

Mental health promotion and protection in Europe and Estonia

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An invisible threat

- 1. You cannot see it .. even though it is out there*
- 2. Signs or symptoms often set in before you know it*
- 3. Severe cases / course of illness can result in death*
- 4. The impact on affected individuals / families can be hard and long-lasting*
- 5. Most countries are ill-equipped to prevent or manage it well*

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It is not just COVID-19 that represents a public health and socioeconomic challenge ..

Mental health in numbers

1. *100% of us need good mental health to flourish!*
2. *~1 in 10 of us (and 1 in 5 young people) experience mental health challenges at any one time .. often hidden, suffered in silence, untreated (> 100 million in WHO EUROpean Region)*
3. *< 30% coverage for common MH conditions in higher-resourced countries and as low as 5% in less-resourced contexts*
4. *800,000 deaths per year due to suicide globally (140,000 in EURO); suicide 2nd leading cause of death in adolescents and young adults*

Outline

1. Public mental health: *What principles and approaches are key?*
2. COVID-19 & mental health: *What just happened? How do we need to adapt?*
3. Policy into practice: *What can we learn and take from the actions of others?*

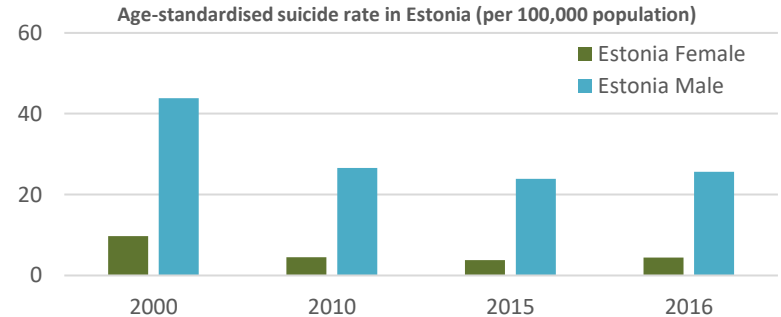
Current situation and context

Europe

- Global and European mental health action plans (2013-2020), plus WHO global report on suicide (2014)
- Increasing number of EURO countries developing and implementing mental health & suicide prevention strategies
- Increasing availability of evidence, tools and resources for national suicide prevention and mental health protection strategies

Estonia

- Psychiatric care Act (2016)
- Mental health included in National Health Plan; mental health strategy (Green paper)
- A reduced but still concerning rate of suicide



WHO European Mental Health Action Plan 2013-2020

Overarching aims

- Improve the mental well-being of the population and reduce the burden of mental disorders, with a special focus on vulnerable groups, exposure to determinants and risk behaviours.
- Respect the rights of people with mental health problems and offer equitable opportunities to attain the highest quality of life, addressing stigma and discrimination.
- Establish accessible, safe and effective services that meet people's mental, physical and social needs and the expectations of people with mental health problems and their families.

Dimensions of mental health

Positive mental health

Mental distress

Mental disorder

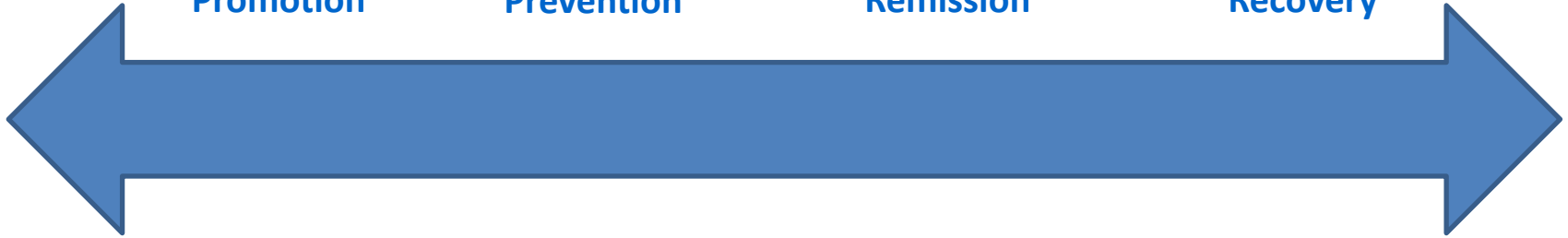
Psychosocial Disability

Promotion

Prevention

Remission

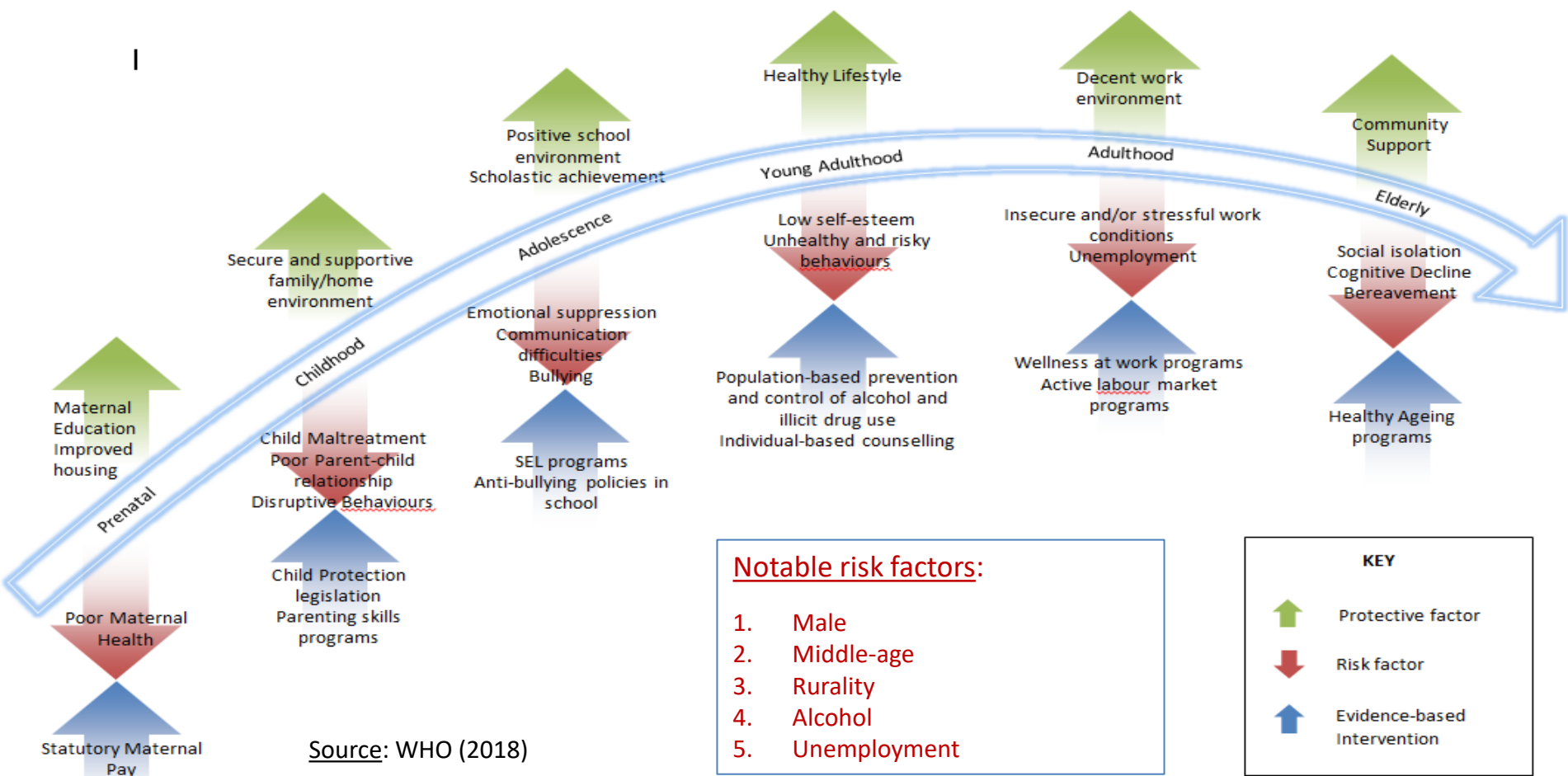
Recovery



Strategically vital approaches to mental health promotion and protection

1. A life course approach
2. An equitable, rights-based and person-centred approach
3. An evidence-based approach
4. A multi-sectoral approach

Mental health risks, protective factors and interventions over the life course



- Notable risk factors:**
1. Male
 2. Middle-age
 3. Rurality
 4. Alcohol
 5. Unemployment

KEY

- ↑ Protective factor
- ↓ Risk factor
- ↑ Evidence-based Intervention

Source: WHO (2018)

Inequities in mental health, 2016

Scoring <50 on the WHO-5 Mental Wellbeing Index (age adjusted)

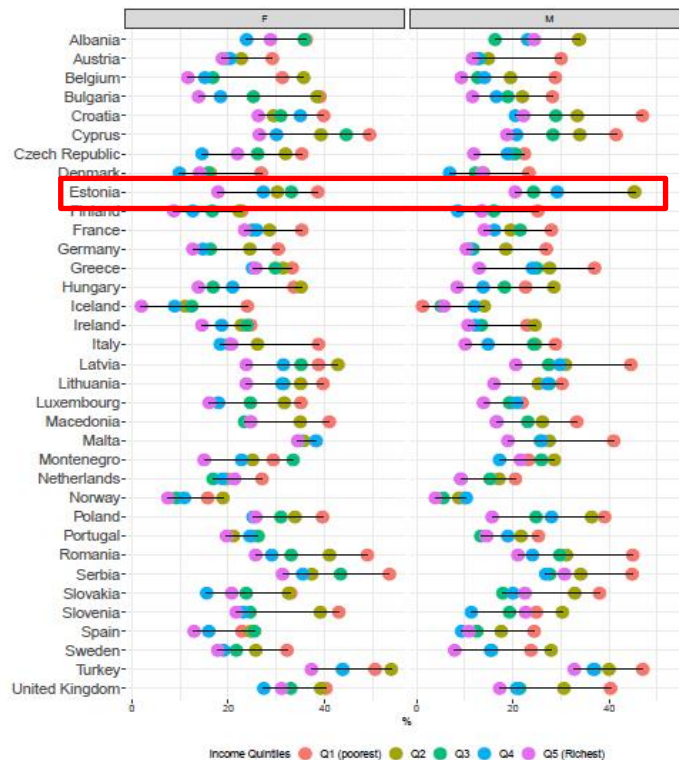
- The poorest are around 2x more likely to have poor mental health
- No marked changes in income inequities in reporting poor mental health since 2007

Source: WHO EURO Health Equity Status Report (2020)

WHO European Office for Investment for Health & Development



Poor mental health by income quintiles



Sources: EQLS, 2007-2016

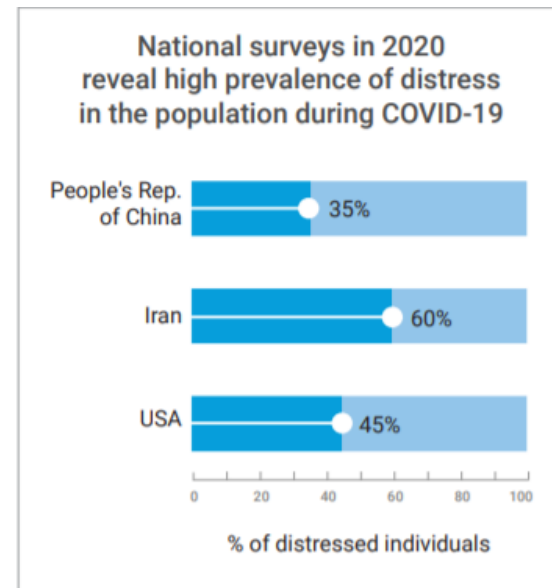
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COVID-19 and the need for action on mental health

https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf

- Mental health impacts / consequences
 1. Direct effects of disease outbreak (fear, anxiety)
 2. Indirect effects of IPC measures (isolation, lock-down)
 3. Indirect effects of socioeconomic fall-out (debt, unemployment, impoverishment, exclusion)
- Mitigating actions
 1. Adopt a whole-of-society approach
 2. Ensure mental health / psychosocial support
 3. Support recovery by 'building back better'



More longitudinal impact studies here: covidminds.org

COVID-19 and mental health services




Impacts

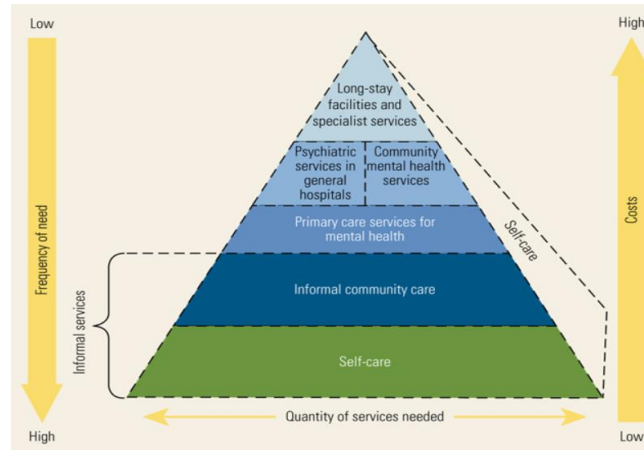
- Dramatic reduction in access to / availability of facility-based services and community-based supports
- Outbreaks / lock-downs in long-term care settings
- Conversion of psychiatric wards into COVID wards
- Infection and severe strain among the mental health workforce

Mitigation strategies

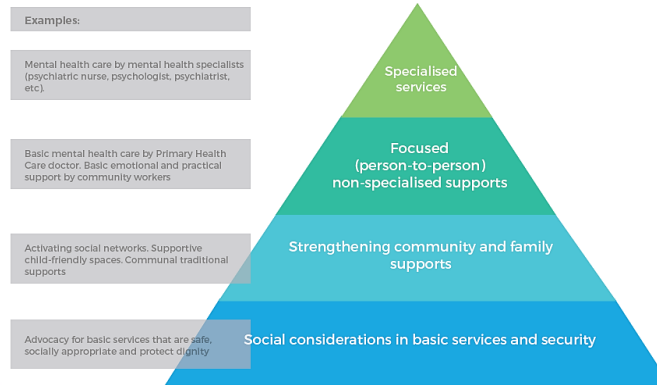
- Retention of essential MH services
- Switch to remote care / digital platforms / telemedicine (hot-lines, online consultations)
- Increased focus on psycho-education and self-help (coping, stress management)
- Psychological support to health care workers

Mental health and psychosocial support needs and interventions

Level	Interventions and Target population
Specialized mental health care & support 	<p><u>What?</u> Psychiatric / psychological treatment (tele-mental health)</p> <p><u>Who?</u> <i>Persons with new or pre-existing mental health conditions</i></p>
Basic / non-specialized mental health & psychosocial support 	<p><u>What?</u> Psychological first aid; hotlines; primary mental health care</p> <p><u>Who?</u> <i>Affected front-line workers, bereaving families, vulnerable groups</i></p>
Community, school & workplace support 	<p><u>What?</u> Socio-emotional learning Peer support networks; employee assistance programs</p> <p><u>Who?</u> <i>School-aged children; employees; older adults</i></p>
Self-awareness & self-care; family support	<p><u>What?</u> Mental health awareness and stress management</p> <p><u>Who?</u> <i>All affected households</i></p>



[Service Organization Pyramid for an Optimal Mix of Services for Mental Health](#)



[IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings](#)

UN resources for COVID-19 MHPSS response and recovery

- **UN** [Policy brief on COVID-19 and mental health](#)
- **IASC** [[Inter-Agency Standing Committee](#)]
 - [Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak](#)
 - [Operational considerations for Multisectoral MHPSS Programmes during the COVID-19 Pandemic](#)
 - [Guide to psychosocial skills for COVID-19 responders](#)
 - [My Hero is you](#) (a children's storybook)
- **WHO:**
 - [Mental health and psychosocial considerations during the COVID-19 outbreak](#)
 - [Doing What Matters in Times of Stress: An Illustrated Guide](#)
 - [#HealthyAtHome - Mental health](#)
- **UNICEF:**
 - [Social stigma associated with the coronavirus disease \(COVID-19\)](#)
 - [Community-based MHPSS in humanitarian settings](#)

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What does success look like? A walk around Europe

National-level programmes that have been scaled-up and demonstrated impact

Mental health awareness / anti-stigma

Denmark

Suicide prevention

Austria

Improved access to psychological therapies

United Kingdom

Mental health reform

Belgium

Mental health and human rights

Czechia

Dementia policy and services

Slovenia

Anti-stigma national campaign

Denmark

Programme description

- The Danish campaign ONE OF US is a nationwide campaign including regional and local activities. The campaign focuses on five main themes:
- The youth | The labour market | Service users and relatives | Staff in health and social services | The media and the public
- ONE OF US was officially launched in 2011 and will continue to 2021.

Programme impacts

- High level of activity at national, regional and local level, effective campaign strategies, a growing network nationally and internationally, a growing awareness of the campaign in the public and increasing readiness to 'open up doors' and invite people in for a talk about mental illness.
- Influence on the government's release of a new national action plan for the development and quality of psychiatric treatment, which now contains objectives of more systematic involvement of patients/service users and relatives as well as increased knowledge about recovery among health professionals and the public.

Success factors / take-away points

- *Strong messages and 'branding' i.e. communication, generates high visibility, even for small investment of resources*
- *Initial support / pilot funding by government, which was amplified following evaluation of initial phase of activity*
- *Knock-on / multiplier effects, e.g. on policy development*

Suicide prevention (SUPRA)

Austria

Programme description

- Launched in 2012, SUPRA is a multilevel national suicide prevention programme with objectives to
 1. ensure support for risk groups,
 2. restrict access to means
 3. raise awareness and develop media support
 4. integrate suicide prevention into other health promotion activities
 5. support research on suicide.

Programme impacts

- Awareness for mental health and suicide prevention have increased among policy makers.
- Several federal states have drawn on the SUPRA implementation concept for their own local suicide prevention programmes
- A variety of new national and regional suicide prevention projects got funded

Success factors / take-away points

- *Establishment of a coordination centre at the Public Health institute to support the process of implementation*
- *Low-hanging fruit - Goals and measures that were already ongoing (i.e. media guidelines) or easy to achieve (e.g. annual conferences) were conducted immediately*
- *Start-up package developed and shared with provinces*

Improving access to psychological therapies (IAPT)

England

Programme description

- NHS programme offering evidence-based psychotherapies to persons suffering from depression and anxiety disorders
- Launched in 2008, IAPT was funded by the UK government (GBP 100 million per year) to enable more equitable access to evidence-based care
- Training a new cadre of therapists in CBT and non-CBT psychotherapies

Programme impacts

- More than 1 million people accessing IAPT service per year; plans to reach 1.9 million by 2023/24
- Recovery rates consistently in excess of 45% and 65% significantly improved
- Nearly 4,000 new practitioners trained and 45,000 people moving off sick pay and benefits in first 3 years
- Expanded to also now cover children and adolescents, and long-term physical & mental health conditions

Success factors / take-away points

- *Strong advocates at start to push for programme initiation*
- *Economic / investment case made*
- *Linked to national mental health strategy implementation*
- *Initial piloting and evaluation*
- *Ongoing outcome-oriented monitoring*

National mental health system reform

Belgium

Programme description

- In May 2010, a 'Guide towards a better mental health care', set out a new programme and organisational network model for the country.
- Newly established multi-sectoral mental health care networks carry out several key functions:
 1. Prevention and promotion of mental health care, early detection, screening
 2. Ambulatory teams offering intensive treatment (both acute and chronic)
 3. Rehabilitation team focusing on recovery and social inclusion
 4. Residential intensive treatment and specific housing facilities

Programme impacts

- Creation of 22 multi-Sectoral Mental Health Care Networks (offering outreach services, prevention, in-and outpatient mental health services, primary care, day care, vocational, housing, and social care services) and 59 mobile teams
- > 13,000 cases served by teams in 2016
- Significant reduction (> 1,200) psychiatric hospital beds in favor of outreach services to people with mental health conditions

Success factors / take-away points

- *Reform plan well articulated and subscribed to by all federal, regional and community ministers competent for mental health and psychiatry*
- *Re-allocation of financial resources from long-term psychiatric beds into community and outpatient services*
- *Participation of users and their relatives*

Mental health & human rights: quality improvement

Czech Republic

Programme description

- Assessment of care quality and standards against CRPD articles in 18 out of 19 mental hospitals (using QualityRights assessment toolkit)
- Quality improvement plans developed and supported via specialized trainings on reduced use of coercive practices
- Adaptation, launch and roll-out of an e-learning platform on mental health and human rights

Programme impacts

- Facility-specific assessments made and reported; quality improvement plans developed
- New knowledge and capacities in de-escalation and related techniques in largest facilities of the country
- Increased literacy among hospital staff on mental health and human rights

Success factors / take-away points

- *Well-accepted / technically sound normative tools*
- *Engagement of health minister*
- *Contribution to deinstitutionalization and national mental health plans in Czechia*
- *Follow-through on addressing identified training needs*

Dementia policy and services

Slovenia

Programme description

- Dementia strategy developed, launched in 2016 and rolled-out; key areas:
 1. Raising awareness and reducing the stigma of the disease.
 2. Early diagnosis and subsequent comprehensive treatment of people with dementia.
 3. Access to treatment and therapy anti dementia.
 4. Ensuring access to social services and individual and holistic treatment.
 5. Palliative care for people with dementia

Programme impacts

- Enhanced awareness and understanding at the population level
- Annual multi-stakeholder conferences of increasing size and influence
- Establishment of new funded services
- Elaboration of several dementia-friendly initiatives in health services, communities and the workplace
- Development of home support services

Success factors / take-away points

- *Personal commitment / champions, backed up by international NGOs*
- *Political will and commitment*
- *Momentum ..*

Collective actions and responses

Local government

- MH / WB in all policies
- Joint planning / financing
 - communication
 - collaboration
 - coordination
- Incentives & opportunities
 - Healthy environments
 - open spaces / urban design
 - wellness at work
 - health promoting schools

Local communities

- Engagement (examples):
 - Mental health first aid / PFA
 - Children & adolescents
 - Suicide prevention
 - Dementia friendly initiatives
- Resilience / efficacy
 - Knowledge & capacity
 - Motivation
 - Social cohesion & trust

Overcoming barriers to mental health promotion and prevention programming

Table 1 Illustrative barriers and facilitators to implementation of programs to prevent mental illness

Barriers	Facilitators
Fragmentation of responsibility for delivery across stakeholders and sectors	Create conditions to build partnerships across sectors, such as colocating staff in the same premises or local consulting to achieve early multisector buy-in. Increase flexibility in regulatory arrangements to promote partnership working. Develop cross-sectoral strategies.
Fragmentation of funding across stakeholders and sectors	Allow scope for pooled budgets for jointly agreed activities. Establish dedicated streams of funding for cross-sectoral prevention and promotion actions.
Lack of awareness of the value of better mental health and/or insufficient information on economic case for investment	Make use of economic models to highlight short, mid-, and long-term costs and benefits of prevention.
Limited incentives in health and nonhealth sectors to invest in prevention	Identify the interests of non-mental health sectors and highlight costs and benefits related to these interests, e.g., education-related outcomes for schools, crime and justice outcomes for police and correctional services, or work-related outcomes for employers.
Limited capacity to deliver services	As part of mental health and well-being strategies, map the current availability of services and identify any gaps in capacity. Look for mechanisms to embed development of capacity into routine training where possible, e.g., within teacher training courses.
Lack of local champions to argue for prevention in mental health strategies	Identify potential local champions and relevant local stakeholders that are interested in fostering change and are (a) familiar with the policy-making process, or could become so, and (b) could coordinate and discuss potential actions with the community as a whole.

Source: McDaid et al, 2019 [DOI: [10.1146/annurev-publhealth-040617-013629](https://doi.org/10.1146/annurev-publhealth-040617-013629)]

Concluding remarks

- A well-coordinated, multi-sectoral strategy based on good evidence, anchored in human rights and integrated with other priority programmes provides the foundation for enhanced mental health promotion and protection;
- Innovation and use of new technologies provide a key platform for accelerating access to / effective coverage of evidence-based care (e.g. e-mental health);
- Information is central to raising mental health literacy, as well as monitoring performance and tracking progress towards agreed mental health system goals

Mental health

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WHO/Europe to establish a mental health coalition to support system reforms and COVID-19 recovery



26-08-2020

This week marks the launch of one of WHO/Europe's new flagship initiatives: mental health. Mental health is a key public health concern in the WHO European Region – over 110 million people are living with some kind of mental health condition, accounting for over 10% of the population.

The 4 new flagships – mental health, digital health and innovation, behavioural and cultural insights, and immunization – represent identified priorities for WHO/Europe in the coming 5 years. The mental health flagship will bring together a broad coalition of mental health leaders, champions, service users and other partners to improve mental health policies and practices across the Region.

