



World Health  
Organization

European Region

First meeting of the pan-European  
Mental Health Coalition:

# FROM DEBATE TO ACTION







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Mental Health Coalition:

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## Abstract

The WHO Regional Office for Europe organized the 1st meeting of the pan-European Mental Health Coalition on 4–5 May 2022 in a virtual format to begin development of the six working packages. Five parallel working group sessions were held to develop the strategic basis and content of each working package. Plenary sessions introduced the Coalition and summarized the outcomes of the parallel sessions. Discussion in each parallel session was structured using a framework designed by the Mental Health Flagship team. For each working package, an operationalized list of challenges, goals and actions for consideration were developed by Coalition members and supporters to direct the work of the Coalition in the coming year. Cross-cutting challenges included rampant mental health stigma at all levels of society, insufficient data based on shared indicators for implementation of interventions, insufficient knowledge of existing legislation, and a lack of consensus of what constitutes good practices. Goals for the working packages included galvanizing reform of mental health systems in response to rising awareness due to COVID-19 that everyone's mental health is vulnerable, while ensuring alignment with national, regional and global frameworks. Actions for consideration required the involvement of non-healthcare-sector actors, investment in research, and mapping of existing legislation and tools to enable their adaptation to the needs of different areas of the WHO European Region. Members of the Coalition saw a clear need to ensure integration of the working packages from the beginning of their development. This report provides a brief sketch of the results of the 1st meeting of the Coalition. As an unprecedented form of collaboration for WHO Regional Office for Europe, the lessons learnt from this meeting will help in refining the process of engagement and maximizing the impact of Coalition work on mental health systems within the European Region.

Document number: WHO/EURO:2022-5769-45534-65202

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**Suggested citation.** First meeting of the pan-European Mental Health Coalition: from debate to action. Copenhagen: WHO Regional Office for Europe; 2022. Licence: CC BY-NC-SA 3.0 IGO.

**Cataloguing-in-Publication (CIP) data.** CIP data are available at <http://apps.who.int/iris>.

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# Introduction

The pan-European Mental Health Coalition (hereafter, the “Coalition”) is a flagship initiative of 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 WHO European Region, particularly in the wake of the COVID-19 pandemic. The Coalition functions as the operationalizing instrument of the European Framework for Action on Mental Health (2021-2025)<sup>1</sup> (EFAMH). The EFAMH offers a structure for the planning, implementation and tracking of mental health services, programmes and policies throughout the European Region by laying 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.

Accordingly, the membership of the Coalition aims to reflect the diversity of action needed to implement a whole-of-society approach to mental health system reform. Besides Member State representatives, health care professionals and organizations, the Coalition taps non-government organizations and international non-governmental organizations, business organizations, charities, people with lived experience and more. With WHO Regional Office for Europe as facilitator and central node, the Coalition aims to create a network of actors to implement comprehensive and sustainable change throughout the Region.

Coalition work is organized around six working packages, the completion of which corresponds to successful implementation of the EFAMH:

1. mental health leadership
2. mental health and well-being of children, adolescents and young people
3. mental health and well-being of older adults
4. mental health in the workplace
5. mental health in emergencies
6. mental health service transformation

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1 European Framework for Action on Mental Health 2021-2025. Copenhagen: WHO Regional Office for Europe; 2022 (<https://www.who.int/europe/publications/i/item/9789289057813>; accessed 21 June 2022).

Based on knowledge gleaned from a technical consultation in February<sup>2</sup>, the WHO European Region organized the 1<sup>st</sup> meeting of the Coalition on 4-5 May 2022 in a virtual format to begin development of the six working packages. Five<sup>3</sup> parallel working group sessions were held to develop the strategic basis and content of each working package. Plenary sessions introduced the Coalition and summarized the outcomes of the parallel sessions.

Meeting participants, be those Coalition members or supporters, were asked to indicate their preferred working packages before the meeting but were given access to all parallel session Zoom links. While holding parallel sessions has resulted in some fragmentation of the working package topics, participants all saw these packages as interrelated and impossible to successfully implement in isolation. Fragmentation was considered a practical necessity in the context of this meeting. Integration of the packages to achieve the objectives of the EFAMH will be approached concurrently with the development of the content.

Following a brief outline of the framework used to structure discussions, this report summarizes the stated challenges, operationalized goals and proposed actions discussed in each parallel session. This is followed by a brief description of the next steps in developing and integrating the packages.

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2 Regional technical consultation on implementation of the WHO European Framework for Action on Mental Health 2021-2025 through the Pan-European Mental Health Coalition: virtual meeting, 15-16 February 2022. Copenhagen: WHO Regional Office for Europe; 2022 (<https://apps.who.int/iris/handle/10665/353412>, accessed 21 June 2022).

3 The parallel session on working package 5, Mental Health in Emergencies, was not held in order to devote time to the mental health and psychosocial support (MHPSS) response to the war in Ukraine, which was still developing at the time of the meeting. Instead, an hour-long briefing panel session was held, featuring WHO and Ukrainian experts delivering MHPSS in Ukraine and neighboring countries.

## Discussion framework

Discussion in each parallel session was structured using a framework designed by the Mental Health Flagship team (see Annex 1) to attain consistency in the outputs of each parallel session. Facilitators of the sessions were asked to guide discussions to broadly answer the framework questions and could supplement these questions with more specific ones in line with their topic.

Answers to these questions have been synthesized below into a set of challenges, goals, and actions for each working package. These challenges, goals and actions are not an exhaustive list. Rather, they can be considered operationalizations of those identified within the EFAMH, reflecting what participants—based on their expertise and experience—considered most pressing and feasible to achieve to successfully accomplish the EFAMH objectives.

# Outcomes of working package (WP) sessions<sup>4</sup>

## WP 1: Mental health leadership

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### STIGMA

#### Challenges

- Although attitudes have improved, stigma and discrimination of mental health conditions persist at the individual, interpersonal and societal levels, leading to a host of problems including but not limited to violence, avoidance of care, problems finding or retaining employment, family problems, lack of political will to reform mental health systems in policy, etc. It is especially important to tackle stigma in health care professionals.
- Peer learning networks for stigma are seldomly available.
- There are few evidence-based interventions for self, interpersonal and structural stigma, as well as stigma by association.

#### Goals

- Based on a thorough, intersectional understanding of stigma, its behavioural manifestations, and factors that perpetuate it, create a strengths-based, person-first narrative around mental health that avoids pathologizing the human experience.
- Build political will to tackle structural stigma.
- Increase opportunities for social contact and engagement of people with mental health conditions through training, education, peer learning networks, etc. Expansion of community-based mental health services contributes to this goal as well.

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<sup>4</sup> Three WP sessions—WP1, WP2, and WP6—were divided into thematic areas for practical necessity and availability of facilitators with expertise. These areas only partially reflect the related objectives in the EFAMH, but will be expanded in the future based on the resources and needs of the Mental Health Flagship.

## Actions for consideration

- Develop a logic model including outcomes, outputs, evaluation tools, potentially using the structure of stigma in the Lancet Stigma Commission report<sup>5</sup>.
- Develop a toolkit that provides step-by-step guides in:
  - › Developing anti-stigma campaigns and messages within them (and provide templates for local adaption);
  - › Training tools for stigma project coordinators; and
  - › Training tools for campaign champions with lived experience.
- Integrate anti-stigma interventions in primary care.
- Develop a tool to help countries undertake legislative analysis of laws that have mental health discrimination embedded within them.
- Develop a mental health leader toolkit that can train leaders in breaking down stigma.
- Establish a stigma peer-learning network across Europe—a community of practice to share materials, tools, data and learning.

## LEADERSHIP

### Challenges

- The horizontal nature of mental health reform does not fit with the vertical nature of bureaucracy, making it difficult to achieve lasting change through the involvement of other sectors. Health ministries lack the power to drive change themselves and require the collaboration of ministries of education, finance, sports, etc.
- There is an urgent need for greater mental health service provision, which may eclipse support and development of broader approaches to preventing mental ill health and promoting well-being.
- There are gaps in lived experience leadership and the involvement of people with lived experience in civil society organizations.

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5 Thornicroft G., Sunkel Ch., Announcing the Lancet Commission on stigma and discrimination in mental health. Volume 396, Issue 10262, P1543-1544, Nov. 14,2020. doi:10.1016/S0140-6736(20)32203-0 ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32203-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32203-0/fulltext)).

## Goals

- Building on opportunities created by COVID-19 and global strategic goals, integrate the promotion of mental well-being and the prevention of mental ill health into non-health sectors of society through lived experience leadership, quality data, capacity building and strategic messaging aligning with the needs and strengths of those sectors.

## Actions for consideration

- Create a framework of common values and goals that builds on both universal values and consideration of varying local contexts.
- Develop communication and advocacy strategies that position mental health and well-being as integral aspects of the functioning of all sectors of society.
- Collaborate and build synergies with the Masterclass on health policy development and implementation (under development subject to funding).

## WP 2: Mental health and well-being of children, adolescents and young people

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### WELLBEING OF YOUNG PEOPLE

#### Challenges

- COVID has impacted mental health and wellbeing of many young people, particularly in the areas of schooling, employment, and social connectedness, while also promoting significant anxiety/fear.
- Many countries lack policy that targets child and adolescent mental health and wellbeing.
- Investments have been made in poorly evidenced health promotion programs, while well-evidenced programs are not necessarily implemented or scaled.
- There is a lack of high-quality, culturally specific mental health data on youth mental health outcomes and interventions to support their mental health.
- Some countries show a disconnect between young people's awareness and desire for support and their ability to access support.

- Young people are not being meaningfully or consistently involved in decision making that impacts their mental health and wellbeing.
- School staff are not trained or supported to deliver mental health promotion, prevention or literacy-promoting activities in schools.
- There are considerable inequities in mental health outcomes for youth, such as those not in education or employment; who have a developmental, intellectual or physical disability; or who have limited family support.

## Goals

- Meaningfully engage young people in decision making that impacts their mental health and support countries/organizations that do this.
- Build capacity in schools to promote and protect the mental health of young people, supported by evidence-based interventions, practice guidance, training, curriculum development, monitoring/evaluation tools, and implementation infrastructure/support
- Extend promotion and prevention activities beyond schools by strengthening capacity in established community settings for youth (e.g. arts, sporting organisations), ensuring that the most vulnerable young people are not left out through knowledge generation that is culturally relevant and implementing in settings that reach vulnerable groups.
- Promote capacity of adults and families in supporting their own mental health to support that of their young people.

## Actions for consideration

- Develop indicators for youth mental health and wellbeing that can be used/adapted across different settings.
- Develop standards/guidelines for teacher training, curriculums for pre-service training in mental health promotion, prevention, and literacy.
- Create a repository of good practices, evidence-based interventions for improved knowledge translation.
- Build capacity for young people, clinicians, and organizations to advocate for national youth mental health policy.
- Raise awareness of the costs of poor mental health for young people and the co-benefits across sectors of addressing the structural drivers of poor mental health and wellbeing of youth.

- Conduct an investment case for mental health program and system funding.

## QUALITY OF CARE FOR CHILDREN, ADOLESCENTS AND YOUNG PEOPLE

### Challenges

- There is a lack of investment in qualified staff to provide mental health care for young people.
- Parents and children struggle to navigate the mental health care system, contending with high wait times due to increasing demand (particularly in primary care), services that are not tailored to young people, and a lack of access to integrated services.
- Treatment is often not effective enough, even when accessed.
- There are numerous barriers to seeking and accessing quality care for young people and their families, including stigma and the cost of accessing training and resources for evidence-based, manualized programs and assessment tools.
- There is a lack of continuity of care for young people moving from childhood into adolescence. Similarly, maternal health is dealt with separately from infant, child and adolescent mental health.
- Children and adolescents with chronic physical conditions, intellectual, neurological and developmental disabilities and other comorbidities are excluded from care
- Countries lack an essential drug list for child and adolescent mental health, and there is a lack of pharmaceutical studies for children and adolescents, which limits appropriate prescription.
- There is an overuse of screening tools in some contexts, especially in school settings, and school psychologists being underutilized in delivering psychological interventions. Screening at the expense of intervention uses up limited resources and creates further demands that cannot be satisfied.
- Inconsistencies in psychology training exist across the region (e.g. content, timing, registration requirements).
- The concept of “self-care” and the way it is communicated especially via social media is considered problematic and simplistic, placing the responsibility on individuals to improve their mental health.

## Goals

- Increase investment in the mental health workforce, community- and school-based care, support for free or low-cost access to evidence-based treatments and tools.
- Expand access to integrated, accessible “one-stop shop”-style mental health services for young people and their families, based on a transdisciplinary approach and appropriate diagnostic classification systems for children and adolescents. These services should be acceptable and accessible for all young people, especially the most vulnerable, addressing cultural and linguistic diversity, refugee and migrant youth and young people with co-morbidities.
- Ensure affordable/low-cost treatment for children, adolescents and young people, including those with intellectual and developmental disability.
- Ensure that young people are supported through key transitions including out of the education system and through child, adolescent and adult service systems.

## Actions for consideration

- Develop guidance on the implementation and available options for interventions and programming dependent on context.
- Conduct monitoring and evaluation of programs and services to inform service planning and improvement.
- Engage young people and youth representatives in all aspects of the development of this working package, including in the creation of a communication and media strategy.
- Draft a regional blueprint for how child, adolescent and youth services should be organised and provided based on context, population, workforce and resources.
- Build a repository of good practice and service models across the European region.
- Draft a country situation analysis tool to collect relevant data for sharing and identifying gaps in service availability, accessibility, quality and workforce

## WP 3: Mental health and well-being of older adults

### Challenges

- Ageism and stigma are persistent challenges across the Region, leading to discrimination, abuse and neglect, and more.
- Data on the mental health of older adults shows a complex picture (e.g. high mental well-being but low access to specialized services) that is not well understood.
- Age-friendly environments require further implementation support in the form of planning, financing and advocacy at the local level. Governments must be accountable for measures to ensure age-friendly environments rather than just using it as a label.
- Social isolation and loneliness are widespread among older adults, particularly following the COVID-19 pandemic.
- In many countries, long-term care is not integrated into the continuum of care and health and social care staff may not have the necessary competencies to provide the best care for older adults.

### Goals

- Aligning with the action areas of the UN Decade of Healthy Ageing<sup>6</sup>, establish a life course approach to healthy ageing that emphasizes promotion of well-being and prevention of mental ill health well before older age, backed by a nuanced, intersectional understanding of the social determinants of mental health and sufficient implementation support.
- Establish greater accountability and sustainability of existing local age-friendly initiatives that promote healthy ageing, with a particular focus on social prescribing models.
- Create a health and social care workforce and mental health care system that is fit for purpose in handling the specialized care needs of older adults.

### Actions for consideration

- Create a competency framework for health and social care staff and support on-the-job training to ensure its adoption and implementation.

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6 UN Decade of Healthy Ageing 2021-2030 [website]. Geneva: World Health Organization; 2022 (<https://www.who.int/initiatives/decade-of-healthy-ageing>, accessed 21 June 2022).

- Advocate to governments about the payoffs of a life course approach to mental health, such as through greater investment in services and age-friendly environments.
- Collect further data and evidence on interventions for healthy ageing.
- Create guidance on how to engage older adults in decision-making regarding their care, policymaking, and designing age-friendly environments— they should be involved in every aspect of planning around healthy ageing.
- Utilize the resources and knowledge accrued as part of the UN Decade of Healthy Ageing.
- Support the implementation, at the country level, of the Global Dementia Action Plan<sup>7</sup> as well as the development of national dementia action plans.

## WP 4: Mental health and well-being in the workplace

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### Challenges

- There is little data on the new risks associated with workplace mental health since COVID-19, such as the impact of remote work on work-life balance, the mental health impacts of returning to the office, and new forms of workplace incivility.
- At the same time, there is data on other work-related risk factors but insufficient data on the best ways of intervening and the principles of implementation.
- Legislation on workplace mental health is lacking or not enforced in many countries. It may also be explicitly discriminatory towards people with mental health conditions, preventing them from holding certain positions despite their qualifications.
- Employee assistance programs, where available, are underutilized, in part due to stigma of mental health conditions.

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7 Global action plan on the public health response to dementia 2017–2025. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/handle/10665/259615>, accessed 21 June 2022).

- There is a flourishing “well-being industry” without legislative oversight or fidelity measures that risks harming mental health by delaying or preventing uptake of evidence-based treatment or providing misinformation.

## Goals

- To develop—through comprehensive, evidence-based policy, education and training—mentally healthy and safe workplaces where support for those with mental health problems is available and culturally sensitive.
- To raise awareness and advocate on mental health in the workplace for all stakeholders, including employers, national actors, employee organizations vulnerable groups (e.g. people with lived experience, informal workers, refugees), media actors, etc.
- To build the capacities of the mental health workforce, occupational health and safety workers, employees, and leaders in the prevention mental ill health and promotion of well-being in the workplace.

## Actions for consideration

- Map and review policies relevant to mental health in the workplace across the WHO European Region and create concrete policy recommendations and actions, supported by a clear communication and follow-up strategy to ensure accountability.
- Identify how to best engage specific stakeholders in leading change in workplace mental health (e.g. employers, public health agencies, policymakers, people living with mental health conditions).
- Develop quality standards for providers of mental health services in the workplace and identify good practices.
- Develop training that complements existing mental health training tools (e.g. mhGAP) and is adapted to specific workplaces to improve mental health literacy in the workforce.
- Develop clear, simple indicators (no more than 7) to facilitate collection and comparison of mental health data.

## WP 6: Mental health service transformation

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### INTEGRATING MENTAL HEALTH INTO PRIMARY HEALTH CARE

#### Challenges

- Mental health care is not well integrated with primary health care. Mental health is defined in a narrow sense in primary health care; there is a need to consider its integration with well-being. Mental health services also tend to receive less attention and priority in budget allocation. Practitioners have difficulty in recognizing mental health problems and treating them appropriately, there are insufficient psychosocial interventions, and there is little acknowledgment of prevention and promotion as pillars of intervention in primary health care. While specialists are in contact with primary health care services, there is a lack of supervision concerning their involvement.
- Overall, there is a lack of a life course approach to mental health in health care services.
- Stigma is a barrier to accessing mental health services in general.
- Primary health care practitioners tend to emphasize task shifting as opposed to task sharing.
- Community-based services are not as developed as inpatient care (institutions) due to financing priorities, which in turn are influenced by structural stigma.
- Although there are strategies to scale up the integration of mental health services into primary health care (e.g. upskilling [task re-definition, training, decision aides], expansion [multi-disciplinary teams and family members as frontline workers], integration [coordinated support of specialists to primary health care], and networking [engaging with community organizations and ecosystem of mental health actors], these are not yet mainstreamed.
- In many countries of the region, while mental health in primary health care has seen greater investment, there is still an over-reliance on institutions.
- In high-income countries, there is a greater focus on psychosocial interventions and collaborative care.

## Goals

Utilize a systems approach centred on multidisciplinary governance (inter-ministerial, intersectoral action) and integration of biomedical and psychosocial approaches to:

- enhance the quality of mental health care services across the European Region;
- change the financing mechanisms of health care systems to devote less resources to inpatient care and more resources to primary health care for achieving effective and sustainable deinstitutionalization;
- invest in a multidisciplinary workforce and training; and
- promote the use of collaborative care over stepped care at the policy level.

## Actions for consideration

- Address treatment gaps for mental health in primary health care, driven by the principle of achieving deinstitutionalization.
- Create a shared definition of what mental health conditions can be treated at the primary health care level.
- Invest and conduct further research on implementation of policies related to mental health in primary health care.
- Create a knowledge community platform for sharing good tools and practices that support the integration of mental health into primary health care.
- Systemize the post-graduate training of health care staff.
- Develop the capacities of the general population on advocating for why and how to transition mental health services into community care.
- Advocate among policymakers for the integration of public health and mental health policies.
- Invest in digital tools as mean of communication, education, and access to basic services.

## MENTAL HEALTH WORKFORCE

### Challenges

- The mental health workforce is insufficient to meet current needs (e.g. social workers, occupational therapists), particularly in low-income countries, and peer supporters are not sufficiently considered as part of the workforce.
- There is an overall lack of political will in investing in the mental health workforce, leading to a lack of integration of mental health in public health policies and low expenditure on the mental health workforce.
- Mental health services are not sufficiently culturally adapted due to a lack of capacity-building opportunities among the workforce.
- There is an overall lack of data on the mental health workforce, including in primary care, public health, schools, and the workplace.
- Stigma among the health care workforce remains a major barrier to access to mental health care.

### Goals

- Invest in the mental health workforce and maximize the use of existing resources to achieve universal coverage for treatment of mental health conditions, prevention of these conditions and their associated impacts, and promotion of mental wellbeing and resilience.
- Ensure that the mental health workforce is skilled in the provision of a human-rights-based approach to care.
- Promote the inclusion of peer supporters in the mental health workforce and the involvement of service users in the learning culture.

### Actions for consideration

- Engage in constant horizon scanning, linking actions with best available evidence and supporting knowledge generation where there are evidence gaps.
- Conduct a situational analysis of the mental health systems in the WHO European Region, including mental health services delivery, infrastructure, human resources for mental health (including regulation, training, capacity building, etc.).

- Invest in digital technology to increase access to necessary training as well as provide care, while also taking action to minimize digital exclusion.
- Engage in coordinated leadership across sectors to inspire and supports political engagement.
- Conduct a mapping of legislation to identify the barriers and enablers to a sufficiently skilled and sizeable mental health workforce.
- Share existing competency mappings for the mental health workforce.

## Next Steps

The WHO Secretariat is preparing work on a preliminary mapping exercise to identify existing evidence, technical resources, tools, guidance and policy relevant to each of the above working packages. This mapping, alongside the actions proposed during the first meeting of the Coalition will form the basis of the working package outputs over the next 12 months. Coalition members will be engaged to contribute to and refine outputs at each stage of development.

Communication and advocacy materials (e.g. infographics, key messages, social media materials, etc.) will be created by WHO in collaboration with Coalition members to raise the visibility of the Coalition and its work throughout the WHO European Region.

Options for utilizing the newly developed WHO Knowledge Communities platform to support Coalition activities are currently being explored by the WHO Secretariat and colleagues from the Regional Office for Europe. We will provide an update to Coalition members and supporters with further details in the coming months.

Subregional meetings are being planned on WP1, WP2, and WP3 to further develop the content of these packages in collaboration with Coalition members who were unable to attend the first meeting and to gather further insight onto specific needs in underrepresented portions of the Region. Meetings on the remaining working packages will be planned either for this year or early next year.

This report provides a brief sketch of the results of the 1<sup>st</sup> meeting of the Coalition. As an unprecedented form of collaboration for WHO Regional Office for Europe, the lessons learnt from this meeting will help in refining the process of engagement and maximizing the impact of Coalition work on mental health systems within the European Region.

# Annex 1

## Framework for WP discussions

Key questions	Discussion points and prompts
1. What is the vision for the work and what are we aiming for?	After the work is complete, how should Europe be different?
3. What is the current state of the work area in the region?	What are the problems, gaps and challenges? What/where are the strengths and successes? Where are the inequities? Who is missing out? What are the inconsistencies across the region?
2. What principles/policies need to be incorporated or embedded?	User/patient and family involvement Stigma Human rights Gender UHC Disability
4. What is required to move from current to future state—to overcome challenges and achieve the vision?	Data, evidence? Policy development? (Regional, country level) Workforce development? Competency frameworks? Quality standards? Best practice examples? Demonstration sites? Other implementation tools/resources/strategies? (partnerships, leadership, funding, infrastructure, buy-in etc) Advocacy?
5. Based on above - what are our priority outputs?	Considering feasibility, acceptability, time Responsibilities and actions for Coalition members?
6. How might we measure progress and success?	Indicators Measures, tools Framework for evaluation

# Annex 2

## Agenda

### Wednesday 4 May 2022 – DAY 1

09:00–09:30

#### Plenary session

#### Opening remarks and greetings

**Hans Kluge**, Regional Director, WHO Regional Office for Europe

**Stella Kyriakides**, EU Commissioner for Health and Food Safety

**Stelios Kypouropoulos**, Member of European Parliament

**Ben Ogden**, Mental Health Youth Advocate (United Kingdom)

**Yanna Panfilova**, Teenergizer, (Ukraine)

#### Chair:

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

09:30–10:30

#### Facilitators:

**Ledia Lazeri**, Regional Adviser, Mental Health Flagship, WHO Regional Office for Europe, Denmark

**Heather Papowitz**, Incident Manager Ukraine Crisis, WHO Regional Office for Europe, Denmark

#### Speakers:

**Jarno Habicht**, WHO Representative, Head of WHO Country Office in Ukraine

**Fahmy Hanna**, Technical Officer Department of Mental Health and Substance Abuse, WHO Headquarters, Switzerland

**Alisa Ladyk-Bryzghalova**, National Professional Officer for Mental Health, WHO Country Office in Ukraine, Ukraine

09:30–10:30

**Oleksii Kostiuchenkov**, Psychiatrist of the Community Mental Health Team in Donetsk oblast, Ukraine

**Natalia Morhun**, Family doctor practicing mhGAP in Donetsk oblast, Ukraine

**Melita Murko**, Technical Officer, Mental Health Flagship, WHO Regional Office for Europe, Denmark

11:00–15.00

Parallel sessions on the working packages

(Incl. lunch break:  
12.30 – 13.30)

WORKING  
PACKAGE 1*Mental health leadership***Facilitators:**

**Benedetto Saraceno**, Professor at Lisbon Institute of Global Mental Health, Portugal

**Sue Baker**, OBE, Consultant on mental health, Changing Minds Globally, United Kingdom

**Steve Appleton**, President and Chief Executive, International Initiative for Mental Health Leadership (IIMHL/IIDL), United Kingdom/Switzerland

WORKING  
PACKAGE 2*Supporting the mental health and well-being of children, adolescents and young people*

2a. Wellbeing of youth

2b. Quality of mental health care for children and adolescents

**Facilitators:**

**Martin Weber**, Team Lead, WHO Office on Quality of Care and Patient Safety, Greece

**Amanda Shriwise**, Consultant, WHO European Office for Investment for Health and Development, Italy

**Fusun Çetin Çuhadaroğlu**, Chair, Child and Adolescent Psychiatry Department, Hacettepe University, Türkiye

WORKING  
PACKAGE 3*Supporting the mental health and well-being of older adults***Facilitators:**

**Manfred Huber**, Regional Technical Officer on Healthy Ageing, WHO Regional Office for Europe, Denmark

**Yongjie Yon**, Technical Officer, Policy Implementation and System Transformation, WHO Regional Office for Europe, Denmark

**Kristine Galstyan**, Public Health Division, Ministry of Health of the Republic of Armenia

**WORKING PACKAGE 4**

*Supporting the promotion of mental health in the workplace*

**Facilitators:**

**Poppy Jaman**, CEO, City Mental Health Alliance, United Kingdom

**Aiysha Malik**, Technical Officer, Department of Mental Health and Substance Use, WHO Headquarters, Switzerland

**WORKING PACKAGE 6**

*Supporting countries in transforming mental health services*

**Facilitators:**

**Jonathan Campion**, Director for Public Mental Health (South London and Maudsley NHS Foundation Trust), United Kingdom

**6a.** Mental Health workforce

**Melitta Jakab**, Head of Office, WHO European Center for Primary Health Care, Kazakhstan

**6b.** Mental health in Primary Health Care

**Michael Shannon**, Faculty of Nursing & Midwifery, Royal College Surgeons Ireland

**15.00**

Closing session  
Concluding remarks

## Thursday 5th May 2022 – DAY 2

<p><b>09:00 – 09:30</b></p>	<p>Plenary Session on Partnerships</p>	<p><b>Facilitator:</b>  <b>Svenja Herrmann</b>, External Relations Officer, WHO Regional Office for Europe, Denmark</p>
<p><b>09:30 – 13:00</b>  (incl. coffee break 11:00 – 11:30)</p>	<p>Parallel sessions on the working packages (continued)</p>	
<p><b>WORKING PACKAGE 1</b></p>	<p><i>Mental health leadership</i></p>	<p><b>Facilitators:</b>  <b>Sue Baker</b>, OBE, Consultant on mental health, Changing Minds Globally, United Kingdom  <b>Steve Appleton</b>, President and Chief Executive, International Initiative for Mental Health Leadership (IIMHL/IIDL), United Kingdom/Switzerland</p>
<p><b>WORKING PACKAGE 2</b></p>	<p><i>Supporting the mental health and well-being of children, adolescents and young people</i></p> <p><b>2a.</b> Wellbeing of youth  <b>2b.</b> Quality of mental health care for children and adolescents</p>	<p><b>Facilitators:</b>  <b>Martin Weber</b>, Team Lead, WHO Office on Quality of Care and Patient Safety, Greece  <b>Amanda Shriwise</b>, Consultant, WHO European Office for Investment for Health and Development, Italy  <b>Fusun Çetin Çuhadaroğlu</b>, Chair, Child and Adolescent Psychiatry Department, Hacettepe University, Türkiye</p>
<p><b>WORKING PACKAGE 3</b></p>	<p><i>Supporting the mental health and well-being of older adults</i></p>	<p><b>Facilitators:</b>  <b>Manfred Huber</b>, Regional Technical Officer on Healthy Ageing, WHO Regional Office for Europe, Denmark  <b>Yongjie Yon</b>, Technical Officer, Policy Implementation and System Transformation, WHO Regional Office for Europe, Denmark  <b>Kristine Galstyan</b>, Public Health Division, Ministry of Health of the Republic of Armenia</p>

**WORKING PACKAGE 4**

*Supporting the promotion of mental health in the workplace*

**Facilitators:**

**Poppy Jaman**, CEO, City Mental Health Alliance, United Kingdom

**Aiysha Malik**, Technical Officer, Department of Mental Health and Substance Use, WHO Headquarters, Switzerland

**WORKING PACKAGE 6**

*Supporting countries in transforming mental health services*

**6a.** Mental Health workforce

**6b.** Mental health in Primary Health Care

**Facilitators:**

**Jonathan Campion**, Director for Public Mental Health (South London and Maudsley NHS Foundation Trust), United Kingdom

**Melitta Jakab**, Head of Office, WHO European Center for Primary Health Care, Kazakhstan

**Michael Shannon**, Faculty of Nursing & Midwifery, Royal College Surgeons Ireland

**14:00 – 15:30**

Plenary session

Reporting back from the working groups

Aligning European work with the WHO Global Action Plan

Knowledge Communities Platform for Mental Health Coalition

Design of the working packages and way forward

**Facilitators:**

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

**Ledia Lazeri**, Regional Adviser, Mental Health Flagship, WHO Regional Office for Europe, Denmark

**Working group rapporteurs**

**Devora Kestel**, Director, Department of Mental Health and Substance Use, WHO Headquarters, Switzerland

**David Novillo Ortiz**, Regional Advisor, Data and Digital Health, WHO Regional Office for Europe, Denmark

# Annex 3

## List of Participants

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### WORKING PACKAGE 1: MENTAL HEALTH LEADERSHIP

#### WHO Regional Office for Europe Focal Points

Ledia Lazeri

Luca Naccari

#### Facilitators

Benedetto Saraceno

Sue Baker

Steve Appleton

#### Participants

Roma Active Albania

John Jenkins

Kuanysh Altynbekov

Tamilla Kadyrova

Judit Balazs

Mogens Kirkeby

Anton Basenko

Vitalii Klymchuk

Dalit Ben Yaacov Cohen

Mario Luciano

Victor Boşuş

Gergana Manolova

Yana Bykova

Marina Melkumova

Marisa Casanova Dias

Roberto Mezzina

Teodora Ciolompea

Veljko Mijic

Liron David

Ministry of Health, Turkmenistan<sup>8</sup>

Geert Dom

Matt Muijen

Michal Edelman

Ley Muller

Rebecca Eumorfopoulos

Tamara Nolan

Anna Fox

Ainslie O'Connor

Wolfgang Gaebel

Revital Ordan

Abel Gimba

Carrie Peterson

Jason Grant

Marge Reinap

Anton Grech

Shaden Rizek

Dirk Hadrlich

Sean Russell

Adriatik Hasantari

Orazmyrat Sakgarow

Claire Henderson

Liuska Sanna

Bernard Jacob

Elisabetta Scanferla

Jules James

Stephanie Sorvillo

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<sup>8</sup> Turkmenistan has several technical focal points who joined as a collective.

Lene Søvold  
 Fabrizio Starace  
 Oleksii Sukhovii  
 Piotr Toczyski  
 Hedinn Unnsteinsson

Anna Vasileva  
 Simon Vasseur-Bacle  
 Kristian Wahlbeck (rapporteur)  
 Margaret Walker

## WORKING PACKAGE 2: MENTAL HEALTH AND WELL-BEING OF CHILDREN, ADOLESCENTS AND YOUNG PEOPLE

### WHO Regional Office for Europe Focal Points

Cassie Redlich

Ida Strömgren

### Facilitators

Martin Weber

Amanda Shriwise

Fusun Çetin Çuhadaroğlu (rapporteur)

### Participants

Fatima Awil

Olga Manukhina

Anna Bailie

Marina Melkumova

Judit Balazs

Nick Morgan

Vivian Barnekow

Irina Moroz

Margaret Barry

Nikolay Negay

Anton Basenko

Saoirse Nic Gabhainn

Edita Bishop

Isabel Noguera

Gilad Bodenheimer

Tamara Nolan

Agnes Brunak

Ben Ogden

Yana Bykova

Olympia Palikara

Carmel Cefai

Stefan Priebe

Pim Cuijpers

Vinciane Quoidbach

Veronika Eichinger

Vedran Raguž

Naim Fanaj

Monica Rodrigues

Alessia Federiconi

Magda Rooze

Kostas Fountoulakis

Cloe Rossenbacher

Abel Gimba

Tatiana Salisbury

Joachim Hein

Chiara Servili

Tamilla Kadyrova

Mireia Solerdelcoll Arimany

Zurab Kekelidze

Ivana Svobodová

Marloes Kleinjan

Nicoline Tamsma

Tamás Kurimay

## WORKING PACKAGE 3: MENTAL HEALTH AND WELL-BEING OF OLDER ADULTS

### WHO Regional Office for Europe Focal Point

Elena Shevkun

#### Facilitators

Manfred Huber

Yongjie Yon

Kristine Galstyan (rapporteur)

#### Participants

Tal Bergman Levy

Leah Macaden

Hillevi Busch

Kaisa Marin

Edina Camdzic

Anne McCusker

Veronika D'anna

Isabel Noguer

Sara Darias

Stephania Pascut

Katie Davis

Carrie Peterson

Frederique Djurdjevic

Lyubov Pishchikova

Alexander Dron

Monica Rodrigues

Kira Fortune

Elena Shevkun

Kristine Galstyan

Pia Solin

Jean Georges

Stavros Stathopoulos

Geoff Green

Gabriela Stoppe

Turkmenistan Focal Point<sup>9</sup>

Dmitry Tamazov

Niklas Hubek

Nina Tamminen

Manfred Huber

Olena Temchenko

Stefania Ilinka

Ivana Todorovic

Karin Inglis

Samuele Tonello

Lars Larsen

Henriette van der Roest

Valerie Lust

Yongjie Yon

## WORKING PACKAGE 4: MENTAL HEALTH AND WELL-BEING IN THE WORKPLACE

### WHO Regional Office for Europe Focal Point

Jason Maurer

#### Facilitators

Poppy Jaman

Aiysha Malik

<sup>9</sup> Turkmenistan has several technical focal points who joined as a collective.

## Participants

Jose Luis Ayuso-Mateos	Claudia Marinetti
María de los Ángeles López Hernández	Lisete Mónico
Jocelyn Deloyer	Pedro Moura
Eugene Farrell	Ainslie O'Connor
Sara Giorgi	Sandra Pontes
Afonso Gouveia	Martina Rojnic Kuzman
Susanna Harkonen	Dorota Sienkiewicz
Tamilla Kadyrova	Elena Temchenko
Yosef Kamal	Piotr Toczyski
Alexander Koliada	Balkan Welayat
Biljana Lakic	Ivan Williams Jimenez
Bjørn Lau	Petr Winkler (rapporteur)
Laura Marchetti	Terry Wou

## WORKING PACKAGE 6: MENTAL HEALTH SERVICE TRANSFORMATION

### WHO Regional Office for Europe Focal Point

Ana Tijerino

### Facilitators

Jonathan Campion	Melita Jakab
Michael Shannon	

### Participants

Alexei Alexandrov	Jana Chihai
Sebnem Avşar Kurnaz	Teodora Ciolompea
Corrado Barbui	Walter De Caro
Anton Basenko	Nancy De Jesus
Claudia Battiston	Leen De Nutte
Tommaso Bonavigo Trieste	Annett Ehrlich
Pere Bonet Dalmau	Dimos Fotopoulos
Liesbeth Borgermans	Kristine Galstyan
Gertrude Buttigieg	Francesca Gastaldon
Jonathan Campion	Domenico Giacco
Emanuele Caroppo	Tadeusz Hawrot
Marisa Casanova Dias	John Jenkins
Giulio Castelpietra	Tamilla Kadyrova
Francesca Centola	Maria Karekla
Goran Cerkez	Hans Kroon

Rasťo Letnický  
Sofia Marchã  
Pall Matthiasson  
Roberto Mezzina  
Lisete Mónico  
Matt Muijen  
Isabel Nogueir  
Prashko Olena  
Ionela Petrea  
Olena Prashko  
Anne Randväli  
Heather Rogers  
Cloe Rossenbacker

Ignas Rubikas  
Elisabetta Scanferla  
Johannes Schobel  
Daria Smirnova  
Armen Soghoyan  
Stephanie Sorvillo  
Oleksii Sukhovii  
Ivana Svobodová  
Laura Toftegaard  
Turkmenistan Focal Point<sup>10</sup>  
Tom Van Daele  
Emma Wadey  
Anna Winge

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<sup>10</sup> Turkmenistan has several technical focal points who joined as a collective.





## The WHO Regional Office for Europe

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**Document number:**  
**WHO/EURO:2022-5769-45534-65202**