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REGIONAL OFFICE FOR **Europe**

**WHO EUROPEAN FRAMEWORK  
FOR ACTION ON MENTAL HEALTH  
2021–2025**



## Abstract

The WHO European Framework for Action on Mental Health (EFAMH), covering the period 2021–2025, sets out a response to current mental health challenges arising from the negative impact that the COVID-19 pandemic has had on population mental health and well-being. The EFAMH provides a coherent basis for intensified efforts to mainstream, promote and safeguard mental well-being as an integral element of COVID-19 response and recovery; to counter the stigma and discrimination associated with mental health conditions; and to advocate for and promote investment in accessible quality mental health services. Implementation and monitoring of this Framework for Action will be powered by the Pan-European Mental Health Coalition, a flagship initiative of the European Programme of Work 2020–2025. Draft of this document was tabled as a background document for the discussion on mental health during the 71st session of the Regional Committee for Europe, Virtual session, 13–15 September 2021.

**KEYWORDS:** MENTAL HEALTH; WHO EUROPEAN REGION; COVID-19

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# **WHO EUROPEAN FRAMEWORK FOR ACTION ON MENTAL HEALTH 2021–2025**

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# Abbreviations

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<b>COVID-19</b>	coronavirus disease
<b>EFAMH</b>	European Framework for Action on Mental Health 2021–2025
<b>EPW</b>	European Programme of Work 2020–2025: United Action for Better Health
<b>NCD</b>	noncommunicable disease
<b>PMHG</b>	Partnerships for Mental Health Group
<b>SDG</b>	Sustainable Development Goal
<b>TAG</b>	Technical Advisory Group
<b>TFPG</b>	Technical Focal Points Group
<b>WHO</b>	World Health Organization

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# 1. Introduction: mental health in the context of the COVID-19 pandemic

Mental health represents an integral part of an individual's capacity to think, emote, interact with others, earn a living and enjoy life. Consequently, mental health underpins the core human values of independent thought and action, happiness and friendship. Mental health and well-being are put at risk by a wide range of factors spanning individual, social and environmental levels, including poverty and deprivation; debt and unemployment; and violence and conflict. Exposure to adverse experiences and situations in the formative periods of childhood and adolescence – such as parental violence at home or bullying at school – can have damaging effects on the development of cognitive and emotional skills and affect mental well-being many years into the future. As demonstrated by the economic recession following the financial crisis in 2008 and by the SARS-CoV-2 (COVID-19) pandemic starting in 2020, the mental health of both individuals and populations can also be undermined by macroeconomic forces or by emergency public health measures taken to contain disease outbreaks.

Even before the COVID-19 pandemic, exposure to the adverse determinants of mental health as well as the ageing of populations across the WHO European Region

has resulted in a substantial increase in the prevalence and nonfatal disease burden of mental health conditions in the 30 years since 1990. According to global health estimates for the Region in 2019, the number of people with mental health conditions (including depression, anxiety disorders and psychosis in adults, as well as developmental and behavioural disorders in children and adolescents) stood at over 125 million, equivalent to 13% of the population. When these and other conditions are adjusted for the level of disability they cause, mental health conditions account for 15% of all years lived with disability. In addition, an estimated 119 000 lives were lost across the Region in 2019 due to suicide, which is an unacceptably high figure that includes an increasing number of young people.<sup>1</sup>

The COVID-19 pandemic has greatly exacerbated the already substantial health and socioeconomic consequences of mental health conditions and has led to major changes in the need for and delivery of mental health services.

**Population mental health.** COVID-19 outbreaks across the Region severely impacted the mental health of populations, generating widespread concern,

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1 Global health estimates: life expectancy and leading causes of death and disability. In: The Global Health Observatory [online database]. Geneva: World Health Organization; 2019 (<https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates>, accessed 16 August 2021).

stress and anxiety about becoming infected. For those who were infected and their close contacts, there was the added anxiety of being at risk of a severe, long-lasting or even fatal disease outcomes. Public health measures introduced to curb the further spread of the disease, such as self-isolation, lockdowns and associated closures of schools and workplaces, have had their own adverse effects on mental health for many people, including children and adolescents unable to attend school, adults unable to secure

employment or an income and older adults unable to leave their place of residence. The impact was additive for those people with pre-existing mental and physical health conditions or disabilities.

**Mental health services.** The pandemic has had major impacts on service provision. In-person contact was heavily restricted and replaced by remote modalities of support; staff and infrastructure were repurposed, and longer-term facilities were sealed off from the outside





world, with residents becoming increasingly vulnerable to heightened infection risk and profound isolation.

**Societal impact.** The longer-term implications of the pandemic remain to be fully realized, but it is already very evident that there will be large and sustained impacts on the social and other determinants that shape a population's mental health, and on the subsequent demand or need for mental health and psychosocial support. The findings and recommendations of the Technical Advisory Group on the Mental Health Impacts of COVID-19 in the WHO European Region will be submitted to the 71st session of the Regional Committee for Europe as a companion information document to this document, the WHO European Framework for Action on Mental Health (EFAMH) 2021–2025.<sup>2</sup>

Recognition of mental health as a public health priority and as a core requirement for advancing universal health coverage and the Sustainable Development Goals (SDGs) has been increasingly voiced by heads of States and governments in the United Nations system in high-level meetings on noncommunicable diseases (NCDs) and universal health coverage in 2018 and 2019, respectively (see Annex 1), and by WHO Member States, including the endorsement of mental health

as a flagship initiative of the European Programme of Work 2020–2025: United Action for Better Health (EPW).<sup>3</sup> Most recently, the 74th World Health Assembly in May–June 2021 endorsed the Comprehensive Mental Health Action Plan 2013–2030, including updated implementation options and indicators.<sup>4</sup>

Nevertheless, there remain gaps in understanding among health and economic policy-makers of the importance of mental health as a public good for human, social and economic resilience and cohesion, resulting in missed opportunities to invest in policies and interventions that can protect and increase mental health within and outside of the health sector.

Despite the renewed international attention to mental health and the development of evidence-based tools and innovations for better treatments and services, there remains a set of fundamental challenges that predates the COVID-19 pandemic and affects countries throughout the Region; this includes deeply entrenched stigma and discrimination against people with mental health conditions and psychosocial disabilities, leading to a violation of their human rights; low levels of mental health literacy in the general population; insufficient investment in and access to quality services for people over the whole life course,

2 Action required to address the impacts of the COVID-19 pandemic on mental health and service delivery systems in the WHO European Region: recommendations from the European Technical Advisory Group on the Mental Health Impacts of COVID-19, 30 June 2021. Copenhagen: WHO Regional Office for Europe; 2021 (<https://apps.who.int/iris/handle/10665/342932>, accessed 16 August 2021).

3 European Programme of Work 2020–2025. Copenhagen: WHO Regional Office for Europe; 2021 (<https://apps.who.int/iris/handle/10665/339209>, accessed 17 August 2021).

4 World Health Assembly recommends reinforcement of measures to protect mental health during public health emergencies [website]. In: WHO, News. Geneva: World Health Organization; 31 May 2021 (<https://www.who.int/news/item/31-05-2021-world-health-assembly-recommends-reinforcement-of-measures-to-protect-mental-health-during-public-health-emergencies>, accessed 18 March 2022).

resulting in unmet need and financial hardship; fragmented or uncoordinated service delivery; inadequate governance and information systems; and a continuing reliance on psychiatric hospitals or social care institutions as a primary locus of mental health-care delivery. Given the substantial comorbidity that

exists between mental health conditions, NCDs and their underlying risk factors, there is also untapped potential to provide more integrated, person-centred care through collaborative care approaches capable of attending to the physical as well as mental health needs of individuals.



The emergence of digital technologies that are increasingly accessible to the public is another opportunity that can be explored and exploited. At the same time, the spread of a COVID-19- related misinformation (the so-called infodemic), facilitated by digital platforms, has proved to be a threat not only to the credibility of public health interventions but also to the mental health of many members of the public. While acknowledging the potential of digital technologies to maximize access to mental health resources, it is important to exercise caution when integrating such technologies into any mental health toolkit, particularly in regard to regulation and professionalism.

Addressing these challenges has been given new urgency by the current pandemic and is consistent with the agreed directions of COVID-19 response and recovery efforts, including applying a whole-of-society approach to promote, protect and care for mental health; ensuring widespread availability of emergency mental health and psychosocial support; and supporting recovery from COVID-19 by building mental health services for the future.<sup>5</sup> As a consequence of the pandemic and the responses to it, there is a heightened awareness among Member States with regard to the need for significant investments, dynamic policies, innovative services and enabling partnerships to overcome existing treatment gaps and emerging challenges, especially among vulnerable population groups.

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5 Policy brief: COVID 19 and the need for action on mental health 2020. New York: United Nations; 2020 (<https://unsdg.un.org/resources/policy-brief-covid-19-and-need-action-mental-health>, accessed 16 August 2021); Report by the Director-General on mental health preparedness and response for the COVID 19 pandemic. Geneva: World Health Organization; 2021 (EB148/20; [https://apps.who.int/gb/ebwha/pdf\\_files/EB148/B148\\_20-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_20-en.pdf), accessed 16 August 2021).



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## 2. Responding to mental health challenges in the WHO European Region: strategic objectives and actions

The EFAMH 2021–2025 sets out a response to emergent and pre-existing challenges in light of the negative impact that the COVID-19 pandemic has had on mental health and well-being in the WHO European Region. It is intended to consolidate existing and emerging evidence to provide support for planning, implementing and tracking mental health policies, programmes and services in the Region and is presented as a contribution to the implementation of the EPW. It is aligned with the two underlying principles of the EPW: to leave no one behind and to strengthen leadership. Nowhere is the objective of leaving no one behind more relevant than for mental health, since people with mental health conditions and psychosocial, intellectual and cognitive disabilities are among those at highest risk of social exclusion. EFAMH covers several areas of work grouped under the core priorities of the EPW:

- 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.
- In response to the emergence and recognition of the needs highlighted by the WHO Technical Advisory Group on the Mental Health Impacts of COVID-19, the EFAMH identifies the following as three priority initiatives to be pursued to make an impact on mental health and well-being:
- the creation of a mental health data platform aiming at routinely collected information on mental health systems' performance and on mental health status of the population;
  - a focus on building resilience for the mental health and well-being of children and young people (includes adolescents aged 10–19 years and youth aged 15–24 years), especially following mounting evidence on the COVID-19 pandemic's impact on the socioemotional functioning of younger people; and
  - provision of support for the mental health of older people, especially considering the devastation on lives and well-being caused by the COVID-19 pandemic on this age group.

The EFAMH is aligned with the WHO Comprehensive Mental Health Action Plan 2013–2030 and takes into consideration all four globally agreed objectives for mental health (leadership and governance; promotion and prevention; service improvement; and information systems)<sup>6</sup> but is structured around specific objectives, actions and initiatives that reflect the particular needs, challenges, diversity and opportunities in the WHO European Region. EFAMH builds on the WHO European Mental Health Action Plan 2013–2020,<sup>7</sup> which placed particular emphasis on the promotion

of mental health and well-being, the protection of the human rights of people with mental health conditions and the development of accessible, safe and effective services (see Annex 1).

The period of implementation is 2021–2025, which is also aligned with the EPW. An interim report on progress will be prepared in 2023. Proposed actions are set out below, with targets and indicators at the Regional level to be elaborated as part of the EPW Measurement Framework. The planning,

6 Comprehensive mental health action plan 2013–2020. Geneva: World Health Organization; 2013 ([https://apps.who.int/iris/bitstream/handle/10665/89966/9789241506021\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/89966/9789241506021_eng.pdf), accessed 17 August 2021).

7 The European mental health action plan 2013–2020. Copenhagen: WHO Regional Office for Europe; 2015 (<https://apps.who.int/iris/handle/10665/175672>, accessed 17 August 2021).



implementation and monitoring of these strategic priorities and actions will be facilitated by the newly established Pan-European Mental Health Coalition.

## 2.1 Moving towards universal health coverage: mental health service transformation

Mental health care, treatment and rehabilitation in the WHO European Region is delivered through a very diverse set of interventions and services, the range varying with prevailing national policy frameworks, resource levels and systems design. In some Member States, mental health service delivery is decentralized and represented by a variety of community-based mental health services, including nongovernmental and charity organizations; in others, mental health service delivery is highly centralized and reliant on institutional and hospital-based models of care that often overlook the overall needs or even the basic rights and entitlements of service users. Mental health service transformation requires not only the potential redesign or reconfiguration of services towards more accessible and person-centred care but also the consideration of other dimensions of universal health coverage, including enhanced financial protection for individuals and families affected by mental health conditions (such as through explicit inclusion or coverage in essential packages of care or health insurance schemes), better access to the full range of existing evidence-informed technologies (especially psychological treatments) and reprofiling and training health and social care providers

in skills and competencies related to community mental health practice.

### Self-care and management

Self-care is the foundation in the configuration of mental health care and support. People with mental health conditions and psychosocial disabilities, as well as their family and friends, have a central role in making healthy choices (such as refraining from harmful use of alcohol or taking regular physical exercise), managing stress and in collaborative decision-making concerning their treatment and recovery. Mental health service users and their support systems can and should be active participants in care and recovery as opposed to passive recipients of treatment plans developed by health-care professionals and/or care teams. For this to happen, mental health service users and carers need to be empowered by training in managing treatment and any adverse effects, and to be given access to health information that allows them to take a central role while being fully informed of their share in the efforts and responsibility in shaping treatment and care. Empowering and enabling self-care and management by people with mental health conditions and psychosocial disabilities also requires appropriate and adequate training and guidance for mental health workers, including in the use of digital technologies. When applied with adequate considerations to privacy and equity and with appropriate training, digital technologies can expedite access to mental health care, empower autonomy and enhance peer support.

## Mental health in community and general health-care settings

A balanced model of care calls for a system with community-based mental health care, delivered by specialized multidisciplinary mental health teams and supported by professionals in primary health care. Inpatient and outpatient care can be delivered as needed in general hospitals for a short period of time in order to treat acute episodes, as would be the case for any other health condition treated in general hospitals. This requires policy and legislative frameworks, and appropriate guidelines that (i) optimize available resources, (ii) avoid the major disruptions and potential human rights violations produced by reliance

on committal to formal institutions, and (iii) enable management of comorbidities, especially major NCDs and their risk factors, which are often left unaddressed and typically lead to poor health outcomes and increased costs for health systems. The needs of people with mental health conditions go beyond the boundaries of simple health care; mental disorders can cause serious disruption of nearly all dimensions of a person's life, including education, employment, family and social aspects, and more often than not generate stigma and discrimination for the individuals and their carers. The response to these needs should, therefore, cover all these dimensions and be delivered by an interdisciplinary workforce with a good skill mix and empowered by training and well-defined roles and





responsibilities. The response should be community based: implemented where people live their lives follow education, pursue jobs, establish families and make social connections.

### **Long-term care and support**

Large mental hospitals and social care facilities (which may also be very large institutions) continue to provide the bulk of inpatient and residential services, especially in central and eastern Europe and in central Asian countries. There are no evident benefits to providing care in such institutions and there is clear evidence of not only a decline in social function in those who have lost contact with society for years but

also a high risk of exposure to abuse and human rights violations. As with acute mental health care, long-term care and support can and should be provided in the community through a large network of formal and informal carers whose main aim is to support their clients' integration into community life and strengthen their skills in autonomous functioning, including obtaining education and gainful employment. In addition to existing formal networks of long-term care regulated by policy frameworks at national levels, advocacy efforts can mobilize networks of informal supporters to community-based long-term care and address the stigma associated with long-term mental health care. Box 1 summarizes the needed aspects of transformation for mental health services.

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## **BOX 1. MENTAL HEALTH SERVICES TRANSFORMATION**

### **Mental health service delivery**

- Empower and enable self-care and self-management.
  - Strengthen services and programmes to address mental health needs of children and adolescents.
  - Mainstream and integrate mental health into primary health care and other health programmes.
  - Scale-up evidence-based psychological support, self-care and remote support for people with mental health conditions, including through the use of digital technologies.
  - Develop and implement plans for alternative housing and livelihood supports in the community (as opposed to long-stay psychiatric institutions).
  - Strengthen support provided to caregivers for people with mental health conditions and cognitive, intellectual and psychosocial disabilities.
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## **BOX 1. MENTAL HEALTH SERVICES TRANSFORMATION (CONTINUED)**

### **Mental health workforce**

- Strengthen mental health services with multidisciplinary expertise in prevention, treatment and psychosocial rehabilitation, including occupational support for gainful employment.
- Attract, train and retain the appropriate skill mix of competent health and social care professionals, including through adequate compensation and dignified working conditions, systematic and continuous professional development and interprofessional education opportunities.
- Train health and social care workers in mental health and human rights (for example the WHO QualityRights), service organization and management.
- Enable and provide training for nonspecialized health professionals in the identification and management of mental health conditions (for example the WHO mhGAP intervention guide).

### **Mental health financing**

- Increase funding and investment in mental health services commensurately with service and resource needs, with a view to promoting equity in accessing high-quality care and making efficient use of resources for mental health.
- Enhance financial protection so that those in need can access mental health services without experiencing financial hardship; particularly people at high risk of impoverishment and social exclusion.

### **Digitalization**

- Provide guidance and support on the use and application of digital technologies or platforms for the prevention and management of mental health conditions.
-

## 2.2 Protecting people better against health emergencies: integration of mental health into the preparedness for, response to and recovery from crises and emergencies

In the wake of sudden or large-scale shocks to the population, whether resulting from conflict, internal

displacement, migration, economic recession or a disease outbreak such as COVID-19, renewed efforts are needed at the community level to build and maintain mental resilience. Both individual and community resilience can be fostered through shared learning and enhanced opportunities for active engagement in local arts, sport, leisure and civic activities, since these foster the formation of positive relationships as well as social capital or connectedness. Among older



adults, who are at greater risk of social isolation and loneliness, healthy ageing programmes that encourage engagement in regular social and physical activity can be expected to lead to improvements in mental well-being and autonomy while also reducing cognitive decline.

The COVID-19 pandemic has shaken the world, with an unimaginable number of lives and livelihoods lost, families and communities forced apart, businesses bankrupted and people deprived of opportunities that less than two years ago were taken for granted. These consequences of the pandemic have exacted a significant toll on the mental health and well-being of the population. Everyone's mental health has been affected in some way, whether as a result of infection; worries about becoming infected; stress brought about by infection prevention and control measures such as lockdown, self-isolation and quarantine; or loss of employment, income, education or social participation. However, it is clear that there are specific groups in the population that have been at particularly vulnerable to adverse mental health outcomes through impeded service access, diminished social connectedness or restricted economic activity. These groups include refugees and migrants, health and social care workers, children and adolescents out of school, newly unemployed workers and older adults confined to their place of residence, as well as people with pre-existing mental health conditions and psychosocial, cognitive or intellectual disabilities.

The public health challenge that has been faced by all countries is how to appropriately address both the increased psychosocial needs of the general population as well as the needs of specifically affected groups at a time when service availability or continuity has been disrupted and certain modalities of care (such as long-term residential care in mental health institutions or social care homes) have been compromised by infection prevention and control requirements. To inform and support countries' efforts to mitigate and recover from the direct and indirect mental health impacts of the COVID-19 pandemic, the WHO Regional Office for Europe established a technical advisory group to review available evidence on observed and experienced impacts, and to identify emergent needs and implications for mental health service development and system strengthening as an integrated component of COVID-19 recovery (Box 2).

## **2.3 Ensuring healthy lives and well-being for all at all ages: promotion and protection of mental health over the life course**

Out of a number of actions identified in this section, support for the mental health and well-being of children, adolescents, youth and older adults are prioritized based on mounting evidence on the impact of the COVID-19 pandemic on their mental health.



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## BOX 2. INTEGRATING MENTAL HEALTH INTO EMERGENCY PREPAREDNESS, RESPONSE AND RECOVERY

### Policy action

- Include mental health and psychosocial support as an integral and cross-cutting component in public health emergency responses.
- Strengthen mental health resilience of individuals and communities as part of the COVID-19 pandemic response and recovery, including through use of community resources, supports and assets, such as the arts and sport.

### Technical action

- Generate knowledge about the mental health impacts of COVID-19 and actions to address such impacts, taking into account the specific needs of different population groups, especially those who are most vulnerable.
  - Develop technical guidance and support on strengthening community-based psychosocial support, addressing the needs of individuals directly affected by COVID-19, health and social care workers and other at-risk populations.
  - Train health and community workers in basic psychosocial support, as well as preparedness and response to infectious disease and other public health emergencies.
- 

### Mental health promotion and protection among young people

WHO defines young people as those aged 10–24 years (adolescents aged 10–19 years and youth aged 15–24 years). Childhood, adolescence and young age are critically important stages of life for the mental health and well-being of individuals, not only because this is when young people develop autonomy,

self-regulation, social interaction and learning but also because the skills and competencies formed in this period directly influence mental health for the rest of their lives. Negative experiences such as neglect or abuse at home or bullying at school can and do have enduring and damaging effects on the development of core cognitive and emotional skills. Given the strong evidence linking adverse childhood experiences, including mistreatment, with long-term

mental health outcomes, there is an urgent need to dramatically improve the availability of and access to parental skills and support programmes, enhance child protection services and extend social protection measures to families with children to mitigate poverty risk, precarious housing and food and fuel insecurity.

Significant further efforts are needed in order to respond to the mental health issues reported by young people themselves. The Health Behaviour in School-aged Children survey, which is periodically conducted in more than 40 countries of the Region, has shown that up to a third of 15-year-old girls reported feeling low more than once a week. More than one year into the COVID-19 pandemic, the lowest level of reported mental well-being in spring 2021 was among women aged 18–24 years (together with women aged 35–44 years) and the largest reduction in mental well-being observed between summer 2020 and spring 2021 was among men aged 18–24 years.<sup>8</sup> Several measures are suggested to support mental health of children and young people:

- **utilization of available guidance (such as the Helping Adolescents Thrive guidelines prepared by WHO in partnership with the United Nations Children’s Fund) and existing networks, in particular the health promoting schools, to support capacity-building in, and implementation of, evidence-informed psychosocial interventions for mental health promotion and protection of children and adolescents;**
- **delivery of social and emotional learning and mental health literacy, together with anti-bullying and self-harm prevention, through universal, school-based programmes; and**
- **strengthened legal and social protection, clinical services, caregiver support and supportive environments to complement the above initiatives.**

### **Supporting mental health and well-being of older adults**

One of the major achievements of health systems in the WHO European Region is the increase in life expectancy. Public welfare systems have sought to accommodate evolving demographics from a multisectoral and multidisciplinary perspective. However, as populations in the Region experience a higher incidence of health conditions related to older age, such as dementia, the need to promptly respond with appropriately resourced and evidence-informed service delivery is higher than ever. The pandemic has deeply affected the lives and safety nets of older adults, who were at the highest risk for severe disease and death and hence suffered to a greater extent the documented disruption of routine health-care services. The mental well-being of older adults has been deeply impacted by concerns over severe disease and death and by depression induced by prolonged isolation and disruption of social networks.

8 Living, working and COVID 19: mental health and trust decline across EU as pandemic enters another year. Dublin: Eurofound; 2021 ([https://www.eurofound.europa.eu/sites/default/files/ef\\_publication/field\\_ef\\_document/ef21064en.pdf](https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef21064en.pdf), accessed 16 August 2021).

National efforts to build resilience to counteract the impact of the COVID-19 pandemic and aid recovery present an opportunity to maximize resources that support the mental health and well-being of older adults; such concerted efforts need to cross sectors and disciplines, make use of community resources and networks, and become mainstreamed through national and local policies. The momentum created by the United Nations Decade of Healthy Ageing can strengthen the multistakeholder commitment that this Framework for Action requires and aims at mobilizing

existing networks, such as Healthy Cities. These networks are an entry point for multistakeholder action to build safer and more protective environments for older adults in the WHO European Region.

### **Mental health awareness and literacy**

Compared with physical health literacy, the level of mental health literacy remains very low, which contributes to people not being able to effectively take



care of their own mental health or seek help when necessary. This, in turn, leads to a higher burden of mental health conditions. Populations need to be equipped with knowledge and skills on how to obtain and maintain good mental health, including a better understanding of mental ill health and its treatment, and better knowledge on how to effectively seek help. The EPW has four flagship initiatives, one of which is Healthier behaviours: incorporating behavioural and cultural insights. Linked to this, the WHO Regional Office for Europe aims to identify opportunities to adapt, adopt and create good practices in promoting a culture of health and optimizing the design of processes and practice at the interface between people and their health and social care services; to produce a compendium of good practices for making policies, processes, procedures and regulations more culturally appropriate, people-centred and user friendly, with particular focus on the inclusion of information on patient experience in policy formation; to establish a resource centre for the emerging research on behavioural and cultural factors that affect behaviour regarding health; and to produce an investment case for developing a knowledge and evidence base in this area of work. New mental health literacy guidance will be developed catering to the range of sociocultural contexts and target audiences found in and across Member States of the Region. Since direct social contact with people with lived experience has been identified as the most effective approach to challenge stigma, this initiative will ensure that service users and families affected by mental health conditions play a central role in its design and deployment.

## **Mental health in the workplace**

A further setting for mental health promotion and protection is the workplace. Living with poor mental health can negatively affect work experience and performance; in turn occupational stress is a major contributor to diminished mental well-being (and lost productivity), to which employers can readily respond through initiatives that support physical and mental health alike. Many employers are already active in providing initiatives to support their employees, and WHO is developing new guidance to ensure that such interventions are evidence-informed, including those such as stress management, which targets individual employees and/or supervisors, and organizational initiatives that can benefit mental health. Particularly in the context of the economic repercussions of the current pandemic, particular attention is also needed to support those out of work or returning to work following sickness or absence, including people living with mental health conditions. Work–life balance has been affected by the reorganization of the workspace during the pandemic, and efforts to restore office life should consider employees' mental health when introducing return-to-office modalities. Job insecurity, temporary employment and inadequate working conditions are associated with poor mental health; stress and depression are more prevalent among workers in precarious or temporary employment than among workers in permanent employment.



## Suicide prevention

Global health estimates show that close to 120 000 people take their own lives every year in the WHO European Region, equivalent to 12.8 deaths per 100 000 population or 1.3% of all deaths in 2019. Suicide occurs among both sexes and throughout the

lifespan but rates are markedly higher among males and it is a leading cause of death among those aged 15–29 years; bereavement, loneliness and social isolation are notable factors in suicide among older adults. Every suicide is a tragedy that affects families and communities and has long-lasting effects on the people left behind. For each death by suicide, there are



many more people who attempt suicide. Although the mental health conditions that often underlie suicidal thoughts and behaviours (particularly depression and anxiety) are more prevalent among females, rates of suicide are three to four times higher among the male population of the Region, and in certain countries and age groups approach 100 per 100 000 population. Suicide is preventable; a global SDG target has been set to reduce the rate of suicide by a third by 2030. To move towards and achieve this reduction, concerted multisectoral actions are needed in all countries. WHO has developed several tools to support national

actions to reduce suicide, covering policy development, self-harm surveillance, community engagement and the identification and management of self-harm in nonspecialist health settings. Application and uptake of these and other evidence-informed approaches as part of a comprehensive suicide prevention strategy represent vital elements (and in many respects, a litmus test) of countries' collective resolve to implement a strong public health approach in relation to mental health and its underlying determinants across the life course (Box 3).



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## **BOX 3. MENTAL HEALTH PROMOTION AND PROTECTION OVER THE LIFE COURSE**

### **Mental health of children and young people**

- Enhance availability of and access to parental skills and support programmes, child protection services and social protection measures to mitigate poverty risk, precarious housing and food and fuel insecurity.
- Through promoting health in schools, develop and disseminate mental health literacy and social-emotional learning programmes for children and adolescents.

### **Mental health awareness and literacy**

- Develop and implement advocacy and communication tools to address stigma and discrimination, ensuring that such tools are tailored to specific cultural contexts through the participation of mental health grassroots organizations and local champions.
- Monitor public attitudes towards mental health and people with mental health conditions and psychosocial disabilities.

### **Mental health of older adults**

- Integrate mental health in programmes supporting healthy ageing in order to tackle isolation and loneliness in older people and to prevent development of mental health conditions such as depression.
- Support development of national dementia plans for expanding early diagnosis, treatment and care for older adults with dementia.

### **Mental health in the workplace**

- Develop and support the implementation of programmes to promote mental well-being and prevent mental health conditions in the workplace, including adaptation to new working modalities, management of stress and prevention of substance abuse.

### **Suicide prevention**

- Develop, implement and monitor comprehensive multisectoral plans for the prevention of self-harm and suicide among younger people, including enhanced surveillance and follow-up of individuals who harm themselves or attempt suicide, as well as capacity-building among general health-care and community workers.
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# The Pan-European Mental Health Coalition



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## 3. Delivering for impact: support mechanisms for implementation

### 3.1 Building leadership and advocacy through the Pan-European Mental Health Coalition

The EPW focuses on a number of initiatives that directly correspond with and contribute to its core priorities and constitute a programme of recovery and reform after COVID-19. The mental health flagship initiative is being operationalized through the Mental Health Coalition, which seeks to increase public understanding of mental health and tackle stigma and discrimination; to galvanize and expedite efforts to enhance access to services and support at the community level; and to mobilize direct investments in mental health services that promote and enable rights-based, person-centred care as well as public policies for living, learning and working conditions that protect and promote mental health.

Interaction and exchange within the Mental Health Coalition will be overseen by a steering group supported by the WHO secretariat and facilitated by an annual meeting of all coalition partners focused on knowledge exchange, innovation, leadership development and service evaluation. In addition,

focused, regular meetings of the following groups will be held:

- the WHO European Regional Technical Advisory Group (TAG) for Mental Health, to inform and guide the generation and use of evidence for better mental health policies and practices;
- the WHO European Region Member States' Technical Focal Points Group (TFPG) for Mental Health, to stimulate cross-country knowledge exchange and leadership development, particularly at subregional level; and
- the WHO European Region Partnerships for Mental Health Group (PMHG), open to Member States, international organizations and non-State actors, to galvanize investment in and coordinate financial support for action at country level concerning mental health system development.

The establishment of a Pan-European Mental Health Coalition will provide an overarching structure for interpartner exchange between Member States, international organizations and non-State actors, including nongovernmental organizations, academia, philanthropic organizations and the private sector. To build and sustain momentum, the engagement,

support and leadership of Member States is sought, along with that of the many professional associations, academic institutions (including WHO collaborating centres) and civil society organizations that work towards better mental health in the WHO European Region, with a special emphasis on the needs and perspective of service users and their families. Other key international partners of the WHO Regional Office for Europe who will have an important contribution to make include the European Union, the Organization for Economic Co-operation and Development and other United Nations agencies (including the United Nations Children's Fund, the United Nations Development Programme and the United Nations Population Fund). However, the Mental Health Coalition provides an opportunity to go beyond existing mental health advocates, networks and partners, since stakeholders who hitherto have not considered mental health as part of their agenda will also need to be engaged. Accordingly, strengthened collaboration and partnership will be forged with existing networks such as the Healthy Cities Network, the Regional Health Network, the South-eastern Europe Health Network and the European Social Network.

### **Mental health leadership development**

Addressing the strategic priorities of the Region and the Mental Health Coalition calls for a health system strengthening approach since efforts to reform or

develop mental health services need to be informed by, in line with and embedded within broader reforms to health system governance, financing, surveillance and workforce development. A key requirement, but also a potential constraint, for effective planning, organization and monitoring of mental health system development in many countries relates to leadership capacity, skills and support mechanisms, not only at the level of government ministries in charge of health and social care but also among public health institutions and nongovernmental bodies or entities. Too often, civil society and government leaders who are expected to promote change or reform mental health services are insufficiently equipped or supported to do so because of limitations in funding, opportunities for learning or exposure to other countries' experiences.

To provide such opportunities across the Region, a new platform for leadership development, service improvement and exchange on public mental health will be established, which will be key to activate cross-country mentoring and knowledge exchange mechanisms such as matched placements or twinning arrangements. The platform will offer intercountry and subregional exchange on mental health service transformation and improvement, as well as policy and legislative developments, and will also offer opportunities to develop leadership capabilities and competencies through face-to-face workshops and peer-to-peer support.

### 3.2 Making mental health visible through timely, relevant and comparable data

#### Mental health data platform

Effective planning, coordination, budgeting, delivery and evaluation of mental health services are underpinned and facilitated by well-functioning data collection and information systems. Since many

countries do not possess up-to-date information on the epidemiology, social determinants and service uptake of people with mental health conditions, a central goal of the EFAMH is to develop a mental health data platform that can serve to routinely collect data based on indicators jointly discussed and endorsed. This will lead to a better understanding of the mental health status of a population and of the performance of mental health systems, including social functioning, financial protection and service responsiveness.



## **Mental health innovation and research**

The discovery or development of new technologies and intervention approaches has shaped the landscape of mental health policy and practice for decades, and significant new bodies of scientific knowledge on biological and behavioural dimensions of mental health conditions are accumulating each year, much originating from within the WHO European Region. For a majority of people living with mental health conditions, however, both the services and the technologies made available to them are outdated. Moreover, service users are too often regarded as passive recipients and are not consulted regarding treatment decisions that affect them.

To close this gap and move towards universal health coverage and empowered decision-making for people with mental health conditions, countries can modernize their mental health-care services and practices by supporting local innovation, harnessing

digital and other new technologies and creating more opportunities for peer support. The exponential rise in the use of tele-based mental health services and other digital technologies that has occurred as a result of the disruptions brought about by the COVID-19 pandemic is a testament to the ability of national authorities and service providers to embrace innovation. Supported by a network of WHO collaborating centres working in the area of mental health, it is envisaged that the Pan-European Mental Health Coalition will provide a conduit for knowledge exchange on innovative practices, digital technologies and service user empowerment (Box 4).



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## **BOX 4. BUILDING LEADERSHIP AND A PAN-EUROPEAN COALITION FOR MENTAL HEALTH**

### **Mental Health Coalition**

- Convene stakeholders from Member States, non-State actors, development partners, individuals and interest groups in a coalition that will increase public understanding of mental health and tackle stigma and discrimination; galvanize and expedite efforts to enhance access to services and support at the community level; and mobilize direct investments in mental health services that promote and enable rights-based, person-centred care as well as public policies for living, learning and working conditions that protect and promote mental health.
- Facilitate leadership development, service improvement and exchange on public mental health within the Coalition functions, including creation of a peer-support structure for mental health leaders.
- Develop, implement and regularly monitor mental health policies and laws that comply with international human rights instruments.
- Promote and support multisectoral collaboration and the coordination of mental health and social care activities at the national and subnational level.

### **Data platform for mental health**

- Develop a mental health data platform for routine data collection based on indicators jointly discussed and endorsed for a better understanding of the mental health status of a population and the performance of mental health systems, including measuring social functioning, financial protection and service responsiveness.
  - Explore and use digital technologies to create more opportunities for peer support through policy-makers, workforce, service users and carers.
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# Annex 1. Policy developments and frameworks

The intrinsic value of good mental health and the wide-ranging determinants of mental health conditions, as well as the multisectoral nature of a comprehensive approach to mental health promotion, protection and care, form the basis for explicitly including mental health in the 2030 Agenda for Sustainable Development.<sup>9</sup> Indeed, a major implication of the SDGs and SDG 3.4 specifically (by 2030, reduce premature mortality from NCDs by a third through prevention and treatment, and promote mental health and well-being) is the renewed emphasis on implementing a robust public policy approach that addresses the known determinants of mental health as well as the needs of those already affected by mental health conditions and psychosocial disabilities. These determinants typically have their origin outside the health sector and include socioeconomic status, educational attainment and (in)equality. Accordingly, it is insufficient to view mental health as a public health challenge alone; rather it needs to be considered as

everyone's business and a priority for public policy more broadly.

Such a comprehensive, whole-of-government approach in the WHO European Region can be traced back at least to 2005, when Member States adopted a Mental Health Declaration for Europe at a Ministerial Conference on Mental Health held in Helsinki, Finland, which was cosigned by the European Commission and the Council of Europe and endorsed by the WHO Regional Committee for Europe.<sup>10</sup> This set an agenda for action to tackle stigma and discrimination and develop community-based services as well as to promote mental Health in All Policies. The European Pact for Mental Health and Well-being followed in 2008, which, in addition to combating stigma, devoted specific attention to the mental health of young people and older adults as well as workplace mental health and the prevention of depression and suicide.<sup>11</sup> Subsequent joint actions on mental health and well-being have continued to

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9 Transforming our world: the 2030 Agenda for Sustainable Development. New York: United Nations; 2015 (A/RES/70/1; <https://sustainabledevelopment.un.org/post2015/transformingourworld/publication>, accessed 17 August 2021).

10 Mental health declaration for Europe: facing the challenges, building solutions. Copenhagen: WHO Regional Office for Europe; 2005 (<https://apps.who.int/iris/handle/10665/349859>, accessed 17 August 2021).

11 European pact for mental health and well-being. Brussels: European Commission; 2008 ([https://ec.europa.eu/health/ph\\_determinants/life\\_style/mental/docs/pact\\_en.pdf](https://ec.europa.eu/health/ph_determinants/life_style/mental/docs/pact_en.pdf), accessed 17 August 2021).

support European Union Member States in building and sharing knowledge in these and other prioritized areas of work.

Regional and global recognition of the challenge that mental ill health poses to individual and population well-being, health and welfare systems, as well as to economic and sustainable development, has continued to grow over the last decade. In 2013, Member States of the WHO European Region unanimously endorsed the European Mental Health Action Plan 2013–2020.<sup>12</sup>

A final report on progress within this Action Plan was submitted for consideration at the 71st session of the WHO Regional Committee for Europe in 2021. Regarding WHO's Comprehensive Mental Health Action Plan 2013–2020, the 72nd World Health Assembly in 2019 confirmed through decision WHA72(11) the objectives of this plan as a contribution towards the achievement of SDG 3.4 and other goals and targets linked to NCDs; it also extended the period of the Action Plan to 2030 in order to ensure its alignment with the 2030 Agenda.<sup>13</sup> As part of the process of updating targets

and indicators as well as options for implementation for this plan, the WHO secretariat organized a series of online consultations with Member States and other stakeholders in 2020.

Other core public health agendas with important links to mental health include primary health care; universal health coverage; maternal, child and adolescent health; neurological and substance use conditions; other NCDs; disability; and healthy ageing. The United Nations General Assembly explicitly identified mental health conditions for prioritized action in the political declarations arising from the third High-level Meeting on the Prevention and Control of Noncommunicable diseases (2018) and from the High-level Meeting on Universal Health Coverage (2019).<sup>14</sup> At the level of the World Health Assembly, interlinkages with mental health are incorporated into a number of action plans and strategies: the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (extended to 2030); the Global Action Plan on the Public Health Response to Dementia 2017–2025; the Global Strategy and Action Plan on Ageing and Health 2016–2020; and

12 The European mental health action plan 2013–2020. Copenhagen: WHO Regional Office for Europe; 2015 (<https://apps.who.int/iris/handle/10665/175672>, accessed 17 August 2021).

13 Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. In: Seventy-second World Health Assembly, Geneva, Switzerland, 20–28 May 2019. Geneva: World Health Organization; 2019 (WHA72(11); [https://apps.who.int/gb/ebwha/pdf\\_files/WHA72/A72\(11\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72(11)-en.pdf), accessed 16 August 2021).

14 Resolution A/RES/73/2. Political declaration of the third High-level Meeting of the General Assembly on the prevention and control of non-communicable diseases. New York: United Nations; 2018 (<https://digitallibrary.un.org/record/1648984?ln=en>, accessed 18 March 2022); and Resolution A/RES/74/2. Political declaration of the high-level meeting on universal health coverage. New York: United Nations; 2019 (<https://digitallibrary.un.org/record/3833350>, accessed 18 March 2022).

the Global Disability Action Plan 2014– 2021. At the level of the WHO European Region, similar links are made in the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016– 2025; the European Child and Adolescent Health Strategy 2015–2020; and

the Strategy and Action Plan for Healthy Ageing in Europe, 2012–2020. All of these policy frameworks provide highly relevant context and purpose to a comprehensive approach to mental health promotion, protection and care as a public policy priority.





## 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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Azerbaijan	Israel	Federation
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Bosnia and	Kyrgyzstan	Slovakia
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