion of people with lived experience of mental health conditions was the primary focus of this session.

**Denmark**

- A nationwide anti-stigma campaign, ONE OF US, was launched in 2011, inspired by Time to Change in the UK.
- ONE OF US relies on the engagement of ambassadors, or people living with mental health conditions who voluntary speak about their experiences to destigmatize and de-traumatize people with mental disorders.
- Examples of activities of ambassadors include:
  - speaking to psychologists about their experiences in navigating the mental health system;
  - evaluating and informing patient simulations for nursing students to destigmatize their future practice;
  - educating social health assistants on interacting with people with mental health conditions; and
  - educating janitors in public housing, police and paramedics on how to help people experiencing a mental health crisis
- It is necessary for ambassadors to have adequate peer support to prevent and manage re-traumatization during anti-stigmatization work as well as continually update their own knowledge.
- The ambassador model is envisaged as a “circle of support” as they move from utilizing services to improving them in conjunction with professionals.
Faroe Islands

- As a small state society, Faroese cannot be anonymous in their communities, making stigmatization especially acute and necessary to tackle through systemic change.

- The Faroe Islands have primarily engaged in anti-stigmatization through mental health service transformation in hospitals and community inclusion:
  - Mental health literacy education is provided for relatives and people with mental health conditions. Importantly, the person living with the condition decides which relatives are allowed to be a part of the education.
  - Family-based services are provided to help children with mental health challenges, based on a life course perspective.
  - Both mental and physical health medical professionals are involved in all discussions and initiatives related to anti-stigmatization.
  - Ongoing transformation of social systems and rhetoric around mental health conditions, including promotion of community inclusion.

- The Faroese chain dance serves as a particularly apt metaphor for mental health services in the Faroe Islands – no matter your tempo, you are a part of the dance. In other words, everyone is a part of a larger society.

Discussion

- **Norway** stated that population levels of stigma had been reduced through a 10-year plan from 1998, which yielded positive results according to annual assessments of stigmatizing attitudes. This was helped by having a prime minister who openly expressed his own struggles with mental health issues.

- **Denmark** noted that integration of mental health services with other health services is essential to reduce stigma.

- **Sweden** confirmed that mental health-related stigma remains prevalent in the population. A survey from 2021 indicated that most respondents regarded those with mental health conditions as unpredictable; around one third of respondents believed that mental health conditions are caused by people themselves; and most respondents believed that having a mental disorder makes it harder to get an education, find work, have a relationship, and participate in other aspects of life. This indicates clearly that stigma remains prevalent, and work across sectors of society.

- **Finland** highlighted that the COVID-19 pandemic may be one of the most efficient anti-stigma programmes ever, as it caused many people to create
social media content on stigma and discrimination, and to talk about their mental health. Problematically, professionals are continuing to cite a lack of resources, which causes young people to seek help from other sources. Structural stigma is prevalent – particularly in how research and psychiatric services are funded. Use of mobile applications and digital solutions needs to be handled carefully, as it may lead to even greater distancing and stigmatization of mental health services.

▷ **Iceland** noted that data on stigma are lacking. While it is easier to talk about certain – comparatively more common – conditions such as depression, anxiety, stress and burnout, it remains difficult for people to disclose severe conditions such as schizophrenia or psychosis. It is also necessary to consider how mental health-related stigma interacts with other vulnerabilities, such as old age.

▷ **Lithuania** stated that the country was just starting to work on stigma, targeting both stigmatization of mental health conditions and that of mental health services. A long-term stigma campaign is being initiated, in collaboration with experts in the United Kingdom and Denmark, including an ambassador programme and a communication campaign. The process of revising legal acts to avoid stigmatizing target groups and to improve funding allocation for mental health services is also under way.
Session 3: Mental health and well-being among children and adolescents

While mental health treatment, promotion and prevention in children and adolescents are complex, Nordic and Baltic countries have adopted several unique approaches to ensure that this group received the necessary attention.

**Latvia**

- Latvia relies on a wide mixture of outpatient and inpatient mental health services that specifically target children and adolescents. Throughout the entire care process, parents are allowed to stay with their children at all times.

- There are multiple services offering psycho-emotional support for young people and their families, including through 11 NGO-backed teenage support centres and a remote support hotline line, which also provide referrals for specialist consultation.

- The country has focused on improving the continuity of care from childhood to adulthood. Between 2016 and 2022, Latvia embarked on the development of an early intervention programme for people with psychosis, with a focus on bridging the gap between child and adolescent psychiatry and adult psychiatry. The programme has led to reductions in rehospitalization rates and the stoppage of medication against recommendations among service users with psychosis.

- Multiprofessional teams are important for functional remission: including vocational specialists in the multiprofessional team led to a doubling of employment rates of service users after one year (37.1% to 61%).
**Denmark**

- Denmark conducted a randomized controlled trial of intensive early intervention services (OPUS) over 2 years in the early 2000s, which involved assertive outreach, family involvement and a recovery-oriented approach for people with first-episode psychosis.

- OPUS considers the service use as a “long-awaited guest”, whereby they should feel welcome and involved and their preferences respected, in contrast to standard treatment, which involved only sporadic access to family contact and supportive counseling.

- The trial showed markedly better outcomes for group who went through OPUS, including in functioning, user and carer satisfaction, and symptoms. Moreover, it led to savings of over €25 000 per user over 5 years due to fewer days in institutions/bed days and reduced mortality.

- Currently, OPUS is standard practice in many institutions in Denmark and its effects have not abated – over 23 teams are providing OPUS across the country and the government aims to increase this as part of a 10-year comprehensive plan.

- Implementation of OPUS has been supported through:
  - Strong, persistent leadership and collaboration
  - International involvement
  - National and regional meetings
  - User-friendly concept that was well accepted by NGOs and media
  - Politician involvement
  - An implementation kit that includes books, courses, training and supervision

**Finland**

- Finland is currently implementing the third National Mental Health Policy Strategy (2020-2030), with the mental health of young people being considered one of 5 strategic areas of focus. The strategy is based on the dual-factor model of mental health, targeting both the treatment and prevention of mental ill health and promotion of mental health and well-being.

- A focus of the strategy is on training professionals who work with young people (e.g. teachers) to promote mental health and to recognize when specialized help is necessary.
• Prevention and promotion interventions are being implemented nationwide, including the training of primary care providers, while also supporting the creation of frameworks for the development of novel interventions.

• Mental health services are being reformed to better target young people, including low-threshold (i.e. easily accessible and minimally demanding) services, youth outreach work, implementation of digital tools to improve access to treatment, integration of social services with health care, and more.

• The use of validated instruments to measure service quality and impact, delivered by trained professionals, are being used nationwide.

**Sweden**

- According to the Health Behavior Survey for School Age Children, Swedish youth are experiencing high satisfaction; however, they are also increasingly reporting multiple health complaints.

- Sweden has promoted utilization of a public health policy framework, “Good and Equal Health”, which encompasses eight key areas of life, from health care to housing and the workplace. The aim is to limit the long-term consequences of mental ill health, particularly weakened labor market and high treatment costs.

- The framework aims to support a number of initiatives that target children and adolescents, such as extended home visitations for families with newborns, making the pre-school and school health-promoting spaces, use of an e-learning tool “Leaders Who Listen”, and mental health literacy education for the general public.

- Data from Sweden indicate that eating disorders are most common diagnosis among young people in compulsory psychiatric care. To combat this and reduce inpatient service use, Sweden is developing mobile outpatient mental health services.

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**Discussion**

Participants agreed that greater focus is needed when approaching politicians and leaders with action plans, challenges and interventions.

▷ **Finland** noted that considerable effort has been spent in finding the right terminology to use with politicians. When it comes to funding, there is a need to be much more specific in explaining the needs.

▷ **Denmark** referred to a danger in continually referring to mental health in broad conceptual terms. Politicians may opt for the easiest approach – such as local-level interventions focusing on depression and anxiety – but thereby
neglect more severe and complex conditions where stigma is much stronger. Similarly, individual-focused interventions dominate, as does a tendency to focus on either promotion or treatment, but not on both.

▷ **The Faroe Islands** stated that services have typically focused on treatment, while promotion and prevention have been neglected.

▷ **Sweden** highlighted the overall need to promote further discussion of public mental health in general, including promotion, prevention and treatment. Regarding increases in eating disorders specifically, more information is required on causes and nuances in discussion of the use of coercive measures, which in some cases are necessary to save service users’ lives.

▷ **Lithuania** noted that a major problem is that teachers no longer believe in prevention programmes – they are burnt out and do not want to engage in more programmes. Similarly, health professionals working in schools lack the competencies to work in this field. There is a need for professionals to work across multiple different ministries.
Session 4. Challenges and solutions

In the final session, WHO and experts from Denmark, Finland, Lithuania, Norway and Sweden discussed further challenges facing the Nordic and Baltic countries, and the actions necessary to overcome these.

Common challenges

• **The health workforce is exhausted, under-resourced and rapidly leaving the field.** In many cases, due to the lack of prestige of the sector, stigma and more, mental health-care professionals are fleeing from the public system to private practice. Many young doctors do not want to work in psychiatry or to be part of a public health team. They gravitate towards remote work, which means that they miss out on team learning.

• **The culture of health and social care systems needs to change.** Unlike with somatic disciplines, to which mental health services are often compared, standardized approaches in mental health are more difficult to achieve owing to the influence of factors outside the individual, such as relational factors and social context. It is necessary to encourage mental health workers to spend more time with patients; to adopt new ways of caring for service users, including involving people with lived experience of mental health conditions in making decisions; to encourage municipalities to change the workplace culture in health-care settings; and to adopt more integrative roles for psychiatrists and other mental health workers.

• **Knowledge is lacking in key areas.** An example is the increasing mental ill health in young people, such as the rise in eating disorders in Sweden. Gaps in knowledge and evidence may give rise to stigma and ideology, poor funding allocation, working in silos and poorer quality of care.

• **Greater knowledge does not mean better implementation.** Health-care workers need to be empowered, and to work in concert with users. Research must be based in actual practice, focusing on treatment efficacy – taking inspiration from practice in Canada, there is a need to involve people with lived experience of mental health conditions in research, while also involving private companies and other sectors in real-time implementation and evaluation.
Multisectoral and multidisciplinary collaboration is difficult to achieve. One stakeholder cannot achieve change without involving the whole of society. Health-care workers are not trained to work in multidisciplinary modes, so it may be necessary to seek aid outside the public health system to enable collaboration. A common vocabulary is also required to enable collaboration between researchers, policy-makers, users and more. In addition, countries need to agree on common indicators to enable sharing of data for continual monitoring and evaluation of mental health needs.

Nordic and Baltic collaboration: next steps

Experts from the Nordic and Baltic regions committed to continuing and improving collaboration through the following initiatives.

- **Common guidelines and tools will be created, based on shared data.** These will include translations of tools and materials into other languages to facilitate their use in different countries. Because the evidence for many interventions comes from the United States of America, this needs to be adapted to the European context. Joint planning processes for implementation of such interventions would greatly aid the adaptation process. Similarly, sharing this knowledge would help to demonstrate the effectiveness of mental health interventions, including treatment and promotion. Topics on which to create common guidelines include development and use of digital tools and implementation of promotion interventions.

- **Experts agreed to scale up sharing of knowledge and experiences.** Countries that use particular clinical indicators to measure progress, or that have successfully implemented specific services or initiatives – such as parenting interventions or promoting the mental health of children and adolescents – can serve as mentors to countries that want to or are just beginning to implement these services. Similarly, knowledge-sharing helps countries to prioritize where to focus their attention on services. Future meetings of Nordic and Baltic countries can facilitate these efforts.
### Annex 1

#### Programme

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<td><strong>Opening session</strong></td>
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<td>09:30–09:45</td>
<td>Welcome by Søren Brostrøm, Danish Health Authority</td>
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<td>09:45–10:00</td>
<td>Opening remarks by Hans Kluge, WHO Regional Director for Europe</td>
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<td>10:00–10:15</td>
<td>Anna Paldam Folker, National Institute of Public Health, Denmark</td>
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<td><em>Mental health challenges and positive developments in the Nordic and Baltic regions</em></td>
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<td><strong>10:30–11:45</strong></td>
<td><strong>Session 1. Strategies and action plans</strong></td>
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<td><em>Presentations on ongoing and/or future national comprehensive strategies or action plans for mental health.</em></td>
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<td>10:30–10:35</td>
<td>Ledia Lazeri, WHO Regional Office for Europe</td>
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<td><em>Setting the scene: the WHO European Framework for Action on Mental Health 2021–2025</em></td>
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<td>10:35–10:50</td>
<td>Helene Bilsted Probst, Danish Health Authority</td>
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<td><em>Development of a 10-year mental health action plan in Denmark</em></td>
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<td>10:50–11:05</td>
<td>Ignas Rubikas, Ministry of Health of Lithuania</td>
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<td><em>Implementation of mental health reforms in Lithuania</em></td>
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<td>11:05–11:20</td>
<td>Ingibjörg Sveinsdóttir, Ministry of Health of Iceland</td>
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<td><em>A new policy on mental health 2022–2030 for Iceland</em></td>
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<td>11:20–11:45</td>
<td>Panel discussion on national experiences with mental health strategies and action plans</td>
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*Chair: Helene Bilsted Probst, Danish Health Authority*

*Panellists:*

- Ignas Rubikas, Ministry of Health of Lithuania
- Helga Sif Friðjónsdóttir, Ministry of Health of Iceland
- Annikki Lai, Ministry of Social Affairs of Estonia
- Birgit V. Niclasen, Allorfik, National Substance Abuse Treatment Centre, Greenland
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<td><strong>Session 2. Anti-stigmatization initiatives</strong></td>
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<td>Presentations on national anti-stigma initiatives</td>
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<td><em>Moderator: Helene Bilsted Probst, Danish Health Authority</em></td>
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<td>12:45–13:00</td>
<td>Rune Jørgensen, ONE OF US ambassador, Denmark</td>
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<td>Experience of working as a ONE OF US ambassador</td>
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<td>13:00–13:05</td>
<td>Questions and comments</td>
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<td>13:05–13:20</td>
<td>Margit Stórá, Faroe Islands Hospital Service</td>
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<td>Stigmatization and anti-stigmatization in a small state society</td>
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<td>13:20–13:45</td>
<td>Moderated plenary discussion on how to combat stigma and enhance implementation of anti-stigmatization initiatives in the Nordic/Baltic regions</td>
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<td><strong>14:00–15:15</strong></td>
<td><strong>Session 3. Mental health and well-being among children and adolescents</strong></td>
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<td>Presentations on initiatives and programmes to promote mental health and improve mental health care for children and adolescents</td>
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<td><em>Moderator: Søren Brostrøm, Danish Health Authority</em></td>
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<td>14:00–14:15</td>
<td>Liene Sīle, Rīga Psychiatry and Narcology Centre, and Rimma Beļikova, Ministry of Health of Latvia</td>
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<td>Mental health care – services and access to them in Latvia</td>
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<td>14:15–14:30</td>
<td>Merete Nordentoft, Psychiatric Centre Copenhagen, Denmark</td>
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<td>Experiences with OPUS treatment in Denmark</td>
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<td>14:30–14:45</td>
<td>Outi Linnaranta, Finnish Institute for Health and Welfare</td>
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<td>Young people as a strategic focus: promoting mental health literacy and use of evidence-based interventions in primary care. Implementation of the National Mental Health Strategy 2020–2030 in Finland</td>
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<td>14:45–15:00</td>
<td>Kristina Sinadinovic, National Board of Health and Welfare, and Sara Fritzell, Public Health Agency of Sweden</td>
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<td>Mental health and well-being among children and young people in Sweden</td>
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<td>15:00–15:15</td>
<td>Questions and comments</td>
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<td>15:30–16:25</td>
<td><strong>Session 4. Challenges and solutions</strong></td>
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<td><em>Panel discussion on the greatest challenges in mental health and stigma in the Nordic and Baltic regions and how to improve Nordic/Baltic cooperation</em></td>
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<td><strong>Chairs:</strong></td>
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<td>• Natasha Azzopardi-Muscat, WHO Regional Office for Europe</td>
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<td>• Søren Brostrøm, Danish Health Authority</td>
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<td><strong>Panellists:</strong></td>
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<td>• Bjørn Guldvog, Norwegian Directorate of Health</td>
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<td>• Karin Tegmark Wisell, Public Health Agency of Sweden</td>
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<td>• Outi Linnaranta, Finnish Institute for Health and Welfare</td>
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<td>• Simona Bieliūnė, Ministry of Health of Lithuania</td>
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<td>16:25–16:35</td>
<td><strong>Closing remarks and thanks by Søren Brostrøm, Danish Health Authority</strong></td>
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Annex 2

List of participants

Denmark

Agnes Brunak, Head of Section, Danish Health Authority
Agnethe Vale Nielsen, Director, Danish Health Authority, Hospital Planning Department
Anna Paldam Folker, Professor, Head of Research, National Institute of Public Health
Helene Bilsted Probst, Deputy Director-General, Danish Health Authority
Jonas Vive, Acting Deputy Director, Danish Health Authority
Laura Toftegaard Pedersen, Deputy Director, Danish Health Authority, Hospital Planning Department
Maria Rørdam, Consultant, ONE OF US
Merete Nordentoft, Professor of Psychiatry, Psychiatric Centre Copenhagen
Nina Monrad Boel, Medical Officer, Danish Health Authority
Nicolai Toft Sode, Head of Section, Danish Health Authority
Nina Bech Dalsgaard, Head of Section, Ministry of Health
Rune Jørgensen, Ambassador, ONE OF US
Søren Brostrøm, Director-General, Danish Health Authority

Estonia

Anne Randväli, Policy Adviser, Ministry of Social Affairs, Department of Mental Health
Anniki Lai, Head, Ministry of Social Affairs, Department of Mental Health

Faroe Islands

Alexandra á Dul, Director-General, Faroe Islands Hospital Service
Margit Stórá, Deputy Director-General, Faroe Islands Hospital Service
Monika Mohr, Project Manager and Coordinator in Mental Health, Council of Public Health
**Finland**
Outi Linnaranta, Chief Physician, Finnish Institute for Health and Welfare
Pia Solin, Chief Specialist, Finnish Institute for Health and Welfare

**Greenland**
Birgit V. Niclasen, Senior Adviser, Allorfik, National Substance Abuse Treatment Centre
Karen Marie Nathansen, Adviser, Ministry of Health, Government of Greenland
Nike Berthelsen, Permanent Secretary, Ministry of Health, Government of Greenland
Tina Amondsen, Director-General, Agency of Health

**Iceland**
Guðlaug Unnur Þorsteinsdóttir, Managing Director of Mental Health Services, Primary Health Care of the Capital Area
Helga Sif Friðjónsdóttir, Senior Adviser, Ministry of Health
Ingibjörg Sveinsdóttir, Senior Adviser, Ministry of Health
Nanna Briem, Director of Mental Health Services, Landspítali University Hospital

**Latvia**
Jūlija Voropajeva, Head of Unit, National Health Service, Outpatient Services Unit
Liene Sīle, Doctor/psychiatrist, Rīga Psychiatry and Narcology Centre
Martins Zvackis, Health Promotion Coordinator, Centre for Disease Prevention and Control, Health Promotion Unit
Rimma Beļikova, Senior Expert, Ministry of Health, Health-care Department

**Lithuania**
Ignas Rubikas, Head of Mental Health Division, Ministry of Health
Simona Bieliūnė, Adviser to the Minister on Mental Health, Ministry of Health

**Norway**
Bjørn Guldvog, Director-General of Health, Norwegian Directorate of Health
Freja Ulvestad Kärki, Project Manager, Norwegian Directorate of Health, Division of Mental Health and Substance Abuse
Jakob Linhave, Director of Department, Norwegian Directorate of Health, Division of Public Health
Sweden

Karin Tegmark Wisell, Director-General, Public Health Agency of Sweden
Kristina Sinadinovic, Programme Officer, National Board of Health and Welfare, Department for Knowledge-Based Policy of Health Care
Niklas Långström, Medical Officer, National Board of Health and Welfare, Department for Knowledge-Based Policy of Health Care
Sara Fritzell, Analyst, Public Health Agency of Sweden

WHO Regional Office for Europe

Ana Tijerino, Technical Officer, Mental Health Flagship
Cassie Redlich, Technical Officer, Mental Health Flagship
Elena Shevkun, Technical Officer, Mental Health Flagship
Hans Kluge, Regional Director
Ida Strömgren, Programme Assistant, Mental Health Flagship
Jason Maurer, Communications Consultant, Mental Health Flagship
Ledia Lazeri, Regional Adviser on Mental Health
Luca Naccari, Programme Assistant, Mental Health Flagship
Melita Murko, Technical Officer, Mental Health Flagship
Natasha Azzopardi Muscat, Director of the Division of Country Health Policies and Systems
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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